

HOW TO DEAL WITH HOSPITAL EXPANSION

by Dan Leahy

A common threat to many communities in Brooklyn and the city at large is that of institutional expansion. Whether the institution be a hospital, a factory, or a school, residents of the area are faced with condemnation of their houses or loss of their apartments, probable financial loss, and relocation out of a neighborhood where they may have close ties of family or friendship. This dislocation is especially

wrenching for older people who may have lived in the same neighborhood all their lives, and their parents before them.

Addressing this problem, as it particularly relates to hospital expansion, members of a Workshop on Urban Removal by the Private Sector, meeting earlier in the year in a city-wide Conference to Save our Neighborhoods, were given an action program to combat hospital expansion not justified by program needs.

Himself an old hand at fighting institutional expansion, the speaker, Dan Leahy, lived in Brooklyn's Park Slope area for five years and was active with some 14 tenant organizations throughout the city who were fighting various types of hospital expansion. Mr. Leahy is now director of the Human Affairs Program at Cornell University, a field study and community organizing program that works in a two-county area.

Hospitals on the Move?

Residents of an area may not realize until too late that a hospital is planning to expand. Some of the indicators that a nearby hospital is on the move are that owner-occupied apartment houses and/or private homes are purchased by "dummy corporations" or local real estate speculators. Dummy corporations often have a law firm address and are controlled by the hospital through an officer of the corporation.

Management firms may take over responsibility for rent collection and building maintenance, with tenants paying rent to a real estate office. Often the real estate office is that of a member of the hospital's board of trustees. When apartments become vacant in the building, they are not re-rented.

Processes of Harassment

Soon there is a marked deterioration in building services. Heat and hot water become irregular; elevators don't work. Utilities are shut off, and failure to pay notices are posted on the buildings.

Rumors are widespread that the hospital is "evicting" people. Actually, there are very few instances in which voluntary hospitals have used legal means to remove tenants. When local businesses on the block or in apartment buildings begin to close up, it's a sign that the hospital has probably purchased their leases from previous landlords.

With apartments vacant and buildings deteriorating, vandalism begins to increase alarmingly. Cinderblocking of vacant apartment windows creates an "entombed" atmosphere for remaining tenants. Soon tenants begin to get personal visits from hospital personnel asking them to move so a "medical center"

can be built and telling them to hurry up because the apartment buildings are coming down. This is usually followed up by local real estate agents calling tenants and offering to find them apartments since "they have to move."

Hospitals Justify Actions

Reasons given by hospitals in justifying their removal of tenants include the admonition that a few tenants can't stand in the way of health needs of an entire community, though they offer no proof that expansion necessarily means better health for area residents.

The present housing is described as a slum, and the hospital promises to build new housing, not mentioning that it will probably rent for much more than the present tenants can afford. The hospital claims that it cannot attract high quality medical staff members unless it has staff housing right next to the hospital, but the truth is that doctors are attracted by high quality medical practices, not high-rise housing.

Cite Doctors' Needs

Claim is also made that the doctors need a parking lot to avoid traffic congestion in the neighborhood, though doctors who live in the city could easily use public transportation to the hospital. The argument is given that people can't get beds in the hospital; beds are in hallways — more are needed for sick people. Increased preventive medical care, however, would decrease the need for beds.

The hospital offers to relocate tenants and find them apartments, though such apartments are likely to be in decontrolled buildings at rents they can't pay. Tenants are told that the hospital owns the buildings where they are, so they must move when requested. The real question is, who owns the hospitals; most of them rely on public financing for most of their operating money, and most of the expansion is paid for by public funds.

Pressure Put on Tenants

Actual harassment has been used by hospitals to force tenants out of their buildings. Some of the techniques employed are the approach of tenants *individually* asking them to move. This is followed up by letters *suggesting* they move, constant phone calls asking when they are leaving, and approaches by local real estate agents who "want to help out."

Relocation firms, specialists in tenant harassment, are hired by the hospital to "manage" the building. There is consistent and rapid deterioration of building conditions and services. The hospital attempts to discredit tenants by calling them "obstructionists," "radicals," "people controlled by out-

side agitators and primarily concerned with ripping off money from the hospital."

"Nuisance Evictions" Used

Hospitals try to get tenants to sign "nuisance eviction" papers against other tenants. They use racism to try to divide tenants, with such remarks as, "Those black people can't keep their apartments clean, can they?" "Those Puerto Rican kids sure tear up the building, don't they?" The truth is that the hospital's policy of neglect is the real nuisance.

Tenants may be moved from building to building, all of which are owned by the hospital. This is called "on-siting." They are told that if they move out they still will have their rent control rights. They may be offered a small sum of money, such as \$500, to cover moving expenses and given a deadline to choose between the money and eviction with nothing.

Demolition Rumors Circulated

Tenants who are in rent-controlled apartments are never told by the hospital that they have a legal right to stay. Rumors are constantly circulated that the buildings are about to be demolished. Hospitals hire engineering firms to conclude, after study, that the buildings are structurally unsound and should be demolished. Or, the hospital convinces a government agency (with the help of a local ward politician) to state that the building is in bad condition and should be torn down.

There is a huge build-up in the public relations staff of the hospital, and daily press releases are sent to the local press showing the president of the hospital kissing babies in the maternity ward or announcements about staff promotions. No mention is made of the issue of housing destruction and hospital expansion.

Hospitals Manipulate People

People are manipulated in various ways — ex-tenants are brought to harassment hearings to testify as to how great a landlord the hospital was. Unsavory characters are moved into buildings, either as tenants or as supers.

The hospital may demolish vacant buildings next to those that are occupied, telling tenants that they are next, or that now their building is structurally unsound. Hospitals may hire city government-connected "health" consulting firms to justify destruction of housing for community health reasons.

Elderly Tenants Misinformed

Elderly tenants who have been hospitalized because of the hospital's own harassment are visited

in their hospital beds by the hospital and told they will be moved out of their apartments because the conditions are so bad and the hospital is concerned about their health after they leave the hospital.

Tenants are offered large amounts of money (\$20,000+) to give up their rent-control rights. Some hospitals offer this on the condition that all the tenants have to agree to move before any one tenant can get the money. The hospital will tell its workers that if the hospital does not destroy the housing and expand they will lose their jobs.

Techniques to Combat Expansion

From others' extensive past experience in dealing with institutional expansion, a series of effective techniques has been developed for combating this form of hospital expansion and housing destruction.

Organizationally, tenants should build a strong tenant association dealing with both housing and health care. The following steps should be followed:

1. Use door-to-door organizing and personal contact.
2. Keep the lines of communication between tenants open. Tenants need constant reassurance against all the rumors.
3. Have tenants keep a day-to-day calendar of harassment and lack of services.
4. Collect money regularly from tenants — it's a war of survival.
5. Deal with the hospital only in a group. Don't allow personal visits to tenants by hospital personnel.
6. If the hospital wants to talk to the group, see only the head of the board of trustees. The essential tenant position is that there is nothing to talk about. We want our homes and health care. Period.
7. Designate someone to handle maintenance complaints. The organization must produce results on this level.
8. **KEEP ACTING.**

Form "Save Our Neighborhood" Groups

A neighborhood-wide coalition focused on "Save Our Neighborhood" is of great importance and may be useful in the following ways:

1. Contact church groups and let them know they are losing their constituency and the support base for their schools.
2. Contact homeowner groups and tell them they are next — uncontrolled hospital expansion simply means more expansion in *their* direction.
3. Contact PTA groups and tell them that if the neighborhood becomes full of transitory people, there will be no self-interest in working to improve the schools.
4. Contact local business people and tell them

that small retailers will be forced out of business by chain stores interested in the new mass market.

5. Contact property tax groups and tell them that for every piece of property the hospital controls (tax-exempt) their assessments will go up and their city services will go down.

6. Contact the ambulatory care committees at hospitals (some are community-controlled; if not, take them over). Agree to fight for preventive medicine and decentralized clinics and against staff housing, parking lots, acute care wings, and the destruction of housing.

7. Contact representatives of groups that use the hospital's emergency room and outpatient clinics and tell them the same things.

8. Contact neighborhood preservation groups and tell them the hospital is controlled by people who neither live nor work in the neighborhood and couldn't care less about neighborhood preservation.

9. Contact the local planning board. Keep a watchful eye on the members. They will become important later in the struggle. They are generally controlled by the local ward district leader, so you should be able to gauge which way they will go.

10. Link up with city-wide Save Our Homes committees. Yours is not an isolated fight — it is happening all over the city. City-wide representatives can give you the benefit of their experience, press contacts, governmental and political contacts, and joint action on your local issues.

Strategy Plan Necessary

A planned strategy is essential in confronting the power and money the hospital can bring to bear against tenant groups. It's vital to hit the hospital from all aspects. Go to the hospital itself and try to establish contacts with hospital workers. Get to know the workers in the emergency room and the outpatient clinic. Any internal conflicts within the hospital on the expansion issue will make these contacts worth a few visits. Try to establish contact with Local 1199 and work together on community-worker issues.

Find out if the hospital is connected to a church group — most are. Look at the names on the board of directors. Find out what organizations this church group has in the city and embarrass them on the morality of throwing people out of their homes.

Find out how government agencies on the city, state, and Federal levels regulate and finance the hospital. On the city level, it's the Comprehensive Health & Planning Agency; on the regional level it's the Health & Hospitals Planning Council of Southern New York; and on the state level it's the Commissioner of Health.

Find Bank Connections

Find out which bank the hospital is connected with. Look on the board of directors and you'll find plenty of connections; look on the payroll checks of employees; look at which bank lends the hospital money to purchase buildings.

Find out the names of all the consultants, architects, engineers, and public relations firms the hospital uses. Make contact with the Joint Commission on Accreditation of Hospitals. An action around the issue of accreditation would be very frightening to any hospital.

These are all potential targets for the tenant group and/or the neighborhood coalition. It seems that the banks hold the most promise for getting to the heart of the issue, as they are financing the "redevelopment."

Tenants Must Stay in Buildings

Tactically speaking, the basic necessity is keeping the tenants in the buildings. The buildings are what the hospital wants, and the buildings are what the tenants have in their control. The hospital can't and/or won't get legal certificates of eviction against rent-controlled tenants.

Exposing Building Conditions

Conditions of hospital-owned buildings should be exposed. This has been done by "slum sleep-ins," "walking tours" for political and community leaders, "candlelight marches" around the expansion block. Hospitals dislike this type of publicity.

Tenants should build a consistent community presence through block parties, benefit dances, street fairs, etc. The tenants have humor; the hospital doesn't. Harassment hearings should be sought in landlord-tenant courts. In order to win such a hearing, however, the main ingredients seem to be well-kept, day-to-day calendars of harassment and lack of services over a long period of time and lots of community presence at the hearing itself.

Press Contacts Vital

There must be constant development of press contacts, both locally and city-wide. Members of the press should not be viewed only as newswriters but also as resource people who can sometimes stop an action from happening. The tenant group should develop a press release form and use it often.

Sometimes legal action (injunctions) based on incorrect information in the hospital's applications to a government agency has been successful. Action at the time of the Board of Estimate and City Planning Commission public hearings has not been too successful in actually changing the decisions, but it has

succeeded in postponing a decision in the hospital's favor.

Alternative Plan Helpful

Alternative plans drawn up by an academic community development group have been successful in "legitimizing" tenants' claims that expansion will not mean better health care. Exposure of the hospital's "land banking" has been successful in developing neighborhood-wide coalitions. Direct actions (sit-ins, etc.) against the hospital are the easiest to mobilize and create yet another minor irritation. Continual approaches to governmental finance agencies has stopped projects from getting funded. The prime ingredient in these tactical operations is that the tenants are still in their buildings.

It is crucial that the tenants understand what is actually going on and who is profiting from this type of expansion. This is another example of the extension of corporate control over local neighborhoods by using not-for-profit institutions (voluntary hospitals).

How Hospitals Profit

They are taking over low-profit land controlled by local landlords and homeowners and holding it for redevelopment. They are purchasing housing units they do not control, destroying them, and creating an increased demand for high-priced luxury housing which they do control.

They are rearranging the community support system of working people. They are destroying stable communities where people are aligned to local institutions, such as political clubs, schools, and civic associations, and creating a mobile and transitory worker population whose prime allegiance must be to the corporate institution.

This type of expansion through not-for-profit institutions also allows increased profit-making for corporate institutions that "service" the expansion. This type of expansion takes peoples' health dollars and funnels them to banks. For example, hospital float bonds to finance expansion; banks purchase these bonds. Approximately 45 percent of a person's bed costs in a hospital goes to the banks to pay the debt service on these bonds.

The author, Dan Leahy, is originally from Seattle, Washington. He served with the Peace Corps in Turkey and has an M.A. from New York University in public administration and social policy, with all his course work finished for a Ph.D. in social policy. When he was a Park Slope resident, he did community organizing and free-lance writing for local papers. His first experience fighting hospital expansion was in 1970. Later, he helped organize city-wide Save Our Homes committees in the same cause. He has held his present post at Cornell University since July 1973.