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**To:** Board of Supervisors  
**Subject:** Discrimination against San Franciscans at Laguna Honda

From Teresa Palmer M.D./ Ex-staff physician at Laguna Honda. January 6 2005.

To those concerned with the lives of elderly and disabled San Franciscans:

I have worked since 1989 as a physician at Laguna Honda hospital. I resigned in November 2004, voluntarily, due to burn out with the current working conditions and discouragement about the state of geriatric care there. I learned much of my geriatrics at Laguna Honda, but my efforts to practice in an ethical and humane fashion were overshadowed by the ongoing pressure to accommodate patients who disturbed the peace and safety of the elderly and frail. Although these patients too, are in need of care, inadequate staffing, programming and the inexorable pressure to relieve San Francisco General of patients who no longer need acute care resulted in daily compromise of the quality of life of all the patients, and frequents threats to their basic safety. Laguna Honda is now in a position where the "geriatrics" is a side issue and cliches like "social rehabilitation of the urban poor" are being used to justify the cohorting of patients who cannot be handled safely and/or who should not be in a facility of this type. Tragically, this is being done at the expense of elderly and physically disabled who have benefited so much from the type of care that is offered.

The admission to LHH of younger patients from San Francisco General Hospital with short term or social rehab needs is going into high gear as we speak. Department of Public Health Administration is continuing to insist to the admitting staff at Laguna Honda that ANY SFGH patient who can utilize LHH's services for any period of time have priority over anyone from any other hospital. Services at LHH are being remodeled specifically to meet the needs of SFGH patients.

I believe that LHH administration is proposing a program costing millions to meet the clinical and psychosocial needs of this new population. LHH is now at full census and still turning away patients in need of long-term SNF care from other hospitals because of the pressure to bring in SFGH's short-term antibiotic infusion patients as well as younger (under 60), mostly male patients disabled primarily by psychosocial issues with secondary SNF needs. Female beds are being switched over to male beds. Subgroups of people who go to SF hospitals other than SFGH such as very elderly long term San Francisco residents and Chinese-Americans are not being admitted to LHH. The transformation is now quite apparent to patients and visitors who stroll along the 5th and 3rd floor. LHH is being used as an extension of SFGH for those troubled younger patients who cannot be discharged to the street.

Other counties do return their sick/stabilized non-resident patients (who are on "Medi-cal" sponsored by outside counties) in need of extended care to their counties of origin. San Francisco Department of Public Health offers these non-resident, "out of county Medi-cal insured" patients extended stays at Laguna Honda, while other counties return them to their home county. These "visitors" are displacing San Francisco's elderly at LHH while the elderly must go elsewhere to find a "Medi-cal" SNF bed.

Any sane person can see that an elderly person should have a right to do any "nursing home" part of their life as close to home, friends and family as possible. Because elderly San Francisco residents often have medi-care, they are insured to use acute hospitals other than SFGH. However, it takes "Medi-cal", or cold cash to pay for skilled nursing care. Because of the SF "Medi-cal SNF" bed shortage, the elderly now have

to go out of county for "Medi-cal" SNF rehab beds or long term care because, by design, San Francisco General patients are taking up the beds at LHH.

LHH is NOT an extension of SFGH — it is a "Distinct Part SNF" because it has its OWN small acute hospital ward (used for inpatients only). Dr. Katz has spoken of LHH publicly many times as an extension of SFGH which it is not, either legally or historically. They are separate institutions. This is a budget balancing move for Department of Public Health but at the expense of the elderly — the budget of DPH is being balanced on the backs of the SNF needing elderly. Let them go out of town so SFGH staff can keep things moving at SFGH. Neither the staff at SFGH or LHH sees who is being displaced — the loop between the two institutions is closing tighter and tighter to keep all other San Franciscans out.

Truly, the people of SF do need to support their county hospital---but must it be done at the expense of the elderly and physically disabled?

Advocates for the senior and disabled that I have talked to are very clear that community (non-SNF) support for the elderly and disabled (at home) is terribly underfunded and these advocates cannot be put in the position of supporting SNF funding over and above community support services for elderly and disabled. However, LHH SNF beds are part of the safety net and the rehab process for all who are committed to staying IN their lives in San Francisco.

To this end, at LHH the homebound elderly from all over San Francisco have historically been able to receive comprehensive respite and rehab services if they become too ill to get what they need at home. (I remember the arthritic grandmom I had for a year and a half at LHH. She arrived from U.C. in the fetal position with open wounds, depressed and in pain. She ultimately got two joint replacements and huge attention to her depression, heart disease and pain control while her family, with counseling from the LHH team, built a disabled access room in their house for her. She resumed the ability to walk a few steps and have a life at home. She never would have made it out of any other nursing home.)

Now we are excluding these elders from LHH. Is this the way we want to treat our parents and grandparents? Are these the priorities that San Franciscans voted for at the LHH rebuild?

It is not a new phenomenon for younger, often troubled people to come into San Francisco seeking solutions and services — but current policies meant to aid the homeless and troubled are having the unintended consequences of displacing the elderly. This is a harsh price to pay, and is it necessary or wise?

The Department of Public Health is actually discriminating against SF elderly residents who don't happen to be hospitalized at SFGH. Skilled Nursing Services that San Franciscans intended for the elderly are being commandeered by DPH administration to balance a discharge planning crisis at SFGH and an ineffective system that encourages "Medi-cal" covered patients from other counties to use increasingly scarce San Francisco SNF beds.

The Department of Public Health is breaking faith with all the San Franciscans who voted for the rebuild of Laguna Honda. If the people of San Francisco and their elected representatives do not speak out in support of their public skilled nursing facility, they will surely, as is happening now, lose access to it. They may already have done.

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