

Testimony by Judy Wessler, M.P.H. Retired Director, Commission on the Public's Health System August 12, 2020

What have we learned from this Pandemic that has uprooted so many of our lives? I didn't learn, but certainly did have reinforced the fact that not only do we live in a racist society, city and state, we also are trying to survive in what amounts to an institutionally racist health system. Many of these lessons have been clear for a very long time. Some of it is almost new, but certainly reinforces what we have seen over and over again. From government and institutions we see the pecking order in who get what and from whom. We see who suffers from these policies and actions and on the other hand who benefits.

Covid-19 has not leveled the battle field, but rather has over-emphasized the truth. The truth is that this pandemic has heightened and almost over-emphasized the racial and ethnic inequities and disparities in our health system. True that we not were prepared for the horror but also true that it could have been handled differently and more better. We, as New York, became the epicenter of the onslaught of this virus and the worst example of what not to do.

We start in a city and state that has continued a dubious distinction of ensuring that those that don't need get, and those that do, don't. There is an ugly history of rewarding large, well-funded institutions with more while at the same time stripping those in need -- both institutions and residents -- get less. We have a troubling history of stripping communities in need of health services and employment by closing hospitals and/or throwing them into the arms of institutions with no history in or relationship to the community served. So the focus has been on hospital closings -- that's the stark reality. The pushing/forcing through all kinds of mechanisms, for smaller community hospitals to merge with the Academic Medical Centers or large well-endowed private hospitals, was a slower less evident stripping of services which is supposedly less painful. One example is the take-over of Mount Vernon by Montefiore which was given lots of public funds through one of the federal waivers but later to turn around with the threatened closing of the smaller hospital. The same quasi public body, the PHHPC, was to approve both. We watched as then-governor Pataki appointed the "Berger Commission" to determine which hospitals could be closed or merged to reduce the number of hospitals and hospital beds. I'm proud to say that I was part of the Save Our Safety Net - Campaign (SOS-C), as Director of CPHS, which shadowed the Commission and continually pointed out that the hospital closings to that date had happened in communities of color. By so doing, we were told that we managed to temper recommendations that could have been worse. There was a second Berger Commission as part of the MRT, that focused on the 'over-bedding' in Central Brooklyn which had learned from the past and mainly recommended take-overs and mergers, which would have resulted in some hospital closings by design.

The newly-elected governor Cuomo, appointed a Medicaid Redesign Team (MRT) to make recommendations on cutting the state's Medicaid budget by hundreds of millions of dollars. For the one public hearing in New York City. SOS-C and unions organized a massive turn-out raising concerns about the potential impact on communities of color and the safety net providers in their community. [http://www.cphsnyc.org/cphs/What\\_We\\_Do/safety-net/](http://www.cphsnyc.org/cphs/What_We_Do/safety-net/) As a result, although not planned, a special committee was appointed to look at disparities. The majority of the members for this committee were proposed by community organizations, rather than the typically chosen by the governor and his staff. Many of the recommendations were adopted. However, the CPHS proposal was adopted by this committee for needed changes in the state's distribution of important charity care funds. But it was overlooked in favor of another committee's recommendation, primarily composed of large providers, which left the issue of distribution of these funds up in the air. The action subsequently taken was to slowly change the distribution of these funds over a period of years, thus continuing a potentially illegal continuation of money going to institutions that hardly treated the uninsured and continuing to rob the budgets of the true safety net hospitals. Hurt by this cynical action was the struggling hospitals in immigrant and communities of color. There are more examples over the years but they tell the same story -- official and systemic racism and actions that hurt those in need. The perhaps one good thing coming out of this pandemic is the medias' willingness and actions to document the most unfortunate impact of this pandemic. People and communities of color, as well as the institutions staff, suffered the consequences of this pandemic. Two examples:<https://www.politico.com/states/new-york/albany/story/2020/05/16/new-yorks-safety-net-hospitals-were-the-front-lines-of-the-coronavirus-now-theyre-facing-ruin> 284316h <https://www.modernhealthcare.com/providers/healthcare-workers-color-nearly-twice-likely-whites-get-covid-19>The state's actions during the pandemic were very troubling. If you had to rely on public testing, you had to wait until you were already very sick, got hospitalized and leading to more deaths than might have happened. Those that could had private testing often with no wait. The needed resources were not evenly distributed. The Governor asked for federal resources to meet the needs and then placed them in midtown Manhattan when the greatest need for services was found in parts of Queens, the Bronx and Brooklyn. Resources for those boroughs came much later. Mt. Sinai was allowed to have a religious conservative group set up tents in Central Park to provide services. No one quite understands how that happened. The leader of an Academic Medical Center, growing by take-overs and mergers, was chosen by the Governor as his major advisor and was also asked to prepare a study on the racial disparities in the health system. We were told that under the coordination by the AMC leader, the hospitals were acting as a system to care for patients, doing transfers without thought to ownership. Public information documenting this pattern has not

been made available, but media reports question this cooperation. Initially data made available about people getting sick and hospitalized, was limited with no information about race, ethnicity, income, or zip code of residence. As this information started trickling out, the need to target the response came clear. But not to clear that targeting happened with resources being redirected toward safety net hospitals and more importantly to black and brown communities.

The final piece of this story is still being written. Much information is needed to complete the picture of how the health and hospital system acted and reacted during the height of the pandemic. Who got hospitalized, where, and how they were treated is a missing piece of the puzzle. How, and if, resources and assistance were made available and how much was determined to be needed, are still open questions. What work is needed to get community health, mental health, and support resources into neighborhoods in great need? How do we reorient/change/re-imagine a system, not only medical care, that is racist and neglects neighborhoods and people who are often forgotten?

What have we learned from this pandemic was my first question. Hopefully we now recognize the depth of the impact of systemic racism in our city, state, and nation. With recognition, we now need to work together to change what we see. But it can't be done in the usual way of limited input and selective membership. We need community-based health planning! To start, we offer the attached statement as a way to initiate the process of redistribution of some of the funds. It's a start and so much more needs to be done.

I found the following statement that I want to share: Moving to an antiracist world "It can become real if we focus power instead of people, if we focus on changing policy instead of groups of people." "How to be an Antiracist" Ibram K Kendi. One World. New York