

to be a dictator in reference to health care in the City of New York public hospitals. He can't be the last word. He's got to answer to the decision from the judge," Butler said. "I'm so happy that Judge Posner is a humanitarian. He understands what we've been marching about in the streets. Coney Island belongs to the poor people, not to the Giuliani administration to sell to the profit-making companies."

*EIR* also reached James Dumpson, chairman of the board of the HHC during Mayor David Dinkins's administration. Dumpson said that he's opposed to the privatization plan for two reasons. First, "I believe that government has a responsibility to establish a floor beyond which people will not fall, whether they are in need of health care or in need of food or in need of income." Second, he said, "I don't think you ought to make money on the poor, and that's what privatization is about. It looks at the bottom line of a balance sheet and then orders its health service priority in accordance with the bottom line. . . . I don't think they ought to make money on providing anything for people who are too poor to provide it for themselves."

This battle for health care will build over the coming months, as the spread of managed care chews away at New York's once-proud hospital system, and the economic depression hits harder and harder at the city's residents. The fight against privatization will need growing public support to succeed.

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## Interview: Leon Ransom

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# New York's hospitals have a public mission

*This interview with Leon Ransom, press liaison for New York City Councilman and Health Committee Chairman Enoch Williams (D-Brooklyn), was conducted by Marianna Wertz on Jan. 27.*

**EIR:** I read Councilman Williams's comments opposing privatization of the New York public hospitals in the *Daily News*. Can you tell me his view of Judge Posner's decision [against unilateral privatization of the New York public hospital system], and where he thinks it will go from here?

**Ransom:** First of all, the councilman was glad that Judge Posner had agreed with the City Council position that the disposition of the hospitals is an issue that should not be decided unilaterally by the mayor or by the City Council alone, or by any other single entity alone, because, in fact, the public hospital system was created to meet a specific need in our communities, a need that does still exist.

**EIR:** The need to serve the poor?

**Ransom:** Right. For that reason, it is important that all interested parties, including the elected officials, the administration, the communities, and the actual consumers of the hospitals themselves, all take part in this discussion. Judge Posner's decision favoring our position in this lawsuit underscores the importance that such an open dialogue on the future of the public hospitals must hold.

**EIR:** Where will you go from here to get that dialogue started?

**Ransom:** We have already reached out to the administration. As a matter of fact, even prior to Judge Posner's decision to seek a sit-down with the administration, with public health advocates, and with the community as a whole, to discuss what can be done in terms of making the Health and Hospitals Corporation [HHC] an independent entity, and one that will be financially, as well as politically, able to meet the mission for which HHC was created.

**EIR:** Last week we covered the state legislation in Massachusetts, introduced by Sen. Mark Montigny, who is also a Democrat. Are you familiar with that?

**Ransom:** No, I'm not, other than just in general.

**EIR:** The state is facing a privatization of the New England Medical Center. He introduced legislation that would mandate that with any privatization of a hospital in Massachusetts, that privatizing entity would have to meet the same level—or better—of care of the poor than the entity which it replaced in the not-for-profit hospital. Have you considered doing that in New York?

**Ransom:** We have. However, we are currently pursuing a slightly different angle. The Council, under the direction of the Health Committee and its chair, Councilman Williams, has put together a proposal which is currently being considered by the State Assembly, to create a new HHC, to restructure the Health and Hospitals Corporation in the manner in which it was initially envisioned, which is as a public benefit corporation that is totally independent of any political control, and is also totally independent of any city financial control.

Recent events have borne out our contention that the Health and Hospitals Corporation can, in fact, exist on its own, as an independent corporation, raising its own revenues, issuing its own bonds, and paying its own bills, with no need for a city tax levy. The past two fiscal years, FY '96, and our current fiscal year, FY '97, have shown that HHC can, in fact, turn a profit. And it has.

**EIR:** Is that by reducing services?

**Ransom:** The reduction in services did contribute a little bit, but what actually enabled HHC to become financially independent was its ability to do its own billing, its own Med-

icaid reimbursement, and not have to rely upon a payback of city tax levy monies. What we envision is a corporation that currently now delivers about \$400 million worth of free services to the City of New York. That is money that, if HHC were a totally independent organization, they'd be able to bill the city for that. When I talk about services delivered free to the City of New York, I'm talking about free medical care for the uniformed services (police, fire, and sanitation), as well as the provision of medical services to the Corrections Department for inmates, as well as for corrections staff. This has an estimated value of a minimum of \$400 million.

**EIR:** So this would be privatizing HHC in a sense?

**Ransom:** Privatizing in a sense, but under the government. In fact it would still be owned by the people of the City of New York, but would no longer be beholden to the kind of political machinations that now make it difficult for HHC to make the necessary fiscal and executive decisions that any corporation should be able to make on its own.

**EIR:** In his interview with the *Daily News*, Councilman Williams said that privatizing would make it more difficult for the poor to get care. Would this then not be the case, if you changed the nature of HHC?

**Ransom:** That's correct. Because it would still be a public hospital system, as opposed to being owned by a private, for-profit organization. It would be able and would be charged with the mission of providing health care to those who can least afford it.

To put this in the proper context, understand that one out of every five residents of the City of New York has no health insurance. These are not necessarily the poor of New York City.

**EIR:** It includes the working poor?

**Ransom:** Absolutely. That's who we're talking about. We're talking about the people who work in the bodegas, the car washes, and the small Mom-and-Pop-type stores, who do not have those ancillary health-care benefits. They are the ones who are the prime constituency that we are looking at, in terms of those who would be hurt the most by turning over HHC to a private, for-profit entity. And, conversely, they would also benefit the most by a restructuring of HHC in such a way that HHC could continue its original mission of serving those who cannot otherwise afford health care.

**EIR:** So, has this legislation been introduced?

**Ransom:** Yes, it has. It is contained in a proposal that we put forth about 14 months ago.

**EIR:** When would this go into effect, presuming that the judge's decision is not overturned on appeal?

**Ransom:** It will go into effect if, in fact, we get approval from the folks up in Albany.

## New York State nurses fight hospital closing

*The following testimony was presented by Gloria Phipps, R.N., at the New York City public hearing on community hospitals, on Dec. 16, 1996. Phipps was representing the New York State Nurses Association.*

A week ago, New York Hospital closed Jackson Heights Hospital, which it had purchased just 60 days before. There were no hearings on the closure, no government oversight. Several neighborhoods lost their community hospital, and they never had an opportunity to object.

Is this the way we should fashion health care policy? A hand-picked committee by the mayor making crucial decisions about the health care of 7 million New Yorkers? Health care is the state's second largest industry, employing more than a third of Brooklyn and Bronx residents. Changes in health care have a direct effect on virtually every New Yorker as a resident, a patient, an employee, a vendor, etc., and the indirect effects are incalculable, but almost certainly even more widespread. We need a public dialogue on the integrated health care system in New York, public and private together, before we take drastic steps like selling public hospitals to private concerns.

With the major networks being formed, that is, New York University Medical Center/Mount Sinai Hospital, New York Hospital/Cornell Medical Center/Columbia-Presbyterian Medical Center and others, it is imperative that the Health and Hospitals Corporation is available to the working poor, and all citizens of New York City, regardless of their ability to pay. We know that the policy of the private sector is to stabilize and transfer the client who is either uninsured or underinsured. Welfare reform will definitely impact upon the client applying for Medicaid, and will result in an increase in the uninsured. The mayor has a responsibility to see that all New York City residents have access to health care. Isn't this why the Health and Hospitals Corporation was formed?

So far, we have heard almost exclusively from the market, and though it has barely begun to roar, the results are already chilling. Gag orders on caregivers. Drive-through maternity. Critical understaffing. Replacements of registered nurses with unlicensed, minimally trained workers. Did you know that the guidebook for HMOs recommends that heart bypass patients be discharged after 72 hours? That