

## WHAT MATTERS MOST

# A Better Rx for Brooklyn—and the Nation

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There's a bitter irony to the "prescriptions" often given to struggling hospitals—closure, consolidation, downsizing and privatization. They invariably make the situation worse. And they fail to address the underlying factors that cause healthcare facilities to struggle—large numbers of uninsured patients; reimbursement formulas that underpay for services provided; and insufficient preventive and primary care in the community, leading both to emergency rooms serving that purpose and to minor ailments deteriorating into serious and costly health problems.

All this is playing out in Brooklyn's hospitals, and Bill de Blasio's arrest for protesting the potential closure of two Brooklyn hospitals called appropriate attention to these issues. Yet some observers have claimed that the problem is that Brooklyn is "over-bedded." Really? Brooklyn has approximately 2 hospital beds per 1,000 residents. The national average is more than 3 beds per 1,000, and in Manhattan there are 6 beds per 1,000. The real problem is that, like many health facilities, Brooklyn's hospitals are systematically underpaid for their inpatient services. Many are at a breaking point, particularly those that are the safety net for uninsured patients and those being paid by Medicaid, which in New York reimburses doctors only 29 percent of what commercial health insurance pays.

While some officials seem to be stuck on ineffective, status quo prescriptions, the AFT and our unions representing workers at SUNY Downstate Medical Center have taken a different approach. We are supporting the "Brooklyn Hospitals Safety Net Plan," which contains innovative proposals to extend medical care to patients, stabilize medical facilities and make healthcare more affordable for all, including the state.

SUNY Downstate is one of Brooklyn's crown jewels. It's a community mainstay in central Brooklyn that has provided top-notch medical care since 1860. It has 1,000 physician residents in training and produces more doctors of color than any other medical school in the United States, many of whom go on to work in minority

communities. It is Brooklyn's fourth-largest employer and treats more than 400,000 patients each year.

Yet SUNY Downstate is fighting for survival against possible closure, downsizing or privatization—any of which would negatively affect access to and quality of health services, medical training and the economic health of the community. That's why the "Brooklyn Hospitals Safety Net Plan" is so important, and it's why physician leaders at SUNY Downstate have agreed to sponsor it, working with colleagues in the 14 other Brooklyn hospitals.

**Brooklyn has a unique opportunity to turn its healthcare trials into a triumph, and to provide an innovative model for the country.**

The "Brooklyn Hospitals Safety Net Plan" recommends the development of decentralized, comprehensive ambulatory (outpatient) care centers staffed by retrained personnel from the inpatient services of the hospitals. About two dozen centers would be necessary to provide care to the approximately half-million Brooklyn residents who are underserved, underinsured or uninsured. The centers would be open for extended hours and located throughout the community. The plan details construction, equipment and operat-

ing costs during the startup period, which would total about \$1 billion.

Where would these funds come from? New York state has applied to the feds for a Medicaid waiver that would provide significant resources, and the plan calculates that Brooklyn's share is approximately \$1.3 billion.

There are countless benefits to this approach. It would provide high-quality, affordable, accessible healthcare to Brooklyn's poorest residents. It would avert the further erosion of healthcare options for middle-class residents. It would prevent costly and unnecessary hospital stays. It would stabilize medical facilities that are economic and societal pillars in the community. And it would serve as a national model for training medical residents in comprehensive ambulatory care, which is essential to ensuring broad access to healthcare and the stability of our healthcare institutions.

The strains on Brooklyn's hospitals confront countless facilities throughout the country. This plan details Brooklyn's unique opportunity to turn its healthcare trials into a triumph, and to provide an innovative model for the country. The AFT stands with our Brooklyn healthcare providers in hoping that this plan will become part of the borough's initiative to secure support from the state, so that this vision can start benefiting New Yorkers and the nation. It is time to reclaim the promise of high-quality, accessible healthcare for all.

*I invite you to read more at*  
**[www.brooklynhospitalplan.org](http://www.brooklynhospitalplan.org)**



Weingarten with community members and employees at SUNY Downstate Medical Center.

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