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September 22, 2011

Nivrav R. Shah, M.D., M.P.H.
Commissioner
New York State Department of Health
Empire State Plaza
Albany, NY 12237

RE: Certificate of Need - Project # 111531-C

Dear Commissioner Shah:

Thank you for the opportunity to provide this letter during the public testimony period of the New York State Department of Health ("DOH") Public Health and Health Planning Council regarding North Shore-Long Island Jewish Health System's ("NS-LIJ") Certificate of Need Application ("CON") for its proposed Lenox Hill Hospital Center for Comprehensive Care (the "Center") to be located at the O'Toole Pavilion on the campus of the former St. Vincent's Catholic Medical Center ("St. Vincent's"). Community Board No. 2 ("CB 2") is the community board that represents most of the Primary Service Area of the former St. Vincent's.

St. Vincent's played a crucial role in health care delivery to the CB 2 area for more than 150 years. After the closure of St. Vincent's Hospital in April 2010, our community was left without a vital full-service hospital and an important hub for a wide range of health care services. The loss of St. Vincent's is felt throughout the community, to whom St. Vincent's represented an emergency room for both acute and serious injuries, a source of inpatient hospital services, a site for scheduled doctor's appointments, a network of various outpatient services, and a familiar name that everyone in the community knew to go to for health care services.

We would like to add at the outset that the local community feels extremely aggrieved at not only the closing of St. Vincent's Hospital, but also the manner in which it was closed and the aftermath. For one, other than a few comments to the press at the time of the closing, there has been little or no information and analysis by DOH about why the hospital closed or the impact of its closing on the health care delivery system on the West Side of Manhattan. Also, to our knowledge, there have been no public hearings examining the closing of St. Vincent's

sponsored by any level or entity of government, including DOH, other than those organized by CB 2. A local community board is not particularly well-suited to conduct such hearings given its volunteer membership without any particular expertise in health care matters. The void of accurate and reliable information has led to widespread confusion, frustration and fear on the part of many members of the general public, particularly the most vulnerable, who depended on St. Vincent's for a greater proportion of their health care needs. CB 2 thinks DOH can and should do a better job in such situations in the future, and would be willing to share with you the experiences of our local community if you would find it useful.

As CB 2 has learned throughout many hours of public testimony on this important issue, nothing less than another full service, acute care hospital providing high quality care to all patients who come to its doors would be sufficient to replace St. Vincent's. We will continue to work with our local elected officials and community members to advocate for such a facility. Unfortunately, to our knowledge, no health care providers have yet put forth a credible proposal to reestablish a hospital on the site or elsewhere in the CB 2 area. In addition, during our public testimony, CB 2 heard numerous concerns about the transport times from the Center to other facilities and whether being treated at the Center for a life-threatening condition before such transport occurs might actually put patients' health at risk. There was widespread concern, as well, heard during testimony about the unprecedented nature of a free-standing emergency room such as the Center operating in an urban area. We understand such E.R.s have a track record in rural settings but are concerned whether there is sufficient data to suggest they will work as well in a large city such as New York.

With St. Vincent's gone, we continue to fight to ensure the full range of health care services is available and accessible for our community. Together with Manhattan Community Board 4 and our local elected officials, we called for an independent, professional Community Health Needs Assessment to be prepared that included surveys of community residents and provider focus groups. Thanks to the dedication and hard work of Fulton Youth of the Future, in cooperation with Commission on the Public's Health System (CPHS), and the CUNY School of Public Health at Hunter College (Hunter), this qualitative research illustrates our community's health care utilization patterns, access to care, and, most importantly, health care needs and service gaps. Mainly this appears to be due to a lack of awareness of where, when, and how to access both primary care and specialty services. Surprisingly, this problem seems to be a long-standing issue. In the survey conducted by Fulton Youth of the Future, two-thirds of respondents indicated the closing of St. Vincent's was not the reason they have a problem getting health care services. This demonstrates that a large segment of the community does not have sufficient information about how to access the health care services currently available to them, and that for some community members, this gap existed even prior to the hospital's closing.

Individuals afflicted with chronic conditions that require regular visits to a medical provider reported worse health experiences and have been especially affected by the closure of St. Vincent's. People suffering from high-blood pressure, diabetes, HIV/AIDS, and depression in particular reported difficulty maintaining preventative health practices. In fact, 37% of respondents reported having a physical condition that required continued care so it is evident that the loss of St. Vincent's services has impacted a wide swath of the population. The most prevalent physical health conditions included cardiovascular issues, diabetes, musculoskeletal

conditions, respiratory issues and infectious diseases. Additionally, 11% of the population reported psychiatric conditions that require continual care. These psychiatric conditions include depression/dysphoria, anxiety, and bipolar disorder. Since the closure of the hospital, both those with chronic physical and mental health conditions reported it has become more difficult to secure a doctor's appointment and that wait times have increased once they have arrived at a doctor's office. We are concerned whether the Center can address these issues, as well as the need for primary care physicians. On the latter, it would seem that doctors formerly affiliated with St. Vincent's, who already have a base of patients in the neighborhood, should be given priority should NS-LIJ utilize any of its space for physicians' offices, which we strongly suggest NS-LIJ consider.

It should be noted that individuals with chronic conditions were more likely to be older, male, Latino, and have Medicaid as their primary source of insurance, which warrants additional targeted outreach efforts to connect these populations to appropriate health care services.

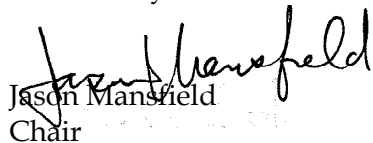
We strongly believe that the best solution would be to bring back a full-service, inpatient hospital to Greenwich Village. However, in the absence of such a plan, NS-LIJ's proposed Center for Comprehensive Care has the potential to meet many of our community's health care needs. That said, we reiterate the concern of many of our residents and local elected officials that questions about potential adverse impacts on those with conditions that cannot be treated at the Center, and about Emergency Medical Services protocols with respect to the Center, must be addressed.

It must be said that the Center is not what the vast majority of CB 2 residents want or all that our communities need. In the absence of a full service hospital, however, CB 2 recognizes that the Center could fill current gaps in the Lower West Side's health care infrastructure. Should DOH approve this application, CB 2 pledges to work with North Shore-LIJ to find appropriate programming for the approximately 48,000 square feet of open space yet to be utilized at the facility, in addition to ensuring that this facility fulfills its promise to provide a 24/7 Emergency Department on a par with those found at many community hospitals, to serve everyone who comes through its doors, regardless of ability to pay, and to serve as a portal to other area health care providers and community based organizations in order to connect patients with the continuum of health care services they need.

Sincerely yours,



Chair
Community Board No. 2, Manhattan



Jason Mansfield
Chair

Committee on Environment, Public Safety & Public Health
Community Board No. 2, Manhattan