A chance for a city hospital to help a neighborhood

H. Paul Santmire

Hartford's Saint Francis Hospital and Medical Center has bumped into an unexpected health-care cost. Its neighbors are angry about the hospital's plan to expand. Saint Francis had been moving serenely along, according to its own timetable, to develop a new medical facility. But that serenity was rudely disturbed by outraged residents who began throwing their political weight around. The matter soon approached a standoff.

Notwithstanding all the noise the controversy has generated, more is at stake than petty turf issues on the part of neighbors or petty power issues on the part of the hospital. Profound social forces are surfacing. This is the deeper issue: why good health care isn't good enough.

The immedidate issue seems almost trivial. To build the planned new facility, Saint Francis planned to close one block of a street that runs through its campus. Neighbors said no. They were outraged, perhaps for reasons they did not consciously understand. Why all the rage?

Why does Asylum Hill, where the hospital is located, have an infant mortality rate higher than the rate in some Third World countries? Why is violent crime rampant on the streets and in many shops and apartment buildings? Why is the local elementary school so crowded? Why is unemployment among residents four times higher than the rate across the state? Why do 40 percent of the children in the neighborhood live in poverty? Why has the deadly drug economy kept prospering? Why are so many social-service institutions and halfway houses located in the neighborhood? Why is it so difficult for blue-collar families to survive in Asylum Hill? Why do so many prostitutes ply the streets? Why are there so many homeless people? Why are there no safe places for children to play or for young people to gather? Why do the elderly in the neighborhood live in fear?

When asked about such matters, hospital executives can cite statistics about how much the institution does for the neighborhood through its emergency room and other programs. But that is a little like citing statistics about effective health care for Chernobyl victims. People are outraged not by the absence of care for the victims, but by the victimization itself.

Hospital planners say the kind of expansion they are proposing is necessary for the sake of "the bottom line." Without expansion (designed to keep the hospital competitive by attracting paying customers from the suburbs), the hospital says it will not be able to keep providing the health care it now offers the neighborhood.

For those who live at the underside of the neighborhood, however, that logic sounds like a sanitized version of the trickle-down theory of economics.

Not until all people of good will in Greater Hartford begin to address minimal issues of social justice in the city will this particular kind of local conflict move beyond a standoff. Good health care isn't good enough if it just addresses symptoms.

The hospital and the neighborhood, meanwhile, might be able to jump-start that larger process, by listening to each other and working in partnership.

Neighbors could invoke their considerable political power in the city on behalf of a hospital that stood ready to work with them on the issues that trouble them most. The hospital, in turn, could become a leader in the field of public health by challenging competitors publicly to rise above the bottom line for the sake of the common good, in collaboration with common people.

Good health care will only be good enough when it addresses the underlying problems of society at their roots. One neighborhood and one hospital could make a difference by working together to demonstrate that truth in practice.

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