



## **UNITED UNIVERSITY PROFESSIONS**

### ***Testimony on COVID-19 and Hospitals***

#### **Presented To:**

Joint – Senate Standing Committee on Health

Chair: Senator Gustavo Rivera

Senate Standing Committee on Investigations and Government Operations

Chair: Senator James Skoufis

Administrative Regulations Review Commission

Chair: Senator Simcha Felder

Assembly Standing Committee on Health

Chair: Assembly Member Richard N. Gottfried

Assembly Standing Committee on Oversight, Analysis & Investigation

Chair: Assembly Member John T. McDonald III

Administrative Regulations Review Commission

Chair: Assembly Member Dan Quart

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# UNITED UNIVERSITY PROFESSIONS

Good afternoon. My name is Dr. Frederick E. Kowal, and I am President of United University Professions. UUP is the nation's largest higher education union. We represent more than 37,000 academics and professional staff at the State University of New York, including SUNY's public academic medical centers.

Thank you for the opportunity to address this joint hearing called by the Senate Standing Committee on Health; the Senate Standing Committee on Investigations and Government Operations; the Senate Administrative Regulations Review Commission; the Assembly Standing Committee on Health; the Assembly Standing Committee on Oversight, Analysis & Investigation; and the Assembly Administrative Regulations Review Commission.

I am here today to talk about the impact of the coronavirus pandemic on our members at SUNY's three public teaching hospitals— SUNY Downstate Health Sciences University in Brooklyn, Stony Brook University Hospital in Stony Brook and Upstate Medical University Hospital in Syracuse—as well as our front-line workers at hospitals in Buffalo elsewhere in Western New York.

Day in and day out, the dedicated members of our union provide life-saving, state-of-the-art health care services to hundreds of thousands of New Yorkers in every corner of the state.

## **Coronavirus chaos**

As we all know, the coronavirus pandemic hit New York incredibly hard in the spring. At its peak in mid-April, hospitals across the state were filled with COVID-19 patients, and more than 5,000 people were admitted to intensive care units as they battled the disease.

More than 200 refrigerated trucks—sent by FEMA or purchased by the city's medical examiner's office—were brought to New York City to house tens of thousands of bodies of those who died from COVID. The Navy hospital ship Comfort was dispatched to New York City as a field hospital, and field hospitals were built at Stony Brook University and SUNY Old Westbury to accommodate an expected overflow of COVID patients.

Through the chaos, there was one constant: Our members—from doctors, respiratory technicians and pharmacists to chaplains, admissions directors and lab technicians—were on the job every single day. Our members put their lives on the line, working double shifts and extra shifts to care for the thousands of COVID-19 patients sent to SUNY Downstate during the pandemic's peak in New York state.

When I say that our members put their lives on the line, I mean it. In March, the governor designated SUNY Downstate as a COVID-19-only hospital. That meant that only COVID-19 patients were sent to SUNY Downstate. For weeks at a time, our hospital was the epicenter of coronavirus in the entire world.

In addition to SUNY Downstate, Stony Brook Hospital was, for all intents and purposes, a COVID-19 hospital. Combined, the two hospitals treated over 3,000 COVID-19 patients and counted hundreds of deaths.

Many of our essential workers left their children in the care of family members to come to work. Others didn't want to risk going home after work to avoid infecting family members, so they stayed in dorm rooms or hotel rooms—paid for by UUP—until their work week ended. Some experienced anxiety, fear and depression due to the trauma they were subjected to on the job. Still, they showed up to work every day and worked extra shifts.

This cannot be underestimated: Every time our members came to work, they risked becoming infected and bringing the coronavirus home to their families. Some got sick and some of our brave members became infected and died.

New York and the nation was not prepared for the coronavirus pandemic and we were all taught a very harsh lesson because of it. This can never happen again. We must take straightforward and dramatic steps to ensure that our state and our hospitals are prepared for the next pandemic and any public crisis that befalls us.

That preparedness starts with the state, which must provide its share of the funding to allow the hospitals to install necessary safety measures to protect our members from infection and allow our hospitals to meet their

mission—to serve all who walk through their doors, regardless of whether they can pay for care.

More than 1.5 million patients come to our hospitals each year and communities such as Central Brooklyn—which hosts SUNY Downstate—depend on our hospitals for primary care.

### **Hazard pay now!**

While other hospitals throughout New York City and across Long Island have paid hazard pay and other bonuses to their frontline workers, the incredible individuals at our state hospitals have yet to be recognized for their commitment.

I implore you to do right by our heroes and find funds to provide hazard pay for our essential workers. The pandemic has raged for nearly six months, and while thousands of essential workers at public and private hospitals in New York City and Long Island have received hazard pay, our essential workers at SUNY's hospitals have yet to receive hazard pay for their heroic efforts.

This is unacceptable. Are the sacrifices and work of our public employees worth less those of front-line workers at Northwell Health, NYC Health + Hospitals or New York University's teaching hospitals?

### **State and federal help needed**

UUP recognizes that SUNY and the state cannot provide every dollar of the funding our hospitals need to serve their patients during this trying time.

That is why UUP months ago began advocating for much-needed federal funding to help the states recover from the financial impact of the pandemic. UUP was one of the first state unions to push aggressively for the CARES Act. We are also one of the first state unions to urge support for the HEROES Act.

With increasing pressure, we continue to urge the U.S. Senate to approve the HEROES Act, approved by the House of Representatives in May, an action that would go far in bridging a financial gap the governor is anticipating to be \$15 billion or more.

Our hospitals were already financially weakened before the pandemic; the state has underfunded SUNY's hospitals for years. State funding to our hospitals dropped by \$515 million from 2011-12 to 2018-19. Cuts to federal Medicaid Disproportionate Share Hospital (DSH) Payments and the state's DSH match have further diminished the hospitals' finances.

Our hospitals are the only state entities that pay for their employee fringe benefits and debt service costs, a total annual expense nearing \$500 million. SUNY hospitals do not turn a profit. However, they subsidize the medical schools, which rely on the hospitals for financial aid and operational support.

### **New funding sources**

However, SUNY and the state must play a crucial role in funding our hospitals so they are able to prepare for the next crisis. There are several new revenue sources the state can and should consider to aid New York's financial pandemic recovery.

They include passing new taxes on billionaires and ultra-millionaires who live in New York state. UUP also supports a pied-a-terre tax and a reduction or elimination of the stock transfer tax. We must all pay our fair share. For too long, the ultra-rich have not paid their share. The time for this to end—out of necessity as well as fairness—is now.

A new tax on billionaires would bring in an estimated \$5.5 billion in new revenue each year. A tax on ultra-millionaires would create as much as \$2.7 billion in additional revenue for the state. A pied-a-terre tax could return \$650 million in new revenue while changes to the stock transfer tax could raise up to \$14 billion.

We are encouraged by state Sen. Andrea Stewart-Cousins' decision to join state Assembly Speaker Carl Heastie in supporting taxes on billionaires and the ultra-rich. We will continue to press the governor to support these new revenue sources, which would provide crucial support to the state's public teaching hospitals.

### **Chronic PPE shortages**

The shortages of personal protective equipment, or PPE, were widely reported in the media during the height of the pandemic in New York. UUP

members at SUNY's hospitals can attest that those reports were all too true.

As our members tended to the sick, they scrambled to find personal protective equipment, including new N95 respirator masks, isolation and surgical gowns, face shields, Nitrile gloves, and head and foot coverings.

Yet our hospitals were woefully short on these necessary items, which forced our members to re-sterilize and reuse face masks and other PPE items that are designed to be used once and discarded. Even though Downstate was a COVID-19-only hospital, it still had to deal with massive shortages of PPE.

Some of our colleagues were forced to wear trash bags as gowns to protect themselves from contracting the virus. Many of our members wore plastic bags over their shoes—secured with rubber bands—as they dealt with stubborn PPE shortages that would not abate. Our essential workers also faced shortages of the reagents necessary for testing.

As the president of UUP, I had to act. I could not watch our brave front-line workers put themselves in harm's way without the proper protective gear to keep them from getting COVID-19. We got reports from some of our hospitals that front-line providers themselves were purchasing masks and protective gear because the hospital had none to spare.

We purchased 100,000 isolation gowns, 50,000 face masks, 46,000 N95 masks, 14,200 pairs of Nitrile gloves and 1,500 face shields for our members, as well as wipes, hand sanitizer and thermometers. We can never again allow our members, our colleagues, our families, our friends and community to be put at such risk.

The state and SUNY must provide added protections for our essential workers on the job. Our hospitals need ample supplies of PPE to protect essential employees. Permanent plexiglass barriers must be erected at all clinical workstations in the hospital.

It is crucial that our health care providers have as many layers of protection as possible—including plexiglass barriers—to protect them from infection and keep them on the job helping those who need help.

### **Increase, upgrade testing**

Currently, SUNY hospitals are screening patients, employees, students and community members who enter the facilities. These precautions fall short of what is necessary—mandatory rapid-result testing for all. Contact tracing protocols must also be put in place to blunt the spread of coronavirus. Finally, the hospitals need to have more than enough of the reagents needed to perform the tests.

Our hospitals also need clear and direct health care and safety guidelines that we can trust. Guidance provided by the federal Centers for Disease Control have become tainted by near-constant political pressure exerted by the Trump administration. We are wary of their guidance, which has been twisted at times to suit the pursuits of the president.

We need the state Department of Health and Public Employee Safety and Health Bureau to step up and set clear health and safety guidelines that will keep New York providers safe as they tend to COVID-19 patients.

### **Change needed now**

Never again should our members have to buy disinfecting and sanitizing fluids or be forced to wear Hefty bags and plastic grocery bags to protect themselves on the job. Never again should they have to use the same PPE for weeks at a time.

Never again should our members resort to setting up makeshift plastic partitions to separate patients sick with COVID-19.

Never again should our hospitals run short on the reagents necessary to test our members on the front lines of the pandemic.

Never again should members have to die because our hospitals are underfunded and unprepared to respond to a pandemic.

I appreciate the opportunity to address you on these important issues. The time is now to address these concerns to allow our front-line workers to continue their efforts while our hospitals make necessary changes to prepare for future pandemics.

I know by working together, we can create the positive change necessary to protect those who place their lives on the line to help COVID-19 patients heal and recover.