

MINUTES OF THE CITY COUNCIL
CITY OF AUSTIN, TEXAS
Special Called Council Meeting

March 27, 1978
7:30 P.M.

Council Chambers
301 West Second Street

The meeting was called to order with Mayor McClellan presiding.

Roll Call:

Present: Mayor McClellan, Councilmembers Cooke, Goodman, Himmelblau, Mullen, Mayor Pro Tem Trevino

Absent: Councilmember Snell

Mayor McClellan opened the public hearing on Brackenridge Hospital, by stating that this would be the third such public hearing in recent months. She indicated that there would be no formal staff presentation since the Council has already had numerous sessions on Brackenridge Hospital. Mayor McClellan stated that the purpose of this evening's public hearing was to hear the public's comments on the Hospital situation. The Mayor stated that Councilmember Snell was absent from the meeting and that the Council would not be making a decision on the matter until the whole Council was in attendance.

MR. WILL FISHER, an employee of Brackenridge Hospital, told the Council that good health care is the right of everyone regardless of their ability to pay. He stated that Brackenridge Hospital is a good Hospital and that many people in the community are dependent on its facilities. Mr. Fisher hoped the Council would consider the Hospital more than a structure since it deals with human lives.

MR. JOE PINNELLI, Business Agent representing the American Federation of State, County and Municipal Employees (AFSCME), felt that a Hospital District would be the best solution to the problem. He stated that his organization was committed to working for a Hospital District at the legislative level but would favor retaining Brackenridge under the Council and City Manager until all alternatives are exhausted. Mr. Pinnelli stated that administrative reorganization of the Hospital is certainly in order and should have been done a long time ago. He stated that he was opposed to any kind of a force reduction. Mr. Pinnelli felt that the Hospital pay scales should be made public. He disagreed that there should be two pay scales, one for employees already working at the Hospital and one for employees being hired at the Hospital. Mr.

Pinnelli also felt that the City Personnel Department should be moved to Brackenridge in order to help bring the Hospital into the City's mainstream.

FATHER FRED BOMAR encouraged the Council to retain control of the day to day operation of Brackenridge Hospital. He stated that the Hospital was the responsibility of the City since it operated on tax money from the community.

MS. NANCY BENE, President of the League of Women Voters, listed the following items which the League supports:

- a. The use of the current CSA gross income scale for determining eligibility for health care at City expense. In addition, the City should bear the responsibility for the near poor by providing care on a sliding payment scale. This principle is favored because of the need to provide preventive health care and thereby reduce emergency and/or in-patient service. The League also supports prepaid insurance for indigent catastrophic illness, as was suggested by the Austin health report.
- b. The League supports the proposed plans for neighborhood clinics as the instrument for primary and preventive health care. The League feels that the three proposed neighborhood clinics and six public health clinics are a minimum for the present indigent population, if there is improved City-wide transportation between clinics and expanded hours of operation.
- c. The League opposes the continued City control over the day to day management of Brackenridge Hospital. The league would support a plan which provides a separate governmental entity responsible for a unified, comprehensive, long-term health care system in Austin. Any plan which the Council decides upon should not only consider Brackenridge Hospitals problems, but should also take into consideration the delivery of out-patient and preventive health care. The League feels that a comprehensive plan administered by a single agency would ultimately be more efficient by removing some of the bureaucratic red tape and political considerations from the every day operation of health care. Such an administration could also prevent a piecemeal health system. The Council does not have the time nor expertise to consider all aspects of health care management. The League is opposed to the City maintaining control of health care as it is today. With the exception of the Hospital District, the Council would still have the responsibility for, and therefore control over, indigent costs. The Council would still have control through whatever contractual agreement was made with any health care administration.
- d. The League supports efforts for negotiation of contracts with counties for patients who live outside of the Austin area, and the League acknowledges the improvements which have already been made due to the close scrutiny of the Council.

MS. ARTHELIA SMITH, representing the Gray Panthers, told the Council that her organization was nationally working for a one class health system for all citizens. Ms. Smith outlined the following points:

- a. That it is essential that Brackenridge Hospital and the Public Health Department be charged with both general and specific tasks that will meet the health needs of all citizens. Ms. Smith felt that a plan

for continuous evaluation of health services and needs should be part of the Council's decision.

- b. A need for a statement of policy by the Council, committing it to providing good health care to the poor of Austin.
- c. The development of a coordinated health care service integrating Brackenridge medical services with Public Health Department services.
- d. That the management of Brackenridge Hospital be continued by the City. The organization supports a strong Hospital Board and feels that the Public Health Department also deserves a citizen and consumer board.

Dr. RAFAEL DE LA CRUZ felt that a non-profit management firm would be good for the Hospital as it would free the City Manager from dealing with a very complex institution. He felt that Brackenridge needed specialized and daily attention. Dr. De La Cruz made the following recommendations to the Council:

- a. The Hospital must provide the same quality of services to everyone in the community.
- b. The Board must work with the medical community for higher standards of medical care.
- c. Any future profit of Brackenridge Hospital will be returned to the stockholders of the Hospital, the people of Austin.

Dr. De La Cruz stated that business needed to be balanced with human compassion. He stated that in this way it will be easier to find solutions to the problem.

MS. DELLA GREEN, representing the Black Citizens Task Force, told the Council that her organization did not want the Hospital leased. She stated that they wanted no reduction in force and no wage reduction. Ms. Green stated that they wanted to see better management control with more efficiency in cost containment procedures. She stated that they would like to see created, long term goals for the Hospital as far as quality of service. Ms. Green indicated that they wanted to see a person in charge of all services. She stated that services should be headed by their respective head. She stated that they would like to see where the City Council is in control with an administrative board and a health service administrator. Ms. Green stated that by taking the Health department Director and putting him over out-patient services, and taking some of the preventive measures that the Health Department also covers and putting them under MPH, the Director of the Health Department would be free to take care of out-patient services. Ms. Green stated that they were in favor of the administrative board taking over the responsibilities of the City Manager.

DR. CHARLES URDY read the following proposals in behalf of the Black Citizens Task Force, the Mexican-American Business and Professional Women's Health Study Task Force and the South Texas Health Consumers Association:

- a. That Mr. Robert Spurr should be assigned as permanent Hospital Administrator.
- b. That the Hospital should be given administrative review authority over policy matters, prior to policy implementation.

- c. That the City should contract with a physicians' group to provide both in-patient and out-patient care, thereby providing a continuity of patient care.
- d. That there should be a direct line of communication between the City Manager and the Hospital Administrator, which would bypass Assistant City Managers.
- e. That a qualified department Director should be hired for the Public Health Department. The two Deputy Director positions should be filled with individuals possessing health administrative experience.
- f. That a mechanism should be established that allows better health care information, sharing between in-patient, out-patient and preventive City health services.
- g. That all City health services be consolidated under one health care administration.
- h. That the health administration be responsible to one administrative board who in turn would be responsible to the City Council.

Mr. Will Brown doubted that there would be any one answer for the Brackenridge Hospital complex. Mr. Brown felt that the Hospital was in need of outside management expertise. He suggested that the Council appoint a board with 100% authority to act, reporting annually to the Council and the rapidly escalating costs must be contained and managed and it must be done not in competition with other City, State or Federal departments. He stated that there is an urgent need for the City to react to the crisis. He stated that the City could initiate a separate management board for the Hospital and still retain control over its operation.

Dr. Homer Goehr asked that the Council take immediate action on the problem. He hoped that the Council would soon choose a citizen's board, the Hanson Plan or a Hospital Authority. He hoped that the Council would not retain management of the Hospital itself. Dr. Goehr recommended that the Council decide upon a separate Hospital Board with the authority to act.

MR. ALLEN BUSSLER, speaking in behalf of another citizen, indicated that the City should get out of the hospital business. Mr. Bussler stated that he personally felt the City had an obligation to help the less fortunate people in the community. He recommended that the Council keep the Hospital but that he also kind of favored the District Plan.

In regard to a question from Councilmember Himmelblau, Mayor McClellan felt that it would be in order to take action on the Hospital situation in early April, 1978. She stated that the Council has had many work sessions and public hearings on the issue and that it now has everything needed to base a decision. Mayor McClellan indicated that she wanted the full Council in attendance when the decision is made. She stated that April 6th would be an appropriate time to make whatever decision is necessary. She indicated that this would be the last public hearing on Brackenridge Hospital.

MR. BRYAN FORRESTER, staff member of Brackenridge Hospital, thanked the Council for its efforts into the Brackenridge Hospital problem. He recom-

mended the implementation of a Hospital Board that would be under the control of the Council.

Mayor Pro Tem Trevino moved that the public hearing be closed. The motion, seconded by Councilmember Goodman, carried the following vote:

Ayes: Mayor McClellan, Councilmembers Cooke, Goodman, Himmelblau, Mullen, Mayor Pro Tem Trevino

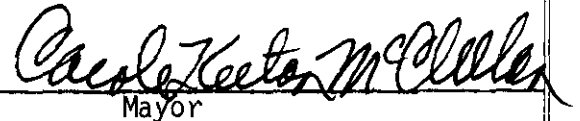
Noes: None

Absent: Councilmember Snell

ADJOURNMENT

The Council then adjourned at 8:30 P.M.

Approved


Mayor

Attest:



City Clerk