



NEW YORK STATE SENATOR

Daniel L. Squadron

Brooklyn Elected Officials' Statement on Long Island College Hospital

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BROOKLYN -- Today, Congresswoman Nydia Velazquez, State Senators Daniel Squadron and Velmanette Montgomery, Assemblywoman Joan Millman, Public Advocate Letitia James, and Councilmembers Brad Lander, Steve Levin, and Carlos Menchaca released the following statement regarding Long Island College Hospital (LICH):

"As federal, state and city elected officials, we stand together against SUNY's latest attempt to turn LICH into a luxury condo deal. As we have consistently said, SUNY, Governor Cuomo, and the NYS Department of Health must support a new, more open, and expedited process to solve the crisis at LICH -- in order to ensure the best possible outcome for Brooklyn.

"Of course we would strongly prefer to maintain a full-service hospital on the site. Nearly everyone in the community would, and it is what we have been fighting for, for over a year. We also recognize the possibility that even under a fair process, this option may not be proposed. But the only way to know -- the only way to have confidence that we are achieving the 'best possible outcome' for the community -- is through a fair and appropriate process.

"SUNY's process has fallen far short, by any reasonable standards, and their latest last-minute, rushed, non-collaborative revision to their flawed RFP process is more of the same. It limits the bidders to the handful of real-estate developers who chose to reply to the same RFP SUNY released in July, after which two separate State Supreme Court Justices ruled that SUNY failed to follow proper procedure or appropriately consider the community health impacts of LICH's closure. The RFP is burdened with hundreds of millions of dollars in questionable liabilities; designed to undervalue healthcare and overvalue luxury housing; requires developers to offer the fully appraised value of the property (even though this assumes an entire conversion to residential use); and now even requires bidders to waive all claims they might have arising from the process (an apparent attempt to protect themselves from the consequence of this flawed process).

"If SUNY and the Governor genuinely want to achieve the best possible outcome, then they will do it through a real expedited RFP -- which could conclude in weeks, not months -- that includes the attached criteria. If they did, we would be prepared to participate in the process, and to work together to achieve the best possible solution.

"Let's be clear, today's crisis at LICH has been created by SUNY's failure to work collaboratively, or within the law, to find a solution for more than a year. Yesterday was more of the same, and will only lead to more costly delays in finding a solution.

"If SUNY had worked collaboratively from the start, the State would no longer be saddled with LICH's deficit today. The extra months and millions in financial losses were not created by the community by insisting on preserving health care services; they

were created by SUNY by refusing to work together toward a better outcome.

"Brooklyn healthcare deserves better. Only an open process, with revised goals and criteria that prioritize healthcare, and provide genuine community representation in the decision-making process, can ensure the best possible healthcare outcome."

The elected officials also set forward the following criteria for an acceptable RFP process:

1. Open to all respondents (or, at a minimum, affords all respondents to both the RFEI and RFP the opportunity to respond, with new partners). If we are going to have confidence that this process will yield the best possible result for our community, under the current circumstances, then it must be open to a wider range of bidders than the handful of real-estate developers who chose to participate in SUNY's early, highly-flawed RFP.
2. Selection criteria:
 1. Financial contribution to SUNY only up to a pre-negotiated amount that fairly reflects SUNY liabilities. This must not be the full appraised value of the property, which is based on an assumption that the entire property is converted to "highest and best" (i.e. market-rate residential use), and therefore assumes the elimination of healthcare services.
 2. Quality and quantity of healthcare services provided must comprise the majority of the competitive criteria.
 3. Record of partnering with communities, meeting obligations and providing high-quality construction/management.
 4. As part of any housing proposal, the proposer should describe how their development plans would address affordability, neighborhood context, sustainability, open space and other factors relevant to a large-scale development.
 5. Financial and practical feasibility.
3. Minimum required healthcare services:
 1. a smaller full-service hospital or, at a minimum, a facility that can receive 911 ambulance service, with 24-hour a-day care
 2. radiology
 3. pediatrics
 4. dialysis
 5. continuation of school-based health clinics
 6. Medicaid accessible primary and preventive care
4. Selection committee must include meaningful (i.e. able to have an impact on RFP substance and selection) representation made up of the community, local officials, and the City.
5. Significantly expedited process.
6. Continuous emergency service through RFP and transfer.
7. Deed restrictions on property to ensure use approved.
8. Respondents should not be required to "waive all rights" under the RFP process, if they have legitimate claims against SUNY after the process has been completed. This is highly unusual, and suggests that SUNY recognizes their process has been flawed. We need the fullest range of bidders to ensure the best possible outcome, and cannot afford to limit the bidders willing to participate in a rigged process.

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