

Workers speak out against New York hospital closures

Dan Brennan
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A wave of hospital closures and downsizing has engulfed New York City, with an extraordinary tally of city hospitals taking steps this summer to close all or part of their operations. An already dire financial situation for many city hospitals has worsened dramatically under the impact of federal and state cuts, especially in reduced reimbursements to hospitals for care of patients who rely on Medicaid.

The impending closures threaten to overwhelm the remaining hospitals, limiting the quality of and access to care, particularly in working class neighborhoods outside of Manhattan. Thousands of health care workers have already received pink slips—and many more at other threatened hospitals fear the same.

One of the hospitals furthest along in closing, Interfaith Medical Center in Brooklyn, moved another step closer by submitting closure plans demanded by the state Department of Health. A court date is set for this week to review the plans, but the hospital could lock its doors for good as early as September. Interfaith has sent out layoff notices to its staff of more than 1,500.

Mass layoffs are also going forward at another Brooklyn hospital, SUNY Downstate. This month, the state-run public teaching hospital issued pink slips to approximately 360 employees. Under a sustainability plan submitted to the state, a total of 1,000 layoffs are expected throughout the year.

SUNY Downstate was overseeing the closure of Long Island College Hospital (LICH), which it took over in 2011. The hospital had been emptied of patients and staff placed on leave as administrators attempted to shutter the hospital, hoping to cash in on its prime real estate near the Brooklyn waterfront. However, a judge ruled last week that SUNY Downstate's actions were illegal, ordering restoration of hospital services and dissolving the 2011 merger.

The temporary reprieve notwithstanding, LICH's troubles are not over. The previous owner of LICH, Continuum Health Services, indicated it was not interested in having LICH returned. Continuum had threatened to close LICH prior to the 2011 acquisition. In addition to LICH, Interfaith

and SUNY Downstate, Governor Andrew Cuomo warned in a May letter to the Obama administration that Brookdale Hospital in Brooklyn's Brownsville neighborhood could close within 12 months. The same fate is threatened for Brooklyn Hospital and Wycoff Heights Medical Center. The latter recently closed its large family health clinic, which was losing \$2.5 million each year, in an effort to shore up finances.

While the crisis is particularly acute in Brooklyn, facilities in the other boroughs are under fire as well. St. John's Episcopal, the only hospital on the Rockaway Peninsula in Queens, home to 130,000 residents, is facing possible closure. St. John's has already shuttered its detox and dialysis units, and is in search of a merger partner to avoid the same fate for its remaining facilities. Holliswood Hospital, a 127-bed psychiatric hospital in Jamaica, Queens, closed its doors this month, laying off more than 300 employees. City-run North Central Bronx Hospital closed its delivery and labor unit, leaving a gaping hole in services for residents of the Norwood section of the Bronx. New York City also announced the closure of all but one of its immunization clinics, just prior to the beginning of the school year.

The deepening health care crisis is taking place amidst preparations for the New York City mayoral election scheduled for November. A number of the Democratic candidates have used the opportunity, especially at LICH, to arrange photo-ops and spout empty promises. The hospital workers' unions are devoting their main energies to electing one or another of these big business candidates who are deemed "pro-labor"—not because they will support the workers, but because of their ties to the union bureaucrats. DC 37 of AFSCME has endorsed John Liu, current city comptroller, and Local 1199 is backing Bill de Blasio, the current public advocate.

Local 1199 in particular has played an odious role in sparking the closure crisis. Top 1199 bureaucrats Dennis Rivera and George Gresham joined Governor Cuomo's "Medicaid Redesign Team" in 2011, which proposed \$2.3

billion in Medicaid cuts, including a 2 percent reduction in the reimbursement rate for hospitals. In exchange for the union's endorsement of these cuts, Cuomo agreed to changes in the home health care sector that would allow 1199 to gain more dues-paying members.

WSWS reporters discussed the impact of the closures with workers and residents. Robert Pagan, an Interfaith employee, is one of the thousands facing unemployment. "They have laid off half the workforce at Interfaith in the last two years," he said. "They downsized staff in different departments. It doesn't feel good. I have been here 39 years. There was word over the years that this hospital might close, but this is the first time it ever went so far."

Charles Jefferies, an environmental services worker for 28 years at Interfaith, explained, "This is the only hospital that treats HIV in this area. Those people will not have a place for treatment. I can't go anywhere else now and be starting over. This and a lot of hospitals have bad management. They put money into bad management."

David Desilva, interjected, "Besides bad management, Medicare and Medicaid are not paying what they used to. They are paying less to the hospitals. I believe it was \$1,800 for each discharge when the hospital was in the green, but now it is \$1,200. Here in Brooklyn, we have a lot of Medicaid patients and also those that don't have any coverage. If a payment was made once for a particular health problem and the patient returns again because of the same problem, they will not pay for that."

Herbert H., who had been one of the thousand workers laid off when St. Mary's Hospital in Brooklyn closed in 2005, again faces a job loss. "Cuomo is about privatizing. He does not want the hospital to give a restructuring plan. He wants them to close because as far as the governor is concerned, he wants to get out of the hospital business and give it to the private investors. The people you help elect to look after you, where are they?"

At SUNY Downstate, Silvio, a medical student and critical care nurse, spoke about working conditions there. "They used to say SUNY Downstate is a state job and you get benefits, but now the hospital doesn't raise your salary and cuts benefits. I work sometimes 16 hours and don't get home until midnight, but the hospital doesn't pay for extra hours. Then, once I am home, I have to get ready for a 12-hour shift the next day. On top of this, I'm a student and have to take classes.

"The state hires people we do not even know to monitor us, and then they decide on whom they are going to fire. Then you have less staff but more patients—and when that happens you start to feel sick and begin to think that maybe you should not work here anymore. Still, everyone at the hospital works together. Many people here are very

amazing. I am proud to work with these people."

At St. John's Episcopal, workers and residents rallied to protest the threatened closure. Roosevelt Howell, who lived most of his life in the working class neighborhood of Far Rockaway, explained the consequences for residents. "This is bad for emergency patients. I have a problem with my blood pressure. I have seizures. I'd be dead if I had to go all the way to Jamaica Hospital instead of right here. An EMT in the ambulance can't give you the drugs you need like in the emergency room. You are dead. It would take two buses to get to Jamaica Hospital. Driving by car would be about 40 minutes. A cab could cost \$60. People with asthma, seizures, heart attacks, bullet wounds.... What could the paramedics do, except try and keep you calm?"

"Your regular politicians don't let people know what is happening, that hospitals may close," Roosevelt continued. "Rallying may delay it but they shut down one unit at a time, detox, dialysis, and then close. In the minority communities, they depend on the health services card, and the doctor gets paid later. In upper income neighborhoods, they can pay right at the desk. Retirees are dependent on their fixed income."

Dorothy Craft, a 27-year veteran in medical records at St. John's, remarked, "The Rockaways should not be and cannot be without a hospital. Peninsula Hospital, which was the nearest hospital to us, was shut down about a year ago. Since then, their former patients have been coming here. There are a lot of nursing homes for seniors in this area. St. John's services these seniors. If the hospital closes, where will they go? People will die, and babies will be born in ambulances."

Denzil McClean, who has worked in the hospital for 15 years in medical records, added, "When it is time for the politicians to bail out the big corporations, the money is there. They paint a picture that if they don't help out these big corporations, then it will affect the average guy. But when it comes time to bailing out the hospitals, then they say there is no money, or come up with some kind of other excuses.

"Now there is a mayoral race, and they will say what they think we want to hear. But once they get into office, then it is another story. Then they will be the ones who say that there is no money. The working class always gets the short end of the stick. But we are the ones who make the sacrifices, and do the hard work to keep everything afloat."



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