Urgent care center replaces shuttered hospital in impoverished Pennsylvania town

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On February 5, a small urgent care center opened in the impoverished Pittsburgh-area borough of Braddock, Pennsylvania, four years after the closure of the local hospital. The new 12-room urgent care center, which will be open 10-12 hours per day, with at least one physician present during work hours, occupies a small portion of the old parking lot of the now-demolished hospital.

This dramatic downgrade graphically illustrates the reality of health care rationing for the poor and working class in the United States, supported by both Democrats and Republicans and spearheaded by the Obama administration. The new urgent care facility has been hailed by the local Democratic Party as a great act of generosity on the part of Allegheny Health Network (AHN).

Following the closure of the Braddock University of Pittsburgh Medical Center (UPMC) hospital, the town's largest employer, the Monongahela Valley was designated a federal "physician shortage area." UPMC, which owns 20 hospitals, offered limited compensation to the town in the form of transportation to other health care facilities, mobile dental service and additional funding to extend the hours of a local Braddock Family Health Center. This funding evidently was not sufficient to hire additional personnel.

After three years, the local health center, due to the physical exhaustion of the staff, opted to end extended hours. In response to the hospital closure, volunteer physicians from the local chapter of the Muslim Council of America opened a free weekend clinic that is available to those who have been without insurance for at least three years.

The clinic currently receives approximately 15 visits each day it is open, or 30 visits per week. At present, the nearest hospital to Braddock is over six miles away in McKeesport, a 13-minute drive, or an hour-long bus ride away. At the time of the hospital's closure, UPMC turned down requests by Braddock's Mayor John Fetterman and others to open an urgent care center in its stead.

The closure of the 106-year-old hospital was just one in a series of blows the formerly bustling steel town has suffered in recent decades. In 1873, Andrew Carnegie's Steel Company began construction of its first steel mill, Braddock's Edgar Thomson Steel Works. This was soon followed by the construction of the first of over 16,000 Carnegie Free Libraries. The town's population peaked in the 1920s at over 20,000.

Braddock's population has since fallen to under 3,000. The steel works continues to operate with fewer than 1,000 full-time workers and contractors. The median family income in Braddock is $20,669, about $2,000 below the federal poverty line for a family of four. Some 35 percent of the population lives below the federal poverty line, including 54.4 percent of children under age 18.

UPMC announced plans to shut down the Braddock hospital just as it announced plans for the construction of a new $250M hospital in Monroeville, PA, which it claimed was necessary to handle extra traffic from another facility in the Shadyside neighborhood of Pittsburgh. Braddock's old hospital was seven miles, and a 17-minute drive from the Shadyside hospital, while Monroeville is 12.5 miles, and a 21-minute drive. This makes it clear that the decision to shutter the Braddock hospital was not simply due to declining local population. Monroeville is a significantly larger and wealthier area than Braddock, with a median household income of $58,173, about 10 percent above the Pennsylvania average, and a population of 28,400.

UPMC's decision to close the Braddock hospital was a decision to deprive the poor of health care while making it more readily available to more affluent layers who are more able to pay for services. This signal was heard loud and clear by bond rating agencies. Following the announcement of the hospital closure, Fitch and Standard & Poor's cited the decision as evidence of strong management.

Similarly, Moody's upgraded UPMC's bond rating from negative to stable, stating that "Given the weak socioeconomic indices in UPMC's greater marketplace, we view favorably management's fortitude to balance capacity with community needs." In other words, Moody's gave UPMC a reward for denying health care service to the impoverished residents of Braddock, just as UPMC was preparing to issue $720 million in bonds. The total revenue of UPMC from October to December 2014 was $2.5 billion. This is an increase from $2.4 billion in the same quarter a year earlier. The increase is being attributed to an increase in UPMC's 10-year-old for-profit health insurance division, UPMC Health Plan, the second-largest in western Pennsylvania.

AHN, was made a subsidiary of Highmark Health in 2013. Highmark Health, is the third-largest integrated health care delivery and financing network in the nation, and the first in western Pennsylvania.

Fetterman, who, when first elected, promoted the idea that health care was a right, now gushes with praise for AHN, its parent company Highmark Health and the executives of both companies. Thanking them for “opening this first-rate facility in our community. It is a profoundly decent and moral undertaking and it will provide first-rate care to area residents.” For Fetterman, the fight for adequate health care in Braddock has been won through appeals to the largesse of health care executives, with this urgent care center considered the best that will come to an impoverished area like Braddock.

The new urgent care center is part of a $20.3 million redevelopment partnership between AHN, Highmark Health and Trek Development, which specializes in public-private development projects, and the Allegheny County municipal government. The development also includes 30,0000 square feet of office and retail space, 24 units of rental housing, 11 single-family homes and a 20,000 square foot community park. The first additional tenant of the new complex is state assembly representative Paul Costa, a longtime Democratic Party politician.

Among those personally thanked by Fetterman were Daniel Onorato, Democratic chief executive of Allegheny County from 2004-2012, and Democratic Party candidate in the 2010 election for governor of Pennsylvania. He is now an executive vice president at Highmark Health. Even if the urgent care center itself does not turn a profit, the level of interpenetration between these corporate and government actors strongly suggests that all involved are profiting.

The WSWS spoke to residents in the area. A student whose mother works at UPMC spoke about the irrationality of the current health care situation. “People with UPMC can’t go to certain hospitals, and vice versa. I heard that Obamacare isn’t that good. People on Facebook are saying that it’s not that different from what they had before.”

A former UPMC employee, Qiana, said, “The hospital was a big part of the community. They had just put the old folks home right there, so you figured they were going to leave the hospital open. It would have been more convenient for them, and they would have had access right away to the hospital. Not just for them, but the whole community. Now we have to travel a lot further for a hospital.

“Now they have this new urgent care center. I’m not sure of its purpose because they have that other clinic right across the street. What’s the point of having two clinics? Are they competing? Is one free versus the other being one where you have to pay out-of-pocket for insurance, or care?

“The houses that they put up are nice, but it would have been better to have had the hospital, which was so much more convenient for everyone. I have small kids and teenagers, so now I have to travel far to Children’s Hospital. I work in customer service now, but I worked at UPMC before. I did outreach for the members, outreach calls to people with diabetes, or COPD [chronic lung disease], and things like that. I would give them updates on their benefits.

“If there was a facility where they could get extra help, we would let them know about the extra benefits that they could apply for. We let them know that the insurance company offered things that they may not have known was available to them. It was to let them know the extra benefits that they were entitled to.”

When asked about the 6 million people being hit with penalties for being uninsured under the ACA she replied, “I don’t think it’s fair. I don’t think we should be taxed for it if we can’t afford insurance. How can you pay a penalty for something if you can’t afford it in the first place? How much sense does that make? If you can’t afford it, how is the government making you get insurance any better?”

The health care counterrevolution is well underway, spearheaded by the Obama administration’s Affordable Care Act, which was designed to help employers shirk health care costs while boosting the profits of health insurance giants.

One study completed by S&P Capital IQ Global Markets Intelligence (GMI), a financial information division of S&P, found that ACA will save US businesses $3.25 trillion through 2025, primarily by shifting health care costs to workers and their families by ending employer-sponsored health care.

The goal is an even more class-based health care system, in which mediocre care is rationed to the vast majority of the population, while the wealthy enjoy the finest health care money can buy. The working class has a social right to free, high-quality health care, but this right cannot be realized until the health care industry is nationalized and put under workers’ control.