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EDITORIAL DESK

## My Hospital, Dying a Slow Death

By Abraham Verghese (Op-Ed) 904 words

EL PASO -- Every evening as I take the freeway home after a day of seeing patients and teaching medical students at El Paso's sole county hospital, I whiz by "Pill Hill," the area around Sierra Medical Center, where my colleagues in private practice work.

The locations of our hospitals epitomize our differences. My hospital, R. E. Thomason General, is down on the plain, just off the freeway, next to a cemetery, in the heart of a barrio of transmission shops, very-used-car lots, pawnshops and cheap motels. From the eighth floor of the hospital, a long tee shot would sail over the Rio Grande and into Juarez, Mexico.

Sierra, on the other hand, is north of the freeway, close to Scenic Drive, and has a magnificent view of the city below. Pill Hill is named for its concentration of doctors' offices, laboratories, radiology services and physical-therapy centers.

Until recently, the world of Pill Hill and the world of Thomason had not clashed. Both took care of two different populations. We tended the south-of-the freeway Medicaid and uninsured patients; it preferred the insured and private paying customers.

But that has changed. It is high noon in this frontier town, and our institutions are in a showdown.

We are fighting over the Medicaid dollar. Managed care's success in pushing down medical costs has meant that for the first time the Medicaid patient pays as well as or even better than the patient who is insured through a health maintenance organization. For example, for a woman delivering a baby, Medicaid will pay an El Paso hospital approximately \$1,800, which is close to what an H.M.O. will now pay for the same service.

Suddenly, Medicaid patients, who for decades were not so subtly turned away by other providers and sent to Thomason, are now desired by all.

It hardly seems like a fair fight. Sierra and the four other for-profit hospitals in town have all been taken over by either Columbia/HCA Healthcare or Tenet Healthcare, two national for-profit chains. These companies have deep pockets and no public accountability.

Thomason, on the other hand, is the only public hospital for a population of about 600,000. Like many other county hospitals across the country, it is overburdened with care of the poor. The 300 or so hospital beds at Thomason represent only 14 percent of the total hospital beds in the city.

Yet by county mandate the hospital is required to provide medical care not only to Medicaid patients but to the 240,000 or so El Paso residents who have no medical insurance or Medicaid cards. These residents are medically indigent because they do not meet the income requirements to qualify for Medicaid or because they are illegal aliens or because there is simply not enough Medicaid financing for all who qualify.

Thomason manages to care for them, despite the unwieldy bureaucracy that oversees the hospital and in the face of the increasing resentment by homeowners over the rising property taxes that go to support it.

The price tag for indigent care is about \$40 million annually. The property tax generates about \$30 million. The difference is made up by Medicaid and Medicare patients, who constitute 40 percent of Thomason patients and who indirectly underwrite the care of the indigent by allowing the hospital to have certain services and specialists in place -- like neurosurgeons -- that would otherwise be unavailable.

It used to be that Thomason's childbirth unit, the hospital's only consistent moneymaker (most pregnant women are eligible for Medicaid), was so busy that the hallways routinely served as holding areas. But the number of deliveries is dwindling as pregnant women are courted away by the for-profit chains whose elaborate labor and delivery suites look like Scandinavian design showrooms.

If Thomason loses its Medicaid base but continues to serve the indigent, it cannot possibly survive. Predictably, the city commissioners have seriously discussed closing the hospital or selling it.

Of course, it is hard to begrudge Medicaid patients, once the pariah of the for-profits, their new-found popularity. But those without Medicaid will suffer. Their voices are not well heard, and those who speak for them are an old guard of community activists and do-gooders whose complaints sound numbingly familiar.

If Thomason is forced to close and if Medicaid dollars are cast across El Paso, the indigent will likely be passed down from one hospital to another.

There is a story by Thomas Carlyle about a poor Irish widow who goes with her three children from charitable institution to charitable institution. She appeals to them: "Behold I am sinking, bare of help, you must help me, I am your sister, bone of your bone, one God made us."

But those in the institutions reply, "Thou art no sister of ours." The woman ultimately collapses and dies of typhus, infecting 17 of her neighbors. At which point, the humane physician asks, "Would it not have been economy to help this poor widow? She took typhus fever and killed 17 of you."

The story is not about charity or lack of it; it is about vision. Let us remember that before the public hospitals were created, the care of the indigent depended on the largess of doctors and charitable institutions. In allowing county hospitals like mine to die a slow death, we could be returning to those days.

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