

Hospital Discrimination

Posted: February 5, 2010

David R. Jones, Esq.

President and CEO, Community Service Society of New York

I've become a creature of habit and routine. Each morning I get a cup of coffee, a muffin (so much for my low carb diet), and I read newspapers -- the New York Times, Daily News, Wall Street Journal, USA Today, as well as El Diario, and the Amsterdam News once a week and City Limits online. What I don't generally read unless I'm in a really good mood is the New York Post -- its reporting and editorial views are often one and the same. If you are part of the working poor, or a person of color, or in any way concerned with issues affecting those groups, don't expect much in the way of balanced reporting from the Post.

So just as I'm settling in to my rigid mindset vis-a-vis the Post, it takes on an issue that I've been writing and speaking about for more than a decade -- gross inequities in how people are treated in New York's teaching hospitals because of what kinds of insurance they have or don't have. In an article entitled "Hospital 'Apartheid'" published on January 25, Carl Campanile writes, "New York City's medical care is a mostly segregated, two class system - with poor and uninsured minority patients crammed into municipal hospitals and most everyone else treated in private institutions just blocks away."

This doesn't sound like a Post article, but now I'm going to have to read the Post with my coffee and muffin. What Campanile has uncovered is one of the dirty little secrets of health care in New York -- that the elite hospitals of the city routinely turn away uninsured and underinsured patients. In the midst of an ongoing debate about health care, this could be the perfect moment to discuss inequality in delivery that the city should address even as we seek to expand coverage.

Back when I served on the Board of the Health and Hospitals Corporation, there were stories of voluntary hospitals like NYU Medical Center routinely making it virtually impossible for the uninsured to access their facilities or, if they did inadvertently find an emergency room, (NYU at one point had a sign so small that no one could find it) they were given only the most basic services and then told to get care from a municipal hospital. This is particularly egregious because the voluntary hospitals (all are nonprofit) are big users of the so-called Bad Debt and Charity pool from the state. Established primarily to allow hospitals to treat uninsured patients, for many of the large teaching hospitals it's being

used as a "stop loss" device when well-heeled patients refuse to pay. Theoretically, the pool could be used to cover hospital costs if Donald Trump refused to pay his bill.

Sen. Charles Grassley (R-Iowa) has raised an even more significant issue: Should we allow charitable -- thus tax exempt -- status to institutions that won't treat the poor and yet pay their executives corporate level salaries? The Post article nails it. Bellevue treated over 168,000 uninsured patients in 2007. NYU, right next door, and with more beds, treated less than 9,000. On top of that, NYU drew down \$4.5 million in bad debt and charity support from the state in 2007.

It's great to have the New York Post making points that have all too often only been raised by advocates who are rarely listened to. My coffee cup toast -- to Carl Campanile and the New York Post.

[Copyright © 2010 HuffingtonPost.com, Inc.](http://www.huffingtonpost.com)