

Bronx Health REACH News

Summer 2008

MAKING HEALTH EQUALITY REALITY

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Making Health Equality a Reality

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A Letter from Our Project Director



Dear Readers,

We have been working together on eliminating racial and ethnic health disparities for over eight years now and we have made many strides. More members of our community eat healthier and more engage in physical activity. More are aware that health disparities exist and that they can take action to get the health care they deserve.

While this is much to be proud of, our community still faces significant barriers in the quality and access to health care. In 2005, we published "Separate and Unequal: Medical Apartheid in New York City" documenting the inequalities in health care. Three years later, our research shows that nothing has changed: patients with private insurance are sent to their private doctor and patients who are on Medicaid or are uninsured are sent to the clinic where they receive lower quality care. After unsuccessfully approaching the Attorney General and hospital executives to discuss the effects of unjust hospital practices, and continuing to see family, friends and congregants suffer because of poor health care, we decided it was time to take legal action.

Through our partners at New York University, we developed research tools to collect the data to support our case. With the help of our partners at New York Lawyers for the Public Interest, we have filed a civil rights complaint against three private hospitals in New York City. On one of the hottest days of this summer, over 150 coalition and community members rallied on the steps of Bronx Borough Hall against discrimination in health care. We have collected over 2700 signatures of support and 35 organizational sign-ons. We have built a strong community-wide campaign with representatives of all backgrounds and positions and we have finally gained the attention of Attorney General Cuomo. It is through the efforts of the entire REACH coalition that Attorney General Cuomo has decided to conduct a full investigation into the three hospitals named.

In this newsletter, we hear from a lawyer, a doctor, a pastor, and community residents, each sharing their part in this community effort to eliminate inequalities in health care. Turn the page to learn more about the rally, the legal complaint and how you can join in the fight to end discrimination in health care.

Sincerely,

Charmaine Ruddock, MS

Project Director, Bronx Health REACH

Bronx Residents Rally to End Discrimination in Health Care

by Ruchi Mathur, Program Assistant, Bronx Health REACH

On June 9th over 150 Bronx residents, religious and community leaders, health professionals, elected officials, lawyers and health advocates joined the Bronx Health REACH coalition on the steps of Bronx Borough Hall to announce the filing of a legal complaint to New York State Attorney General Andrew Cuomo. The complaint was filed by New York Lawyers for the Public Interest on behalf of the Bronx Health REACH coalition. The community rally included a diverse group of attendees and speakers, including Rev. Eric Cruz from Christ the King Catholic Church, Dr. Neil Calman, president and CEO of the Institute for Family Health, Nisha Agarwal, staff attorney at NYLPI, Evelyn Lau-reano, director of Neighborhood SHOPP, Rev. Ebenezer Martinez, and Bronx residents Zoraima Rodriguez and Vanessa Ghigotty.

This event was a powerful affair in the diverse num-

ber of people in attendance, the heat and the passionate personal stories shared. The overall cry by speaker after speaker was not to rest until health equality becomes a reality. We stood together as the people of the Bronx to declare that we won't stand for separate and unequal health care any longer and our voices were heard far and wide. The rally was covered by the New York Post, El Diario, Hoy, WBAI, Crain's Health Pulse, Bronx 12, Bronx Net, and others. Several elected officials, including Senator Efrain Gonzales, Assemblyman Michael Benjamin, and a representative from Councilwoman Helen Diane Foster's office showed their support by attending the rally. But our greatest success by far is that Attorney General Cuomo has decided to take on our case and conduct a full investigation. Now we must continue to show the Attorney General that the Bronx is united and will continue to fight until changes are made. ■

Separate and Unequal: A Community Takes Legal Action

by Nisha Agarwal, Staff Attorney, New York Lawyers for the Public Interest

After hearing stories of mistreatment and suffering because of discriminatory health care in hospitals, the Bronx Health REACH coalition decided to take legal action. Through prior conversations with the New York State Attorney General's office, we learned that documented proof through objective observation of the discriminatory treatment was needed to build a case. As a result, Bronx Health REACH began an investigation of three major private hospitals in New York City: Mount Sinai, New York Presbyterian, and Montefiore. Through telephone surveys conducted over a two month period, we found that privately insured patients were always sent to private faculty practices, while uninsured or Medicaid patients were almost always sent to the specialty clinics, where they receive care from less experienced doctors, most often with no communication back to their primary doctors and no after-hours service. We also recorded testimony from patients who had received the discriminatory health care and had suffered as a result.

With solid evidence from our survey, New York Lawyers for the Public Interest developed a civil rights complaint that was submitted to Attorney General

Cuomo's office on June 9th. This complaint alleges that the three hospitals named have violated Title VI of the Civil Rights Act of 1964, the New York State Patients' Bill of Rights, the Hill-Burton Act and the New York City Human Rights Law.

Under Title VI of the Civil Rights Act of 1964, any organization that receives federal financial assistance (including hospitals) is prohibited from discriminating on the basis of race or national origin. While this applies most directly to intentional discrimination, the U.S. Department of Health and Human Services regulations state that it is also discrimination under Title VI if policies seem racially "neutral" but nevertheless have a negative *impact* on people based on race or national origin. The "neutral" but negative policy occurs when hospitals direct Medicaid and uninsured patients to the hospital clinics but send privately insured patients to "faculty practices," where the care is significantly better. The hospital is treating people differently based on the type of insurance they have, and since more blacks and Latinos are on Medicaid or uninsured, they are also treating people differently because of their race. As a result, such policies are unlawful under Title VI of the Civil Rights Act.

Continued on page 6



Voices from the Rally

“At this rally we were able to come together as the people of color and voice our concerns. I think it was great. There was a lot of participation from Pastors and Elected Officials. Lots of people were out their in that hot weather and stayed until the end.”

– Etta White, Paradise Baptist Church



Bronx residents rally against inequality in health care on the steps of Bronx Borough Hall. Photo Credit: Anish Parikh



Rev. Foley addresses the crowd as other pastors look on. Photo Credit: Myra Resnick

“The torment and disrespect experienced by those who have been victimized by the failure of the health care system to deliver health care equality, and quality health care to minorities resonated quite loudly and clearly throughout Bronx County, New York that day. I am convinced that if we faithfully continue our endeavors, victory will be realized.”

–Rev Robert Lewis Foley, Sr. Cosmopolitan Church of the Lord Jesus

“Health disparity is a very elusive subject; something that people experience, but cannot quite put their finger on. The rally, and the events that will follow, will give health disparities a body, make it concrete for people in our communities.”

– Rosa Rosen,
The Latino Education Project, Inc.



Bronx youth learn about discrimination in health care at the June 9th rally. Photo Credit: Anish Parikh (left), Maya Simek (right)

“We need to have more rallies to let hospitals and elected officials know we are aware that disparities are killing us and they [hospital administrators] do not care. The rally gave a strong sense of ‘Its out in the open so lets roll up our sleeves and work hard to get changes to the health care system done.’ The cause is too important to put on the back burner anymore!”

– Francine Freeman, Walker Memorial Baptist Church

“I think it is important that at a young age children start being conscious about issues that are presently affecting their parents and grandparents. This event showed [PS 64 elementary school children] that we can make a difference by raising our voices and participating in this important issue.”

– Angela Cooper, PS 64 Guidance Counselor

Healing the Broken Health Care System: A Provider's Perspective

by Neil Calman, MD, President and CEO, Institute for Family Health



Dr. Neil Calman speaking about the injustices in health care as Bronx pastors look on.

Photo Credit: Maya Simek

For far too long the health care system has blamed patients for their own poor outcomes, pointing to their delays in seeking care, their inadequate follow-up with appointments, and their lack of compliance with treatment. The experience of the more than 100

primary care providers at the Institute for Family Health, and the experience of the members of the organizations of the Bronx Health REACH coalition tell a different story. We have found that far too often, it is the systems themselves that cause delays, or fail to communicate expectations clearly. This is due, in part, to the fact that private hospitals in New York City routinely separate patients based on their insurance status into two separate and unequal systems of care. Most often, black and Latino patients who lack insurance or receive Medicaid receive worse care.

Last month, Bronx Health REACH filed a complaint with the Attorney General's office about the segregation of care by insurance status. This was done as a last resort to fix a problem I have been addressing on behalf of Bronx REACH and the Institute for nearly a decade. During that time, I have met personally with various hospital directors, physicians, and numerous NYC Department of Health officials. In 2005, the Institute published a report *Separate and Unequal: Medical Apartheid in New York City*, which received substantial press coverage and resulted in a number of public responses from voluntary teaching hospitals. In private discussions, many have agreed that systems should be changed, but there has been no motivating force to make this change happen. I hope that our legal complaint will be that necessary force.

I expect that the institutions named will be highly critical of this complaint and will defend their practices

in the ways they have done previously. First they will claim that faculty practices are not part of the institution but are merely affiliated private practices. Faculty practices often operate in the same buildings as clinics and are indistinguishable to patients from the practices that are part of the hospital itself.

"For far too long the health care system has blamed patients for their own poor outcomes... traditions and long-standing systems do not die easily, but this one can, and must."

Next they will claim that billing requirements make it essential that clinics are run separately. This is also not true. Nothing prevents private patients from being seen in a hospital licensed out-patient facility and doing so would not jeopardize private insurance payments in any way.

Finally, some will claim that they will be unable to attract patients from the suburbs and from outside the country if the services they offer must be integrated with the care of clinic patients. This is perhaps the most disturbing rationale of all. I invite leadership of these institutions to come to our Institute practices where corporate executives, patients referred from our homeless centers for follow-up, and a broad cross-section of New York comes for care, sit in the same waiting room and all have access to the best care we have to offer. As health care providers we, of all people, need to demonstrate a commitment to ending discrimination based on insurance status with the unfavorable impact it has on racial and ethnic minorities.

Traditions and long-standing systems do not die easily, but this one can, and must. We have encountered a number of departments at each of the institutions where department leadership—either for moral or practical reasons—had decided to integrate the care of all patients into the same system. Hospital leadership should take note of these successful models in their own institutions and adopt their practices broadly and completely. Nothing less than that will provide our patients with the care they deserve and nothing less than that will help to eliminate the inequality in care that continues to exist in health care institutions. ■

My First Hand Experience with Health Disparity

by Zoraima Rodriguez, Bronx Resident



Zoraima shares her story at the rally as Vanessa Ghigotty looks on.

Photo Credit: Myra Resnick

I am a single, working mom of three living in the Bronx for the past 27 years. Through involvement in my church, City Harvest and Bronx Health REACH, I have learned about the importance of healthy eating and have made a lot of changes to make myself and my family healthier. I try to bake instead of fry and I take my

kids to McDonald’s much less than before. I am also part of City Harvest’s Community Supported Agriculture (CSA) Program, so I have learned about all these new vegetables and healthy recipes. I can see that these changes have made a difference – I have lost about 15 pounds, and my daughters are healthier too.

But this is not enough. As much as we can do for ourselves in the community, there are many problems with the system that keep us from being healthy. We need to come together – all the people in the Bronx, no matter the color – and demand change.

Because my family is on Medicaid, I have encountered so many problems – especially with my daughter Elisabeth’s asthma treatment. When she has an attack during the day, my Medicaid managed care company tells me to go to the clinic. But when I go there as a walk-in, Elisabeth’s regular doctor isn’t always there or they can’t take another walk-in and the people at the front desk tell me to go to the emergency room. Then if I take Elisabeth to the emergency room, she sees a different doctor every time and they give me a hard time and tell me “why don’t you take her to the clinic since it’s open?” So I am pushed back and forth and Elisabeth doesn’t get the care that she needs. I used to think that’s all there was, so I have to deal with it, but now I have learned that there are other people out there – people with private insurance who never have to face all the problems I have – and that’s not right!

I think there is an attitude in the health care system that because you are poor and you are on Medicaid, you have to put up with unequal care and you have no right to complain. But now with Bronx Health REACH and the campaign to end discrimination in health care we are challenging these views. Being treated with dignity should not depend on the type of health insurance you have. ■

Fighting Health Disparities from the Pulpit

On June 9th twelve pastors who are members of Bronx Health REACH stood on the steps of Bronx Borough Hall to demonstrate their commitment to the rally and its cause.

Since the inception of Bronx Health REACH the faith based community has played a very important role in the Coalition’s work to eliminate racial and ethnic health disparity. Pastors have challenged their congregation members—residents of the community—to adopt healthier lifestyles and to become partners with their healthcare providers in their medical care. Pastors have provided a voice and leadership from their pulpits and through their religious and civic affiliations for this effort to eliminate health disparity. Many speak of their involvement in the Coalition as a natural expression of their pastoral ministry to fight social injustice. Reverend Eric Cruz of Christ the King Catholic Church, speaking at the rally, had this to say; “As a pastor, it is my responsibility to join in this fight against health dis-

parities. In the name of justice, everyone is entitled to equal access to health care, education, and housing. These are God given rights and now we call them civil

“In the name of justice, everyone is entitled to equal access to health care, education, and housing. These are God given rights and now we call them civil rights.”

rights. The role of a pastor is to motivate and educate our congregants to move from fear to action. Many people are afraid to call 911 or go to the emergency room and as pastors we need to tell them that health care is a God given right, so they should never be afraid with God by their side. However a pastor can only do so much. We must look to doctors, policy makers, and our government representatives to move from prejudice to justice for the health of our community.” ■



Separate and Unequal (continued from page 2)

Under the Hill-Burton Act, hospitals that received federal funding to improve their facilities are required to make their services available to all individuals “without discrimination on the basis of race, color, national origin, creed, or any other ground.” This means that hospitals cannot exclude patients if they have public health insurance such as Medicaid. Also, as is the case in Title VI, it is considered discrimination under Hill-Burton if seemingly “neutral” policies have a disparate *effect* on people based on race, national origin or the type of insurance they have. All of the hospitals named in our complaint received federal funding under the Hill-

Burton Act, yet they continue to discriminate against Medicaid patients and on the basis of race and national origin, in violation of the Hill-Burton law.

In addition to the federal laws described above, the complaint alleges that the hospitals are in violation of state regulations prohibiting discrimination on the basis of source of payment. The hospitals are also in violation of the New York City Human Rights Law, which is similar to Title VI of the Civil Rights Act of 1964 and prohibits both direct and indirect discrimination on the basis of race in public places such as hospitals. ■

What Can I Do?

by Ruchi Mathur, Program Assistant, Bronx Health REACH



Community member signing petition against inequalities in health care.

Photo Credit: Anish Parikh

The rally on June 9th showed our community, government representatives, health care institutions and the Attorney General that we won't stand for injustice in health care any longer — and we have already had some success. Attorney General Cuomo received our complaint and decided to investigate our case. While that is a huge achievement in itself, our fight has only just begun. Mr. Cuomo's staff has begun investigating our complaint,

but it is still up to us to make sure changes are made.

Listed below are some ways you can help in the fight to end discrimination in health care.

- **Continue to collect petition signatures** to show the widespread community support for this campaign.
- **Share your story.** If you or someone you know has experienced discrimination when trying to see a doctor, tell us about it. We will compile all stories and send them to the Attorney General.
- **Share what you have learned with others.** Educate your friends, family, pastors, and other community members about health disparity and what they can do about it.
- **Join our movement!** Bronx Health REACH is only as powerful as the people involved and we would welcome your partnership. Call us to find out how. ■

Health Disparity Resources

For more information about health disparities and what other communities are doing to fight them, look for these resources at your local library or on the web.

- Calman, N. et al. (2005). “Separate and Unequal: Medical Apartheid in New York City.” *Bronx Health REACH*. <<http://institute2000.org/bhr/files/MedicalApartheidReport.pdf>>
- “Critical MASS Toolkit: Taking community ACTION on health disparities.” *Critical MASS for eliminating health disparities*. <<http://www.enddisparities.org/criticalmasstoolkit.html>>
- Institute of Medicine. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, D.C.: The National Academies Press.
- Smeadley, Brian M. (2007). “Why Health-Care Equity is Essential to Opportunity – and How to Get There.” *All Things Being Equal*. New York, NY: The New Press.
- Smith, David B. (1999). *Health Care Divided*. Ann Arbor, MI: The University of Michigan Press.

Bronx Health REACH/ NY Center of Excellence in the Elimination of Health Disparities is a community-based coalition led by the Institute for Family Health. We are working to end racial and ethnic health disparities in the Southwest Bronx and throughout New York City.

For more information, please call 212-633-0800 x1232 or visit www.bronxhealthreach.org.