New York City Council  
Committee on Hospitals  
Testimony of Brooklyn Borough President Eric L. Adams  
Thursday, March 15, 2018

Good afternoon Chair Rivera and members of the City Council Committee on Hospitals. My name is Eric L. Adams, Brooklyn borough president, and I represent the 2.6 million residents who call the borough home. As we are all aware NYC Health + Hospitals has been facing a financial crisis for years, while concurrently the health of the people they serve is in decline. Chronic diseases are at the highest levels in low-income communities and communities of color. As H+H continues to restructure, there is an opportunity to find funding streams for new initiatives and projects. I am pleased to testify on some of these important ideas.

For one, access to proper nutrition is a high-priority and personal initiative. After being diagnosed with Type 2 diabetes in 2016, I made a significant change in my diet. Through a plant-based lifestyle, I was able to control and eventually reverse my diabetes. However, I had to leave New York City to seek the care of plant-based doctors. I was fortunate to have the means to seek treatment elsewhere; however, this is not something that is easily accessible to most Brooklynnites and New Yorkers. Health care should not be a luxury. People who are suffering with nutrition-related chronic diseases should be afforded the same quality of care that I received right here in New York City.

Nearly 30 percent of adults in Brooklyn are obese and 11 percent have diabetes. Chronic, diet-related disease is taking a toll on the health and well-being of Brooklyn residents across the borough. We know that poor nutrition contributes to preventable, diet-related chronic disease, and low-income communities and communities of color are disproportionately affected. Despite an individual’s best efforts, the current urban environment often contributes to poor dietary intake with little space to grow fruits and vegetables, limited access to fresh and high-quality ingredients, and an abundance of convenient but poor quality food. As such I am calling for the creation of a plant-based clinic in the H+H system and request the necessary funding for this innovative approach with the potential to change the health of New Yorkers. Establishing this preventive health outlet will provide patients with resources to use diet to prevent and treat chronic disease, a resource that is currently lacking in Brooklyn hospitals.

Its creation builds on my existing healthy eating initiative, which comprises of three primary focus areas: encouraging urban agriculture, improving nutrition, and providing preventive care tools for Brooklynnites. Great progress has already been made to support healthy eating and prevention of chronic disease in the borough, and efforts are continuing to be made to develop
and expand sustainable programming to service the needs of Brooklyn’s dynamic and growing population. Developing a plant-based clinic in Brooklyn will provide a critical resource for residents looking to adopt a healthier diet and lifestyle.

A plant-based clinic, which can be integrated into an existing health care setting, such as a hospital or an outpatient treatment facility, will provide patients with resources to prevent and treat diet-related disease. Dietary risk, which is avoidable, is the number one cause of death, surpassing smoking. For example, according to a study published in October of 2016 by the JAMA Network titled *Association of Animal and Plant Protein Intake With All-Cause and Cause-Specific Mortality*, replacing processed red meat with plant protein lowers mortality rates by 34 percent. This clinic will assist in reducing the burden of chronic disease in Brooklyn through access to registered dieticians, classes, community groups, and a treatment model of “food as medicine.”

Secondly, I would like to reiterate my support to build a burn center in Brooklyn and to request the necessary funding for the creation and operation of this integral component of our health care system. In a borough of 2.6 million people, there are no burn centers within the borders of Brooklyn. As a point of comparison, Chicago, a city with a population roughly equivalent in size to that of Brooklyn, has two burn centers to serve its residents. In 2017, the New York City Fire Department (FDNY) responded to more than 8,000 structural fires and nearly 5,000 non-structural fires in Brooklyn alone, an increase of nearly two percent and 6.5 percent over 2016 statistics, respectively. In December of 2017, Sheepshead Bay suffered a tragedy when the home of the Azam family went up in flames and a mother and her three children perished in the fire. Three surviving family members were transferred to the burn unit in Staten Island. A burn unit in Brooklyn would have decreased transport times and allowed loved ones easier access to visit the victims.

According to the National Institutes of Health (NIH), advancements in health care have dramatically improved outcomes for patients in burn units as hospitals have developed better procedures to close wounds, prevent infection, reduce inflammation, and expedite the process of healing. Victims who once would have died or suffered severe impairment as a result of their burns are now surviving and leading healthy, successful lives. These improved outcomes can be credited to the modern treatments available in burn centers. Modern burn centers not only address burns suffered in fires, but are also integral to treating burns from scalding liquids as well as road burns resulting from pedestrian, cyclist, motorcyclist, and motorist crashes. The creation of a burn center in Brooklyn would ensure high-quality care for Brooklyn residents in cases of such eventualities.

In the wake of a series of particularly tragic and fatal fires in 2015, 2016, and 2017 in Brooklyn, I began a concerted call to build a burn center. I allocated $4,150,000 from my Fiscal Year 2016 (FY16) capital budget to the build-out of a burn unit. However, estimates for the creation of a unit range upward of $8 million to build out and roughly $6 million to operate per year. While my office is committed to fulfilling the capital gap in funding to build out the burn center, we are requesting that the Council allocate $10,000,000 in the Fiscal Year 2019 (FY19) New York City budget to complete the capital and operating costs to help to make this vision a reality. In February 2018, my office, in conjunction with the Brooklyn delegation of the New York City Council, sent a letter to Mayor de Blasio requesting this same allocation of funds. The creation and operation of a burn center will be an invaluable component of our health care system, and we would like to thank the committee for its consideration.
Lastly, our hospital system needs to continue to find means to reduce the overuse of the emergency room. Emergency department overuse leads to higher costs of care, doctor burnout, long wait times and reduced patient outcomes. However, many residents do not have access to a primary care physician, or hours are not available during evening or weekends. Low income and limited access points to health clinics result in the use of the emergency room as the primary source of care for most residents of North and Central Brooklyn. In May of 2017, I launched the “Is it an Emergency” initiative to educate residents as to when they should visit the emergency room, a health clinic, an urgent care, or a primary care physician. In order to decrease unnecessary visits, the hospital system needs a multipronged approach to increase access to quality healthcare for all residents. As NYC Health and Hospitals continues to reorganize, they should take a lead from my initiative and focus efforts on an emergency room diversion program, that will benefit NYC residents, maximize their budget, and allow for better use of their resources.

On behalf of myself and the 2.6 million residents I represent, I thank the Committee on Hospitals for the opportunity to testify today, and I look forward to working with you to ensure the health of our constituents.