When Catholic and Non-Catholic Hospitals Merge:

Reproductive Health Compromised

researched and written by
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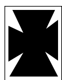
ISBN 0-915365-33-2

Acknowledgments

This report benefited greatly from the help of numerous reproductive health advocates and researchers nationwide. Both community activists and regional and national advocacy organizations supplied information on the status of reproductive health services and assisted in the identification of trends. CFFC especially wants to acknowledge and thank Lois Uttley, MergerWatch; Judy Appelbaum, National Women's Law Center; Susan Fogel, California Women's Law Center; Kim Parker, Reproductive Freedom Project of the American Civil Liberties Union; Eve Gartner, Planned Parenthood Federation of America; Stanley Henshaw, the Alan Guttmacher Institute; and Amal Khoury, the University of Southern Mississippi. At Catholics for a Free Choice, we would also like to thank Meghan Daigle for her research assistance.

Executive Summary



When Catholic and non-Catholic hospitals merge, the continuation of reproductive health care is at risk • The Catholic health care system is the largest private nonprofit effort to deliver health care in the United States • Catholic health care is regulated by the *Ethical and Religious Directives for Catholic Health Care Services,* which prohibit tubal ligations, vasectomies, contraceptive services, abortion, and most fertility treatments • The Vatican's release of the encyclical *Evangelium Vitae* in 1995 marked a significant escalation in papal involvement in debate over women's reproductive rights • Patients who need reproductive health services, particularly low-income women, depend on the community's commitment to ensuring access to reproductive health care for all women • When the only hospital in a remote, depressed area is Catholic, the poor lack access to reproductive health services • Advocates are bringing to public attention the consequences of mergers in order to protect reproductive health services • Promising legal strategies have emerged for challenging the reduction of services

Number of mergers and affiliations between Catholic and non-Catholic hospitals, 1990-1997 : 84
Number of states which experienced a consolidation : 31
Chances a consolidation eliminated all or some reproductive health services : 1 in 2
Growth rate of the fastest-growing Catholic health care system in 1996 : 47%
Growth rate of Columbia/HCA (the largest secular system) in 1996 : 3%
Number of pending Catholic/non-Catholic consolidations as of January 1998 : 20
Pending cases in which the non-Catholic hospital is expected to follow the *Directives* : 15
Percentage of recent mergers in which creative solutions preserved services : 30%
Number of mergers and affiliations between two or more Catholic entities, 1996-1997 : 17
Number of terminated Catholic/non-Catholic consolidation negotiations identified by CFFC : 9
Chances a termination was caused by ethical issues : 5 in 9
Millions of dollars of church property involved in a merger that requires Vatican approval : 3
Number of Catholic hospitals that were sole providers of care in 1994 : 46
Number of Catholic sole providers in 1997 : 76
Increase in number of Catholic sole providers, 1994-1997 : 65%
Percentage of Catholic sole providers in counties with a minority-Catholic population : 93%
Percentage of net patient revenues Catholic hospitals spend on charity care : 2.8%
Percentage of net patient revenues secular nonprofit hospitals spend on charity care : 3.3%
Percentage of net patient revenues non-Catholic religious systems spend on charity care : 3.6%
Number of Catholic hospitals purchased by non-Catholic hospital chains, 1990-1995 : 3
Number of Catholic hospitals purchased by non-Catholic hospital chains, 1996-1997 : 7
Percentage of sold Catholic hospitals that continue to abide by the *Directives* : 100%

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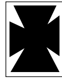

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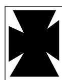
Introduction



When Catholic and non-Catholic hospitals consider affiliation, an inevitable point of discussion is whether reproductive health services will continue in the non-Catholic facility. The outcome may depend on how strictly Catholic regulations against these services are interpreted by the Catholic hospital's governing board, by its local bishop, and by its sponsoring religious order or organization. Patients who need reproductive health services, particularly low-income women, depend on the negotiators who draft the contracts and on the community's commitment to ensuring access to reproductive health care for all women. Increasingly, a patient's ability to obtain contraceptive services, sterilization, and fertility treatment depends on the luck of the draw. Hospital consolidations vary locally, and the national result is a patchwork that diminishes the consistency with which comprehensive reproductive health care is available throughout the United States.

In 1994, Catholics for a Free Choice became the first organization to raise questions about how mergers of Catholic and non-Catholic hospitals affect access to reproductive health services. Our 1995 report, *Reproductive Health at Risk: A Report on Mergers and Affiliations in the Catholic Health Care System*, outlined the scope and impact of mergers and affiliations involving Catholic hospitals in the United States from 1990 to 1995.

Our concern about the impact of these mergers on low-income women compelled our entry into the issue. Low-income women rely on hospitals for most of their health services. Women with financial means can go to private doctors or more distant hospitals when services disappear from local hospitals. But for low-income women, options outside local hospitals are few. Moreover, since part of the Catholic health care mission is to serve the poor, many Catholic hospitals are located in economically depressed urban or rural areas. As these facilities merge with others, Catholic health care sometimes becomes all that is available to low-income women.

This report examines trends in hospital mergers in 1996 and 1997. It describes how the very nature of Catholic hospitals, as well as a nationwide move towards health care consolidation, continues to threaten access to contraceptive counseling and services, tubal ligations, abortion, and most assisted reproduction treatments.

Part I of the report looks at how Catholic hospitals' mission, governance, funding, and regulations affect reproductive health care. Part II identifies, illustrates, and analyzes nationwide trends in consolidations involving Catholic hospitals in 1996 and 1997. The conclusion highlights trends that reproductive health advocates should monitor closely, as well as areas for further investigation. Finally, the appendices summarize consolidations from 1990 to 1997, demonstrate recent consolidation trends (1996 and 1997), and list Catholic institutions that are the sole providers in their communities as of July 1997.

Methodology

This report is based primarily on news media reports of hospital plans and

activities, especially those in *Modern Healthcare,* a prominent trade magazine. CFFC learned of a few agreements from community activists and from a study sponsored by the Kaiser Family Foundation entitled *Is There a Common Ground?*[1] If no information about the status of reproductive health services was available in the news media, CFFC telephoned the hospital directly to gather data or confirm information shared with us by advocates. Where our sources for Part II are published reports, we cite them in the notes; where there is no note, the source is a personal communication with activists or hospital officials.

Total Catholic/Non-Catholic Mergers and Affiliations

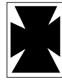
Year	Number of Cases
1990	1
1991	0
1992	2
1993	0
1994	19
1995	24
1996	24
1997	14
Total	**84**

While we have assumed that hospital authorities have responded accurately to our requests for information, it is possible that they have not fully disclosed the discontinuation or the continuation of reproductive health services.

Because the preliminaries to a merger go on behind closed doors, some forthcoming mergers and affiliations will have escaped our notice. Additionally, experience suggests that some agreements pending today will be called off.

We use several terms for the contracts that bring hospitals together. *Mergers* establish shared assets, liabilities, and administrative functions between two entities. An *acquisition* is the outright purchase of one facility by another. *Affiliations* entail cooperative or joint purchasing arrangements, apportionment of medical specialties among the participating facilities, or the sharing of laboratories and other ancillary services. The *leases* described in this report allow a Catholic hospital or network to operate a non-Catholic campus for a specified time. *Health networks* link providers such as physician groups, hospitals, and health plan administrators. *Consolidation* describes any cooperative and collaborative agreement within the US health care system. A glossary of these and other terms used within this report appears as Appendix A, page 31.

Part I: Catholic Hospitals and Reproductive Health Services



The Catholic health care system is the largest private nonprofit effort to deliver health care in the United States. According to Catholic Health Association data, about 10 percent of all nonfederal hospitals are Catholic, as are 15 percent of nonfederal hospital beds. The Catholic health care industry includes 542 hospitals, 321 long-term care facilities, 61 multi-institutional systems, 266 sponsors (such as religious orders that run hospitals), 80 health-related organizations, and hundreds of thousands of employees who care for about 70 million patients each year.[2] In business terms, Catholic hospital networks are comparable to for-profit systems such as Tenet Healthcare, but they are uniquely defined by their mission, governance, funding, and regulations.

The Mission

Catholic hospitals operate as nonprofit facilities with a faith-based mission to promote human dignity, care for the poor, and contribute to the common good. The mission's legacy is a tradition of care for body, mind, and soul, regardless of a patient's ability to pay. This commitment to indigent-care influences the daily operation of a Catholic hospital, from admissions to bill collecting. The Catholic health care mission should not be dismissed when analyzing the Catholic hospital industry.

At the same time, this reputation should not be overstated or used to justify Catholic hospitals' denial of basic reproductive health services. Catholic facilities provide no more, and in some cases fewer, community benefits than other nonprofit health care providers. According to *Modern Healthcare*, Catholic hospitals' charity-care expenditures equal only 2.8 percent of their net patient revenues. That is less than in secular nonprofit hospitals (3.3 percent) and less than in other religious systems (3.6 percent).[3]

Control and Governance

Beyond its mission, Catholic health care is defined by its formal affiliation with the Catholic church. The pope, local bishop, sponsoring organization, and board of trustees all have roles in the governance of a Catholic hospital.

At the top of the Catholic hierarchy, the pope can exercise control over hospitals because, under church law (called "canon law"), Catholic institutions are the property of the church. Because it involves the "alienation" of church property, the sale or merger of hospital assets is subject to canon law, as well as US civil law. The Holy See's permission is required for the alienation of church property whose value "exceeds the maximum sum" established by each nation's episcopal conference.[4] In the United States, the "alienation" of any church property valued at more than $3 million requires consultation with the local bishop and the permission of the Holy See.[5] This Vatican power can also be invoked when the alienated goods are "precious by reason of their artistic or historical significance," a subjective criterion that could be used to justify Vatican involvement in any US hospital consolidation.

> The *Directives* forbid tubal ligation, vasectomy, in vitro fertilization, and the provision of contraceptives. They even restrict dispensation of the morning-after pill to rape victims.

Although not literally at the merger bargaining table, the pope makes his presence felt through local bishops, who to varying degrees look to him for guidance. In addition, each bishop must go to the Vatican every five years to report on local events. In this *ad limina* visit, a bishop may be asked to justify a merger in his diocese.

As promoters and defenders of Catholic teachings, bishops have many responsibilities in the Catholic health care system. According to the *Ethical and Religious Directives for Catholic Health Care Services*, the bishop is "pastor, teacher and priest" in a Catholic hospital.[6] As pastor, the bishop fosters collaboration among health care workers and other Catholics to support the church's work. As teacher, the bishop ensures fidelity to the church throughout the health care facilities in the diocese. And as priest, the diocesan bishop attends to the sacramental care of the sick. The *Directives* also give the local bishop veto power over any Catholic hospital merger by requiring his approval to close the deal.

> Patients especially low-income women are dependent on the community s commitment to ensuring access to reproductive health care.

The hospital's sponsor—usually a religious order, such as the Daughters of Charity, or a diocese—exercises church control at the next level. The sponsor is the hospital's "canonical steward."[7] It oversees the hospital's charter and bylaws and appoints or removes trustees—all to ensure that a Catholic identity permeates the hospital. In a few cases, called "emerging models," a group of laypeople sponsors a hospital, but in these cases formal links to the local bishop are ensured by contract.

Finally, a board of trustees governs each hospital. Appointed by the sponsor, the board often includes lay Catholics and church officials who work to infuse Catholic teachings into the hospital's day-to-day operations.

The links between Catholic hospitals and the church, at many levels of governance and ownership, allow the Vatican to protect its health care mission and control its health care institutions.

Hospital Funding

While Catholic hospitals differ from other nonprofits in governance and control, they are similar financially. Catholic hospitals seek and receive funding from the same mix of government and private sources as other hospitals. Very little money comes from the sponsors or the Catholic hierarchy.

According to the Catholic Health Association (CHA), tax-exempt bonds are a "primary source of capital for CHA members."[8] In addition to tax-exempt financing, Catholic hospitals enjoy (1) exemption from state and federal income, property, and sales taxes; (2) eligibility to receive tax-exempt charitable contributions; and (3) reduced postal rates.[9]

Because many Catholic hospitals serve low-income areas, a large portion of their revenues comes from Medicare and Medicaid reimbursements—that is, directly from the state and federal government.

Church Regulations

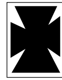
Catholic hospitals must abide by the *Ethical and Religious Directives for Catholic Health Care Services*, which are issued by the US bishops. The *Directives,* most recently refined in 1994, forbid services that contradict church teachings. US Catholic health care policy can

be summarized as adherence to Catholic teachings through the application of the *Directives.*

Catholic teaching currently holds that many reproductive health services are immoral, and this is reflected in the *Directives.* Many Americans are unaware that the Catholic health care *Directives* prohibit, among other things, tubal ligations, vasectomies, in vitro fertilization, and the prescribing or dispensing of contraceptive devices and drugs. The *Directives* even restrict use of the morning-after pill for rape victims who go to Catholic hospitals or clinics.

These church regulations complicate mergers. While a non-Catholic facility may want to continue to offer a full range of reproductive health services, the Catholic facility is concerned with preserving its Catholic identity. In a merger of Catholic and non-Catholic hospitals, officials must negotiate how the new entity will honor women's consciences while satisfying the dictates of the church hierarchy.

Part II: Trends Observed in 1996 and 1997



In 1995, when CFFC first analyzed the effect of Catholic mergers and affiliations on reproductive health care, the only trend was inconsistency. Some combined Catholic and non-Catholic hospitals, under pressure from the communities they serve, found creative ways to continue providing reproductive health services—for example, establishing "independent" clinics in or near hospital buildings. Other mergers let reproductive health services continue at the non-Catholic facility or through an endowed fund donated by the non-Catholic entity prior to the merger. Many simply stopped offering all reproductive health services.

CFFC's conclusions in 1998 differ markedly from our perceptions in 1995. New patterns are emerging. With more information available, including what other advocacy and educational organizations have provided, CFFC sees trends, both positive and negative, in Catholic hospital mergers and their effect on reproductive health services.

1 Expansion of Catholic Health Care

A striking trend is the increasing number and scope of alliances between and among Catholic institutions. This pattern has dramatically enlarged Catholic health care networks. In 1996 and 1997, CFFC found 17 consolidations *within* the Catholic health care industry, involving dozens of hospitals or hospital chains, all Catholic (see Appendix F, page 61). Chicago's late Cardinal Joseph Bernardin was unsurpassed in his commitment to mergers within the Catholic health care system and to forming Catholic networks. Consequently, three of the recent mergers, involving 11 Catholic campuses, occurred in Illinois.

Catholic hospital networks have been expanding quickly of late. Forty-two Catholic systems participating in a *Modern Healthcare* survey grew by 12 percent in 1996, acquiring outright 55 hospitals to bring their combined total to 527. Catholic Healthcare West acquired eight hospitals in 1996, for a total of 32. The Sisters of the Sorrowful Mother-US Health System added seven in 1996 to end the year with 22. This growth far outpaced those of large for-profit systems; Columbia/HCA Healthcare Corporation grew only 3 percent that year.[10]

In 1995, only the Daughters of Charity National Health System was among the nation's ten largest health care systems, as measured by each system's number of hospitals.[11] In 1996, Catholic Health Initiatives and Mercy Health Services joined the top-ten list.[12] With 64 hospitals, Catholic Health Initiatives became the largest Catholic chain, followed by Daughters of Charity, at 43; Mercy had 38.

Catholic systems are financially strong as well. According to *Modern Healthcare*, five of the nation's ten largest health care systems, as measured by net patient revenues, are Catholic. The Daughters of Charity system, with net patient revenues of $3.6 billion in 1996, is the highest-earning Catholic system.[13]

While consolidations among Catholic hospitals do not extend the *Directives* to non-Catholic facilities, the growth of Catholic health care networks as a

Expansion of Catholic Health Care, 1996-1997	Total	%
Total mergers and affiliations involving Catholic hospitals	55	100%
Mergers and affiliations within the Catholic health care industry	17	31%
Mergers and affiliations between Catholic and non-Catholic hospitals	38	69%

whole (fueled partly by Catholic-Catholic consolidations) is a trend to monitor. Here we examine two worrisome aspects of this trend: the growing number of counties served exclusively by a Catholic hospital and the possible impact of the industry's expanding economic power.

Catholic Sole Providers

A growing number of Catholic hospitals face no competition for their business because no similar facility is readily accessible. Access to reproductive health services is likely to suffer in these areas, even as the Catholic hospital derives certain financial benefits from its status. For Medicare and other purposes, the US government grants "sole provider" status to hospitals located in areas where no other similar institution is easily accessible. Sole provider hospitals are reimbursed for Medicare services at rates higher than those paid to other hospitals. In 1994, CFFC identified 46 Catholic sole provider hospitals dispersed across 17 states.[14]

Catholic/Non-Catholic Mergers and Affiliations: Impact on Reproductive Health Care

	1990	1991	1992	1993	1994	1995	1996	1997	Total	%
Total	1	0	2	0	19	24	24	14	84	—
Total with information available*	1	N/A	2	N/A	14	20	17	10	64	100%
All or some reproductive health services discontinued	1	N/A	2	N/A	7	8	9	4	31	48%
No significant change in reproductive health services	0	N/A	0	N/A	7	12	8	6	33	52%

*CFFC was able to obtain information on the status of reproductive health services in 76% of the consolidations identified.

That number has now shot up to 76 Catholic sole provider hospitals, spread across 26 states (see Appendix G, page 63). Some of these hospitals serve counties (most of them rural) where Catholics make up less than 1 percent of the population. These Catholic hospitals are essentially rewarded, through higher rates of Medicare reimbursement, while they deny reproductive health care to an entire county.

The increase in Catholic sole provider hospitals can be attributed to the growth of US Catholic health care for two reasons. First, as non-Catholic hospitals in rural areas have closed, Catholic facilities, supported by an ever-stronger Catholic health care network, have survived. Second, in some cases a merger or acquisition involving a Catholic and a non-Catholic hospital has resulted in one Catholic institution. For example, in Colorado, the merger of Catholic Health Initiatives and Portercare Adventist Health Systems created one new entity, Centura Health, a Catholic institution and the only hospital in Fremont County. In Beeville, Texas, the lease of Bee County Regional Medical Center to Spohn Health System, a Catholic network, has created a Catholic facility called Spohn Bee County Hospital, the sole hospital in Bee County.

Increased Strength of Catholic Health Care

In 1994, the US bishops declared their support for the building of Catholic networks, stating in the *Directives* that "increased collaboration among Catholic-sponsored health care institutions is essential and should be sought before other forms of partnerships."[15] For Catholic networks and the Catholic health care industry as a whole, growth is power. The creation of Catholic coalitions and networks combines not only hospitals, but also laboratories, doctors' offices, campuses, and buying power. These coalitions place Catholic hospitals in a stronger negotiating position during mergers with non-Catholic facilities.

Catholic hospitals, set on having merged facilities abide strictly by the *Directives,* are able to force the non-Catholic hospital to agree if the price is right. Administrators of failing non-Catholic hospitals are desperate for resources, and many Catholic hospitals and systems are in excellent financial condition. As Catholic coalitions continue to build their resources, more and more non-Catholic hospitals will be forced to make concessions to Catholic hospitals. As a result, CFFC fears future mergers could decimate reproductive health services.

In many counties, the only hospital is Catholic. Since 1994, the number of these Catholic sole providers has risen from 46 to 76.

In addition to the effect large Catholic networks will have on mergers, Catholic health care will be better positioned to be a significant player in a managed care future. Nationwide, a significant threat to reproductive health services is a large number of health maintenance organizations (HMOs) that do not cover family planning services, forcing women—disproportionately—to shoulder a large health care expense or go without reproductive health care. For low-income women, contraceptive services may be too costly; consistent month-to-month payments may be especially infeasible. And unlike Catholic hospitals, which prohibit services only inside their own facilities, Catholic HMOs would restrict coverage no matter which facility a woman goes to.

This past year, eight New York bishops established a Catholic HMO called Fidelis Care New York. According to *Modern Healthcare*, Fidelis is now the second largest Medicaid managed plan in the state.[16] This HMO serves low-income men and women and does not cover any

procedure or prescription prohibited by the Catholic *Directives,* including contraceptive services or tubal ligations, even though these services are covered by Medicaid in New York. Fidelis also refuses to provide referrals for these services, leaving its low-income enrollees without full information on services covered by Medicaid.[17]

2 Increased Involvement of the Catholic Hierarchy in Mergers

The Vatican's release of the encyclical *Evangelium Vitae* in 1995 marked a significant escalation in papal involvement in debate over women's reproductive rights. In the encyclical, the pope warns administrators of Catholic health care facilities that, if they bend the hierarchy's rules—not only on abortion, but also on family planning and assisted reproduction—they risk losing Catholic sponsorship. This encyclical demonstrates the Vatican's desire to ensure that the Catholic identity and mission in health care are safe and that Catholic hospitals obey the rules as stated in the *Directives.*

Seeking stricter adherence to the *Directives,* the church is rejecting merger agreements more often now than in the early 1990s.

Part I of this report outlined how Catholic bishops and the Vatican can control many aspects of Catholic hospital operations. With a few exceptions, however, the church was often silent or publicly ambiguous about reproductive health services under the mergers and affiliations CFFC studied from 1990 through 1995. By contrast, during 1996 and 1997 most consolidations involving Catholic hospitals have entailed the strong presence of the local diocese or even the Vatican. Mergers, growing more and more frequent, receive more media attention and increasingly are conducted in the public arena. Therefore, it is no surprise that in the last two years, the Vatican has stepped up to the "merger plate"—ensuring that these consolidations express in practice the orthodox theological view regarding reproductive rights that has been the cornerstone of this papacy. This increased interest is important in its indirect influence over local bishops and can affect the outcome of a proposed merger.

In 1997, the Vatican for the first time acted directly to halt a merger involving a Catholic hospital. St. Peter's Medical Center and Robert Wood Johnson University Hospital in New Brunswick, New Jersey, had been negotiating a merger for two years. Throughout the process, they had consulted with experts in canon law, received the blessing of local church officials, including Bishop Edward Hughes of Metuchen, and even obtained the support of the Catholic Health Association. Despite these measures and a proposal that would have located obstetric and gynecological services at the Catholic facility—that is, under Catholic control—the Vatican's Congregation for the Clergy rejected the proposal because of concerns about "women's reproductive programs," according to Eileen Lawton, a spokeswoman for St. Peter's.[18]

The Vatican's direct role in terminating this deal is certain to have far-reaching effects on bishops' approach to mergers. Already, the precedent has derailed another merger. In Providence, Rhode Island, Bishop Robert Mulvee suspended talks between St. Joseph Health Services and a regional network, Lifespan, because of the Vatican's rejection of the New Brunswick merger.[19]

Carney Hospital in Brighton, Massachusetts, shows how far local church officials will go to prevent an association with a non-Catholic facility if it does not strictly apply the *Directives* throughout the merged institution. Carney, a Catholic hospital run by the Daughters of Charity

in a low-income Haitian community outside of Boston, was failing. To save it, the Daughters of Charity proposed a merger with Quincy, a municipal hospital nearby. The challenge was that, as a municipal facility, Quincy Hospital was providing abortions. Officials of the hospitals consulted extensively with a Catholic ethicist to craft an acceptable arrangement, but Boston's Cardinal Bernard Law rejected the proposed merger in early 1996. A year before, Law had blocked Carney's attempts to merge with Partners Health System because abortions were performed in hospitals in that network. After two failed merger attempts, the Daughters of Charity recently announced plans to sell the failing Carney.[20]

In hospital mergers from 1990 to 1995, bishops varied in their interpretations of the *Directives,* and many were open to compromises that allowed the Catholic hospital to distance itself from services prohibited by the *Directives,* while allowing these services to continue undisrupted at the non-Catholic campus. This flexibility is written into the *Directives*: "When a Catholic health care institution is participating in a partnership which may be involved in activities judged morally wrong by the church, the Catholic institution should limit its involvement in accord with the moral principles governing cooperation."[21]

Inexperienced in the business of mergers, the Vatican is nevertheless becoming more involved as the number of mergers increases. Even if the rules have not changed, attitudes in the Vatican have—the church is looking for closer adherence to the *Directives.* As a consequence, mergers have failed with increasing frequency, often because of stalemates on access to reproductive health services. In 1996 and 1997, CFFC identified nine consolidation negotiations that were terminated, and in over half of these cases, negotiations were halted over issues related to Catholic doctrine.

3 The Church's Hard Line on Family Planning

Not only has CFFC observed a recent effort by church officials to control the outcome of mergers involving Catholic hospitals, but we also see increased vigilance on the part of Catholic bishops against the full range of reproductive health services, not just abortion. Where once abortion was the crucial issue in delaying or scrapping mergers, bishops now have taken more inflexible stances on widely accepted services such as family planning, tubal ligations, and emergency contraception for rape victims. In approximately one-third of the consolidations CFFC identified in 1996 and 1997, all reproductive health services were discontinued in the non-Catholic facility.

When Norwood Hospital and Southwood Hospital of Massachusetts merged with Caritas Christi Catholic Health Care Systems in December 1997, the two non-Catholic hospitals were required to prohibit not only abortions, but also tubal ligations and in vitro fertilization services.[22] In Troy, New York, Seton Health Systems, a Catholic system, was sued for its refusal to provide referrals for reproductive

Terminated Negotiations, 1996-1997	Total
Total	9
Consolidation blocked by community activism	2
Negotiations terminated by Catholic hospital over "ethical issues"	5
Reasons unannounced	2

health services.[23] Accord Healthcare Network, a Catholic network, terminated negotiations in October 1997 with Mt. Sinai Hospital Medical Center of Chicago, Illinois, because the two were unable to agree on contraceptive services offered at Mt. Sinai.[24]

The trend is to take a hard line against the creative solutions that, after mergers, would allow the provision of reproductive health services. This pattern does not bode well for future access to reproductive health services.

4 Response to Threats to Services

In 1996 and 1997, advocates for reproductive health services emerged as a new, effective player in the merger game. Previously, changes in ownership or affiliations involving Catholic hospitals were done behind closed doors. When communities did learn of a merger, it was often too late, and local residents were largely unaware of how the proposal would affect community health care. Now advocates have learned from experience and are bringing to public attention the possible consequences of hospital mergers in order to protect access to reproductive health services.

As Catholic hospital networks grow and build their resources, more and more non-Catholic hospitals will be forced to make concessions to them.

Community Activism

To appeal to a wide base, advocates build coalitions against the merger of Catholic and non-Catholic hospitals by linking reproductive rights to the job security of health care workers, local control of services, and future hospital governance. They have brought the availability of services into the merger debate. Not allowing rhetoric about the bottom line to dominate negotiations, community residents have forced hospital officials, town councils, and state attorneys general to consider how a seemingly profitable merger can deprive a community of services and jobs. As a result, community activists sometimes have ensured that changes in ownership or affiliation do not occur without public knowledge and debate.

Advocates in a New York community have utilized many innovative strategies. Residents of Dutchess and Ulster counties have organized a sophisticated campaign against the pending three-way merger of Kingston Hospital, Northern Dutchess Hospital, and a Catholic hospital, Benedictine. The proposed merger jeopardizes not only Kingston's history of offering abortions in a hospital setting, but also the hospital's provision of tubal ligations and counseling about family planning.[25] Two pioneering citizen groups, Save Our Services (SOS) and Preserve Medical Secularity (PMS), have collected more than 7,000 signatures on an antimerger petition that links reproductive health care to local autonomy. They have held town meetings, convinced three town boards to adopt resolutions questioning the merger, placed an ad in the local newspaper, written numerous letters to the editor, and printed bumper stickers and lawn signs. These actions have made the community's dissatisfaction with the pending merger clear.

Regional and National Advocacy Organizations

Regional and national advocacy organizations also have joined the debate and have prevented mergers that threaten services. During the past two years, an informal national network has tracked the effect of mergers on reproductive

health care; groups involved include CFFC, MergerWatch, the Center for Reproductive Law and Policy, the California Women's Law Center, the American Civil Liberties Union, and the Alan Guttmacher Institute. By offering their legal, analytical, and organizational experience, these groups have been among the most important resources for local residents combating the loss of services to mergers and affiliations.

In Wilmington, Delaware, community activists and the local Planned Parenthood, assisted by New York-based MergerWatch, blocked plans for a joint venture. St. Francis Hospital and Christiana Care Health Systems had applied for state approval to build an outpatient surgery center. St. Francis Hospital strictly abides by the *Directives* on reproductive health services. Consequently, the new center would not offer any reproductive health services, such as tubal ligation, prohibited by the *Directives.*[26]

Outraged at this restriction, local residents, non-Catholic clergy, and organizations mounted a campaign against the venture. Advocates realized that their goal was to exert more pressure on the non-Catholic hospital to save reproductive health services than the church was able to exert to discontinue services. They educated the public on the consequences of the pending venture, and pressured Christiana Care to back out of the agreement. In this example, the non-Catholic facility was convinced not to sacrifice reproductive health services.

Physician Activists

Physicians understand, perhaps better than anyone else, how allowing the church to dictate medical services and practices can prevent doctors from giving patients the best and most complete care. After seeing how mergers can sacrifice physician autonomy to business considerations, even physicians in specialties unaffected by the *Directives* have joined the fight, understanding that the care they provide may someday be in conflict with Catholic "ethical" standards. In the last two years, CFFC has observed that doctors have great power to disseminate information about pending mergers to the public. Working within the hospitals, physicians have tried to influence agreements that might prohibit services or diminish physician control.

In Cumberland, Maryland, non-Catholic Memorial Hospital and a Catholic hospital, Sacred Heart, merged in 1996, and the combined facility recently announced plans to close Memorial.[27] Dr. Judy Stone, whose specialty is not gynecology but infectious diseases, has marshaled support both inside and outside Memorial Hospital to keep the non-Catholic facility open. Stone helped to mount a community campaign letting local residents know that the proposed action would cost the area both jobs and health services. According to the *Cumberland Times*, Stone risked retaliation from the hospital administration, which appeared to be undermining one of her research projects.[28] Despite these pressures, she continues to fight for a full range of services in her community.

> Once, only abortion issues delayed or derailed mergers. Now more bishops are balking at widely accepted services such as family planning and sterilization.

Similar physician activism is found elsewhere. In Manchester, New Hampshire, Dr. Wayne Goldner is leading the battle to reverse the recent banning of abortions in his hospital, Elliot, which merged with a Catholic facility in 1994.[29] In Baptist Hospital of South Miami, Florida, a physician called a meeting of the

entire medical staff, which voted almost unanimously against a new policy to restrict abortion services in preparation for a merger with Mercy Hospital, a Catholic facility.

5 Legal Tools for Protecting Reproductive Health Services

As in other grassroots movements, reproductive health activists have searched for legal tools to redress the discontinuation of services. Despite the appeal of legal remedies for a seemingly explicit violation of individual rights, so far legal action has been more promising than fruitful. One possible approach would be an antitrust action, although the US Justice Department's recent loss of high-profile hospital antitrust suits casts a shadow over this strategy. Nevertheless, four promising legal strategies for challenging mergers have emerged: they involve certificates of need, nondiscrimination statues, informed consent laws, and the authority of the attorney general.

Even where a merger agreement provides for continued reproductive health services, these services may be curtailed a few years after the deal is done.

Certificate of Need

Many states require government approval for hospital deals that would reconfigure assets or services. This certificate-of-need process has been advocates' most useful legal opportunity to influence mergers.The Reproductive Freedom Project of the ACLU and others have persuaded state health departments in some cases that a proposed merger would unfairly deny access to reproductive health services.

In Avon, Connecticut, five hospitals were blocked from building a day surgery center that would have prohibited tubal ligations and abortions. Activists persuaded the Office of Health Care Access to refuse the certificate of need because the joint center would have adversely affected public access to health care. Said Raymond Gorman, commissioner of health care access, "The project as proposed is not in the best interests of consumers of health care services or the payers for such services."[30]

Attorneys General

A promising trend is the enactment of state laws that in effect subject many hospital mergers, affiliations, and acquisitions to an antitrust review by the state attorney general. Under these regulatory statutes—actually designed to shield mergers from federal antitrust action—state attorneys general may investigate and help to structure pending consolidations. According to the National Women's Law Center, twenty states had such a law by the close of 1997: Colorado, Florida, Georgia, Idaho, Iowa, Kansas, Maine, Minnesota, Montana, Nebraska, New York, North Carolina, North Dakota, Ohio, Oregon, South Carolina, Tennessee, Texas, Washington, and Wisconsin.[31]

These laws are important for three reasons. First, they provide a mechanism for public disclosure of information prior to finalization of ventures, and therefore they increase the likelihood that local residents will understand the impact of consolidations on their services. Second, this legislation provides another point during the merger process, similar to hearings on certificates of need, at which activists can raise concerns and attempt to dissuade officials from allowing the merger to go forward. Third, under these laws, a state attorney general may intervene in consolidations that would adversely impact services and local autonomy without depending on activist organizations to file suit.

In 1995, Montana's attorney general used that state's statute to ensure continued access to abortion and other reproductive health services before the merger

of the two hospitals in Great Falls, one Catholic and the other non-Catholic.[32] Only time will tell how other attorneys general will use this new power. However, the nationwide trend towards adopting these statutes is encouraging, not only because they provide a new tool, but also because they indicate legislators' acknowledgement of the effects of health care consolidation on communities.

Informed Consent

According to Eve Gartner, former staff attorney for the Center for Reproductive Law and Policy and current staff attorney for Planned Parenthood Federation of America, the most promising legal argument against church-imposed prohibitions of reproductive health services is that a proposed or completed merger violates informed consent laws and principles. The discontinuation of services and the imposition of "gag orders" on doctors prevent a woman from being adequately informed and from determining a course of treatment that is most beneficial to her health and well-being.

The only litigation to date over the effects of a merger has been in Troy, New York, where reproductive health services were curtailed in the merger of Leonard Hospital and St. Mary's Hospital in 1994. When the two facilities merged to form Seton Health Systems, a Catholic institution, they put an end to the family planning services, vasectomies, and referrals for abortions and tubal ligations that Leonard had provided. While the agreement stipulated that referrals for family planning services would be provided, the referrals could be provided only at the patient's request, and doctors could meet the referral requirement by providing a list of state agencies. Most of the listed agencies did not deal with reproductive health, making the referral, if any, useless to the patient.

The Center for Reproductive Law and Policy sued the state health department, arguing that the merger violated informed consent laws. Seton mounted a legal defense on behalf of the state agency. A legal settlement reached in 1996 requires the providers to give patients a detailed referral list and allows doctors to advise patients of their options without requiring the patient to broach the subject.[33]

Lack of access to information or the misrepresentation—even implicit—of a medical situation can endanger a woman's life and health. In essence, an informed consent case accuses a hospital of medical malpractice when "gag orders" are imposed under the guise of the *Directives.*

The local bishop has veto power over any Catholic hospital merger. The Vatican gets involved in any sale or merger over $3 million.

Nondiscrimination Laws

The success of challenging a merger on grounds of discrimination against women depends on the scope and provisions of the state's nondiscrimination statutes. In some states, these laws may be a platform for viable arguments against the reduction of services. When a merger reduces services only to women, or when a Catholic hospital conditions the merger on adherence only to the clauses of the *Directives* that affect women, a nondiscrimination argument might force hospitals to reestablish services.

In November 1997, the Supreme Court of Alaska issued such a nondiscrimination ruling. In *Valley Hospital Association v. Mat-Su Coalition for Choice,*[34] advocates argued that Valley Hospital, although technically a private institution, functions as a public facility by virtue of its importance in the region. The Supreme Court justices cited the privacy clause of the Alaska Constitution, which provides broader and more explicit protections than the US Constitution,

Preserving Reproductive Health Services: Creative Interpretations of the Catholic Directives

Catholic hospitals have found creative ways to follow the *Directives* while allowing the provision of reproductive health services after a merger or affiliation with a non-Catholic hospital. The key to the creative agreements identified by CFFC is to distance the Catholic facilities and their personnel from services prohibited by the *Directives.* The following types of agreement have allowed the non-Catholic partner to offer most or all reproductive health services while the Catholic partner remains in compliance with the *Directives.*

- The hospitals set aside an area of the facility for reproductive health services.
- The Catholic partner forgoes its share of net income derived from reproductive health services.
- The partners lease space in one hospital to a separate corporate entity that provides reproductive health services with no participation from the Catholic partner.
- The hospitals designate on-site physician offices as private practices and invoke doctor-patient confidentiality to cover family planning and sterilization.
- The merger agreement exempts personnel of the formerly Catholic facility from providing reproductive health services.
- The non-Catholic partner creates an endowment, prior to the merger, to fund abortion-related services through the local Planned Parenthood.
- Two hospitals enter a "virtual merger," collaborating closely without merging assets, and therefore neither applying the *Directives* to the non-Catholic partner nor associating the Catholic facility with services provided at the non-Catholic hospital.

to force Valley to provide a full range of reproductive health services, including abortion. The court ruled that the Constitution of Alaska encompasses a protection for reproductive health services and that Valley, as a "quasi-public" institution, is subject to the state constitution.

Although this case did not involve a merger, it did set a precedent for the treatment of sole provider hospitals as public institutions subject to nondiscrimination laws.

6 Effects of Mergers on Reproductive Health Services

In past years, many merging hospitals, under community pressure, have found creative ways to continue providing reproductive health services—for example, at independent clinics, through the non-Catholic facility, or by endowing a local Planned Parenthood facility. While these compromises are certainly preferable to the discontinuation of services, they have varied in their longevity and effectiveness. CFFC has found that, even as new types of contracts emerge, past compromises are breaking down.

New Solutions

Two new types of compromise are particularly encouraging because they do not legally combine all aspects of hospitals and therefore do not require Vatican approval or ongoing church oversight. These are "virtual mergers" and separate accounting.

A "virtual merger" is a close collaboration that does not merge assets or establish one governing body. This type of consolidation occurred in Poughkeepsie, New York. Talks for a conventional merger between Vassar Brothers Hospital and a Catholic facility, St. Francis Hospital, stopped abruptly under intense community pressure once it was announced that the combined facility would follow the *Directives.* Rather than merge, the two hospitals entered a close collaboration. Reproductive health services continue outside the joint agreement at Vassar, where they do not threaten the Catholic nature of St. Francis.[35]

In Lansing, Michigan, the 1997 merger of Sparrow Hospital and Mercy St. Lawrence Corporation established a special financial structure that separates the Catholic hospital's finances from Sparrow's reproductive health service revenues. While Sparrow agreed to discontinue abortions, it continues to provide sterilization, contraceptive services, and artificial insemination services. To win the Vatican's approval of the merger, Mercy agreed not to share any of the profits received from reproductive health services offered at Sparrow.[36] This type of compromise, which allows services to continue as long as the Catholic hospital does not benefit financially, is encouraging. It proves that if the non-Catholic hospital is firm in its commitment to reproductive health services, there are ways to continue services in the same facility, by the same doctors, uninfluenced by the *Directives.*

> The promise of a new women s health clinic after a merger is good PR but the clinic may never materialize.

Delayed Restrictions on Reproductive Health Services

One cause for great concern about the impact of mergers on women's health care is the denial of reproductive health services years after a merger is finalized. Some mergers and affiliations finalized in the early 1990s are only now beginning to limit reproductive health services. This trend is seen in the controversy surrounding the Optima Health Care System in Manchester, New Hampshire.

Recent Trends in Completed Mergers and Affiliations	1996	1997	Total	%
Total	24	14	38	—
Total with information available*	17	10	27	100%
All or some reproductive health services discontinued	9	4	13	48%
Nonabortion reproductive health services preserved through creative solutions	4	4	8	30%
Catholic hospital merged with dominant non-Catholic provider. No change at Catholic or non-Catholic facility	4	2	6	22%

*CFFC was able to obtain information on the status of reproductive health services in 76% of the consolidations identified.

Pending Mergers and Affiliations	Total
Total	20
Indications that the *Directives* will apply after the consolidation	15
Creative solutions to allow the continuation of reproductive health services currently being pursued	3
Information on the status of reproductive health services unavailable	2

In 1994, when the Catholic Medical Center and Elliot Hospital merged, forming the Optima Health Care System, nothing indicated that services would be restricted. It seems that Elliott's administrators believed that as long as they did not disclose information about reproductive health services, they would not have to establish a written policy on services before going forward with the merger. Suddenly, in December 1997, after a hospital worker leaked to antichoice groups a surgery schedule that proved abortions were taking place in Elliot, hospital administrators realized the infeasibility of their initial "don't ask, don't tell" approach.[37] Optima now has banned abortion services.

According the *Boston Globe,* at the time of the merger it was agreed that abortions could continue to be performed at the Elliot campus. Church officials deny any such agreement and maintain that if they had known abortions were performed at Elliot, they would have objected at the time of the

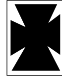
merger.[38] The merger contract prohibits Optima from being ruled by any religious order.[39] Nevertheless, the church now can dictate policy by threatening to pull out of the merger—an arrangement Elliot needs to remain financially viable. Physicians at Elliot have expressed concern that, if Optima is allowed to restrict abortion services, it will go further and restrict services such as the distribution of contraceptives.

Plans to establish women's health centers to provide services prohibited by the *Directives* make communities particularly vulnerable to a delayed loss of services. Rather than preserving access to reproductive health care, plans for clinics appear more as a public relations strategy to win timely support for a merger. In the best of cases, separate clinics marginalize women's health care, but in some communities, a new facility dedicated to reproductive health care remains a promise never realized. In Batavia, New York, the merger of two hospitals included plans to build one such women's health center. Recently, however, after the two foundations that own the hospitals had merged, hospital officials announced that they could not afford the center after all.[40]

The delay in imposing church doctrine on a formerly non-Catholic facility speaks to the heart of the control problem posed by mergers of Catholic and non-Catholic hospitals. Non-Catholic hospitals merging with Catholic hospitals must understand that the Catholic church will eventually interfere. A fight over reproductive health services before a merger is important not only for defending those services but also for educating the public about the control that the Vatican exerts over its institutions in the United States.

The *Directives* allow partnerships with institutions providing services judged morally wrong if the Catholic partner limits its involvement with the provision of these services.

Conclusion



Studying consolidations involving Catholic health care institutions is a bit like peeling an onion. The task can bring tears to your eyes for, as this report demonstrates, about half of all mergers between Catholic and non-Catholic hospitals cause significant reductions in, or the outright elimination of, many reproductive health services.

Abortion services are the least often affected, as few hospitals provide them. Most frequently eliminated are sterilization procedures, including post-partum sterilizations, and family planning services and referrals. Most seriously affected are low-income women, to whom few or no other health care providers may be available.

As each layer of the merger onion is peeled away, there is some transparency—some questions are answered—but underneath, a deeper, denser set of questions, both quantitative and qualitative, is exposed. It is difficult to evaluate and categorize mergers, even more difficult to predict the outcomes of pending deals.

Thus, it is necessary to conduct more research into the effect of consolidations on the provision of health care. To date, there are no data on the numbers of people actually affected by one or all mergers. We have no qualitative research that follows hospital patients who previously would have obtained reproductive health services in a hospital where services are now unavailable. Even the investigative reporting to describe clearly the day-to-day effect of a merger on services remains to be done. We suspect that in a number of cases services that have been "discontinued" are still quietly, although selectively, provided. Conversely, some services retained on paper may actually be largely unavailable.

At the same time, some things are clear:

1. Consolidations involving Catholic and non-Catholic institutions show little sign of slowing down. Without strong advocacy for the preservation of reproductive health services, more communities nationwide will see these services eliminated.

2. Reproductive health advocates must focus greater attention on mergers between and among Catholic hospitals, as well as on the trend towards the creation of Catholic health plans linking together health maintenance organizations, physician groups, pharmacies, and other ancillary services. These integrated networks, which can constrain patients from every direction, may come to represent the greatest threat to reproductive health services.

3. While Catholic partners in merger negotiations seem to be increasingly insistent on public adherence to the *Directives,* creative solutions or liberal interpretations of the *Directives,* which permit some or most reproductive heath services, have not declined. Community and physician insistence on continuing such services has been and will remain critical.

In some cases, discontinued services are quietly provided, while services nominally retained may actually be unavailable.

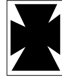
4. Experience supports the fear that informal agreements to continue to provide reproductive health services, in spite of merger documents that demand adherence to the *Directives,* might be rescinded over time. Advocates should scrutinize whether the church will retain control over the operations of the combined system, and how and when this control can be exercised.

5. Pending mergers are in the spotlight more now than they were three or four years ago. This exposure works to the benefit of advocates for reproductive choice, but it may also lead to increased involvement of the Catholic hierarchy in health care consolidations.

For Catholics for a Free Choice, it has been disheartening to observe how little attention is paid to larger questions of medical and health care ethics during the merger process. That a community or secular hospital would adopt religiously based *Directives,* which define what is a moral or immoral service, is deeply troubling in a pluralistic society. Is women's health well served when bishops, rather than doctors, decide which health services will be available in a hospital?

In the end, the questions raised by mergers involving Catholic hospitals are basic questions about religious freedom, bodily integrity, and democracy. They deserve further attention.

Notes



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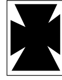
Appendix A

Glossary



Acquisition: the outright purchase of one facility by another.

Affiliation: a cooperative venture that may entail joint purchasing arrangements, apportionment of medical specialties among separately-owned facilities, or the sharing of laboratory and other ancillary services.

Consolidation: the trend towards mergers and collaborative agreements within the US health care system or, generically, such a contract.

Directives: the *Ethical and Religious Directives for Catholic Health Care Services*, which are promulgated in the United States by the National Conference of Catholic Bishops. Last revised in 1994, the *Directives* outline the mission and spiritual responsibilities of Catholic health care, instruct institutions on maintaining Catholic identity when forming partnerships with non-Catholic health care providers, and prohibit abortion, contraceptive counseling, in vitro fertilization, fetal tissue research, reproductive sterilization (temporary or permanent), and euthanasia. Where questions arise, the *Directives* are interpreted by the hospital's sponsor and its local bishop.

Integrated delivery network: a system that may combine delivery, financing, and management of care in one organization, giving physicians, hospitals, and insurers shared responsibility for health care delivery and risk management.

Lease: a contract under which one health care system or hospital operates another health care facility for a specified time.

Merger: the establishment of shared assets, liabilities, and administrative functions between two entities.

Reproductive health: as defined by the United Nations, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so."[a]

Reproductive health services: In this report, the reproductive health services discussed are those prohibited by the *Directives,* as these have been the focus of controversy in mergers between Catholic and non-Catholic hospitals. These services include contraceptive counseling; tubal ligation, vasectomy or other reproductive sterilization, whether temporary or permanent; abortion; emergency contraception for rape victims; and most assisted reproduction services.

Sole provider: The Health Care Financing Administration of the US Department of Health and Human Services has designated 1,487 hospitals across the country as "sole providers" of hospital services. This designation, which elevates the hospital's Medicare reimbursement rates, is granted if one of the following conditions exists: (1) the facility is located at least 35 road miles from the nearest like facility (e.g., another acute-care hospital open to the public); (2) the facility is

located 25 to 35 road miles from the nearest like hospital, and gets at least 75 percent of its market share from the service area; (3) the facility is 15 to 25 road miles from the nearest hospital, which was inaccessible for at least 30 days in each of the two preceding years because of weather, road conditions, etc.; or (4) the facility is at least 45 minutes' travel, on the best available roads, from the next hospital.

Sponsor: While Catholic hospitals are owned by the church, under canon law, stewardship of each health care facility rests with a sponsoring organization. A sponsor is a Catholic group (religious institute or order, diocese, or private association) which ensures that the hospital follows church guidelines and a specific "healing mission." Sponsors usually have certain governance responsibilities, known as "reserved powers," over their facilities.[b] The sponsor generally appoints and removes the hospital's trustees.

Notes

a. United Nations, *Report of the International Conference on Population and Development* (United Nations: Cairo, Oct. 18, 1994), A/CONF.171/13, chapter 7, Sec. 7.2.

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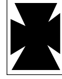
Appendix B

Mergers and Affiliations, by Year

with Descriptive Information



This appendix lists completed consolidations between Catholic and non-Catholic institutions, 1990-1997. An asterisk (*) denotes a Catholic hospital or health care system.

1990

California—Manteca & Stockton

Hospitals: ***Catholic Healthcare West**
Mark Twain St. Joseph's Hospital
***St. Dominic's Hospital**
***St. Joseph's Medical Center**

Type: Acquisition of three hospitals by Catholic network, January 1990.

Outcome: *Reproductive health services discontinued*. All three hospitals follow the *Directives.*

▪ ▪ ▪

1991

None identified.

▪ ▪ ▪

1992

California—Oakland

Hospitals: **Merritt Peralta Medical Center**
***Providence Hospital**

Type: Merger, 1992.

Outcome: *Reproductive health services discontinued*. The merged entity is called Summit Medical Center. After the merger, the formerly non-Catholic facility stopped providing abortions and other reproductive health services, despite community outcry.

California—Torrance

Hospitals: ***Little Company of Mary Hospital**
San Pedro Peninsula Hospital

Type: Merger, September 1992.

Outcome: *Reproductive health services discontinued.* Abortions and sterilizations are no longer performed at San Pedro. San Pedro officials prepared a referral list of "family planning resources" for patients who seek family planning services not approved by the *Directives.* CFFC was unable to learn whether the referral list is in routine use.

▪ ▪ ▪

1993

None identified.

▪ ▪ ▪

1994

California—West Covina

Hospitals: **Inter-Community Medical Center**
***Queen of the Valley Hospital**

Type: Merger, 1994.

Outcome: *Continuation of previously offered reproductive health services.* Although the hospitals share managers, staffs, and services, Inter-Community will continue to provide abortions and vasectomies and will make available chaplains of various faiths.

Florida—West Palm Beach

Hospitals: **Good Samaritan Medical Center**
***St. Mary's Hospital**

Type: Merger, October 1994.

Outcome: *Continuation of nonabortion reproductive health services in non-Catholic facility.* When West Palm Beach's two largest hospitals merged, some residents complained in letters to the editor of being "forced" to use Catholic facilities. Good Samaritan created a separate corporation to perform sterilizations on-site after the merger. Elective abortions are not permitted, but abortions can be performed to save the life of the woman. Although St. Mary's will not refer patients to Good Samaritan, any gynecologist who practices at St. Mary's is free to make such referrals.

Georgia—Savannah

Hospitals: **Blue Cross and Blue Shield of Georgia**
***St. Joseph's Hospital**

Type: Integrated delivery network, December 1994.

Outcome: *CFFC's request for information denied.* Blue Cross and Blue Shield joined forces with St. Joseph's and a physician network to form an integrated delivery system called Healthcare Partners of Southeast Georgia. The new system covers 38,000 people under an HMO-style plan.

Indiana—Indianapolis

Hospitals: **Community Hospitals**
***St. Vincent Hospitals**

Type: Merger, December 1994.

Outcome: *Reproductive health services curtailed or limited.* The merged entity is called Collaborative Health Services of Indianapolis. Before the merger, Community Hospitals had performed some elective abortions and sterilizations. Under the merger, abortions were banned at Community.

Iowa—Davenport

Hospitals: ***Mercy Hospital**
St. Luke's Hospital

Type: Merger, December 1994.

Outcome: *Reproductive health services curtailed or limited.* The two hospitals combined to form Genesis Medical Center / Genesis Health System. Elective sterilizations are to continue at St. Luke's, but St. Luke's agreed to perform abortions only if the woman's life is in jeopardy. St. Luke's had been the only Davenport-area hospital providing abortion services.

Iowa—Iowa City

Hospitals: **Blue Cross and Blue Shield of Iowa**
Iowa Health System
***Mercy Health System (Naperville, IL)**
University of Iowa Hospitals and Clinics

Type: Integrated delivery network, 1994.

Outcome: *Continuation of previously offered reproductive health services.* The system combines delivery, financing, and management of care in one organization. Physicians, hospitals, and insurers share responsibility for health care delivery and risk management.

Kansas—Hays

Hospitals: **Hadley Regional Medical Center**
***St. Anthony Hospital**

Type: Merger, December 1994.

Outcome: *Nonabortion reproductive health services continue in non-Catholic facility*. Two hospitals combined to form Hays Medical Center. Abortions had not been performed at either hospital, but tubal ligations had been performed at Hadley. In the merged system, tubal ligations are restricted to one room at the Hadley campus, although other surgical procedures are done at St. Anthony campus.

Louisiana—New Orleans

Hospitals: ***Mercy Hospital**
Southern Baptist Hospital

Type: Merger, 1994.

Outcome: *Reproductive health services discontinued.* The two hospitals merged to become the largest private hospital in the city, operating under the name Christian Health Ministries. Southern Baptist agreed to follow the *Directives.*

Maryland—Baltimore

Hospital: ***Good Samaritan Hospital of Maryland**
Helix Health System

Type: Acquisition of Catholic hospital, February 1994.

Outcome: *No lifting of Catholic restrictions after purchase by non-Catholic hospital chain.* Helix, a not-for-profit system that operates Franklin Square and Union Square hospitals in Baltimore, bought Good Samaritan, which is to continue operating as a Catholic hospital.

Michigan—Battle Creek

Hospitals: ***Battle Creek Health System**
Leila Hospital

Type: Merger, December 1994.

Outcome: *Continuation of nonabortion reproductive health services in non-Catholic facility.* When Leila became part of the Catholic system, it set up a separate four-bed "hospital" on-site to provide tubal ligations.

Michigan—Detroit

Hospitals: **Oakland General Hospital**
***St. John Hospital and Medical Center**

Type: Acquisition by Catholic system, August 1994.

Outcome: *CFFC's request for information denied.* Oakland to be owned and operated by St. John.

New Hampshire—Manchester

Hospitals: ***Catholic Medical Center**
Elliot Hospital

Type: Merger, 1994.

Outcome: *Reproductive health services discontinued.* The merger brought the two hospitals together under the control of newly formed Optima Health Care System, which is based in Manchester. At the time of the merger, CFFC's request for information on reproductive health services was denied. In late 1997, an antichoice group leaked a hospital surgery schedule showing that abortions were taking place at Elliot. The Catholic church threatened to challenge the merger if abortion services continued, and in December 1997, Optima banned abortions at both hospitals. Community activists led by an Elliot Hospital gynecologist are fighting the ban in the media and by urging New Hampshire's attorney general to examine the merger's impact.

New Jersey—Denville

Hospitals: ***St. Clares-Riverside Medical Center**
***Walkill Valley Hospital**
Dover General Hospital and Medical Center

Type: Merger, 1994.

Outcome: *CFFC's request for information denied.* Officials declined to comment specifically on changes in reproductive health services but indicated that all hospitals now subscribe to Catholic doctrine.

New York—Troy

Hospitals: **Leonard Hospital**
***St. Mary's Hospital**

Type: Merger, 1994.

Outcome: *Reproductive health services discontinued.* The merger formed Seton Health Systems. Troy is the site of the only lawsuit filed over a merger's effect on reproductive health services. The Center for Reproductive Law and Policy represented the plaintiffs, who complained that reproductive health care referrals were offered only at the patient's request and took the form of a vague list of state and local government offices. The suit was settled in May 1996. The settlement requires the providers to give patients a detailed referral list and allows doctors to advise patients of their options without requiring the patient to broach the subject. The settlement also provides for appropriately trained practitioners to consult with patients on pregnancy options.

Ohio—Cleveland
Hospitals: **Primary Health Systems**
***St. Alexis Hospital Medical Center**
Type: Acquisition, spring 1994.
Outcome: *CFFC's request for information denied.*

Pennsylvania—Williamsport
Hospitals: ***Divine Providence Hospital**
***Muncy Valley Hospital**
Williamsport Hospital and Medical Center
Type: Alliance, spring 1994.
Outcome: *CFFC's request for information denied.* Birthing services have been moved to the non-Catholic hospital.

Tennessee—Memphis
Hospitals: **American Medical International (AMI)**
***St. Francis Hospital**
Type: Acquisition of Catholic hospital, 1994.
Outcome: *No lifting of Catholic restrictions after purchase by non-Catholic hospital chain.* AMI, based in Dallas, Texas, is an investor-owned, for-profit corporation that bought St. Francis for $92 million.

Washington—Everett
Hospitals: **Everett General Hospital Medical Center**
***Providence Hospital**
Type: Merger, 1994.
Outcome: *Reproductive health services discontinued.* Intense competition during the late 1980s had threatened the viability of both hospitals. Community leaders urged a merger, which was nearly thwarted by controversy over reproductive health services. To accomplish the merger, Everett, which had performed hundreds of sterilization procedures each year and a few abortions, donated $500,000 to Planned Parenthood and a local group of obstetricians and gynecologists to ensure that those services would remain accessible to low-income women. Otherwise, reproductive health services were discontinued at Everett.

Wisconsin—Wauwatosa
Hospitals: **Horizon Healthcare Inc.**
***St. Mary's Hospital**
Type: Affiliation, April 1994
Outcomes: *Continuation of nonabortion reproductive health services in non-Catholic facility.* Horizon performs reproductive health services such as elective sterilizations, while St. Mary's does not share in the profits from these procedures.

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1995

California—Orange

Hospitals: **Mission Hospital Regional Medical Center**
***St. Joseph Hospital**

Type: Merger, January 1995.

Outcome: *Reproductive health services discontinued.* Mission, which retained its name, became a Catholic hospital. Mission no longer provides abortion, sterilization, or in vitro fertilization.

California—Sacramento

Hospital: ***Mercy Healthcare**
Sierra Nevada Memorial Hospital

Type: Merger, 1995.

Outcome: *Reproductive health services curtailed or limited.* The agreement protected sterilization services under a community sponsorship model, but it prohibited elective abortions (as well as procedures considered to be "euthanasia"). A Mercy spokesperson said the affiliation agreement ensures that Sierra Nevada is not subject to the *Directives,* but community members are skeptical. Sierra Nevada's corporate board had spent several months in contentious debate before approving the affiliation. About one-third of the board opposed the merger, citing the potential threat to reproductive health services.

Currently, the hospitals are reducing services and recently stopped funding the sexual assault response team.

Connecticut—Hartford

Hospitals: **Mount Sinai Medical Center**
***St. Francis Hospital and Medical Center**

Type: Merger, 1995.

Outcome: *Reproductive health services curtailed or limited.* The hospitals first affiliated in 1990 in what might have been the first consolidation of a Catholic and a Jewish hospital in the United States. They officially merged in 1995. As a result of the consolidation, Mount Sinai discontinued abortions, although both hospitals continue to operate as separate, independently licensed institutions with their own boards and medical staffs. According to the *Hartford Courant,* one physician specializing in "reproductive technologies" left Mount Sinai for Hartford Hospital, a public nonprofit institution.

Doctors who lease space from an adjoining property owned by St. Francis are in no way constrained from prescribing contraceptives. However, said St. Francis's senior vice president for medical affairs, "I'm sure we would move quickly were there abortions being done that were obvious and had come to the public attention."

St. Francis also agreed that contraceptive services would continue at Burgdorf Health Center, an off-site clinic serving a low-income neighborhood. St. Francis set up "separate administration" for Burgdorf, which had been run by Mount Sinai and the University of Connecticut.

At publication time, St. Francis Medical Center is considering whether to shut down acute and critical care services at Mount Sinai.

Indiana—South Bend

Hospitals: ***St. Joseph's Medical Center**
St. Mary's Medical Plaza (formerly Michiana Community Hospital)

Type: Acquisition by Catholic hospital, January 1995.

Outcome: *Reproductive health services discontinued.* Michiana became a Catholic hospital and changed its name to St. Mary's Medical Plaza.

Kansas—Salina

Hospitals: **Asbury-Salina Regional Medical Center**
***St. John's Regional Health Center**

Type: Merger, October 1995.

Outcome: *Continuation of previously offered reproductive health services.* The merger, which created Salina Regional Healthcare, consolidated the assets and operations of the two hospitals. Salina Regional Healthcare has its own board of trustees, and its chief executive officer is the president of Asbury-Salina. St. John's, formerly owned by CSJ (Congregation of St. Joseph) Health System of Wichita, no longer exists. While no abortions are performed at Salina Regional Healthcare, tubal ligations, vasectomies, and contraceptive counseling are performed by a separate corporation within the Salina facility.

Louisiana—New Orleans

Hospitals: **Ochsner Medical Institutions**
***Sisters of Charity of the Incarnate Word Health Care System**

Type: Integration, January 1995.

Outcome: *Continuation of previously offered reproductive health services.* The two organizations formed Ochsner-Sisters of Charity Health Plan, the first statewide network in Louisiana. Ochsner operates Foundation Hospital and an 80,000-enrollee HMO. Ochsner Clinic, one of the largest physician groups in the South, is allied with the hospital but is legally separate. Sisters of Charity operates a preferred provider organization with 15,000 enrollees. Reproductive health services vary according to the wishes of self-funded subscriber groups—some provide voluntary sterilization; some do not.

Michigan—Pontiac

Hospitals: ***Mercy Physician Hospital Organization, associated with St. Joseph Mercy Hospital**
North Oaks Physician Hospital Organization, affiliated with Pontiac Osteopathic Hospital

Type: Affiliation, January 1995.

Outcome: *CFFC's request for information denied.*

Missouri—St. Louis

Hospital: **St. Anthony's Medical Center**
***St. John's Mercy Medical Center**
St. Luke's Hospital

Type: Merger, 1995.

Outcome: *Continuation of previously offered reproductive health services.* The three hospitals set up Unity Health Network in 1994. In May 1995, the

hospitals announced that they would merge to form the St. Louis area's second-largest hospital system. Reproductive health services are not addressed in the merger agreement and will continue.

Montana—Great Falls

Hospitals: *__Columbus Hospital__
Montana Deaconess Medical Center

Type: Merger, summer 1995.

Outcome: *Accommodation of abortion services and continuation of nonabortion reproductive health services in non-Catholic facility.* The only hospitals in Great Falls merged, giving the city a Catholic health care system. Both hospitals continue to operate under a new, not-for-profit corporation.

Abortions ceased at Deaconess, which had provided about ten per year. Deaconess gave a condominium it had owned to Planned Parenthood, which uses rental income from the space to help women who need hospital abortions and can no longer obtain the service in Great Falls. The condo generates an estimated $9,000 per year.

Elective sterilizations continue at the Deaconess campus. Hospital officials will not say whether elective sterilizations will continue if acute care services are someday transferred from Deaconess to the Columbus campus.

New York—Poughkeepsie

Hospitals: **Vassar Brothers Hospital**
*__St. Francis Hospital__

Type: "Virtual merger," December 1995, after failure of traditional merger.

Outcome: *Continuation of previously offered reproductive health services.* Merger talks ended abruptly because of community pressure after it was disclosed that Vassar Brothers would follow the *Directives.* The two hospitals have entered into a "virtual merger," collaborating in such a way that services offered at Vassar do not threaten St. Francis's Catholic identity.

North Carolina—Charlotte

Hospitals: **Charlotte-Mecklenburg Hospital Authority (CMHA)**
*__Mercy Hospital__

Type: Merger, June 1995.

Outcome: *Continuation of previously offered reproductive health services.* After a year of collaboration talks and partnership, CMHA acquired 70 percent of Mercy, although the entities will remain separate. Mercy will not perform abortion, sterilization, or assisted reproduction services, but CMHA will continue to provide reproductive health services and medically necessary abortions and sterilizations. CMHA did not agree to the *Directives,* and bought the purchasing rights in order to continue to perform women's reproductive health services.

Ohio—Cincinnati

Hospitals: **Bethesda Oak and Bethesda North Hospitals**
***Good Samaritan**

Type: Affiliation, February 1995.

Outcome: *Continuation of previously offered reproductive health services.* The hospitals united their management under a not-for-profit parent corporation. While sharing operating income and expenses, they maintain separate assets and debts. Bethesda runs an extensive infertility clinic and performs sterilization procedures that Good Samaritan will not perform. Neither hospital performs abortions.

Ohio—Cleveland

Hospitals: **Cleveland Clinic Foundation**
***Marymount Hospital and Healthcare Systems**

Type: Merger, December 1995.

Outcome: *Continuation of previously offered reproductive health services.* While a wholly owned subsidiary of the Cleveland Clinic, Marymount will remain a Catholic hospital, preserving its mission, philosophy, and values. Although the Cleveland Clinic does not perform abortions or experiment with fetal tissue, it retains the right to do so.

Ohio—Lorain

Hospitals: **Lorain Community Hospital**
***St. Joseph Regional Health Center**

Type: Merger, 1995.

Outcome: *Reproductive health services discontinued.* The American Civil Liberties Union has filed a complaint with the Ohio Department of Health and is considering a federal antitrust suit because of the cessation of reproductive health services at Lorain. According to the *Cleveland Plain Dealer*, the state health department was assured before the merger that reproductive health services would be maintained in the non-Catholic facility.

Oregon—Eugene

Hospitals: **Eugene Clinic**
***PeaceHealth (formerly Sacred Heart Health System)**

Type: Integration, July 1995.

Outcome: *Continuation of previously offered reproductive health services.* Both facilities abide by the *Directives,* but they allow doctors to perform tubal ligations, vasectomies, and contraceptive counseling on-site as part of the private patient-doctor relationship. Abortions were not performed at either facility prior to the integration.

Texas—Austin

Hospitals: **Brackenridge Hospital**
***Seton Medical Center**

Type: Lease of Brackenridge by Seton, September 1995

Outcome: *Nonabortion reproductive health services continue in non-Catholic facility.* The lease allows Brackenridge to provide reproductive health services other than abortion. In addition, Brackenridge city employees supply post-partum contraceptive counseling.

Texas—Fort Worth

Hospitals: **Medical Plaza Hospital (Columbia/HCA Healthcare)**
***St. Joseph's Hospital**
Type: Merger, 1995.
Outcome: *CFFC's request for information denied.* Columbia/HCA intends to fold operations of the Catholic facility into nearby Medical Plaza Hospital.

Texas—Houston

Hospitals: **Memorial Healthcare System**
***Sisters of Charity of the Incarnate Word Health Care System**
Type: Joint venture, 1995.
Outcome: *Continuation of previously offered reproductive health services.* The 10 hospitals affected will remain under separate ownership, but a joint venture will develop and own an outpatient network of at least 31 primary care clinics and two ambulatory care centers. The joint venture brings together Memorial's and Sisters' preferred provider organizations and includes plans for an HMO to serve 19 counties in southeast Texas.

Neither Memorial nor Sisters provides abortions, but Memorial will remain open for family planning services, sterilization, and in vitro fertilization. Sisters will refer patients seeking those services to Memorial.

Vermont—Burlington

Hospitals: ***Fanny Allen Hospital**
Medical Center Hospital of Vermont
University Health Center
Type: Merger, 1995
Outcomes: *Continuation of previously offered reproductive health services.* The merger, which formed Fletcher Allen Health Care, allows all previous reproductive health services without anticipating that personnel of the formerly Catholic hospital will provide them.

Virginia—Richmond

Hospitals: ***St. Mary's Hospital (Bon Secours Health System)**
Richmond Community Hospital
Stuart Circle Hospital
Type: Acquisition by Catholic hospital, June 1995.
Outcome: *Reproductive health services discontinued.* Bon Secours-St. Mary's (which a year earlier had bought Stuart Circle Hospital from Quorum Health Group) acquired Richmond Community Hospital and transformed it into a Catholic facility called Bon Secours-Richmond Community Hospital.

West Virginia—Charleston

Hospitals: **Columbia/HCA Healthcare**
***St. Francis Hospital**
Type: Purchase of Catholic hospital, February 1995.
Outcome: *No lifting of Catholic restrictions after purchase by non-Catholic hospital chain.* St. Francis remains a Catholic hospital and will comply fully with the *Directives,* despite new for-profit ownership.

Wisconsin—Cudahy

Hospitals: **St. Luke's Medical Center**
***Trinity Memorial Hospital**

Type: Acquisition of Catholic hospital, March 1995.

Outcome: *CFFC's request for information denied; impact on reproductive health services unclear.* Trinity had been operated by Catholic Health Corp., Omaha, Nebraska. Needing to join a network to survive, Trinity abandoned its Roman Catholic status to be sold to a non-Catholic organization. St. Luke's is part of Aurora Health Care, a secular, not-for-profit system. In 1994, Catholic Health Corp. had ruled out an affiliation with Aurora because abortions are performed at one of the system's facilities.

Wisconsin—LaCrosse

Hospitals: ***St. Francis Medical Center**
Skemp Clinic
Mayo Foundation

Type: Affiliation, July 1995.

Outcome: *CFFC's request for information denied.* St. Francis affiliated with Skemp and is cosponsored by the Mayo Foundation, which is about 50 miles away, in Rochester. The new entity, called Franciscan Skemp Healthcare-Mayo Health System, is Catholic.

Wisconsin—Milwaukee

Hospitals: ***Sisters of the Sorrowful Mother Ministry Corp. (Ministry Healthcare)**
Victory Medical Center

Type: Merger, August 1995.

Outcome: *Reproductive health services discontinued.* The Catholic system took control of the local community hospital. Victory does not perform abortions and has done few sterilizations because of lack of demand. Victory is now a Catholic hospital, however, and sterilizations are prohibited. Plans to establish a free-standing clinic for sterilization—discussed as an aspect of the merger—were never carried out.

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1996

California—Bakersfield

Hospitals: **Bakersfield Memorial Hospital**
***Mercy Hospital**

Type: Affiliation, January 1996.

Outcome: *Continuation of previously offered reproductive health services.* The hospitals remain separate entities, and their partnership does not require Bakersfield to abide by the *Directives.*

California—Redwood City

Hospitals: ***Catholic Healthcare West**
Sequoia Hospital

Type: Affiliation. October 1996.

Outcome: *CFFC's request for information denied.*

Colorado—Denver

Hospital: *Catholic Health Initiatives
Portercare Adventist Health Systems

Type: Joint venture, January 1996.

Outcome: *Reproductive health services discontinued.* The two systems combined to create a new Catholic entity called Centura Health, Denver. Centura Health governs all Adventist and Catholic hospitals in Colorado.

A representative of Centura Health told CFFC that both systems agree with the *Directives,* and no reproductive health services are performed at any of the system's eight hospitals in Colorado. Portercare's obstetrics and gynecology department, however, indicated that tubal ligations still take place in its facilities.

Illinois—Chicago

Hospitals: **Chicago Health System**
*St. Elizabeth Hospital

Type: Purchase of Catholic hospital, September 1996.

Outcome: *No lifting of Catholic restrictions after purchase by non-Catholic hospital chain.* Hospitals within Chicago Health provide abortions, but St. Elizabeth does not share in profits from abortion services. The Archdiocese of Chicago initiated but did not pursue proceedings to withdraw St. Elizabeth's right to call itself Catholic, and, now part of Chicago Health, St. Elizabeth is still considered a Catholic hospital.

Iowa—Cedar Falls

Hospitals: *Covenant Health System of Waterloo
Sartori Memorial Hospital

Type: Lease to Catholic system, December 1996.

Outcome: *Reproductive health services discontinued.* The board of city-owned Sartori Memorial approved an agreement leasing Sartori to Covenant Health System for 25 years. Sartori reports that it had closed its obstetrics/gynecology department prior to the lease agreement and now abides by the *Directives.*

Kansas—Manhattan

Hospitals: **Memorial Hospital**
*St. Mary Hospital

Type: Consolidation of operations (separate ownership), July 1996.

Outcome: *CFFC's request for information denied.* The consolidated entity is Mercy Health System.

Louisiana—Baton Rouge

Hospitals: **Assumption General Hospital**
*Our Lady of the Lake Regional Medical Center

Type: Purchased by Catholic institution, January 1996.

Outcome: *CFFC's request for information denied.* A spokesperson for Our Lady of the Lake would not provide information on reproductive health services to CFFC but confirmed that Assumption will operate as a Catholic facility.

Maryland—Cumberland
Hospitals: **Memorial Hospital and Medical Center of Cumberland**
***Sacred Heart Hospital**
Type: Affiliation, April 1996.
Outcome: *Continuation of previously offered reproductive health services.* The hospitals' affiliation created Western Maryland Health System, which is governed by a joint board. Western Maryland announced in the autumn of 1997 that it would close Memorial and shift all medical services to Sacred Heart, but the impending loss of jobs sparked public outrage and community activism. Having retreated from its plan, Western Maryland Health System is exploring ways to keep both hospitals viable by moving only a few services from Memorial to Sacred Heart.

Before Western Maryland backed down, activists had attempted without success to undo the hospitals' affiliation. They argued that Memorial was violating its town lease, which requires the institution to operate as a "general hospital." In another episode, the *Cumberland-Times* reported that a doctor who has spoken out against the affiliation, Dr. Judy Stone, was enduring retaliation by hospital administrators, who appeared to be undermining one of her research projects.

Massachusetts—Worcester
Hospitals: **OrNda Healthcorp**
***St. Vincent Healthcare System**
Type: Acquisition of Catholic hospital, 1996.
Outcome: *No lifting of Catholic restrictions after purchase by non-Catholic hospital chain.*

Minnesota—Grand Rapids
Hospitals: **Allina Health System**
***Benedictine Health System**
Duluth Clinic
Itasca Medical Center
Type: Acquisition by coalition that includes a Catholic system, May 1996.
Outcome: *CFFC's request for information denied.* Allina, Benedictine, and the Duluth Clinic acquired Itasca.

Missouri—St. Louis
Hospitals: **Cardinal Glennon Children's Hospital**
***SSM Health Care System**
Type: Acquisition by Catholic system, 1996.
Outcome: *Reproductive health services limited.* The non-Catholic children's hospital agreed to follow the *Directives.*

North Carolina—Asheville
Hospitals: **Memorial Mission Medical Center**
***St. Joseph's Hospital**
Type: Merger, January 1996.
Outcome: *CFFC's request for information denied.* St. Joseph's and Memorial Mission are the only acute-care hospitals in Asheville. Memorial Mission is part of a 23-hospital network.

Ohio—Warren

Hospitals: ***St. Joseph Health System**
Warren General Health System

Type: Acquisition by Catholic institution, January 1996.

Outcome: *Reproductive health services discontinued.* Warren General no longer exists, and that campus now houses St. Joseph operations. Family planning, tubal ligations, and abortions are no longer offered in the merged facilities.

Oklahoma—Ardmore

Hospitals: ***Mercy Health System of Oklahoma**
Memorial Hospital of Southern Oklahoma
St. Mary's Hospital

Type: Merger, August 1996

Outcome: *Reproductive health services discontinued.* St. Mary's and Memorial agreed to follow the *Directives.* This merger formed Mercy Memorial Health Center, currently the sole provider in Ardmore.

Oklahoma—Bartlesville

Hospitals: **Jane Phillips Medical Center**
***St. John Medical Center**

Type: Acquisition of half-interest in non-Catholic facility, 1996.

Outcome: *Nonabortion reproductive health services continue in non-Catholic facility.* Jane Phillips, unaffected by the *Directives,* still provides tubal ligations and contraception services.

Texas—Amarillo

Hospitals: **High Plains Baptist Health System**
***St. Anthony's Hospital**

Type: Merger, February 1996.

Outcome: *Reproductive health services curtailed or limited.* According to a spokesperson for the merged entity, Baptist-St. Anthony's, the new system abides by the *Directives,* but the hospitals still offer tubal ligations under an agreement written with the help of the local bishop. Contraceptive counseling is not provided by the hospital, but doctors are allowed to discuss family planning with patients in the privacy of their own offices.

Texas—Beeville

Hospitals: **Bee County Regional Medical Center**
***Spohn Health System**

Type: Lease to Catholic system, October 1996.

Outcome: *Continuation of previously offered reproductive health services.* Under the 30-year lease, Bee County Regional, now called Spohn Bee County Hospital, is considered a Catholic facility and abides by the *Directives.* According to the hospital's obstetrics/gynecology department, a separate staff, with separate financial accounting, continues tubal ligation services. Spohn Bee is the sole provider in the county.

Texas—Corpus Christi

Hospitals: **Memorial Medical Center**
***Spohn Health System**
Type: Lease to Catholic system, October 1996.
Outcome: *Reproductive health services discontinued.* Under the 30-year lease, Memorial Medical Center is considered a Catholic facility and abides by the *Directives.*

Texas—Dallas

Hospitals: **Harris Methodist Health System**
***St. Paul Medical Center**
Type: Cosponsorship of Catholic hospital by non-Catholic system, March 1996.
Outcome: *No lifting of Catholic restrictions after purchase by non-Catholic hospital chain.* St. Paul remains an affiliated member of the Daughters of Charity National Health System's West Central Region.

Texas—Tyler

Hospitals: **Principal Hospital Company**
***Trinity-Mother Frances Health System**
Type: Joint venture partnership, 1996.
Outcome: *CFFC's request for information denied.*

Virginia—Richmond

Hospitals: ***Bon Secours Health System**
Health Corporation of Virginia
Type: Merger, September 1996.
Outcome: *Reproductive health services discontinued.* All hospitals in the merged health care system are now Catholic and abide by the *Directives.*

Washington—Seattle

Hospitals: **Seward General Hospital**
***Sisters of Providence Health System**
Type: Acquisition by Catholic system, July 1996.
Outcome: *No reproductive health services curtailed because none had been offered.* Seward General now goes under the name Providence Medical Center and remains a non-Catholic facility. Reproductive health services were not offered at Seward prior to the acquisition.

West Virginia—Parkersburg

Hospitals: **Columbia/HCA Healthcare**
***St. Joseph Hospital**
Type: Joint venture (50-50), August 1996.
Outcome: *No lifting of Catholic restrictions after partial purchase by non-Catholic hospital chain.*

Wisconsin—Wauwatosa

Hospitals: ***Covenant Healthcare System**
Lakeview Hospital
Type: Lease to Catholic system, 1996
Outcome: *CFFC's request for information denied.* Lease is to last 50 years.

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1997

Colorado—Denver

Hospitals: **Lutheran Medical Center**
Primera Healthcare
***St. Joseph Hospital**

Type: Merger, October 1997.

Outcome: *Nonabortion reproductive health services continue in non-Catholic facility.* The three hospitals formed Exempla Healthcare through a merger and joint operating agreement. CFFC was told that all three original entities believe in the spirit of the *Directives,* although only St. Joseph is required to abide by them. An encouraging aspect of this merger is its emphasis on the privacy of the patient-doctor relationship, which allows contraceptive counseling to occur outside the merger agreement.

Connecticut—Bridgeport & Stamford

Hospitals: ***St. Joseph's Hospital**
***St. Vincent Health Center**
Stamford Heath Center

Type: Merger, January 1997.

Outcome: *Continuation of previously offered reproductive health services—at least initially.* St. Vincent and Stamford Health Center merged, then together bought St. Joseph's. Now all function under the name Stamford Heath System, which is applying for a certificate of need to rearrange service departments over the coming two years. Stamford Health was unable to tell CFFC which reproductive health services, if any, would be changed, added, or discontinued.

Connecticut—Hartford

Hospitals: **Greater Bristol Health Services**
***St. Francis Hospital and Medical Center—Mount Sinai Campus**

Type: Affiliation, 1997.

Outcome: *CFFC's request for information denied.* Specifically, the hospitals would not comment on whether the deal will affect reproductive health care at Bristol.

Georgia—Savannah

Hospitals: **Candler Hospital (Methodist)**
***St. Joseph's Hospital**

Type: Merger, autumn 1997.

Outcome: *Nonabortion reproductive health services continue in non-Catholic facility.* The hospitals plan to control their facilities jointly but to continue operating their foundations separately and retain their religious ties. As a result of the merger, abortions have been prohibited at Candler. Tubal ligations are still performed, however, and Candler operates a center that performs in vitro fertilization.

Massachusetts—Norfolk & Norwood

Hospitals: ***Caritas Christi Health Care Systems**
Norwood and Southwood hospitals (Neponset Valley Health System)

Type: Acquisition by Catholic system, December 1997

Outcome: *Reproductive health services discontinued.* As a condition of the merger, Neponset agreed to stop abortions, sterilizations, and in vitro fertilizations in Norwood and Southwood hospitals.

Michigan—Kalamazoo

Hospitals: ***Borgess Health Alliance**
Pipp Community Hospital

Type: Acquisition by Catholic system, July 1997.

Outcome: *CFFC's request for information denied.*

Michigan—Lansing

Hospitals: ***Mercy St. Lawrence Corporation**
Sparrow Hospital

Type: Merger, November 1997.

Outcome: *Nonabortion reproductive health services continue in non-Catholic facility.* In addition, non-Catholic Sparrow gave $900,000 to the YWCA to fund abortions. One hint of problems that might arise is in the memorandum of understanding that established the hospitals' joint board. While 80 percent of representatives are appointed by Sparrow and 20 percent by Mercy, a super-majority is required on votes "which negatively affect Catholic presence." In practice, therefore, the three members of the board who represent the Catholic institution set policy affecting reproductive health services.

New York—Port Jefferson

Hospitals: **John P. Mather Memorial Hospital**
***St. Charles Hospital and Rehabilitation Center**

Type: Joint venture, November 1997.

Outcome: *Continuation of previously offered reproductive health services.* Mather can continue a full range of reproductive health services, including abortions and in vitro fertilizations, on its own premises but outside the joint venture agreement. This creative solution was approved by the local bishop.

New York—Rochester

Hospitals: **Park Ridge Hospital**
***St. Mary's Hospital**

Type: Merger, April 1997.

Outcome: *Reproductive health services discontinued.* Park Ridge agreed to follow the *Directives.*

Ohio—Cleveland

Hospitals: **Columbia/HCA Healthcare**
***St. Luke's Medical Center**

Type: Acquisition of Catholic facility, 1997.

Outcome: *No lifting of Catholic restrictions after purchase by non-Catholic hospital chain.*

Pennsylvania—Reading

Hospitals: **Community General Hospital**
***St. Joseph Medical Center**
Type: Merger, April 1997.
Outcome: *Reproductive health services discontinued.* St. Joseph is part of Catholic Health Initiatives.

Tennessee—Memphis

Hospitals: **Baptist Memorial Hospital and Medical Center**
***St. Joseph Hospital and Health Centers**
Type: Merger, December 1997.
Outcome: *CFFC's request for information denied.*

Texas—Dallas

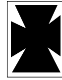
Hospitals: ***St. Paul Medical Center**
Texas Health Resources
Type: Merger, July 1997.
Outcome: *No lifting of Catholics restrictions after purchase by non-Catholic hospital chain.*

Texas—Jasper

Hospitals: **Jasper Memorial Hospital**
***Sisters of Charity Health Care System**
Type: Lease to Catholic system, May 1997.
Outcome: *Continuation of previously offered reproductive health services.* Under the ten-year, $13 million lease, Jasper now functions as though it were owned by the Sisters, and it follows the *Directives,* according to the Sisters of Charity. According to Jasper Memorial, however, tubal ligations are still offered.

Appendix C

Geographical Index of Mergers and Affiliations



This appendix lists the sites of consolidations between Catholic and non-Catholic institutions, 1990-1997. Details of each consolidation are given in Appendix B, on the page cited in each case.

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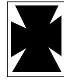
Appendix D

Pending Mergers and Affiliations



This appendix lists consolidations under negotiation as of January 1998. An asterisk (*) denotes a Catholic hospital or health care system.

Arkansas—Little Rock

Hospitals: **Columbia Doctors Hospital (Columbia/HCA Healthcare)**
***St. Vincent Infirmary Medical Center**

Type: Acquisition pending.

Status: St. Vincent is purchasing Columbia Doctors Hospital and three family practice clinics from Columbia/HCA Healthcare on undisclosed terms in a deal expected to close in early 1998. The *Directives* are expected to be applied to Columbia Doctors.

California—Bakersfield

Hospitals: ***Mercy Healthcare Bakersfield**
Taft Hospital

Type: Acquisition pending.

Status: Mercy Healthcare Bakersfield announced plans to acquire Taft.

California—Redondo Beach

Hospitals: ***Little Company of Mary**
South Bay Medical Center

Type: Lease pending.

Status: The *Directives* are expected to apply to South Bay once it is a leased facility. The board of directors of the Beach Cities Health District is scheduled to vote on the future of South Bay Medical Center in the spring of 1998. A coalition of physicians and advocacy organizations has asked the Beach Cities Health District to consider the impact of the *Directives* on women's health care at South Bay Medical Center.

California—San Bernardina

Hospitals: ***Catholic Healthcare West**
Community Hospital

Type: Affiliation pending.

Status: Local advocates sought a restraining order to prevent the deal from being closed, but their attempt failed at the end of 1997. Although the proposed memorandum of understanding states that Community will not be subject to canon law on property matters, it is likely to follow the *Directives* on reproductive health services. Advocates fear Catholic Healthcare West will close Community and move its functions to a nearby Catholic facility once the affiliation is finalized. Even if Community retains its autonomy, it may lose all acute-care functions.

Florida—South Miami

Hospitals: **Baptist Hospital**
***Mercy Hospital**

Type: Merger pending.

Status: In preparation for the merger, Baptist changed its abortion policy in May 1997 to permit abortions only when the woman's life is at risk. This restriction replaced a ten-year-old policy that had allowed abortions when the woman's health was threatened. In December 1997, the medical staff at Baptist Hospital voted almost unanimously to restore the old abortion policy. Unfortunately, this vote is only advisory.

Illinois—Morris

Hospitals: **Morris Hospital**
***St. Joseph Medical Center/Franciscan Sisters Health Care Corp.**

Type: Memorandum of understanding to discuss "collaborative arrangements."

Status: Morris would become the first non-Catholic hospital to join Franciscan. A Morris spokeswoman said the hospital is going through an "education process" about the *Directives,* but she did not know how the pending affiliation would affect tubal ligations and contraceptive counseling, which Morris now offers.

Illinois—Rockford

Hospitals: ***Saint Anthony Medical Center of OSF Health Care System**
SwedishAmerican Hospital

Type: Merger pending.

Status: Reproductive health services expected to be discontinued at non-Catholic facility. Under the merger, SwedishAmerican is expected to become Catholic, follow the *Directives,* and cease current reproductive health services, such as tubal ligations.

Indiana—Lafayette

Hospitals: **Lafayette Home Hospital**
***St. Elizabeth Hospital**

Type: Merger pending.

Status: Request for information denied. A review of this merger by the US Department of Justice ended with no action. The two hospitals are beginning to form a new entity, Greater Lafayette Health Services, which will follow the *Directives.* Plans for reproductive health services have been approved by the local bishop but not announced.

Maryland—Towson

Hospitals: ***St. Joseph Medical Center**
Upper Chesapeake Health Center

Type: Partnership agreement pending.

Status: Upper Chesapeake Health System has stated that the partnership will follow the *Directives.*

Missouri—St. Louis

Hospital: ***St. Louis University Hospital**
Tenet Healthcare

Type: Acquisition pending.

Status: The Catholic facility is expected to be unaffected. Tenet is attempting to acquire St. Louis University Hospital for $309.2 million. Despite strong opposition from Archbishop Justin Rigali and several US cardinals, the deal moves forward. The university argues that the church's permission is not needed for the transaction because St. Louis's assets were transferred to an independent board in the 1960s. However, the formal process of alienation, required under canon law for the transfer of Vatican property, has never been completed.

New Jersey—Roseland

Hospitals: **Elizabeth General Medical Center**
***St. Elizabeth Hospital**

Type: Memorandum of understanding and due diligence for possible merger, September 1997.

Status: Reproductive health services are expected to be discontinued. The proposed merger would create a single parent organization. Elizabeth General would become a Catholic institution and abide by the *Directives.* According to a spokesperson for Elizabeth General, tubal ligations and other services would be prohibited after the merger.

New York—Batavia

Hospitals: **Genesee Memorial Hospital**
***St. Jerome Hospital**

Type: Foundations merged, December 1995; merger of hospitals pending.

Status: It appears that services will be restricted. After initially stating that reproductive health services would remain available, hospital officials announced in October 1997 that plans for a separate "women's health center" were no longer economically feasible. A hospital task force is considering an "ambulatory surgery center" that would provide services prohibited by church doctrine.

New York—Dutchess and Ulster counties

Hospitals: ***Benedictine Hospital**
Kingston Hospital
Northern Dutchess Hospital

Type: First phase of merger complete.

Status: All reproductive health services are expected to be discontinued in all hospitals. The first phase of this three-way merger was completed in early 1998, when the two non-Catholic facilities merged to form Cross River Healthcare. When these hospitals join with Benedictine, all reproductive health services, including tubal ligations, will be prohibited in all three hospitals. Despite strong community opposition to the merger, and an offer by the Dyson foundation to study alternative arrangements free of charge, the merger appears to be moving ahead.

New York—Gloverville

Hospitals: **Nathan Littauer Hospital**
***St. Mary's Hospital**

Type: Plans to pursue affiliation announced, November 1997.

Status: The agreement under discussion would ban abortions and give the Carondelet Sisters, who operate St. Mary's, veto-power over decisions of the joint hospital board.

New York—Long Island

Hospitals: ***Catholic Health Services of Long Island**
Massapequa General Hospital
Mid-Island Hospital
Winthrop South Nassau University Health System

Type: Takeover plans announced, February 1998.

Status: Both community hospitals are expected to discontinue reproductive health services. The arrangement under discussion would put Massapequa and Mid-Island under control of the Winthrop and Catholic Health Services systems. The impact on Massapequa, which performs only a handful of sterilizations each year, would be slight, but Mid-Island would have to stop offering both abortion and sterilization services.

New York—Niagara Falls

Hospitals: **Niagara Falls Memorial Medical Center**
***Mount St. Mary's Medical Center**

Type: Plans to merge announced, April 1997.

Status: The merger reportedly would apply the *Directives* to Niagara Falls Memorial and transform that hospital, located in a low-income area, into a mental health and nursing home. Mount St. Mary's, in a primarily white and wealthy area, would assume all acute-care functions. Despite a study finding it would be cheaper and quicker to move acute care into Niagara Falls Memorial, the Daughters of Charity, who run Mount St. Mary's, are promising to go forward with the original plan. Community activists are protesting the impending lack of acute-care services in the low-income area; the impact on jobs; and the discontinuation of reproductive health services at the non-Catholic hospital.

Pennsylvania—Erie

Hospitals: **Hamot Medical Center**
***St. Vincent's Hospital**

Type: Merger pending.

Status: Merger negotiations began two years ago, and the pending merger was announced in May of 1997. The merged facilities will follow the *Directives,* but CFFC was also reassured that tubal ligations would continue to be provided.

Pennsylvania—Philadelphia

Hospitals: ***Mercy Health Corporation of Southeastern Pennsylvania**
Jefferson Health System

Type: Pending "alliance relationship."

Status: Tentative agreement has been reached on an alliance. Mercy and Jefferson plan to maintain separate ownership and historic assets, while the partnership would undertake new initiatives.

South Carolina—Charleston

Hospitals: **Roper CareAlliance**
***Bon Secours–St. Francis Xavier Hospital**

Type: Memorandum of understanding to merge, August 1997.

Status: The parties have applied to the state government for a Certificate of Public Advantage to allow the merger. In September 1997, Roper announced that, as a condition of the merger, abortions would be prohibited except when the women's life is in danger. At the same time, Roper would continue sterilizations, with St. Francis not sharing in the profits. Roper already has discontinued abortion services, saying the service is not profitable and denying that it has acceded to Catholic pressure. The pending merger is interesting because Roper is the financially stronger institution yet is willing to give up services to merge.

Tennessee—Nashville

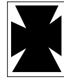
Hospitals: **Baptist Hospital**
***St. Thomas Health Services**

Type: Merger/acquisition pending.

Status: In a letter of intent signed in July 1997, the hospitals announced plans to collaborate while continuing separate ownership of their assets. The collaboration has three partners, the two hospitals and St. Thomas's sponsor, the Daughters of Charity. The hospitals, which are conducting due diligence, have reassured the community that services will not be eliminated. Baptist offers tubal ligations, contraceptive counseling, fetal genetic counseling, and ultrasound screening. The hospital also provides abortions when there is a severe fetal anomaly or the woman's life is in danger.

Appendix E

Terminated Negotiations, 1996-1997



An asterisk (*) denotes a Catholic hospital or health care system.

Arizona

Hospitals:	***Catholic Healthcare West** **Samaritan Healthcare System**
Type:	Merger negotiations terminated.
Outcome:	According to the public relations department at Samaritan, which has five hospitals in Arizona, the religious identity of Catholic Healthcare West had nothing to do with the merger's failure.

Connecticut—Avon

Hospitals:	**Hartford Hospital** **New Britain General Hospital** ***St. Francis Hospital and Medical Center in Hartford** **UCONN Health, Farmington**
Type:	Joint venture negotiations terminated, September 1997.
Outcome:	Proposed joint venture blocked by community opposition. In July 1997, four Connecticut health institutions announced plans to build a shared outpatient surgery center in Avon. The center would not have offered abortions or sterilizations. Reproductive health advocates defeated the proposal by persuading the state Office of Health Care Access not to grant a certificate of need for the center.

Delaware—Wilmington

Hospitals:	**Christiana Care Health Systems (formerly Medical Center of Delaware)** ***St. Francis Hospital**
Type:	Joint venture negotiations terminated, September 1997.
Outcome:	Plans for a joint venture were blocked by community opposition. The hospitals had planned to create an outpatient surgery center at which abortions, tubal ligations, and contraceptive counseling would have been banned. Christiana Care withdrew from the joint venture shortly after a strong community showing against it.

Illinois—Chicago

Hospitals:	***Accord Healthcare Network** **Mount Sinai Hospital Medical Center**
Type:	Affiliation negotiations terminated, October 1997.
Outcome:	One negotiating point was the contraceptive services and abortions offered by Mount Sinai, which might have contributed to the breakdown of the deal. Mount Sinai would have been the first non-Catholic member of the Accord network.

Massachusetts—Brighton

Hospitals: ***Carney Hospital (Daughters of Charity)**
Quincy Hospital

Type: Merger negotiations terminated, early 1996.

Outcome: After a year of negotiation, the two hospitals attempted to merge in 1996, but Cardinal Bernard Law rejected their proposal. Because Quincy offered a full range of reproductive health services, the Daughters of Charity had consulted with a Catholic ethicist to work out a compromise. Law was criticized for taking so hard a line on a deal that was one of the few options for saving Carney, a Catholic hospital serving a poor, Haitian community with a very high incidence of AIDS. The cardinal had objected to plans in 1995 to merge Carney with Partners Health System because some Partners hospitals perform abortions. Because of Carney's failing financial health, the Daughters of Charity recently announced their intention to sell the institution.

New Jersey—New Brunswick

Hospitals: **Robert Wood Johnson University Hospital**
***St. Peter's Medical Center**

Type: Merger negotiations terminated, June 1997.

Outcome: The hospitals' two years of negotiations included consultations with theologians and experts on canon law. Despite these precautions, the Vatican stepped in directly for the first time and forbade the merger.

Rhode Island—Providence

Hospitals: **Lifespan**
***St. Joseph Health Services**

Type: Merger negotiations terminated.

Outcome: Although negotiators tried to accommodate the *Directives,* Lifespan's abortion and sterilization services prompted Bishop Robert Mulvee to reject the merger after the Vatican had rejected the merger in New Brunswick, New Jersey.

Tennessee—Nashville

Hospitals: ***St. Thomas Hospital**
Vanderbilt University Medical Center

Type: Merger negotiations terminated, June 1996.

Wisconsin—Kenosha

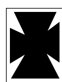
Hospitals: **Kenosha Hospital**
***St. Katherine's Hospital**

Type: Joint venture negotiations terminated.

Outcome: The hospitals had planned to form a non-profit corporation. According the president of St. Katherine's, the hospital's sponsor, Catholic Health Initiatives, terminated the merger over issues of trust and Kenosha's desire to redefine what it means to be a Catholic facility.

Appendix F

Mergers and Affiliations Within Catholic Health Care, 1996-1997



This appendix lists consolidations between and among Catholic institutions, 1996-1997. An asterisk (*) denotes a Catholic hospital or health care system.

California—Hawthorne

*Catholic Healthcare West
*Robert F. Kennedy Medical Center

California—Merced

*Catholic Healthcare West
*Mercy Hospital

California—San Bernadino

*Catholic Healthcare West
*St. Bernadine Medical Center

California—Santa Barbara

*Catholic Healthcare West
*St. Francis Medical Center

California—Santa Maria

*Catholic Healthcare West
*Marion Medical Center

Illinois—Centralia

*Good Samaritan Health Center
*Mount Vernon
*St. Mary's Hospital
*SSM Health Care System

Illinois—Chicago

*Franciscan Sisters Health Care Corp.
*Mercy Center for Health Care Services
*ServantCor

Illinois—Chicago

*Our Lady of the Resurrection Medical Center
*Resurrection Medical Center
*St. Francis Hospital, Evanston
*St. James Hospital and Health Centers, Chicago Heights

Massachusetts—Boston

*Caritas Christi Health Care Systems
*Carney Hospital (Daughters of Charity)

New Jersey, New York, and Pennsylvania

*Franciscan Sisters of the Poor
*Sisters of Charity of St. Elizabeth
*Sisters of Mercy of the Americas—New York Regional Community

New York—Long Island

*Good Samaritan Hospital Medical Center
*Mercy Medical Center
*St. Charles Hospital and Rehabilitation Center
*St. Frances Hospital—The Heart Center

New York—Niagara Falls

*Daughters of Charity National Health System
*Mount St. Mary's Hospital

New York—White Plains & the Bronx

*Our Lady of Mercy Medical Center
*St. Agnes Hospital

Pennsylvania—Altoona

*Bon Secours Health System
*Mercy Regional Health System

Pennsylvania—Lancaster & Reading

*St. Joseph Hospital
*St. Joseph Medical Center

Virginia—Newport News

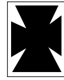
*Bon Secours Health System
*Mary Immaculate Hospital

Virginia—Norfolk

*Bon Secours Health System
*DePaul Medical Center

Appendix G

Catholic Sole Provider Hospitals



The Health Care Financing Administration of the US Department of Health and Human Services has designated 1,487 hospitals as the "sole providers" of hospital services in their area. Sole provider hospitals, which must apply for the designation, receive reimbursement for Medicare services at higher rates than other hospitals. Currently, 76 Catholic hospitals, in 26 states from Vermont to Alaska, are designated sole providers.

Only five Catholic sole providers are located in counties where most residents are Catholic. In fact, three-fourths (56 hospitals) are in counties where Catholics make up less than 25 percent of the population.

Hospital	Location	County Population	% Catholic
ALASKA			
Ketchikan General Hospital	Ketchikan Third Judicial Division	13,828	8.7%
ARIZONA			
Carondelet Holy Cross Hospital	Nogales Santa Cruz County	29,676	43.3%
ARKANSAS			
Conway County Hospital	Morrilton Conway County	19,151	9.2%
Mercy Hospital/Turner Memorial	Ozark Franklin County	14,897	6.3%
Mercy Hospital and Pinewood Nursing Home	Waldron Scott County	10,205	0.8%
CALIFORNIA			
Lassen Community Hospital	Susanville Lassen County	27,598	9.1%
St. Elizabeth Community Hospital	Red Bluff Tehama County	49,625	6.1%
COLORADO			
Centura Health-St. Thomas More Hospital and Progressive Care Center	Canon City Fremont County	32,273	4.0%

Hospital	Location	County Population	% Catholic
COLORADO *(continued)*			
Mercy Medical Center	Durango La Plata County	32,284	12.4%
IDAHO			
St. Benedict's Family Medical Center	Jerome Jerome County	15,138	14.0%
St. Joseph Regional Medical Center	Lewiston Nez Perce County	33,754	8.7%
ILLINOIS			
St. Anthony's Memorial Hospital	Effingham Effingham County	31,704	37.8%
St. James Hospital	Pontiac Livingston County	39,301	18.5%
St. Joseph's Hospital	Breese Clinton County	33,944	50.5%
IOWA			
Holy Family Hospital	Estherville Emmett County	11,569	15%
North Iowa Mercy Health Center	Mason City Cerro Gordo County	46,733	16.3%
St. Joseph Community Hospital	New Hampton Chicksaw County	13,295	33.8%
St. Joseph's Mercy Hospital	Centerville Appanoose County	13,743	11.9%
KANSAS			
Mercy Health System of Kansas	Fort Scott Bourbon County	14,966	5.8%
St. Catherine Hospital	Garden City Finney County	33,070	19.8%
KENTUCKY			
Flaget Memorial Hospital	Bardstown Nelson County	29,710	30.2%
Marcum & Wallace Memorial Hospital	Irvine Estill County	14,614	0.4%
Marymount Medical Center	London Laurel County	43,438	0.9%

Hospital	Location	County Population	% Catholic
KENTUCKY *(continued)*			
Our Lady of Bellefonte Hospital	Ashland Boyd County	51,150	4.7%
St. Claire Medical Center	Morehead Rowan County	20,353	1.2%
St. Elizabeth Grant County	Williamstown Grant County	15,515	3.3%
MICHIGAN			
Lee Memorial Hospital	Dowagiac Cass County	49,477	8.2%
Mercy Health Services North	Grayling Crawford County	12,260	9.4%
Mercy Hospital	Cadillac Wexford County	26,360	9.1%
St. Francis Hospital	Escanaba Delta County	37,780	38.5%
Tawas St. Joseph Hospital	Tawas City Iosco County	30,209	17.2%
MINNESOTA			
Lakewood Health Center	Baudette Lake of the Woods County	4,076	12.3%
St. Francis Medical Center	Breckenridge Wilken County	7,516	24.5%
St. Francis Regional Medical Center	Shakopee Scott County	57,846	8.4%
St. Gabriel's Hospital	Little Falls Morrison County	29,604	58.5%
St. Joseph's Hospital	Park Rapids Hubbard County	14,939	11.7%
St. Mary's Regional Health Center	Detroit Lakes Belker County	27,881	18.3%
MISSOURI			
Arcadia Valley Hospital	Pilot Knob Iron County	10,726	4.4%
Breech Medical Center	Lebanon Laclede County	27,158	3.5%

Hospital	Location	County Population	% Catholic
MISSOURI *(continued)*			
St. Francis Hospital	Maryville Nodaway County	18,670	21.8%
MONTANA			
Benefis Healthcare	Great Falls Cascade County	77,691	15.7%
Holy Rosary Health Center	Miles City Custer County	11,697	17.5%
NEBRASKA			
Providence Medical Center	Wayne Wayne County	9,364	9.1%
St. Francis Memorial Hospital	West Point Cuming County	10,117	1.3%
NORTH DAKOTA			
Carrington Health Center	Carrington Foster County	3,983	24.1%
Mercy Hospital	Devils Lake Ramsey County	12,681	36.9%
Mercy Hospital	Valley City Jarnes County	12,545	20.9%
Oakes Community Hospital	Oakes Dickey County	6,107	5.2%
St. Aloisius Medical Center	Harvey Wells County	5,864	28.2%
St. Andrew's Health Center	Bottineau Bottineau County	8,011	11.4%
OHIO			
Clermont Mercy Hospital	Batavia Clermont County	150,187	15.6%
Good Samaritan Medical Center	Zanesville Muskingum County	82,068	10.6%
Mercy Memorial Hospital	Urbana Champaign County	36,019	6.2%
Trinity Medical Center	Steubenville Jefferson County	80,298	22.8%

Hospital	Location	County Population	% Catholic
OKLAHOMA			
Mercy Memorial Health Center	Ardmore Carter County	42,919	4.4%
OREGON			
Holy Rosary Medical Center	Ontario Malheur County	26,038	9.9%
St. Elizabeth Health Services	Baker City Baker County	15,317	8.3%
SOUTH CAROLINA			
St. Eugene Community Hospital	Dillon Dillon County	29,114	0.7%
SOUTH DAKOTA			
Queen of Peace Hospital	Mitchell Davison County	17,503	32.0%
St. Bernard's Providence Hospital	Milbank Grant County	8,372	26.5%
St. Luke's Midland Regional Medical Center	Aberdeen Brown County	35,580	27.4%
TEXAS			
Burleson St. Joseph Regional Health Center	Caldwell Burleson County	13,625	11.0%
Cogdell Memorial Hospital	Snyder Scurry County	18,634	7.5%
Crosbyton Clinic Hospital	Crosbyton Crosby County	7,304	8.2%
Spohn Bee County Hospital	Beeville Bee County	25,135	34.0%
Swisher Memorial Hospital	Tulia Swisher County	8,133	17.2%
Trinity Medical Center	Brenham Washington County	26,154	11.5%
Yoakum County Hospital	Denver City Yoakum County	8,786	15.9%
VERMONT			
Fletcher Allen Health Care	Burlington Chittenden County	131,761	33.2%

Hospital	Location	County Population	% Catholic
VIRGINIA			
Bon Secours Maryview Medical Center	Portsmouth Norfolk-Chesapeake-Portsmouth	514,000[a]	3.8%
WASHINGTON			
Our Lady of Lourdes Health Center	Pasco Franklin County	37,473	15.2%
WISCONSIN			
Langlade Memorial Hospital	Antigo Langlade County	19,505	45.2%
St. Mary's Hospital Ozaukee	Mequon Ozaukee County	72,831	35.1%
St. Mary's Hospital of Superior	Superior Douglas County	41,758	20.6%
St. Mary's Kewaunee Area Memorial Hospital	Kewaunee Kewaunee County	18,878	72.4%
St. Michael's Hospital	Stevens Point Portage County	61,405	53.5%

TOTAL Catholic Sole Providers in 1997: 76

TOTAL Catholic Sole Providers in 1994: 46[b]

Notes:

a. Population figures are for combined area.
b. Total for 1994 is from *The Catholic Health Care System and National Health Care Reform: An Overview* (Washington: Catholics for a Free Choice, 1994). Data as of June 1, 1994.

Sources:

Hospitals identified as Catholic are those listed in the *Catholic Healthcare in the U.S.A. Directory,* an on-line directory compiled by the Catholic Health Association (see CHA website: www.chausa.org/). The list of sole providers (as of July 1, 1997) is by the Health Care Financing Administration of the Department of Health and Human Services ("Providers of Services," at the agency's website: wwwback.hcfa.gov). County population is from *The 1990 Census of Population; General Population Characteristics* (US Bureau of the Census). Catholic population in each county was derived from *Churches and Church Membership in the United States, 1990* (Atlanta, GA: Glenmary Research Center, 1992).

Organizations to Contact for More Information

Catholics For a Free Choice
1436 U Street NW
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website: www.cath4 choice.org

The Alan Guttmacher Institute
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Suite 460
Washington, DC 20036
phone: 202-296-4012
fax: 202-223-5756

California Women's Law Center
3460 Wilshire Boulevard
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Los Angeles, CA 90010
phone: 213-637-9900
fax: 213-637-9909

Center for Reproductive Law and Policy
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