

Brooklyn's Kingsbrook Jewish Medical Center shuts 200 inpatient hospital beds despite protests

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26 July 2021

One Brooklyn Health (OBH), a state-backed health care system, ended inpatient care at its Kingsbrook Jewish Medical Center at the end of June. The decision, which had been temporarily delayed due to the COVID-19 pandemic, has resulted in the loss of about 200 hospital beds in East Flatbush, a Brooklyn neighborhood populated largely by working-class African Americans and Caribbean immigrants.

The conversion of Kingsbrook, a 303-bed hospital, into a “medical village” proceeded despite protests from local residents and Kingsbrook staff alike. One Brooklyn Health claims that overall hospital beds and jobs did not decline due to the consolidation, with beds and staff transferred to its facilities at Interfaith Medical Center and Brookdale University Hospital Medical Center.

These assurances notwithstanding, the end of inpatient care at Kingsbrook Jewish Medical Center is part of a broader wave of consolidations and closures at hospitals in New York City's working-class outer boroughs. Prior cuts left these areas even less prepared for the pandemic, contributing to the disproportionate deaths of poor New Yorkers during the first phase of the pandemic in spring of 2020, during which New York City was the global epicenter.

Moreover, with cases once again rising across New York City and with Brooklyn undervaccinated compared to the state average, New York City hospitals may once again be pushed beyond capacity in the coming months, making the shuttering of 200 hospital beds irrational at best and homicidal at worst.

Workers and patients at smaller hospitals like Kingsbrook, lacking the resources of the hospitals in the New York-Presbyterian and New York University Langone Health systems, have suffered greatly from the pandemic.

New York Times found that there were staggering patient-to-staff ratios during the early stages of the pandemic at Kingsbrook and other under-resourced hospitals. Ratios in emergency rooms “hit 23 to 1 at Queens Hospital Center and 15 to 1 at Jacobi Medical Center in the Bronx, both public hospitals, and 20 to 1 at Kingsbrook Jewish Medical Center, an independent facility in Brooklyn,” whereas the recommended maximum is four patients per nurse. While wealthier hospitals did see spikes in patient-to-nurse ratios, they were not as extreme.

The conditions at Kingsbrook resulted in health care workers dying, with five workers dying just by April 2020, according to a tally collected by the workers themselves.

Kingsbrook has been regarded as a “safety-net hospital,” primarily treating patients on Medicaid or Medicare rather than private insurance. Because Medicaid pays only about 73 percent for care provided, and Medicare pays less than provided by private insurance, most hospitals rely on a “payer mix” to prevent losses. However, safety-net hospitals do not have enough patients on private insurance to remain afloat.

The result is continual losses, made up for by cuts to staff and periodic infusions from the New York state budget.

The plan submitted to the New York Department of Health's Public Health and Health Planning Council by One Brooklyn Health makes clear that the consolidation will likely result in worse care for Brooklyn residents on public health insurance, especially those who currently rely on Kingsbrook, with the aim to capture more Brooklynites with commercial insurance, who typically go to better-resourced hospitals elsewhere in the borough or in Manhattan.

The proposal notes: “The three OBHS [One Brooklyn Health System] hospitals account for only 16.8% of total hospital discharges from residents in their service area, and studies have noted that this high degree of outmigration to other Brooklyn hospitals as well as to Manhattan hospitals, represents an opportunity for OBHS to recapture patients. Outmigration is particularly common for high acuity services that command higher reimbursement than more routine services. Outmigration is most prevalent for commercially insured patients, with 72% leaving the service area for inpatient care.”

The plan to convert Kingsbrook into a “medical village” offering a mix of services is clearly meant to capture some of this “outmigration,” although the proposal does not foresee an immediate “material shift in payor mix or the underlying demographics of its market area” in the first three years post-merger.

As for those who currently go to Kingsbrook for medical services, the plan says that “it is assumed that approximately one third of the utilization will be retained at IMC [Interfaith Medical Center] and/or Brookdale, while the other utilization will either be captured by other area hospitals or will not materialize.”

The validity and consequences of this assumption will unfortunately be played out in the health and welfare of working-class Brooklynites over the coming months and years.

One Health Brooklyn’s President and CEO LaRay Brown told Gothamist that converting Kingsbrook will help the system’s budget, “[b]ut I do not believe we will be fully financially independent or viable, given where we are in terms of our location and who we serve in terms of the payer mix.” In other words, further cuts may be necessary.

This entire process has been supported by the Democratic Party, which controls both New York City and the state government. Governor Andrew Cuomo directed \$700 million to One Brooklyn Health upon its formation in 2018 as part of his Vital Brooklyn initiative. Cuomo combined this with cuts to Medicaid in the state budget and presided over the loss of thousands of hospital beds across the state in advance of the pandemic.

State legislators from the area have denounced protests against the closure as “havoc and fear-mongering ... as a result of bad information,” in the words of Democratic Assemblywoman Diana Richardson.

While the unions have largely supported the consolidation efforts, Kingsbrook workers have opposed the measures. Dr. Subhash Malhotra, at Kingsbrook since

the 1980s, told Gothamist, “The area is going to suffer a whole lot. When the patient is acutely ill, and they require inpatient hospitalization and care, you cannot provide them with the outpatient clinic.”

Additionally, some residents and workers have formed a Kingsbrook Community Action Committee to oppose the closure. The group has published information about the closure and organized protests under the slogan “Beds not body bags.”

However, the group’s perspective provides no way forward and in fact detracts from the fight for high-quality health care. The group has addressed letters to Cuomo and organized protests with local Democratic politicians to oppose what they call the “racist” closure of Kingsbrook, because it will impact the majority-black area residents.

In reality, the provision of adequate health care is fundamentally a class question, made clear by the impact of the pandemic disproportionately on working-class people internationally, as well as hospital closures throughout the US, including in majority-white areas, during the pandemic. Meanwhile, the wealthy of all races continue to receive the best treatment.

The only way forward to provide decent health care to all—and to end the pandemic—is through the unity of the working class. The Socialist Equality Party, the *World Socialist Web Site*, and the *WSWS Health Care Workers Newsletter* oppose such divisive racist analyses and fight to unify workers on a class basis against the Democrats and Republicans and the capitalist system they defend.



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