

## State agency explains objections to hospital

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REPUBLICAN-AMERICAN

Wednesday, September 5, 2012 11:29 PM EDT

WATERBURY — A plan to build a separate facility offering reproductive services as part of a new hospital in the city fails to serve "those who need it most" and would not be financially sustainable, says the Permanent Commission on the Status of Women.

Teresa Younger, executive director of the state agency charged with monitoring policies and practices that affect Connecticut women, outlined the commission's objections to the "women's pavilion" recently proposed by Waterbury Hospital and LHP Hospital Group.

Waterbury Hospital and LHP had proposed creating a stand-alone \$11.5 million, 12,000-square-foot medical facility that would be located across a parking lot from the new hospital. The women's pavilion would offer C-sections, tubal ligations — including those done following a C-section — and vasectomies.

Sterilization procedures like tubal ligations and vasectomies are contrary to the ethical and religious directives (ERDs) of the U.S. Conference of Catholic Bishops. Saint Mary's Hospital, Waterbury Hospital and LHP have agreed to uphold the ERDs as part of their planned merger. The women's pavilion would be owned separately from the venture with Saint Mary's. Abortions would not be performed in the hospital or pavilion.

A major point of contention from the perspective of PCSW has become defining what is "low risk" for a woman who would want her tubes tied after a C-section. According to the proposal for the women's pavilion, only low-risk patients would be treated in the facility.

For example, that definition would exclude a woman with conditions such as gestational diabetes, and the women's pavilion would only be for a "narrow population of those who have scheduled, low-risk Caesarean sections and wish to have tubal ligation post-partum," Younger wrote in a letter to Waterbury Hospital CEO Darlene Stromstad.

Younger continued: "It's well known that all deliveries carry inherent risk and that babies do not necessarily arrive on schedule or according to plan; therefore, even women in the select category may find themselves, or their baby, in distress due to unforeseen factors."

THE COMMISSION'S OBJECTIONS, while carrying little legal force, are important because Gov. Dannel P. Malloy has made it clear that the state government will not support any hospital merger that reduces services to women in the Waterbury area.

Dr. S. Mark Albini, chairman of obstetrics and gynecology at Saint Mary's Hospital, said the women's pavilion would include the majority of patients seeking reproductive services.

"Most of the elective C-sections are low-risk and most of obstetrics are low-risk and I think the vast majority of women would be taken care of," he said. "I would never want anyone's rights to be subjugated and we are talking about raising the standard for 250,000 people in the area and we are talking about offering services we don't offer now."

In 2011, 250 tubal ligations were performed at Waterbury Hospital, including 76 done immediately after a C-section. As for the financial concerns, Younger said the proposal from Waterbury Hospital and LHP estimated the center would start to lose money in its sixth year.

"We shouldn't be pouring money into something that at the end of the day could close," Younger said.

Plus, she said, the estimate from Waterbury Hospital and LHP that between 480 and 520 women annually would qualify for pavilion services "seemed high."

Possible solutions put forth by PCSW included offering certain women's health services in a "hospital within a hospital" — a separately owned entity similar to the women's pavilion but located inside the main medical center. But such a possibility has been rejected by Saint Mary's Hospital and the Archdiocese of Hartford.

Sheila Reynertson, an advocacy coordinator with MergerWatch, a New York City-based nonprofit that monitors hospital mergers, also supports that scenario.

"It would be great if that (a hospital within a hospital) could be put back on the table," she said, citing an arrangement in Troy, N.Y., between a secular and Catholic hospital that has proved successful.

ALTHOUGH THE PEOPLE INVOLVED IN THE NEGOTIATIONS admit the women's health services has been an obstacle, it's not the only issue.

"This deal is not falling apart because of our assessment of the plan," Younger said. "It is falling apart because of people not willing to bend and because of timelines and contracts. It's not because women are saying, 'Our health choices are more important than whether this multi-billion-dollar deal happens.'"

Younger said she is in regular contact with Waterbury Hospital officials about finding solutions acceptable to all parties.

"We appreciate all of their efforts to preserve and protect services currently offered to women," she said.

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