

Trinity Health to terminate psychiatric beds in Massachusetts in midst of pandemic

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On February 28, Providence Behavioral Health Hospital in Holyoke, Massachusetts informed state officials of its intent to permanently close all three of its inpatient psychiatric units, effective July 1.

If approved by the state, the closure will eliminate 74 beds for adults, the elderly and children, along with 202 jobs. It will devastate a region with a severe shortage of inpatient psychiatric services. Providence is the only facility in western Massachusetts with beds for pediatric patients. Providence employees provide acute psychiatric care and mental health counseling. They are also housekeepers, cooks and clerks.

The Massachusetts Nurses Association, which holds the contract for nurses at Providence, has not sought to organize health care and other workers, or patient families, in defense of patient beds and workers' jobs. Instead it has appealed to Democratic and Republican politicians to do their bidding under conditions where these two big business parties place the "survival" of the economy over the interests of the health and wellbeing of the working class. This amounts to acceptance of the closure.

Because the closure of the psychiatric units will permanently eliminate health care, the plan must be approved by the state. After a virtual hearing on April 30, during which patient families spoke out in opposition, the Department of Public Health determined that the inpatient beds are a "necessary service." Hospital management must now provide a more detailed plan for how care will be continued.

Providence Behavioral Health Hospital is part of the Mercy Hospital network. Mercy is owned by Trinity Health, based in Livonia, Michigan. A nationwide conglomerate of over 1,200 facilities, Trinity's total revenue in 2019 was \$19.3 billion. Trinity has stated that "collaborative planning is underway to help patients access timely psychiatric care."

In a region with a shortage of inpatient psychiatric services, referrals for beds regularly take days to process, forcing patients to wait for days in emergency rooms. Nicole Desnoyers, whose 10-year-old son relies upon the inpatient services of Providence, told the WSW, "Four days would be a miracle. My son has waited up to three weeks!"

After Providence, the next closest inpatient facility for children is Trinity's Johnson Memorial Hospital in Stafford Springs, Connecticut. Trinity has suggested Providence patients can go there to access care.

Desnoyers asked, "What happens when we try to go to

Connecticut and Mass Health says, 'Oh, I'm sorry, we're not contracted with that facility, and therefore we're not providing services at that facility'?" Recently, after Providence denied a referral to admit her son, she had to work out a single case agreement with Mass Health in order for him to be cared for in Brattleboro, Vermont, which is an hour-and-a-half drive away.

Long overnight stays in emergency room hallways, and a lack of continuity of care, are the product of a system through which her son "has been made to suffer," Desnoyers said. Trinity's plan will only exacerbate his suffering. "It's contradictory to send a child across the state—you're increasing the trauma that he experiences."

Trinity justifies the closure, citing a nationwide shortage of psychiatrists. However, NPR, citing a study published in the journal *Pediatrics*, reported that the professional ranks of child psychiatrists increased by 21 percent from 2007 to 2016. In the same report, Wesley Boyd, an associate professor of psychiatry at Harvard Medical School, points to low reimbursement rates from public options to account for disparities in access. "If you're middle income or lower, you might be priced out of services."

Providence has let psychiatrists go in the recent past. Speaking off the record, a care provider with intimate knowledge of the maneuvers of Trinity and Providence told this reporter that just last year a part-time psychiatrist told the hospital they could go full-time. That provider was let go.

Ron Patenaud, an employee of 22 years and a union representative for Providence nurses with the Massachusetts Nurses Association, confirms the fact that multiple psychiatrists have been let go.

Michelle Reardon, a five-year counselor on the pediatric unit and chairperson of the UAW committee at Providence, also questions the validity of these claims. "We had providers," she says, "where did they go, and why did they leave?" A quick survey of the job postings on Trinity's website revealed a total of five current openings for psychiatrists nationwide.

In addition to the claim that Trinity can't find providers, representatives of Providence also profess that the facility isn't operating at capacity. This is a dubious claim, as Providence has historically been the only hospital to take the most difficult cases needing the most support.

This claim is also disingenuous. For the last two years, Providence has been officially licensed for 74 beds. However, after an incident in 2018 left water damage in a room that housed 12 of 24 pediatric beds, the room was closed for repairs. The hospital

has kept it closed ever since.

In claiming that the unit is not operating at capacity, management is, as Reardon generously puts it, “misconstruing the facts.”

Trinity Health maintains a “not-for-profit” tax status, but it generates billions in total revenue, and hundreds of millions, if not billions, in “excess revenue over expenses”—in other words, profit.

According to financial documents posted on its website, Trinity reported profits of \$1.3 billion, \$901.5 million, and \$789 million over the past three fiscal years, starting in 2017. For the first six months of fiscal year 2020, Trinity netted \$805.7 million in profit, an increase of 2.4 percent over the same period last year.

Trinity currently has \$14.7 billion in net assets. More than \$650 million of this loot is stashed offshore. The first quarter of fiscal year 2020 saw improvements in revenue, owing to increased volume and better reimbursements. However, this was offset by “unfavorable trends related to rising labor.”

On Sunday, May 23, Massachusetts Senator Edward Markey held a press conference with the Massachusetts Nurses Association across the street from Providence in a small parking lot. Donna Stern, who is on the board of the MNA, made opening remarks that characterized Trinity as greedy and hypocritical. “This is a \$19 billion corporation that absolutely has the resources and the means to keep this hospital open.”

Stern appealed to Governor Charlie Baker to block the closure. Then, setting the stage for Markey, she said, “With the greatest respect, I call on you to make a phone call to the governor and say ‘Enough.’”

Referring to Stern’s remarks that stopping the closure is “going to take all of us, collectively,” the WSWS asked her if rank-and-file workers had been informed of the press conference. Stern replied, “This kind of came together last minute, or you would have seen more people here.”

Stern then focused her remarks to the question of loss of access to care. “If you ask any one of these workers, their number one priority right now are the patients and families.” Stressing that workers know they have more protections than the patients that will be losing care, she continued, “The priority today, the focus today has to be on the patients and families.”

To follow up, the WSWS asked what workers would do once the hospital was closed and they had no more paid time off to cash out. Before Stern could reply, she was muzzled, and a Markey handler told the WSWS, “We’re going to take a couple questions just from other people.” All Stern could manage was “They’re asking me to move on.”

Governor Baker recently initiated plans for “Phase 1” of reopening the state economy. As reported by the *Boston Globe*, the state plans for 45,000 tests to be performed daily.

The Harvard Global Health Initiative published a document in April, authored by experts in public health, economics, technology and ethics, calling for “massive investment in public health infrastructure, especially diagnostic and serological testing.”

It estimated that 71,748 daily tests were needed in Massachusetts in order to “protect human life” and “prevent the destruction of our economy.” In the week since May 18, when “Phase 1” began, the daily average has been 7,607 tests, according to data on the

Department of Public Health’s website.

In a question posed to Senator Markey, a WSWS reporter suggested it was ironic to ask Governor Baker to protect a community that is losing access to vital psychiatric and mental health care when his reopening plan will result in thousands of preventable deaths.

Markey began his reply with the platitude, “Well again, the question isn’t when we open, it’s how we open.” He said, “Every decision has to be made in a way that is carefully calibrated to ensure that public health is being protected, and anything that we do here in this state, and that has to be the way in which any plan unfolds.”

President Trump epitomizes the most reactionary element in American capitalism, tweeting “we are not closing our country” in the event of a second wave of infection, and that the “distinct possibility” of a second wave is “standard.”

Markey speaks the circumspect language of a political party that has cast off its progressive trappings, and lurches ever-more to the right. The result is compromised and confused. One thing is for certain, the novel coronavirus will not ‘carefully calibrate’ which victims to infect next.

In the US and abroad, the working class faces death and economic devastation of historic proportions. A mass mobilization of the working class is necessary in order to demand proper public investment in basic public health measures, and the socialization of the economy nationally and globally.

The WSWS calls on workers to form rank-and-file workplace committees, listing demands to be made. In western Massachusetts, families are grappling with the fact that their loved ones, in the words of Nicole Desnoyers “will be made to suffer” if their health care is taken away. If this happens, the workers of Providence and their families, will be searching for new sources of income, along with nearly 40 million others across the country.



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