

# Rival Hospital Systems Compete in Bronx

2

By DAVID BIRD

The clash between municipal and voluntary hospitals over which will dominate the rapidly growing health-care field here is coming into sharp focus in the Bronx.

Although the battle is city-wide, the attention is focused in the Bronx because two new municipal hospitals under construction at a time of greater affluence—North Central Bronx and the new Lincoln in the South Bronx—are nearing completion when there is difficulty getting city money to run them.

The result is a scramble by municipal hospital officials to keep the new facilities in the face of an attempt by the voluntary system to take over at least one of those hospitals, North Central Bronx, which was built next to the larger voluntary Montefiore Hospital and is connected to it by eight tunnels and passageways.

Although all hospitals now depend on government money for their existence, only the municipals are run by government. The voluntaries are non-profit institutions run by private organizations. There also is a much smaller group of hospitals, called proprietaries, that are run for profit.

As government funds have increasingly become the dominant source of hospital income, over the last decade, several governmental and government-sponsored agencies have been set up to plan an orderly development of the health-care industry.

So far none of them has had—or been able to exert—the power to impose an overall plan.

In the Bronx the clash between the municipals and voluntaries so far has brought confusion, racial and community tensions, and decisions made often more with an eye to gaining dominance than to proper medical care.

"Although there are large expenditures for health planning and administration, we see a total breakdown of both," Borough President Robert Abrams of the Bronx said in recent letters to Mayor Beame and Governor Carey.

"There is destructive competition, antagonism and hostility. All is arbitrary and chaotic. . . . Decisions are made irrationally, precipitously and without assessment of what people need for life and good health. All of this has led to confusion, chaos, frightening religious and ethnic division and the deprivation of vital services."

## Better Efficiency Seen

Mr. Abrams said that the "whole thrust to cut costs has been aimed almost exclusively at the municipal sector" without any studies being made to find out which system was most effective.

The \$94 million 412-bed North Central Hospital was first envisioned as an eventual replacement for the aging Morrisania Hospital in the South Bronx.

But instead of being put near the old Morrisania, which was conveniently situated in the midst of the population it served, North Central Bronx was put right next to Montefiore so it could be convenient to the doctors who staffed the municipal hospital on an affiliation agreement.

Dr. Martin Cherkasky, the president of the 810 bed Montefiore Hospital at 11 East 210th Street, conceded the other day that the new North Central Bronx was "clearly not in an area of primary need for the poor," who are the municipal systems' main clients.

But Dr. Cherkasky said the "cheek-by-jowl arrangement of the new buildings is much more efficient as far as the medical staff is concerned."

He said the current site was chosen "before the civil-rights movement came into full flower and before community members really began to flex their muscles."

"They want a hospital on every corner," Dr. Cherkasky said of community members. "But it's impossible to have that many good hospitals and a poor hospital is a menace, not a contribution."

Dr. Cherkasky would like to operate the new North Central as part of Montefiore, with all patients being admitted to one or the other of the two buildings depending on where space was available. The city would put up tax-levy money, as it does for all municipal hospitals, for those too poor to pay their own bills.

Dr. Cherkasky said that segregating patients in one hospital or the other depending on their ability to pay would not work.

"I have said that it would be obscene," Dr. Cherkasky said, "if it was going to be operated so that the poor, the black and the Puerto Ricans would walk in one door and the white middle class in another."

## Loss of \$108 Million

Dr. Cherkasky denies charges made by municipal hospital officials and their supporters that it was his strong influence that brought North Central Bronx to be built at the side of his institution.

"I just wish I had all that power," he replies to the charges.

Dr. John L. S. Holloman Jr., the president of the city's Health and Hospitals Corporation, which runs the 18-hospital municipal system, chuckled the other day in his office at 125 Worth Street, when he was told of Dr. Cherkasky's reply.

"I think he doesn't know his own strength," Dr. Holloman said wryly.

Dr. Holloman sees Dr. Cherkasky's plan to operate North Central Bronx as merely a device to begin taking over the municipal system.

"Would you buy a used car from that man?" Dr. Holloman asks.

There is no agreement on who could do the job more economically for the city's taxpayers. The voluntaries argue that they have more skillful staffs and data-processing systems that can do the job more efficiently. The municipals say it can do the job at less expense because it does not pay the high salaries that the voluntaries do.

## Loss of Accreditation

A year ago the city's Health Commissioner, Dr. Lowell E. Bellin, in a detailed staff report, told Mayor Beame that there was a glut of municipal hospitals in the Bronx and that because there were so many excess beds the city stood to lose at least \$108 million a year in withheld state aid because of inefficient operations.

Dr. Bellin's report said that if a new Fordham Hospital, then in the planning stage, were built, the withheld payments could soar to \$161 million.

After the Bellin report came out the Health and Hospitals Corporation—which has long been at odds with the Health Commissioner over Dr. Bellin's statements that the eventual passage of national health insurance will make municipal hospitals all but obsolete—strongly defended the need for a new 430-bed Fordham.

Since then the city's budget crisis has deepened and the difficulty of maintaining such a large network of hospitals has become more and more apparent. Staffs and supplies have gradually been cut. The problems of keeping the enlarging municipal system going in the Bronx grew and began breaking out into the open.

Last month the Joint Commission on the Accreditation of Hospitals, a Chicago-based group that inspects hospitals and certifies them for the government money they need to exist, told the 990-bed Bronx Municipal Hospital Center, the largest of the four existing municipal hospitals in that borough, that its accreditation was being withdrawn for such things as staff shortages and building deficiencies.

Officials at the hospital characterized the Joint Commission's inspection as "overly severe" and have won a temporary continuation of the accreditation while an appeal is under way.

At the same time the State Health Department warned the old Fordham Hospital in the East Bronx that it was in danger of losing state aid if it did not set up a system for making sure that the hospital was not being overused by patients who were staying in too long or were put in for treatment that didn't need to be performed.

The Health and Hospitals Corporation, in a statement replying to the State Health Department said: "We are in the process of enacting budget cuts, and we do not have the staff to implement the new expanded requirements."

The fiscal situation had deteriorated so much in the last year that the Hospital Corporation decided to close down the old Fordham anyway without building a new Fordham, for which land had already been cleared.

But the board of the corporation said that the old Fordham should be closed only after the new Lincoln and North Central Bronx were fully in operation.

The board retreated on its last year's stand to press for a new Fordham after an analysis of the situation by Dr. Gilbert Ortiz, the corporation's senior vice president for professional services.

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