

# New York doctor charged with maiming mental patients at for-profit facilities

Andrew Severin  
10 July 2002

On May 23, Dr. Shaul Debbi surrendered himself to federal authorities in New York on charges of performing unnecessary eye surgery on residents of the Leben Home, an adult home for the mentally ill in Queens. His surrender occurred on his return from Israel, where he had fled, in a deal negotiated by his lawyer.

The complaint unsealed in federal court in Manhattan charged that Dr. Debbi had performed unnecessary cataract surgery on Kurt Trentmann, a resident of the Leben Home. The complaint also revealed that Debbi had performed nearly 50 operations on more than 30 residents of Leben Home in 1999 and 2000, in addition to almost 70 procedures on residents of other homes. Although he has not yet been formally charged with wrongdoing in these other cases, the US attorney's office intends to seek an indictment against him and officials said they expected the indictment to cover many more cases than the complaint. The complaint was issued quickly to prevent Debbi from fleeing.

The investigation of the doctor began after a series of three articles published in the *New York Times* in April detailing some of the appalling conditions in which patients in state-funded adult homes for the mentally ill live. As the *Times* series made clear, the problems that plague the mental health system are not the result of a few isolated individuals; they are systemic.

New York State began closing its state-run psychiatric wards in the 1960s. The hospitals were themselves subjects of scandal, where many patients had no hope of returning to society after treatment. But the replacements the state concocted were more disastrous. Private for-profit adult homes were paid by the state to house and feed discharged patients. Outside medical providers were to be brought in to provide medical care, which would be billed to Medicaid or Medicare.

The system quickly broke down. Unwilling to allocate the necessary money to improve its own hospitals, the

state said that somehow by paying for-profit homes a small fee—today only \$28 per day per patient—the quality of care would improve. In fact this was nothing more than a way of deflecting criticism away from the state while at the same time providing profits for private industry.

Apart from the human costs, the result was a dramatic savings for the state's budget. In the 1950s, when state-run hospitals housed 93,000, one third of the state's budget went to mental health. Today the state's mental health system has only 4,500 beds, and helps fund an additional 15,000 in adult homes, and less than 3 percent of the state's budget goes to mental health services.

From the very beginning, operators of the adult homes complained that they were paid too little by the state. They quickly realized that by charging fees to the outside medical care they brought in they could increase their profits. The doctors were guaranteed, in exchange, a steady supply of patients, patients who were vulnerable to exploitation due to their mental condition.

It was to this scheme that Mr. Trentmann fell victim. Although he was under 55, an age considered quite young for the procedure, Trentmann had cataract surgery performed by Debbi. After the procedure was performed Trentmann complained to the doctor that his vision had worsened, but Debbi did not respond to his complaints. Cataract surgery is rarely performed on individuals in their 50s and is never recommended unless the condition represents a quality-of-life issue for the patient.

The above-mentioned schemes did not quench the operators' thirst for profits. Often patients required transportation to doctors' offices and hospitals. By forming van companies, the operators could bill these rides—oftentimes to receive unnecessary procedures—to Medicaid or Medicare. Thus in one day they could collect three fees for one resident—state money for their care, federal money for their transportation and private money from the doctors (which ultimately came from the fees the

federal government paid them to perform the often unnecessary procedures).

The vast majority of the operators lack any medical care expertise. They include a collection of disbarred lawyers, crooked businessmen and the husband of one prominent Democratic state senator from Brooklyn, who was repeatedly charged with stealing patients' benefit checks.

Even with this flood of money pouring into the adult homes—or more properly to the owners of these homes—the conditions in which many patients live is appalling. The *New York Times* series provided a gruesome litany of such conditions. The Leben House, where Mr. Trentmann lives, is housed in a poorly ventilated converted factory building. Despite receiving more than \$3 million per year, its operator charged residents a fee to run air conditioners. This is common in these homes, with the fees ranging from \$25 to \$150. Most residents have an income that does not permit them to pay such a fee, although the psychotropic drugs many patients take make them more susceptible to heat.

One such resident was Michael Bonner. On one hot August day he began convulsing from the heat. His roommate ran into the hall and alerted the director of security. The *Times* wrote:

“The man is in convulsions, foaming from the mouth,’ Mr. Lloyd said in an interview. ‘His body had to be like 108 degrees, 109 degrees, such a fever. It was hot that day. To touch him, oh my God. His body was burning up. When E.M.S. came in, we were ordered to soak towels in cold water, to wrap his body. But it was too late. He died in the hospital.”

Such incidents were far from uncommon. Although these homes were supposed to house only those who had a realistic chance of reentering society, from the beginning this was not the case. When the state was unwilling to spend the money necessary to treat them, however, patients with extremely severe mental illnesses were released into these homes. They were not given proper supervision. Suicides were common, and murders not unknown.

Summing up the *Times* survey of the 26 homes, series author Clifford J. Levy noted that from 1995 to 2001, 946 of the 5,000 patients living in these facilities had died. “The analysis shows that some residents died roasting in their rooms during heat waves,” he wrote. “Others threw themselves from rooftops, making up some of at least 14 suicides in that seven-year period. Still more, lacking the most basic care, succumbed to routinely treatable ailments, from burst appendixes to seizures.”

The state agencies charged with oversight of the adult home industry have done little or no investigation of these deaths. Indeed, the state and federal governments have been lax in conducting any probes into the abysmal conditions in which helpless mentally ill residents are forced to live. Penalties for operators are few and far between, and even those charged with stealing patients' money and other abuses are allowed to remain in business. State inspectors who have proved too vigorous in pursuing complaints have faced reprimands and transfers.

While right-wing politicians routinely raise a furor over allegations of individuals cheating on Medicaid, Medicare or welfare, they show no interest in waging a crusade against an industry rife with fraud that is systematically abusing those these programs were intended to help.

It hardly an accident that the Empire State Association of Adult Homes & Assisted Living Facilities, the lobbying arm of the adult home industry, is among the leading 10 spenders in the state legislature, funneling more than \$700,000 last year to lawmakers through top Democratic and Republican-connected firms.

The arrest of Debbi has removed one corrupt doctor from the mental health system of New York State, but it will not cure the underlying ills of the system. It will not provide adequate funding for the residents of these homes, people who are ill with diseases which are largely treatable with modern psychiatry and drugs, and people who, not coincidentally, are poor and come disproportionately from minority groups. It will not change the maltreatment of its patients. And it will not end the deaths.

Politicians and clergymen have long spouted the cliché that the moral measure of a society is how it treats its most vulnerable citizens. The state of New York's adult homes, however, truly constitutes such a measure. Human beings who are ill, weak and defenseless are transformed into commodities, to be exploited, cut up and killed to produce profit for the homes' operators. Such is the state of American capitalism at the dawn of a new millennium.



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