

**TESTIMONY BY
NYC COMPTROLLER WILLIAM C. THOMPSON, JR.**

**AT A JOINT HEARING OF THE GOVERNMENTAL OPERATIONS,
HEALTH, AND PUBLIC SAFETY COMMITTEES
OF THE NEW YORK CITY COUNCIL**

**RE: NEW YORK CITY'S RESPONSE TO H1N1
AND ASSESSING INFLUENZA PREPAREDNESS**

I would like to thank Chairman Rivera, Chairwoman Sears, Chairman Vallone and members of the Governmental Operations, Health, and Public Safety Committees for holding this timely hearing regarding the City's H1N1 flu preparedness.

The City's response to this event revealed a number of troubling weaknesses in the City's capabilities and should serve as a clear warning to both the City and New York State that action must be taken to avert potentially life-threatening consequences in the future.

As many of you know, no less than 15 New York City emergency rooms have been shuttered since 2002.

Incredibly, these closures were made without addressing the inevitable impact on surrounding hospitals and without regard to each community's input.

On June 1, 2009, Queens Borough President Helen Marshall joined me in front of Jamaica Hospital, where I released a Policy Alert regarding the closures of St. John's and Mary Immaculate Hospitals in Queens and the fact that neighboring hospitals have been overwhelmed with demands for care. Indeed, many of you may recall the media's recent depictions of patients being housed in a tent outside of one hospital awaiting treatment.

Since the February 2009 bankruptcy and the subsequent closure of Mary Immaculate and St. John's Hospitals, my Office has been monitoring the impact on the emergency rooms of the remaining nearby hospitals and found that emergency rooms are straining to meet demand. These trends started with the closures of the two hospitals and were magnified by the onset of the H1N1 flu virus.

A Queens Hospital Center emergency room doctor with more than two decades of experience told our Office that conditions at the hospital have become a "living nightmare," and that the state of emergency medicine in Queens was the worst he's seen in his career. His observations echoed other physicians, some of whom spoke of an overwhelming added patient load.

Many of these problems were predicted in the letter I sent to the New York State Health Commissioner in February of this year. I noted that there had been no public or inclusive discussion concerning transition plans or how hospital closures would affect the health and safety of our city's residents.

On February 20, 2009, I also wrote to Fire Department Commissioner Scoppetta urging EMS to evaluate the impact of the Queens hospital closures and to publicly outline the steps necessary to minimize adverse impacts upon surrounding neighborhoods. In addition, I urged that the Department publish data regarding ambulance response and turnaround times for the Queens communities affected by these hospital closures.

My Office's December 2006 report, *Emergency Room Care: Will It Be There?*, raised similar concerns about the impact of the five New York City emergency room closures proposed by the Berger Commission.

What we are seeing now is a crisis in the hospital and healthcare system in much of Queens, particularly for safety net hospitals that tend to treat a higher proportion of uninsured or under-insured patients.

A similar scenario may repeat itself, however, if the H1N1 virus outbreaks appear in other boroughs, now or in the future. If this does occur, it will be due, in part, to the repeated failure by both the City and the State to take steps to adequately address the impact of the 15 hospital closures.

New York City is losing its primary care capabilities at an alarming rate, forcing many individuals to rely on the emergency room instead. Hospital outpatient departments represent a significant portion of the City's primary care capacity and the recent closures have markedly reduced capacity. Many remaining hospitals have cut back their outpatient care services thereby adding to this problem.

While the timing of the H1N1 virus itself was not foreseeable, the likelihood of some event of a similar nature causing a sudden surge in demand was both foreseeable and inevitable. In fact, it is one of the core missions of the City and State Departments of Health, as well as other State and municipal agencies, to prepare for and respond to this type of healthcare emergency.

So what can we do?

First and foremost, what is needed most is leadership. The Administration's ill-considered initial approach to the appearance of H1N1 in City schools was to keep schools open despite dozens of children contracting the virus. By failing to share this information, the City denied parents an ability to make informed decisions.

The City and State need to pull together key healthcare providers and other stakeholders immediately to share information, identify problems, and develop solutions to address the current surge in demand stemming from the H1N1 virus and to prepare for a possible return of the virus later this year.

For the remainder of the H1N1 flu virus cycle, we need to:

- **Triage individuals with flu symptoms at ambulatory care facilities.** Many of the people currently seeking care in the emergency room either do not actually have the H1N1 virus or have a mild form and do not have other risk factors. By seeking out an initial diagnosis at a community health center, they can be evaluated by doctors and directed to the emergency room if necessary.
- **Activate any necessary additional resources to deal with the current situation and be ready to provide more resources in other communities as needed.** Hospitals in much of Queens needed immediate help to cope with the heightened challenges presented by the two closures and now the H1N1 virus. At these times, State Department of Health and the City should post staff at the affected hospitals, especially at peak hours, to ensure smooth operations, rather than relying on telephone calls between the Department and hospital administrators.
- **Provide loans and working capital to cover surge-related costs.** Because many hospitals are in weak financial positions, it is difficult for them to borrow money. Indeed, many hospitals are now relying heavily on the use of unbudgeted overtime to maintain staffing levels during the H1N1 surge. By asking hospitals that are financially challenged to spend money they do not have, the very survival of these hospitals is threatened.

- **Provide data on emergency room utilization to the public.** In a recent letter to schools Chancellor Joel Klein, I urged him to publish daily school attendance data. DOE adopted this practice and it should be continued. Similarly, the State Department of Health needs to restore public confidence by publishing key daily statistics about emergency room utilization and staffing.

EMS should publish data regarding ambulance response and turnaround times for the Queens communities affected by the two recent hospital closures and on a community basis citywide. This data should be updated and issued regularly. This is especially important if budget cuts to EMS proposed by the State and the City are adopted.

In the longer term, the answer is planning. Money alone will not solve this problem.

The State Department of Health should create a master plan, in consultation with communities, to restructure the healthcare delivery system in New York City. A new approach is needed if we are to ensure that the Queens hospitals and all of our remaining hospitals and their emergency rooms are able to provide the public with quality care, even during surges in demand. The State Department of Health has taken some promising steps in this direction already, especially in its focus on primary care.

I appreciate this opportunity to provide testimony on this important issue and I want to thank the members of the committees assembled today for their hard work.