



St. Mary's Healthcare System for Children
Edwin Simpser MD, President & CEO
Testimony to New York State Legislature
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I am Dr. Eddie Simpser, President and CEO of St. Mary's Healthcare System for Children. Thank you for giving me the opportunity to speak on behalf of New York's most vulnerable children and their families.

St. Mary's Healthcare System for Children is the national leader in providing specialized care to critically ill children and young adults. We are dedicated to providing in-patient care, day healthcare, home care and education services to children and young adults following acute care hospitalization due to premature birth, illness, injury or other critical health conditions. We are the largest post-acute care provider of our kind in New York State, with a continuum of care that supports a sick child throughout their lifetime, from our inpatient facility to home and community settings. With a highly trained, dedicated pediatric workforce, St. Mary's is committed to improving the health and quality of life for children and young adults with special needs and their families.

I am here today to talk about our experiences with the pandemic and in particular a pressing issue on visitation in our Pediatric Skilled Nursing Facility.

First, some background. For many years prior to the pandemic St. Mary's was a national leader in infection control measures, establishing an exemplary track record of protecting our very vulnerable children from the spread of infectious disease including regular viral testing of all symptomatic and at risk children. Any encounter with an infectious disease, from a simple respiratory infection to the novel corona virus, can be devastating for a medically complex child. Since the outbreak of COVID-19 we have expanded these measures, and our efforts have been extremely successful. To date, zero children in our facility have tested positive for COVID-19.

I have to repeat- not a single child has tested positive for COVID-19. Moreover, we have seen no outbreak of any other respiratory infections.

This success has taken place against a backdrop full of extraordinary challenges. Precautionary regulations have forced us to close a number of critical programs that serve children in the community, depriving the children and their families of much needed support while compounding the extreme financial pressure our system is currently under. When you add the burden of COVID to the recent Medicaid cuts, we are under great duress.

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Since the DOH prohibited visitation to nursing homes we have parents who have not hugged their children in months. The parents of a child in a pediatric skilled nursing facility are never “visitors,” but critical partners in the care and well-being of their children. Hear the plea from one of our parents, who cries to our staff in pain and frustration: “I am not a visitor, I am his mother.” Many of our patients are newborn babies transitioning from NICU into our facility. Under the current visitation restrictions, parents would be forced to separate from their newborn upon arrival at St. Mary’s, leaving many to refuse admission, forcing many children to languish in acute care settings while they await resolution.

We have facilitated virtual visits for our parents, but these fall far short of necessary connection between parent and child.

Testing of staff for Covid-19 has proven itself a flawed mechanism for preventing the spread of COVID in our facility and as a criterion for staff quarantine or visitation as outlined below. As of now, we cannot envision a scenario where any large pediatric facility meets the current Department of Health criteria for having 28 consecutive days without a positive case of COVID amongst our dedicated staff. At our campus, we are testing over 600 clinical and support team members once a week- if 1% of the general population is positive for COVID we will expect 5-6 positive cases a week. And it can sometimes take up to two weeks or more to receive results- we can easily imagine a staff member who is positive but asymptomatic and working until we receive the results of their test, at a time when their infection and infectivity has already passed. The important point is the continued success of our infection control practices to prevent the spread of the virus, even before we were testing all staff.

Our parents are at the end of their rope. They are devastated, and need us to act immediately. In a time of extraordinary hardship, we can imagine few greater hardships than the pain of a parent separated from their child in need. We believe that our proven expertise in infection control and our exemplary track record warrants due consideration. Children’s nursing homes are unique within the broader nursing home industry. Our children need their parents to be with them and we would welcome a dialogue with State Leadership to help unite parents with their children today.

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