

FTR



The State University
of New York

State University Plaza
Albany, New York 12246

www.suny.edu

April 23, 2013

Hon. Maria del Carmen Arroyo
Chair, NYC Council Committee on Health
250 Broadway, Suite 1768
New York, NY 10007

Dear Chairperson Arroyo and Members of the Committee on Health,

We are writing in response to an invitation received last evening, April 22, 2013, requesting our attendance at a hearing of the NYC Council Health Committee tomorrow, April 24, 2013, regarding a legislative resolution on Long Island College Hospital (LICH). As you may be aware, we have been in regular communication in recent months with Brooklyn elected officials and community stakeholders regarding the future of LICH and SUNY Downstate, and so we are grateful for any opportunities to continue this critically important dialogue. However, with less than 48 hours notice it is, unfortunately, impossible for us to rearrange our schedules to accommodate our attendance, so we would ask that you please submit this letter into the official record in response.


First and foremost, we believe it is critically important for the members of the New York City Council to understand that the process that led us to conclude that SUNY must cease operating LICH has been open and transparent from the start. We have consistently met with and updated elected officials, members of the community, and hospital employees. SUNY also hosted a lengthy and well attended public hearing. Ceasing SUNY's operation of LICH is the only meaningful course of action if we are to reverse the dire financial situation at SUNY Downstate and preserve Brooklyn's only medical school.

Quite simply, LICH does not generate enough revenue to cover its expenses and has become unsustainable. It loses \$1 million a week and approximately \$4 million every month, putting all of SUNY Downstate at additional risk and draining needed resources from SUNY campuses across New York State. LICH has lost money for seventeen consecutive years and had SUNY not acquired the hospital and kept it going it would have likely closed two years ago.

That said, it should be noted that the SUNY Board of Trustees have charged Downstate leadership with identifying ways to maintain a financially viable healthcare presence in Cobble Hill to continue to meet the needs of the community. Exactly what that will look like is obviously unclear at this point, but we are committed to working with the local Council Members, the Department of Health and other area stakeholders on this issue.

As to the resolution's language urging SUNY leadership to talk to parties who may be interested in operating LICH, we can assure you that we have actively sought interested parties in assuming

To Learn
To Search
To Serve

the Power of 

administration of LICH. In fact, as was recently reported in the New York Daily News, conversations have taken place, but thus far no entity has been identified that is willing to take over the hospital. We will be continuing and expanding these efforts in the days and weeks ahead and are working on a plan to formalize our search and cast as wide a net as possible.

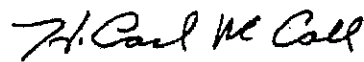
While losing a hospital is obviously something no one can or should take lightly, losing a medical school that trains one in three doctors in Brooklyn, one in nine in New York City, and more doctors of color than any institution in America would be tragic. That is why we made this difficult decision. Medical education is part of SUNY's mission, and preserving it in Brooklyn is our top priority.

Thank you for the opportunity to provide clarification on several key points included in this resolution and we look forward to continuing this important dialogue.

Sincerely,



Nancy L. Zimpher
Chancellor



H. Carl McCall
Chairman

cc: Hon. Brad Lander
Hon. Steven Levin



DANIEL SQUADRON
SENATOR, 26TH DISTRICT

THE SENATE
STATE OF NEW YORK

RANKING MEMBER
CODES
COMMITTEES
CORPORATIONS, AUTHORITIES
& COMMISSIONS
FINANCE
INVESTIGATIONS AND
GOVERNMENT OPERATIONS
SOCIAL SERVICES
TRANSPORTATION

FOR THE RECORD

April 24, 2013

Dear Committee Members:

I'd like to thank the Chair of this Committee, Council Member Maria Del Carmen Arroyo, for the opportunity to comment on the resolution regarding Long Island College Hospital. I'd also like to thank my colleagues, Council Members Lander and Levin, for introducing this important resolution.

As you consider the resolution it may be helpful to review the attached which includes testimony opposing the closure of Long Island College Hospital (LICH) before the State University of New York Board of Trustees, a transcript of the debate on the New York State Health and Mental Hygiene Budget Bill, S2606D, related to LICH, and two letters that my colleagues and I sent to Governor Cuomo.

Thank you again.

Sincerely,

Daniel Squadron
State Senator



April 15, 2013

The Honorable Andrew M. Cuomo
Governor of New York State
New York State Capitol Building
Albany, NY 12224

Dear Governor Cuomo:

We write to you regarding the future of the State University of New York Downstate Medical Center (Downstate) and its affiliates, and the need for transparency and legislative and community oversight of the process by which the State University of New York (SUNY) seeks to restructure Downstate facilities.

Downstate is a keystone healthcare provider in New York City. Across its facilities and schools in Brooklyn, Downstate delivers healthcare services to a diverse, often uninsured or underinsured population, provides critical diversity in medical education, and employs approximately 8,000 faculty and staff.

New York State's Health and Mental Hygiene Article VII Budget Bill, S2606D, Part Q, requires a "sustainability plan" to be submitted by the Chancellor of SUNY on or before June 1, 2013, and approved by the Health Commissioner and the Director of the Division of Budget (DOB) for implementation by June 15, 2013. In the development of this plan the bill states that the SUNY Chancellor "shall consult with labor representatives, community representatives, and other regional stakeholders."

With this in mind, we respectfully request that the Chancellor and the Department of Health (DOH) form a working group that includes federal, state, and city elected officials representing University Hospital and Long Island College Hospital, a representative from each community board representing those locations, an additional representative from community organizations representing those locations, and representatives from appropriate labor organizations. Such a working group should be empowered to oppose or reject the sustainability plan before it is submitted to DOH and DOB for approval.

In addition, we ask that you meet with us to discuss the restructuring of Downstate before any determination is made. We look forward to continuing to work with you to reach a resolution that works for our community, Brooklyn, and the entire state.

Sincerely,

Daniel Squadron
New York State Senator

Joan Millman
New York State Assemblymember

Nydia Velázquez
Member of Congress

Marty Markowitz
Brooklyn Borough President

Brad Lander
New York City Councilmember

Stephen Levin
New York City Councilmember

Martin Malave Dilan
New York State Senator

Eric Adams
New York State Senator

Diane Savino
New York State Senator

Velmanette Montgomery
New York State Senator

Kevin Parker
New York State Senator

Simcha Felder
New York State Senator

Karim Camara
New York State Assemblymember

Nick Perry
New York State Assemblymember

James Brennan
New York State Assemblymember

Alan Maisel
New York State Assemblymember

Walter Mosley
New York State Assemblymember

Rafael Espinal Jr.
New York State Assemblymember

Rhoda Jacobs
New York State Assemblymember

Peter Abbate Jr.
New York State Assemblymember

William Colton
New York State Assemblymember

Steven Cymbrowitz
New York State Assemblymember

Annette Robinson
New York State Assemblymember

Vito Lopez
New York State Assemblymember

Felix Ortiz
New York State Assemblymember

Joseph Lentol
New York State Assemblymember

Alec Brook-Krasny
New York State Assemblymember

Letitia James
New York City Councilmember

Charles Barron
New York City Councilmember

Albert Vann
New York City Councilmember

Vincent Gentile
New York City Councilmember

Domenic Recchia
New York City Councilmember

Michael Nelson
New York City Councilmember



March 11, 2013

The Honorable Andrew M. Cuomo
Governor of New York State
The Capitol
Albany, NY 12224

Dear Governor Cuomo:

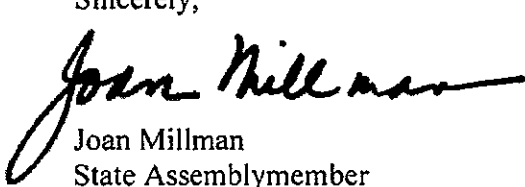
As the state officials representing Long Island College Hospital (LICH), we write regarding the threatened closure of the hospital and to request that the Empire State Development Corporation (ESDC) undertake an economic impact study of the closure.

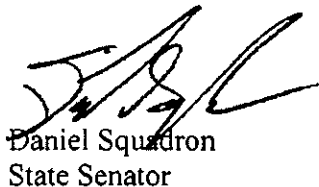
There is consistent and compelling evidence of health care needs that will go unmet in Brooklyn if LICH closes. While our immediate concern is the effect of the closure on health care in Brooklyn and beyond, consideration must be given to the broad economic impact of the closure of this important institution. Therefore, we request that the ESDC conduct a study of the economic impact of closing LICH.

In addition, we ask that you meet with us to discuss this and broader issues regarding the potential closure of LICH before any determination is made. We look forward to continuing to work with you to reach a resolution that works for our community, Brooklyn, and the entire state.

If you have any questions, please call Assemblymember Millman at 718-246-4889, Senator Squadron at 212-298-5565 or Senator Velmanette Montgomery at 718-643-6140.

Sincerely,


Joan Millman
State Assemblymember


Daniel Squadron
State Senator


Velmanette Montgomery
State Senator

Cc: H. Carl McCall, Chairman, State University of New York Board of Trustees
James Introne, Deputy Secretary for Health

NEW YORK STATE SENATE
THE STENOGRAPHIC RECORD

ALBANY, NEW YORK

March 26, 2013

Regular Session

1382

ACTING PRESIDENT VALESKY: Senator

16 Squadron on the bill.

17 SENATOR SQUADRON: Thank you,

18 Mr. President. Actually, if the sponsor would

19 yield. I'll wait.

20 ACTING PRESIDENT VALESKY: Senator

21 LaValle, do you yield?

22 SENATOR LaVALLE: Yes.

23 ACTING PRESIDENT VALESKY: Senator

24 LaValle yields.

25 SENATOR SQUADRON: If Senator

1383

1 LaValle would yield, that's -- I appreciate that

2 as well. Thank you very much.

3 Senator LaValle, the sponsor when he

4 was here referred to the fact that in the 2010

5 merger between Downstate and LICH, LICH, in his

6 words, had money thrown at it. Do you remember

7 how much money, state money was given to help the

8 merger between Downstate and LICH?

9 SENATOR LaVALLE: I'm going to get

10 you an accurate figure on that.

11 SENATOR SQUADRON: Thank you.

12 SENATOR LaVALLE: Now, Senator,

13 just anticipating where you're going to go with

14 this questioning -- and I'll get you a number --
15 you will know as part of our process that we in
16 the Legislature, by law, define other entities or
17 individuals to be responsible for certain
18 transactions. And so SUNY, the board and the
19 chancellor, certainly when it comes to
20 acquisition of properties -- wherever they are,
21 wherever they are in the SUNY system -- will make
22 those decisions.

23 SENATOR SQUADRON: Perhaps the
24 sponsor -- I thank Senator LaValle for that. I'm
25 asking about state money, state HEAL grant money.

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1 SENATOR LaVALLE: By the way,
2 Senator Squadron, I'm told that that transaction
3 was done in 2010. So you would probably have
4 better knowledge than I in the year 2010.

5 SENATOR SQUADRON: One of the few
6 years on which I may have better knowledge,
7 Senator LaValle.

8 Through you, Mr. President, I do --
9 if the sponsor knows, it was \$63 million in state
10 HEAL grant money that went to the merger of SUNY
11 Downstate and LICH, \$63 million that was spent as
12 part of a promise that healthcare in Brooklyn,
13 from one part of the borough to another, for
14 millions of people, would be preserved and
15 expanded and would have the support of SUNY and
16 of the state. And as Senator LaValle points out,
17 it was in 2010.

18 If Senator LaValle would yield for
19 another question.

20 ACTING PRESIDENT VALESKY: Senator
21 LaValle, do you continue to yield?

22 SENATOR LaVALLE: Yes.

23 ACTING PRESIDENT VALESKY: Senator
24 LaValle yields.
25 SENATOR SQUADRON: Thank you.

1385

1 Through you, Mr. President, is
2 Senator LaValle aware of the valuation that the
3 Comptroller recently put on the LICH real estate?

4 SENATOR LaVALLE: Not until you
5 told me at 5:30 on Sunday night.

6 SENATOR SQUADRON: If the sponsor
7 would continue to yield.

8 SENATOR LaVALLE: Yes.

9 ACTING PRESIDENT VALESKY: Senator
10 LaValle yields.

11 SENATOR SQUADRON: Not to keep
12 everyone in suspense, but Senator LaValle was not
13 familiar with the valuation of the LICH real
14 estate until Sunday night after this bill had
15 printed?

16 SENATOR LaVALLE: Let's go back to
17 my response. When we talk about acquisition of
18 property, that is a decision that the SUNY board
19 and the chancellor make.

20 And as you know, the focus has been
21 on the terrible failure that LICH was. And we in
22 this Legislature did not make that deal or get
23 into it, that was made by those individuals that
24 by law we designate to make those decisions.

25 SENATOR SQUADRON: If Senator

1386

1 LaValle would continue to yield.

2 SENATOR LaVALLE: Yes.

3 ACTING PRESIDENT VALESKY: Senator
4 LaValle yields.

5 SENATOR SQUADRON: Is Senator
6 LaValle suggesting -- through you,
7 Mr. President -- that it was SUNY dollars that
8 were spent in order to acquire LICH and to create
9 that merger?

10 SENATOR LaVALLE: Well, SUNY
11 dollars or state dollars. Is that what you're
12 inferring?

13 SENATOR SQUADRON: I'm just asking
14 for a clarification from Senator LaValle, who has
15 spoken about SUNY's responsibility to acquire
16 real estate and/or assets. And I'm asking if the
17 implication is that this was somehow SUNY
18 dollars.

19 SENATOR LaVALLE: They are dollars
20 that the State University had for a capital
21 investment that at the time the board made a
22 decision, based on a plan and based on what I
23 talked about before about where we are with
24 healthcare today, to try and expand the reach in
25 providing healthcare services.

1387

1 I would say most of the time our
2 boards, the SUNY board makes good decisions.
3 This was a bad deal that went worse.

4 SENATOR SQUADRON: If the sponsor
5 would continue to yield.

6 ACTING PRESIDENT VALESKY: Senator
7 LaValle?

8 SENATOR LaVALLE: Yes.

9 ACTING PRESIDENT VALESKY: Senator
10 LaValle continues to yield.

11 SENATOR SQUADRON: Thank you. And
12 I thank Senator LaValle for his response.

13 It was \$63 million in state HEAL

14 funding, which is approved by the Commissioner of
15 the Department of Health, that went to that
16 merger, from the State Department of Health HEAL
17 grants. And the valuation of the State
18 Comptroller in the report that the State
19 Comptroller did at the request of some members of
20 this body that came out at the beginning of this
21 year, the valuation for the real estate was in
22 the neighborhood of \$500 million. That's half a
23 billion, with a B, dollars for LICH.

24 With that information, is the
25 sponsor aware of the recent vote the SUNY board

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1 took to apply to the State Department of Health
2 to close LICH?

3 SENATOR LaVALLE: Senator, yes, I'm
4 aware of it. But those dollars, when we make
5 decisions, we access -- as we will in allowing
6 this sustainability plan and allowing Downstate
7 to be viable fiscally and remain open as a
8 teaching hospital. Because we're using as -- the
9 state, in making a decision, is using or will use
10 federal dollars.

11 So to just say, well, this is HEAL
12 grant money, well, SUNY made that decision
13 because they could access HEAL grant money to
14 make this deal happen -- and I don't think you're
15 suggesting -- I mean, it's great today, looking
16 back, to be an armchair quarterback and say it
17 wasn't a good deal. I think the people of
18 Brooklyn felt that this was what they wanted, was
19 a good deal to provide healthcare services to
20 that community.

21 So, you know, sometimes we look back
22 with the experience and the knowledge that we

23 have today and say, well, it wasn't a good deal,
24 we squandered \$63 million.

25 And by the way, if I recall, at 5:30

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1 on Sunday you told me that the value of LICH was
2 \$400 million, not \$500 million. So we've upped
3 it by \$100 million.

4 SENATOR SQUADRON: If the sponsor
5 would continue to yield.

6 SENATOR LaVALLE Yes.

7 ACTING PRESIDENT VALESKY: Senator
8 LaValle yields.

9 SENATOR SQUADRON: Senator LaValle
10 is correct that the low conservative assessment
11 of the property would be \$400 million. The State
12 Comptroller's report said it was \$500 million,
13 regardless.

14 And while I appreciate the answer
15 overall, there was not an answer to the question
16 to as to what the SUNY board recently voted to
17 do. It recently voted to apply to the State
18 Department of Health to chose LICH. It has not
19 yet received that approval from the State
20 Department of Health. And we certainly are going
21 to do everything we can to forestall that
22 approval. But we know that it's on the table,
23 it's something the SUNY board has now voted twice
24 to do, once outside of the law, once within the
25 law.

1390

1 The question is, in the response
2 Senator LaValle suggested that it's going to be
3 federal money that's going to shore up SUNY
4 Downstate or whatever portion of SUNY Downstate

5 continues to survive. Senator LaValle is
6 suggesting that it's not going to be any of the
7 real estate valued between \$400 million and
8 \$500 million -- the \$400 million, let's call it
9 the conservative Sunday afternoon estimate;
10 \$500 million being the State Comptroller's
11 estimate -- that none of that \$400 million to
12 \$500 million will be used to shore up SUNY
13 Downstate?

14 SENATOR LaVALLE: Senator, I would
15 say that I'm somewhat confused, because LICH is
16 hemorrhaging at \$4 million a month and has for
17 some period of time. So I don't want to get into
18 the decision-making of whether LICH stays open or
19 not. But I have not heard anything that you have
20 said on how you're going to deal with that
21 \$4 million. Now -- \$4 million a week, a week,
22 I'm told.

23 Now, in here we have a
24 sustainability plan. As part of that plan,
25 Senator, they could, they could, based on your

1391

1 remarks and your input -- and when we spoke on
2 Sunday, your input did not fall on deaf ears. I
3 mean, it sounded like when you're hemorrhaging
4 the way you are, anything should be on the table
5 for consideration.

6 But I -- well, I'll just end it
7 there, put a period.

8 SENATOR SQUADRON: If the Senator
9 would continue to yield.

10 SENATOR LaVALLE: Yes.

11 ACTING PRESIDENT VALESKY: Senator
12 LaValle yields.

13 SENATOR SQUADRON: I appreciate

14 that.

15 To be clear, I have not posited
16 anything in these questions other than just an
17 understanding of the process and an understanding
18 of what was known and considered in the room
19 through the process that you described quite
20 fully previously.

21 Let me just ask one more time, very
22 directly, \$400 million to \$500 million worth of
23 real estate in a hospital that's been around over
24 a hundred years that may get shut down, is it the
25 Senator's understanding that those dollars will

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1 go to SUNY Downstate, will not go to SUNY
2 Downstate? And if not, what is the Senator's
3 understanding as to where those dollars will go?

4 SENATOR LaVALLE: Senator, the
5 restructuring says subject to the approval of the
6 Commissioner of Health, the director of the
7 Division of Budget. And of course there's
8 involvement, as we talked, in the development of
9 the sustainability plan, the chancellor shall
10 consult with labor representatives, community
11 representatives, and other regional stakeholders.

12 So the answer to your question is
13 that in the process of the sustainability plan,
14 and ultimately the June 15th date where we have
15 to start putting real money on the table to keep
16 things operating, that could evolve. So the
17 answer is it could. Not our role, by statute.
18 Other individuals are delegated to make that
19 responsibility, that plan, which is to keep the
20 hospital fiscally viable so that it can operate
21 as a public teaching hospital.

22 SENATOR SQUADRON: Thank you. On

23 the bill.

24 ACTING PRESIDENT VALESKY: Senator
25 Squadron on the bill.

1393

1 SENATOR SQUADRON: This is deeply,
2 deeply concerning. The bill is deeply
3 concerning. Tonight's conversation only adds to
4 that concern. We're talking about an entire
5 hospital system here with multiple campuses, one
6 of which is currently at risk of being shut down
7 within 90 days. In fact, its employees have
8 received 90-day notices. One that has gotten a
9 vote from the SUNY board to be shut down has not
10 yet received approval from the Department of
11 Health, and again, we will fight against that
12 approval.

13 We're talking about a hospital
14 system that's critical to Brooklyn, every one of
15 its campuses. The relationship with the medical
16 school, as Senator Rivera and Senator Parker have
17 both spoken about tonight. We're talking about
18 \$400 million to \$500 million of real estate and a
19 hospital that has existed over 150 years nestled
20 within a residential community.

21 In fact, the largest buildings
22 within that community which were allowed to be
23 built because of the community benefit attached
24 to the building of those buildings. And we're
25 having a conversation in which there is no

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1 knowledge as to the relationship between that
2 hospital and that campus, that \$400 million to
3 \$500 million.

4 At what point would any member of

5 this Legislature recommend that we take
6 \$500 million in state assets and say, to any
7 other entity, "Good luck, go on, do your best"?
8 Especially when those assets are linked to an
9 institution that, as Senator LaValle and Senator
10 DeFrancisco and colleagues on my side of the
11 aisle have so eloquently talked about, is at such
12 serious risk at this moment. It makes no sense
13 at all.

14 Senator LaValle twice quoted a
15 provision of Part Q of this bill and twice
16 excised a key phrase: "The chancellor shall, to
17 the maximum extent practicable, allow for public
18 comment and input from consumers of health
19 services in the development of the plan." None
20 is required. None, zero. None.

21 In Section 8 of the bill, it says:
22 "Notwithstanding the provision of any law, rule
23 or regulation to the contrary, a portion of such
24 monies credited" -- those are dollars that SUNY
25 gets -- "may be transferred to a State University

1395

1 account as requested by the State University
2 chancellor or his or her designee." Do you know
3 what that means? Not one dollar has to go to
4 protecting SUNY Downstate overall, not one dollar
5 of that \$500 million of real estate.

6 You know what else? Not one
7 community voice has to be listened to. Not one
8 ounce of concern about the value for the
9 community if LICH shuts down has to be
10 considered -- not by SUNY, not by the Executive.

11 "Don't worry, the Legislature will
12 have a say." No, it won't. There's no
13 legislative input in this at all. None.

14 No community input, no legislative
15 input, \$500 million of real estate that the state
16 paid for three years ago, \$63 million -- not SUNY
17 dollars, state HEAL grants -- as part of this
18 merger, in addition to other aid and to all the
19 Medicaid dollars that flow here.

20 This is simply unacceptable. It's
21 unacceptable for every corner of Brooklyn, from
22 the heart of my district to central Brooklyn and
23 across the state. It's not acceptable that we
24 would say "Good luck with Downstate, see ya
25 later, we're done." And that's what this bill

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1 does.

2 I urge every one of my colleagues to
3 vote against it in order to protect healthcare in
4 our state, in order to protect health education,
5 and in order to protect transparency and the
6 process by which we deal with state assets as a
7 legislature, as a legislative body.

8 And if none of that works, please
9 just briefly consider my district. Consider the
10 community that has playgrounds that exist and
11 were promised as part of the development of this
12 hospital. Consider a community that depends on
13 the emergency services and the other medical care
14 that my community is able to get. And consider
15 if someone said to you \$500 million of state
16 assets in your community were going to be sold to
17 the highest bidder with no regard for community
18 input and no voice for your representatives.

19 I urge a no vote on the entire
20 bill. Thank you, Mr. President.

21 ACTING PRESIDENT VALESKY: Thank
22 you, Senator Squadron.



DANIEL SQUADRON
SENATOR, 26TH DISTRICT

THE SENATE
STATE OF NEW YORK

RANKING MEMBER
CODES
COMMITTEES
CORPORATIONS, AUTHORITIES
& COMMISSIONS
FINANCE
INVESTIGATIONS AND
GOVERNMENT OPERATIONS
SOCIAL SERVICES
TRANSPORTATION

Public Comment by State Senator Daniel Squadron On Issues Relating to Downstate Medical Center and Long Island College Hospital at the State University of New York Public Board Meeting

February 7, 2013

My name is Daniel Squadron and I represent the 26th Senate District in the New York State Senate. My district includes the Brooklyn neighborhoods of Greenpoint, Williamsburg, Vinegar Hill, DUMBO, Fulton Ferry, Brooklyn Heights, Downtown Brooklyn, Boerum Hill, Cobble Hill, Carroll Gardens, and Columbia Waterfront, and the Manhattan neighborhoods of Tribeca, Battery Park City, the Lower East Side, Chinatown, the Financial District, Little Italy, SoHo, and the East Village.

The State University of New York Health Science Center at Brooklyn (SUNY Downstate) is a keystone healthcare provider in New York City. Across its facilities and schools in Brooklyn, SUNY Downstate delivers healthcare services to a diverse, often uninsured or underinsured population, provides critical diversity in medical education, and employs approximately 8,000 faculty and staff, making it the fourth largest employer in the borough.

Today, you are being asked to vote on a resolution that authorizes Dr. John F. Williams, President of SUNY Downstate, to propose a plan to the New York State Department of Health (DOH) that will likely close University Hospital of Brooklyn at Long Island College Hospital (LICH) and potentially sell off the hospital for development with no community benefit.

I strongly urge you to vote against the resolution before you today.

Over the last five years there has been consistent and clear evidence of the healthcare needs in the community surrounding LICH. Senior staff at LICH, the New York State Comptroller, DOH, and the SUNY Board of Trustees itself have all confirmed two things: a demonstrable healthcare need met by LICH and significant financial mismanagement at SUNY Downstate.

One reason given for the closure of LICH is bed occupancy that is far lower than capacity. However, the number of beds certified by DOH is different from the number of beds that are *able* to be occupied based on staffing. Therefore, the number of beds able to be used is likely to be different than the number of beds certified by DOH.

When the number of beds certified by DOH is used as the baseline to measure the percentage of inpatient beds that are actually used, and consequently evaluate the level of demand for beds, it can give an inaccurate impression of a hospital's real capacity and utilization. The Comptroller's recent Financial

Condition and Outlook Report (Comptroller's Audit) seems to do exactly this in basing its finding that "55 percent of LICH inpatient beds (excluding beds available for newborns) were unoccupied during 2010, an average of 284 beds unused each day" on data included in the November 2011 Brooklyn Health Systems Redesign Work Group Report 'At the Brink of Transformation: Restructuring the Healthcare Delivery System in Brooklyn' ("the Berger Report").

These numbers seem to use the number of beds certified by DOH as a baseline, excluding beds available for newborns (although there is slight discrepancy between the maximum bed occupancy these numbers indicate and the number of DOH certified beds at LICH). But, as the Berger Report notes "...many licensed beds are not staffed. The number of beds that is staffed varies based on occupancy and other factors." According to Senior Staff at LICH, for the last 10 years LICH has operated at an effective capacity of approximately 250 beds and has adapted staffing accordingly. When 250 available beds is used as the baseline number, not the of 506 beds certified by DOH, it is clear that there is not a crisis of utilization and need at LICH but a demand for beds consistent with a level that the hospital is organized to provide.

A further indication of the volume of existing need is a concern expressed by DOH itself in a letter written to Dominick Stanzione, the Interim Chief Executive Officer of LICH, regarding the proposed closure of obstetrics, neo-natal, and pediatric services. The letter, dated November 17, 2008, clearly stated that: "Currently there is insufficient capacity in the hospitals immediately around LICH and in much of Brooklyn to clearly demonstrate that women will have appropriate access to obstetrical and maternity care if LICH closes these services." Since 2008 there has remained a high volume of need for neo-natal and emergency care. For example, in 2011 it was reported that 2,500 babies were delivered and there were 55,000 emergency room visits at LICH.

In June 2012, the SUNY Board of Trustees itself adopted a resolution authorizing the Chancellor to establish a \$75 million line of credit to Downstate. The resolution stated: "...any changes in the healthcare system in Brooklyn must not jeopardize the vital educational and public service missions of Downstate Medical Center." Unfortunately, based on existing need and a growing local population, the closure of LICH *would* significantly jeopardize the overall public service mission of SUNY Downstate, as demonstrated by the Comptroller's Audit, the Berger Report, and DOH.

The Comptroller's Audit in January did confirm that SUNY Downstate was in a dire fiscal situation. The Comptroller stated, "the hospital is hemorrhaging millions of dollars every week" and needs immediate action to be saved. But the plan that Dr. Williams would be authorized to propose to DOH if this resolution is adopted today is not the kind of action required.

Though the Berger Report in November 2011 and the Comptroller's Audit this year confirmed the dire financial mismanagement that has taken place at SUNY Downstate, and despite the urgency and severity of the fiscal challenges, neither report recommended the closure of LICH. In fact, the Berger Report clearly stated: "The financial position of Long Island College Hospital (LICH) has also been grim, but it has recently been placed under the umbrella of SUNY Downstate Medical Center and can be turned around with its support."

It is abundantly clear that to this point support, both for medical professionals and the institution as a whole, has not been forthcoming.

Further, when it was announced in October 2010 that SUNY Downstate was merging with LICH, the deal included a \$63 million HEAL New York grant, with \$22 million going to LICH and \$40 million to SUNY Downstate. HEAL New York is intended to encourage efficiencies and mergers in New York's healthcare system, and in this case was meant to ease the merger. Now that we are faced with a plan that essentially turns this \$63 million state grant into a subsidy for a massive real estate deal, it should be no surprise that the community and State feels looted.

I welcome the fact that the resolution acknowledges that the needs of the community should be central to this process and that services will continue at LICH. In fact, this language, in the absence of authorization for Dr. Williams to submit a facility closure plan, would be an appropriate starting point to address LICH's significant challenges.

To be clear, it is simply unacceptable to authorize a plan to shut down this hospital and replace it with an enormous market rate real estate deal.

Rather, I urge a truly comprehensive proposal: preserve the LICH campus; stabilize the fiscal situation at SUNY Downstate; strategically increase volume and quality in specific service areas by focusing on physician relationships; and secure State support. In fact, much of this has been suggested by Dr. Williams already and these are the foundations on which any restructuring plan must be assembled.

One final time I urge the board to delay the vote on this resolution until SUNY Downstate can formulate a comprehensive plan for our community and all of Brooklyn.

Thank you for the opportunity to comment today.

Testimony at City Council Hearing on LICH Resolution

Wednesday, April 24, 2013

Good afternoon:

I am Anne Bove, a registered nurse at Bellevue Hospital, HHC and Secretary of the NYSNA Board of Directors. I am here today on behalf of the New York State Nurses Association and the 8,000 NYSNA nurses employed at HHC.

I am here to speak in support of the Resolution.

NYSNA opposes the elimination or reduction of vital health care services that will adversely impact access for underserved communities and erode the quality of patient care.

The closure of Long Island College Hospital will affect patient care in the HHC system and in other safety-net hospitals and clinics.

HHC is the core of our city's safety net.

We take care of every patient who walks through our doors, regardless of their ability to pay.

HHC is a system that is already straining under high demand for services, insufficient funding and short staffing.

Kings County Hospital, for example, is a critical part of Brooklyn's healthcare safety net that serves a diverse community across Flatbush and Crown Heights.

The ER at Kings County is one of the busiest in our city.

HHC nurses at Kings County do extraordinary work every day to take care of our patients.

The ER at Kings County is overflowing with patients and the nurses are stretched to the breaking point.

The situation at Kings County is not unique.

6

Brooklyn emergency rooms – both public and private – have some of the highest wait times in our city.

The closure of any hospitals will have serious ripple effects throughout Brooklyn, and LICH is not the only hospital facing closure - Interfaith is also under threat, putting the community of Bedford Stuyvesant at risk.

The loss of one or more hospitals will tear a large hole in the Brooklyn health care safety-net.

Where will the tens of thousands of patients who use the LICH ER go to receive care?

They will end up at the doors of Kings County and other already stretched safety-net hospitals.

Wait times will get worse.

Nurses will be forced to try to care for more and more patients in an already unsafe situation.

Patient care will deteriorate.

Not to speak of the need for medical surge capacity in the event of another super-storm or flu epidemic. What will happen during the next disaster if we proceed now to dismantle our acute-care facilities?

We thank the Council Members Brad Lander and Steve Levin for co-sponsoring this resolution, and Council Member Arroyo and the Health Committee for holding this hearing.

We urge the City Council to pass the resolution and join you in calling on SUNY and the State DOH to find an operator to keep LICH open for care.

Act now to stop additional stress on our public hospital system and on Brooklyn hospitals and the communities they serve.

Thank you.



COMMISSION ON THE PUBLIC'S HEALTH SYSTEM

45 Clinton Street New York, NY 10002
212-246-0803 www.cphsnyc.org

City Council Committee on Health - Hearing on Resolution regarding Long Island College Hospital (LICH)

Testimony of the Commission on the Public's Health System

April 24, 2013

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Thank you for the opportunity to testify on the critical issue of ensuring LICH stays open and continue serving medically underserved communities like Red Hook. Hospital closures and looming hospital closings in Brooklyn have reached dangerous levels of placing the public at risk. We understand that the genesis of this hearing is the Resolution sponsored by Councilmember Levin and Lander, and others, and centered on Long Island College Hospital (LICH). We are supportive of the Resolution but we want to add that several hospitals in Brooklyn are teetering on the brink of closure, or large scale reductions in services, while the health care statistics in Brooklyn should be used to argue for expansion of at least some services. The announcement by the Board of the SUNY Downstate about the closing of LICH makes this an even greater potential crisis. Fortunately, there is an organizing effort by the unions and community residents and elected officials to Save LICH.

What concerns us greatly is the larger picture. We are troubled by the state recommendations that have come out of what is called Berger II; inequalities in the distribution of charity care dollars to hospital providing care to the uninsured and underinsured; NYS Department of Health's laissez faire approach to hospital closing plans and lack of engaging community and labor in the decision-making process. We also have seen recent studies showing that as the number of minorities increases, hospitals may be more likely to close. Without a doubt, racism is the most pressing cultural issue affecting access to health care. Many studies have found inequities in health care access and quality care for non-white and low-income populations. Minority populations in inner cities are more likely to have lower income, higher unemployment, and less health insurance coverage. Closed inner-city hospitals may place a heavy burden on the uninsured, who often rely on hospital emergency rooms as their primary access to care, which may be further exacerbated by the current recession and high levels of unemployment. I bring this all up because, even though we support the resolution, we have to find some proactive solutions to the health care crisis in Brooklyn, hospital's financial stability and the constant bleeding of

health care services and programs

We do know how bad it was for people to access health care in the 1980's when hospitals closed and there was a reduction of the number of hospital beds. The effort was "successful" and there was a definite down-sizing. However, lack of foresight and adequate health planning failed to predict some of the health problems of the late 1980's – the growth of HIV/AIDS and the crack epidemic. Headlines blared about the numbers of people waiting in Emergency Rooms for days to get admitted to an inpatient bed. We also know that over the past twenty to thirty years almost every hospital that closed in New York City was located in a community of color in a federally-designated medically underserved area. For example, Northern Manhattan lost six or seven hospitals over a period of ten years. This pattern appears to be repeating itself, at this moment the targeted area is Brooklyn. Now we are more aware of the concept of health disparities in access to care and health outcomes. We learned a great deal about health care disparities.

We are also always told that communities do not need hospitals, that primary care is a better way to provide services. Probably no one disagrees. The problem is that communities also lose primary care centers. A few years ago In Central Brooklyn, Interfaith Medical Center closed about six of their satellite health centers and now there are also in trouble to remain a full service hospital. Other hospitals have also closed clinics.

We need to be very concerned about Brooklyn, especially Central and North Brooklyn. But, Brooklyn is the "canary in the coal mine" at this moment. Other communities may very well be hit soon, so even if we didn't care about neighborhoods in Brooklyn, we need to be concerned. Low income, communities of color and immigrant neighborhoods are all at risk. This is why we with our union partners coordinate a coalition called Save our Safety-net Campaign (SOS-C), which has been successful on many fronts.

The Commission on the Public's Health System with SOS-C has fought to stop hospital closing and that decisions to close a hospital include a planning process based on community needs; The morbidity and mortality in a community; The racial and ethnic disparities in access to care and services; The ability and willingness of other facilities in a community to provide care to additional populations, including but not limited to: capacity and past history of providing care for the under- and uninsured, and commitment to language and cultural competence, and understanding that the facility would have the appropriate level of staffing for additional patients, and adequate care for the elderly and disabled; and Geographic accessibility based on community travel patterns, and not just a guess at travel time.

If a determination is made that a hospital can be closed, there must be community involvement in planning for future use of the facility, e.g., a primary care center or other facility that meets community needs. Finally – Consideration should be given to the displacement of workers and the loss of jobs, particularly in communities with high unemployment.

What Can the City Council Do?

Holding this hearing is an important first step. But there is more that can be done.

The City Council can advocate for a real planning process.

The Health Committee of the Council could hold public forums/hearings in each of the boroughs to elicit input and involvement in developing proactive solutions, so we are not constantly ending up responding to closures but how to improve access to health care. CPHS with the help of Judy Wessler and is SOS-C is working with Brooklyn State elected officials interested in defining what a "safety net" is. We think that it could make a more fair distribution of state dollars to health care institutions that truly are serving medically underserved areas, the un-insured, under-insured and have high Medicaid patient population. The Council could use this process to also inform communities about the planning process of hospital closings.

The City Council can fund community-based health care planning efforts, so that at least on a borough-wide basis, communities can be prepared with proposals of their own.



THE ASSEMBLY
STATE OF NEW YORK
ALBANY
FOR THE RECORD

JOAN L. MILLMAN
Assemblywoman 52nd District

341 Smith Street
Brooklyn, NY 1231
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CHAIR
Committee on Aging

COMMITTEES
Education
Labor
Steering
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Ways and Means

Testimony to the New York City Council Health Committee
Wednesday, April 24th, 2013 at 1 PM

Since January 2013, the threat of closing Long Island College Hospital (LICH) has been an on going battle. I have been at the forefront of the fight to keep the hospital doors open. At a LICH Rally on January 25th, 2013, I stated **“If LICH closes, what will happen to the 2,000 employees? If LICH closes, where will senior citizens from the Cobble Hill Health Center go when they are in need of emergency care? If LICH closes, where will a young boy go if he breaks his arm while playing in Cobble Hill Park?”** During this past flu season alone, from December 2012 to January 2013, over 1,000 people were admitted to the emergency room at LICH. This proves that LICH is a staple in the community, serving residents, business owners, and visitors in this area.

Despite a tremendous public outcry, on February 8, the State University of New York (SUNY) Board of Trustees, which administers the SUNY Downstate Medical Center and LICH, voted to close LICH, citing a fiscal crisis at Downstate which was revealed in a shocking audit released in January by the New York State Comptroller's Office. Last year, an agreement was reached where SUNY Downstate received over \$60 million in grants from New York State. Part of that money was to keep LICH open. Although promises were made, the hospital is facing financial problems and plans to sell the LICH property to developers to secure much needed revenue.

We cannot let LICH close. The community surrounding the hospital is constantly growing and is in great need for the hospital to stay open. If LICH closes, the nearest hospital is in Fort Greene. Lives can be lost in minutes during an emergency situation and that is why keeping LICH open is important.

I have joined The New York State Nurses Association, 1199 SEIU and LICH Medical Staff in several rallies and marches to save LICH. The latest development in this battle is that the hospital is still open thanks to a judge who granted two temporary restraining orders to prevent the hospital from implanting the closure plan. Hopefully this isn't the third and final lifeline for the hospital.

I urge the New York City Council Health Committee to support a Resolution supporting LICH to stay open.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Sandra Chapman

Address: 209 Joralemon St

I represent: Office of Brooklyn Borough

Address: Resident

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jeannie Segall

Address: 507 2nd St #22 BKlyn NY 11215

I represent: Long Island College Hospital

Address: 339 Hicks St BKlyn NY 11201

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 4.24.13

(PLEASE PRINT)

Name: ESTER VAZQUEZ

Address: 310 W 43rd St NY 10036

I represent: 1195 SETU

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 4/24/13

(PLEASE PRINT)

Name: Herdley Hill
Address: 147-28 130th Avenue Jamaica, NY 11436
I represent: Myself in the capacity of a staff RN
Address: at LICH for 13 years in Psychiatry

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Barbara Goutner
Address: bhgny@a.earthlink.net
I represent: myself - LICH patient
Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Anne Bove
Address: NYSNA
I represent: NYSNA
Address: 120 Wall St NYC 10005

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)
Name: Annie Bove, RN
Address: NYSMA 48-5345th St Apt 11V
I represent: Woodside NY 11377
Address: 120 Wall St NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 4/24

(PLEASE PRINT)
Name: Anthony Feliciano
Address: _____
I represent: Commissioner of the Public Health System
Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)
Name: LORETO GASIMEN
Address: 83 PURDUE ST SE, NY 11314
I represent: Long Island College Hosp. (LI CH)
Address: 340 Hicks St. Bklyn NY 11209

Please complete this card and return to the Sergeant-at-Arms