

# Catholic Health Care State Reports: Illinois

## Executive Summary

In the state of Illinois, the Catholic church, through its operation of hospitals, health care centers, specialized homes and other social service agencies, plays a significant role in the provision of health care. Catholic-owned and run institutions:

- serve more than 8.4 million people a year;<sup>1</sup>
- accept about a quarter of all hospital admissions and 28% of visits to the ER;
- are among one of largest employers in the state, with 63,321 employees statewide.<sup>2</sup>

These institutions make daily decisions regarding the delivery of health care each year—decisions that are often driven not by accepted standards of medicine, but by the interpretation of Vatican-imposed Catholic teachings. For example, there are 2.8 million women of childbearing age (15–44) in Illinois. More than 1.6 million of them need contraceptive services,<sup>3</sup> yet these services are not always readily available at Catholic hospitals, health care centers and student health centers on college campuses.

In the Midwest census region, where Illinois is located, 28% of women seeking abortion services

need to travel at least 50 miles, and 10% travel more than 100 miles.<sup>4</sup> In stark contrast, there are 159 antichoice crisis pregnancy centers in Illinois.<sup>5</sup> Even in cases when a woman's life or health may be at risk, Catholic hospitals do not offer abortion services.

The Catholic hierarchy in the state supports and finances a lobby arm that starts with the local head of the church, Cardinal Francis George, and extends throughout the offices of the Catholic Conference of Illinois, the Illinois Catholic Health Association, several affiliates of Catholic Charities and individual Catholic hospitals and health systems throughout the state. The influence and strength of the Catholic hierarchy was a key factor in the establishment of Illinois' broad refusal clause that allows health care professionals and even whole health care facilities to refuse to provide or participate in some types of reproductive health care on religious or moral grounds without providing meaningful alternatives for patients who want or need these services.

When Governor Rod Blagojevich issued an emergency rule that required drugstores "that stock and dispense contraceptives to fill birth control prescriptions without delay," he came under severe pressure to

rescind the order from the hierarchy. In fact, the order provoked Bishop Thomas Paprocki to single out the governor from the pulpit during a mass at the Basilica of St. Hyacinth in April 2005. "Mr. Governor, out of respect for Pope John Paul II, please respect his wishes... rescind your order. Let our pharmacists be free to follow their faith," Paprocki said.<sup>6</sup> Fortunately for women in Illinois, the governor refused to back down and the emergency order became law in August 2005.

Despite the charitable image of Catholic hospitals, it is clear that some are willing to exercise strong-arm tactics in pursuit of unpaid bills. A February 2004 article in the *Wall Street Journal* exposed the fact that the Champaign/Urbana-based Catholic hospital Provena Covenant Medical Center was using "body attachments" to handle outstanding debts. Body attachments are court orders that authorize the police to physically haul in debtors to court, sometimes by force. The Illinois Department of Revenue had previously revoked the tax-exempt status of Provena, noting that it was not providing charity care for patients in need and that it was aggressively pursuing

patients for payment. The Board of Review also noted in its complaint that many for-profit outside companies were operating within the hospital.<sup>7</sup> In June 2005, the Illinois-based health conglomerate Resurrection Health Care paid an undisclosed amount to settle an excessive billing lawsuit that charged that its member hospital Our Lady of Resurrection Medical Center overcharged uninsured patients by two- to four-times the amount it charged insured patients and then used collection agents to pursue the bills.<sup>8</sup>

Illinois is also the testing ground for a new federal plan through which federal employees in Illinois have been offered a Catholic-run health insurance plan that does not cover abortion, contraceptives or fertility treatment—the first of its kind to be offered to federal workers.

*This report on the current state of Catholic health care in Illinois:*

- Details how Vatican-imposed guidelines impede access to reproductive health services for people who seek treatment at Catholic hospitals or health care facilities.
- Demonstrates the influential role the Catholic hierarchy seeks to maintain in state politics through the Catholic Conference of Illinois, with the assistance of the Illinois Catholic Health Association.

Illinois Catholic Profile	
• 1 cardinal	
• 6 dioceses	
• 1,689 diocesan priests	
• 1,119 religious priests	
• 1,089 deacons	
• 493 religious brothers	
• 4,252 religious sisters	
• 1,035 parishes serving 3,842,142 Catholics	
• 47 missions	
• 76 specialized homes	
• 46 day care centers	
• 141 special centers for social services	
• 479,676 students currently under Catholic instruction	
• 10,403 lay teachers	
• 28 diocesan and parish high schools, serving 13,175 students	
• 45 private Catholic high schools serving 32,649 students	
• 457 diocesan and parish elementary schools serving 135,444 students	
• 11 colleges and universities serving 59,230 students	
(P.J. Kenedy & Sons, <i>The Official Catholic Directory</i> , 2005.)	

- Examines the compliance of Catholic hospitals with state laws requiring the availability of emergency contraception for rape survivors.
- Explores the issue of pharmacy refusals and the role of the governor in protecting access to contraceptives.
- Explores the role of Catholic hospitals within their communities and the provision of charity care.
- Discusses the Catholic health care provided by Resurrection Health and its impact on Illinois' communities.

### Reproductive Health in Illinois: The State of Care

The state of reproductive health care in Illinois has improved since our last report in 2003. However, the influence of the Catholic hierarchy and the enforcement of *The Ethical and Religious Directives for Catholic Health Care Services* (the *Directives*) remains a constant and troubling factor in a state with one of the highest Catholic populations. There are more than 3.8 million Catholics in the six dioceses in the state of Illinois, making up 31% of Illinois' total population.<sup>9</sup>

The legislature, and indeed the history of Illinois politics on choice, is very mixed. Current Governor Rod Blagojevich is prochoice and

supports full access to reproductive health care services. The Speaker of the House, Michael Madigan, is antichoice and supports restrictions on access. Both are Democrats. Historically, the Illinois legislature has reflected this diversity of opinion, resulting in fragmented state policies and a general climate of unpredictability. For instance, Illinois was the first state to mandate that hospitals provide rape survivors with information about emergency contraception. However, the law does not require institutions to actually provide EC, thereby undermining its efforts to help women who have been through this traumatic situation. The Health Care and Family Services Department in Illinois will pay for an abortion for low-income women in cases of rape, incest and, at the discretion of the woman's physician, when the life or health of the pregnant woman is in danger.<sup>10</sup> This is of limited value, however, as 90% of Illinois counties have no abortion provider and 30% of Illinois women live in these counties.<sup>11</sup>

In January 2003, Governor Rod Blagojevich took office, and he has consistently supported women's access to reproductive health care services. His predecessors had left him with a dubious legacy. Prochoice Governor James Edgar had signed a bill to ban dilation and extraction abortion (erroneously called "partial-birth

abortion”), which was later struck down by the federal court. Antichoice Governor George Ryan, citing violation of the state constitution, had vetoed a bill that restricted Medicaid funding for abortion.

The Catholic church is one of the largest health care providers in Illinois. Between 21% and 30% of all admissions in Illinois are to Catholic hospitals.<sup>12</sup> There are 50 acute care hospitals, 39 nursing facilities and 57 hospices, home health, assisted living and senior housing facilities run by Catholic health care institutions. The Catholic church is also one of the largest employers in Illinois, with 63,321 employees state-wide—the vast majority of whom rely on the church for health insurance.<sup>13</sup> The Chicago archdiocese also operates the nation’s largest private school system, with 235 elementary schools and 41 high schools serving nearly 107,000 students. All of these students will rely on the church for sexuality education.

In Illinois, Catholic hospitals assist more than 8.4 million patients annually and Catholic health centers assist more than 61,000 patients.<sup>14</sup> Nationwide, more than 5.4 million patients were admitted to Catholic hospitals, more than 15.4 million patients visited emergency rooms in Catholic hospitals and more than 86 million outpatient visits to Catholic hospitals occurred in a one year period.<sup>15</sup>

As a large provider of health care services with a strong political voice, the Catholic health care industry drives decisions regarding the delivery of health care throughout the state—decisions that reflect, rather than accepted standards of medicine, an interpretation of Catholic teachings. Similarly, the Catholic health lobby in Illinois has great influence over women’s access to comprehensive reproductive health care. Unfortunately for women, this can mean the restriction or even elimination of the most basic reproductive health services.

With more than 2.8 million women of childbearing age (15-44),<sup>16</sup> the need for access to reproductive health care in Illinois is immense. Illinois boasts some positive health care policies that put it ahead of many US states, including its emergency

contraception legislation, Medicaid funding for abortions in cases of rape or incest and when pregnancy endangers a woman’s life, mandated insurance coverage for infertility treatment, pending approval of Medicaid family planning waivers and most recently the law requiring that pharmacies provide or facilitate the provision of EC. However, women still face challenges related to reproductive health care services in Illinois. As a reflection of the strength of the Catholic church’s influence, Illinois has a broad refusal clause that allows health care professionals and even whole health care facilities to refuse on religious or moral grounds to provide or participate in some types of reproductive health care. Illinois is one of 23 states that has an enforceable first trimester Targeted Regulation of

Abortion Providers (TRAP) law designed to impose barriers on providers.<sup>17</sup> TRAP laws are statutes that place extra burdens and regulations on facilities where abortion is provided and on abortion providers—burdens that other facilities and providers do not have.<sup>18</sup>

The number of abortion facilities is low and declining. Between 1992 and 1996, it fell by 19% (from 47 to 38). Since that time, at least one more clinic has closed. Ninety percent of Illinois counties have no abortion provider and 30% of Illinois women lived in these counties. In the Midwest census region, where Illinois is located, 28% of women having abortions traveled at least 50 miles, and 10% traveled more than 100 miles.<sup>19</sup> In stark contrast, there are 159 antichoice crisis pregnancy centers in Illinois.<sup>20</sup> To address these

Catholic Health Care in Illinois	
Acute care hospitals	50
Nursing facilities	39
Hospices, home health, assisted living and senior housing facilities	57
Employees statewide	63,321
Patients admitted to Catholic hospitals	More than 5.4 million
Patients visited emergency rooms in Catholic hospitals	More than 15.4 million
Outpatient visits to Catholic hospitals	More than 86 million
(CHA, “Catholic Health Care in Illinois: Commitment to Serve,” 2005 and CHA, “Catholic Health Care in the United States,” 2005.)	
90% of Illinois counties had no abortion provider	
30% of Illinois women lived in these counties	
In the Midwest census region, where Illinois is located,	
28% of women having abortions traveled at least 50 miles	
10% traveled more than 100 miles.	
(AGI, “State Facts about Abortion: Illinois,” 2004.)	

shortages, major training programs for OB/GYNs to learn to perform abortions have been developed at the University of Illinois at Chicago, the University of Chicago and Northwestern University.

In other words, Illinois performs poorly in the provision of basic and comprehensive reproductive health care and it shows. Illinois is ranked 20th in teen pregnancy; more than 37,480 teenagers get pregnant annually.<sup>21</sup> The incidence of chlamydia is higher than the national average (ranking 40th among US states), maternal mortality is comparatively high (34th) and the AIDS infection rate for women is 5.3 per 100,000 women (32nd).<sup>22</sup>

### The Directives: What They Mean for You

The *Directives* is a document issued by the United States Conference of Catholic Bishops, establishing basic governing principles for Catholic-owned or affiliated hospitals and health care facilities. Health services such as female and male sterilization, most methods of assisted reproduction, the provision of contraceptive devices and even medically indicated abortions are forbidden. Condoms, since they can be contraceptive devices, are included in this ban. As a result, many people

Illinois Uninsured	
• 1,801,839 uninsured people in Illinois are between the ages of 0-64 (16.2% of the population)	
• 10.3% of those between the ages of 0-18	
• 29.3% of those between the ages of 19-29	
• 16.8% of those between the ages of 30-49	
• 12.4% of those between the ages of 50-64	

(The Gilead Outreach and Referral Center, "Numbers & Neighbors: A Detailed Description of Illinois' Uninsured," 2005.)

living with HIV and AIDS cannot receive adequate information from Catholic health care providers regarding the use of condoms to prevent the spread of the disease.

In order to better understand exactly what options women have at the Catholic hospitals, Catholics for a Free Choice (CFFC) conducted a survey in 2003 of Catholic hospitals offering women's health services. CFFC contacted 30 hospitals in Illinois with the expectation that the hospitals would be responsive, open and helpful to women asking about services at their health centers and willingly provide information. That was not the case. Of the hospitals contacted, only five responded to the survey. None of the five reported providing contraceptive services, abortion services, fertility treatment, condom counseling or even referrals for the services they refuse to provide. This lack of responsiveness and transparency suggests that these hospitals have little to offer the women of Illinois in terms of reproductive health services.

### Catholic Hospitals

Catholic hospitals serve more than 8.4 million patients annually and are an enormous presence in Illinois's health care system—and in the lives of Illinois women. Catholic hospitals, along with the vast majority of Illinois hospitals, are community hospitals (non-federal, short-term hospitals open to the general public). Catholic-owned hospitals, while non-profit, generally function fiscally in the same manner as other hospitals, often facing the same challenges and trends.

Catholic hospitals in Illinois rely heavily on government funds. By and large, the primary payers for patients served by Illinois hospitals are federal and state governments. In 2000, government sources accounted for about 60% of Illinois rural hospitals' gross patient revenue and 51% of urban hospitals' gross patient revenue.<sup>23</sup> Fourteen percent of the Illinois population is Medicaid eligible,<sup>24</sup> and about 50% of the Illinois population receives government assistance for health care.<sup>25</sup> In addition to direct government support, Catholic hospitals (as non-

profit entities) pay no federal, state, county, city, property, school district, township or sales taxes. This means that, unlike tax-paying entities, they receive free police and fire protection. As a result, the communities where these hospitals operate make up for the lost tax revenue, because of the interpretation of Catholic religious doctrine, Catholic hospitals do not consistently serve the public's interests or needs and do not always provide the full range of basic health care services, especially reproductive health care.

### Tax Status of Catholic Hospitals

Unfortunately, while enjoying the benefits of their non-profit, tax-exempt status, some Catholic hospitals operate much like corporate hospital systems. There was widespread controversy over a \$14.5 million 78,500-square foot health and fitness center built by the Palos Community Hospital of Palos Heights in 2001. The health and fitness center was run much like any other for-profit gym, and local advocates, including the Campaign for Better Health Care, charged the Palos Community Hospital and its related corporations with misusing hospital funds by not using the money for the benefit of the community.

However, local regulators are not toothless in the face of the powerful Catholic health care lobby. In February 2004, the Illinois Department of

Revenue revoked the non-profit status of Catholic Provena Covenant Medical Center. The status was revoked after the County of Champaign Board of Review complained that Provena was not providing charity care for patients in need and that it was aggressively pursuing patients for payment. The Board of Review also noted in its complaint that many for-profit outside companies were operating within the hospital.<sup>26</sup> An article in the *Wall Street Journal* exposed the fact that Provena was using “body attachments” to handle outstanding debts. Body attachments are court orders which authorize the police to physically haul in debtors to court, sometimes by force.<sup>27</sup>

In March 2004, Representative Bill Thomas (R-Calif.) announced that the House Ways and Means Committee would review what non-profit status for hospitals means and if the original intent for granting non-profit status was being upheld.<sup>28</sup>

As stated earlier, Catholic hospitals (as non-profit entities) pay no federal, state, county, city, property, school district, township or sales taxes and as a result receive free police and fire protection—thereby increasing such costs for taxpayers. When Provena lost its tax-exempt status, a group of hospital organizations including the Catholic Health Association, Illinois

## Mergers and Consolidations Involving Catholic Institutions in Illinois (1989-2004)

(Institutions marked with an asterisk are Catholic.)

### 1989

Mercy Hospital\* (Champaign-Urbana) merged with Burnham Hospital (Champaign-Urbana) to form Covenant Medical Center, which follows the *Directives*.

### 1996

Chicago Health System (Chicago) purchased St. Elizabeth Hospital\* (Chicago). The latter remained a Catholic hospital after being purchased.

### 1997

There were three consolidations involving Catholic hospitals.

- Good Samaritan Health Center\*, Mount Vernon\*, St. Mary's Hospital\* and SSM Health Care System\* (all in Centralia).
- Franciscan Sisters Health Care Corp\*, Mercy Center for Health Care Services\* and ServantCor\* (all in Chicago).
- Our Lady of Resurrection Medical Center\*, Resurrection Medical Center\* (both in Chicago), St. Francis Hospital\* (Evanston), and St. James Hospital and Health Centers\* (Chicago Heights).

### 1998

Resurrection Health Care\* took over Westlake Health System which operates Westlake Community Hospital.

### 1999

Alexian Brothers Health System (Elk Grove) took over Hoffman Estates Medical Center\* (Woodland Hills). The latter was renamed St. Alexius Medical Center and now operates as a Catholic hospital.

### 2001

Sisters of the Holy Family of Nazareth\* (Des Plaines) and Sisters of the Resurrection\* (Chicago) merged to form Resurrection Health Care. The new system includes Holy Family Medical Center (Des Plaines), Our Lady of the Resurrection Medical Center (Chicago), Resurrection Medical Center (Chicago), Saint Elizabeth Hospital (Chicago), Saint Francis Hospital (Evanston), Saint Joseph Hospital (Chicago), Saint Mary of Nazareth Hospital Center (Chicago) and Westlake Hospital (Melrose Park).

Resurrection Health Care\* purchased St. Elizabeth\* (Chicago).

Catholic Health Partners\* took over and closed Columbus Hospital (Chicago).

Mercy Health System\* sold St. Clement Health Services\*, a 75-bed hospital, to a non-Catholic non-profit hospital chain.

### 2004

Resurrection Health Care\* purchased West Suburban Hospital Medical Center (Oak Park).

(CFFC Research.)

Catholic Health Association and the Catholic Conference of Illinois filed an amici brief on behalf of Provena. In a pending case, they stated that by denying Provena tax-exempt status, the tax burden that would be placed on Provena would be “ultimately be borne by Illinois patients and businesses who are already alarmed by the growing cost of health care.”<sup>29</sup>

### **Non-profit status does not mean poverty-level wages**

Another way in which Catholic hospital and health systems seem to function more like their for-profit, corporate counterparts is in regard to salaries paid to high-ranking hospital executives, administrators and employees. According to its 2003 IRS 990 forms, at least three employees of Illinois Catholic hospitals and health systems each had total salaries and compensation in excess of \$1 million dollars, with one CEO’s compensation in excess of \$2.3 million. At least ten employees of Illinois Catholic health care systems made more than \$400,000 in salary alone.

Moreover, some Catholic hospitals spend large sums of revenue for lobbying activities. For instance, Loyola Medical Center spent \$222,375 on a variety of lobbying activities and Mercy Hospital in Chicago spent \$90,000 on one paid lobbyist during financial

year 2003. Not to be outdone, Alexian Brothers Health System spent over \$115,000 on a paid lobbyist who “focused on impending legislation that affects healthcare.”

### **What Mergers Can Mean**

When Catholic hospitals acquire or become affiliated with non-Catholic hospitals, they generally require that the *Directives* apply to the non-Catholic hospital, often resulting in restricting or eliminating access to important reproductive health services for women. A 1998 CFFC study found that in 50% of mergers, some or all reproductive health services are eliminated when a Catholic and non-Catholic hospital merge.<sup>30</sup>

The peak of merger activity involving Catholic institutions was in 1998, when a total of 43 deals were made throughout the US. The number of mergers has dropped significantly throughout the industry since then; in 2004, there were just five involving a Catholic entity. In Illinois, within the last 15 years or so, there were a total of 12 mergers, acquisitions and consolidations involving a total of 38 hospitals and health care systems, 22 of which were Catholic.

While merger activity has declined in recent years, there is an ongoing need for vigilance. In 2004, there was one merger in Illinois. West Suburban Hospital Medical Center, located in Oak Park, merged with Resurrection Health Care after the Chicago-based Catholic

health care system agreed to allow three associated clinics to continue prescribing emergency contraception to women who have been raped. West Suburban itself will be governed by the *Directives*, but the three clinics will remain independent as per the original agreement.<sup>31</sup>

### **Resurrection Health Care**

Resurrection Health Care of Chicago is a large Catholic conglomerate including more than 100 sites, including Holy Family Medical Center (Des Plaines), Our Lady of Resurrection Medical Center (Chicago), Resurrection Medical Center (Chicago), Saint Elizabeth Hospital (Chicago), Saint Francis Hospital (Evanston), Saint Joseph Hospital (Chicago), Saint Mary of Nazareth Hospital Center (Chicago), West Suburban Medical Center (Oak Park) and Westlake Community Hospital (Melrose Park). According to its most recently filed Form 990, Joseph Toomey, the president of Resurrection Health Care, was paid \$1.3 million in salary and other compensation in 2003.

Resurrection has come under increased scrutiny as allegations have been brought that the system overcharges the uninsured. In a press conference on September 16, 2004, Lt. Governor Pat Quinn called on Resurrection to end the unfair billing practices for the uninsured.

*Illinois Lt. Gov. Pat Quinn said the late Cardinal Joseph Bernardin “would be very disappointed in Resurrection Health Care. They’re not fulfilling the mission of that hospital.”<sup>32</sup>*

In June 2005, the industry magazine *Modern Healthcare* reported that Resurrection had paid an undisclosed amount to settle an excessive billing lawsuit. The suit charged that the hospital, Our Lady of Resurrection Medical Center, overcharged uninsured patients by two- to four-times the amount it charged insured patients and then used collection agents to pursue the bills. James Unland of the Chicago-based Health Capital Group told *Modern Healthcare*, “Resurrection has chosen to do damage control rather than change its practices.”<sup>33</sup>

### **Reproductive Health Care at Catholic Universities**

There are 12 Catholic universities serving some 56,000 students in the state of Illinois. Like virtually all Catholic universities in the United States, these 12 universities are not officially bound to the Catholic church but are independent entities, generally with lay boards of directors. The Catholic hierarchy, however, does assert influence over these universities. These universities therefore must often balance their desire to be seen as topflight educational institutions for Catholics and non-Catholics alike with the requirement to adopt conservative Catholic positions. The

consequence is that Catholic universities in Illinois do not address the most important health concerns of their students. Female students in particular are not receiving the reproductive health care they need.

Of the 12 Catholic universities in Illinois, six responded to a survey conducted by CFFC in 2003, giving a bleak picture of the availability of reproductive health care for thousands of young adults in Illinois. Unfortunately, only one out of the six (17%) respondents provides annual exams or pap smears. Although unplanned pregnancy is highest among women aged 18 and 19—during the freshman and sophomore years of college—only one out of five (20%) respondents make contraception available. Despite the fact that two-thirds of all new cases of

STDs occur in people between the ages of 15–24 and, by the age of 24, at least one in three sexually active people will have contracted an STD,<sup>34</sup> not one of the responding universities makes condoms available and only one out of six (16%) offers screening for HIV. And while all of the responding Catholic universities in Illinois have STD and AIDS prevention initiatives, these initiatives do not include access to condoms.

### Contraceptive Equity in Illinois

In 2003, the Illinois General Assembly passed the Contraceptive Coverage in Health Insurance Act, and Governor Rod Blagojevich signed it into law. It became effective on January 1, 2004, and shortly thereafter Planned Parenthood Action Illinois along with the governor began a media campaign to let the women of Illinois know that their

birth control would now be covered by their insurers.

The Illinois contraceptive equity law prohibits insurance companies that already cover prescription drugs and devices from excluding coverage for contraceptives. In addition, the bill requires plans that cover outpatient medical services to also cover contraceptive services such as consultations, examinations and procedures related to pregnancy. However, the Illinois Health Care Right of Conscience Act does allow health insurance companies with moral or religious objections to refuse to cover any form of health care they oppose. Despite this broad exemption, the Illinois Catholic lobby continues to introduce legislation and actively lobby for the total reversal of the contraceptive equity bill.

The Catholic lobby launched fervent opposition to this law. During hearings in 2000 before the American Medical Association, the Archbishop of Chicago, Cardinal Francis George, made clear his views on the subject, claiming that such laws would lead to a “totalitarian state.”

*“If you drive the churches out of health care by making it impossible for them to operate in accord with their ethical and religious mission, who will take care of these people? Will the National Abortion Rights Action League take care of them? Will Catholics for a Free Choice? You and I know they will not. Secularizing all healthcare institutions through state coercion is to transform this country into a totalitarian state.”<sup>35</sup>*

Despite the cardinal’s dire warnings, only 23 states have passed contraceptive equity laws. Of these, 17 include a

## Information About Universities

Name of school	Pap smear	Annual Exams	Breast cancer	HIV screen	STD screen	STD education	Contra-ception	Sexuality education	Pregnancy Brochures	Pregnancy counseling
Benedictine University—Lisle, IL	N	N	N	N	N	Y	N	N	Y	Y
Dominican University—River Forest, IL	N	N	N	N*	N*	DK	DK	DK	DK	N
Lewis University—Romeoville, IL	N	N	N	N*	N*	Y	N*	Y	Y	Y
Loyola University—Chicago, IL	Y	Y	Y	Y	Y	Y	Y^	Y	Y	Y
St. Xavier University—Chicago/Orland Park, IL	N	N	N	N	N	Y	N	N	Y	N
University of St. Francis—Joliet, IL	N	N	N	N*	N*	Y	N*	Y	Y	Y

\*Refers for service +Condoms only ^For medical purposes only  
(CFFC, “Student Bodies: Reproductive Health Care at Catholic Universities,” 2003.)

refusal clause allowing insurers to refuse to cover contraceptives on moral or religious grounds.<sup>36</sup>

### Emergency Contraception (EC)

An important service commonly restricted at Catholic hospitals or hospitals affiliated with the Catholic church is emergency contraception (EC), even in cases of rape. This can have a devastating

After intense and influential opposition to legislation in 2000 that would have required hospitals to provide EC on request, the Catholic Conference of Illinois, along with the Illinois Hospital Association and a broad coalition of advocates and legislators, reached a compromise. While the Catholic Conference was able to strike provisions requiring hospitals to dispense EC on request, the law was the first in the nation to require

*vided emergency contraception upon the written order of a physician licensed to practice medicine in all its branches.”<sup>37</sup>*

Unfortunately, it seems Catholic hospitals might be breaking the very law they helped to draft. In August 2002, CFFC conducted a nationwide survey of all 597 US Catholic hospital emergency rooms, including 50 in Illinois. Twenty-eight percent of annual ER visits

latter provide EC with varying conditions, such as a pregnancy test requirement.<sup>38</sup> A poll conducted by Dr. Ashleta Patel, director of family planning services at Chicago’s Stroger Hospital, found that as many as 40% of all Illinois emergency rooms do not provide EC to women.<sup>39</sup> The provision of EC is an even bigger issue for Illinois women living in rural areas. Women living in rural areas face limited health care choices, and it is not uncommon that a Catholic hospital is the only option.

Provision of Emergency Contraception in Catholic Hospitals in Illinois	
On request	2
Never	22
At doctor’s discretion	2
For rape victims after determining there was no pregnancy	13
For rape victims (unclear whether there is a pregnancy test requirement)	10
No response, don’t know, unclear	1
Total	50

(CFFC, “Second Chance Denied: Emergency Contraception in Catholic Hospital Emergency Rooms,” A national survey by Ibis Reproductive Health, December 2002.)

impact on rape survivors who go to Catholic emergency rooms for treatment.

The *Directives*, however, do permit Catholic hospitals to provide emergency contraception to rape survivors when “there is no evidence that conception has already occurred” as a result of the rape. If no such evidence exists, the *Directives* do allow for the provision of EC, stating that a woman who has been sexually assaulted “may be treated with medications that would prevent ovulation, sperm capacitation or fertilization.”

hospitals to provide medically accurate information to sexual assault survivors about EC, including referrals.

The resulting legislation reads as follows:

*“Every hospital providing services to alleged sexual assault survivors must develop a protocol that ensures that each survivor of sexual assault... will receive medically and factually accurate and written and oral information about emergency contraception; the indications and counter-indications and risks associated with the use of emergency contraception; and a description of how and when victims may be pro-*

in Illinois are at Catholic hospitals. The survey found that the availability of information about emergency contraception for women in general and rape survivors in particular is limited, raising serious questions about compliance with state law. Of the 22 Illinois Catholic hospitals refusing to provide EC under any circumstances, only six provide a referral, leaving 16 (or 27%) in apparent violation of the law. Overall, only 4% of Catholic hospitals (two hospitals) provide EC on request and 46% (23 hospitals) provide EC to rape victims. The

### Pharmacy Refusals

In late 2004, a number of stories emerged describing how some pharmacists were refusing to fill prescriptions for EC. A small number were also refusing to return the prescriptions to the patients so that they could be filled elsewhere and in some cases, patients were berated publicly. Accounts of women being denied access were reported in Georgia, Texas, Wisconsin, New Hampshire and Minnesota.

And then it happened in Illinois. On February 23, 2005, a pharmacist at a downtown Chicago drug-store refused to fill two prescriptions for EC, stating that the women should “come back later.”<sup>40</sup>

The Illinois governor acted quickly. On April 1, 2005, Governor Rod Blagojevich issued an emergency rule, requiring drugstores that stock contraceptives to fill EC prescriptions without delay. Essentially, pharmacies

must either promptly provide the medication, which is a high dose of standard birth control pills that can be taken after sex to prevent pregnancy, or help the woman get the medicine from another pharmacy. The emergency rule was effective immediately and for 150 days, after which the Illinois Assembly's Joint Committee on Administrative Rules would need to ratify it in order to make the rule permanent. The permanent rule was filed by Governor Blagojevich on April 18, 2005. The text of the rule states:

*"1) Upon receipt of a valid, lawful prescription for a contraceptive, a pharmacy must dispense the contraceptive, or a suitable alternative permitted by the prescriber, to the patient or the patient's agent without delay, consistent with the normal timeframe for filling any other prescription. If the contraceptive, or a suitable alternative, is not in stock, the pharmacy must obtain the contraceptive under the pharmacy's standard procedures for ordering contraceptive drugs not in stock, including the procedures of any entity that is affiliated with, owns, or franchises the pharmacy. However, if the patient prefers, the prescription must either be transferred to a local pharmacy of the patient's choice or returned to the patient, as the patient directs."<sup>41</sup>*

The Catholic lobby came out in full force against this rule, even using the pulpit to lobby the governor. On April 3, 2005, at a mass in honor of Pope John Paul II at the Basilica of St. Hyacinth in Chicago, Bishop Thomas Paprocki made the following statement directed to the governor, who was in attendance:

*"As a lawyer myself, I believe that this executive order violates the First Amendment religious rights of the pharmacist under the United States Constitution and the Illinois Health Care Right of Conscience Act. As a Bishop, I am dismayed that our secular society has reached the point that individuals are being required by law to violate their personal religious beliefs in order to accommodate the selfish demands of special interest groups.... Mr. Governor, I mean no disrespect. I am not here to criticize or scold you. On the contrary, I respectfully plead with you, I beg of you, to rescind your executive order."<sup>42</sup>*

On August 16, 2005, by a vote of 7-2, Illinois Assembly's Joint Committee on Administrative Rules made the emergency rule permanent. Governor Blagojevich stated after passage: "Women can feel confident from here on out, that when they have a signed prescription from their doctor for birth control and go to a pharmacy that sells birth control, they'll get their medication quickly without questions or lectures."<sup>43</sup>

## Catholic HMO Option for Federal Employees

Federal employees in Illinois have been offered a Catholic-run health insurance plan that does not cover abortion, contraceptives or fertility treatment—the first of its kind to be offered to federal workers. The introduction of the plan was part of President George W. Bush's much heralded faith-based initiative. Offered by Peoria-based OSF HealthPlans, the plan is administered by a company run by the Sisters of the Third Order of St. Francis, an order of Roman Catholic nuns. The Order operates St. Francis Medical Center in Peoria, Ill., and five Roman Catholic hospitals in Illinois and Michigan. Federal employees in 31 Illinois counties can enroll in the plan. Federal workers do have other health care plans from which to choose that offer reproductive health care services.<sup>44</sup>

## Catholic Charities of Illinois

Catholic Charities is a national Catholic service organization dedicated to providing a range of community assistance programs through diocesan and other affiliates across the United States.

The Catholic Charities agencies serve local communities in a variety of ways and in the spirit and tradition of Catholic social

teaching. Catholic Charities serves and employs a broad population of Catholic and non-Catholic people. (This became an issue in a recent case in California, when a court ruled that it could not describe itself as a "Catholic" entity as it both employed and assisted so many non-Catholics.) The organization was founded with a commitment to serve the less-well-off in local communities, but because it is mandated to follow strict guidelines issued by the US Conference of Catholic Bishops, this service can sometimes fall short. For example, as a Catholic health care provider, Catholic Charities agencies are required to follow the *Directives* in the provision of those services, which include basic health care services, pregnancy support services, counseling services and a variety of services related to HIV and AIDS, including residential programs, counseling and HIV and AIDS education initiatives.<sup>45</sup>

There are six Catholic Charities affiliates in Illinois, each associated with one of the six dioceses in Illinois—the Archdiocese of Chicago and the Dioceses of Joliet, Rockford, Belleville, Springfield and Peoria. These affiliates administer 230 Catholic Charities programs serving more than 800,000 people.<sup>46</sup>

Catholic Charities of Southern Illinois has within its structure a Pro-Life Office as well as Pregnancy Care services which only address and provide resources for adoption, though its website claims “we support whatever decision you make!”<sup>47</sup> Most of the Catholic Charities affiliates in Illinois offer maternity and/or pregnancy services. Catholic Charities of the Archdiocese of Chicago as well as Catholic Charities of the Diocese of Joliet offer maternity services. Catholic Charities of Peoria has a section on its website which states that pregnancy services “are coming soon.” This website also includes a section for Women’s Counseling and Support Services which includes pregnancy testing and post-abortion counseling—but no other counseling services for women such as general mental health services or counseling for battered and abused women.<sup>48</sup> Catholic Charities in both the Diocese of Rockford and the Diocese of Springfield offer “Crisis Pregnancy” counseling but no specific programs for counseling for battered and abused women.

All of the Catholic Charities affiliates in Illinois receive federal and state monies for their work. It is a serious concern that some of that money goes towards programs that do not meet the basic needs of its clients, for example, to continue to promote adoption—only “pregnancy services,” as outlined above.

Some of the Catholic Charities agencies receive a significant portion of their operating budgets from government grants and other non-Catholic sources. For example, in 2004, Catholic Charities of Joliet received more than \$11.8 million in government grants and contributions, representing two-thirds of its \$17.9 million budget.<sup>49</sup> Also of note on the financial side, the three Catholic Charities affiliates large enough to be required to make their tax forms public paid their CEOs more than \$100,000 in 2003.

However, it is unclear whether Catholic Charities-sponsored programs follow basic public health standards or the *Directives* when it comes to providing services to their Catholics and non-Catholic clients. The expectation that these community services would comply with the *Directives*, however, means that these services are likely to be less than adequate in addressing important aspects of reproductive health care such as family planning, the role of condom use in preventing the spread of HIV or the availability of EC for rape survivors.

### **The Catholic Lobby: The Church and Politics**

The Catholic church has long been a political player in Illinois. Through coordinated grassroots and lobby initiatives, the church has often exerted influence over state public policy decisions, advocating Catholic positions on poverty, housing, education and health care. For years, the Catholic church has mobilized around legislative issues concerned with health care, particularly women’s reproductive health services and the “right” of Catholic health care institutions to follow their “conscience” in the provision of those services.

### **Catholic Conference of Illinois**

The Catholic Conference of Illinois (CCI) is the public policy voice of the Catholic church in Illinois. With a stated mission to serve as “the agent through which the dioceses of Illinois may act mutually and cooperatively in matters of inter-diocesan and state-wide interest,” the CCI executes a coordinated effort to influence policy on the state level. Under the direction of their executive director and guided by an influential board (including Cardinal Francis George, bishops, priests and various lay members), the CCI is a strong political force.

Mr. Robert Gilligan currently serves as the executive director of the CCI. Prior to being named to this position, Mr. Gilligan was associate director for Social Services at the Catholic Conference for six years. Before coming to the Catholic Conference, he served as the chief of Legislative Services for the Arizona Department of Economic Security and worked at the political consulting firm of Jamieson and Gutierrez in Phoenix.

By all standards, the CCI has the means to influence state policy. With strong diocesan grassroots, the conference has the resources to draw support for any initiative. In addition to its influence at the diocesan and parish level, the hierarchy has the means to influence the greater Catholic community in Illinois. Besides Cardinal George, Illinois has 19 bishops, 1,689 diocesan priests, 1,119 religious priests, 1,089 deacons, 493 religious brothers and 4,252 religious sisters. There are 1,035 Catholic parishes in Illinois and 47 missions. In addition to the hospital conglomerates and health care centers, the church runs 76 specialized homes, 46 day care centers and 141 special centers for social services. There are 28 diocesan and parish high schools, serving 13,175 students, as well as 45 private Catholic high schools serving 32,649 students. There are also 457 diocesan and parish elementary schools serving 135,444 students and 11 colleges serving 59,230 students.<sup>50</sup>

This represents, by any standard, a significant potential to influence a large group of people in any grassroots lobbying campaign.

The CCI has many priorities in any given year, from community affairs to private education to health care to the priorities of the Catholics for Life department of the conference. The conference is especially active on health care priorities that assert its antiabortion and anti-contraception positions.

During the 2004 spring legislative session, the CCI actively lobbied against legislation that would have allowed over-the-counter access to EC and against legislation that would have allowed for embryonic stem cell research. CCI also introduced legislation that would have allowed religious organizations with objections to contraception to contract with HMOs that have plans that exclude contraceptive coverage. SB 827 was introduced on May 12, 2004 as a way to circumvent the mandatory contraceptive coverage legislation passed in 2003. It passed the House by a vote of 65 to 53, but was successfully stalled in the Senate.<sup>51</sup> In response to the legislation stalling, executive director Robert Gilligan stated:

*“Why would anyone seeking employment from Catholic institutions and organizations expect a Catholic employer to subsidize an employee benefit that would encourage the employee to act contrary to religious teaching? The Church’s teachings are clear.”*<sup>52</sup>

In 2005, the main issue that both the CCI and the Illinois Catholic Health Association lobbied against was Governor Blagojevich’s emergency rule on pharmacy refusals.

### **Illinois Catholic Health Association**

The CCI works regularly with the Illinois Catholic Health Association (ICHA) to “monitor health care issues of importance to the Catholic church.” In fact, the CCI plays an integral part in the legislative aims of the ICHA, as noted in their legislative update of July 2004:

*“At this year’s annual meeting, ICHA will be discussing strategies to protect our moral rights while we work to express our values and influence key public policy decisions. The Catholic Conference of Illinois will play an important part in this presentation and discussion.”*<sup>53</sup>

For its part, the ICHA works to organize the leadership of local Catholic health care institutions, primarily through conferences and

other activities focused on the freedom to serve while following institutional conscience. The focus of this work has been on developing overall and “lay leadership” within Catholic health institutions. In fact, the main topics for discussion at the 2005 annual meeting deal with leadership building and seem to address in-depth health issues only in passing.<sup>54</sup>

Within the past year, the majority of ICHA’s focus has been on the stem cell debate and on the issue of the uninsured, with very little activity on issues of reproductive health. This may be temporary, as the implementation of the permanent rule on pharmacy refusals begins.

Philip Karst is the executive director of the ICHA. Previously, Mr. Karst worked as associate vice president of member services at the national Catholic Health Association in St. Louis and as president at 194-bed Saint Bernard Hospital and Health Care Center in Chicago. According to the ICHA’s 990 form, Karst earned a salary of more than \$110,000 in 2003.

### **Cardinal Francis George**

Leaders of the church commonly use their influence and authority to promote positions on policy. In addition to diocesan publications and the

conference’s antiabortion newsletter, Cardinal George often writes columns on the issue of abortion, posted in the “Cardinal’s Column” in the *Catholic New World*, the newspaper of the Archdiocese of Chicago. A few excerpts from his column follow:

*“The pressure on Catholic hospitals...pressure especially from abortion rights advocacy groups, will try to remove the protections of the conscience clause in Illinois law from hospitals and limit it to individuals. Institutions that receive tax support, such as hospitals, will be forced to offer the full range of ‘reproductive services.’ Contraception will be defined as a universal health need, like immunization. Above all, the Catholic Church will be castigated as the enemy of women, as if abortion were a woman-friendly procedure, and a danger to society.”*<sup>55</sup> (February 2003)

*“The United States has the most barbaric pro-abortion legal system in the world.”*<sup>56</sup> (April 2005)

*“While the Church speaks to many issues about human life, about economic justice, about war and peace, the really neuralgic point in American political debate for three decades has been legal protection for aborting a baby, of whom over 40 million have been killed since abortion on demand was legalized by the Supreme*

*Court. This is a crime against humanity itself, and would be so even if the Catholic Church did not exist. Abortion is intrinsically evil; it is not wrong because the Church declares it sinful. Opposition to abortion is no more a uniquely Catholic moral position than is opposition to stealing.”*<sup>57</sup> (April 2005)

Cardinal George more recently has been an outspoken advocate against Governor Blagojevich’s emergency rule on pharmacy refusals (see above). On May 5, 2005, Cardinal George publicly but unsuccessfully called on the governor to back off his rule and to decide against making it a permanent law. He said:

*“People have a choice what pharmacy they want to go to, and pharmacists should have a moral choice also.... I don’t think the state has any business encroaching on the conscience of people. We haven’t done this in this country; we’ve respected individual conscience as something that is of great moral importance, so I would hope the governor would rethink his regulation.”*<sup>58</sup>

## Conclusion

Illinois has made some progress in protecting the reproductive rights of women and their families. The state now has a contraceptive equity law and pharmacies are obliged to either offer EC or to facilitate its provision. These changes are reflected in the fact that while Illinois earned a D+ from NARAL Pro-Choice America in 2002 for its lack of reproductive freedom and choice, in 2005, Illinois earned a B-. Access to reproductive health care services continues to improve under the leadership of Governor Blagojevich.

However, despite these positive steps, there is still much work to be done. The Catholic hierarchy and its institutions in the state remain a formidable political force. Through the Catholic-run and owned health care networks (including hospitals, health clinics and HMOs), the Catholic

hierarchy continues to decide for far too many women what their health care options will be. And this comes at the detriment of the residents of Illinois. Illinois is ranked 20th in the US in teen pregnancy rates, with more than 37,480 teen pregnancies annually.<sup>59</sup> The incidence of chlamydia, maternal mortality and AIDS infection rates are all above the US median.<sup>60</sup> Lack of access to medically accurate information and contraceptives play a significant role in the creation of these figures, and the Catholic health system plays its own part when it restricts access to contraceptives and sexuality education beyond abstinence-only. In Catholic universities, which contain a cohort of people who are especially vulnerable to sexually transmitted infections and unplanned pregnancies, only one out of five respondents to a CFFC survey reported providing contraception. And while all of the responding Catholic universities in Illinois have STD and AIDS prevention initiatives, these initiatives do not include access to condoms.

Through a strong lobby initiative, the church hierarchy seeks to play a dominant role in the political arena of Illinois, with a goal of forcing legislative trends to one side of the aisle—the side of limited access to reproductive health services that so many women across the United States have come to expect as standards of care. The recent billing scandals at a number of Catholic hospitals signify that the Catholic hierarchy has some way to go before it meets its stated mandate of caring for the poor, never mind providing for the reproductive health needs of women and men in the state. While it has had limited success in recent years, there are still far too many people in Illinois whose health care needs are decided on the basis of religious doctrine rather than medical need.

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**Other organizations that can provide information on access to reproductive health care in hospitals.**

***Illinois Planned Parenthood Council***

107 W. Cook St., Suite F  
Springfield, IL 62704  
phone: (217) 522-6776  
fax: (217) 522-7055  
website: [www.plannedparenthoodcouncil.org](http://www.plannedparenthoodcouncil.org)  
email: [webmaster@plannedparenthoodcouncil.org](mailto:webmaster@plannedparenthoodcouncil.org)

***Planned Parenthood Action Illinois***

18 S. Michigan Ave., 6th Floor  
Chicago, IL 60603  
website: [www.plannedparenthoodaction.org/](http://www.plannedparenthoodaction.org/)  
email: [email@plannedparenthoodaction.org](mailto:email@plannedparenthoodaction.org)

***ACLU of Illinois***

180 N. Michigan Ave., Suite 2300  
Chicago, IL 60601  
phone: (312) 201-9740  
fax: (312) 201-9760  
website: [www.aclu-il.org](http://www.aclu-il.org)  
email: [acluofillinois@aclu-il.org](mailto:acluofillinois@aclu-il.org)

***Illinois NOW***

Box 474  
Springfield, IL 62705  
website: [www.illinoisnow.org](http://www.illinoisnow.org)  
email: [illinoisnow@juno.com](mailto:illinoisnow@juno.com)

***Religious Coalition for Reproductive Choice (RCRC) Illinois***

P.O. Box 2198  
LaGrange, IL 60525  
fax: (773) 288-8841  
email: [rcrc\\_il@hotmail.com](mailto:rcrc_il@hotmail.com)

***Illinois Women's Health Coalition***

332 S Michigan, Suite 500  
Chicago, Illinois 60604  
phone: (312) 922-8057  
fax: (312) 922-6861  
email: [HMPRG@aol.com](mailto:HMPRG@aol.com)

***Illinois League of Women Voters***

332 South Michigan Avenue, Suite 1050  
Chicago, IL 60604  
phone: (312) 939-5935  
fax: (312) 939-6887  
email: [info@lwvil.org](mailto:info@lwvil.org)



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## *About Catholics for a Free Choice*

Catholics for a Free Choice shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well-being and respect and affirm the moral capacity of women and men to make sound decisions about their lives. Through discourse, education and advocacy, CFFC works in the United States and internationally to infuse these values into public policy, community life, feminist analysis and Catholic social thinking and teaching.

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Catholic Health Care State Reports: Illinois

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Published October 2005.

ISBN 0-915365-75-8

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*This report was made possible by generous grants from:*

**Robert Sterling Clark Foundation**

**Educational Foundation of America**