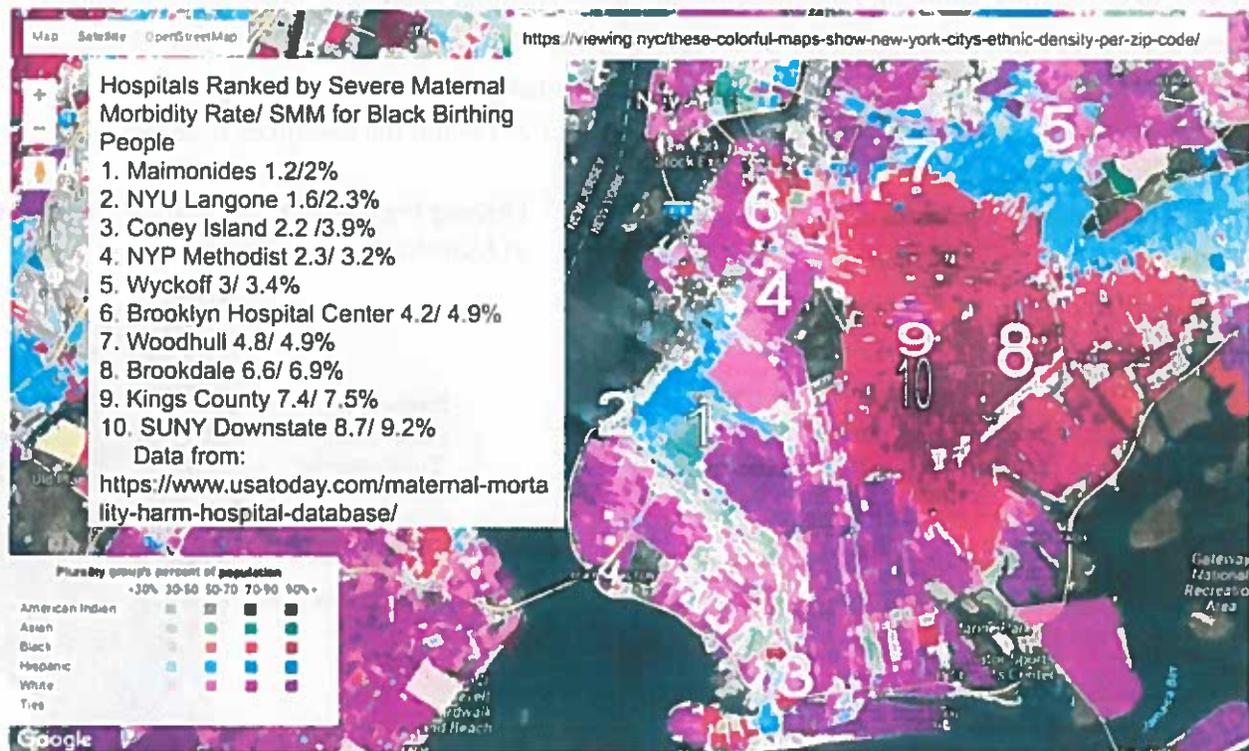


Written Testimony of
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Former Staff Nurse in the Neonatal Intensive Care Unit,
State University of New York Downstate Medical Center University Hospital Brooklyn
Before the New York State Senate and Assembly
Regarding the Hearing on the New York Health Act A5248/S3525
October 23rd, 2019

Chairman Rivera and Chairman Gottfried, members of the Senate and Assembly Health Committees, thank you for the taking the time to listen to our testimony today. My name is Katy McFadden. I am a Registered Nurse Certified in Neonatal Intensive Care. I recently resigned from my position as a staff nurse in the Neonatal Intensive Care Unit (NICU) at SUNY Downstate Medical Center- in East Flatbush, Brooklyn, where over 90% of patients are of African descent.



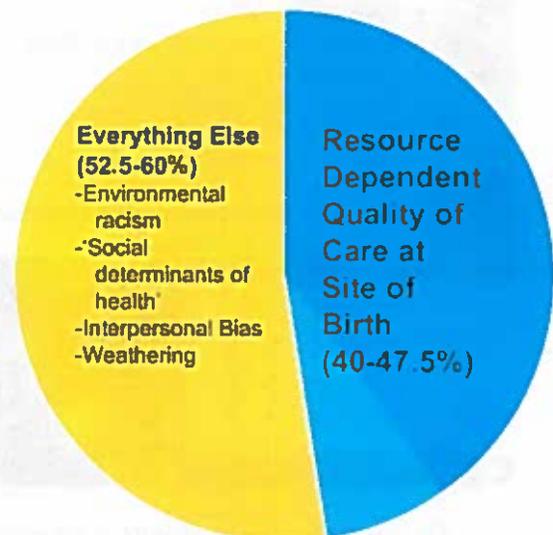
The 10 Brooklyn hospitals with maternity services, ranked from lowest to highest Severe Maternal Morbidity (SMM) rate using data from 2014-2017, on a 2017 ethnic/ racial density map of Brooklyn. There is a 7 fold variation from the safest to most dangerous hospital. The three worst are all located in segregated-black Brooklyn. This is due in large part to the separate and unequal ways we find health care in New York and the United States.

On August, 9th, 2017. I emailed my supervisor to ask when we could expect more nurses, describing unsafe patient care conditions in the unit caused by understaffing. *"There seem to be a lot of consequences for a nurse who doesn't do everything she "should" in a shift, and no consequences for the administration that asks us to do more than any nurse could."* I wrote. Twenty hours later, Dachea Fleurimond- a mother of six who had just given birth to twins who were being cared for in our Neonatal Intensive Care Unit (NICU)- died of preventable staffing-related complications.¹ In the months after Ms. Fleurimond's death I sent four more emails to increasingly higher levels of the hospital administration, trying to raise the alarm of the imminent peril our patients faced due to understaffing, including the warning "It is only a matter of time before another serious event occurs."² On November 28th, 2017 another Black mother- Tanesia Walker- died of preventable causes shortly after giving birth to her first child at SUNY Downstate.

What I was too busy and traumatized to put together at that time were headlines in the news published the same weeks I was sending frantic emails, detailing how Governor Cuomo chose to unlawfully withhold Disproportionate Share Hospital payments- huge sums of federal financing to reimburse hospitals for SERVICES THEY HAD ALREADY PROVIDED- which had sent public hospitals into hiring freezes.³ The mechanisms to improve safety and prevent another maternal death were obvious to us in the fall of 2017- but the resources to implement these improvements had been intentionally been withheld by the Governor of the State from the hospital the State runs in a neighborhood the State itself segregated to be Black.⁴

Black birthing people are 12x more likely than white birthing people to die of pregnancy related causes in NYC. Research shows that that disparity would drop by 47.7% if Black women gave birth in the same hospitals as white. In other words, HALF the Black/ White disparities in maternal outcomes is due to the lower quality of care provided at a concentrated set of 'minority-serving' hospitals⁵ - the same ones

Driving Forces Behind Racial Disparities in Maternal/ Infant Outcomes in NYC



¹ Waldman, A. (2017 Dec. 27) How Hospitals are Failing Black Mothers
<https://www.propublica.org/article/how-hospitals-are-failing-black-mothers>

*Data from 2010-2014

² Copies of 'Protests of Assignment' and contemporaneous emails from author to the administration documenting dangerous staffing conditions can be made available upon request. katy.ruth.mcfadden@gmail.com.

³ Hennly, Bob. "H+H to severely Limit Hiring After State Puts Hold on \$380M in Aid" Pub. 10/6/17
https://thechiefleader.com/news/news_of_the_week/article_9c267048-9e16-11e7-9622-ebb86474e49c.html
 Accessed 10/22/19

⁴ East Flatbush was yellow lined in 1938 beginning the State controlled process of racial residential segregation 12 years before the State University teaching hospital was located in the neighborhood in 1950.

⁵ "Given the high concentration of black infants in few hospitals, poorer quality of care can generate population-level health disparities." Lake, E. T., D. Staiger, T. Patrick, J. Horbar, M. J. Kenny, and J. Rogowski. (2015). Disparities in Perinatal Quality Outcomes for Very Low Birth Weight Infants in Neonatal Intensive Care.

systematically disadvantaged by our separate and unequal system of health financing.

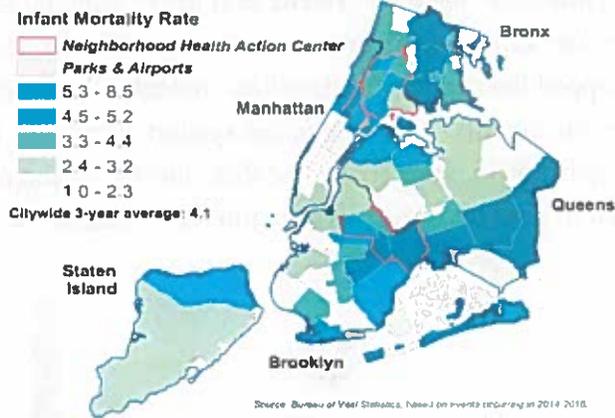
East Flatbush, Brooklyn has the highest infant mortality of any neighborhood in NYC at 8.5/1000- 8.5x higher than Bay Ridge, less than 7 miles away.⁶ Both hospitals serving the neighborhood are government-run, and offer objectively worse care than whiter-serving facilities.

Quality is worse because staff and services are missing.⁷ Staff and services are missing because we cannot afford them.⁸ We cannot afford them because reimbursements from public insurance are considerably less than the true cost of care,⁹ and we care for a disproportionate amount of patients on public insurance because of historic and ongoing racial segregation and economic disenfranchisement.¹⁰ Funds intended to compensate for the inevitable budget shortfalls at institutions serving a disproportionate number of patients on public insurance instead go to private, disproportionately white-serving facilities because of laws passed by this predominantly white legislative body and upheld by a white governor. Even in neighborhoods with better funded and safer private hospitals, widespread insurance discrimination¹¹ causes de facto racial segregation.¹² And while insurance discrimination is illegal, then Attorney General Cuomo refused to prosecute the last legal case brought to challenge the practice.¹³

Racial health disparities have existed since race itself was created as a tool for socio-economic domination during chattel slavery. In 1850, our constitution counted most black

INFANT MORTALITY

Figure 10. Average Infant Mortality Rate by Community District of Residence*, New York City, 2014–2016*



“...40% of the black-white disparity [in morbidity and mortality of very low birth weight infants] was explained by birth hospital.” Howell, E. (2018) Differences in Morbidity and Mortality Rates in Black, White, and Hispanic Very Preterm Infants Among New York City Hospitals

⁶ Li W., Zheng P., Huynh M., Castro A., Falci L., Kennedy J., Maduro G., Lee E., Sun Y., & Van Wye G.. (2018) Summary of Vital Statistics, 2016. New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics.

⁷ Lake E. T., Staiger D., Edwards E. M., Smith J.G., Rogowski J. A.. (2017) Nursing Care Disparities in Neonatal Intensive Care Units.

⁸ Records of the hospital administration explaining the absence of necessary services due to budget constraints can be made available upon request. katy.ruth.mcfadden@gmail.com

⁹ Caress, B., Parrott J.. (2017) On Restructuring the NYC Health+Hospitals Corporation: Preserving and Expanding Access to Care for All New Yorkers. *Report to the New York State Nurses Association.*

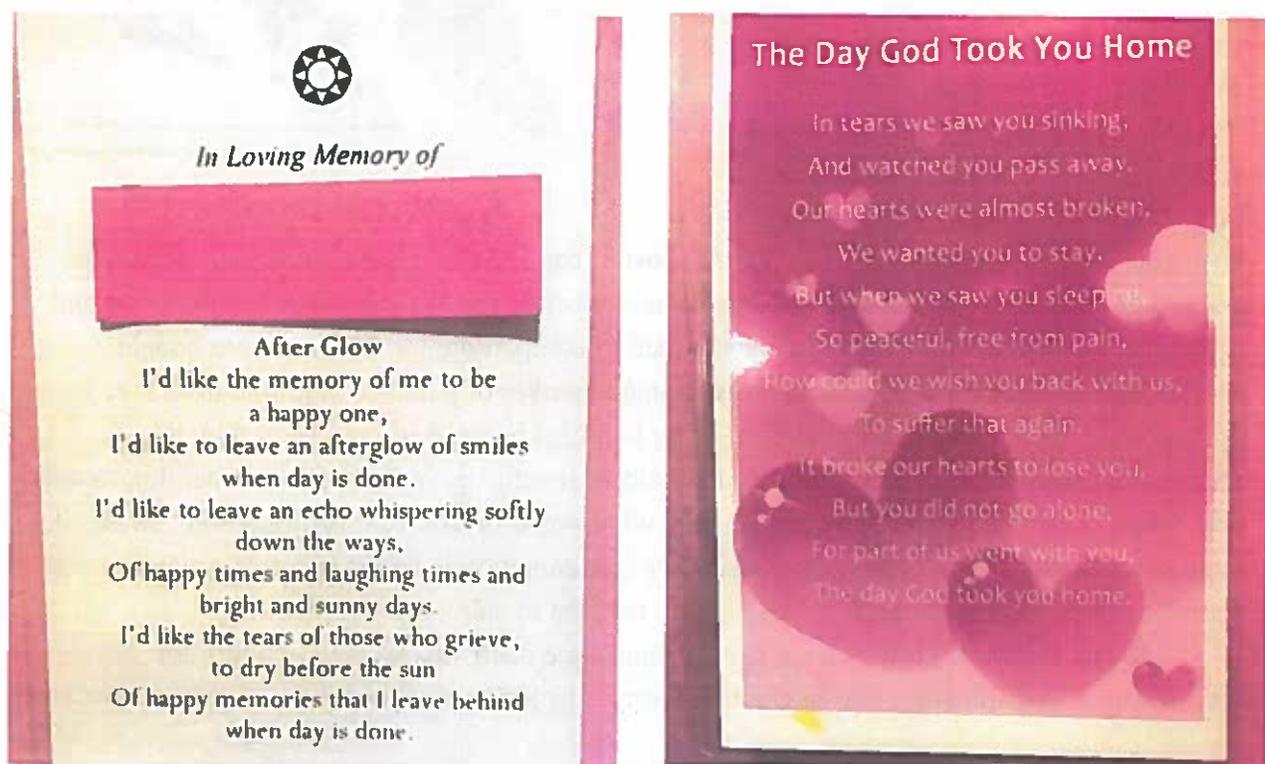
¹⁰ Disproportionate Share Hospital payments have the opposite of their intended effect, as NYS Law directs the majority of DSH/ ICP payments to hospitals providing the least amount of Medicaid and uninsured care. See Tikkanen, R., Woodhandler, S., Himmelstein, D.. (2017) Funding Charity Care in New York: An Examination of Indigent Care Pool Allocations. *NYS Health Foundation.*

¹¹ Complaint of Bronx Health Reach filed by the New York Lawyers For The Public interest in 2008.

¹² Calman, N., Ruddock, C., Golub M., Le, L.. (2005) Separate and Unequal: Medical Apartheid in New York City. Bronx Health Reach.

¹³ Golub, M. A Community Mobilizes to End Medical Apartheid. 2011

people as three-fifths a person,¹⁴ and the white/black infant mortality rate was 1:1.5.¹⁵ In 2019, the public insurance covering the majority of black birthing people pays half as much for obstetric care as the private insurance covering the majority of white birthing people¹⁶, and the white/ black infant mortality rate is WORSE at 1:2-3¹⁷ Private and public insurance represent a separate and unequal system, and thier disparate reimburstment rates reflects the hierarchy of human value our society has pathologically carried with us since chattle slavery. We've never stopped having racial disparities in health, because we've never started valuing the lives of all people equally. A single payer system eliminates the funding disparities that drive racial health disparities in New York. For this, and for all the other reasons presented before you today, I urge you to pass the New York Health Act. Thank you again for your time.



Bedside nurses are frequently half staffed and at least 10 specialists are missing from the NICU due to budgetary constraints imposed on SUNY Downstate by the state State. These are the funeral cards of two Black infants who died in the NICU at SUNY Downstate, and probably would not have if they had been cared for at an adequately financed & staffed facility with appropriate specialists. Each year NYHA does not pass, more die needlessly.

¹⁴ Wikipedia contributors. (2019, May 23). Three-Fifths Compromise. In *Wikipedia, The Free Encyclopedia*. Retrieved 15:57, May 27, 2019

¹⁵ Davis, D. (2019) *Reproductive Injustice: Racism, Pregnancy, and Preterm Birth*. NYU Press.

¹⁶ Steube, A. (2018, December 10) *Maternity Care in the United States Remains Separate and Unequal*. momsrising.org

¹⁷ Li W. *Summary of Vital Statistics 2016*