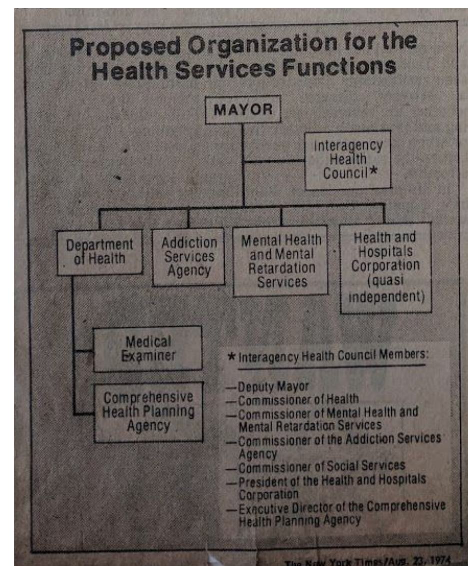
Stephanie Jones

A Vision of Healthcare

New York City's reputation as an innovator in public health can be traced back to 1736 when political leaders started a six-bed infirmary on a site now occupied by City Hall (De Blasio Admin, 2016). Today, the primary trustee of that legacy is Health + Hospitals(H+H), which serves more than 1.2 million New Yorkers each year and is the largest public health system in the country (De Blasio Admin, 2016). As of 2016, Health + Hospitals has more than 40,000 employees, 11 hospital centers, five long-term care facilities, six diagnostic & treatment centers, 70+ ambulatory care centers and extension clinics and 500,000 members in their MetroPlus health plan (De Blasio Admin, 2016). It handles nearly one-third of all emergency department visits within the five boroughs making Health + Hospitals unmatched in its scope. It's the foundation of New York's healthcare system. And although many New Yorkers may not be immediately familiar with the name Martin S. Begun, if you've needed any sort of healthcare in New York City, his work has touched your life (Paid Notice, 2016; Begun, 2002).

Martin S. Begun was a leading thinker and architect of the vast structure that so many New Yorkers depend on today. From 1974 to 1994, he served as the Chairman and a member of the New York Community Services Board, Department of Mental Health, Mental Retardation and Alcoholism Services before it was consolidated within the Department of Health and renamed the Department of Health and Mental Hygiene in 2002 (Cooper, 2002; Begun, 2002). He was a member of the BEAME task-force, which was Mayor Abraham Beame's 1970's task force that dismantled the inefficient, cost-cutting Health Planning superagency created under Mayor Lindsay's tenure and completely reorganized health services in NYC (Begun, 2002). He also served on Governor Pataki's task force



"*Dismantling of Health Agency Planned; 2 Other 'Super' Units Face Shake-Up*". New York Times, 8/23/74, Begun Archives, Baruch College, 2018

dedicated to improving healthcare facilities in the 21st Century. His 1996 paper, "The True Need for Public Hospitals in New York City" was published by the American Public Health Association which informed his service on the New York State Hospital Review & Planning Council in 2000.

Begun grew up in New York City, which remained at the center of his life and career. He was a man whose opinions counted among his friends, some of whom were New York's well known and powerful elite and many of which referred to him as “Marty”. He was considered a balancing force among policymakers as a result of his ability to influence thinking and events. For example, Begun had a hand in NYU Medical School’s affiliation with Health + Hospitals' Bellevue Hospital, through coalition building, he shed light on the value of symbiotic public-private affiliations in New York’s municipal health system (Stan Brezenoff Interview, 2017). Perhaps, one of the most powerful moments of his career was his resignation as Chairman of the New York Community Services Board, Department of Mental Health, Mental Retardation and Alcoholism Services at the start of the Giuliani administration. In his resignation letter, he summarized all that had been accomplished during his tenure, such as the Reinvestment Act of 1993[1], the Outpatient Civil Commitment Legislation of 1994[2], and the Mobile/Crisis Substance Abuse Alcoholism Emergency Retention Law of 1994[3]. These accomplishments would be undercut by the changes Giuliani was making to NYC’s mental health treatment system such as consolidating separate mental health agencies within one health department (Stan Brezenoff Interview, 2017). He worked until the day he died in 2016 trying to convince the De Blasio administration to separate the agencies back into two (Stan Brezenoff Interview, 2017).

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[1] The Community Reinvestment Act, or CRA, is both a state and federal law that encourages banks to meet the credit needs of all communities, including low and moderate-income areas

[2] Prior to 1994, New York was the only state that had a statute specifically prohibiting outpatient commitment. That changed when New York Governor George Pataki signed legislation providing for court-ordered assisted outpatient treatment (AOT) for persons with mental illness (Albright, Levy & Wagle, 2002)

[3] The Retention Law made the process of involuntary and voluntary commitment for rehabilitation easier and more comprehensive

"In closing, let me assert that the future of mental health services in New York City continues to revolve in large measure around the homeless mentally ill chemical abuser population. Moreover, The City now has policy mechanisms and legal structures to bring about far-reaching and beneficial results. Today, the underutilized New York State psychiatric facilities are finally being closed. Tax dollars, earmarked for mental health services, will be reinvested in community-based programs for the homeless mentally ill. There is now widespread recognition of the necessity for consolidating substance abuse with other addiction services....My mission as a citizen remains the same: to articulate goals which help people in need, and then chart the path toward these goals."

- *(excerpt from 1994 resignation letter; Begun, 1994)*

Mayor Giuliani and Martin S. Begun

In many ways, Begun's career and service to New York City is a discussion on healthcare in and of itself. He believed that access to quality healthcare was a right for all New Yorkers but especially for some the neediest such as the sick, the low-income, the homeless, and the mentally ill. His model was that healthcare is not a market commodity, but a public resource and social necessity similarly to electricity and heat for all (Begun, 1996; Begun 1985; Begun 1990). It is a fundamental requirement of a civil society. Furthermore, its delivery should be efficient, affordable, and inclusive to all New Yorkers. Although there have been some considerable strides in healthcare for New Yorkers there has also been consequential decisions made that pick at the strength of this system. Knowing what we know now about Begun and his dedication to improving this city, I wonder how healthcare in New York City today compares to the model of healthcare that Martin S. Begun envisioned for the City and spent his life trying to achieve?

At the center of Begun's model for healthcare was the importance of the public hospital system. Public hospitals play a vital role in sustaining access to health services among the most vulnerable populations (Begun,1996; Ko, Derose, Needleman, & Ponce, 2014). In NYC, publicly-owned hospitals coexist with voluntary hospitals. In particular, public hospitals provide a number of important services: 1.) They serve as central healthcare centers for lower-income neighborhoods, 2.) they are specialty providers for government-subsidized patients, and they act as "safety-net" providers for the uninsured, with many providing large amounts of pro-bono care; 3.) they disproportionately provide a set of necessary but unprofitable services, such as mental health services and level 1 trauma care; 4.) they provide essential training for medical students, physicians, and other healthcare professionals; and 5.) they are in rare positions to authentically carry out necessary research specific to the low-income populations that they serve (Villa & Kane, 2013; Begun, 1996; Ko, Derose, Needleman, & Ponce, 2014). They are often the only places many underserved New Yorkers can go to receive life-saving intervention.

The New York City Health and Hospitals Corporation (H+H) is New York's center for life-saving intervention. It is a public benefit corporation created in 1969 to more efficiently manage public hospitals and health facilities in The City (CBC, 2014). Currently, more than one million patients receive care at H+H yearly, and more than 500,000 are enrolled in MetroPlus, the health insurance plan H+H launched in 1985 (CBC, 2014; Caress & Parrot, 2017). H+H is an indispensable structure that provides essential healthcare services to the most vulnerable New Yorkers. In 2011, H+H hospitals discharged over 200,000 patients, over a quarter of the citywide total and the number has risen each year since (CBC, 2014). In 2014, discharges from H+H hospitals of uninsured patients consisted of 45% and Medicaid patients consisted of 26% of citywide total (CBC, 2014; Caress & Parrot, 2017). H+H hospitals also provide vital mental health services, operating over 45% of all certified psychiatric beds in New York City (CBC, 2014; Mueller, 2017). Despite its crucial nature, H+H system is facing one of the most profound challenges in its 40+ year history. There is a projected $1.6 billion deficit by 2019, rising to $1.8 billion in 2020 hanging over the corporation (Caress, Parrot, 2017; Hennelly, 2016).

Much of H+H's fiscal problems can be set at the door of Albany and the private hospital system in New York City. For example, Governor Cuomo has the tendency to undercut the budget by vetoing bills that would increase the reimbursements to hospitals that provide a disproportionate share of care to Medicaid patients as well as uninsured patients, and withhold state funding in favor of important but admittedly more trendy efforts such aid a $25 million investment in biotech innovation (Chanda, Ford, & Murphy, 2017). This stifles H+H along with the private sector off-loading its patients (Chanda, Ford, & Murphy, 2017). H+H spends more on care than it is reimbursed because of its function within the expansive health services system in The City. H+H takes on the costs and services that private hospitals avoid, including: the bulk of care for the un- and underinsured, Level 1 trauma visits, addiction services, mental health services, and unreimbursed or underfunded medical services (Caress & Parrot, 2017). For example, mental health admissions at public city hospitals increased

considerably as private hospitals discarded psychiatric patients over the same period of time (Mueller, 2017). The existence of H+H and its dedication to vulnerable populations enables private hospital networks to operate at a surplus while H+H has faced escalating losses (Caress & Parrot, 2017; Hennelly, 2016).

In response to these fiscal strains, 16 hospitals have closed around New York City since 2003, for example, the shuttering of Goldwater hospital in 2013 which resulted in the shifting of patients and overcrowding of Harlem hospital(Chanda, Ford, & Murphy, 2017). In total, it has cut its 40,000+ workforce by 10 percent which puts pressure on the remaining hospitals to see more patients under more congested and unstable conditions(Chanda, Ford, & Murphy, 2017). H+H has also settled on the privatization of certain functions to offset cost as well, however, privatization leads to poorer conditions (NYSNA, 2013; Straube 2013). For example, during Mayor Bloomberg's tenure, H+H Board of Directors voted to outsource outpatient dialysis to a for-profit company (NYSNA, 2013). The H+H dialysis privatization plan and proposed staffing model lead to patient-to-staff ratios doubling (NYSNA, 2013; Zhang, Cotter, & Thamer, 2011; Straune 2013) The strain on H+H mounts without much support and it leaks into the communities it serves most which further exacerbates the health disparities among low-income New Yorkers.

Health disparities are differences in health outcomes between groups that reflect social inequalities. Although there has been significant progress in the health of New Yorkers over the years, not everyone has benefited equally. Over the past few years, life expectancy has risen overall among New Yorkers, however, the gap in life expectancy between people living in very high- and low-income neighborhoods widened, which suggests continuous health inequalities across incomes (Chanda, Ford, & Murphy, 2017; Myers, Olsen et al, 2010). One of the greatest predictors of health in New Yorkers is zip code; the reasons for these disparities are difficult to boil down to one cause however all roads intersect at a lack of access to and education about preventative healthcare and healthy living conditions.

Low-income New Yorkers, who are most likely to be African-American and Hispanic, bear an unequal burden of illness and premature death (Myers, Olsen et al, 2010). New Yorkers in poverty are more likely to report poor overall health than the wealthiest New Yorkers (Li, Zheng et al., 2016; Myers, Olsen et al, 2010). According to NYC's previous Health Commissioner, Dr. Mary Bassett, "Poor health outcomes tend to cluster in places that people of color call home and where many residents live in poverty" (King, Hinterland et al, 2015). For example, in Brownsville, a neighborhood that is consistently ranked amongst New York's poorest, has a life expectancy of 74 years old which is a city low in comparison to Murray Hill, a primarily upper-middle-class neighborhood, that has a life expectancy of 85 which is above the city average of 81 (Li, Zheng et al., 2016; King, Hinterland et al, 2018). NYC remains one of the most health segregated and unequal cities in the country. On the Upper East Side, which is over 75% White, 2% of children live below the poverty line. A couple train stops away, in Harlem, where over 50% of the population is Black and over 30% is Hispanic, more than 25% of children live in poverty (King, Hinterland et al, 2018). In Hunts Point and Longwood in the Bronx, where over 40% of residents live below the poverty line, rates of diabetes are five times as high as in Park Slope and Carroll Gardens, according to 2018 Community Health Profiles released by the health department (King, Hinterland et al, 2018). In East New York and Starrett City, the asthma hospitalization rate among children was more than 10 times as high as the same rate in the Turtle Bay (King, Hinterland et al, 2018). Infant mortality and new HIV diagnoses were mostly concentrated in neighborhoods with high poverty levels as well. The 2016 health disparities summary found that infant mortality in New York City for Black infants was three times higher than it was for White infants (Li, Zheng et al., 2016).

As Begun stated in his essay, "The True Need for Public Hospitals in New York City", public hospitals are the foundations for healthy communities. Public hospital ERs act as the equalizer, it's where anyone and everyone can go to have their basic healthcare needs met whether it's for a check-up or a crisis. You don't need to have a phone, access to the internet or a primary care physician...you just need to walk in. Which is why the

closure of 16 hospitals, four in Brooklyn alone, since 2003 has created such a dire situation for underserved communities and exasperates health disparities. These closures and funding cuts put more and more pressure on the remaining hospitals to see more patients under more crowded and unstable conditions. Furthermore, these funding cuts limit the scope of what healthcare can be in these communities and create a cycle of disinvestment. Health systems in New York City can go beyond simply ensuring inclusive, affordable, and efficient access to healthcare, which they barely do, they also can address "unemployment, incarceration, housing issues, joblessness, lack of public safety, lack of educational opportunities, limited access to healthy food, and other social determinants of health" (Chandra, Ford, & Murphy, 2016). Creating programs and spaces that recognize the broader health story without funding is extremely difficult. For low-income families living in poor neighborhoods, hospital closings and funding cuts have put a burden on the surviving facilities, and they have also stretched the distances people have to travel to receive care and as a result many opt out of care entirely because it is physically, financially, and mentally out of reach for many New Yorkers.

One population, in particular, has suffered and continuously suffers the most from the disinvestment in public healthcare: New York City's homeless. In Crossroads, an essay Begun published in 1985, he acknowledges the plight of the homeless, especially the homeless and mentally ill, in New York and The City's failure to care for them (Begun, 1985). This failure has only deepened since then. In 1990, Begun accurately predicted that budget cuts would swell New York's homeless population and now almost 30 years later the situation has hit a boiling point (Begun, 1990). New York City is in crisis; it has the largest homeless population in the United States with over 60,000 homeless people a night in shelters and countless more in the streets (Coalition For Homeless, 2018).

In 2013, the number of people sleeping in city shelters each night reached a historical high since the Great Depression, with shelters reaching capacity forcing The City to rent out hotels to house homeless individuals (Shan & Sandler, 2018; Markee, 2013; Coalition for Homeless, 2018). It is important to note that city surveys

significantly underestimates the number of unsheltered homeless New Yorkers because they are a vulnerable population that is ever visible but also largely anonymous (Coalition For Homeless, 2018). Nearly 33% of all homeless individuals suffer from serious mental illnesses and over half of the homeless mentally ill New Yorkers also suffer from concurrent substance use disorders (Groton, 2013). Care for The City's homeless is projected to cost New York City over $3 billion, a 72% increase in the last eight years (CBC, 2018).

The current state of homelessness in New York City has its origins in deinstitutionalization, disinvestment, the collapse of the single-resident occupancy(SRO) housing market, and the decline of affordable housing (Shan & Sandler, 2018; Coalition for the Homeless, 2018). The deinstitutionalization and disinvestment from mental health treatment started in the 1950s and lead to the rapid discharge of thousands of mentally ill patients from public hospitals. This policy derived from a combination of a need for budget cuts and studies that advocated for less overbearing treatment plans that reinforced those budget cuts (Talbott, 2004; Coalition for Homeless, 2018). As a result of deinstitutionalization and disinvestment, the number patients in New York mental health centers fell by over 75% between the 1960s and 1980s (Coalition for the Homeless, 2018; Shan & Sandler, 2018). Lack of follow-up services meant that many newly released individuals were left without any health and housing services. In addition to mentally ill people being released and made homeless without support, the policies for SROs, which were places they would most likely stay for cheap, changed as well. They were outlawed during this time and gentrification and property tax policies encouraged owners of existing SRO buildings to convert them more expensive rental housing (Shan & Sandler, 2016; Coalition for the Homeless, 2018). Similar policies to those that broke down the SRO market and incentivized landlords to make their apartments market rate also priced out lower-income families which resulted in a sharp increase in family homelessness, and now they make up almost half of the homeless population (Coalition of the Homeless, 2018). Today New York's homeless population faces a health services crisis that is exacerbated by the state of public

hospitals and housing in The City. Homeless people are the most likely population to use and need ER services in public hospitals because their housing situations are extremely unstable (Sun, Karaca, & Wong, 2014; Kerker, Branbridge et al, 2005; Baggett, O'Connell et al, 2010). However, New York's public hospital system simply isn't given the funding or infrastructure to support their needs.

Although there have been significant health services failings, such as the state of homelessness and H+H funding, over the past few years, the De Blasio administration has been taking steps to address these issues. In 2016, he acknowledged the strain H+H has undergone and unveiled a comprehensive plan to restructure and stabilize the cooperation. The plan included a recurring $140 million addition to the budget for four years and advocating for fairer reimbursement from the state and federal government for care provided to the uninsured and to low-income populations enrolled in Medicaid (De Blasio Admin, 2016). It also seeks to "embed more health centers in New York communities in need, build on existing efforts with targeted, community-based outreach to enroll people who are eligible for coverage but remain uninsured and secure more a fair New York State funding formula for safety net hospitals" (De Blasio Admin, 2016).

The City has also committed to enhancing green space in underserved areas and awarded $30 million each to five different parks in low-income areas for major renovations (Chandra, Ford, & Murphy, 2017). Studies have shown that the presence of well cared for green space in low-income areas is a critical and long overlooked weapon against poor neighborhood health (Chandra, Ford, & Murphy, 2017). To address infant mortality rates as a result of health disparities The City has invested in "maternal and infant health by expanding maternal depression screenings at hospitals, Safe Sleep campaigns with the Administration for Children's Services, and Family Wellness suites in Neighborhood Health Action Centers" (Press Release, 2018). As of 2016, there has been a 24% decline in infant mortality from 2007 (Press Release, 2018).

To address the homelessness crisis the De Blasio administration rolled out a $22 million initiative under which mental health experts will aggressively canvass the city in search of the mentally ill to treat them called Safe NYC. Safe NYC "will unite various city

agencies including the Department of Homeless Services, New York City Police Department, and the Department of Health and Mental Hygiene in strengthening the security at homeless shelters, connecting mentally ill returning citizens with care via "intensive mobile treatment teams," and sharing information about treatment regimen" (Coalition for Homeless, 2018). He also promised 300,000 units of income-targeted housing for the homeless which is a step in the right direction but remains insufficient in the face of the 60,000+ individuals sleeping in shelters on a daily basis (Coalition of Homeless, 2018). Perhaps, one of the most exciting announcements to come out of the De Blasio administration was the comprehensive affordable healthcare plan that would guarantee healthcare for every resident in New York City, including homeless, uninsured, low-income, and undocumented in 2019 (NYC City Hall Press Office).

The healthcare and services gap in New York City is a result of decades of damage and will probably take just as much time to truly heal. Time will tell if De Blasio's efforts will bring the health services crisis in NYC to a simmer. However, I believe Martin S. Begun would agree that having a mission to help the people in need is better than no mission at all. For Begun, healthcare was not a market commodity, but a public resource and social necessity, in his model, healthcare is a fundamental requirement of a civil society and its delivery should be efficient, affordable, and inclusive to all New Yorkers but especially accessible to New York's most vulnerable populations (Begun, 1996; Begun 1985; Begun 1990). The current state of health services in New York City is failing his model. Public hospitals, which are the institutions at the center of his model, are suffering financially with the projected $1.6 billion rising to $1.8 billion in 2020 hanging over the corporation. New York has a governor that has repeatedly undercut the budget of the city's municipal hospitals in favor of vanity projects and a Mayor that's response to Albany's financial decisions is to simply advocate for fairer insurance reimbursements for H+H (De Blasio Admin, 2016; Chanda, Ford, & Murphy, 2017).

The failure to protect, uphold, and improve H+H, the foundation of health services in New York, bleeds into its communities and exacerbates suffering among the

neediest New Yorkers such as the sick, the low-income, and the homeless. These are the populations that depend on public health services to survive and Begun's model and life's work was built with them in mind. Hundreds of thousands of New Yorkers are still un and underinsured (Chandra, Ford, & Murphy, 2017). In 2018, 60,000+ individuals are sleeping in shelters on a daily basis and countless homeless and mentally ill New Yorkers are still spread across the city in the streets this winter (Coalition of the Homeless, 2018). New York City also remains one of the most health segregated and unequal cities in the country. There is so much work that needs to be done and a lot of people in need whose voices have gone unheard. Much of De-Blasio's health policy announcements seem like bandaids being put on a bursting dam, however, his healthcare for all initiative is something that is finally grasping at Begun's model (Begun, 1996; Begun 1985; Begun 1990; NYC City Hall Press Office, 2019). As Begun stated in his resignation letter his mission as a citizen was to set goals that help the people in need, and then, most importantly, build the road towards achieving those goals. Time will tell if the road towards affordable, efficient, and inclusive healthcare for all New Yorkers will be built and achieved. The need has been there for years and New Yorkers will die waiting.

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