

RELIGIOUS HEALTH RESTRICTIONS

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Catholic Bishops Crack Down on Hospital Merger Compromises That Would Save Reproductive Services

How is health care limited at Catholic hospitals?

Catholic hospitals are governed by the Ethical and Religious Directives for Catholic Health Care Services (the Directives), a set of rules developed by the Catholic bishops of the United States and approved by the Vatican in Rome. These Directives

U.S. Catholic Bishops take action against compromises that allow reproductive health services to be continued at non-Catholic hospitals when they merge with Catholic health facilities.

ban contraception, sterilization and abortion, and also restrict access to emergency contraception, infertility services and genetic testing. Hospital staff are barred from recommending condom use to prevent pregnancy or the transmission of STDs or HIV.

What happens when Catholic hospitals join with non-Catholic facilities?

Local Bishops may insist that the Directives be applied to non-Catholic hospitals when they merge or form business partnerships with Catholic facilities. While Catholic hospitals aren't allowed to provide sterilizations, in the past many of their non-Catholic partner hospitals have been allowed to do so in the interest of protecting community access to this



Illustration: Bruce Rosch

procedure, which is the most popular form of birth control in the United States. These negotiated compromises have allowed sterilization services to continue under a variety of arrangements. When a Catholic and a non-Catholic hospital have only partially merged, sterilizations sometimes have been allowed to continue at the non-Catholic facility. In other cases, a separate facility has been created in a stand-alone building or on a separate hospital floor to provide sterilization services.

How have the Catholic Bishops cracked down on hospital compromises?

In 2001, the Bishops revised the Directives to forbid Catholic hospitals to cooperate with the provision of sterilization, which put the status of sterilization at their non-Catholic partner hospitals in doubt. The dissolution of negotiated compromises has real-world impact on the ability of women to obtain voluntary female sterilizations (tubal ligations).

Many women make the decision to have a tubal ligation at the time they deliver a child, if they feel their families are now complete. A post-partum tubal ligation makes especially good medical sense when a woman already is undergoing anesthesia for a cesarean section delivery.

Because the Catholic Church has changed the rules, hospitals have been forced to go back and change agreements that had protected patients' access to vital services such as sterilization.

- *Case example:* City-owned Brackenridge Hospital in Austin, Texas, is managed for the city by Catholic Seton Health Services under a 60-year lease. Under an agreement to preserve reproductive services when Seton assumed management of the hospital, city employees were allowed to provide them in the hospital, which is a key point of access for many low-

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income women.¹ Shortly after the Directives were revised in 2001, Seton Health Services informed the city that it could no longer allow sterilizations at Brackenridge, which performed some 400 sterilizations per year. The city decided to create a separately incorporated “hospital within a hospital” on the fifth floor of Brackenridge to provide sterilizations, emergency contraception for women who had been raped and family planning services.

The new floor, named the Austin Women’s Hospital, has cost the city some \$9 million.² Women’s health advocates decried the plan as costly and confusing to patients. The case serves as a warning that the Catholic Church is prepared to force hospitals to unravel existing arrangements protecting access to reproductive health care.

- *Case example:* When the new Directives were approved, Archbishop Daniel Pilarczyk of Cincinnati, chair of the USCCB’s Committee on Doctrine and one of two bishops who led the review of the Directives, said the Vatican

had found some existing arrangements “unsatisfactory.”³ Pilarczyk said that the arrangement at Leila Hospital in Battle Creek, Michigan, where sterilizations are provided in a separate four-bed “condominium hospital” may not be acceptable.⁴ The condominium hospital has its own board and financing stream, so it is unclear what elements would make it unacceptable, except its physical location in the same building as the Catholic facility. The Leila arrangement is often considered a model compromise by women’s health advocates because services are separated, as required by Catholic rules. The condominium hospital is on the top floor of the former Leila Hospital, now the Battle Creek Health System.⁵ This arrangement allows women to obtain tubals following childbirth.

What can advocates do to prevent changes in negotiated compromises?

Changes in negotiated compromises can be successfully blocked. One of the most promising strategies is to utilize the charitable status of a non-profit community hospital to prompt state review of any reduction in essential services that may alter the charitable mission of the hospital.

- *Case example:* In 1994, two community hospitals — Catholic Medical Center and Elliot Hospital, both in Manchester, NH — merged to create the Optima Health System. Elliot Hospital was to be maintained as a secular facility.⁶ About two years into the merger it came to the attention of Catholic officials that some abortions were being

performed at Elliot Hospital in cases of fetal abnormalities or medical complications. As a result, the Optima board banned abortions at all Optima facilities to bring them into compliance with the Catholic Directives. Community activists and the staff of Elliot Hospital were outraged by the change and asked the New Hampshire Attorney General to intervene. Attorney General Philip McLaughlin concluded that applying the Directives to the secular Elliot hospital “radically” changed its mission and identity, — a change that had not been approved by the state.⁷ Citing irreconcilable differences over the provision of abortion, the partners dissolved the Optima health system in February of 1999 and Elliot regained its secular nature.⁸

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1. “Texas hospital hit by church move,” *Modern Healthcare*, June 18, 2001.

2. Clark-Madison, M., *Austin Chronicle*, October 3, 2003.

3. Stammer, L., “Bishops Ban Sterilization Services at All Catholic-Affiliated Hospitals,” *Los Angeles Times*, June 16, 2001.

4. Stammer, L., “Bishops Ban Sterilization Services at All Catholic-Affiliated Hospitals,” *Los Angeles Times*, June 16, 2001.

5. Miller, P., *Merger Trends 2001: Reproductive Health Care in Catholic Settings*, *Catholics for a Free Choice*, Washington: DC, 2002.

6. Hayward, M., “Optima Deal Limits Role of Religion,” *The Union Leader* (Manchester), Oct. 20, 1997.

7. Hayward, M., “Elliot, CMC Deal Broke State Laws, AG Says,” *The Union Leader* (Manchester), March 11, 1998.

8. Hayward, M., “CMC, Elliot Divorce Urged; Abortion Battle ‘Ripped this thing from top to bottom,’” *The Union Leader* (Manchester), Feb. 3, 1999.