

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

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In the Matter of the Application of

Index No. _____

COMMITTEE TO PROTECT OUR LENOX HILL
NEIGHBORHOOD, INC., CIVITAS CITIZENS INC., 145
EAST 76TH STREET CORPORATION, EAST 76TH
REALTY CO., INC., 829 PARK AVENUE
CORPORATION, PARK AND 76TH ST. INC., 885 PARK
AVENUE CORPORATION, 863 PARK AVENUE, INC.,
PARK AVENUE AND SEVENTY-SEVENTH STREET
CORPORATION, 875 PARK AVENUE CORPORATION,
1065 LEXINGTON AVENUE CORPORATION, ANDREW
PEARCE, BARBARA MINTZ, ELIZABETH
HERKELRATH, WILLIAM HERKELRATH, HILARY
CECIL-JORDAN, LENORE PASSAVANTI, PIERRE VAN
BOCKSTAELE, and WENDY LEHMAN LASH,

**AFFIRMATION OF
LOIS UTTLEY**

Petitioners/ Plaintiffs,

For a Judgment Pursuant to Article 78 and Sections 3001
and 6301 of the New York Civil Practice Law and Rules,

-against-

THE CITY OF NEW YORK, NEW YORK CITY
COUNCIL, NEW YORK CITY PLANNING
COMMISSION, LENOX HILL HOSPITAL and
NORTHWELL HEALTH,

Respondents/Defendants.

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I, LOIS UTTLEY, affirm as follows:

1. I am a Manhattan resident and the co-convenor of Community Voices for Health System Accountability (“CVHSA”). I submit this affidavit in support of the petition to vacate and annul the City’s zoning approvals granted in connection with the proposed redevelopment and expansion of Lenox Hill Hospital.

BACKGROUND

2. CVHSA is a statewide collaboration of non-profit health and human service advocacy organizations that focus on hospital and health system issues as they affect local communities, working to ensure that access to health facilities is equitable and affordable for all New Yorkers.

3. In addition to my role with CVHSA, I have worked for more than 30 years with coalitions across the nation to protect and expand access to care for medically underserved people and communities. I founded the Hospital Equity and Accountability Project at Community Catalyst, a national non-profit health advocacy and policy organization. I earned a Master's degree in Public Affairs and Policy from the Nelson A. Rockefeller College of Public Affairs and Policy at the University of Albany, and I have taught in the Master's in Health Advocacy Program at Sarah Lawrence College. I have served as Director of Public Affairs for the New York State Department of Health, President of the Public Health Association of New York City, and Chair of the American Public Health Association's Action Board.

THIS APPLICATION

4. The City's zoning approvals of Lenox Hill Hospital's proposed expansion plan fail to serve the health care needs of average New Yorkers. Instead, the approvals will only worsen existing health-care inequities and serve to further disadvantage those patients in underserved communities who need better access to timely affordable health care the most. In short, the significant downsides to the proposed expansion plan clearly outweigh any supposed benefits.

5. First, the project would add hospital capacity where it is not needed. Manhattan Community District 8 ("CD 8") on the Upper East Side of Manhattan (which is the Community District in which Lenox Hill Hospital is located) is already oversaturated with hospitals including New York Presbyterian/Weill Cornell Medical Center, New York Presbyterian/Alexandra Cohen

Hospital for Woman and Newborns, the Hospital for Special Surgery and Memorial Sloan Kettering, as well as the existing Lenox Hill Hospital. These facilities provide a combined total of 10.5 hospital beds for every 1,000 residents in CD 8. That is nearly four times the citywide average of 2.7 hospital beds per 1,000 residents. In fact, other neighborhoods in New York have far less hospital capacity. For example, the Lower East Side, which recently lost its long-time community hospital, Beth Israel Medical Center, now has less than one hospital bed per 1,000 residents. Queens has only 1.6 hospital beds per 1,000 people, Brooklyn only 2.1, Staten Island only 2.3 and the Bronx only 2.5. This disparity in hospital beds not only deprives residents of access to care but leads to overcrowding and long waits for care.

6. Lenox Hill Hospital claims that expansion is necessary to increase the total number of hospital beds from 450 to 475. However, Lenox Hill Hospital already has more beds than it can fill. Since 2017, the hospital's average daily census of occupied inpatient beds (the "ADC") has been under 350. In 2024, the ADC was 312 for a 70% occupancy rate. Earlier this year, the hospital reduced the number of beds which it was reporting to the New York State Department of Health to 344 and reported 71 vacancies. In short, there is simply no need to build a larger hospital. A smaller number of beds would free up funds which Northwell could use to expand capacity in underserved areas of the City.

7. Second, the \$2.5 billion cost of the project would likely result in an increase in Lenox Hill Hospital's prices which are already among the highest in Manhattan. According to a study conducted by Rand Health, Lenox Hill Hospital charges commercial health insurers an average of 335% of what it receives from Medicare for the same services contributing to significantly higher health plan costs for consumers. The same study calculated the commercial break-even price for Lenox Hill Hospital as only 132% of Medicare, producing a substantial margin.

8. CD 8 residents, who enjoy much greater-than-average access to nearby hospital care, also are among the city's more financially-secure and better-educated residents, according to analysis of the New York City Department of Health's Community Health Profiles.¹ Only six percent of CD 8's residents are living in poverty, compared to 18 percent citywide, and only two percent did not complete high school, compared to 18 percent citywide. Both financial security and education are among what are known as the "social determinants of health." It's not surprising, then, that CD 8's key health indicators are much better than citywide rates. For example, infant mortality occurs in only 1.2 of every 1,000 live births, compared to 18 citywide. Yet, CD 8 has been approved by city officials for more and better hospital care, including an upgraded maternity center.

9. Lenox Hill Hospital already caters to New York's wealthy and the proposed expansion will only exacerbate that disparity by providing much larger, private hospital rooms and luxury birthing centers. Although the hospital's officials claim the facility serves all New York City residents, analysis of 2022 hospital inpatient data from the New York State Department of Health's Statewide Planning and Research Cooperative System ("SPARCS") shows that Lenox Hill Hospital lags behind borough-wide and city hospital percentages for service to patients who are low income and insured by Medicaid. Lenox Hill's Medicaid discharges are 18% compared with 29% at Manhattan hospitals generally and 39% across all New York City hospitals. Indeed, the nationally respected Lown Institute gave Lenox Hill Hospital a D grade for inclusivity – ranking 119th out of 120 New York hospitals.

10. Lenox Hill Hospital's disproportionately low level of treating Medicaid patients is even more striking when it comes to pregnancy and childbirth care. According to 2022 data from the SPARCS database, Lenox Hill Hospital had the second-lowest percentage of Medicaid-insured

¹ NYC DOH Community Health Profiles, accessed at <https://www.nyc.gov/site/doh/data/data-publications/profiles.page>.

pregnancy and childbirth patients of any hospital in New York City, with a Medicaid patient percentage of just 15.1%:

Table 4 - MDC 14 (Pregnancy+Childbirth) NYC Hospital Discharges and Medicaid %, 2022

2022 SPARCS Discharges - De-identified

Accessed March 25, 2025


Hospital	All Discharges	Medicaid as %
	MDC 14	Total
Kingsbrook Jewish Medical Center	1	100.0%
BronxCare Hospital Center	1,779	91.1%
Bellevue Hospital Center	1,563	91.1%
Woodhull Medical & Mental Health Center	1,446	90.9%
Lincoln Medical & Mental Health Center	1,763	90.1%
Elmhurst Hospital Center	2,385	89.1%
St Johns Episcopal Hospital So Shore	478	88.7%
SBH Health System	804	88.1%
New York Presbyterian Hospital - Allen Hospital	2,352	87.7%
Wyckoff Heights Medical Center	1,178	87.3%
Queens Hospital Center	1,559	86.6%
Coney Island Hospital	1,540	86.6%
Metropolitan Hospital Center	1,028	86.2%
North Central Bronx Hospital	1,166	85.8%
Harlem Hospital Center	786	84.6%

Mount Sinai Brooklyn	6	83.3%
Jacobi Medical Center	2,123	83.3%
Maimonides Medical Center	6,466	82.5%
Kings County Hospital Center	1,575	81.7%
Flushing Hospital Medical Center	2,572	81.2%
Jamaica Hospital Medical Center	1,790	80.9%
NYU Langone Hospital-Brooklyn	4,191	80.3%
Brookdale Hospital Medical Center	786	78.2%
Montefiore Medical Center-Wakefield Hospital	1,308	78.1%
Montefiore Medical Center - Henry & Lucy Moses Div	60	76.7%
Montefiore Med Center - Jack D Weiler Hosp of A Einstein College Dr	3,602	74.6%
Long Island Jewish Forest Hills	2,192	73.9%
Brooklyn Hospital Center - Downtown Campus	1,479	73.6%
University Hospital of Brooklyn	780	72.8%
Staten Island University Hosp-North	2,943	70.4%
New York - Presbyterian/Queens	2,731	70.2%
Mount Sinai Morningside	9	66.7%
Interfaith Medical Center	7	57.1%
New York - Presbyterian Brooklyn Methodist Hospital	4,642	52.5%
Cohen Children's Medical Center	2	50.0%
NYU Langone Orthopedic Hospital	2	50.0%
Long Island Jewish Medical Center	6,530	42.6%
Richmond University Medical Center	2,857	42.6%
New York-Presbyterian Hospital - Columbia Presbyterian Center	4,736	41.8%
Mount Sinai Beth Israel	12	41.7%
Mount Sinai Hospital	6,953	35.4%
Mount Sinai Hospital - Mount Sinai Hospital of Queens	17	29.4%
Staten Island University Hospital Prince's Bay	14	28.6%
NYU Langone Hospitals	5,284	28.0%
Mount Sinai West	4,674	23.4%
New York-Presbyterian/Lower Manhattan Hospital	1,872	19.9%
Lenox Hill Hospital	4,184	15.1%
New York-Presbyterian Hospital - New York Weill Cornell Center	8,006	12.9%

By comparison, 13 other New York City hospitals had pregnancy/childbirth discharges with more than 85% Medicaid-insured patients, 12 had discharges of 75-85% Medicaid and 11 had discharges of 50-74% for the same time period. Even Long Island Jewish Hospital (also owned by Lenox Hill Hospital's parent system, Northwell) had a pregnancy/childbirth discharge percentage of 42.6% for Medicaid enrollees.

11. In summary, the record does not come close to justifying this massive and expensive project, which will only exacerbate health inequities in New York City by adding hospital capacity where it is least needed, leaving underserved areas of the city without adequate hospital capacity.

I affirm this 5th day of December , 2025, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, except as to matters alleged on information and belief and as to those matters I believe it to be true, and I understand that this document may be filed in an action or proceeding in a court of law.



LOIS UTTLEY