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### **A Call For a Neutral, Third Service NYC Emergency Medical Service!**

Mr. Burstein's recent "A Call for More Ambulances" letter in *The Chief-Leader* {July 20, 2001} presents a superficially appealing offer of more 911 ambulances for NYC EMS. However, Mr. Burstein's spirited defense of institutionalized emergency "patient steering" to pay for these non-union subcontracted 911 ambulances will only serve to further destabilize NYC EMS services in the future. In fact, Mr. Burstein's "EMS privatization" letter strongly defends the distorted NYC EMS/Fire merger that has been strangling the flow of "paying patients" to the publicly funded Health and Hospitals Corporation's Emergency Rooms. New Yorkers need to remember that, due to the lack of national health coverage in the United States, approximately one third of all New Yorkers have no health coverage at all. Therefore, the hospitals in this City have fallen into ever more intense competition for the remaining "paying patients," that is, any patient who has any form of medical coverage at all, including Medicaid.

While Mr. Burstein is certainly correct in pointing out that many patients have preferences for which hospital they wish to be taken to, it has been a given that these private hospital ambulances were operating in the 911 system to maximize the number of "paying patients" that their employing institution received. In past years, EMS units in the field used to make fun of the "wallet biopsy" often practiced by 911 ambulances operated by voluntary hospitals in the NYC 911 system.

In fact, Comptroller Hevesi's recent report on the destination of NYC EMS patients has certainly confirmed the fact that these 911 participating hospital ambulance crews very well know that they must produce paying emergency patients for their employing institutions or else. This is why Our Lady of Mercy 911 Ambulances in the Bronx routinely by-pass HHC's North Central Bronx Hospital's ER by a factor of 18 to one when compared to the professional NYC EMS ambulances operating in the same area. Hevesi also demonstrated that a shooting victim was likely to be transported to a HHC Hospital ER by the private 911 ambulances due to the usual lack of medical insurance possessed by this group. On the other hand, these same private 911 ambulances are just as likely to ignore regional protocols and bypass these same HHC operated Trauma Centers with patients involved in motor vehicle accidents because their employing hospital was certain to receive payment from the accident patient's no-fault insurance carrier.

Just as important as the above is the changing nature of the delivery of health care in this age of Health Maintenance Organizations. Teaching Hospitals such as Albert Einstein in the Bronx operated for decades without having an accredited Emergency Room. For the first forty years of Einstein's existence, Einstein's patients were largely received as "direct admissions" from its' family doctors in the Bronx. If a patient needed Emergency Room care, HHC's nearby Jacobi Hospital

operated a first rate Emergency Room staffed by Einstein Doctors under an affiliation agreement with HHC. Many of these patients would be stabilized at Jacobi's ER and then transferred to Einstein Hospital only a block away.

But now, Einstein Hospital has built its own Emergency Room and is using non-union MetroCare ambulances to divert "paying patients" directly to Einstein Hospital. With Giuliani's loyal assistance to campaign contributor Steve Zakheim, who is principal operator of MetroCare Ambulance, MetroCare has packaged this sub-contracted ambulance operation as yet another tool to divert paying patients from HHC institutions. Mr. Burstein should have informed your readership that MetroCare has entered into secret subcontracts with some NYC hospitals in order to operate ambulances for these new--and unlicensed--entrants into the 911 System. He should also have informed your readership that these subcontracted ambulances have allowed these "paying patient" hungry hospitals to entirely bypass the Certificate of Need Process for new Ambulance Operating Certificates contained in the NYS Public Health Law. In addition, these politically connected MetroCare ambulances have been given choice operating territories by the politically tainted NYC Fire Department Administration.

What is Einstein Hospital paying for their non-union 911 ambulances? As this letter is written, we just don't know. Even though EMS Local 2507 and various politicians have challenged this illegal subcontracting of ambulances in State Supreme Court, the Mayor has stalled the lawsuits with his skillful jurisdictional challenges. But sooner or later the unsavory details of these "paying patient" diverting 911 ambulance contracts will see the light of day. [As of this writing, St. Baranbas, Westchester Square, Montefiore, Mount Sinai, Brookdale, Beth Israel, and NY Community Hospitals have all entered into secret ambulance subcontracts with MetroCare or one other ambulance provider—not one of these hospitals or NYC has yet to disclose the terms of these publicly important NYC 911 ambulance agreements.] Despite Burstein's frivolous calls for a "free market" in NYC EMS, it's highly likely that these secret 911 subcontracts are in violation of tough Federal Laws designed to prevent deliberate "patient steering" of vulnerable emergency patients to any hospital ER.

None of the politicians running for Mayor have yet to embrace the correct answer for NYC EMS in this new century. NYC EMS needs to be immediately separated from the NYC Fire Department and reconstituted as a *separate, third service, public benefit agency*. A politically neutral NYC Emergency Medical Service needs to assume the operation of all NYC EMS 911 ambulances in this great city. In other words, we need to immediately create a properly funded NYC EMS system whereby all EMS 911 patients are treated and transported based on medical—and not ability to pay—considerations. Speaking as a Senior Paramedic with twenty-eight years of civil service to NYC EMS, creating a system where a neutral NYC EMS assumes full NYC 911 EMS system jurisdiction should be a top priority for the new Mayor and the New Yorkers he will serve in the coming years. We should be professionalizing the delivery of emergency medical care in NYC, not retreating to a haphazard NYC EMS where the quality of 911 emergency medical care is being compromised by corrupt politics and scattershot funding of the existing EMS system.

Sincerely,



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