

Building hospitals in affluent areas not the solution

Your April 6 editorial, "Loss of St. Francis a big blow for the Southland," made several valid points. As you said, if too many uninsured patients coupled with poor Medicaid reimbursement can force a hospital thousands of people depend on to close, it's a sign of a health care system with the wrong priorities.

But you made one implication that misses the point of this tragedy. Decisions by the Illinois Health Facilities Planning Board have nothing to do with causing the underlying problem that threatens the existence of our full-service community hospitals. The solution is not for hospitals that are losing money to build facilities in affluent areas.

In fact, if there were no planning board to protect these community hospitals, limited-specialty facilities that serve only the insured and send the uninsured, underinsured or high-risk patients elsewhere would proliferate and hurt the ability of safety net hospitals to provide essential services to their communities. The behavior of a few corrupt former board members in the past is not a rationale or sound public policy for eliminating a critically needed health planning process. That would be like shutting down Congress because a few members engaged in activities that were found to be unlawful.

The real lesson we need to learn from the closure of St. Francis is that no hospital can survive if it is continually paid less than the cost of care it provides for Medicaid and Medicare patients and little or nothing for care of the uninsured. Until society recognizes that hospitals alone can't solve the problem of the uninsured and Medicaid and Medicare underfunding - and certainly not by depending on the free market to save them - hospitals like St. Francis will be in danger of closing and the people in their communities will be in danger of losing the hospital services they count on.

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