

Lower Manhattan Lifeline: What Beth Israel Medical Center Means to Local Residents

A Community-Led Health Equity Impact Assessment of the Proposed Closure of Mount Sinai Beth Israel Medical Center

Prepared by the Community Coalition to Save Beth Israel and NYEEI, January 2024

I. Executive Summary

Short Summary of Findings (required under HEIA report guidelines)

Lower Manhattan seriously lacks hospital capacity, with only 0.81 hospital beds per 1,000 residents below 14th Street, less than half the statewide rate of 2.4 beds per 1,000.¹ The closure of Beth Israel Medical Center, the closest hospital just above 14th Street on the East Side, will only exacerbate this dire situation. A community-led Health Equity Impact Assessment has found that hundreds of low-income people, frail elderly and people with disabilities – many of whom have relied on Beth Israel for their entire lives – report they are worried about losing the closest hospital they can turn to for care, especially in emergencies. They are unsure where else they could go, how to get there or whether their insurance would be accepted. Those who have visited two of the potential alternative hospitals – Bellevue and NYU Langone – report long waits in the emergency department, even without the closure of Beth Israel.

While lower Manhattan has its share of well-off people, the top two zip codes from which Beth Israel patients originate (10002 and 10009) have some of the city's poorest residents and high percentages of people of color. In zip code 10002, the median household income is only \$46,000 and a quarter of the residents live in poverty. One Lower East Side woman who is low income and multi-racial reported in a response to the coalition's community survey that she has used Beth Israel multiple times for emergency treatment, cardiac care and surgery. If Beth Israel closed, she said, "I'm not sure where I would go and I'm 90 years old."

Executive Summary of HEIA Process and Findings

A community-led Health Equity Impact Assessment was carried out from mid-December of 2023 through mid-January of 2024 by the Community Coalition to Save Beth Israel and New York Eye and Ear Infirmary. The Coalition includes representatives of community-based organizations, New York City Community Boards serving lower Manhattan neighborhoods, public health experts, elected officials representing lower Manhattan and individuals who rely on Beth Israel for care or have worked for the hospital.

¹ This rate calculated by dividing the population below 14th Street by the number of beds listed for each hospital in the New York State Department of Health Hospital Profiles, accessed at <https://profiles.health.ny.gov/hospital#5.79/42.868/-76.809>

The coalition recognized that Mount Sinai would not be required to commission a Health Equity Impact Assessment of the proposed closing of Beth Israel Medical Center under a new state law because, at present, closings of entire hospitals (as opposed to reductions or eliminations of services) are exempt from the HEIA requirement. We support efforts to end this exemption, as closings of entire hospitals are frequently the most devastating to medically underserved patients who depend on those facilities.

This community-led HEIA was conducted using an online survey to which more than 900 lower Manhattan residents responded. Coalition members carried out follow-up interviews with some of the survey respondents to better understand the personal impact on them and their families if Beth Israel were to close. Community assessors also reviewed demographic data for the zip codes from which the highest percentages of Beth Israel patients originate and information available from the New York City Department of Health and Mental Hygiene's Community Health Profiles for lower Manhattan community districts. The coalition also assessed the current distribution of hospital beds in lower Manhattan, how access to care for Lower Manhattan residents would be affected if Beth Israel were to close and whether the existing capacity at other alternative hospitals would be sufficient to absorb patients currently being served by Beth Israel, especially for emergency services.

The HEIA had the following findings:

- The closing of Beth Israel would have a negative impact on medically underserved residents of Lower Manhattan, especially those who are people with disabilities, older adults (especially frail elderly), LGBTQ+ people and low-income racially diverse residents in the two zip codes from which the largest proportions of Beth Israel patients originate (10002 and 10009).
- People in the East Village, Lower East Side and Chinatown, and Stuyvesant Town/Peter Cooper Village regard Beth Israel as their community hospital and rate it highly for emergency care and for the compassion and caring approach of Beth Israel's staff. They are dismayed at how the Mount Sinai Health System has been dismantling services at Beth Israel since acquiring it in 2013.
- The closing of Beth Israel would exacerbate the already inadequate hospital bed capacity in lower Manhattan, where there remains just one full-service hospital (NY-Presbyterian Lower Manhattan in the financial district), following the closures of St. Vincent's Hospital, Cabrini Hospital and the closure of acute inpatient services at Gouverneur on the Lower East Side.
- The two closest hospitals to Beth Israel – Bellevue and NYU Langone – each have emergency departments serving more than 60,000 patients per year with average wait times for more than three hours and appear unlikely to be able to absorb the 60,000+ patients who have used Beth Israel's emergency department annually.
- Only about 10 percent of the more than 900 Lower Manhattan residents who filled out an online survey reported they are likely to use other Mount Sinai facilities, such as Mount Sinai West and Mount Sinai's main campus uptown, should Beth Israel be closed. They cited difficulties with accessing and affording transportation to these other facilities,

especially if they are people with disabilities or frail elderly people. These barriers could force people to have to seek care outside the Mount Sinai system, causing them to lose continuity of care with physicians they have been seeing for years.

The conclusion of this assessment is that the New York State Department of Health should not approve the closure of Beth Israel because it will have a negative impact on medically underserved people in Lower Manhattan. Of special concern is the impact of closing the Beth Israel emergency department, which was cited as an essential community resource by many of the more than 900 people who filled out an online survey and those who participated in follow-up interviews. It is unlikely that Bellevue and NYU Langone Hospitals would be able to absorb the patients who have used Beth Israel's emergency department up until now.

II. Current Hospital Capacity Below 14th Street and Importance of Beth Israel

As depicted in the table below, there are only two hospitals located below 14th Street and only one of them (New York-Presbyterian Lower Manhattan Hospital) is a full-service community hospital. The other, New York Eye and Ear Infirmary, is a specialty hospital and its future is in question, given recent actions by its parent system, Mount Sinai.

Area + Community District	Hospitals	Hospital Beds	2022 Estimated Population	Hospital Beds / 1,000 Population
Lower Manhattan - Below 14th Street	2	249	306,185	0.81
101 - Financial District	1	180	57,765	
New York-Presbyterian Lower Manhattan Hospital		180		
102 - Greenwich Village and Soho	0	0	84,271	
103 - Lower East Side and Chinatown	1	69	164,150	
New York Eye and Ear Infirmary of Mount Sinai		69		

Three acute-care hospitals in lower Manhattan have been closed over the years:

- St. Vincent's Hospital, located between 11th and 12th streets and Sixth and Seventh Avenues, was closed in 2010.
- Cabrini Hospital, located on East 19th Street between Second and Third Avenues, was closed in 2008.
- Gouverneur Hospital, which opened on the Lower East Side in 1885, closed all its acute-care inpatient beds in 1970 and reopened with only long-term inpatient care and ambulatory care.

One free-standing emergency department has been opened: the Lenox Hill Greenwich Village facility, which is located close to where St. Vincent's Hospital once stood. However, given the lack of inpatient services, a patient presenting to this facility with conditions requiring inpatient

treatment must be transferred to a full-service hospital, often to Lenox Hill Hospital on the Upper East Side, far from Greenwich Village.

With the closure of these hospitals – especially St. Vincent's Hospital – Beth Israel Medical Center became the community hospital for much of lower Manhattan. Beth Israel is located at 16th Street and First Avenue, close by the large Stuyvesant Town-Peter Cooper Village complex and the East Village and within a reasonable travel distance conveniently reached by several direct bus lines from the Lower East Side and Chinatown. A number of people from these neighborhoods told interviewers from the Community Coalition to Save Beth Israel that the hospital has been a key resource for years. A retired physician who has lived in lower Manhattan nearly his entire life explained that:

“The neighborhood needs a hospital and it’s been losing health care facilities in recent decades. It would be a blow to this neighborhood to lose the main hospital remaining here. It’s really important that that hospital was founded by immigrants and has been for immigrants for a long time. The location of hospitals in New York City that closed overlaps the map of where the poorest people in our city are.”

Residents of the West Village and Chelsea – many of them from the large LGBTQ+ community residing in those neighborhoods – began using Beth Israel when St. Vincent's Hospital closed and reported they feel comfortable and treated with dignity at Beth Israel. Laura Pine, a 59-year-old resident of Greenwich Village who identifies as queer, commented that:

“Beth Israel has been there for our community, even for members with crappy insurance. There’s a lot of discrimination by doctors based on a patient’s sexual orientation or gender identification. This has never been a problem at BI. I had a friend just treated at BI for cancer. She’s trans and she was treated with dignity there.”

A low-income Black resident of the Lower East Side reported that when he had tried using Bellevue Hospital, there was “a feeling of insecurity, unfamiliarity.” He added that:

“There’s no place like our own community hospital (Beth Israel). We are a multi-racial community of families. Does anyone hear our cry?!”

Only four years ago, Mount Sinai obtained approval from the New York State Department of Health for a certificate of need application to build a new replacement hospital for the aging Beth Israel facility. At that time, Mount Sinai’s CON application called for a hospital on 14th Street with an emergency department, 70 inpatient beds (52 medical/surgical and 18 ICU), and a “procedural platform to include cardiac catheterization, electrophysiology and interventional radiology procedures.” At that time, Mount Sinai said there was a need to accommodate 70,000 patients a year in the emergency department.

In that CON application, Mount Sinai stated it had carefully studied the population, demographics and health care needs of the downtown community and had concluded that:

“The community requires access to critical emergency care, including cardiac and stroke emergency care, operating room facilities to respond to these emergencies and other surgical procedures, emergency mental health facilities and observation and inpatient beds...The new MSBI facility will be a full-service hospital consisting of inpatient beds, an adult and pediatric ED, radiology functions, operating rooms (OR) and IR suites, including neuro-IR and cardiac catheterization. The new hospital building will serve as a neighborhood hub of critical care, treating patients in need for lifesaving treatment when suffering strokes, heart attacks, aneurysms and trauma.

It is difficult to understand how just a few years later, after having to reopen floors in the existing Beth Israel to serve patients during the COVID pandemic and then abandoning the approved plan to build a new replacement hospital, Mount Sinai now can claim there is no need for a Beth Israel facility at all.

III. Demographic Portrait of Medically Underserved People in Beth Israel Service Area

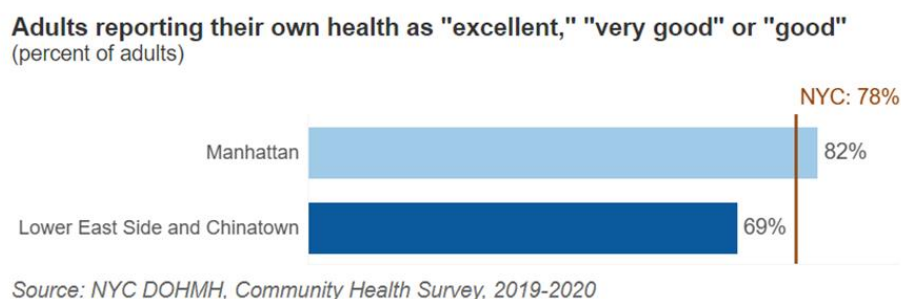
The people who live in lower Manhattan are diverse in terms of income, education level, race, ethnicity and health status. For purposes of this Health Equity Impact Assessment, the Coalition focused primarily on lower Manhattan residents who fall into the categories of medically underserved people spelled out in the state’s new Health Equity Impact Assessment law: people with disabilities, older adults (especially frail elderly), LGBTQ+ people, women, people with low incomes, racial and ethnic minorities and people who are uninsured or have public insurance.

People who live in zip code 10002, which is the source of 13.3% of Beth Israel discharges (the second highest of any zip code) have lower incomes and higher representation of publicly insured people and people of color, compared to citywide and statewide averages. Here are data drawn from the American Community Survey Estimates (2022) for zip codes 10002 and 10009 (from which 17.87% of BI patients originate), as compared to New York City as a whole and to New York State. We have highlighted the data for people in zip code 10002. Note that this zip code also has a higher-than-statewide percentage of people 65 years of age and older.

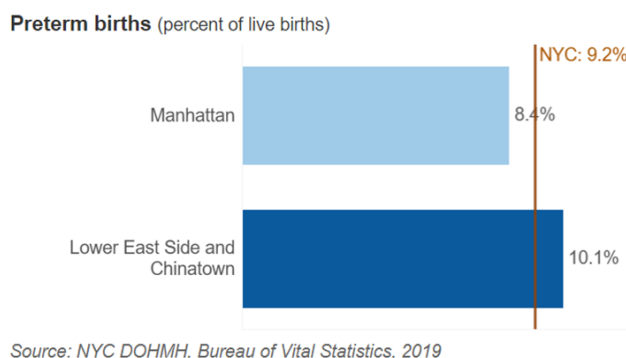
	10002	10009	NYC	NYS
Median household income	\$43,362	\$83,344	\$74,694	\$79,557
Families below poverty level	23.4%	19.2%	14.4%	10.3%
People with public health insurance	52.4%	39.3%	47.4%	42.9%
Age 65 +	23.1%	15.7%	16.3%	17.5%
Education high school or less	48.3%	24.2%	39.7%	41.1%
Language spoken at home other than English	53%	34.6%	48%	30.4%
Hispanic/Latino	26%	24.6%	29%	19.5%

New York City Community District 103 (Lower East Side and Chinatown) falls within zip code 10002. According to the United Way of NYC's 2023 Trust Cost of Living Calculator², 56% of the 53,191 households in the Lower East Side and Chinatown have incomes below the true cost of living. This means that nearly 30,000 households are struggling to make ends meet.

The New York City Department of Health and Mental Hygiene's Community Health Profile³ for the Lower East Side and Chinatown reveals some key measures of health status and outcomes. For example, only 69 percent of adults in that community district report their own health as good or better – well below the proportions for all Manhattan residents and all New York City residents. See chart below.



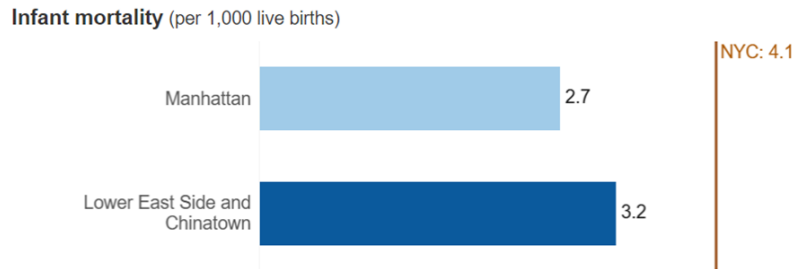
The proportion of births that are preterm is 10.1 percent among people living on the Lower East Side and in Chinatown, higher than both the Manhattan-wide and city-wide rates.



As shown in the chart below, the rate of infant mortality in the Lower East Side and Chinatown is higher than the rate for Manhattan as a whole.

² <https://unitedwaynyc.org/true-cost-of-living/>

³ <https://www.nyc.gov/site/doh/data/data-publications/profiles.page>

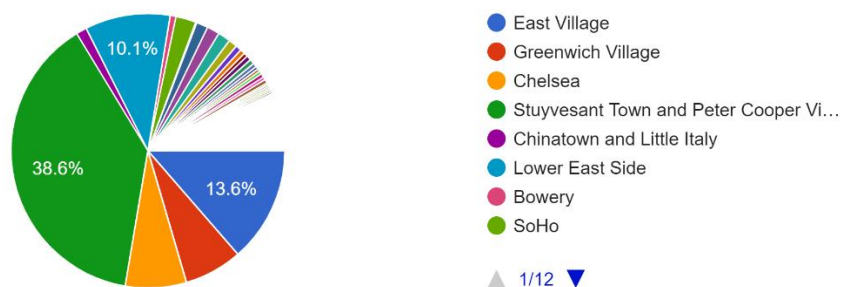


Source: NYC DOHMH, Bureau of Vital Statistics, 2017-2019

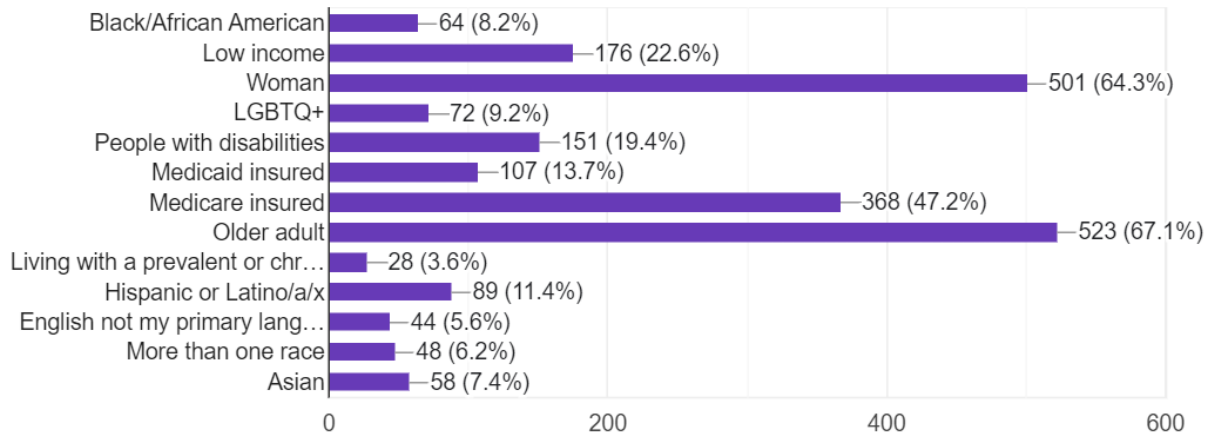
III. Findings of a community survey of Lower Manhattan residents about Beth Israel

More than 900 residents of Lower Manhattan responded to an online survey about their use of Beth Israel and where they would go for hospital care if Beth Israel were allowed to close. Survey respondents live across lower Manhattan neighborhoods, but the largest numbers of respondents were in the three areas from which the highest proportions of Beth Israel patients originate: Stuyvesant Town and Peter Cooper Village (38.6% of survey respondents), the East Village (13.6%) and the Lower East Side (10.1%).

Where do you live?
875 responses

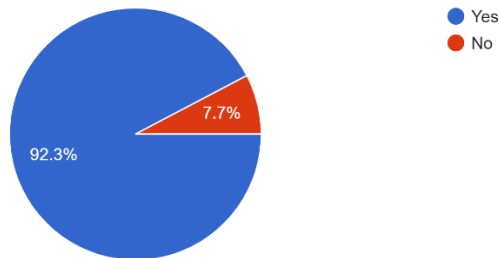


Survey respondents were asked to check off all categories of medically underserved people with which they identified from among the categories specified in the Health Equity Impact Assessment law and rules. Many individuals indicated they represent more than one medically underserved category. Responses from older adults, Medicare-insured people and women were especially numerous. There was also a strong response to the survey from low-income people (22.6%), people with disabilities (19.4%) and people of color (racial and ethnic minorities, as specified in the law). A combined 33.2% of the respondents said they are Black/African American, Hispanic or Latino/a/x, Asian or more than one race.



More than 92 percent of the survey respondents said they had experience with the care at Beth Israel, either for themselves or through accompanying a family member or other loved one to the hospital. See pie chart on the next page.

Have you or a family member or other loved one ever received care at Beth Israel Medical Center?
872 responses



The survey also asked what type of care the person or family members/loved ones had received at Beth Israel. Emergency treatment was by far the most frequent response, along with others shown below. Respondents could choose more than one answer.

Type of care received	# and % of respondents answering this question
Emergency treatment	652 (80.2%)
Testing, such as an MRI	321 (39.5%)
Surgery	290 (35.7%)
Cardiac care	158 (19.4%)

When asked why the person or family members/loved ones had sought care at Beth Israel, the answer most frequently chosen was “Beth Israel is the closest hospital to where I live or work.” Other frequently chosen answers reflected a connection with Beth Israel through their doctors, family use of the hospital over the years and knowledge that the hospital serves Medicaid enrollees. Respondents could choose more than one answer.

Reason chose Beth Israel	# and % of respondents answering this question
Beth Israel is the closest hospital	633 (77.2%)
My doctor is connected to Beth Israel	372 (45.4%)
Beth Israel has a good reputation for the kind of care I needed	332 (40.5%)
I was referred there by a health care provider	201 (24.5%)
My family has always used Beth Israel	197 (24.0%)
I know they take Medicaid	88 (10.7%)
I have a family member or friend who works there	72 (8.2%)

A number of survey respondents – especially people who are elderly and/or disabled – said in follow-up interviews that they tremendously valued the proximity of Beth Israel to their homes when emergencies happened. For example, 82-year-old Marydene Davis, who has limited vision as a result of retinitis pigmentosa, recounted that

“I fell on my block right near my apartment, which is very close to Beth Israel, and I’m on East 15th Street so it’s right here. I fell badly and cracked open my whole left temporal area, so I went to the emergency room over at Beth Israel at the time and they had to stitch it up... that was very convenient and wonderful.”

Chris Brandt, an East Village resident, said:

“This past year, I went to the emergency room and Beth Israel basically saved my life. If I had taken any longer to get to the hospital, it might not have worked as well. The underlying cause was a spinal infection, but when I was in the hospital ward, I started running a fever of 105. They took me down to the ICU and wrapped me in cold blankets and brought the fever down. A fever of 105 is pretty serious.”

A Stuyvesant Town resident reported that her 95-year-old mother, also a Stuyvesant Town resident, was recently cared for at the Beth Israel emergency department:

“Two weeks ago. EMS took her to the closest hospital because her blood pressure was dangerously low. NYU was too far to take her to because she was so unstable. Having an emergency room closer was really lifesaving for her.”

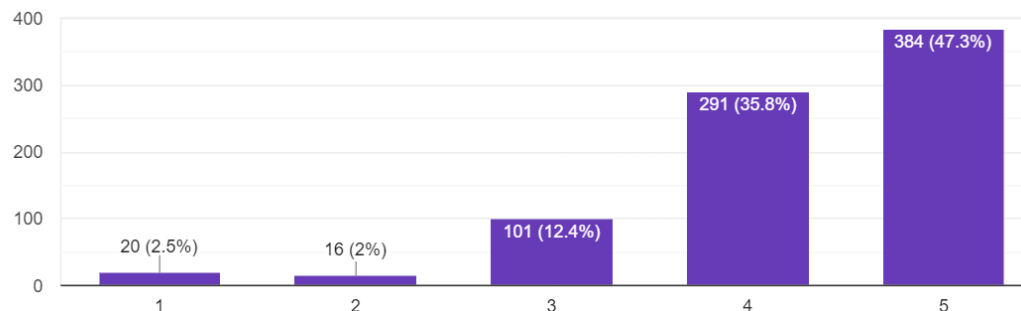
Carrie, who lives on the Lower East Side. explained that:

“It is the hospital that is closest to us, so if there is an emergency of any kind, it’s where we go first.” Her husband, she reported, “had peritonitis from a burst appendix and he almost died, but they saved his life and the surgeon there did a magnificent job...It’s like the place where you go when you need help! And, people rely on it. The idea of not having a hospital near enough to one that if you had a heart attack, say, you would not get there in time, or if you had a stroke, you know, you need a hospital that’s close to you if there’s an emergent situation! And Beth Israel is that hospital!”

She also touched on another common theme among survey respondents:

“Also, our doctors are connected with Beth Israel, it’s their primary hospital relationship.”

Asked to rate the quality of care at Beth Israel on a scale of 1 (poor) to 5 (excellent), an overwhelming majority (83.1%) chose 4 or 5, as shown below.



Given an opportunity to explain the reasoning behind their rating, those who scored the hospital highly had comments like these (many of which related to emergency treatment):

- *“They’ve saved my daughter’s life three times.”*
- *“Beth Israel ICU arguably saved my life.”*
- *“The doctors and staff at Beth Israel understand our community and have built trust that is hard to find in today’s healthcare system.”*
- *“The ER Services are outstanding. I’ve used them multiple times over 40 years.”*

- *“Emergency nurses were fast and compassionate. Not only did they clean & bandage my wounds, but because I fell on my face & forehead (which became swollen), they did a CTScan of my forehead and gave me Tylenol and a tetanus shot! They were fast & wonderful!”*
- *“They identified the cause of my tachycardia (fast heart rate) and dealt with it immediately. They kept me overnight when it recurred the day after and put me on medication to treat the condition. The alternative was heart surgery, and the medication took care of the problem. Since I am in my early 80s, surgery seemed dangerous.”*
- *“The doctors attending my father were very on top of his needs and the nurses were caring.”*
- *“The caring, expertise and communication to patients and families is incredible. ALL hospitals should be this good.”*

Those survey respondents who gave the hospital lower ratings had comments such as these:

- *“Wait times have grown longer.”*
- *“Great care but the facility itself is aging and in need of repairs”*
- *“The services have gotten worse under Mount Sinai, but everyone there still provides excellent medical care.”*
- *“BI used to be a good hospital until it was taken over by Mt. Sinai. After they started removing services the quality of care decreased significantly.”*
- *“major cuts in services”*

The survey explored the community’s reaction to cuts in services at Beth Israel in recent years, asking which service eliminations had affected them or their loved ones negatively.

Type of service cut that negatively affected you	No. (%)
Physical medicine & rehabilitation	148 (37.9%)
Cardiac surgery	84 (21.5%)
Maternity services (labor and delivery)	64 (16.4%)
Pediatric care	62 (15.9%)
Treatment for chemical dependence	31 (7.9%)

David Siffert, who lives near Beth Israel, bemoaned the closure of Beth Israel’s maternity service:

“My partner is pregnant and right now we are scheduled to deliver at 168th street, despite the fact that we live on 11th Street. There are not that many places in Manhattan that deliver. The doctor she found delivers up at Columbia. This might have been very different if there were still a maternity service at Beth Israel. She might have been able to walk to the hospital for delivery.”

Ian Kwok, M.D., who lives in Alphabet City in the East Village, did a medical residency at Beth Israel from 2017 to 2020 and noticed that services were being moved out of Beth Israel to other hospitals within the Mount Sinai system. The result was a declining patient census:

“In medicine, there are certain specialties that make a ton of money and certain specialties that don’t. To provide a full health care environment, you need to provide both. A lot of the surgical subspecialties that generate a lot of money, those were the ones that were being transferred out of Beth Israel. When I was a resident, that was really beginning to accelerate ... you still had the capabilities of a full hospital, but if you were going to call some kind of specialist, you were more likely to have to call out of the hospital to someone elsewhere in the system.

People coming into the emergency room, depending on their needs, would be transferred to other parts of the system. For example, they closed the interventional cardiology unit at Beth Israel, so if someone came in and needed an urgent heart procedure, they would get transferred out to another hospital in the Mount Sinai system. So, they wouldn’t get admitted to Beth Israel. Because of that, of course the patient census would go down.”

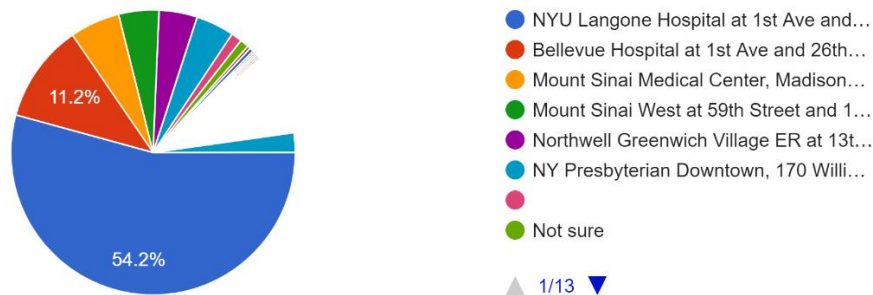
IV. What the survey tells us about potential community use of alternative hospitals

The survey asked respondents where they would go for hospital care, if Beth Israel were to close. More than half (54.2%) said NYU Langone, which is located at 31st Street and First Avenue. The next most frequent choice was Bellevue (11.1%), located at 27th Street and First Avenue. Smaller proportions of people chose the remaining two options in lower Manhattan: NY Presbyterian Lower Manhattan (4.4%), located in the financial district, and Northwell’s Greenwich Village freestanding emergency department (4.4%), located at Seventh Avenue and 13th Street. Relatively small proportions of lower Manhattan residents said they would go to another Mount Sinai system hospital – Mount Sinai’s main campus uptown at 100th Street and Madison Avenue (5.7%) and Mount Sinai West on 10th Avenue at 59th Street (4.6%)

(See pie chart on the next page.)

If Beth Israel were to close, where would you go for hospital care?

896 responses



The survey asked if respondents had tried any of these other hospitals and what their experiences had been. Examples of the comments received include:

- *A low-income older woman with disabilities who lives on the Lower East Side said this about Bellevue: “ok ...but crowded & HUGE wait times at Bellevue; takes HOURS”*
- *An older woman with disabilities from Stuyvesant Town said: “Bellevue is good, but NYU has the worst ER I’ve ever been to.”*
- *“I have gone to the emergency rooms both at Northwell Greenwich Village and (NY Presbyterian Lower Manhattan) on Williams Street. Both of these emergency rooms are seriously understaffed,” reported an older woman with disabilities who lives just below Canal Street.*

One survey respondent, Gail from Stuyvesant Town, told this story to an interviewer:

“I stupidly thought that NYU would be a better place for surgery and I went there and I had open heart surgery and they destroyed my heart. It did not go well. I immediately said things didn’t feel right and they ignored me. Three months later, things got worse and I’m now in my 10th year of heart failure. I told them something was seriously wrong and It was actually Dr. Gauda at Beth Israel who found what was wrong – that I had been complaining about for three months. He saved my life.”

The survey probed into the likely difficulties lower Manhattan residents would face in trying to use one of the alternative hospitals, should Beth Israel be allowed to close. Respondents could check all applicable choices. The challenge cited by more than half of respondents (51.3%) was a long or difficult commute, followed by the problem of receiving care from unfamiliar doctors (44.5%) and not being sure where the individual’s health insurance would be accepted (33.6%). Significantly, nearly one third said they were unsure where to go (32.1%). See the most frequently chosen challenges in the table below. A low-income multiracial woman who lives on the Lower East Side commented that: *“Not sure where I would go and I’m 90 years old.”*

Challenge in using another hospital	No. (%) of all responses received
Long or difficult commute	398 (51.3%)
Unfamiliar doctors	342 (44.4%)
Not sure where my insurance would be accepted	253 (32.8%)
Unsure where to go	245 (30.7%)
I am elderly or disabled and have trouble traveling	237 (30.7%)
No money for cabs or Uber	138 (17.9%)
Worry they won't want patients who are uninsured or have Medicaid	84 (10.9%)
Not sure if another hospital would welcome people like me	63 (8.2%)

People with disabilities expressed deep concerns about trying to travel to other hospitals. Marydene Davis, 82, said:

"I would have to travel all over the city. And I don't take subways now, I just take buses. I can take access-a-ride, but it's so unreliable that what I do is through access-a-ride I get a taxi authorization and I have to pay upfront. Which if I'm going to have to go all the way up to Mount Sinai on 5th Avenue, it would be really expensive. And it's inconvenient, and in bad weather, it's just really difficult. I mean, I walk with a white cane for the blind."

Jerry Schneiderman, an older resident of Chelsea who is Medicare insured, said:

I am disabled. I use a walker most of the time and I can't go on the subway. Buses to go to hospital row [on the Upper East Side] can cost me a lot of time and cars can cost me a lot of money. It could cost me 80 bucks to get to the hospital on the Upper East Side. 80 dollars round trip.

Andrea L., a Stuyvesant Town resident and physician, said:

I've had a lot of patients who would get sub specialty care at Union Square were referred up to 98th Street (Mount Sinai's main campus), even if it was a tremendous burden for them. An elderly disabled woman who lives on the farthest East side of the Lower East Side – once she had to come for an 8 am lab and then said, why don't you take a cab? Mount Sinai is not helpful and tremendously inconveniencing patients. That's a tremendous burden for the patients from the Lower East Side and Chinatown."

V. Can NYU Langone and Bellevue absorb the patients who would be displaced from Beth Israel?

Some of the survey respondents expressed serious concerns that neither NYU Langone nor Bellevue would be able to absorb the patient load should Beth Israel be closed, especially in the emergency departments. Gail Fryd, who lives near Beth Israel, said:




"We need to have something here. We just need to. I live in a Stuyvesant Town complex. There's just way too many people here who need access to immediate care. Walk-in urgent cares aren't going to cut it. If everyone just in this complex needed it, NYU and Bellevue would be overwhelmed."

Andrea L., who has used the Beth Israel emergency department, said:







"It's absolutely preposterous to say that we don't need these services. It would be tremendously burdensome for Bellevue and NYU. And NYU has not generally expressed interest in serving patients from the Lower East Side and Chinatown. Historically, it was very unwelcoming and didn't encourage patients to go there. Bellevue doesn't have that much capacity."

Because emergency care was the most frequently cited type of service that survey respondents had sought at Beth Israel, we looked at the federal government's Medicare Compare website for data on use of the emergency departments at Beth Israel, Bellevue and NYU Langone. All three EDs had what Medicare Compare describes as "very high" use, with more than 60,000 patients annually. Moreover, all three had average wait times of more than 200 minutes (over three hours) in the emergency department. It is difficult to understand how NYU Langone and Bellevue, with already very high ED use, could absorb the patients from Beth Israel's ED, should the hospital close. (Bellevue has more than 95,000 emergency department visits a year, according to the community service plan for Bellevue and other Health + Hospitals facilities.⁴




⁴ <https://hhinternet.blob.core.windows.net/uploads/2022/07/community-health-needs-assessment-2022.pdf>




	Mount Sinai Beth Israel  First Avenue at 16th Street New York, NY 10003	Bellevue Hospital Center  462 First Avenue New York, NY 10016	NYU Langone Hospitals  550 First Avenue New York, NY 10016
Emergency department volume	Very High 60,000+ patients annually	Very High 60,000+ patients annually	Very High 60,000+ patients annually
<u>Average (median) time patients spent in the emergency department before leaving from the visit</u>	222 minutes Other <u>Very High</u> volume hospitals: Nation: 192 minutes 25,26 New York: 221 minutes 25,26 Number of included patients: 384	203 minutes Other <u>Very High</u> volume hospitals: Nation: 192 minutes 25,26 New York: 221 minutes 25,26 Number of included patients: 358	216 minutes Other <u>Very High</u> volume hospitals: Nation: 192 minutes 25,26 New York: 221 minutes 25,26 Number of included patients: 813

Because of the perception in some parts of lower Manhattan that NYU Langone does not welcome uninsured patients or those from the Lower East Side and Chinatown (cited in quote above), these patients are likely to turn to Bellevue Hospital, which is the next closest facility to where Beth Israel is located. Bellevue is part of the publicly run Health + Hospitals Corporation and serves a disproportionate share of people who are uninsured or Medicaid-insured. Its ratings on the Medicare Compare website fall below those of Beth Israel and NYU Langone in several areas. Examples are shown below for sepsis care, catheter-associated urinary tract infections and death rate for heart failure patients.⁵

	NYU Langone Hospitals  550 First Avenue New York, NY 10016 (212) 263-7300 	Bellevue Hospital...  462 First Avenue New York, NY 10016 (212) 562-4141 	Mount Sinai Beth Israel  First Avenue at 16th Street New York, NY 10003 (212) 420-2000 
HOSPITALS Sepsis care			
Percentage of patients who received appropriate care for severe sepsis and/or septic shock <small>↑ Higher percentages are better</small>	82% ² of 202 patients	36% ² of 72 patients	66% ² of 144 patients

⁵ <https://www.medicare.gov/care-compare/>

	NYU Langone Hospitals  550 First Avenue New York, NY 10016 (212) 263-7300 Save to Favorites	Bellevue Hospital...  462 First Avenue New York, NY 10016 (212) 562-4141 Save to Favorites	Mount Sinai Beth Israel  First Avenue at 16th Street New York, NY 10003 (212) 420-2000 Save to Favorites
HOSPITALS			
Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards ↓ Lower numbers are better National benchmark: 1.000	0.355 Better than the national benchmark	1.279 No different than national benchmark	0.071 Better than the national benchmark

	NYU Langone Hospitals  550 First Avenue New York, NY 10016 (212) 263-7300 Save to Favorites	Bellevue Hospital...  462 First Avenue New York, NY 10016 (212) 562-4141 Save to Favorites	Mount Sinai Beth Israel  First Avenue at 16th Street New York, NY 10003 (212) 420-2000 Save to Favorites
HOSPITALS			
Death rate for heart failure patients National result: 11.8%	6.5% Better than the national rate Number of included patients: 2159	11.3% No different than the national rate Number of included patients: 45	7.7% Better than the national rate Number of included patients: 505

VI. More, not less, hospital capacity will be needed in lower Manhattan if development plans proceed.

The current residential population in Midtown South and Lower Manhattan may significantly increase in the near future. A number of land use and zoning actions are being undertaken by New York City, as well as HUD. They will result in a significant number of additional dwelling units in Midtown South, Chelsea and West Chelsea.

New York City has initiated an ambitious zoning change supporting the conversion from commercial to residential use in Midtown South. The proposal will affect 47 blocks from Madison Avenue to 9th Avenue and from 24th Street to 39th Street. This project will trigger requirements for Mandatory Inclusionary Housing (MIH) and will attract low, middle and high income residents.

In addition, HUD has initiated the permitting process to demolish and redevelop two NYCHA campuses in Chelsea (Fulton, Elliott-Chelsea Houses), with voucher-based housing as well as market rate and affordable housing. The total number of proposed dwelling units is 5,510. Since the St. Vincent Hospital closure, current residents of these NYCHA campuses have had no nearby full-service hospital and have often turned to Beth Israel. The development of new housing will exacerbate this situation.

If Beth Israel is allowed to close, residents of these new dwelling units would likely turn to NYU Langone and Bellevue, further overcrowding already overburdened hospitals.

While these projects are progressing through their own siloed environmental assessment and review, it is critical to measure the cumulative impact of such population growth on our hospital system. Any assessment of the likely health equity impact of closing Beth Israel must look ahead to the projected population growth.

VII. Conclusions

The New York State Department of Health should not approve the closure plan for Mount Sinai's Beth Israel Medical Center because it will have a negative impact on medically underserved people living in lower Manhattan. Of special concern is the impact of closing the Beth Israel emergency department, which was cited as an essential community resource by many of the 850 people who filled out an on-line survey and participated in follow-up interviews. It is unlikely that Bellevue and NYU Langone Hospitals would be able to absorb the patients who currently use the Beth Israel emergency department.

In interviews conducted by Coalition members with residents of Lower Manhattan, we asked what people would like to tell the New York State Health Commissioner as he considers whether to allow Beth Israel to close. Carrie, who lives on the Lower East Side, said:

"That hospital is needed by people. It serves this community, this Lower East Side and East Village community. We depend on it. We care for it. We know it. We know its doctors. And, it will make for a disruption and the need to find new doctors."

Dr. Kimberly Lovie Murdaugh did her medical training at Beth Israel starting in 2017 after graduating from Harvard and the Yale School of Medicine. She now lives on the Lower East Side and had this to say:

"I came to Beth Israel as a young medical student to do training, I matched there and it really lived up to what I thought it would be, what I believed New York to be. The people who worked there – their hearts were in the right place, they cared about the community and they took care of everyone. We had celebrities and we had homeless people and we took care of them all with pride. To think that a hospital like this can close is unconscionable, it is unethical that it will not provide care to people just because it is not profitable. I refuse to believe it because this is not the New York that I came to train in, to be a part of."

David Siffert, who lives within walking distance of Beth Israel, said this:

“The fact that the commissioner has the power to approve or not approve a closure is for a reason. If there is any reason for a health commissioner not to approve a closure, this is it. There is an extremely acute need and there is already a dramatic shortage of beds per capita, as compared to the rest of the country, the rest of the state, even with Beth Israel open. The whole reason not to approve closures is because of the negative impact to the community. It feels like you can’t imagine a more extreme example of this, because it’s one of the most extreme examples of existing shortages already.”

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This Health Equity Impact Assessment was conducted by residents of lower Manhattan, representatives of all the community boards serving the area, a number of non-profit organizations and local elected officials. Special thanks for their help go to Renee Kinsella, Andrea Lyman, Emily Xu, Eddie Amador, Layla Law-Gisiko, Susanna Aaron, Dr. Sharon McLennon-Weir, Mike Schweinsburg, Vittoria Fariello, Alexander Fraser, Jasper Scott, Mae Lee, Susan Stetzer, Sommer Omar, Anthony Feliciano and Susan Kaplow. Guidance was provided by Lois Uttley and Mark Hannay, co-founders of Community Voices for Health System Accountability and advocates for passage and implementation of the state’s Health Equity Impact Assessment law. Prof. Ashley Fox from the Rockefeller College of Public Affairs and Policy contributed demographic research.

For questions, please contact Lois Uttley at juttley@outlook.com.