

**Pending Committee Approval**  
**Minutes of the Health, Hospitals & Social Services Committee**  
**Bronx Community Board 8**  
**Wednesday, May 13, 2026, at 7:00 pm**  
**Bronx Community Board 8 Office – 5676 Riverdale Ave, Suite 100, Bronx, NY 10471**  
[Meeting Recording Link](#)

The Health, Hospitals, and Social Services Committee meeting was called to order at approximately 7:04 p.m.

**Present (3):** Dr. W. DeBeatham (chair), S. Matthews (vice-chair), Dr. J. Gomez

**Absent (1):** S. Chittilappilly

**Other Board Member or Staff (2):** L. Spalter, E. Green

**Community Members: [In Person]** M. Mullen (Riverdale Press), D. Burke, F. Silatchom, R. Kalen, M. Claude, H. Krim; **[Zoom]** M. Rabner, A. Chan (HHC, CAB Liaison), L. Williams, R. Vazquez, J. Fletcher, R. Todd, A. Tran (HHC Community Advisory Board); T. John (HHC - Jacobi); S. Dodell

Minutes from March 5 and April 8 2026

Motion to approve: S. Matthews; Seconded Dr, J. Gomez - passed unanimously

Chair's Report:

Brainstorming budget priorities, including harm reduction

Discussion last month regarding what a Health-related resolution would look like

Presentation from T. John, Assistant Director of Community Affairs, HHC/Jacobi

Background:

- HHC - The largest public health system in the U.S., providing comprehensive, personalized outpatient and ambulatory care services regardless of ability to pay or immigration status.
- Services include primary care, OB/GYN, pediatrics, and outpatient emergency and trauma care
- Jacobi and North Central Bronx cover not only the Bronx but also parts of northern Manhattan and lower Westchester due to proximity and trauma center designation
- Community engagement happens via health fairs, workshops, and direct outreach with clinical and social services providers.
- Jacobi North Central Bronx's commitment to equitable, accessible healthcare regardless of insurance or immigration status.
- Jacobi hosts monthly health events, like heart health awareness programs, integrating multiple specialties and community engagement.
- Harm reduction programs at Jacobi include Narcan training and outreach to substance use populations in the Bronx.
- Willing to partner with community for screening and prevention events

Community Advisory Boards at HHC hospitals:

- Advocate for community needs
- Monitor hospital operations
- Foster communication between hospital leadership and the local population

Upcoming/ Ongoing:

- Back to School Fairs: August 7 @ North Central Bronx; August 14 @ Jacobi
- Blood Donation - local shortages
- Free HIV Testing

Outreach:

718-525-1565

[jacobincbhealthinitiatives@nychhc.org](mailto:jacobincbhealthinitiatives@nychhc.org)

<http://www.nyc.gov/healthandhospitals>

Community Questions/ Concerns:

*Impact of funding cuts on HHC hospitals:*

Despite concerns, Jacobi is expanding its nursing team, maintaining and increasing community outreach efforts. The adaptive model where ambulatory care nurses serve both clinic and external community functions ensures continuity of care and outreach during fiscal challenges. This flexibility is key for public hospital sustainability.

*Community-Centered Health Promotion:*

Willing to participate in health fairs and awareness events. These combine clinical care, education, and social support to address chronic conditions (like diabetes, hypertension) in a holistic fashion.

*Harm Reduction Strategies:*

Jacobi's harm reduction team currently works within clinical settings and in community spaces, delivering services such as Narcan distribution and overdose prevention education. Noted the importance of proactive, compassionate approach to substance use disorders and addresses stigma by integrating social workers and establishing referral networks.

Discussion on Potential Resolution regarding Single Payer Legislation:

Community members & Board Members engaged in discussion of Single Payer Health care in General, and in specifics regarding the New York Health Act.

*In summary, the key concerns raised included:*

- **Union Concerns and Collective Bargaining Implications:**
  - Some unions oppose the Act, citing:
    - loss of bargaining power over healthcare benefits (centralized payers might diminish unions' influence)
    - Job losses
    - Skepticism about state-managed healthcare efficacy.

- **Healthcare System Fragmentation and Barriers to Access:**
  - Several individuals raised concerns regarding:
    - Gaps for insured individuals, especially in behavioral health coverage and specialist access
    - Coverage alone does not guarantee quality care
    - Systemic fragmentation of the present health system
- **Locus of Control:**
  - Who determines provider payment rates in a universal system?
    - What framework would be used? Delaware Model?
- **Impact of government on management of the health system:**
  - Under a single-payer system, a centralized entity would negotiate on behalf of all payers, potentially leveraging greater bargaining power to contain costs, but there are concerns about bureaucracy, political influence, and responsiveness to provider needs.
- **Profit-Driven Middlemen as Cost Drivers:**
  - Concerns that intermediaries like private insurers and pharmaceutical companies escalate healthcare costs without adding direct patient value. Elimination of profit-driven actors could significantly reduce administrative waste and improve care delivery efficiency.
- **Timeline, Financing and Support:**
  - A number of individuals noted that some notion of “Medicare for all” has been proposed for decades, and the New York Health Act has been proposed in some shape with no apparent traction.
  - How reliable are the estimates and white papers?
  - Are the estimates based on realistic financial data?
  - Do they account for economic downturns or potential losses of tax revenue?
  - Outside of Europe, are there any American models that demonstrate that this works?
  - Financing relies heavily on Medicare and Medicaid dollars. What is the impact if the federal government curtails their use? Legal implications if sued?
- **Framework for Implementation:**
  - How the transition would work for the wide variety of existing health care plans? Is there a plan to phase in? Would there be carve-outs/ cut-offs for those in complex systems?

Old Business:

Discussion on Budget Priorities

Next Meeting: June 10, 2026 - Guest - Green Book for Health

Meeting Adjourned

Minutes Submitted by: Dr. Wayne DeBeatham