Written Testimony of

Kathryn McFadden MSN, CNM, RNC-NIC, C-EFM, NDCS, ANLC, LCCE, CEIM, CPST

Former Staff Nurse in the Neonatal Intensive Care Unit,

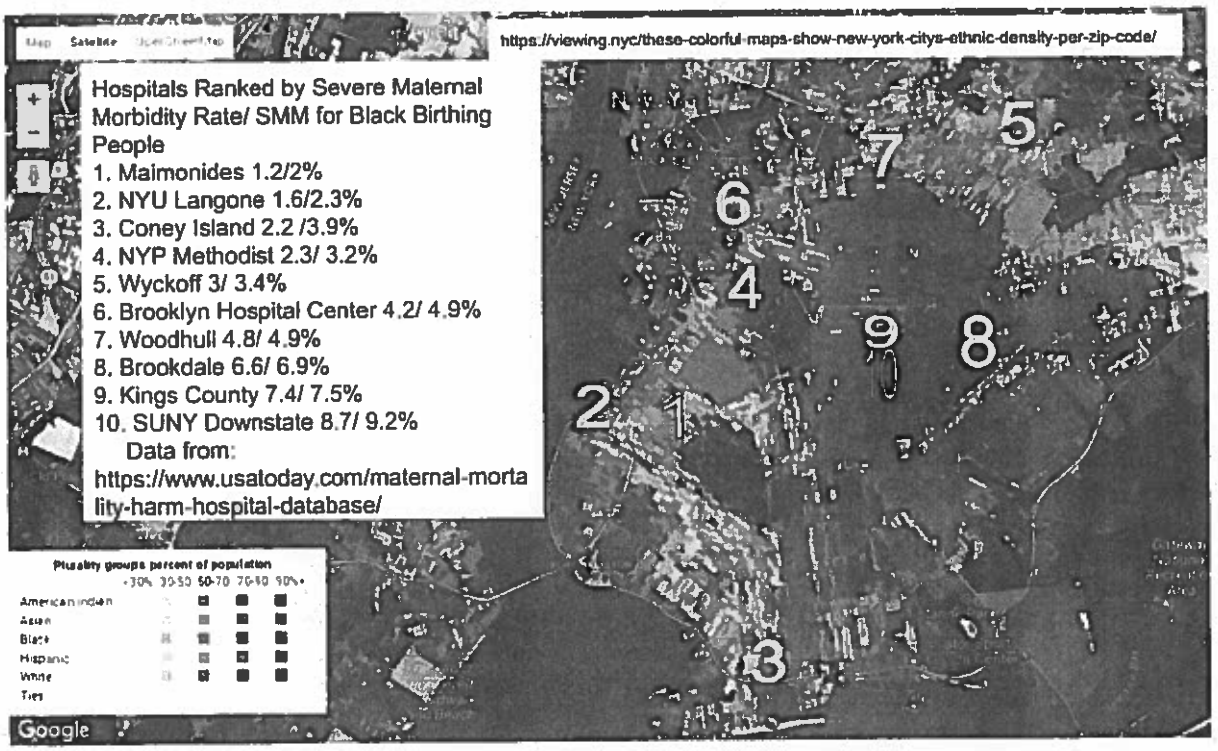
State University of New York Downstate Medical Center University Hospital Brooklyn

Before the New York State Senate and Assembly

Regarding the Hearing on the New York Health Act A5248/S3525

May 28th, 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. Last month I 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 lowest to highest Severe Maternal Morbidity rate using data from 2014-2017 (from the USA Today database), on a 2017 ethnic/ racial density map of Brooklyn. There is a 7 fold variation from the safest to most the dangerous hospital, the three worst are all located in segregated-black Brooklyn.

In the five years I worked for SUNY Downstate, I cared for many patients who died or suffered permanently worse outcomes for conditions we know how, but did not have the resources to optimally manage and treat.[1] I frequently worked shifts with half the nurses we would have needed to meet national safety standards.[2] Even when we manage to get through these shifts without major medical errors, our fragile patients still suffered. Babies do not cry in the womb. When babies born premature receive only a fraction of the care they need, prolonged cry times create a toxic level of stress hormones that forever changes brain formation.[3] Working in an under-resourced NICU, I could literally hear my patients' neurodevelopmental potential diminish as I focused on higher priority, life sustaining care.[4]

Downstate's NICU also lacks a Lactation Consultant, Physical and Occupational Therapists, mental health services for parents, a Developmental Care Specialist, a Peer Support and Volunteer Coordinator, and a dedicated Nurse Educator; services NICU babies need to not just to thrive, but simply survive.[5] Some of these absences are in direct violation of state regulations.[6] All are considered standard by relevant professional organizations, and are common in other Level IV NICUs.[7] Less than 10 miles from predominantly white-serving private hospitals, conditions at Downstate are worlds away, and it shows in exponentially worse hospital and population level outcomes.

---

[1] Waldman, A. (2017 Dec. 27) How Hospitals are Failing Black Mothers. *Propublica,* retreived from https://www.propublica.org/article/how-hospitals-are-failing-black-mothers

[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] Kenner, C. & McGrath J.M. (2010) Developmental Care of Newborns and Infants: A Guide for Health Professionals 2nd Edition. *National Association of Neonatal Nurses.* pg. 133

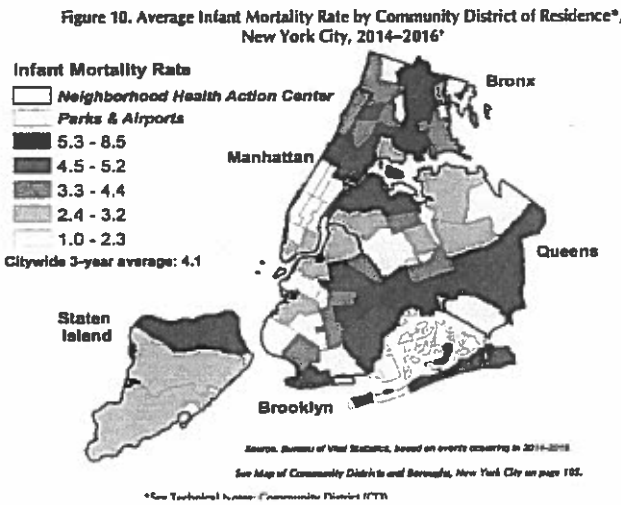
[4] And I am not unaffected. See: Le Beau Lucchesi, E. (2019 May 7) For Nurses, Trauma Can Come with the Job. *The New York Times.* See also: Talbot S.G. & Dean W. (2018 July 26) Physicians Aren't 'Burning Out.' They're Suffering from Moral Injury. *Statnews.com.*

[5] For example: I cared for many babies who died from a bowel infection Necrotizing Enterocolitis (NEC) that is 6-20x more likely to occur in infants fed formula. Though almost every mother I worked with wanted to provide breastmilk for their infant, we do not have the staff, training, or equipment to support the intricate physiologic process. Lactation Consultant availability is a life-and-death matter for premature babies, all of whom are high risk for NEC.

[6] Documentation of non-compliance hospital administration can be provided upon request. katy.ruth.mcfadden@gmail.com. Specific regulations that are currently not being met can be found in the Official Compilation of Codes, Rules, and Regulations of the State of New York, Title 10. DOH, Chapter V. Medical Facilities, Subchapter C. State Hospital Code, Article 3. Hospital Operation, Part 721. Perinatal Regionalization System, Section 8 Ancillary Personnel, subsections a.5, a.7, b.1, and b.3.

[7] Association of Women's Health, Obstetric and Neonatal Nurses (2010) Guidelines for Professional Registered Nurse Staffing for Perinatal Units. Also: Kenner, C. & McGrath J.M. (2010) Developmental Care of Newborns and Infants: A Guide for Health Professionals 2nd Edition. *National Association of Neonatal Nurses.*

INFANT MORTALITY



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.[8] Both hospitals serving the neighborhood are government-run, and offer objectively worse care than whiter-serving facilities.

In 1850, our constitution counted most black people as three-fifths a person,[9] and the white/black infant mortality rate was 1:1.5.[10] 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 people[11], and the white/ black infant mortality rate is WORSE at 1:2-3 [12]. The largest single driving force behind racial disparities in maternal/ infant health outcomes in New York City is the lower quality of care provided at a concentrated set of 'minority-serving' hospitals.[13] Quality is worse because staff and services are missing.[14] Staff

---

[8] 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.

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

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

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

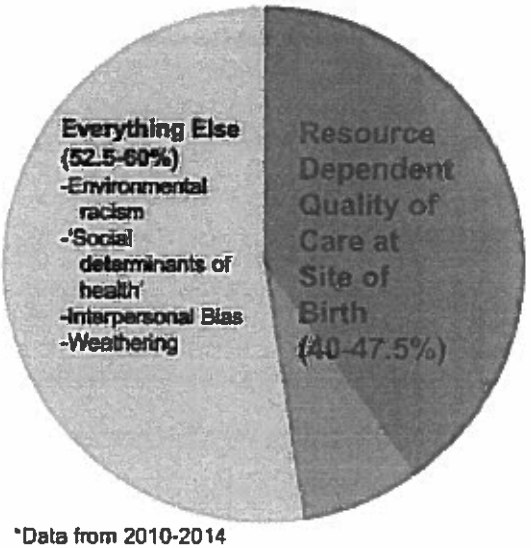
[12] Li W. Summary of Vital Statistics 2016

[13] **"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. **"...black-white differences in delivery location may contribute as much as 47.7% of the racial disparity in severe maternal morbidity rates in New York City."** Howell, E. (2016) Site of Delivery Contribution to Black-White Severe Maternal Morbidity Disparity. **"...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

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

and services are missing because we cannot afford them.[15] We cannot afford them because reimbursements from public insurance are considerably less than the true cost of care,[16] and we care for a disproportionate amount of patients on public insurance because of historic and ongoing racial segregation and disenfranchisement.[17] Even in neighborhoods with better funded and safer private hospitals, widespread illegal-yet-unchallenged insurance discrimination[18] causes de facto racial segregation.[19]

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



*Data from 2010-2014

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.

---

[15] 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

[16] 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.*

[17] 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.*

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

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