Save Our Neighborhood

1993

Mgt - faxed over 5/18 gave to each cc + Mayor

Cambridge City Council
City Hall
795 Massachusetts Avenu
Cambridge, Massachuset

Dear Councillors:

As I wrote to you ear med in April of this year by a substantial core group c erville's only Ten Taxpayer Group for the Cambridge I partment of Public Health. The overwhelming majorit ndorsed our policies by signing a policy document f a petition to the Cambridge City Council. T see, has now been signed and endorsed by a signific munity at large as well as a sizeable number of Cambri [illegible] both abutters and non-abutters--despite the fact that our petition drive was very limited due to the many activities in which we as a new organization have been engaged in. We therefore represent and speak for a very substantial block of the interested parties in this matter.

On the occasion of your upcoming vote on the bond issue, I would like to share with you information and considerations we have been developing in preparation for our projected negotiations with the Cambridge Hospital.

I feel compelled to note at this time that the Hospital's very recent attitude and conduct toward our community have not been very encouraging or promising in terms of the prospects for future negotiations. These problems will be detailed in a letter to be issued to the Hospital within the next few days, a copy of which will be faxed to you. For our part, we shall continue to exhaust all possibilities for an amicable solution, within the bounds of reasonableness.

I preface these remarks by noting that, though fiscal issues are indeed an internal Cambridge matter, the fiscal soundness and advisability of development projects can materially affect the Somerville community as well--take for example the building at the corner of Beacon and Washington Streets in Somerville.

1) Since the public hearing last March 22, it has become increasingly evident that what was a high-risk venture before health care reform entered the national agenda has become almost foolhardy now. The Hospital's plans have changed not a wit since this shift in the national agenda--only the spin has changed. Though there are many uncertainties, certain facts are clear. The obvious trend is toward primary and preventive care in cost-effective settings, which for the most part excludes hospitals, with their high overheads, and means neighborhood clinics and doctors' offices. Any increase in the number of insured patients will mean more patients who can and will choose hospitals of long-standing and established prestige, the Mass. Generals and Mt. Auburns of this world, not city hospitals--which now benefit from federal reimbursements for uninsured patients. The Massachusetts Hospital Association predicts a 40% drop in in-patient care in the next few years. Both these factors mean a substantial decrease in Cambridge Hospital's current patient base. It has also become clear that there is in our area a substantial glut in the type of ambulatory care facilities that are to be

15 Cooney Street • Somerville, Massachusetts • 02143 • Telephone (617)491-5122 • Fax (617)864-1666

Save Our Neighborhood

May 18, 1993

Cambridge City Council
City Hall
795 Massachusetts Avenue
Cambridge, Massachusetts 02139

VIA FAX

Dear Councillors:

As I wrote to you earlier, Save Our Neighborhood (SON) was formed in April of this year by a substantial core group of Somerville abutters of the Hospital and Somerville's only Ten Taxpayer Group for the Cambridge Hospital project, as recognized by the state Department of Public Health. The overwhelming majority of Somerville abutters of the Hospital have endorsed our policies by signing a policy document on the hospital expansion issue, in the form of a petition to the Cambridge City Council. That same policy document, as you shall soon see, has now been signed and endorsed by a significant number of people from the Somerville community at large as well as a sizeable number of Cambridge citizens, both abutters and non-abutters--despite the fact that our petition drive was very limited due to the many activities in which we as a new organization have been engaged in. **We therefore represent and speak for a very substantial block of the interested parties in this matter.**

On the occasion of your upcoming vote on the bond issue, I would like to share with you information and considerations we have been developing in preparation for our projected negotiations with the Cambridge Hospital.

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built by the expansion project and, furthermore, there is such a glut within the 4-5 hospital network of institutions the Hospital projects it shall soon be a part of. For example, Mass. General, the likely linchpin of any such network, has just boarded up a sizeable building that it is unable to utilize after its construction. While teaching hospitals in general have preferred to put their cash into such building projects at the expense of unmet health needs, in the instance of Cambridge, the cash comes directly from the taxpayer. Given the fact that Proposition 2½ limits are being reached in the Cambridge budget, can the sacrifice of other programs be justified by the building of facilities that are in surplus in our area?

2) The Hospital business plan's target of marketing to HMO's is based on a fallacious premise. Making the Hospital acceptable or even attractive to HMO's is not just a question of facilities According to at least one very highly placed HMO official, Cambridge Hospital's cumbersome decision-making process--which is bound by the need for clearances at various levels of city government--and lack of fiscal autonomy do not fit in with the business and operational requirements of successful major HMO's, and will continue to keep them away, regardless of improvements in facilities. It is therefore highly likely that $40 million could be spent on new facilities without attracting a single major HMO in the future. The same official cited the lack of modernization of the current facilities--not the need for expansion--as another current HMO objection.

3) Anything beyond what is absolutely necessary for the viability of a community hospital constitutes business and industrial expansion into a very densely populated residential area. The Council should view this kind of expansion into a Cambridge or a Somerville neighborhood as it would that of a MacDonald's or a widget factory. The Hospital's impact on our community are definitely those of a heavy industrial facility.

4) The true cost of the expansion should be weighed. The economic, social, environmental, and human costs are many multiples of the initial financial outlay the City is contemplating in this bond issue. The construction and the expansion's impact on lives, livelihoods, and property values in both Cambridge and Somerville are part of that cost. There is the issue of whether there are any grounds for expecting or requiring our community to pay that very heavy cost--particularly when it is not a question of the public good or public need. It is instead for the sake of a business plan, and not a good one at that. A business plan that, by its own statement, seeks to benefit the Cambridge Hospital at the expense of other community hospitals.

5) The issue of the self-generated growth which is used to justify the physical expansion must be placed on the table for public questioning and discussion. Neither the Cambridge or Somerville communities were ever consulted about the 80% growth the Hospital has undertaken in the last 6 years, with tremendous effects on both those communities. We continue to hear grave concerns from mid-Cambridge about such growth and its effects, even from those who supported the recent Memorandum of Understanding. Public documents filed by the Hospital clearly indicate that such growth was not the result of spontaneous demand from the community, but "aggressive marketing strategies" which, among other things, sited at TCH programs which draw into our densely populated area patients from extended portions of the state, and which could easily be sited at facilities available elsewhere. Given the Hospital administration's current claims of robust financial health, it is highly questionable whether all of this growth should or need be maintained for the sake of the Hospital's viability, particularly

given the heavy cost to the community. The issue then becomes whether such growth should be permanently enshrined, perpetuated, and augmented in expanded physical facilities--in which question the community has a substantial say.

6) Putting aside for the moment the Hospital's ideal or desirable physical configuration, there are the inherent limitations at the current site, its size, proximity to housing, etc, and a generation of poor to disastrous relations with the Somerville neighborhood and community. Though we will cooperate fully in any attempts at improving the latter situation within the time frame available, it is ultimately necessary to face the reality of immutable and/or long-term circumstances.

7) The key to any organization's competitiveness and viability in the present economic environment is Total Quality Management. An organization's poor relations in one area cannot help but effect and reflect a lack of excellence elsewhere in its functioning as an organization. Since the Hospital evidently has some distance to go in implementing and achieving a Total Quality approach, we suggest that the Hospital's future viability and competitiveness would be best served by a strategy directed at TQM and quality in general, as an alternative to the Hospital's current strategy of exponential growth and quantitative enhancement.

8) The environmental impact of this project has not yet been disclosed to us as a community, and quite possibly has never been scientifically studied or quantified. We cannot and should not be asked to accept this environmental impact for ourselves and future generations without knowing what it is.

This letter is necessarily preliminary about topics that shall be developed in detail in the future. We consider it an essential part of our mission to ensure that there is the fullest discussion of these and all the pertinent issues before this matter is given a final disposition. We suggest it would be most advantageous if Cambridge City Councillors would, on the front end, apply to these issues their experienced and seasoned judgement and their particular perspective and insights as elected officials

Toward this purpose, it would appear most prudent to delay action in the bond issue for 3-6 months pending immediately forthcoming developments in national health care reform that no doubt will have a crucial bearing and impact on the Hospital's entire future. And certainly it would be preferable and desirable not to put all of the interested parties through the strenuous exercise of dealing with issues and plans that may in the near future be framed very differently or even rendered moot.

Thank you for your consideration. We look forward to continuing to communicate with you as these issues progress.

Sincerely yours,

Joseph Manley
Chairman SON

cc: Honorable Michael E. Capuano, Mayor of Somerville
John Pitkin, President, Mid-Cambridge Neighborhood Association

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Communication From Joseph Manley on "SAVE OUR NEIGHBORHOOD"