

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON HEALTH

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April 24, 2013
Start: 1:26 p.m.
Recess: 2:40 p.m.

HELD AT: 250 Broadway
Committee Rm, 14th Fl.

B E F O R E:
Maria Del Carmen Arroyo
Chairperson

COUNCIL MEMBERS:

Inez E. Dickens
Mathieu Eugene
Julissa Ferreras
Helen D. Foster
Rosie Mendez
Joel Rivera
Peter F. Vallone, Jr.
Albert Vann
Deborah L. Rose
James G. Van Bramer

A P P E A R A N C E S (CONTINUED)

Ann Bove
Registered nurse
Bellevue Hospital

Anthony Feliciano
Director
Commission of the Public's Health System

Estrella Vazquez
Executive Vice President
1199 SEIU Service Employees International Union

Barbara Gartner
Brooklyn resident

Hurdly Hill
Nurse Practitioner and a Staff Nurse in Psychiatry
Long Island College Hospital

Loredo Guzman
Operating Room Nurse
LICH

Janine Segal
Respiratory Therapist
Long Island College Hospital

Sandra Chapman
Deputy Borough President
Brooklyn

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2 CHAIRPERSON ARROYO: Good
3 afternoon, everyone. Thank you all for your
4 patience. We were scheduled to start at 1. Our
5 sponsor of the resolution is in the elevator. So
6 I figured by the time I finish my opening
7 statement, there he goes. Thank you. Thank you
8 all for being here. My name is Maria Carmen
9 Arroyo and I Chair the Committee on Health. And
10 today the Committee will hear and vote and we are
11 going to do the vote in between the public
12 testimony because members have other commitments
13 and we don't want to lose quorum. Otherwise we
14 won't be able to vote on the resolution calling on
15 the State University of New York, SUNY, and the
16 New York State Department of Health to work with
17 stakeholders to pursue the acquisition of Long
18 Island College Hospital, otherwise known as LICH,
19 by another health care institution to preserve
20 critical health services for the community and to
21 ensure that resources gained from any sale or
22 transfer of LICH's assets are used exclusively for
23 the preservation of these services.

24 The resolution also will authorize
25 the Speaker of the Council to file or join AMACUS

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2 briefs on behalf of the City Council in support of
3 the preservation of such services. I want to
4 thank the prime sponsor, Council member Brad
5 Lander, and the co-sponsor Steve Levin fro
6 sponsoring this resolution and for joining us at
7 the hearing today.

8 For more than 150 years, LICH has
9 been a critical part of the Brooklyn Health Care
10 System including the Red Hook area and
11 neighborhoods specifically designated as a health
12 professional shortage area by the U.S. Department
13 of Health and Services. The facility provides
14 medical care for over 100,000 patients a year and
15 employs more than 2,000 individuals. LICH was
16 acquired by SUNY in 2011 and on February 7th of
17 this year, the SUNY Board of Trustees voted to
18 close the institution due to financial strain.

19 While the decision to close LICH is
20 being challenged in court for a second time and a
21 temporary restraining order prevents this closure,
22 we must take the responsibility to start planning
23 for the future of this institution. First and
24 foremost, we must ensure that every effort is made
25 to preserve critical health services at LICH,

1
2 which is the goal of the resolution we are hearing
3 today.

4 I want to thank the Committee staff
5 for their work in preparing for the hearing. To
6 my right, Dan Hafitz, Committee Counsel, Cristobel
7 Pond, the Policy Analyst who is always in the
8 background probably chasing votes down and the
9 Fiscal Analyst Krillian Francisco. I want to turn
10 it over to Council member Brad Lander for his
11 opening statement who will be followed by Council
12 member Levin but first let me acknowledge the
13 members who are here. Council member Vallone.
14 Council member Vann. Council member Foster.
15 Council member Dickens. Council member Ferreras.
16 Council member Mendez. Council member Rose. And
17 joining us who are not members but are the
18 sponsors of the resolution, Council member Brad
19 Lander and Steve Levin. Council member Lander?

20 COUNCIL MEMBER LANDER: Thank you
21 so much, Madam Chair. Thank you for convening
22 this hearing and considering this resolution and
23 giving me a couple of minutes to get here and make
24 an opening statement. I really appreciate it and
25 honored to be in the Health Committee. Is the

1
2 mike not working? Okay, I will switch mikes.
3 Thank you very much again to the Chair. I want to
4 say thank you to the Speaker for her support in
5 bringing this the Council and to Council member
6 Levin who has been a real stalwart and steadfast
7 partner in the effort to save LICH, which has many
8 wonderful partners, our colleagues in government,
9 Congresswoman Velazquez-Escadra and Assemblywoman
10 Joan Milman and also the extraordinary partners in
11 the community. The community associations, the
12 Cobble Hill Association, New York State Nurses
13 Association, SEIU 1199, the Concerned Doctors
14 Group that really is an extraordinary effort of
15 residents, citizens, health care providers.

16 And it's very simple. We have to
17 save LICH because LICH saves lives. 100,000
18 people a year go to LICH and whether you are in
19 Red Hook, whether you are in Cobble Hill or
20 whether you are in Brooklyn Heights, that's your
21 emergency room. That's my, my son was there when
22 he was 1 year old and had bronchiolitis and had to
23 be there. My own doctor, my wife's doctors are
24 there. LICH is an absolutely essential critical
25 health care institution in our community and we

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2 appreciate your support in our efforts to save it.
3 I will say I was interested to see that SUNY sent
4 a letter, which I guess we will read or refer to
5 in a little bit. We are not insisting that SUNY
6 Downstate continue to operate LICH. They have
7 made clear that that doesn't work for them. They
8 believe that it is losing money in a way that they
9 can't fix and we are fine with their severing
10 their ties with LICH but then we need the
11 opportunity to work with the State Health
12 Department, that we believe there are other health
13 care institutions that would be interested in
14 operating LICH to provide critical health
15 services.

16 One more essential thing though is,
17 it is not right to ask our community to have real
18 estate assets that are part of the LICH campus
19 sold off to go somewhere else to fill gaps in the
20 State budget. If SUNY wants to sever from LICH
21 and address operating revenues that is fine but
22 any sale or transfer of real estate or other
23 assets from the Long Island College Hospital
24 campus must go to preserve critical health
25 services at the Long Island Hospital campus. I'm

1
2 sorry, I appreciate it but our practice here is to
3 wiggle your fingers and not to clap out loud.
4 Most people I think would accept that in their
5 community and recognize that we need to be able to
6 do in ours so I'm grateful to the Council and to
7 my colleagues for your support in the lawsuit
8 AMACUS as well as in just standing up to make sure
9 that we do everything that we can to preserve
10 critical health services at LICH. Thank you so
11 much, Madam Chair.

12 COUNCIL MEMBER LEVIN: Thank you,
13 Madam Chair. I want to thank you for convening
14 this hearing and for your advocacy on working to
15 maintain vital health care services in Brooklyn. It
16 is critically important. If you ask doctors,
17 nurses, patients or community members, they will
18 all tell you the same thing. Long Island College
19 Hospital saves lives. LICH plays a critical role
20 in the communities of Brooklyn by providing
21 medical care for over 100,000 patients each year
22 and employing more than 2,000 people. Because
23 Long Island College Hospital is so important to
24 the health of Brooklyn I have joined Council
25 member Lander in introducing this resolution that

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2 calls on SUNY and the State Department of Health
3 to work towards the acquisition of Long Island
4 College Hospital by another health care
5 institution as Council member Lander said.

6 We are not calling on SUNY to
7 maintain their ties or to continue operating this
8 hospital in a way that they clearly, to be honest
9 with you have not shown a whole lot of interest in
10 operating successfully. So we don't necessarily
11 think that's the right way to move forward but
12 that should not in any way over shadow the vital
13 need for health care services in the Cobble Hill,
14 Brooklyn Heights area. I want to thank Council
15 member Lander and Speaker Quinn for being leaders
16 in fighting to make sure that LICH stays open
17 again. I want to thank Chairwoman Arroyo and also
18 the community groups that have been so active on
19 this and given such great support. New York State
20 Nurses Association, 1199, Concerned Physicians,
21 the Boreum Hill Association, Cobble Hill
22 Association, the Brooklyn Heights Association, and
23 the Carroll Gardens Association. I urge all my
24 colleagues' support on this resolution. Thank
25 you.

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2 CHAIRPERSON ARROYO: Thank you. I
3 am going to take advantage of the fact that we
4 have quorum and I am going to ask the clerk to
5 call the roll. And before you do that I would
6 like to call up the first panel. We have Ann Bove
7 from the New York State Nurses Association. We
8 have Anthony Feliciano, Commission on the Public's
9 Health System and we have Estella Vasquez from
10 1199 SEIU. Clerk, if you can call the roll,
11 please? And I urge a yes vote, of course.

12 COMMITTEE CLERK: William Martin,
13 Committee Clerk, roll call vote, Committee on
14 Health. Council member Arroyo.

15 CHAIRPERSON ARROYO: Aye.

16 COMMITTEE CLERK: Foster.

17 COUNCIL MEMBER FOSTER: Aye.

18 COMMITTEE CLERK: Vallone

19 COUNCIL MEMBER VALLONE: Aye.

20 COMMITTEE CLERK: Vann.

21 COUNCIL MEMBER VANN: Aye.

22 COMMITTEE CLERK: Dickens.

23 COUNCIL MEMBER DICKENS: Aye.

24 COMMITTEE CLERK: Mendez.

25 COUNCIL MEMBER MENDEZ: Aye.

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COMMITTEE CLERK: Eugene.

COUNCIL MEMBER EUGENE: May I explain my vote? Madam Chair, may I explain my vote?

CHAIRPERSON ARROYO: If you must.

COUNCIL MEMBER EUGENE: Thank you very much. You know, SUNY Downstate is in my district. It's one of the two hospitals in my district that I'm supporting very strongly but I believe that we do have the moral obligation to provide the best medical care to people. And we should all work together to ensure that the resources that we have are available to provide medical care that's needed, medical care to people. And I'm voting aye. I vote aye.

COMMITTEE CLERK: Ferreras.

COUNCIL MEMBER FERRERAS: I vote aye.

COMMITTEE CLERK: Rose.

COUNCIL MEMBER ROSE: Aye.

COMMITTEE CLERK: Van Bramer.

COUNCIL MEMBER VAN BRAMER: Aye.

COMMITTEE CLERK: By a vote of 10 in the affirmative, 0 in the negative and no

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2 abstentions, the resolution is adopted. Members
3 please sign the committee reports.

4 CHAIRPERSON ARROYO: Thank you. We
5 will hear from everyone that signed up to testify
6 so the vote does not stop this process. Stop
7 playing with the lights. Okay. So you guys flip
8 a coin. Choose who wants to speak first. Speak
9 into the mike. We are being recorded.

10 ANN BOVE: Thank you. I'm Ann
11 Bove, a registered nurse at Bellevue Hospital,
12 which is part of HAC, and Secretary of New York
13 Nurses Association Board of Directors. I'm here
14 on behalf of the New York State Nurses Association
15 and 8,0000 nurses employed at HAC. I am here to
16 speak in support of the resolution and thank you
17 all for passing it.

18 NYSNA is opposed to the elimination
19 or reduction of vital health care services that
20 will adversely impact access to underserved
21 communities and erode the quality of patient care.
22 The closure of Long Island College Hospital will
23 affect patient care in the HAC system and other
24 safety net hospitals and clinics. HAC is the core
25 of our city's safety net. We take care of very

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2 patient who walks through the doors regardless of
3 their ability to pay, simply regardless actually.
4 HAC is a system that is already straining under
5 high demands for services, insufficient funding
6 and short staffing. Kings County for example is a
7 critical part of Brooklyn's Health Care safety net
8 and serves a deserve community towards Flatbush
9 and Crown Heights. The ER at Kings County is one
10 of the busiest in our city. HAC nurses at Kings
11 County do extraordinary work every day to take
12 care of our patients. The ER at Kings County is
13 overflowing with patients and nurses are stretched
14 to the breaking point.

15 A situation at Kings County is not
16 unique. Brooklyn emergency rooms both public and
17 private have some of the highest wait times in our
18 city. The closure of any hospitals will have
19 serious ripple effects throughout Brooklyn and
20 LICH is not the only hospital facing closure.
21 Interfaith is also under threat, putting the
22 community of Bedford Stuyvesant at risk. The loss
23 of one or more hospitals will tear a large hole
24 into Brooklyn's health care safety net.

25 Where will the tens of thousands of

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2 patients who use LICH ER go to receive care? They
3 will end up at the doors of Kings County and other
4 stretched safety net hospitals. Wait times will
5 get worse. Nurses will be forced to try to care
6 for more and more patients in an already unsafe
7 situation. Patient care will deteriorate not to
8 speak of the need for the medical surge capacity
9 in the event of another super storm or flu
10 epidemic. What will happen during the next
11 disaster if we proceed now to dismantle our acute
12 care facilities?

13 We wish to thank Council member
14 Brad Lander and Steve Levin for co-sponsoring this
15 resolution and Council member Arroyo and Health
16 Committee for holding this hearing. We urge the
17 City Council, we wish to thank the City Council at
18 this point for passing the resolution and join you
19 in calling on SUNY and the State Department of
20 Health to find an operate to keep LICH open for
21 care. Act now to stop additional stress on our
22 public hospital system and on Brooklyn hospitals
23 and the communities that serve. Thank you.

24 ANTHONY FELICIANO: My name is
25 Anthony Feliciano. I'm Director of Commission on

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2 the Public's health System. I want to thank you
3 for the opportunity to testify on the critical
4 issue of ensuring LICH stays open and continuing
5 serving medically underserved communities like Red
6 Hook.

7 Hospital closures-actually I am not
8 going to read my entire testimony because it is
9 pretty long. We understand that the genesis of
10 this hearing is the resolution sponsored by
11 Councilman Levin and Lander and others center on
12 Long Island College Hospital. We are supportive
13 of the resolution but we want to add that several
14 hospitals in Brooklyn are teetering on the brink
15 of closure or large scale reductions in services.
16 While the health care statistics in Brooklyn
17 should be used to argue for expansion of at least
18 some services, the announcement of the Board of
19 SUNY Downstate about the closing of LICH makes
20 this event and even greater potential crisis.

21 CHAIRPERSON ARROYO: Can you switch
22 mikes? That one is acting up. And handle it by
23 the base. Don't pull it by the stem. Okay.
24 Thank you.

25 ANTHONY FELICIANO: That works?

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2 Okay. What concerns us is greatly is the larger
3 picture. We are troubled by state recommendations
4 that had came out of the borough too. Inequality
5 in distribution of charity care dollars to
6 hospitals providing care to providing to the
7 uninsured and underinsured. New York State's
8 Health Department's laissez faire approach to
9 hospital closing plans and lack of engaging
10 community and labor in the decision making
11 process.

12 We also have seen recent studies
13 showing all the inequalities of health care access
14 and cost of care particularly for low income
15 communities of color. And we know that a lot of
16 studies have seen as minority populations grow in
17 some of these communities, hospitals are actually
18 burdened and actually closing in an even more
19 rapid rate. I bring this all up because even
20 though we support the resolution we have to find
21 some proactive solutions to the health care crisis
22 in Brooklyn. Hospital financial stability and
23 the constant bleeding of health care services and
24 programs. We do no how bad it was for people to
25 access healthcare in the 1980s when hospitals

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2 closed and there was a reduction of number of
3 hospital beds. The effort was successful and
4 there was a definite downsizing. Part of the lack
5 of foresight in adequate health planning failed to
6 predict some of the health problems of the 1908's:
7 the growth of HIV, AIDS and the crack epidemic.
8 Headlines blared about the number of people
9 waiting in the emergency rooms for days to get
10 admitted to a inpatient bed.

11 We also know that over the past 20-
12 30 years almost every hospital that closed in New
13 york State was located in a community of color in
14 a federally designated under served area. For
15 example, we have Northern Manhattan that lost
16 about 6 or 7 hospitals over ten years. And so
17 this is moment where Brooklyn is now the targeted
18 area and now we are more aware of the cost of
19 health disparities in access of healthcare and we
20 can't see why you would continue closing the
21 hospitals.

22 We also are told that communities
23 don't need hospitals that primary care is a better
24 way to provide service. Probably no one disagrees
25 with that. We agree with that. The problem is

1 that communities also lose primary care centers.
2 A few years ago Central Brooklyn's Interfaith
3 Medical Center closed about 6 of their satellite
4 health centers and now they are also in trouble to
5 remain a full service hospital. Other hospitals
6 have closed their clinics. We need to be very
7 concerned about Brooklyn especially Central and
8 North Brooklyn. But Brooklyn is the canary in the
9 coalmine this moment. Other communities may be
10 very hit soon so even if we didn't care about
11 neighbors in Brooklyn we need to be concerned.
12 Low income communities of color, immigrant
13 neighbors are all at risk. This is why we with
14 our union partners have coordinated the Coalition
15 called Save Our Safety Net Campaign. SOSN, which
16 has made very successful attempts to look at
17 hospital closings.

18
19 We also have been looking at that
20 when you close a hospital that includes a planning
21 process based on community needs. The morbidity
22 and the mortality in the community, the racial and
23 ethnic disparities in access to care and services.
24 The ability and willingness of other facilities in
25 the community to provide care to additional

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2 populations including but not limited to capacity
3 and past history of providing care for the under
4 and uninsured and committed to language and
5 cultural competence and understanding that the
6 facility would have the appropriate level of
7 staffing for additional patients, adequate care
8 for the elderly and the disabled and geographic
9 accessibility based on community travel patterns
10 and not just a guess on travel time.

11 If the determination that the
12 hospitals that can be closed there must be a
13 community involvement for planning for the future
14 use of the facility. And we also considered given
15 the displacing of workers and the loss of jobs
16 particularly in communities with high
17 unemployment. I added some recommendations that
18 ironically were constantly given to the City
19 Council. And the City Council thanks to Carmen
20 Arroyo and others have implemented some of these
21 but I think we have to review them again. Holding
22 this hearing is an important first step. But
23 there is more that can be done. The City Council
24 can advocate for real planning process that
25 includes community. The Health Committee the

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2 Council could hold public forums, hearings in each
3 of the boroughs to elicit and implement
4 involvement would mean proactive solutions so we
5 are not constantly ending up responding to
6 closures perhaps improving access to healthcare.

7 CPH with the help of Judy Westler
8 and SOSOC is working with Brooklyn State elected
9 officials interested in defining what a safety net
10 is. We think that it could make a more fair
11 distribution of state dollars to healthcare
12 institutions that truly are serving medically
13 underserved areas, the uninsured, the underinsured
14 and have high Medicaid patient operations. They
15 consequently use this process to also inform
16 communities about the planning process of hospital
17 closings since many of our communities are left in
18 the dark.

19 The City Council can also fund
20 community based health planning efforts so that
21 the least on a borough wide basis communities can
22 be prepared with the closes of their own. I want
23 to thank you foe allowing us to testify and thank
24 you for passing the vote on the resolution. Thank
25 you.

ESTRELLA VAZQUEZ: Buena Tardes.

Good afternoon. My name is Estrella Vazquez. I'm an Executive Vice President of 1199 SEIU Service Employees International Union and I'm here to speak in favor of the resolution. First and foremost, let me thank Councilwoman Arroyo and rest of the Committee members for allowing us the opportunity for us to speak here today.

On my being here today and what other previous speakers have said but I want to put in detail that the one billion dollars worth of real estate that LICH represents has every real estate developer and Wall Street investor salivating in the city and around the country. They are drooling over the possibilities and we cannot allow to continue our communities to be the victims of the greed of Wall Street bankers and developers.

In the own resolution identifies Red Hook as a health professional shortage area as identified by the U.S. Department of Health and Human Services. The closing of LICH will increase ambulance time for the residents of Red Hook, which will have the side effect of increasing

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2 mortality because when you're having a stroke or a
3 massive heart attack, the how soon you get medical
4 care determines whether you survive or not. Over
5 100,000 patients are seen at LICH every year.
6 LICH saves lives and we cannot allow the closing
7 of LICH to satisfy the interest of the bankers,
8 Wall Street and real estate developers. We need
9 more health care, no more luxury condominiums.
10 The neighborhoods of Cobble Hill, Red Hook,
11 Brooklyn Heights, and Carroll Garden need LICH
12 open.

13 Just imagine with the recent
14 Hurricane Sandy what it was like in the Red Hook
15 neighborhood. Here, right here in Manhattan the
16 only hospital that open in the east side of
17 Manhattan was BI because everything else was
18 flooded from New York Downtown Hospital all the
19 way to NYU. These issues, the plans when SUNY
20 Downstate acquired LICH was to continue providing
21 care not to then turn around, take \$63 million in
22 HEOC grants for the state of New York and then
23 turn around, squander the \$63 million and then
24 turn around and propose to sell it so somebody can
25 make, line up their pockets with more money.

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2 We consider that the closing of
3 LICH is a crime against the residents of the
4 neighborhoods that I mentioned before. It is a
5 crime against the residents of Brooklyn and we
6 cannot allow it to happen. We thank the City
7 Council for your yes vote but we also recognize
8 that maybe they need to repurpose the hospital not
9 close the hospital. There has been enough
10 hospital closings in New York and it's usually are
11 communities of people of color, the working class,
12 Black and Latino and Asian residents of the city
13 that bear the burden of this issue and we call on
14 you and we call on all our elected officials to
15 appeal to Albany and say no closing of LICH. LICH
16 must be kept open. Muchas Gracias. Thank you
17 very much.

18 CHAIRPERSON ARROYO: Thank you.
19 Thank you for your testimony. Wait, don't go.
20 One of the first questions is do you support the
21 resolution, so I guess that's been made very
22 clear. But we have been provided from by SUNY for
23 the record a letter and Council member Lander
24 referenced it earlier in his remarks. I'll just
25 read one paragraph of it because the rest of it

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2 probably will not make you very happy but as the
3 resolution's language urging SUNY leadership to
4 talk to parties who may be interested in operating
5 LICH, we can assure you that we have actively
6 sought interested party leaders in assuming
7 administration of LICH.

8 In fact we, as was recently
9 reported in the New York Daily News conversations
10 have taken place but thus far no entity has been
11 identified that has been willing to take over the
12 hospital. We will be continuing in expanding
13 these efforts in the days and weeks ahead and are
14 working on a plan to formalize our search and cast
15 a wide a net as possible. As stakeholders in this
16 conversation, are any of you involved in any
17 understanding or sense that these efforts are
18 under way?

19 ANTHONY FELCIANO: The problem has
20 been for the longest as any hospital is closed is
21 the lack of bringing community and labor into the
22 decision making and the discussion. And we get
23 them in spurts. So from our take point and the
24 folks that we work with, we haven't been really
25 involved and we know our union members have

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2 somewhat, the problem has also been with the State
3 Department of Health and the way they hold back
4 information. And the way they have been very
5 laissez faire about the planning processes of
6 these hospitals. Also give a closure plan that's
7 really a plan to plan and nothing else but that.
8 Council member Debbie rose knows it because we
9 went through this BI and others and that's the way
10 it's been for a long time and until we make end
11 roads and changes in how policy is made and what
12 decision the state does with a hospital doing a
13 closing we are going to continue having that
14 problem.

15 CHAIRPERSON ARROYO: Okay. So is
16 the problem, no you are not aware that this is
17 happening? That was the question. Okay. So what
18 would you recommend that they do differently?

19 ANN BOVE: I think what was
20 mentioned in terms of bringing the community,
21 bringing labor, bringing all the involved parties
22 together before it becomes a fete a complete, the
23 idea of really looking at the community, looking
24 at an assessment that involves actually the
25 community and to bring all the effected parties

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2 together. It just seems that it's an
3 afterthought. You need the public pressure in
4 order to get the response from SUNY as opposed to
5 really looking at what the needs are.

6 CHAIRPERSON ARROYO: Okay, so I am
7 asking specifically about what SUNY claims is in
8 this letter to have on the take on this process to
9 seek out entities that could take over the
10 administration of the hospital. Are you aware
11 that they are engaged in that process? And it
12 seems like the answer is no and then the question
13 that follows is what would you recommend they do
14 differently with regards to a process to identify
15 a potential administrator?

16 ESTRELLA VAZQUEZ: I think that
17 issue was raised about having the community and
18 labor involved but I think that both at the state
19 level from the State Department of Health and at
20 the city level it has to be a signal that there
21 will actively engage in support the looking for
22 alternatives. At this point the Department of
23 Health, we have delivered thousands along with the
24 nurses and the doctors, thousands of petitions of
25 signature of petitions, but we have not gotten and

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2 I don't believe anybody has not I not at 1199 not
3 you any indication from Doctor Shaw that the state
4 will engage and will look favorably in an effort
5 to keep LICH open. And I think they kind of
6 staying hands off, undecided, we don't know where
7 it's going and see no evil, hear no evil, speak no
8 evil. And I think the state needs to send a
9 signal as well as the city of New York that
10 maintaining LICH open is important for all in the
11 city and all in the state.

12 CHAIRPERSON ARROYO: I think that
13 the resolution on behalf of the City Council
14 begins that process so, one step closer to that.

15 ANTHONY FELICIANO: Not to take
16 LICH or SUNY Downstate out of the blame here but
17 the State Department of Health like I said before
18 there needs to be where a state elected official
19 and the Council members pushing the state elected
20 officials to make some changes in the regulations
21 and things because it is so loose in terms of when
22 hospitals can put in their planning process and
23 community engagement and hearing processes.
24 That's a problem and so we have to also try to
25 extend the commentary process and everything else.

1
2 And that has to be done by the state level. And
3 also change some definitions about where safety
4 net is considered, there was the safety nets
5 considered because there is inequities in terms of
6 that distribution of those money that actually
7 goes to hospitals who are not really serving the
8 uninsured and Medicaid patients and the other
9 hospitals are not getting their faire share and so
10 there needs to be something at the state level
11 legislative wise.

12 CHAIRPERSON ARROYO: Council member
13 Lander?

14 COUNCIL MEMBER LANDER: Well, first
15 of all thanks to each of you, you know not just
16 for your testimony but for the great work that you
17 have been doing and as you say not only on LICH
18 but on the broader challenges and I just want to
19 say Madam Chair, of course we all discover this
20 when it hits our neighborhoods and I am grateful
21 that you and the advocates and the committee are
22 looking at the big picture you know, not only
23 around LICH but during Sandy when the HAC doctors
24 and others were at the Park Slope Armory and you
25 really see the difference it makes to have a

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2 public health care system and to have attention to
3 the broad questions that don't get answered and we
4 only sort of see when it comes to our
5 neighborhood. So I really want to flag that and
6 say thank you to you.

7 The one thing I want to say in the
8 LICH context is I have had some conversations and
9 I know there are institutions interested in
10 operating and maintaining critical health care
11 services at LICH but I think as you have heard
12 there's sort of structural problem right now SUNY
13 and I was so glad Council member Eugene was here,
14 we all want Downstate to survive strongly as well
15 but they have kind of conflicting goals and what
16 as a result it's SUNY that would decide right now
17 what would happen with proceeds with real estate
18 purchases and whether they would go to Downstate
19 or SUNY on the campus. And so the State Health
20 Department has not opened up a conversation that
21 would enable those health care institutions to say
22 here's how we can make it work and so they haven't
23 been able to come to the table to do it. And it
24 just could get too late because if SUNY kind of
25 proceeds, starts to sell it off then the time in

1
2 which we could make that happen by bringing the
3 community, the healthcare workers the nurses, the
4 doctors together with the state health department
5 and save as much of the core health infrastructure
6 the Long Island College Hospital has become
7 possibly can and might be lost and that's why this
8 moment is urgent. Why the lawsuit is important
9 and why your efforts and our efforts matter so
10 much. Thank you.

11 CHAIRPERSON ARROYO: Can any of you
12 speak to the status of this recent court action?

13 ESTRELLA VAZQUEZ: We joined the
14 NYSNA New York State Nurses Association, the
15 Concerned Physicians and 1199. And as of
16 yesterday my understanding is that the temporary
17 restraining order has been extended to the end of
18 May 29th? You have to double check. And that the
19 hospital remains open and that SUNY Downstate is
20 not stop providing supplies, limit patients access
21 and anything like that but there is a temporary
22 restraining order that has been extended. They
23 had to continue with full services in the
24 hospital.

25 CHAIRPERSON ARROYO: And so neither

1
2 one of you have been involved in any kind of
3 discussion with, either individually as an
4 organization, union with LICH independent of
5 anybody else, either one of you? No. Okay.
6 Thank you. I'm going to ask everybody else the
7 same question so, remember them so you can make it
8 as part of your testimony. Thank you for coming
9 and sharing your thoughts and your wisdom. Every
10 time we hear from the public we leave the room a
11 little smarter.

12 ESTRELLA VAZQUEZ: And thank you to
13 each and every one of you for convening this
14 hearing.

15 CHAIRPERSON ARROYO: We are going
16 to, I am going to try to keep it comfortable. We
17 have four more individuals signed up to testify.
18 If you have not filled out a form that looks like
19 this and you are here to give testimony you have
20 to see the Sargent to fill it out otherwise I
21 won't know that you are here and I want to say
22 something. Hurdly Hill? Hill? Yes. And I was
23 going to say is that a Ms. Or a Mr.? So, Mr.
24 Thank you. Barbara Goutner? Please come to the
25 table. In case you have not done this before you

1
2 need to speak into the mike, identify yourselves
3 for the record. You can choose the order that you
4 want to testify and play nice in the sandbox. And
5 handle the mike by the base because they are kind
6 of delicate. No, I just called up two people. I
7 don't want them to get too crowded. If you are
8 going to speak, Sargent, give her a little slip.
9 Make sure that you fill it out and give it to us
10 before you leave. Rules, you know, what can I
11 say. All right. Whenever you are ready.

12 [off mic]

13 BARBARA GARTNER: Hello. Thank you
14 very much for doing this for having the hearing
15 for your resolution, etc. I am just a resident of
16 Brooklyn Heights. I live on Montague Street.
17 I've lived there for 43 years and three
18 generations of my family have been associated with
19 Long Island College Hospital. My father in law
20 trained there as a doctor. He walked across the
21 bridge from the lower east side in 1925 and became
22 ultimately Chief of Ophthalmology in the Bronx at
23 Montefiore Hospital. My two children were born
24 there. My husband was there many times before he
25 passed away. I have been there many times both

1
2 for myself and for neighbors and most recently for
3 30 stitches in the excellent care of the Long
4 Island College Hospital emergency room two weeks
5 ago. So I wanted to put a word in as a patient.
6 I use the hospital. My neighbors use the
7 hospital. People in these communities depend on
8 this hospital and closing the hospital at this
9 particular time seems like the most ridiculous
10 thing to have happen. I read in the New York
11 Times two weeks ago I believe that the population
12 of children under the age of 9 has increased 35%
13 in the communities of Brooklyn Heights and Cobble
14 Hill in the last I believe 5 years. So we have
15 lots of more children, a lot of people depending
16 on the hospital.

17 What else do I want to say? A
18 particular concern I have is in relation to your
19 concern that resources be used for the
20 preservation of these services which we all depend
21 on. And in that connection a lot of people
22 mentioned the 140 million dollar bequest of Donald
23 and Mildred Offmer to Long Island College Hospital
24 when they died. They were long time Brooklyn
25 Heights residents. And what happened to that

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2 money? So I did a little research and I went down
3 to the Surrogates Court and found out what
4 happened to that money. And in fact it was
5 borrowed by Continuum Health Care to be returned
6 to Long Island College Hospital. They have
7 provided in their wills that the principal was not
8 supposed to be touched but Continuum got the court
9 to break those wills and allow the money to be
10 borrowed as collateral for loans to be repaid.
11 And of the Attorney General's office for Charities
12 strongly supported these petitions and supposed to
13 have all kinds of reporting and repayments blah
14 blah blah for this money. So it seems to me like
15 there is a \$140 million that belongs to Long
16 Island College Hospital that somebody should be
17 looking into that and in that connection you have
18 asked about what's going on with somebody else
19 buying the hospital.

20 I've heard that there are problems
21 with that because people don't know what is the
22 financial situation. And what does Long Island
23 College Hospital owe or not owe and you know that
24 it's very muddy. So the last thing I'd like to
25 say is I'm sure that a skilled and community

1
2 oriented management group combined with the really
3 excellent medical staff we have at that hospital
4 could succeed in putting together a plan to keep
5 the hospital open and maintain the services for
6 the community that it has done for 150 years. And
7 thank you again for everything and for hearing me.
8 Thank you.

9 [off mic]

10 BARBARA GARTNER: Pardon? My name
11 is Barbara Gartner and I live on Montague Street.

12 HURDLY HILL: Good afternoon and
13 thank you Council members. My name is Hurdly
14 Hill. I am a Nurse Practitioner and a Staff Nurse
15 in Psychiatry in Long Island College Hospital
16 where I have worked for 13 years. I would like to
17 say that I would like you to, I am in support of
18 the resolution. In particular, I would like to
19 thank some Council members whom I have seen very
20 often during our activities among them, Councilman
21 Lander and Levin. And I have seen some other
22 Council members and we want to thank you for
23 standing with us.

24 Even as we speak, the Department of
25 Psychiatry is down from a constant census of 41-43

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2 patients over the last two years to 3 before I
3 left and by the time I get back, 0. This is one
4 of the most vulnerable population in our society
5 and for SUNY in its own selfish interests to close
6 the Psychiatry Department is reprehensible and I'd
7 like you to make it known to them in no uncertain
8 terms that you don't beat up on those who can't
9 help themselves.

10 SUNY I understand had great
11 ambitions when it took over LICH but due to a
12 great deal of mismanagement SUNY has failed in
13 what it said was going to do, including improving
14 services, making LICH the pediatric hospital of
15 Brooklyn, etc. etc. etc. If when SUNY took over
16 LICH their intention was not good. I think
17 someone should be charged with a criminal act. We
18 don't know what their intentions were but at this
19 point in time I think one needs to consider
20 carefully what they said then and what one needs
21 to consider carefully what they said then and what
22 they are doing now because our hospital has been
23 more than 85% full. Whereas the initial number of
24 beds given was 500 and something it's really 250
25 operable beds. So we are more than 85% capacity,

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2 which was one of the criteria that the Department
3 of Health said they wanted. Hospitals to qualify
4 as being viable, etc., they want 85%, we have been
5 more than 85% full. We provide quality care. Our
6 length of stay as much as most of the other
7 institutions. Our services are second to only
8 Maimonides in some instances. We are performing
9 according to industry standards. We have a peer
10 mix that is better than a number of other
11 hospitals and right now I don't want to beat up on
12 SUNY or modern institutions because it doesn't
13 serve the purpose we are here for. We are here to
14 keep LICH open. We would prefer to have SUNY
15 manage LICH in a better way but if they can't then
16 I think it's time we make it clear to them that we
17 need to turn it over. I think they have
18 conflicting interest. That's why initially when
19 they were asked to produce the financial records,
20 they were hesitant. When we were in purchase,
21 they said they were trying to, Dr. Williams was
22 quoted as saying they are ready to turn it over.
23 He never did. They are pussyfooting. And I think
24 in particular because the financial incentive is
25 greater than the needs of the people in that

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community. And it's reprehensible.

SUNY, if it was to manage LICH in the right way it will be making enough money to cover our operating expenses. We have not been billing for implants since 2011. Implants is a very expensive procedure. We have not been billing for implants since 2011. We have no operating room time charges in 2011. Physicians were not put on the insurance plan so that we can get paid for it. When SUNY took over the recommendation was under normal practice in the industry is that you put the physicians on a panel so that when you submit your bill the insurance company recognizes your bill and recognizes the physician and pay. The insurance companies were not paying because the physicians were not on the panel. And if you allow it to go on for too long you don't get paid because you are time barred.

There are a number of other shortcomings including outsourcing IT. Outsourcing billing, I have never seen, this is a case for a study, case study in poor management because you purchase this institution, this entity from one institution, from Continuum, and the very

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2 institution you are purchasing it from you are
3 allowing them to collect your bill. That does not
4 make, it defies common sense and they have not
5 incentive to collect all your money. They are
6 going to get paid anyway.

7 So I am here to ask you to lean on
8 SUNY so that they can do the right thing. First,
9 explore the possibility of continuing to operate
10 and operate it better than they have done before.
11 Let the financial incentive not be the only
12 deciding factor as to whether the community gets
13 critically needed health care service. And
14 lastly, if they can't turn it over to someone who
15 can do a good job or a better job at it. Thank
16 you very much.

17 CHAIRPERSON ARROYO: I thank you
18 both for your testimony. I think Mr. Hill you
19 make some incredibly valid points and as I am
20 listening to you, my question, where you acquire a
21 facility in 2011 and announce early in '13 that
22 this facility will be closed so my question is
23 were you out to lunch when you made this business
24 decision or something is not white in the milk.

25 HURDLY HILL: My take on that is

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2 actually before I became a nurse I was an
3 accountant for many years and the elementary thing
4 is that you need to know your revenue and you need
5 to know your expenses. I don't know if the
6 Captain of the Consta Concordia is in prison right
7 now. Whoever made the decision at LICH should be
8 in prison right now. Because the financial plan
9 never existed. They were asked repeatedly to
10 produce a plan. They never produced a plan. Any
11 business, even a mom and pop business will have
12 income and expenses and they try to make sure that
13 one is greater than the other.

14 CHAIRPERSON ARROYO: The income.

15 HURDLY HILL: The income is greater
16 than the other. If they are short, if the expense
17 is greater, they try to turn that around. And
18 this fight all the talk that SUNY said about what
19 it's going to do, they never implemented any of
20 those plans. The physicians, they were supposed
21 to have quoted the physician groups and bring them
22 in. These are elementary plans that any
23 institution that has taken over in a health care
24 industry will look at enlisting physician
25 practices when advertising your services. None of

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2 these were done. So, it leads me to wonder
3 whether they knew exactly what they were doing at
4 the beginning. Which was take the institution and
5 flip like you do in real estate. I don't know
6 that for sure but I would definitely like to see
7 the books. I think a forensic audit might reveal
8 things we never thought that people of presumed
9 integrity could have done.

10 COUNCIL MEMBER LANDER: Madam Chair
11 you raise an important issues and certainly one
12 that we've talked about before obviously. We did,
13 I supported what happened two years ago. We were
14 very nervous. Continuum had announced before that
15 it was going to shut down OB and Pediatrics and we
16 thought that would be and the school based health
17 clinics that were in one of my kids' schools and
18 several others in the community, and we really
19 thought that would be the end of the hospital.
20 And when SUNY emerged we thought that would be, we
21 were hopeful, we thought that would be positive.
22 It would be a way of reducing medical malpractice
23 insurance. And it turned out to be a terrible
24 mistake and whether it was that, I think there are
25 only three possible endings, SUNY didn't do its

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2 due diligence before acquiring the institution,
3 whether for whatever reason including change of
4 leadership it did not competently execute a plan,
5 which it has not to turn the hospital around or
6 whether, I am not a conspiracy theorist but you
7 have to ask whether it was their hope to get their
8 hands on the real estate to solve other budget
9 gaps, which I hope is not the case. It failed.
10 And those of us that supported after owing
11 responsibility for supporting it but I still
12 believe strongly as been said that it is possible
13 for us to save the institution. That there are
14 other providers that will help us do it, so.

15 CHAIRPERSON ARROYO: Thank you for
16 your testimony and for your time.

17 HURDLY HILL: Thanks again for your
18 support.

19 CHAIRPERSON ARROYO: I am going to
20 call up the last two individuals who are signed up
21 to testify. Loreda Guzman, and Janine Segal.
22 Okay and before you begin I would like to read
23 into the record, testimony provided by
24 Assemblywoman Joan Milman from the 52nd District in
25 Brooklyn. If you will give me a minute. Can you?

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2 So Committee Counsel will read the testimony for
3 the record.

4 DAN HAFITZ: Testimony for the
5 record. Testimony to the New York City Council
6 Health Committee. Wednesday, April 24, 2013 at
7 1pm from Assemblywoman Joan L. Milman. Since
8 January 2013, the threat of closing Long Island
9 College Hospital has been an ongoing battle. I
10 have been at the forefront of the fight to keep
11 the hospital doors open. At a LICH rally on
12 January 25th, 2013, I stated, "if LICH closes, what
13 will happen to the 2,000 employees. If LICH
14 closes where will senior citizens from the Cobble
15 Hill Health Center go when they are needed of
16 emergency care. If LICH closes, where will a
17 young boy go if he breaks his arm while playing in
18 Cobble Hill park?". During this past flu season
19 alone from December 2012 to January 2013 over
20 1,000 people were admitted to the emergency room
21 at LICH. This proves that LICH is a staple in the
22 community serving residents, business owners and
23 visitor in the area.

24 Despite a tremendous outcry on
25 February 8th the State University of New York, SUNY

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2 board of trustees, which administers the SUNY
3 Downstate Medical Center and LICH voted to close
4 LICH, citing a fiscal crisis at Downstate, which
5 was revealed in a shocking audit released in
6 January by the New York State Comptroller's
7 office. Last year an agreement was reached where
8 SUNY Downstate received over 6 million dollars in
9 grants from New York State. Part of that money
10 was to keep LICH open. Although promises were
11 made the hospital is facing financial problems and
12 plans to sell LICH property to developers to
13 secure much needed revenue. We cannot let LICH
14 close. The community surrounding the hospital is
15 constantly growing and is in great need for the
16 hospital to stay open. If LICH closes the nearest
17 hospital is in Fort Greene. Lives can be lost
18 during an emergency situation and that is why
19 keeping LICH open is important.

20 I join the New York State Nurses
21 Association, 1199 SEIU and LICH medical staff and
22 several rallies and marches to save LICH. The
23 latest development in this battle is that the
24 hospital is still open thanks to a judge who
25 granted two temporary restraining orders to

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2 prevent the hospital from implanting the closure
3 plan. Hopefully this isn't the third and final
4 lifeline for the hospital. I urge the New York
5 City Council Health Committee to support a
6 resolution supporting LICH to stay open.

7 CHAIRPERSON ARROYO: Thank you.
8 Okay. Loredo and Janine. Thank you for your
9 patience. You may begin when you are ready.
10 Identify yourself for the record and speak as
11 close to the mike as you can.

12 LOREDO GUZMAN: Hi. Good
13 afternoon. My name is Loredo Guzman. I have been
14 at Long Island College Hospital as an operating
15 room nurse since 1975 and I'd like to thank the
16 Cahir too for this hearing and also Councilman
17 Lander and Levin for sponsoring this resolution
18 that passed and all this great Councilmen that
19 voted for the passing of this resolution. And
20 many of you have been to our rallies. I've seen
21 Congressman Lander and Levin you know in our march
22 and our keep LICH open mantra around the hospital.
23 Today I would like to thank you for that in
24 passing our resolution.

25 And for each and every day that

1
2 LICH is open we save lives. And that's our
3 mantra. LICH saves lives. And that's our purpose
4 to be in that hospital is we save lives. Without
5 LICH, last year there was patient named Kelly
6 Varel who suffered from preeclampsia and she
7 showed us last year that she would have died with
8 unborn child without our being the closest
9 emergency room in that vicinity. And with LICH
10 proximity to her home and emergency surgery
11 performed at LICH saved Kelly and her baby. Kelly
12 is one our many Brooklyn patients whose life was
13 saved and as a matter of fact two weeks ago there
14 was school kid that experienced a heart attack
15 right in the school and he was brought to Long
16 Island College emergency room and we saved this
17 school kid, apparently he had a history, they
18 didn't even know he had a history of a heart
19 problem and we discovered it at Long Island
20 College Hospital Emergency Room. And another case
21 was this past weekend a thirteen month old
22 swallowed an almond. It got stuck in her throat
23 and the oxygen was like 50% it was bluish and they
24 had to call a specialist Onto oncology doctors and
25 they performed a life saving surgery and it was

1
2 done at the operating room over at LICH. And with
3 that kind of situation a time is of an essence.
4 That if we have moved this kid from LICH let's say
5 Fort Greene you know Brooklyn Hospital and after
6 this Hospital this kid would have died. And you
7 know we are showing in our little way of saving
8 lives that without LICH in that vicinity we would
9 lose a lot of patients. And as everybody knows we
10 serve 100,000 visits in our emergency room. That
11 100,000 patients that go to another hospital would
12 be luck if maybe 20-30% of those patients will
13 lose their lives because we don't have LICH to
14 serve them as our duty to give them that health
15 care that they are looking for. And we are also
16 near the 18,000 Barclay's Center that's one third
17 of this people have come to our emergency room for
18 treatment. And LICH is highly utilized about 90%.
19 Now Mr. Hill said about 80% but we are 90% in
20 operation and it saves all this different kind of
21 patients that we serve. In times of crisis let me
22 mention that Sandy the powerful storm that hit us
23 when Coney Island closed some of their patients
24 came to Long Island College Hospital. And we were
25 very instrumental in saving those lives that could

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2 have lost during that storm. We also give free
3 flu vaccines to a lot of patients in our community
4 from Red Hook all the way to Dumbo. We serve
5 them. And after this tragedy in the Boston
6 Marathon bombings we need to have this hospital
7 around us to save lives.

8 It should be clear that we need
9 more hospitals instead of a large scale condo,
10 building by our previous Continuum partnership and
11 also now that SUNY it appears that their purpose
12 is to come and you know like what Mr. Hill
13 mentioned again that they are turning this real
14 estate for profit. We need to stop this. So we
15 need to and certain words the practice of turning
16 a hospital into a real estate program is not in
17 the good of the community of our DUMBO to Red Hook
18 population. And mentioning account receivable
19 that was also, we are still paying Continuum \$4
20 million a month just so that we could get our
21 bills done but they are not doing. We are paying
22 them \$4 million a month. And let me mention also
23 that 150 staff has been laid off by SUNY in the
24 past year or so that our accounting should be that
25 the salaries that we are paying for this 150

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2 people that laid off by accounting standards, our
3 expenses should have gone down. So if you take
4 out the 150 people that you know we laid off plus
5 the \$4 million that is being charged by Continuum
6 that should get us to in our estimation it should
7 get us to the black, which means Long Island
8 College Hospital is not the problem. SUNY is
9 losing 12 million and they claim 8 million for
10 them and 4 million for us. I don't know if that's
11 true but the way I look at it, that 4 million that
12 we're losing in their estimation I think that we
13 are in the black this year. I think we are in the
14 black instead of going in the red on the campus of
15 Long Island Hospital. So with that Madam Chair, I
16 thank you for this opportunity to testify and have
17 a good afternoon.

18 CHAIRPERSON ARROYO: Thank you.
19 And we also have one more to testify from the
20 Office of Brooklyn Borough President so let's wait
21 for that last one before we all leave.

22 JANINE SEGAL: I'm not used to
23 microphones. Is this right? Hi. Madam Chair,
24 thank you for this opportunity. You got the
25 water? I just found out about this meeting

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2 yesterday afternoon while I was at work. Somebody
3 showed me on her the cellphone thingy with the
4 text information and I am so grateful. This was
5 like a bolt out of the blue after all the hard
6 fighting over the last few months to have the City
7 Council, whatever the background work that you
8 have been doing, to me it's like having a gift
9 delivered. To have you back us sends such a clear
10 message that it's not just court orders that SUNY
11 seems intent like a defiant child to flout while
12 even while they have the court against them.

13 I just thank you so much for all
14 the hard work that you've done and to send an
15 additional signal that we will move forward to
16 preserve the hospital and its services. And the
17 prayer is that financial records will be unveiled
18 to the extent that we will know what kind of shape
19 we are in and that it will be manageable and
20 responsible administrators with clear visions for
21 planning will come forward and move this hospital
22 into a place where we will patch things up and go
23 forward.

24 Pediatrics is disheveled and needs
25 very much to be built up in a community where we

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2 have so many new families moving into the
3 neighborhood. This weekend when we had that
4 thirteen month old child, I work as a respiratory
5 therapist so we were very involved with this
6 airway emergency. We stabilized the child but
7 then because we have no intensivist to supervise
8 the pediatric ICU, because over the weekend they
9 save money by not having an open pediatric ICU.
10 Interesting way of saving money, don't you think?
11 This has been going on for some time. Our last
12 family practice doctor left to work at NYU after
13 this lovely woman stayed over the summer to at
14 least get the residents started but many of our
15 doctors, our most dedicated doctors have been
16 really confused by the administration and forced
17 out over time and a lot of them are working now
18 for Mt. Sinai. But I always said as long as the
19 infrastructure is standing we can always rebuild
20 the doctors who want to come back can come back.
21 New doctors can come. Those of us who are
22 sticking it out are sticking it out and we can
23 always rebuild LICH because we have always, I have
24 been here 23 years and I have seen bad management
25 after bad management on top of years of excellent

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2 clinicians and us in the trenches of always taking
3 care of our patients. And I just hope that this
4 is the linchpin point at which bad management goes
5 away and a kind of good planning takes place and
6 we move forward and are able to take care of all
7 the new students in the area and of course DUMBO,
8 Carroll Gardens, Boreum Hill, Fort Greene,
9 Brooklyn Heights, especially Red Hook which is
10 really out there without I was going to say
11 something that I shouldn't say on a loudspeaker
12 but you know without any kind of reasonable help.
13 Everybody knows that in an emergency you know time
14 is of the essence but we also need to be not like
15 a stand alone where then you have ship people out
16 because when people are unstable you don't want to
17 risk the gains you have made stabilizing them. By
18 then, you are having to send them through traffic.
19 We stabilize them as an institution. We should
20 not be in a situation where we have no intensivists
21 or Pediatrics on the weekend. We should not be in
22 the case where our insurance has gone so awry and
23 our doctors have been so harassed and unsupported
24 that we are down to bare bones. I would want to
25 see this hospital be rebuilt into what it once

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2 was. A place where people were proud to work and
3 happy to work and not few survivors of us holding
4 each other up. Looking towards each other saying
5 we are in it to the bitter end and we are going to
6 hold each other up because we are good people to
7 work with and we know what this place has been and
8 we want to be proud and go forward and hopefully
9 we can get a new partner not a buyer but a partner
10 to help us go forward and we need to be free of
11 SUNY's influence and designs whatever they have
12 been or may be.

13 I was there when St. Vincent's went
14 down and the head of ICU cried to think of all the
15 lives they had saved and would no longer be able
16 to save. And I know that I have been living on
17 borrowed time as a worker since St. Vincent's
18 closed in Manhattan. And I knew that if a tiny
19 neighborhood like that could lose their hospital
20 anything was up for grabs. But I feel that this
21 is the linchpin fight of the hospital system since
22 so many hospitals have closed in New York in the
23 last 10-12 years and it's a frightening trend.
24 The only thing that's still would be more than
25 that was watching a high school young man on NY1

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2 come to a public hearing and say I fought for my
3 school but I don't think it matters. They let me
4 speak but I don't think they listen. I don't
5 think they care. And if it will at least, almost
6 every comment I have ever had in my life, this
7 child has to beg in his own town for his high
8 school so it's a really really sobering time. So
9 like I say to all of a sudden yesterday to be told
10 at work there is a Council hearing and now to know
11 that it is this resolution and to hear it passed,
12 thank you all so much. Thank you.

13 COUNCIL MEMBER LANDER: Thank you
14 both.

15 CHAIRPERSON ARROYO: Janine did you
16 state your name for the record?

17 JANINE SEGAL: Janine Segal,
18 respiratory therapist, Long Island College
19 Hospital.

20 CHAIRPERSON ARROYO: Okay. Council
21 member?

22 COUNCIL MEMBER LANDER: Thank you
23 very much.

24 JANINE SEGAL: And you have always
25 been there. I remember at the-

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2 CHAIRPERSON ARROYO: I knew that
3 you were going to say that. That's why I asked.

4 JANINE SEGAL: At the synagogue
5 when the rabbi said there's a lot of things, Kent
6 Street synagogue there is a lot of things the
7 synagogue is for and this is no funeral. It was
8 great.

9 CHAIRPERSON ARROYO: Okay. Thank
10 you. Sandra Chapman, representing Brooklyn
11 Borough President, Marty Markowitz. Thank you for
12 being here.

13 SANDRA CHAPMAN: Thank you. Good
14 afternoon. Sandra Chapman, Deputy Borough
15 President. Again, good afternoon. On behalf of
16 Borough President Marty Markowitz, I would like to
17 thank Committee Chair, Maria Del Carmen Arroyo and
18 the entire Health Committee for holding this
19 important hearing and I'd like to commend Council
20 members Brad Lander and Steve Levin for
21 introducing the resolution that continues the
22 fight to keep LICH open. Believe me, I get it so
23 does Marty. We have to make some tough choices
24 but we cannot balance budgets on the backs of
25 those who need help the most. Closing LICH or any

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2 of Brooklyn's hospitals jeopardizes the health and
3 well being of thousands of Brooklynites and deals
4 a major economic blow.

5 I know you have heard this and
6 probably will hear it several times today but I'll
7 say it again, LICH provides essential medical
8 treatment for thousands of Brooklynites with
9 chronic conditions and those seeking emergency
10 care. Without it they will lose their lifeline.
11 Not only that but approximately 2,000 dedicated
12 doctors, nurse and hospital staff are in danger of
13 losing their jobs. Many of these employees live
14 in Brooklyn. So closing LICH would have
15 devastating economic consequences that would
16 ripple across our borough.

17 In the debate on LICH's future we
18 cannot ignore the simple fact that the real estate
19 value of LICH property is estimated at \$500
20 million dollars plus. On a recent article
21 estimate it to be a billion. This raises a
22 serious concern that the hospital may be viewed
23 more valuable closed than open. But whatever
24 profits SUNY may gain from real estate will be
25 more than offset by the loss in jobs and valuable

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2 medical services to our community. Every
3 Brooklynite deserves the best healthcare that we
4 as a society can provide. So for the sake of
5 Brooklyn's health and economic future, we cannot
6 close LICH. We must continue to work to find all
7 the new solutions that preserve medical service in
8 our most undeserved underserved neighborhoods.

9 So on behalf of the Borough
10 President we call on the City Council to pass this
11 city resolution and urge the state officials and
12 the board of SUNY Downstate to find a local or
13 national hospital chain to partner with on the
14 same way that Manhattan's New York Downtown
15 hospital has merged with New York Presbyterian.
16 There is no question that if we search nationally
17 for a new partner we will find a hospital chain
18 eager to break into the New York Healthcare
19 market. As New Yorkers we are never one to throw
20 in the towel and give up so when it comes to
21 something that is as important as the health of
22 Brooklynites we need to double down and find the
23 answers. Thank you for this opportunity.

24 CHAIRPERSON ARROYO: Thank you.

25 Council members I have both the sponsors of the

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resolution here. Before closing the hearing would you like may one last statement.

COUNCIL MEMBER LANDER: Just say a big thank you to you and to everyone who came out and the patience you had in listening and the good questions you asked and to the great turnout of everyone. It has been a very strong coalition. You can see how passionate the community and this is just the beginning of the full range of people that feels so strongly together. Thank you.

COUNCIL MEMBER LEVIN: I just want to thank everybody as well for coming on for testifying. Thank you, Madam Chair.

CHAIRPERSON ARROYO: Dan kept sending me little notes that he noticed that those testifying didn't state their name for the records and when he read the Assemblywoman's testimony, he didn't state his name for the record so let the record reflect that the Assemblywoman's testimony was read into the record by Dan Hafitz, Committee Counsel. And with that, this hearing is adjourned.

C E R T I F I C A T E

I, Sung Bin Park certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature

A handwritten signature in cursive script, appearing to read "Sung Bin Park", written over a horizontal line.

Date __April 13, 2013