

December 2, 2020

SENT VIA EMAIL & CERTIFIED MAIL

Mr. Bernie Sherry, Senior VP
Ascension Wisconsin
400 W River Woods Pkwy
Glendale, WI 53212

Ms. Monica Hilt, COO
Ascension Wisconsin
400 W River Woods Pkwy
Glendale, WI 53212

Dear Mr. Sherry & Ms. Hilt:

This is an unprecedented time, without a doubt, and the urgency of this moment cannot be overstated. We are both well-aware that the stress on our healthcare system is unlike anything we have ever witnessed. You have begun to acknowledge the severe toll that this pandemic is taking on your frontline nurses and health professionals, but we must do more. I write to you in that spirit.

Our union represents almost every person who works at Ascension St. Francis. Our members have cared for their community at this hospital for decades and have survived numerous mergers and acquisitions. We have a contract in place that both parties have agreed to abide by that provides safe working conditions, fair compensation, and a means to address disputes in the hospital as they arise. Unfortunately, during these toughest of times when we need collaboration and dedication to tackling this pandemic together, Ascension has chosen to ignore the needs of its employees and obligation to partner with them through their union, throwing away collaboration and obligations under our legally-recognized labor and management relationship in lieu of the heavy-handed implementation of a "system-wide" approach that is devoid of frontline workers' input. This is a severe mistake that we can and must remedy.

The result of Ascension's approach is that good nurses and healthcare workers are breaking down in tears at work and at home, seeking employment with other healthcare systems, leaving the field of healthcare all together, or suffering silently. These dedicated caregivers are happy to go above and beyond, but they need and deserve support in order to do so for the remainder of this pandemic and beyond. The way Ascension has chosen to treat our members at St. Francis may very well create an additional crisis when we emerge from COVID-19. Healthcare workers will remember the way they have been treated. They will remember the disconnect between seeing "Heroes Work Here" signs in their hospitals and the feeling of burnout they have lived with over the past 8 months. They will remember the lack of paid leave when they got sick and the absence of hazard pay in their paychecks despite the billions in federal assistance Ascension has received to date. Many will choose a different career, but you will still have hospitals and clinics to operate, and the people of Wisconsin will continue to need skilled nurses and healthcare workers. Please do not lose sight of the long-term effects of these short-term decisions. Now is the time more than ever to live the values in your mission statement and make real the promises to deliver "spiritually centered, holistic care which sustains and improves the health of individuals and communities" that your organization routinely cites in statements to the press in Milwaukee, Wisconsin, and throughout the country.

In the event you were unaware of the discussions that have taken place at St. Francis, please let me provide some context.

- **On March 17**, our union sent requests for information and assistance that would show the nurses and healthcare workers on the frontlines that they would be physically, emotionally, financially, and spiritually supported as we battled this pandemic. Those requests were and continue to be ignored, as was our union's desire to partner and use everything at our disposal to do everything we can to care for our community.
- **On March 25, 31, April 1, 4, 6, and 9**, we discussed the requests for assistance and the labor pool that was enacted to move staff and resources to the areas of greatest need. Each request and solution failed to be implemented after each discussion.
- **On April 15**, Ascension St. Francis provided information we had requested in March regarding the proposals and people who would be working in the labor pool.
- **Throughout April, May, and June**, we exchanged proposals via email only relevant to the requests for assistance and information. Ultimately, we could not agree on specifics because management was ultimately unwilling to consider our proposals in any meaningful way.
- **On July 28**, we met to discuss the staffing grids in place in the hospital. We had approximately one dozen members in attendance who were prepared to discuss the staffing shortages across the hospital. St. Francis management shut down any and all conversation related to their concerns. Issues we attempted to raise included **significant staffing concerns in the ED, the 3rd floor, the 6th floor, and the ICU**. Management chose not to engage with these frontline workers or our union, and in so doing, missed a critical opportunity to gather feedback and adjust the staffing plan in effect to deal with COVID-19.
 - Of particular importance is the result of a survey our union prepared in advance of this meeting. Frontline caregivers in St. Francis hospital overwhelmingly said **they did not feel their unit was safely staffed (89.3%)** and that **they do not feel supported by management in the hospital (84%)**. Clearly, those 84% were not provided any evidence in this meeting that their concerns would be addressed.
- **On October 20**, an RN and surgical tech delivered a **petition from staff on the 3rd and 6th floors** requesting, among other things, functional equipment, additional staff to safely monitor teles, and better communication with management. These concerns were similar to what they attempted to share on July 28 and were never addressed. The petition was delivered to the president of the hospital and chief nursing officer, among other management officials.
- **From March through October**, the turnover rate within the hospital is alarming, according to data provided by the hospital. The turnover rates within the specific departments who were in attendance at the meeting on July 28 are even more telling.
 - The turnover rate on the 3rd and 6th floor is 24.27%
 - The turnover rate in the Emergency Department is 18.64%.
 - The turnover rate in the ICU is 38.60%.
 - For comparison, the turnover rate in the entire hospital is 17.85%.
- **On November 11**, St. Francis management informed our union they were "finished bargaining" over COVID-19 pay practices and working conditions. This message was delivered at the beginning of the meeting that was specifically scheduled to continue the ongoing negotiations.
- **On November 12**, we were informed with less than an hour's notice that HR would begin informing our members who work as operators that they will be laid off due to a restructuring decision to host their positions out of the corporate office in Glendale. This was not mentioned at the meeting the day

before, and HR sent a request only hours after we met on November 11 for this meeting at 9 AM on November 12.

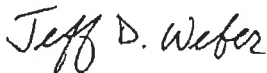
- **Most recently**, the surgery department has become severely understaffed due to staff turnover. There will be only 3 RNs remaining in the entire department.

Clearly, the above timeline demonstrates that administration of the hospital has absolutely failed to incorporate their employee's experiences and feedback into the hospital's response. Despite a contract and longtime relationship with these employees via our union, management has refused cooperation at its own peril. The turnover rates within the ICU, stepdown units, and emergency department should prompt a change in approach. We attempted to inform the administration of the issues and bring forward solutions that would improve their working conditions and the conditions in which the patients of this community will receive care. It is beyond irresponsible to turn away dedicated nurses and healthcare workers who want nothing more than to do their jobs to the best of their abilities. Not only were they turned away, unfortunately, but many of them were ultimately driven out of the hospital. This is unacceptable in the best of times, but it is absolutely disgusting during a pandemic. Ascension has received billions of dollars in relief money and maintains a tax-exempt status to provide a community good. The community is being actively harmed as a result of this flawed attempt to meet the challenges of this crisis.

We need good nurses and healthcare workers right now more than ever. Ascension cannot continue on with this approach or there will be no St. Francis Hospital. If it is Ascension's intention to continue delivering "compassionate, personalized care" to the community of Milwaukee, then things must improve. In order to do that and truly honor your healthcare heroes, you must begin to cultivate a collaborative relationship with them.

We ask for your partnership in these challenging times through the immediate actions: implementation of paid COVID-19 leave bank of at least 80 hours for all healthcare workers who must quarantine or care for a loved one, regardless of where the company believes they were exposed to the virus; meaningful hazard pay policies for all healthcare workers in your employ to acknowledge the unparalleled difficulties they have endured through this pandemic; and a substantive discussion with frontline staff via our union and joint development of a plan to stabilize the staffing crisis at St. Francis.

We await your response.



Jeff Weber, RN, WFNHP President



Jamie Lucas, WFNHP Executive Director

cc: Kristin McManmon
Jill Berg
Kathy Bouma
Sean Lees
Andrew Leatherman