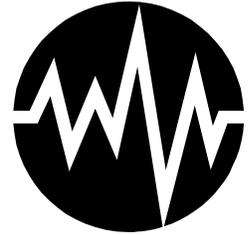


December 4, 2009



RE: Requesting Meeting to Address the Critical Healthcare Shortage in Southeast Queens

Dear Legislators, Public Officials, and Local Healthcare Facility Administrators:

We write to request a meeting with you to address the critical shortage of health care services in Southeast Queens.

Southeast Queens United in Support of Healthcare (SQUISH), a community-based coalition, works to strengthen existing healthcare services in the community and advocate against the reduction and removal of critical health services in Southeast Queens. SQUISH includes residents and community-based organizations from Southeast Queens as well as from legal services and advocacy allies from around the city. It is working in coalition with the Queens Civic Congress and Community Boards.

On November 17, 2009, SQUISH held a conference call with the State Department of Health (NYSDOH) to reiterate the critical need for increased healthcare services in Southeast Queens, to follow up on the community health forum at York College on November 12, 2009, and determine what measures NYSDOH might take to address the health disparities in our community. Contrary to statements by NYSDOH regional director Celeste Johnson at the community health forum, NYSDOH's Rick Cook indicated on our call that he knew of no plans to issue a revised version of the White Paper profile on health care in Queens. We call upon NYSDOH to acknowledge the serious shortage of essential health care services in Southeast Queens and commit to correcting this threatening situation at risk. A revision to the White Paper through an open process would clearly demonstrate the preeminent need for **NYSDOH to address our community's health concerns rather than placing this community in a political competition for scarce dollars that may become available for health care.**

Instead, NYSDOH stated that in order to get involved, it needs to be persuaded with further proof that certain types of care—including additional primary care services, inpatient beds and emergency room capacity—are especially needed in our community, and it says it needs a well-developed plan for addressing those needs. NYSDOH indicated that the best strategy to convince them involves: 1) our community to partner with interested health care providers in the area to submit a credible proposal; and 2) working together with our elected officials to get funding for such a proposal through the political process.

A clear consensus exists that health care services must be provided to insure the well being of those who live and work in Southeast Queens. These services were seriously diminished with the closing of Mary Immaculate Hospital. We look forward to working with our elected officials on a commitment to finding real solutions to our community's real health problems.

We will contact you soon in order to schedule a meeting regarding this important issue. Please feel free to contact Eugenia Rudmann (718.464.1024; geniemar@aol.com) or Kevin Forrestal (718.374.1359; kjforrestal@gmail.com).

For your reference, attached please find the SQUISH Talking Points, which were adopted by Community Board 12 on September 10, 2009. These talking points give the factual background and the major actions that need to be taken.

Sincerely,

Southeast Queens United in Support of Healthcare (SQUISH)

Cc: Sen. Malcolm Smith
Sen. Frank Padavan
Sen. Shirley Huntley
Assemblymember Barbara Clark
Assemblymember Vivian Cook
Assemblymember Rory Lancman
Assemblymember William Scarborough
Assemblymember Michele Titus
Council Member Leroy Comrie
Council Member James Genarro
Council Member James Sanders, Jr.
Council Member Eric Ulrich
Council Member David Weprin
Council Member Thomas White, Jr.
Borough President, Helen Marshall
Queens Civic Congress
Hon. Richard Gottfried, Chair, Assembly Health Committee
Hon. Thomas Duane, Chair, Senate Health Committee
Tom DiNapoli, State Comptroller
Mayor Michael Bloomberg
William Thompson, New York City Comptroller
John Liu, New York City Comptroller-Elect
Betsy Gotbaum, Public Advocate for the City of New York
Bill de Blasio, Public Advocate-Elect for the City of New York
Dr. Peter Nelson, CEO, J. P. Addabbo Family Health Center
George Proctor, Executive Director, Queens Hospital Center
Stephen S. Mills, F.A.C.H.E., President and CEO, New York Hospital Queens
Michael J. Dowling, President and CEO, North Shore Long Island Jewish Health System

Talking Points: Or, What Community Residents, Elected Officials and Health Care Providers Should Know About the State Department of Health White Paper & Health Needs in Southeast Queens

THE FACTS

- The DOH "White Paper" accompanying the grant announcement says that there are 75 primary care clinics in Queens. This number is misleading. **Of the 75 clinics listed, only 40 could be confirmed as primary care clinics available to members of the community at large.** Several of the clinics are for special populations only (e.g. children, women). Of the 40 primary care clinics, 22 are located in Southern Queens, with 4 of the clinics located in the Rockaways/Howard Beach.
- **Southeast Queens has the lowest ratio of doctors to population in the borough.** There are 48 full-time equivalent (FTE) primary care doctors per 100,000 population in Southeast Queens compared to 132 FTE's per 100,000 in the Flushing/Clearview area.
- Southeast Queens is surrounded by water to the south and the LIRR to the north, **isolating it geographically from major health facilities and prohibiting the ill from timely access to services**, especially in crises or emergency situations – not to mention the numerous residents in Downtown and South Jamaica who depend on public transportation.
- The hospital data supplied in the White Paper and in the data charts do not include information for 2009. The hospitals in Queens were more crowded in 2009 because of the Novel H1N1 epidemic - which it is said will be back again this year. **A true picture of the shortages would include the 2009 data.**
- Most of the hospital emergency rooms in Queens are seeing increasing numbers of patients, and more of the ER patients are being admitted to a hospital bed, meaning they are probably very sick when they get to the hospital. **Patients are being boarded in ED or being admitted to nursing units in hallways and other overflow make-shift accommodations due to the lack of beds.**
- The case mix (acuity level) for Queens hospitals is high and has been going up. This probably means that people **have to be sicker to be hospitalized in Queens** than in other parts of the city.

THE ASKS

1. **Southeast Queens needs more inpatient beds.** Even if the number of avoidable hospitalizations is reduced, as recommended by the DOH, Southeast Queens will be under-bedded, and it is simply unrealistic and unreasonable to expect that residents can travel to northern Queens for hospital care.
2. **Primary care resources need to be focused in Southeast Queens.** There are simply not enough primary care doctors and services in the area to serve the need.
3. **Southeast Queens needs more urgent care.** These could be provided in the context of a community-based clinic with extended hours.

ABOUT SOUTHEAST QUEENS UNITED IN SUPPORT OF HEALTHCARE (SQUISH)

The mission of Southeast Queens United In Support of Healthcare (SQUISH) is to strengthen existing healthcare services in the community by raising community awareness about issues that affect the delivery of services and advocating against the reduction and removal of critical health services in Southeast Queens. SQUISH is comprised of residents and community-based organizations from Southeast Queens as well as legal services and advocacy allies from around the city.