

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