THE CITY OF NEW YORK
COMMUNITY BOARD 9
MANHATTAN

Morningside Heights
Manhattanville
Hamilton Heights
Sugar Hill

February 6, 2026

Brian Donley, President
New York-Presbyterian
466 Lexington Ave FL 13, New York, NY 10017

Sandra Harris, Vice President
Community Affairs and Partnership Engagement
Columbia University Irving Medical Center
630 W 168th Street, New York, NY 10032

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NewYork-Presbytarian
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Bernadette Khan, Group Vice President & Chief Nursing Officer
Columbia University Irving Medical Center
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Hon. Kathy Hochul Governor
NYS State Capitol Building
Albany, NY 12224

Hon. Zohran Mamdani
Mayor, Office of the Mayor, City of New York
Cityhall
New York, NY 10007

James V. McDonald, M.D., M.P.H., Commissioner
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, NY 12237

Eugene P. Heslin, M.D., First Deputy Commissioner and Chief Medical Officer
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Corning Tower, Empire State Plaza
Albany, NY 12237

Alister Martin, Commissioner of Health and Mental Hygiene
New York City Dept. of Health and Mental Hygiene
42-09 28th Street, 18th Floor
Long Island City, NY 11101

Dr. Michelle E. Morse, M.D., M.P.H., Acting Health Commissioner and Chief Medical Officer
New York City Dept. of Health and Mental Hygiene
42-09 28th Street, 18th Floor
Long Island City, NY 11101

Dear President Donley, Vice President Harris, Officer Manzano, Vice President and Nursing Officer Khan, Vice President and Nursing Officer Kleinschmidt, Vice President Prado-Inzerillo, Vice President Sperling, Governor Hochul, Mayor Mamdani, Commissioner McDonald, Commissioner and Medical Officer Heslin, Commissioner Martin, and Commissioner and Medical Officer Morse,

Due to time constraints the Executive Committee acting on behalf of the full board (with 14 members voting) unanimously passed the following resolution of Manhattan Community Board 9 **regarding the NYSNA Nurses Strike Beginning January 12, 2026, and Patient Care in Community District 9**:

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Brendan G. Carr, Chief Executive Officer
Mount Sinai Health System
150 East 42nd Street, Second Floor
New York, NY 10017

Dianne Aroh, Senior V.P. and Chief Nursing Officer
The Mount Sinai Hospital and Mount Sinai Queens
The Mount Sinai Hospital
1 Gustave L. Levy Place
New York, NY 10029

Governing Body Board of Trustees
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Office of the Board of Trustees
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Dear Executive Officer Carr, Nursing Officer Aroh, Governing Body Board of Trustees at Mount Sinai, Governor Hochul, Mayor Mamdani, Commissioner McDonald, Commissioner and Medical Officer Heslin, Commissioner Martin, and Commissioner and Medical Officer Morse,

Due to time constraints the Executive Committee acting on behalf of the full board (with 14 members voting) unanimously passed the following resolution of Manhattan Community Board 9 **regarding the NYSNA Nurses Strike Beginning January 12, 2026, and Patient Care in Community District 9**:

Whereas, Manhattan Community Board 9 represents residents of Manhattan Community District 9, including Morningside Heights, Manhattanville, Hamilton Heights, and surrounding neighborhoods, whose families rely on local hospitals for emergency, inpatient, outpatient, pediatric, obstetric, and specialty care;

Whereas, residents of Community District 9 routinely seek care at Mount Sinai Morningside and New York Presbyterian Hospital, including pediatric and specialty services at Children's Hospital of New York Presbyterian Hospital;

Whereas, on January 12, 2026, members of the New York State Nurses Association commenced a strike at several major New York City hospital systems, including facilities that serve residents of Community District 9;

Whereas, nurses and advanced practice registered nurses provide essential bedside and clinical care, including assessment, monitoring, medication administration, care coordination, discharge planning, patient education, and escalation of urgent clinical concerns, and are central to safe, timely, and effective patient care;

Whereas, extensive peer reviewed research demonstrates that lower registered nurse staffing levels and higher patient to nurse workloads are associated with increased inpatient mortality, preventable adverse events, and poorer patient outcomes, establishing nurse staffing as a core patient safety issue (Aiken et al., 2002; Aiken et al., 2011);

Whereas, continuity of care is essential to patient safety and patient experience, particularly for medically complex patients, pediatric patients, older adults, people with chronic illness, pregnant people, and families navigating high stress hospitalizations;

Whereas, experienced nurses and advanced practice registered nurses contribute clinical judgment, institutional knowledge, and familiarity with patient populations that cannot be rapidly replicated through short term or temporary staffing arrangements;

Whereas, peer reviewed evidence indicates that increased reliance on temporary or travel nurses is independently associated with higher patient mortality, even when used to address staffing shortages, underscoring the importance of retaining experienced permanent staff (Griffiths et al., 2024);

Whereas, Community District 9 is home to diverse communities, including many residents who face barriers to healthcare access such as language barriers, immigration related fear, disability, housing instability, and economic constraints, and disruptions in stable care teams disproportionately affect these populations (Pandey et al., 2021; Garcini et al., 2022);

Whereas, disruptions in healthcare access and continuity exacerbate social determinants of health and contribute to worse clinical outcomes for communities already experiencing structural inequities, including delays in care, poorer communication, and reduced patient trust (Pandey et al., 2021);

Whereas, residents of Community District 9 have a direct interest in safe staffing, workplace safety, and retention of experienced nurses, because these factors materially affect wait times, hospital throughput, quality of care, and the risk of preventable adverse events (National Academies of Sciences, Engineering, and Medicine, 2024);

Whereas, prolonged understaffing, emergency department boarding, and the provision of care in hallways or non-clinical spaces are associated with increased mortality and clinical risk, particularly for vulnerable patient populations (Viccellio et al., 2009);

Whereas, workplace violence and safety concerns in healthcare settings threaten both healthcare workers and patients, and reductions in experienced staff can strain safety protocols, response systems, and situational awareness (National Academies of Sciences, Engineering, and Medicine, 2024);

Whereas, residents of Community District 9 recognize that fair compensation, secure benefits, and sustainable working conditions are key drivers of nurse recruitment and retention in a high cost city, and that stable nurse staffing is a public health and community safety issue (Aiken et al., 2011);

Whereas, Community District 9 has a strong interest in avoiding disruption of essential healthcare services and ensuring that hospital leadership, boards, and management engage in good faith bargaining to restore normal operations with experienced staff as quickly as possible;

Whereas, Community District 9 recognizes that strikes in healthcare arise from unresolved disputes and that resolution requires direct engagement between hospital leadership and workers' representatives, including timely bargaining and meaningful movement on core issues;

Whereas, New York State Assembly Bill A07095, known as the Safe Staffing for Hospital Care Act, has been introduced to create statewide minimum direct-care nurse staffing standards, require annual hospital staffing plans, prohibit most mandatory overtime, and strengthen enforcement mechanisms to protect patient safety and nurse working conditions, demonstrating a legislative basis for safe staffing principles that align with the Board's goals of quality care and continuity of care (Assembly Bill A07095, 2025);

Therefore be it resolved, that Manhattan Community Board 9 urges hospital leadership and management at Mount Sinai Morningside and NewYork Presbyterian Hospital to return to sustained bargaining in good faith with the New York State Nurses Association and to prioritize a timely settlement that restores experienced nurses and advanced practice registered nurses to patient care roles serving Community District 9;

Be it further resolved, that Community Board 9 urges the hospitals to reach an agreement that supports safe patient care and system stability, including enforceable approaches to safe staffing, reduction of emergency department overcrowding, and elimination of hallway boarding so residents receive care in appropriate clinical settings (Viccellio et al., 2009);

Be it further resolved, that Community Board 9 urges hospital leadership to maintain respectful communications and to avoid public or internal actions that undermine trust, inflame tensions, or stigmatize nurses and advanced practice registered nurses advocating for safe care and sustainable working conditions;

Be it further resolved, that Community Board 9 urges hospital leadership to protect continuity of care for medically complex patients, children, older adults, and all residents who depend on these facilities, recognizing that continuity depends on retaining and returning experienced nursing staff (Griffiths et al., 2024);

Be it further resolved, that Community Board 9 urges hospital leadership to support workplace safety for all healthcare workers and patients, including nurses, advanced practice registered nurses, aides, ancillary staff, and security personnel, and to prioritize staffing levels and safety protocols that reduce risk of violence and harm (National Academies of Sciences, Engineering, and Medicine, 2024);

Be it further resolved, that Community Board 9 urges hospital leadership to refrain from retaliation or punitive measures related to protected labor activity and to facilitate a safe and orderly return to work once an agreement is reached so patient care can stabilize quickly and community confidence can be restored;

Be it further resolved, that Community Board 9 calls on City and State leaders with healthcare policy and oversight authority to encourage constructive bargaining and timely resolution, recognizing that safe nurse staffing and nurse retention are essential to the health and safety of residents of Manhattan Community District 9 (Aiken et al., 2002; Aiken et al., 2011);

Be it further resolved, that Community Board 9 requests written confirmation from hospital leadership regarding steps being taken to ensure safe staffing and patient continuity during the strike, including mitigation of risks associated with understaffing, temporary staffing reliance, and emergency department boarding;

Be it further resolved, that Community Board 9 requests a community-facing update detailing how hospital leadership will rebuild stable staffing, continuity of care, and patient trust following the strike, including specific measures to retain experienced nurses and advanced practice registered nurses;

Be it further resolved, that Community Board 9 supports the policy intent reflected in New York State Assembly Bill A07095, the Safe Staffing for Hospital Care Act, including its provisions for minimum nurse-to-patient staffing ratios, documented staffing plans, enforced compliance, and limitations on mandatory overtime, and urges hospital leadership and elected state representatives to champion similar evidence-based staffing reforms to improve patient care and workforce stability in Community District 9 and across the state;

Be it further resolved, that Community Board 9 affirms that residents of this district deserve care from experienced nurses and advanced practice registered nurses who know the community, understand the needs of patients and families, and are supported by working conditions that allow them to provide safe, attentive, and dignified care;

Thank you for your consideration, if any further information is needed please do not hesitate to contact me and/or our District Manager, Eutha Prince, at the board office (646) 355-3172.

Respectfully Submitted,

Victor Edwards, Chair

References

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Thank you for your consideration, if any further information is needed please do not hesitate to contact me and/or our District Manager, Eutha Prince, at the board office (646) 355-3172.

Respectfully Submitted,

Victor Edwards, Chair

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Lillian Bonsignore, Fire Commissioner
Fire Department, City of New York (FDNY)
56 W 79th St, New York, NY 10024

Ahmed Tigani, Commissioner
New York City Department of Buildings (DOB)
280 Broadway, New York, NY 10007

Dina Levy, Commissioner
New York City Department of Housing Preservation and Development (HPD)
100 Gold St, New York, NY 10038

Dear FDNY Commissioner Bonsignore, DOB Commissioner Tigani, and HPD Commissioner Levy,

At its regularly scheduled **General Board Meeting, held remotely on February 19, 2026, Manhattan Community Board No.9** passed the following **Resolution re: Fire Safety, Home Heating, and Extreme Cold Temperatures in New York City**, by **unanimous consent**, with **35 members present**.

Whereas fires are a significant cause of property damage, injuries and fatalities among New Yorkers, and there were 15 fire fatalities over a 6-week span between November 9th and December 22nd, 13 of which were of residents above the age of 65, representing a 20% increase from last year;

Whereas among the 59 fire fatalities across the city in 2025, 37 or 64% were people 65 or older, though this age group represents only 13% of the population of New York City;

Whereas FDNY data show that electrical issues, including aging wiring, overloaded outlets, and deteriorated electrical panels, are among the most common causes of fatal residential fires in New York City, and that cooking, smoking, portable space heaters, and open flames—including candles—are also significant contributors to fatal fires, especially in older housing stock;

Whereas elderly New Yorkers are particularly vulnerable to fires given their disproportionate residency in older housing stock with outdated electrical equipment, older components, and expired emissions and smoke detectors;

Whereas many of the preventable fires in New York City housing are the result of unreliable and unsafe space heaters being used in buildings that have central heating systems but are insufficiently heated, whether as the result of building disrepair, neglect, or harassment;

Whereas nearly 80,000 heating complaints were filed to the city's 311 system in January, according to the city Department of Housing Preservation and Development (HPD), which enforces heat regulations for rental units;

Whereas HPD reported that about 37,000 of those complaints remained when duplicates for the same reported heat and hot water outages were excluded — the highest number ever for a single month;

Whereas these poorly heated or unheated buildings are in violation of New York City housing law, which specifies that during the heating season, October 1 through May 31, that between 6 a.m. and 10 p.m., heat must register at least 68 degrees Fahrenheit when the outside temperature falls below 55 degrees, and that between 10 p.m. and 6 a.m., heat must register at least 62 degrees Fahrenheit;

Whereas, New York State Energy Research and Development Authority (NYSERDA) is a public benefit corporation that leads New York's efforts to provide programs, technical expertise, and funding to assist New Yorkers with energy efficiency, renewable energy, and decarbonization.

Whereas property owners and residents must grant where applicable permission to NYSERDA independent participating contractors to enter the premises to install energy efficient measures. Measures installed through NYSERDA's Programs are contingent upon the Owner and tenant(s) granting clear and unencumbered access to all work areas.

Whereas many landlords and building owners are willfully or negligently violating the law, threatening the physical and mental well-being of residents, and contributing to the displacement of long-time residents from our neighborhoods;

And whereas there is an urgent need for stronger collaboration between the Fire Department of New York (FDNY), New York City Department of Buildings (DOB), and HPD to address the issue of inadequate indoor heating and the resultant building fires that stem from these conditions;

Therefore be it resolved, that the City should adopt a two-pronged approach of both increasing enforcement of existing laws against landlords who are putting residents at risk of fires, and increasing investment in direct fire-prevention outreach targeted to seniors and other vulnerable community members. This approach should be pursued as a partnership between city agencies including HPD, FDNY, and DOB, and should include numerous strategies, including:

- Increasing enforcement capacity for inadequate heating complaints by tenants by hiring additional HPD housing inspectors.
- Instructing HPD housing inspectors to test and replace malfunctioning or expired smoke detectors as part of their inspection protocol during all inspections,
- Instructing FDNY/HPD/DOB to conduct winter heating and fire safety outreach to communities, during which they should distribute smoke and carbon monoxide detectors, fire blankets, and internet capable temperature reporting devices (heat sensors) to residents
- Modifying FDNY/HPD/DOB community trainings to include education on: the safe use of space heaters, alternatives to portable heat sources, the importance of maintaining clear spaces around heating equipment; culturally appropriate fire prevention, including multilingual materials on

addressing the risks associated with candles and open flames, particularly in communities where traditional or ceremonial use is common, information on how to navigate HPD heating complaints, as well as building conditions that increase fire risk, such as obstructed exits, broken doors, or improper storage, and how to report them to the appropriate agency.

- Creating a HPD program to subsidize safer heating options for income-qualified seniors to reduce dependence on unsafe or unreliable space heaters.
- Increase proactive fire code enforcement in older buildings, including inspections for required alarm systems, egress clarity, and electrical safety, and enhance civil penalties for building owners with repeated fire safety violations
- Establishing an enforcement mechanism wherein if a building has a verified open heating violation or complaint for greater than one (1) week, that the City may provide all impacted tenants with an approved low fire risk space heater at the building owner's expense, to be returned only when the heating issue has been addressed.
- Expanding the City's current Heat Sensor Program, such that all buildings with heat violations or complaints from multiple dwelling units across two (2) consecutive years will be required to install one internet-enabled heat sensor in one living room of each dwelling unit in the building by October 1st of the year in which the property is selected, unless tenants opt out, with escalating weekly fees for building owners for violations detected by the heat sensor.
- Leveraging FDNY Community Risk Assessments to identify high-risk blocks within CB9 and other vulnerable neighborhoods and tailor preventive programs and resource deployment accordingly.
- Conducting additional research to identify disparities in building conditions between dwelling units, such as in converted co-ops, where rent-stabilized tenants may not be offered the same safety upgrades as their shareholder neighbors.
- Mobilizing the resources of the FDNY, DOB, and HPD to educate tenants and owners about the energy affordability resources available via NYSERDA and the NYS Office of Disability and Temporary Assistance, including the Home Energy Assistance Program (HEAP), the Heating Equipment Repair and Replacement Benefit, and the Weatherization Assistance Program (WAP), among others.

Be it further resolved that FDNY, DOB, and HPD should explore additional cost effective and lifesaving measures, community partnerships, and opportunities to promote fire safety and adequate winter heating for residents, and should update the Community Board about the implementation of any of the recommended initiatives.

Thank you for your consideration, if any further information is needed, please do not hesitate to contact me and/or our District Manager, Eutha Prince, at the board office (646) 355-3172.

Respectfully Submitted,

Victor Edwards, Chair

cc: Hon. Anthony Delgado, Lt. Governor
Hon. Letitia James, Attorney General
Hon. Mark Levine, NYC Comptroller
Hon. Brad Hoylman-Sigal, Manhattan Borough President
Hon. Cordell Cleare, New York State Senate
Hon. Chuck Schumer, New York State Senate
Hon. Adriano Espaillat, Congressman
Hon. Micah Lasher, Assembly Member
Hon. Al Taylor, Assembly Member
Hon. Shaun Abreu, City Council Member
Hon. Yusef Salaam, City Council Member
Zead Ramadan, Executive Director, WHDC

THE CITY OF NEW YORK
COMMUNITY BOARD 9
MANHATTAN

Morningside Heights
Manhattanville
Hamilton Heights
Sugar Hill

February 24, 2026

Michael Flynn, Commissioner
NYC Department of Transportation
55 Water Street, FL - 9
New York City, New York 10041

Danielle Zuckerman, Manhattan Borough Commissioner
NYC Department of Transportation
59 Maiden Lane, FL - 37
New York, New York 10038

Dear Borough Commissioner Zuckerman and City Commissioner Flynn,

At its regularly scheduled General Board Meeting, held remotely on February 19, 2026, Manhattan Community Board No.9 passed the following **Resolution re: Low Traffic Neighborhood Pilot** by **26 in favor**, **4 opposed**, and **5 abstentions**, with **35 members present**:

WHEREAS, **traffic through our District causes direct and indirect harms and Low Traffic Neighborhoods (LTNs) is an approach to mitigate the safety harms caused by through traffic.**

WHEREAS, between 2014-2024, CB9 experienced 3,479 total crashes—21 fatalities, 10 of which were cyclists and pedestrians and an additional 4,457 injuries.[1]

WHEREAS, 83% of drivers in Manhattan CB9 are only driving through the neighborhood and are not residents, do not park to visit family or friends, or to patronize local businesses.

WHEREAS, only 22% of households in CB9 even owning a car and 5% of people commuting via car on a daily basis, residents want to be able to walk to schools and parks safely and enjoy quiet streets. Local residents who do drive want to avoid traffic.

WHEREAS, Low Traffic Neighborhoods (LTNs) are a neighborhood approach to traffic management that redirects cut-through traffic away from residential areas by using methods including traffic diverters, additional signage, school streets, parklets, school streets, parklets, bike boulevards, and more.

WHEREAS, LTNs are self-enforcing and don't require programming or other daily maintenance like moving barricades.

[1] Crashmapper data

WHEREAS, by reorienting the neighborhood's traffic patterns, extra space can be allocated for community needs, trees can be planted, public seating areas can be added, and public plazas can have increased use.

WHEREAS, with lower traffic volumes and speeds, LTNs can naturally integrate into the micromobility network without needing further investment and separate infrastructure.

WHEREAS, LTNs are inexpensive to implement and, over time, save the city money through the health benefits associated with them.[2]

WHEREAS, LTNs decrease traffic and provide a number of other benefits:[3]

- A 50% reduction in car-related casualties
- A reduction in crime of up to 18%
- A decrease of emissions in both the neighborhood and on boundary roads, 5.7% and 9% respectively

WHEREAS, LTNs boost active travel, leading to health benefits that include increased life expectancy (which for CB9 is lower than other Community Boards in Manhattan), reduced mortality and fewer sick days. Active travel went up by 25% for people living in LTNs.[4]

WHEREAS, With the LTN approach, residents retain vehicle access to streets and emergency responders and other services are entirely maintained. This treatment is simple and inexpensive to install, and NYC DOT already uses many of the designs on many corridors throughout the city.

THEREFORE, IT IS RESOLVED THAT Community Board 9 expresses its full support for a pilot program of Low Traffic Neighborhoods in CB9, and requests that DOT evaluate the current patterns of cut through traffic in the neighborhood.

CB9 requests that the DOT start with Convent Ave and Morningside Ave from 113th street to 152nd street, as this stretch of roadway abuts schools, art venues, senior centers and parks. These streets should be used to strengthen social and transportation networks, by creating green spaces, and places to gather. CB9 also requests that DOT seek stakeholder input from schools, parks and other institutions open to all community members. **CB9 requests that after implementation the DOT evaluate the success of the project, and to reverse the project if it is not successful.**

Thank you for your consideration, if any further information is needed, please do not hesitate to contact me and/or our District Manager, Eutha Prince, at the board office (646) 355-3172.

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[2] Aldred, Rachel, Anna Goodman, and James Woodcock. "Impacts of Active Travel Interventions on Travel Behaviour and Health: Results from a Five-Year Longitudinal Travel Survey in Outer London." Journal of Transport & Health 35 (March 2024): 101771.; Postaria, R. "Superblock (Superilla) Barcelona—a City Redefined." World Cities Forum, 2021.

[3] Mueller, Natalie, David Rojas-Rueda, Haneen Khreis, Mark Nieuwenhuijsen, David Rojas-Rueda, and Mueller Natalie. "Changing the Urban Design of Cities for Health: The Superblock Model." Environment International 134 (2020): 105132.

[4] Aldred, Rachel, Anna Goodman, and James Woodcock. "Impacts of Active Travel Interventions on Travel Behaviour and Health: Results from a Five-Year Longitudinal Travel Survey in Outer London." Journal of Transport & Health 35 (March 2024): 101771.

Respectfully Submitted,

Victor Edwards, Chair

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Hon. Adriano Espaillat, Congressman
Hon. Micah Lasher, Assembly Member
Hon. Al Taylor, Assembly Member
Hon. Shaun Abreu, City Council Member
Hon. Yusef Salaam, City Council Member
Zead Ramadan, Executive Director, WHDC
Lyle Blackwood, Borough Planner, NYC DOT