

The ink is barely dry on CPMC's Development Agreement allowing CPMC to build a luxury hospital on Cathedral Hill in return for a promise to keep St. Luke's Hospital open, thriving, and attuned to community needs of its patient base. This letter outlines some of the cuts CPMC has made, signaling an intention to return to their past policies of racist medical redlining combined with a new twist: neighborhood gentrification. As the only hospital besides SF General in the poor, minority, medically-underserved South East sector of San Francisco, St. Luke's must be kept alive, thriving, and configured to meet community needs. CPMC's intentions are summed up in their public testimony saying, "We're primarily working with our medical staff in combination with the demographics of the neighborhood we anticipate serving, not the neighborhood we serve today but the neighborhood we're going to serve in the future, which we hope will be better employed and better educated."

The St. Luke's Diabetes Center: Implications for the New St. Luke's?

Subtitle: Cuts to Spanish-speaking staff will hurt Latinas

By Ken Barnes, M.D., long-time member of the medical staff of St. Luke's Hospital

On March 12 of this year California Pacific Medical Center (CPMC), owned by Sutter Health, suddenly announced several layoffs at its St. Luke's Hospital Diabetes Center. These included the director and founder of the Center, Sylvia Recinos, a nurse who had been at St. Luke's for 26 years, having founded the Center 18 years ago, and is bicultural and bilingual (Spanish). Also laid off was Ana Mayorga, a bilingual and bicultural (Spanish) administrative assistant who had been with the Center for 17 years, whose responsibilities included intake and registration, marketing, and scheduling; and Joan Woerner, a Spanish-speaking dietician who had been with the Center for 12 years.

What is particularly disturbing about this action is that the patients of the Center are largely Spanish-speaking. Fifty-two percent of the patients have gestational or pregnancy-related diabetes, and of these, 66% are monolingual Spanish-speaking. To put this into further context, 70% of all visits are for gestational diabetes. The impact of these changes has been felt immediately, leaving the obstetricians at St. Luke's scrambling to find ways of taking care of these patients.

Relying on "as needed interpreters"

To "replace" the loss of the nurse-director and dietician, CPMC has transferred 3 diabetes educators, one a dietician and two diabetic nurse educators, from their Center for Diabetes Services at the California campus. Furthermore, none of these people speak Spanish. Instead, CPMC initially placed a full-time interpreter at the St. Luke's Center who was male, interpreting for women who must talk about very personal issues and are uncomfortable doing so. Recently, CPMC has made interpreters available on an as-needed basis, having them come from other places to St. Luke's in order to translate. Sometimes, if an interpreter is needed, they will

get one on the phone and have a three-way conversation. This has often meant significant waiting times for the patients if an interpreter is not available right away, and use of the interpreter results in visits that take almost twice as long. In fact, this replacement is more of a displacement and diminution of the community purpose of St. Luke's Hospital.

These administrative decisions have established cultural and linguistic barriers that undermine well researched and known hospital practices that increase health risks rather than address the practices that enhance the patient's health. Inserting interpreters adds another layer of complexity that cannot possibly come up to the previous standard of care with Spanish-speaking educators.

There are no plans to replace the administrative assistant with a Spanish-speaking person. Instead there will be a sign on the door, telling patients that someone will come out to get them for their appointment. All phone calls and scheduling is going through people at the California campus Diabetes Center, none of whom speak Spanish. The reasons given for these actions was "cost savings," where the two new nurse educators and dietician were said to cost less than the nurse director and dietician who were laid off. Two dieticians were laid off at the California campus out of 12 staff members, compared to 3 of 5 staff laid off at the St. Luke's campus.

The message is: the staff of educators at St. Luke's, and the patients at St. Luke's, are more expendable than the staff and patients at the California campus. Most of the patients at St. Luke's are uninsured or have MediCal. We have learned that at the Palo Alto Medical Foundation, which is part of Sutter, their diabetic center does not serve uninsured patients and only a few MediCal patients which might explain, in part, why these changes are being made.

What is particularly concerning is that only the dietician transferred to St. Luke's has minimal experience with managing gestational diabetes. Many of these women require insulin management during pregnancy, and the new people have little to no experience in doing this. Besides not speaking Spanish, this dietician cannot meet anything close to the significant needs of the patients.

Cynically, CPMC says it is leaving the St. Luke's Diabetes Center "whole." Are they really serious? Do they think we cannot see that this is an attack on the Spanish-speaking and low-income patients who use the Center, and St. Luke's Hospital? Do they not see the racist implications of their actions?

We have recently learned that CPMC has agreed to form a committee that will "study" the situation. This delay, where women will receive little or no treatment, exposes pregnant women with diabetes to birth defects, miscarriages, and can lead to over nutrition and large babies, which often require caesarean section for delivery or generally increases the risks during vaginal labor and delivery.

Cost Savings or Callous Disregard for Community?

At a Sutter top administrative meeting in the last few weeks, spokespeople said that Sutter is doing extremely well financially, well enough to fund bonuses and pensions, and maintain healthy financial reserves. Pat Fry, the CEO of Sutter, receives a salary of approximately \$5 million per year, 5 administrators have salaries of over \$2 million per year, and 14 have salaries of \$1 million or more. CPMC said that it had projected a \$170 million profit for last year, but made only \$90 million, and tried to pass this off as having lost \$80 million. If this is true, why the layoffs at the Diabetes Center, ostensibly for “cost savings?”

Furthermore, this gives an idea of what Sutter/CPMC has in mind for the “new St. Luke’s.” At a recent Board of Supervisors committee hearing, Mike Cohill, the Sutter West Bay region President, said: “We’re primarily working with our medical staff in combination with the demographics of the neighborhood we anticipate serving, not the neighborhood we serve today but the neighborhood we’re going to serve in the future, which we hope will be better employed and better educated.” Could this be any more clear? What Sutter plans is to push out the lower income and Spanish-speakers, those with MediCal or no insurance, and replace them with the “new demographic” of the Mission and South of Market, the dot.comers moving in who are more affluent and more likely to have good private pay insurance.

We understand that this demographic change will need to be accommodated, but is this to be at the expense of those who live in the southern part of the City and have for several generations used St. Luke’s as their primary hospital? Does Sutter really believe that they will be able to create a bubble that keeps the surrounding community out?

Cuts to Services – A Continuing Trend

The Diabetes Center issue needs to be seen in the context of numerous cuts in services at St. Luke’s that have taken place over the past several years. The outpatient laboratory in the Monteagle medical office building recently began closing during the week at 4:30 PM instead of 6:30 PM. This means that a doctor in the building who sees a late afternoon patient who needs immediate blood tests cannot get them. The Cardiac Catheterization Laboratory at St. Luke’s was closed a few months ago. Although its use for heart procedures was limited, a vascular (blood vessel) surgeon was using it for various procedures which can now only be done at Pacific campus, which means the ambulance transfer of patients. Recently the ICU at St. Luke’s has been admitting patients directly from the emergency rooms at Davies and Pacific campuses, virtually all of whom are homeless, uninsured, and substance users, and Sutter/CPMC is upset that St. Luke’s is not bringing in enough money to their system. Nuclear Medicine has been closed for several months, which means that if inpatients need these services, they need to be transported to Pacific campus, or if outpatient nuclear medicine procedures are needed, the patients have to travel to the other side of the City.

What appears to be happening is a slow dismantling of services at St. Luke’s, and we wonder what implications there are for the new St. Luke’s?

We have also just learned that Sutter/CPMC intends to start construction of the new St. Luke’s this coming October. And not only that: they have discussed with the Medical Executive Committee (the leadership of the medical staff) their plans for services at the new hospital.

There has been no mention of Centers of Excellence in Senior and Community Health and Low Intervention Obstetrics, all of which were strongly recommended by the Blue Ribbon Panel of 5 years ago. There have been no efforts by CPMC to reach out to the communities served by St. Luke's and solicit their input into the mixture of services at the new hospital.

The changes in the Diabetes Center cannot go unaddressed. CPMC demonstrated blatant disrespect and cruelty towards the Spanish-speaking employees in how these layoffs were done, all of whom had years of service at St. Luke's. The use of non-Spanish-speaking replacements is at best disrespectful of the monolingual Spanish-speaking patients, and at worst a terribly racist action. In addition, to replace diabetic educators who had years of experience working with women with gestational diabetes with educators with no experience is disingenuous at best. Compounding this, having male interpreters for pregnant women shows an extreme insensitivity to women.

San Franciscan's for Healthcare, Housing, Jobs, and Justice (SFH2J2), a coalition of labor and community organizations that has for several years been intimately involved in the struggle for a St. Luke's Hospital that serves the needs of all people, including the uninsured and low-income people, calls for:

1. The re-instatement of all employees who were laid off at the St. Luke's Diabetes Center, making the Center whole once again.
2. CPMC to seek counsel from a process convened by SFH2J2 that solicits input from the community regarding the mix of services at the new St. Luke's.
3. The planning, with community input, of Centers of Excellence in Senior and Community Health as well as Low Intervention Obstetrics.
4. Accountability and transparency on the part of Sutter/CPMC as it develops plans for the new St. Luke's and Cathedral Hill campuses. There needs to be a mechanism in place that monitors Sutter/CPMC's adherence to the Development Agreement that was signed last year by the Mayor's Office, the Board of Supervisors, and Sutter/CPMC.