

March 31, 2023

Thank you, Madame Chair, Mr. Vice Chair, and members of the committee for revisiting this important issue. Thanks to everyone who is here today. Also, please note who isn't here today. Thank you for allowing our members and our union the chance to update you.

I don't have another 20 minute presentation for you today, thankfully. I wish that was because I was here with a clearer picture of why Ascension closed the only labor and delivery on the south side. I wish I could say that we uncovered some proactive messaging to the community that Ascension delivered to affected patients before they closed the only labor and delivery on the southside with a few days' notice right before Christmas, but I can't. I wish I could tell you that there have been virtually no pregnant patients who've walked into the St. Francis ED in crisis, but I can't say that, either.

Since we last met, Ascension has presumably fired, perhaps simply "lost" their statewide CEO, COO, Chief Nursing Officer, Chief HR Executive, and the director of communications. They are shuffling the executive deck to seemingly acknowledge the problems within the corporation while they are simultaneously defending the decisions of the corporation; they seem to be trying to solve a problem while refusing to acknowledge a problem even exists. We urge you not to be placated by these changes. We hope they represent a sincere desire to improve their behavior, but time will tell.

Meanwhile, pregnant people on the south side have to find their way across town somehow, by bus or ambulance, the barriers of cost and time be darned. After all, that's not Ascension's problem. Ground ambulance bills are the patient's responsibility, even after the No Surprises Act became law. It is Ascension's responsibility to provide a public service, though, and that responsibility is why Ascension can operate as a non-profit. Despite this obligation to the public, Ascension made this decision to cut services in private. In fact, they've failed to provide any proof that they informed patients of this supposedly well thought-out, clinical decision they claim to be validated by the data.

And let's talk about the data: St. Francis' birth rates, according to Ascension themselves, declined by 48% since 2017, a significantly more severe decline than other Milwaukee area Ascension hospitals and a more severe decline than the general birthrate in the city. And Ascension wants you to believe that this stark decline is due to "choice" of the patients and families on the southside. This decline isn't an organic result of free will or external circumstance.

Ascension doesn't want you to remember that they slashed the total staff in our hospital by almost 50% since 2017, hollowing out our hospital, which certainly has an effect on usage and capacity of the hospital. Ascension would also like us to ignore the fact that St. Francis serves the zip code with the

highest birth rates in Milwaukee County. In presenting the argument of declining birth rates as an explanation for closing this service for this community, Ascension has committed an ecological fallacy. They don't want you to question their inappropriate extrapolation of data. Their explanation is nothing more than a manipulation of numbers that also ignores years of intentional decisions to cut staffing and capacity at St. Francis.

Before Ascension closed L&D, they slowly shut down the PNAC (perinatal assessment center) and moved the Sonographers that worked there to StJoes - that was the area that specialized in the 2nd and 3rd trimester ultrasounds, especially for high-risk patients.

The remaining General Ultrasound department continues to provide 1st trimester ultrasounds and has scanned almost 150 1st trimester pregnancies - primarily through the ER - since the L&D was closed. Patients come to SFH for pregnancy care, but the care pathway leading to giving birth at SFH was strangled long before L&D was closed.

In short, the choice of where to give birth is not a free choice; Ascension has forced the choice on families, yet hundreds of families still chose to come to St. Francis to deliver their children. The decline in birth rates at St. Francis appears to be a direct result of Ascension choosing to starve the hospital, and by extension the entire southside community, of much needed resources and support.

Finally, the crises in staffing and reported concerns over quality of care at Columbia St. Mary's have not been addressed. We've not seen any evidence that the staffing and quality of care issues chronicled in various outlets has been meaningfully improved, yet Ascension wants us to believe it is the safest place to receive care. They shouldn't even be pitting their hospitals against each other, competing for crumbs.

The fact of the matter is that Ascension, and not for profits like Ascension, are supposed to care for communities like the south and north sides of Milwaukee. They amass their wealth through tax breaks and private investments, and they're supposed to reinvest that wealth into the not-so-profitable hospitals. We have been here before - almost exactly 5 years ago, actually. Ascension planned to cut services at St. Joe's and move them to St. Mary's, and they would have done exactly that had community members and elected officials let them. But we didn't.

That's why we and everyone else testifying with us today urge the committee and eventually the full council to pass this resolution to restore services, prevent future cuts, and demand that Ascension invest its billions into bettering the lives of Milwaukeeans. Ascension can say whatever they'd like, but they've shown us who they are before. It's time we believe them. Medical redlining is medical redlining on the north side and the south side. We can stop this and take action together to guarantee quality healthcare across the city.

Thank you.

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