

AGENDA

COMMUNITY RELATIONS COMMITTEE

Meeting Date: March 6, 2012
Time: 5:30 P.M.
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

Joint Meeting with Council of Community Advisory Boards

CALL TO ORDER

Josephine Bolus, R.N.

ADOPTION OF MINUTES

January 3, 2012

Josephine Bolus, R.N.

CHAIRPERSON'S REPORT

Josephine Bolus, R.N.

INFORMATION ITEMS

Central Brooklyn Family Health Network

Kings County Hospital Center

Agnes Abraham

Dr. Susan Smith McKinney Nursing
and Rehabilitation Center

May Thomas

East New York Diagnostic and
Treatment Center

Jeanette Carter

SPECIAL PRESENTATION

WTC Health Program
Survivors Steering Committee

Terry Miles & WTC Staff

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

**COMMUNITY
RELATIONS**

Meeting Date: January 3, 2012

COMMITTEE

BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, RN, Chair

Robert F. Nolan, Board Member

Antonio Martin, Executive Vice President, New York City Health & Hospitals Corporation

COUNCIL OF THE COMMUNITY ADVISORY BOARDS

Gladys Dixon, Chairperson, Coler/Goldwater Specialty Hospital and Nursing Facility (Coler Campus) CAB

Virginia Granato, (Representing Sunderam Srinivasan, Chairperson, Coler/Goldwater Specialty Hospital and Skilled Nursing Facility (Goldwater Campus) CAB

Dalia Soto, (Representing, Gerald From, Ph.D., Chairperson), Gouverneur Healthcare Services

Antoinette Brown, Chairperson, Cumberland Diagnostic & Treatment Center

Bobby Lee, (Representing Louise Dankberg, Chairperson, Bellevue Hospital Center

Jeromane Berger-Gaskin, (Representing Agnes Abraham, Chairperson), Kings County Hospital Center

Sylvia Lask, Chairperson, Jacobi Medical Center

Julia Blair, Chairperson, Queens Hospital Center

Jose Grajalas, Chairperson, Metropolitan Hospital Center

May Thomas, Chairperson, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

Betti White., Representing Stephane Howze, Chairperson, Harlem Hospital Center

Queenie Huling, Chairperson, Coney Island Hospital

Joseph Tornello, Chairperson, Sea View Rehabilitation Center and Home

Jessica Arrocho, Chairperson, Woodhull Medical & Mental Health Center

Antoinette Brown, Chairperson, Cumberland Diagnostic & Treatment Center

HHC FACILITY CAB MEMBERS

Peter Hermida, Coney Island Hospital

Richard Coleman, Coler/Goldwater Specialty Hospital and Nursing Facility

Reverend Jean H. Montas, Dr. Susan Smith McKinney Nursing & Rehabilitation Center

HHC CENTRAL OFFICE STAFF

LaRay Brown, Senior Vice President, Corporate Planning, Community Health & Intergovernmental Relations

Valerie Phillips, Office of Legal Affairs

Deborah Cates, Office of Board Affairs

Patricia Lockhart, Office of Board Affairs

John Jurenko, Intergovernmental Relations

Alvin Young, Intergovernmental Relations

Robb Burlage, Intergovernmental Relations

Renee Rowell, Intergovernmental Relations

HHC FACILITY STAFF

Arthur Wagner, Senior Vice President, Southern Brooklyn/Staten Island

Angelo Mascia, Executive Director, Sea View Hospital Rehabilitation Center & Home

George Proctor, Senior Vice President North/Central Brooklyn Network

James Saunders, Associate Executive Director, Public Affairs, Coney Island Hospital

LaKeshia Weston, CAB Liaison, Coney Island Hospital

William Jones, Associate Director Coler/Goldwater Specialty Hospital and Skilled Nursing Facility

Debera Tyndall, CAB Liaison, Kings County Hospital Center

Marielle Mehu, CAB Liaison, Cumberland Diagnostic & Treatment Center

GUESTS

Judy Wessler, Commission on the Public's Health System

Edwin Mendez-Santiago, Commission on the Public's Health System

Ann Bove, R.N., Commission on the Public's Health System

ADOPTION OF MINUTES

The meeting of the Community Relations Committee (CRC) was called to order at 5:45 p.m. by the CRC Chairperson, Mrs. Josephine Bolus, RN. The minutes of November 1, 2011 were adopted.

CHAIRPERSON'S REPORT

Mrs. Bolus welcomed members of the Committee and invited guests and wished them a Happy New Year. She wished them a very productive and fulfilling 2012.

Before proceeding with the annual activity reports of the Community Advisory Boards of the Southern Brooklyn/Central Brooklyn Network, Mrs. Bolus highlighted some important community-related developments that had occurred across HHC since the November meeting.

Mrs. Bolus announced that HHC received national recognition on World AIDS Day, December 1st, from the Federal Centers for Disease Control (CDC), which paid tribute to HHC's achievement of performing one-million HIV tests. She noted that this special award was presented to Mayor Bloomberg and President Aviles at a breakfast at Gracie Mansion. Mrs. Bolus stated that the CDC statement commended HHC on its dedication to HIV prevention through its extensive and sustained testing efforts, its demonstration of a strong willingness to adopt ambitious measures of success, and holding itself publicly accountable for meeting its testing goals. In addition, CDC noted that "HHC's expanded HIV testing efforts anticipated CDC's publication of new guidelines for routine testing in health care settings and antedated subsequent federal investments to promote routine HIV screening." Mrs. Bolus reminded the Committee that HHC began offering routine rapid testing through its HIV Testing Expansion Initiative in 2005; providing testing in settings that included not only general medical services but also specialty services such as dentistry. Moreover, HHC facilities have also conducted testing at non-traditional settings such as bathhouses and public health fairs. She noted that more than 90 percent of patients diagnosed at HHC facilities are linked to life-saving HIV medical care and treatment within 90 days of being diagnosed. She reported that, by September 2011, more than 10,600 HIV positive individuals have been diagnosed, and thousands of individuals have been linked to care.

Mrs. Bolus reported that during the months of November and December, she and other fellow Board members, including Robert Nolan and President Aviles, have heard commentary from the public at the Board's FY 2012 Annual Public Meetings. She noted that the Board has held meetings in three boroughs so far: Queens, Brooklyn and the Bronx.

Mrs. Bolus commented that she was impressed by the presentations made by CAB Chairs and members, regarding the activities conducted by CAB's in their facilities and in their communities. She remarked that the strength of the partnership between HHC and the CAB's and their respective facilities' leadership is evident in the effectiveness of the advocacy and community health needs assessment-related efforts of the CAB's.

Mrs. Bolus reported on Council Member Leroy Comrie's tribute at the Queens Annual Public meeting held at Elmhurst Hospital on November 28, 2012. She stated that the Council Member had made a point of highlighting the courtesy and patient-centered approach demonstrated by the hospital staff. In addition, he pledged his full support to HHC and to Queens and Elmhurst Hospitals. Mrs. Bolus also reported that former Council Member Helen Sears, now an Elmhurst CAB member, spoke about the importance of the affiliation with Mt. Sinai Medical School. In addition, representatives from the New York State Nurses Association and Local 420 of District Council 37 had presented testimonies and cautioned HHC against contracting out services.

Mrs. Bolus stated that we were both challenged and inspired by testimonies from patients and family members. She reported that a parent and her son, both of whom are longstanding health care advocates, had urged HHC to conduct sensitivity training of its facility staff regarding the needs of patients diagnosed with development disabilities. She pointed out that each had emphasized the importance of health care professionals recognizing the need to care for the "whole person" in more integrated settings.

Mrs. Bolus reported on the Annual Public meeting convened in her home borough of Brooklyn at Woodhull Medical and Mental Health Center on December 7, 2011. She added that CAB members had presented testimonies on their concerns that the financial challenges confronting HHC would result in reductions in workforce and subsequent diminution of services important to the Brooklyn community residents, CAB members, and patients.

Mrs. Bolus shared with the Committee members and invited guests a particularly moving testimony provided by a Woodhull patient, who declared that "Woodhull has given me my life back". Mrs. Bolus explained that the patient said that she had been diagnosed as having a mental illness; and that before being treated by a team of compassionate and well-trained clinicians at Woodhull, she had lost a career and her support system. She eloquently described how she had regained her self-confidence and ability to function. She stated that she was proud to share her story with others because the stigma of mental illness must be eradicated.

Mrs. Bolus reported that the Bronx meeting was held at Lincoln Hospital on December 12, 2011. She stated that many individuals had provided testimony in opposition to cuts in health care. Specifically, representatives from Occupy the Bronx spoke about

the need for the Board to address health care access inequities. In addition, HHC's Board of Directors heard testimony from patients of HHC's Bronx facilities and CAB representatives about the quality of their care and staff's dedication. Mrs. Bolus noted that, in one instance, there was a call for greater attention to be paid by facility staff about the special needs of patients with learning disabilities. As at the other meetings, Mrs. Bolus stated that the DC 37 union representative spoke against outsourcing, while also committing to continuing to advocate on behalf of the public hospital system with state and federal policy makers and legislators.

Mrs. Bolus announced that the next Annual Public meeting will be held on Staten Island on Wednesday, January 18, 2012 at 6 p.m. at Sea View Hospital Rehabilitation Center & Home and the final meeting on Tuesday, January 24, 2012 at Harlem Hospital Center also at 6 pm.

Mrs. Bolus continued her remarks and shared with the Committee and invited guests some important milestones that occurred at the end of 2011. She congratulated the Bellevue staff, patients CAB members and hospital auxiliaries on Bellevue Hospital's 275th anniversary. She noted that the hospital's history dates back to 1736, when a six-bed infirmary opened on the present day site of City Hall.

Mrs. Bolus also congratulated the staff at Woodhull Medical and Mental Health Center on the opening of the Center for Integrated Health. She explained that this Center's aim is to improve the coordination of physical and behavioral health services provided to patients with both conditions.

Mrs. Bolus acknowledged the MetroPlus Health Plan Inc., HHC's Medicaid Managed Care health plan, for once again being rated #1 by the State Health Department among New York City Medicaid managed care plans for quality and patient satisfaction.

Mrs. Bolus concluded her remarks stating that the members of HHC Board of Directors extend their heartfelt gratitude to all CAB members and community health advocates who sprang to action throughout 2011 when asked to voice concerns about potential city, state and federal actions that would have a negative impact on HHC and its facilities. She added that their vigilance and energetic responses would be needed even more in 2012.

Mrs. Bolus turned the meeting over to Antonio Martin to give President Aviles' report.

PRESIDENT REMARKS

Antonio Martin

Mr. Antonio Martin, Executive Vice President and Corporate Chief Operating Officer welcomed Committee members and invited guests. He informed them that Mr. Aviles'

mother had passed away last week and that he was unable to be with them tonight. He added that he is most certain that the HHC family had sent our condolences to him and his family and we are keeping him in our prayers.

Mr. Martin reported on the cost containment restructuring initiatives for the next year. He reminded the Committee of the second year of our HHC's four-year Restructuring plan; and, when fully implemented, it will yield several hundred million dollars in new revenue and cost savings. During the past year, HHC has completed seven of the 39 initiatives encompassed by its four-year plan and have achieved its savings targets for the fiscal year that ended on June 30, 2011. Mr. Martin added that he is confident that the Corporation will execute the next set of plan initiatives and achieve targeted savings for this year as well. Mr. Martin explained that, to date, the Corporation has reduced its workforce by approximately 2,500 employees, mostly through attrition, and has reduced its budget gap by nearly \$350 million. It is anticipated that another 600 positions will be shredded through attrition by the end of this fiscal year and expenses reduce by about another \$38 million. Mr. Martin noted that HHC is actually behind target to achieve that FTE target but will be working hard to try to achieve it.

Mr. Martin stated that even though HHC has made steady progress in closing the budget gap, there were more financial challenges in 2011. First, the Medicaid cuts in the current state budget that became effective April 1, 2011 were again deep and sharp. They have reduced HHC's total revenue by another \$174 million, bringing HHC's total Medicaid cuts over the last four years to roughly \$500 million annually. Second, pension costs have continued to rise sharply and may increase by as much as \$100 million this year, bringing the pension costs to more than \$400 million. Mr. Martin commented, by comparison, just eight years ago the pension costs were less than \$50 million. And third, there was another 6% increase in the number of uninsured patients served by HHC, bringing the total number of uninsured patients served in fiscal year 2011 to nearly 480,000.

Mr. Martin pointed out that all of this is occurring in the context of the continuing, economic downturn. He added that, because of declining tax revenues associated with persistently high unemployment rates, both the City and the State are projecting budget deficits for the upcoming fiscal year.

Mr. Martin stated that, while he did not want to depress everyone in the room, it was important to show some transparency in terms of the challenges that HHC is facing. He stated that HHC and the CABs are partners to ensure that the Corporation remains viable.

On the other hand, Mr. Martin highlighted some good news. He referred to Mrs. Bolus' remarks and underscored the tremendous success in the testing of patients for HIV. He reiterated that HHC has tested over a million patients over a five-year period, and by

doing so, saved countless lives in the City. He acknowledged Ms. Brown and her team who coordinated that effort. He particularly acknowledged Ms. Terry Hamilton, Director of HIV Services, who has done an enormous job in pressing forward with this issue.

Mr. Martin reported on HHC's designation as a New York State "Health Home" organization. He stated that Health Homes will enable HHC to provide coordinated care to many of its patients with chronic health conditions by partnering with the community providers to ensure that wrap-around services are available for them.

Mr. Martin concluded his remarks stating that while the challenges remain many, he is extremely confident with the staff of this corporation. He added that over his twenty-five years of service at HHC, the Corporation has faced many challenges, which, at times seemed to be overwhelming; however he noted that HHC's core mission remains (intact) and that the commitment of the Corporation's staff will rise up to the occasion to meet these challenges.

Mr. Bobby Lee, CAB representative of Bellevue Hospital Center, would like to know about the expected number of patients to be enrolled in the "Health Home" plan corporate-wide. Mr. Martin answered that he would share the numbers with him and pointed out to the other members that the numbers are included in Mr. Aviles' press release included in the CAB Chairs package for the following meeting of the Council of CABs. Mr. Martin acknowledged Mr. Lee and informed the Committee that Mr. Lee recently participated in a Breakthrough Corporate Event at Bellevue Hospital Center and had played a great role in demonstrating how HHC can use technology to better connect with its patients.

Ms. Sylvia Lask, CAB Chairperson of Jacobi Medical Center, asked about how to inform and educate the communities about "Health Homes". She noted that the term is very confusing as some people may believe that it refers to only psychiatric patients. Ms. LaRay Brown answered by stating that there are different types of homes in the healthcare industry including primary care home, patient-centered medical home and nursing homes. She informed the Committee that the State has defined who among its Medicaid beneficiaries to be eligible to be participants of health homes. She explained that those individuals, who have both physical and behavioral health conditions, or only mental health conditions, and/or those who have a combination of mental health and substance abuse conditions, will receive direct correspondence from the Health Home entity. She noted that, for HHC, the Health Home entity is MetroPlus. She added that MetroPlus is in the process of developing materials for the patients assigned to it as their "Health Home". She added that, to be very explicit and clear, MetroPlus staff are working to ensure that their literature is at a certain literacy level. She noted that these writings will also include definitions so that people will not be as confused. She added that for any new initiative, there is a period to get used to it. It is hopeful that two to three years from now everybody would know what the definition of a "Health Home".

Ms. Brown explained that essentially, a patient assigned to a Health Home is expected to have a primary care doctor and a care manager to help him navigate the health care system as well as other needed services to be successful in the community and also in managing his chronic health conditions. Ms. Brown noted that it is a challenge for HHC and MetroPlus to make sure that people understand the Health Home plan. She stressed that Health Home is not about moving; it is not about nursing home; it is not only primary care but in conjunction with other services wrapped around primary care as the foundation. In addition, Health Homes are only for those individuals with these chronic conditions mentioned above and who have had significant number of hospitalizations in recent years.

Mrs. Bolus thanked Ms. Brown for clarifying the Health Home plan. She also thanked and welcome the following HHC officers that were in attendance: Mr. Arthur Wagner, Executive Director of Coney Island Hospital and Senior Vice President of the Southern Brooklyn/Staten Island Network; Mr. Angelo Mascia, Executive Director of Sea View Hospital Rehabilitation Center & Home; and George Proctor, Executive Director of Woodhull Medical & Mental Health Center and the Senior Vice President of the North Brooklyn/Central Brooklyn Network.

Mrs. Bolus noted that there will be a change in the agenda and that the first CAB Activity report will be from Sea View Hospital Rehabilitation Center & Home.

Southern Brooklyn/Staten Island Network

Sea View Hospital Rehabilitation Center & Home (Sea View) Community Advisory Board

Mrs. Bolus introduced Mr. Joseph Tornello, Chairperson of Sea View Hospital Community Advisory Board and invited him to present the CAB's annual report.

Mr. Tornello greeted members of the Committee and invited guests. He thanked Mrs. Bolus for moving his report on the agenda and apologized to the Committee members for having another commitment that evening.

Mr. Tornello stated that he is very proud to be the chairperson of Sea View Hospital Community Advisory Board. He added that Sea View regular CAB monthly meetings draw a great group of community representatives, facility staff, as well as residents of the nursing home.

Mr. Tornello acknowledged the CAB Liaison, Mr. James Roberts, who is also the Auxiliary Liaison. He stated that together with the Auxiliary, the Sea View Hospital's

CAB helped to support Sea View Hospital fundraising efforts. He noted that, Sea View Hospital is the primary face of HHC on Staten Island and that the Executive Director, Mr. Angelo Mascia and his staff have done an excellent job in maintaining a great face representation of HHC in the Staten Island community.

Mr. Tornello stated that the Sea View campus has various programs and is the home-base of some community-based organizations. Mr. Tornello concluded his report stating that the facility's strategic location in the center of the island further highlights its presence in the borough.

Mrs. Bolus asked about the modernization of the Robitzek Building. Mr. Tornello answered that renovating the Robitzek Building is the most significant need of the community. He noted that the nursing home, the Adult Day Program and various other programs are housed in the forty-year old Robitzek Building.

To Mrs. Bolus' claim that the Corporation is short of capital dollars, Mr. Tornello answered that there is a growing aging population on Staten Island and that HHC needs to be responsive to the growing need of the community. Mr. Tornello reminded the Committee that Sea View Hospital has come a long way from a TB Hospital to an Adult Day Care to a nursing home. He reiterated that Sea View Hospital is a primary facility on the island.

Mr. Robert Nolan, Board member, asked about the projected estimated cost to upgrade the Robitzek Building. Mr. Mascia answered that, according to a 2008 value engineering study from the City's Office of Management and Budget, it would have cost about \$175 million to replace the building.

Mr. Nolan asked if that estimate was to replace or to renovate the building. Mr. Mascia answered that the 2008 value engineering study has determined that, due to the age of the building and building code issues and landmark preservation, it was better to move the building to another part of the campus. Mr. Nolan anticipated that the 2008 estimate could be now increased to \$200 to \$225 million.

Coney Island Hospital Community Advisory Board

Mrs. Bolus introduced Ms. Queenie Huling, CAB Chair of the Coney Island Hospital and invited her to present the CAB's annual report.

Ms. Huling greeted CAB Chairpersons, invited guests and thanked the Community Relations Committee of the HHC Board of Directors for giving her the opportunity to share Coney Island Hospital's Community Advisory Board's 2011 activities and concerns.

Ms. Huling started her presentation by acknowledging Mr. Arthur Wagner, Executive Director of Coney Island Hospital and Senior Vice president of the Southern Brooklyn/ Staten Island Network; James Saunders, Associate Executive Director of Public Affairs; Ms. Lakeisha Weston, CAB Liaison; and the members of the Coney Island Hospital's CAB in attendance.

Ms. Huling reported that 2011 was a productive year for the Coney Island Hospital Community Advisory Board. She highlighted the following CAB activities:

- The CAB had hosted its annual legislative breakfast in March 2011. The event was well attended by local elected officials as well as members of the community. In June 2011, the CAB had held its Annual Public Meeting, which was successful, informative and also well attended.
- Judy Wessler, Co-Director, Commission on the Public's Health System was the guest speaker at the December CAB meeting. Ms. Wessler explained the purpose of the Medicaid Redesign Team ((MRT) and its impact on the community. In addition, Ms. Wessler discussed the equity for the uninsured and safety-net providers' proposal. Overall, she provided a wealth of information and answered many questions from the CAB and community members.
- Coney Island Hospital CAB members had collaborated with community board 13 and sponsored a community preparedness presentation and discussion session. Based upon the success of the event, plans are under way to sponsor community preparedness presentations in Brighton Beach and Coney Island later in the year.
- CAB members attended the Legislative Advocacy Day in Albany.

Ms. Huling stated that the Coney Island Hospital CAB members continue to support the leadership of facility in many ways to ensure that the needs of the communities are met.

She enumerated the most critical needs/concerns as follows:

- The financial support and provision for a level one trauma center, and the continued modernization of Coney Island Hospital in plans for redevelopment of Coney Island by New York City Economic Development Corporation/Coney Island development Corp.
- Ensuring the continued success HHC's mission in the midst of national healthcare reform and governmental budget crisis.

- Improving the level of community/patient satisfaction.
- Expanding access to specialty geriatric medical care services in light of the fact that Southern Brooklyn has the largest geriatric population in New York City and Coney Island Hospital is surrounded by six naturally occurring retirement communities.
- Ensuring that the community's medical needs are addressed under the HHC Restructuring plan, especially those needs which involve hypertension, diabetes, obesity and cancer.

Ms. Huling noted that some of the communities' needs and concerns were identified through local community boards' meetings, reports from community organizations, and community health profile data. She stated that the leadership of Coney Island Hospital has been instrumental in addressing the following concerns:

- Senior staff had held meetings with elected officials to discuss the hospital's equipment needs. As a result, the Brooklyn Delegation of the New York City Council allocated \$1,845,000 and the Brooklyn Borough President allocated \$325,000 towards new equipment.
- Hospital leadership is taking steps to maintain working relationships with the six naturally occurring retirement community organizations (NORCs) in Coney Island Hospital's primary service area. Various hospital departments, including patient relations, social work, strategic planning, medical affairs, and public affairs continue to meet with staff to monitor the continuity of care of its older patient population and are collaborating with the community organizations, skill nursing facilities and adult homes to ensure that patients access the supportive social and clinical services offered in the community.

Ms. Huling shared with the Committee the following projects that would provide broad access to quality care at Coney Island Hospital Center:

- The emergency department expansion project, which is a new \$10 million, 7,500 square-feet in addition to the existing 10,500 square-foot emergency department, will provide additional treatment space to accommodate the nearly 6,000 adults and pediatric patients who visit the emergency department each month.
- The \$11 million window replacement project will replace approximately 3100 windows will not only improve the physical environment for the in-patient units in the main building but also reduce heating costs.

- The new hospital security system will enhance safety by providing real time visual monitoring via digital cameras of publicly accessible and restricted areas. Additionally, temporary photo passes will be given to all visitors.
- Watchmen were hired to assist hospital police in greeting visitors entering the main entrances of the buildings.

Ms. Huling reported that in 2011, Coney Island Hospital's strategic priorities were also addressed in the areas listed below:

- Clinical excellence
- Patient safety
- Patient & customer satisfaction
- Information technology
- Facilities & infrastructure
- Financial stewardship
- High quality workforce

Ms. Huling stated that a representative from the CAB participates in the hospital's patient safety committee. In addition, the cab provides input and suggestions in strategic and other plans presented at CAB meetings.

In regards to patient satisfaction, Ms. Huling stated that reports are provided to the CAB on a regular basis. She added that the most frequent complaints raised concerns the food, language/ communication, age of the buildings and parking.

Ms. Huling stated that the hospital leadership has taken steps to improve the level of community/patient satisfaction by:

- Maintaining ties with local community based organizations and addressing community concerns regarding culturally appropriate meals such as the provision of a kosher vending machine and providing Halal meals for the Muslim patients.
- Supporting the facility's outreach activities by attending ribbon- cutting ceremonies, health fairs, flu shot campaigns and by distribution of healthcare materials and information regarding the hospital's services in the community.
- Supporting the development of the weekly farmer's market which supplies healthy nutritious reasonable priced vegetables, bread, and fruits to Coney Island's staff, patients and community residents.

- Improving access and environmental conditions for patients through renovation projects in dialysis and ultrasound.
- Launching an initiative called “we care” to help improve overall patient satisfaction.

Ms. Huling noted that many compliments received highlighted the compassionate, high quality care provided by the doctors and nurses; the responsiveness and helpfulness of the other hospital support staff, and the overall cleanliness of the hospital.

Ms. Huling reported on the CAB's membership. She stated that the recruitment of new CAB members is an ongoing process. Out of a total allowable membership of 27, there are currently 21 members. Ms. Huling stated that the CAB has conducted an aggressive recruitment process, canvassing community based organizations, community boards 11, 13 and 15, religious institutions, and new population groups in the community to fill up the 6 vacancies. It is the CAB's intention to continue this process until full membership is achieved of committed and caring individuals committed to work together to ensure that Coney Island Hospital continues its mission to provide the best healthcare to all of its patients.

Ms. Huling concluded her report by thanking Mr. Wagner for his dedication and leadership and the Community Relations Committee of the HHC Board of Directors for giving her the opportunity to share last year's CAB activities.

Central Brooklyn Family Health Network

Woodhull Medical & Mental Health Center (Woodhull) Community Advisory Board

Mrs. Bolus introduced Ms. Jessica Arocho, Chairperson of the Woodhull Medical & Mental Health Center CAB and invited her to present the CAB's annual report.

Ms. Arocho began her presentation by thanking HHC's leadership, Mr. George Proctor, Senior Vice President of the North Brooklyn Network and members of the Woodhull CAB for their support.

Ms. Arocho reported that the Woodhull's hospital leadership has taken an aggressive role in addressing the Emergency Department and Mental Health. Ms. Arocho noted that a new white board has been installed in the Emergency Department to track the patients from time of arrival to through to discharge. Ms. Arocho added that a new registration desk with a nurse greeter, that was reported last year, continues to do well.

Ms. Arocho reported that the Woodhull's Mental Health patients gained a benefit this year with the implementation of a new Center for Integrated Health that provides both medical and mental health services for psychiatry out-patient clients in one setting. Ms. Arocho added that this will greatly enhance the well-being of these individuals.

Ms. Arocho informed members of the Committee, CAB Chairpersons and invited guests that Woodhull's Dental practice continues to renovate its patient care areas and the facility leadership continues to use the Breakthrough philosophy to address and improve services and create efficient flow to benefit patients.

Ms. Arocho continued and reported that the Woodhull CAB focuses on the facility's priorities by conducting periodic walk-through of the facility. Ms. Arocho stated that the Woodhull CAB also meet and engage with the hospital's various department heads and managers to gain first hand experience on how patient care is being provided.

Ms. Arocho reported that the Network Senior Vice President, Medical Director and Senior Cabinet members attend the Woodhull CAB monthly meetings and provide the CAB with updated reports. Ms. Arocho noted that the Senior Vice President also meets with the CAB Chairperson on a regular basis.

Ms. Arocho stated that the most frequent complaints raised by Woodhull patients is the Emergency Department and long wait times for clinic appointments. Ms. Arocho noted that the most frequent compliments provided by patients are:

- The new registration Greeter's Desk in the Emergency Department and the new White Board System
- The new Center for Integrated Health
- The Cancer Center and
- The new Digital Mammography machine and extended clinic/practice hours

Ms. Arocho concluded her report by informing members of the Committee, CAB Chairpersons and invited guests about the Woodhull's CAB involvement in the facility's outreach activities. Ms. Arocho stated that the Woodhull CAB members participated in the Take Care New York Campaign, Go Red for Women, Mammograms for Women's Health, American Lung Asthma Walk, American Cancer Society Making Strides against Breast Cancer, Senior Health Fair and We Coach Diabetic Program.

Cumberland Diagnostic & Treatment Center (D&TC) Community Advisory Board

Mrs. Bolus introduced Ms. Antoinette Brown, CAB Chairperson of the Cumberland Diagnostic & Treatment Center Community Advisory Board and invited her to present the CAB's annual report.

Ms. Brown began the Cumberland CAB report by thanking the leadership of HHC, Mr. George Proctor, Senior Vice President North Brooklyn Network, distinguished members of the Community Relations Committee and CAB Chairpersons for the opportunity to present highlight of calendar year 2011 at Cumberland Diagnostic and Treatment Center (D&TC).

Ms. Brown stated that it has been an exciting year at Cumberland D&TC, thanks to a combination of HEAL 6 funding and support from the Cumberland CAB. Ms. Brown noted that the primary care and dental clinics at Cumberland D&TC has been completely renovated. Ms. Brown noted that the primary care clinic is now patient friendly and accessible by our older patients. She added that the addition of exam rooms has resulted in increased patient efficiency and the location of mental health services with primary care has enabled Cumberland D&TC to provide depression screening and treatment in one, co-located space.

Ms. Brown informed members of the Committee, CAB Chairpersons and invited guests that Cumberland D&TC Dental Clinic has been modernized, with state-of-the-art dental operatories, a spacious patient friendly waiting room, and increased pediatric dental capacity. Ms. Brown noted that the renovation has reduced the waiting time for an appointment and increased access to comprehensive oral health care.

Ms. Brown continued and reported that Outreach efforts have been extensive throughout 2011. Ms. Brown noted that the Cumberland CAB reached out to the community during Cumberland's D&TC annual Community Health Fair. She noted that the event resulted in community residents receiving preventive health screenings (blood pressure, sugar, and cholesterol) and the distribution of educational materials.

Ms. Brown highlighted the CAB's participation in Cumberland's D&TC health fairs. The events included:

- Take Care NY
- Go Red for Women's Health
- American Lung Asthma Walk
- American Cancer Society Making Strides Against Breast Cancer
- Flu Shot Campaign, and
- The Senior Health Fair

Ms. Brown concluded the CAB's presentation by reporting that in the Cumberland D&TC's community; chronic disease management, diabetes, high blood pressure, and obesity, continues to be the most significant concern. Ms. Brown noted that the administration and the CAB have worked closely together to support the We Coach Program for older adults with diabetes and the flu shot campaign. Ms. Brown added that in addition, the Cumberland CAB held a public hearings and a Legislative Breakfast, providing the community a venue by which to express their health concerns to elected officials.

Ms. Brown stated that in the upcoming year, the Cumberland CAB intends to address the issues of budget cuts and their impact on health care accessibility, and work to maintain the strides made in patient safety.

OLD BUSINESS

None.

NEW BUSINESS

None.

ADJOURNMENT

The meeting was adjourned at 6:55 p.m.

REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HHC BOARD OF DIRECTORS

KINGS COUNTY HOSPITAL CENTER COMMUNITY ADVISORY BOARD
2011-2012

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

- Long wait time in the clinics
- Hypertension
- Diabetes
- Childhood Obesity
- Program implemented to help young men fight against violence (KAVI) Kings Against Violent Initiative)
- Long Wait time and crowded Emergency Room

2. How were these needs/concerns identified? (Please check all that apply).

- Community Board(s) meetings Other Public Meetings
 Needs Assessments Surveys Community Health Profile Data
Reports from Community Organizations Other Activities

- Public Relations - Reports from patients
- Direct observation

3. Is your facility leadership addressing these needs/concerns?

yes no

a. If yes, please give examples of what the facility leadership is doing.

- Ambulatory Care Services expanded clinic hours to include Saturday clinics and evenings.
- Several Breakthrough events were conducted to improve services in the clinics and reduce Emergency Room wait time.

- **Administration has requested approval to purchase a second Linear accelerator to increase capacity for radiation therapy treatments, which will allow for additional referrals from Woodhull and Coney Island Hospitals. The total project cost is \$6.5 million.**

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- **Patients Satisfaction**
- **Patient Safety**
- **Maintain and improve quality of patient care and services**
- **Respect for patients, staff and visitors**

2. Describe how the CAB provides input into the development of the facility's strategic priorities?

- **Members of the Community Advisory Board provide input into the development of the facilities strategic priorities through involvement and discussions at the Planning and Development Committee and Patient Care Committee; and the monthly CAB meetings.**

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

yes

no

- **CAB Chair, Vice Chair and other members of the Community Advisory Board participated in several week long Breakthrough Programs**
- **A CAB member participates on the Hospital Strategic Planning Committee**

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are Reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

In addition, patients are called at home after discharge to inquire about their experience during their stay at the hospital, and is encouraged to keep their follow-up appointment(s).

2. What are the most frequent complaints raised by patients/residents?

- Long wait for clinic appointment
- Long wait in the emergency room
- Staff Attitude

3. What are the most frequent compliments provided by patients/residents?

- Improvement in how they are treated by the health care team in a professional way
- Improved quality of care

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes

No

This is a long held tradition at KCHC that a report is given at every Community Advisory Board monthly meeting by the Executive Director and her senior staff, also at the Patient Care Committee meetings.

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes

No

Members of the CAB inform residents of HHC Options at every conceivable opportunity and of the exceptional services provided by HHC.

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 29
2. What are current numbers of members? 21. What are current numbers of vacancies? 8
3. What were the membership recruitment activities conducted by CAB this year?
 - Presentations to Community Boards, Churches, Parent Teacher Associations, Precinct Councils, Community based organizations and various community forums.
4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No
5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

Active committees are:

- **Behavioral Health** -the responsibilities are to monitor all patients services, special programs and projects within the Behavioral Health/Chemical Dependency programs; review and make recommendations on any and all proposed projects and research programs or programs within the Behavioral Health/Chemical Dependency services of the hospital; to investigate, monitor and evaluate the quality of patient care in the department of Psychiatry.
- **Patient Care** – to provide a mechanism for continuous monitoring of patient care and services by interviewing patients and the hospital staff, to assist patients with grievances, to provide a

mechanism by which the Board can better evaluate the hospital's services to the people in the community it serves; and to provide valuable information to the Board, and to the Planning and Development Committee, in the areas of priorities and financial needs within the hospital.

- **Planning and Development Committee** – to participate in the establishment of priorities within the hospital, based upon the needs of the community; to participate in area-wide planning with appropriate agencies; to be familiar with the fundamental guidelines governing accreditation and to participate in all hospital preparations for an accreditation survey conducted by JCAHO; to review and evaluate federal, state and local allocations which have an effect on the hospital and the Corporation; to consider and assist in the planning stages of all Capital Projects as they pertain to Kings County Hospital Center; to review and evaluate Capital Projects during implementation; to make recommendations to the Board concerning the aforementioned budgets and allocations.

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes No

a. If yes, please describe actions taken.

- **Representatives on the CAB from the respective planning boards communicate the facility's needs or concerns to the planning board district meeting.**

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

Yes No

Emergency Preparedness Forum in conjunction with Community

Board 17.

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

Yes

No

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

Yes

No

a. If so, were the issues subsequently addressed?

Issues identified are being addressed on an ongoing basis.

11. Describe the CAB's involvement in its facility's outreach activities?

- **STAT Program, Board member was inspirational in selling over 100 tickets. Event was held at Berean Baptist Church**
- **CAB Members participate in the Annual KCHC/DSSM Health Fair**

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

yes

no

13. Did your CAB participate in last year's Council of CABs Annual Conference?

yes

no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough

just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. Staffing
2. Additional Beds
3. Health and Wellness

NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

Date:

A. M. ABRAHAM A.M. ABRAHAM

2/16/2012

Executive

Director:

Roslyn Weis

Date:

2/21/12

3. What are the most frequent compliments provided by patients/residents?

- *Enhancement and Cleanliness of the Facility*
- *Special Event at Facility particularly at Holidays*
- *Commitment and dedication of Staff*
- *Quality of Rehabilitative Services*
- *Homelike environment*

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes *N/A* No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes *N/A* No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? *20*

2. What are current numbers of members? *15*

3. What are current numbers of vacancies? 5
4. What were the membership recruitment activities conducted by CAB this year?

Word of Mouth / Community Outreach

5. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No

6. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

Membership Committee

- Assist with recruitment of new members

Health Outreach Committee

- Disseminates information to the community

- Conducts resident satisfaction survey annually.

By-Laws Committee

- reviews By-laws for any changes

7. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes No

a. If yes, please describe actions taken.

Members report to their respective Community Board Organizations about information they receive at their monthly meetings.

8. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes No

9. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

yes no

10. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

yes no

11. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

yes no

a. If so, were the issues subsequently addressed?

- *There were no issues*

12. Describe the CAB's involvement in its facility's outreach activities?

- *CAB members participates in Annual Joint Health Fair*
- *Health Outreach Committee coordinates educational programs for the community, distributes gifts to residents at holiday time and attends facility's special events.*

13. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

yes no

14. Did your CAB participate in last year's Council of CABs Annual Conference?

yes no

15. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough just right

If not enough, what assistance would you need?

V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)

1. Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.
- 2.
- 3.
- 4.


NOTE: The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

Date:

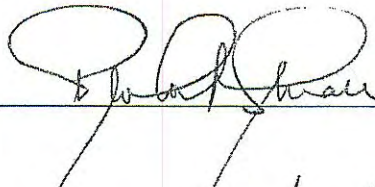


5/17/12

Executive

Director:

Date:



Robert Shuman, RN, LNHA
5/17/12



nyc.gov/hhc

REPORT TO THE COMMUNITY RELATIONS COMMITTEE
OF THE HHC BOARD OF DIRECTORS

EAST NEW YORK DIAGNOSTIC &
TREATMENT CENTER

2011

I. COMMUNITY NEEDS

1. What are the most significant health care service needs or concerns of your community/communities?

The most significant health care service needs/concerns are Obesity, Diabetes, Hypertension, High Cholesterol, Heart Disease, Depression and Asthma.

2. How were these needs/concerns identified? (Please check all that apply).

Community Board(s) meetings Other Public Meetings
 Needs Assessments Surveys Community Health Profile Data
 Reports from Community Organizations Other Activities (please list)

3. Is your facility leadership addressing these needs/concerns?
 Yes No

- a. If yes, please give examples of what the facility leadership is doing.

HHC Chronic Disease Collaborative—five providers, a nurse care manager, nutritionist, social worker and other nursing staff have utilizing the Chronic Care Model during planned visits to improve the quality of care provided to diabetics, hypertensive's and patients with high cholesterol. MetroPlus and Health First have also provided Care

Managers, to work in collaboration with the provider and other clinic staff. In addition, a RN in the Medical Clinic has been designated the BP follow-up nurse. She works with patients referred to her by the Medical Clinic providers to ensure that they are following their hypertension treatment plan successfully. The clinic is also developing an exercise program for patients with overweight/obesity, diabetes and high blood pressure.

II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?

- Improve patient satisfaction
- Improve quality and safety of patient care
- Reduce costs and increase revenues
- Improve community health through marketing strategies

2. Describe how the CAB provides input into the development of the facility's strategic priorities?

The CAB has continued to inform the community of the various services provided by the facility. The CAB listened to the community for input and has on-going discussions with the administrator pertaining to issues and/or concerns. The facility collaborates with the CAB in strategic planning results and improvement in care delivery.

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

4.

Yes

No

III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

2. What are the most frequent complaints raised by patients/residents?

Most frequent complaints raised by patients are:

- Staff shortage
- Patients are not always able to get an appointment with their provider at a convenient date or time.

3. What are the most frequent compliments provided by patients/residents?

The clinical director addresses all issues of staff curiousness to the patients. ENY has started using a new method called Breakthrough to develop changes in the way they provide services. And they include members of the CAB in the process. One of our CAB members participated in a Rapid Improvement Event that was successful in changing the way patients with appointments flow through the clinic. This has resulted in a tremendous reduction in the amount of time patients spend in the clinic. In addition, a Greeter was placed in the facility lobby to ensure that patients were properly acknowledged, their questions answered, and correctly directed, to improve patient flow. With this patients are more satisfied with their care and and the way they are treated in the facility.

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes

No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes No

IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 15

2. What are current numbers of members? 9

3. What are current numbers of vacancies? 6

4. What were the membership recruitment activities conducted by CAB this year?

CAB recruited during the Annual Public Meeting, the ENYDTC Annual Health Fair and other Health Fairs around the community.

5. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes No

6. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

Membership – recruit and review qualifications of candidates for Board membership.

Medical Health Committee – monitor patient services and special programs.

Planning and Development – participate in the establishment of priorities within the Center based upon needs of the community.

7. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes No

If yes, please describe actions taken.

The Community Board has allowed the facility to remain #4 on the Capital Budget Priority List.

8. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes No

9. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

Yes No

10. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

Yes No

11. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

Yes No

a. If so, were the issues subsequently addressed?

12. Describe the CAB's involvement in its facility's outreach activities?

CAB participates in the Annual Health Fair, HATS Thanksgiving Dinner, Children's Halloween and Christmas Party. CAB helps serve the community; provide food dishes, candy and toys to help make each event a success. CAB members also visit the clinic, while in session, to talk to the patients to assess if their needs are being met and encourage them to participate in the CAB.

13. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

Yes No

14. Did your CAB participate in last year's Council of CABs Annual Conference?

Yes no

15. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough just right

If not enough, what assistance would you need?

The World Trade Center Health Program Survivors Steering Committee



New York City Health and Hospital Corporation
Community Relations Committee
March 6, 2012

Kimberly Flynn, Community Co-Chair
Robert Spencer, Labor Co-Chair

World Trade Center Survivors Steering Committee

- Created under the Zadroga Act
- Successor to the Community Advisory Committee of the WTC Environmental Health Ctr
- Legislative Mandate: To receive input from affected stakeholders and facilitate the coordination of initial health evaluations, monitoring, and treatment programs for screening-eligible and certified-eligible WTC survivors.

Survivors Steering Committee Member Categories

- Representatives of the population of residents, students, and area and other workers affected by the 9/11 terrorist attacks
- Screening-eligible and certified-eligible survivors receiving initial health evaluations, monitoring, or treatment and organizations advocating on their behalf
- Representatives of the Centers of Excellence providing services to screening-eligible and certified-eligible WTC survivors
- Representatives of New York City

Current & Former Survivors Steering Committee Member Groups

- 105 Duane Street Residents
- 125 Cedar Street Residents
- 9/11 Environmental Action
- Beyond Ground Zero Network
 - Asian American Legal Defense & Education Fund
 - Chinese Staff and Workers' Association,
 - Commission on the Public's Health System
 - National Mobilization against Sweatshops
 - Community Development Project of The Urban Justice Center
- Civil Service Employees Association
- Communications Workers of America (CWA) District One
- Concerned Stuyvesant Community
- District Council 37 AFSCME
- Ecuadorian International Center
- Good Old Lower East Side, Inc. (GOLES)
- Henry Street Settlement
- Independence Plaza North Tenants Association
- Manhattan Community Board 1
- Manhattan Community Board 2
- Manhattan Community Board 3
- New York From the Ground Up
- New York Committee for Occupational Safety and Health (NYCOSH)
- NY State Public Employees Federation, AFL-CIO, (PEF) Division 199
- New York State Laborers' Union
- Organization of Staff Analysts (OSA)
- Rebuild Downtown Our Town
- Rebuild with a Spotlight on the Poor
- South Bridge Tower Residents Coalition
- Stuyhealth
- Stuyvesant High School Parents' Association
- United Jewish Council of the East Side
- University Settlement
- World Trade Ctr Community-Labor Coalition
- World Trade Center Residents Coalition

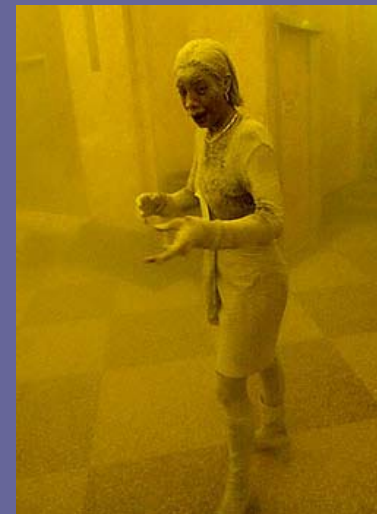
WTC Collapse Cloud Engulfs Lower Manhattan on 9/11



Photo By
Det. Greg Semendinger
NYC Police Aviation Unit

Photo By
Det. Greg Semendinger
NYC Police Aviation Unit

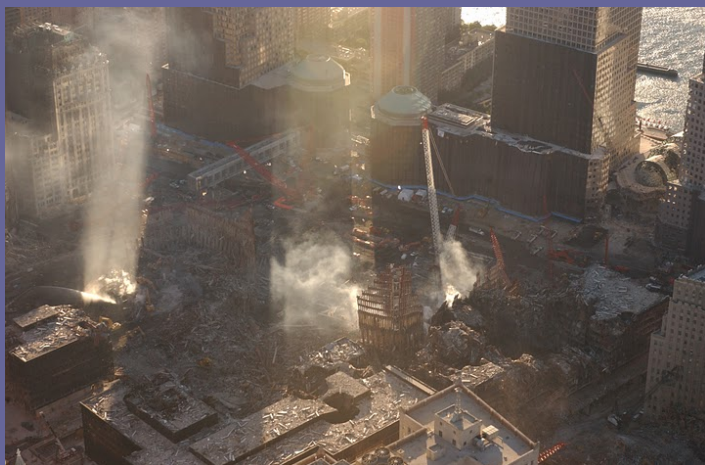
The Collapse Cloud Deposited Dust Throughout A Densely Populated Urban Area



The Collapse Cloud Deposited Dust Throughout A Densely Populated Urban Area



Fires Burned At the Site For Months Sending Smoke Throughout Lower Manhattan



Residential Buildings Bordering the WTC Site



EPA Declares Air Safe

“Given the scope of the tragedy from last week, I am glad to reassure the people of New York...that their air is safe to breathe and their water is safe to drink.”

Christine Todd Whitman

EPA Administrator

September 18, 2001

Severely Distorted EPA Risk Communications

- In 2003, the EPA Inspector General reveals that the White House Council on Environmental Quality interfered with EPA news releases providing guidance to downtown residents and workers, minimizing health concerns.
- In 2011, ProPublica, working from documents obtained under FOIA by the NY Committee on Occupational Safety and Health reveals just how far that interference went:

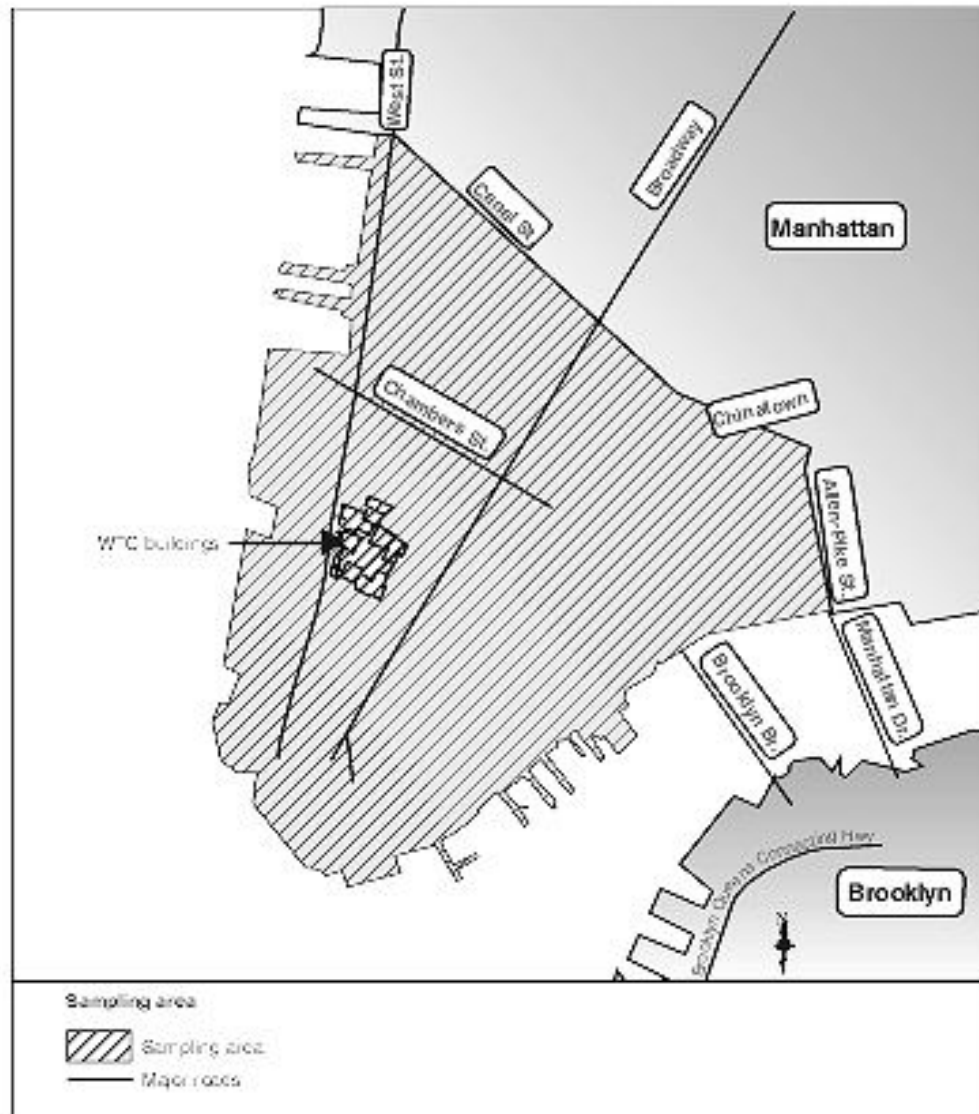
Severely Distorted EPA Risk Communications

“In one instance, a warning that people should not report to work on a busy thoroughfare in the financial district – Water Street – was rewritten and workers instead were urged to return to their offices as soon as the financial district opened on September 17th.”

NYC Department of Health Advisories – September, 2001

- “How should I clean the dust in my apartment when I move back in? The best way to remove dust is to use a wet rag or wet mop.”
- “Do pregnant women and young children need to take additional precautions? No. Pregnant women and young children do not need to take additional precautions.”
- “In a workplace, speak to your supervisor to see if there are special startup and cleaning procedures.”

Figure 3: EPA's 2002-2003 Indoor Clean and Test Program Boundaries in Lower Manhattan



Source: EPA and GAC

EPA 2002-2003 Test & Clean Program Boundaries

South of Canal St
West Side

South of
Allen-Pike Sts
East Side

GAO Outlines EPA Failure to Implement IG & Expert Technical Review Panel Recommendations

Figure 5: Key Recommendations and Additional Input Regarding EPA's Second WTC Indoor Test and Clean Program

Key Recommendations and Additional Input	Provided by		Adopted by EPA	
	EPA IG	Panel members	Yes	No
Expand the list of contaminants tested for.		●	●	
Test in dust as well as in air.		●	●	
Address contamination of spaces, rather than re-contamination since EPA's first program.		●	●	
Evaluate potential health risks from pollutants for geographic areas north of Canal Street and in Brooklyn.	●	●		●
Test in HVACs.		●		●
Test in inaccessible areas.		●		●
Treat buildings as a system, rather than individual residential units.	●			●
Evaluate potential health risks from pollutants in workplaces. ^a	●	●		●
Investigate a method to distinguish between normal urban, or background, dust and WTC dust.		●	●	
Use a method for distinguishing between normal and WTC dust to determine the extent of contamination.		●		●

Source: GAO.

Notes: Not all expert panel members made each recommendation.

^aThe program allows commercial building owners to request testing, but it does not permit workers or employers to do so. EPA officials noted that employees who have concerns about their working conditions could file a complaint with OSHA or request an evaluation by HHS's National Institute of Occupational Safety and Health.

Mariama James

- Southbridge Towers resident and parent
- Large apt complex near South St Seaport
- Member, Manhattan Community Board #1, Youth and Education Committee
- On 9/11, Mariama, 8 months pregnant, returned home covered in dust.
- Her father is caught in the dust cloud. Her two children return covered in dust as well.
- Dust has permeated the apartment
- Mariama and her father attempt to clean
- Without realizing the risks, she rips up a contaminated carpet

Mariama James

- City Health Department advises no precautions needed for pregnant women and young children.
- Mariama's youngest child, born October 2001, is diagnosed with asthma at 10 mos.
- All 3 children develop 9/11-related aerodigestive problems for which they are on a host of medications. With no WTC program for children, Mariama seeks out a pediatric pulmonologist. Treatment costs are astronomical.
- Her children are now being treated at the WTC EHC's Pediatric Program for chronic asthma, sinusitis and GERD.
- The WTC Pediatric study investigating physical health impacts to children must be funded by NIOSH.

The WTC Collapse Cloud Approaching Chambers St and the Southbridge Towers on 9/11.



Chambers St

Southbridge Towers



Lillian Bermudez

- Lower East Side resident (above Canal Street)
- Parent of two children: Mitch and Amanda
- Senior Police Administrative Aide with the New York Police Department.
- On 9/11, Mitch was 12, Amanda was 9. No prior health problems.
- Fumes, burning smell is intense and constant, beginning after 9/11.
- Dismissed worries about health risks of breathing fumes because authorities said 'air is safe.'
- Late October 2001, Mitch comes down with a cold & cough.
- ER visit: Mitch is hospitalized in Bellevue's ICU for 3 days, then 5 more days as he is stabilized/monitored.

Lillian Bermudez

- Mitch given new diagnosis of asthma and prescribed medications.
- Continues to have crises - at least 4 require hospitalization.
- In 2002, Amanda is diagnosed with sinusitis; has recurrences every time she gets a cold.
- Because of where they live, the children did not qualify for the Health Registry.
- In 2007, both children first treated at the WTC EHC and are now “doing great.”

Stuyvesant HS Students

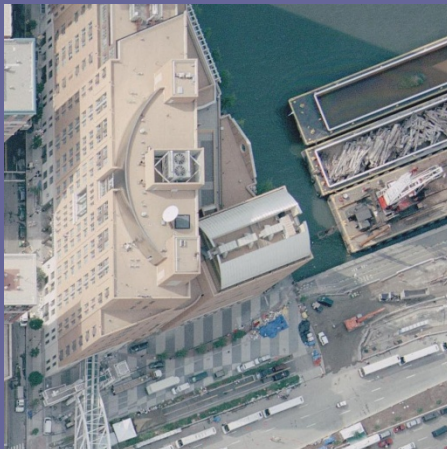
- School engulfed in dust cloud
- Reoccupancy before full remediation
- Debris barge outside school for months
- Alumni now widely dispersed geographically
- Health conditions heavily reported among student body to StuyHealth (organization of Stuyvesant alums created on Facebook) include respiratory and gastrointestinal disorders.
- Reports of cancer and autoimmune disorders.

Dust Cloud About to Reach Stuyvesant High School on 9/11

Stuyvesant is the building center right in photo, just past the Hudson River “pier inlet” lower right



Below: debris truck passes between BMCC & Stuyvesant, with dust flying off the truck bed.



Stuyvesant High School (left) & Debris Barge (right)

