

From: [Mary Youhn](#)
To: [Constantino, Mike](#); [DPH.HFSRB](#)
Subject: [External] Alexian Brothers Proposed Labor and Delivery closure
Date: Tuesday, October 28, 2025 8:13:34 PM

Please refer to the information below. I feel that the closure is for greed and that Alexian is not living up to their mission. We are a community hospital that deserves the level of care for our community.

DEMANDS

Nurses demands:

The Illinois Health Facilities and Services Review Board must DENY Alexian Brothers request for exemption for a Certificate of Need, and application for exemption for the discontinuation of the 28-bed obstetric category of service at Alexian Brothers Medical Center, 800 Biesterfield Road, Elk Grove Village, Illinois (#E-008-25).

Ascension must fulfill its mission and take the following steps to become an industry leader in combating the meteoric rise in obstetric health care deserts and lowering the pregnancy-related mortality rate:

Listen to nurses, safely staffing every unit to ensure the best care for patients;

Maintain obstetric services at Alexian Brothers Medical Center

Commit to reopening closed labor and delivery wards; and

Provide obstetrics services at all new hospitals Ascension opens or acquires.

Background information:

In July of 2025, Alexian Brothers Medical Center in Elk Grove Village filed an application with the state of IL to discontinue services at its 28-bed obstetrics unit. Since then, nurses have fought against these cuts for the safety of their patients.

Facts and themes you can add to your testimony:

The Dangerous Trend

The US has the highest rate of death among pregnant women and infants among comparably wealthy countries.

The maternal mortality rate is more than ten times the average among comparable wealthy nations, such as Australia and Japan, and infant mortality is almost double.

For the first time in two decades, infant mortality has risen, largely due to pregnancy-related complications.

Experts attribute this increase to limited access to specialists who specialize in complicated pregnancies.

A recent report by the Centers for Disease Control and Prevention (CDC) found that in 2021, maternal mortality in the United States increased by almost 40 percent, to 33 deaths per 100,000 live births — further widening longstanding racial disparities.

Black women are more than twice as likely to die during childbirth and are nearly three times more likely to die in childbirth than white women.

As health outcomes for patients delivering babies and infants have plummeted, a recent report by March of Dimes found 36 percent of U.S. counties now lack obstetrics services at hospitals or birth centers.

Hospital consolidation has skyrocketed over the past two decades. More than 67 percent of hospitals belong to a larger system, compared to just 45 percent of hospitals in 2000.

Numerous studies have found highly consolidated health care markets lead to an increase in prices, and may even result in worse patient care outcomes.

The elimination of obstetric services, the branch of medicine that provides care during pregnancy and childbirth, has emerged as a major casualty of hospitals in highly concentrated markets that want to cut costs.

NURSES SPEAK

Nurses say that shutting down obstetrics units usually also means forcing patients to change doctors or providers — perhaps even during a pregnancy — which can cause interruptions in the continuity of care and added stress for patients, especially if the new provider hasn't been with them throughout the current pregnancy or previous pregnancies.

In communities where Ascension still provides obstetrics services to pregnant patients and babies, nurses report that they are severely under-staffed and under-resourced, and specialties within obstetrics (such as antepartum and nursery care) are being discontinued.

Ascension is also removing departments, like higher levels of neonatal intensive care services, and consolidating them at regional facilities.

Ascension is GREEDY, not struggling financially-

Ascension is the second-largest and wealthiest nonprofit and Catholic health system in the country. In fiscal year 2021, Ascension reported a net income of more than \$5.7 billion, and the system's CEO took home a compensation package worth more than \$13 million. Additionally, according to a 2022 Securities and Exchange Commission filing, Ascension runs an investment company that manages more than \$41 billion.

In 2012, there were 3,059 hospitals with a labor and delivery department. Between 2012 and 2021, 469 labor and delivery departments closed in the United States.

In 2012, Ascension hospitals had 61 labor and delivery departments. Between 2012 and 2021, Ascension closed 11 of its labor and delivery departments. Just since 2022, Ascension has closed five more of its labor and delivery departments — for a total closure rate of 26 percent of those labor and delivery departments existing in 2012.

Ascension's obstetrics closures disproportionately impact metropolitan areas. Between 2012 to 2021, Ascension cut 21 percent of its labor and delivery units in metropolitan areas, whereas the closure rate for metropolitan obstetrics units nationwide was only 6 percent.

The median poverty rate of census tracts with Ascension hospitals that provide obstetrics services is 10.5 percent, while nationally, census tracts with closures is 13 percent. Since 2012, 10 out of 16 hospitals with obstetrics closures are in census tracts with higher poverty rates than the surrounding county. (A census tract is a small geographic subdivision of a county for which the U.S. Census Bureau collects data.)

In 2022 and 2023, Ascension closed five obstetrics units. Four out of the five closures were at hospitals with a higher Medicaid participation rate than the surrounding county average.

Since 2017, Ascension has closed obstetric services at 10 hospitals, with eight of these closures in neighborhoods where the number of Black and Latine residents is higher than the surrounding county.

All five of Ascension's obstetrics closures since 2022 were in health care markets that are moderately or highly concentrated, meaning there is less competition from other health care systems in the area.

Half the counties where Ascension closed labor and delivery units have higher rates of infant mortality than the national average.

The conditions Ascension nurses are reporting track with a broader pattern of Ascension's greed, which has garnered the scrutiny of local and national news media and regulators, including:

A February 2023 letter to Ascension CEO Joseph Impicicche by U.S. Sen. Tammy Baldwin, calling into question Ascension's nonprofit status and mission-driven values.

Two separate reports in January 2023 from Milwaukee, Wis., discussing "disruptions to patient care, long wait times in the emergency department, delayed surgeries and staff concerns about patient safety" at Ascension facilities.

A lawsuit filed by Travis County, Texas in January 2023, alleging a breach of contract by Ascension-owned Dell Seton Medical Center, arguing Ascension had not complied with "its commitments to...the low-income Travis County residents who depend on Central Health for healthcare services."

A December 2022 Wall Street Journal investigation into Ascension's deals, finding it has closed hospitals serving low-income neighborhoods and communities that have private insurance coverage below area median levels – instead choosing to open facilities in wealthier neighborhoods.

A December 2022 New York Times investigation into Ascension's staffing conditions, reporting that the hospital "spent years reducing its staffing levels in an effort to improve profitability, even though the chain is a nonprofit organization with nearly \$18 billion of cash reserves."

A November 2021 STAT

News investigation, describing Ascension as a hospital system “moonlighting as a private equity firm,” valued at \$1 billion.

SOURCES

<https://www.nationalnursesunited.org/press/ascension-has-cut-a-quarter-of-its-labor-and-delivery-departments-in-the-past-decade>

https://www.nationalnursesunited.org/sites/default/files/nnu/documents/1223_AscensionSeton_Obstetrics_DangerousDescent_Report.pdf