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## Transcribed Speech of Robert Earley

Robert Earley

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## Transcribed Speech of Robert Earley

MR. EARLEY: First of all, let me thank Professor Yearby for bringing [me] to Chicago. I would also like to say a couple of things. Let me, first of all, compliment Jennifer [Cutrer]. I think Parkland is fantastic. It is a wonderful institution and they do incredibly great things there. John Peter Smith or JPS is next door in Tarrant County. The best way to describe it, without going through all the statistics, because Jennifer's were so good, is that we're about half the size, in most cases, and a third of the size in other cases. So John Peter Smith is identical in a lot of ways other than the fact that we're a lot smaller and we're a Level II trauma, not a Level I; however we are on our way to making a Level I. We'll be doing that probably in the next year and a half.

You saw Charles Gibson talking about Parkland in his report. I was in the legislature for 10 years. I was in the Texas House of Representatives for 10 years. As a politician there is only one thing that is prevalent amongst politicians and that is rather large egos, and things are always bigger in Texas, particularly egos. While I was in the legislature for 10 years, I begged for media attention. I would do nearly anything to be quoted on television or in the newspaper. South Texas was my area and the largest city that I represented was 4000. We were a lot of rural people running around looking for a city to go to. Any quote in *The Dallas Morning News* or the *Fort Worth Star Telegram* was an amazing feat, but that never happened. I was usually right next to hog reports and who scored five touchdowns at the local football game, which in Texas, is more important than anything else.

When I came to John Peter Smith, I had been on the job for a month and ABC came to do an interview on this subject as a matter of fact. My staff told me that ABC in Dallas wanted to interview me. I said fine - I'd be happy to interview. When I left the legislature, I also left my ego, so I was not interested in being interviewed anymore. I found it ironic because the first time I do get interviewed on the national stage, it's [at] John Peter Smith. They came in and did the interview, and it all went well for my 45 seconds of fame. I have an aunt that lives in northwestern Ohio. I had not seen my aunt in fifteen years and she called and said, "I saw you on the news! It was amazing. You really look old." I almost commented that she was old when I was a kid but I thought that was not a good idea.

A couple of comments about the undocumented issue: where we are, what we do, and how we handle it. If you look at it, and Jennifer alluded to

it, if you look at a public hospital, you have a myriad of interests and situations that one has to deal with including the taxpayers, public officials, empirical data of the issue, and the emotions of the issue. Undocumented [immigrants present] an incredibly emotional issue. It's incredibly charged with politics as well.

I would argue to you that the issue is pretty much a federal issue looking for a local place to hide. If you consider the fact that . . . last year, [in] the last session of Congress in Washington, 785 bills were filed which had some level of undocumented concerns in them. Of those 785 bills, really only about four of them passed. Most of those [bills] dealt with the issues that I would call the three issues of border, bucks, and ballots. We seem to put more money into what we're going to do on the border, which José [Pagan] is much more attuned to telling you about because he lives right there on the border and teaches right there. A lot of funding went into beefing up the border. Congress didn't put [the money] into health care and didn't put it into education. Quite frankly, no disrespect to congressional elected officials, but we put far more into rhetoric than we put into anything else. So it really doesn't equate to bucks. If you're looking for bucks regarding an undocumented issue or this issue in particular, it's going to be for increased security at the border and you're going to see more of that particularly in Texas. That really relates back to your concerns for a ballot and what you're thinking about when you go into a ballot booth.

The next . . . issue that I discovered very quickly, the undocumented issue, has very, very few people . . . in the middle on this issue. Nobody came up and said "you know I really don't know how I feel about this issue. Why don't you tell me about it?" It's emotional and it's charged with emotion[] from emotional sides. We had people who would come to various town hall meetings. We'd have them say "because of what you do, my family will not receive care and then will die." It's hard to deal with those issues because they are emotional issues. Yet there is a side to that issue, which has other impacts as well.

I think part of the other impact is the political side. As Jennifer alluded to, being a public hospital, particularly a public hospital in Texas, you are in the throngs of politics. We, at John Peter Smith, receive \$250 million of our operating expenses from property taxes. In Texas, depending on where you are on your property levels and where you are with your property evaluations, you're going to pay anywhere from \$100 to \$800 a year in property taxes and it clearly says on your tax bill "Tarrant County Hospital District," which is John Peter Smith.

Again, in Tarrant County, being Fort Worth and surrounding areas, as well as here in Chicago, I've never met a person that came up to me and said, "You know what? I'm so delighted with my tax bill. I feel a bit guilty that I'm getting so many services. Could you figure out a way that I could pay more?"

I saw Mayor Daley this morning on the news and I heard all the people complaining about potholes in Chicago. I don't think Mayor Daley is going to fix the potholes out of his pocket. He's a nice man; he appears to be pleasant, but I doubt he's going out there and fixing them. It's going to take tax dollars to do it. When he does that, and when [he uses] tax dollars to do that, nobody is going to say, "You know what? Let me kick in a few more because I got a huge hole at the end of my yard." It's not going to happen, and it doesn't happen when it relates to health care either. As a public hospital, when you find yourself in a political issue, you find yourself being led to a large extent by the local, political function. For us, that is four county commissioners and we run our government in Texas at the local, county level. We have four county commissioners, which basically administer the entire county government. Those four county officials appoint the members of our board. We are political. It would be naïve and it would be denying the facts to admit that our hospital doesn't have a strong political element. Others are going to deal with it in different ways. Unfortunately, often times politics will have a stranglehold [on our policies which makes for] a very difficult situation.

We also have the financial side and that is looking at the money aspects and dealing with that. And it's a bit different depending on where your policy is and what growth stage you are in within the policy. With Parkland, the situation there, they are providing that care . . . . They deal with the bills, and then fortunately they assume some of those bills and it is very difficult on them. JPS finds itself in another situation that would require changing to provide care to the undocumented in a preventive type care situation.

Let's talk just about John Peter Smith's approach. First of all, about a year and a half ago, many public advocacy groups, including a group in Tarrant County called ACT (Allied Communities of Tarrant), got together and said they were frustrated with the policies of John Peter Smith. The current policies at John Peter Smith that provide care to the undocumented are urgent care, emergency care, prenatal and birth care, and school-based center care. We partner with our school districts in Tarrant County and provide nine school-based centers to provide health care in those facilities. That policy is provided to all individuals. It doesn't matter what your situation is or what your status is or anything else like that. We're going to provide the care in those cases and as Jennifer alluded to, most of the time [the care will be provided] in our emergency room. Although we are slight compared to Parkland, we received 92,000 people in our emergency room, about 810,000 patient encounters in a year and 7200 births at John Peter Smith. We don't have time to ask questions either and we don't so all that is provided to an undocumented population as well. The only thing that we do is when it comes to charity care, there are two questions asked at John

Peter Smith. That is a residency issue and that is a financial issue. We take up to 250% of the federal poverty line that comes in and qualifies for charity care at John Peter Smith. That would roughly relate to about, (and if you're a federal statistician I apologize) but that's about \$41,000 for a family of four. It's tough.

So [through] the actions of public advocacy, groups came to us and said "change your policy. We want you to provide preventative health care we want you to go beyond your emergency room. We want you to go beyond your urgent care centers. We want you to provide preventative health care on a charity basis to an undocumented population if they qualify." The policy here at John Peter Smith was not to provide that. Those groups came to the public hospital and lobbied the public hospital for that. What we needed was empirical data. We had anecdotal comments. We had emotional comments on both sides. Once the group started coming to our board meetings and they came with sixty and seventy people flooding our board meetings and saying, "You need to provide care for this population." Then the other side came, and we had very interesting meetings that were just shy of food fights because we serve food at our meetings. It got very, very difficult, the rooms got packed, and we had press. At that point what we said is "stop." We're not going to have this and we're not going to have that level. So what we did, which I think was one of our smarter decisions, is we chose to go to empirical data.

In July of 2007, we went to Phase II consulting. I will tell you this is not pitch; I don't get any money from them. I wish I did, but I will plug Phase II. They actually have a Chicago office, they have an Austin office, and they have an office in Utah in Salt Lake City. They're a wonderful firm. We found them to be pragmatic, and we found them to be straightforward in what we asked. When they came out with their study, people on both sides took it in. If you were for [expanding] charity care [to the undocumented population], you said this is a bogus report and the numbers are bogus. If you went to the other side and said aha, this is what we want to do. You said the numbers were right. What we said is you got to have a starting point. We really engaged them into four areas. First of all, they helped us define the population. They gave us at least a number to get an idea of what are we dealing with in Tarrant County, so we can be able to at least look at it.

We looked at the population estimate. We looked at the utilization and what that utilization would mean if the John Peter Smith hospital changed its policies. We then looked at its capacity, including what we currently had, what we could potentially serve, what we could not serve, and then we looked at the cost overall. What we found in that study was that the undocumented population in Tarrant County will grow from about 107,000 in 2007 to 167,000. Again, I thought what we did and what we

asked Phase II to do could not have been better, because I don't think they came in with any preconceived ideas.

The second thing is we looked at approximately 29,000 people out of the 107,000, which is about 27%, would enroll in what we called the JPS connection program. JPS connection is our charity care program and that is what I alluded to earlier.

If JPS were to increase its undocumented patients by the year 2017, it would probably mean about seventy additional beds. In fact in May, we increased our bed status by 108. We are licensed for 467 beds. We will increase that by 108 beds with our new pavilion that we've opened next to us.

We would have additional outpatient volume of 109,000 clinic visits, 309,000 outpatient surgeries, and about 600,000 prescriptions if John Peter Smith were to change its policies. The total cost of treating these additional patients would be about \$41 million in 2007 and \$114 million in 2017. Depending on where you fall on the issue, you can accept the numbers, you can reduce the numbers, you can add to the numbers. Whatever the case may be, what John Peter Smith wanted to do in its debate was at least put it on some level at which one could debate the issue. Our Board of Managers looked at that data.

Let's talk a little bit about what the future holds. Let me first of all give you a disclaimer. I thought Dallas would be in the Super Bowl. I really thought Britney Spears would stay married and I thought Cheez Whiz was real cheese. So I'm probably not a good person to predict the future for you. As we look at the crystal ball of the future, let's look at a couple of factors. I think this issue has probably got to be placed squarely as a fairly level type situation. When you look at a federal issue, particularly in Texas and I've not talked to Jennifer or José about this, but Texas should become more involved in federally qualified health centers. You have more federally qualified health centers in Chicago than we have in the entire state of Texas, if I'm not mistaken. I know that in Boston I think you've got twice as many. Federally qualified health centers are potentially an answer that the federal government should at least look at. They look at it throughout the nation and we just have not have addressed it much in Texas.

Also, increased funding from the level of state government and local government could help. Having served in the Texas House of Representatives, we do a very poor job of providing services in health care. We can't even get graduate medical education dollars that have been available every year for what we're trying to do to teach more doctors. The rhetoric of our politicians in Texas is to talk about how we need more doctors in Texas. The empirical data is there and then they go and decrease funding for education in Texas for graduate medical education programs.

That's the rhetoric that I think we need to stop. We need to stop it quickly. State government and local government needs to belly up to the bar and realize what they're doing and stop the rhetoric and stop the approaches of it.

I think the other factor to look at is the use of the emergency room versus preventative care. A lot of my comments at this point will be anecdotal, but we're dealing with an undocumented population and all the preventative health care is critically important. We all have to come to grips with it and deal with it in some form or fashion. Particularly at John Peter Smith, I think what you're seeing is that's not a population as well as any of us that do a lot of preventative health care particularly in program you have to sign up for, particularly in a program as we have for our charity care. We have to sign up every year for it. There is a reluctance to want to sign up for programs like that for an undocumented population for fear of any retaliation; for fear that they're going to be on a list. So it's difficult. The bulk of what we are receiving and where we are treating is in an emergency room.

Speaking of the future and what it holds, I would think the pressure (this is a comment beyond JPS), for John Peter Smith and other hospitals to deal with the preventative side in charity care is immense. I think that John Peter Smith will probably revisit that issue over and over again. At this point, there are huge numbers coming to our emergency room.

The big question for us that we grapple with is, if you change your policy what if it doesn't reduce the emergency room visits. There are some studies that indicate that it would. We've seen some studies that indicate that it may not. I don't know that the clarity is with that issue quite yet. I think that's what our Board of Managers is going to continue to look for. This is a grappling and a difficult issue particularly in the political setting that one finds itself in. [We're trying to] understand and deal with the politics one can't avoid. I think many of you who may take a position will say, "Well, just avoid the politics. Just do it." Again, I want to thank you very much for allowing me . . . to be here. Thank you all so very much.