

**TESTIMONY OF JIN HEE LEE  
BEFORE PROJECT REVIEW COMMITTEE  
OF STATE HOSPITAL REVIEW AND PLANNING COUNCIL  
SEPTEMBER 21, 2006**

Thank you, Committee Members, for giving me this opportunity to speak to you today about the CON application submitted by Caritas to purchase Mary Immaculate Hospital and St. John's Hospital. My name is Jin Hee Lee, and I am a staff attorney at New York Lawyers for the Public Interest, a civil rights organization based here in Manhattan. My program area is in Access to Health Care, which includes addressing the unequal spatial distribution of health care resources in New York City resulting from hospital closures in medically underserved communities of color. Our concern with the spatial distribution of health care intensified during the recent hospital closings in the St. Vincent's network in connection with its bankruptcy proceedings.

After the closing of St. Mary's Hospital in Central Brooklyn—an area with some of the greatest health disparities in the entire city, New York Lawyers began working with several local religious and community-based organizations in Southeast Queens that feared a similar closure of Mary Immaculate Hospital. These local organizations formed a coalition, called SQUISH (or Southeast Queens in Support of Health Services), so that local community members could have a voice in determining the future of Mary Immaculate. SQUISH has been very active during the past several months, meeting separately with Caritas and Department of Health officials, participating in St. Vincent's bankruptcy proceedings, and making plans to convene a community forum around Mary Immaculate. It is on SQUISH's behalf that I speak to you today.

As you know, Southeast Queens is presently experiencing significant health disparities in comparison to the rest of the Queens borough and the City of New York. For example:

- According to the Dept of Health and Mental Hygiene, Jamaica's death rate from diabetes is 55% higher than the city average.

- The infant mortality rate in the Jamaica East health district nearly doubled from 5.9 in 2002 to 10.1 in 2004.
- Community District 12, where Mary Immaculate is located, has the highest rate in the entire Queens borough of deaths from HIV, diabetes, and homicides. In fact, deaths from HIV and homicide are more than triple the borough rate.

The health crisis in Southeast Queens can be directly attributed to a lack of sufficient health care services in that area.

- The federal government has designated South Jamaica to be both a “Medically Underserved Area” and a “Health Professional Shortage Area.”
- Mary Immaculate is the only hospital in Community District 12, which has a population exceeding 223,000 residents.
- All three hospitals in Southeast Queens have exceeded their capacity for psychiatric inpatient care. Mary Immaculate’s occupancy rate for psychiatric beds was 128.8% in the most recent SPARCS data. Similarly, Queens Hospital had an occupancy rate of 135%, and Jamaica Hospital’s occupancy rate was 103.8%.

But what I would most like to convey to you today is a sense of the actual people who will be impacted by what happens to Mary Immaculate. For example, the Jamaica YMCA, which is a SQUISH member, runs a city-wide transitional housing program for 75 homeless men and women living with AIDS. 83% of its clients report a history of substance abuse and almost half report a history of mental illness. The Jamaica YMCA is located only one block from Mary Immaculate, and its close proximity to the hospital facilitates the clients’ substance abuse and mental health treatment, as well as their regular checkups for their CD4 count. Forcing these clients to seek care at another hospital could have devastating consequences on their health. They may, in fact, forego

seeking non-emergency treatment altogether due to transportation barriers—either from a lack of financial resources to pay car or bus fare or from physical limitations caused by their AIDS-related illnesses.

The Queens Comprehensive Perinatal Council is similarly dependent on the health services provided by Mary Immaculate. The Council serves over 500 mothers and children in Jamaica and the Rockaway Peninsula in order to reduce incidents of infant and maternal mortality and morbidity, developmental disabilities and adolescent pregnancy. Most of the Council's clients in the Jamaica site go to Mary Immaculate, which is the closest hospital in that area. The Council's director has noted that these clients are already reluctant to seek prenatal care, and forcing them to go elsewhere will merely create an additional barrier to needed care. Southeast Queens has some of the lowest ratios of OB/GYN physicians per women of reproductive age in the entire city, while at the same time having some of the highest percentages of births to women receiving late or no prenatal care. The high infant mortality in that area is, therefore, no accident, and losing Mary Immaculate would only exacerbate the lack of sufficient care for these women and children.

The Jamaica YMCA and the Queens Comprehensive Perinatal Council are just a few examples of the many residents and community-based organizations that rely heavily on Mary Immaculate Hospital. All members of this Committee and the entire SHRPC Council will be receiving by mail a packet containing affidavits and letters from several additional members of the Southeast Queens community. I encourage each of you to take the time to read these materials in order to gain some understanding of how much this community needs Mary Immaculate Hospital.

Finally, there is a larger concern about the disparate impact of hospital closings in communities of color throughout New York City. The packet of materials that I just mentioned include maps illustrating the racial demographic of the Queens borough and the location of all hospitals in Queens. The result is startling: Southeast Queens has the highest concentration of non-White residents and, in fact, is the only area in Queens

where African Americans exceed 80% of the population. Yet, at the same time, there is a clear absence of sufficient hospitals for such a large geographical region. When viewed in light of the severe health disparities in that same area, it is evident that the communities of color in Queens suffer disproportionately in terms of both their health and their access to health care in direct violation of the anti-discrimination provisions of Title VI of the Civil Rights Act. At this important juncture, it is the crucial responsibility of the State and this Council to protect the civil rights of all Queens residents with respect to their access to health care.

In short, Southeast Queens cannot afford to lose any of Mary Immaculate's services. Such a loss would create a veritable crisis in that community. Accordingly, both SQUISH and New York Lawyers for the Public Interest urge this Committee and the entire SHRPC Council to ensure the continued operation of Mary Immaculate Hospital with all services intact in order to prevent a further deterioration of the health of Southeast Queens. Thank you.