

April 8, 2010

David A. Paterson  
State Capitol  
Albany, NY 12224

Dear Governor Paterson:

As elected leaders representing the St. Vincent's community in New York City, we are extremely saddened and troubled by the impending closure of St. Vincent's Catholic Medical Center. For 160 years St. Vincent's has been an anchor in Greenwich Village and surrounding areas, providing critical health care to generations of New Yorkers. Future generations will remember its disappearance as a dark moment for our city, a moment when we failed in our basic duty to provide medical care to all New Yorkers.

The loss of St. Vincent's is a tremendous blight on the surrounding community and the city as a whole. The absence of these health services will prove to be quite literally a matter of life and death for many who work and live on Manhattan's West Side and Lower Manhattan.

Given this extremely perilous situation, we have significant concerns about what facility, if any, the State will approve to replace St. Vincent's health care for residents of the West Side and Lower Manhattan.

We want to be clear – the diminished level of care proposed in the original Continuum plan—it did not include a full acute facility- is unacceptable, and would present an extreme risk to the community. As such it should not receive further consideration by the State.

The first and best replacement remains a full acute care hospital and a 24-hour emergency room. Anything less is not a true replacement and merely a stopgap solution. If any provider steps forward with a proposal to open a full service hospital, that must be our first priority. We urge the State to continue the search for such a provider, even at this late stage. In addition, any provider selected must commit to serving all the populations previously treated by St. Vincent's, including the uninsured.

Until an acute care facility and a 24-hour emergency room can be secured, we must work to save as many of the services and procedures provided by St. Vincent's as possible. For that reason, we write to demand that you not provide approval for the full closure of St. Vincent's, or licenses for any new facility, until there is a guarantee of a facility offering a broad range of outpatient services, including an urgent care center (UCC) that would provide any procedure not expected to require more than 24 hour care and include the following:

1. 24 hour on site care by physicians and other professionals, providing all types of medical care including ambulatory or outpatient surgery
2. Point-of-care tests
3. On site adequate imaging
4. On site phlebotomy
5. On site technicians licensed to:
  - a. Obtain and read EKG and x-ray
  - b. Administer PO, IM & IV medication and fluids
  - c. Perform minor procedures (sutures, cyst removal, incision and drainage, splinting, etc.)
6. The following equipment and staff trained in its use:
  - a. Automated external defibrillator
  - b. Oxygen, ambu-bag/oral airway
  - c. Drug cart stocked appropriately for patient population
7. In addition, St. Vincent's currently provides specialty services that cannot be easily obtained elsewhere, which must be maintained at an Urgent Care Center:
  - a. In 2007, SVCMC saw 3,200 patients with AIDS – more than any other Designated AIDS Center (DAC) in Manhattan and all but one DAC in New York City (Bronx-Lebanon). Were SVCMC to close, there would be no DACs in all of southwestern Manhattan. SVCMC's AIDS patients would then have to travel twice the distance to reach the nearest DAC.
  - b. St. Vincent's has been known for its emergency facilities for decades. The conversion to lower level UCC will take time for area residents to recognize. St. Vincent's UCC operations must remain open twenty-four hours.
  - c. St. Vincent's is located close to a New York State designated physician shortage area for the homeless population of Chelsea/Ward's Island. Because this population will likely have little access to other healthcare

options, St. Vincent's should retain as large a selection of services as possible for urgent care.

- d. Ambulance traffic from the hospital may increase post-conversion as higher acuity patients will need to be transferred to nearby ER units, requiring extra EMS crews and triage staff. Because of the need to maintain complex services in the area, the UCC should be coordinated with an existing New York City hospital.
8. Cardiac Care and catheterization.
9. Beds for overnight observation.
10. Care for such symptoms as shortness of breath, chest pains, abdominal pain, back pain, cuts, and dizziness.

In instances when a full service hospital is not sustainable, the Berger Commission has called for this type of hybrid delivery model. We demand that an ambulatory care facility, including a 24 hour Urgent Care Center, be approved to replace the lost services historically provided by St. Vincent's. We understand that Senator Duane, Chair of the State Senate Health Committee, and Assembly Member Gottfried, Chair of the State Assembly Health Committee are under separate cover, sending their own letter to address this very important issue. We appreciate your timely attention to this matter, and look forward to your reply.

Sincerely,

Christine C. Quinn  
NYC Council Speaker

Bill de Blasio  
NYC Public Advocate

John C. Liu  
NYC Comptroller

Scott M. Stringer  
Manhattan Borough President

Jerrold L. Nadler  
U.S. Representative

Daniel Squadron  
New York State Senate

Deborah J. Glick  
New York State Assembly

Linda Rosenthal  
New York State Assembly

Margaret Chin  
NYC Council Member

cc: Richard Daines, Commissioner  
New York State Department of Health