

**Caution:
Catholic Health
Restrictions May
Be Hazardous
to Your Health**

TRENDS IN BRIEF

IMPACT OF CATHOLIC/NON-CATHOLIC MERGERS AND AFFILIATIONS

Number of mergers and affiliations between Catholic and non-Catholic hospitals, 1990–1998: 127

Number of mergers and affiliations between Catholic and non-Catholic hospitals, 1998: 43

Number of states that experienced a Catholic/non-Catholic merger or affiliation, 1990–1998: 34

Chances a consolidation eliminated all or some reproductive health services: 1 in 2

CATHOLIC SOLE PROVIDERS

Number of Catholic hospitals which were sole providers in 1997: 76

Number of Catholic sole providers in 1998: 91

Increase in number of Catholic sole providers, 1997–1998: 20%

Percentage of Catholic sole providers in counties with a minority-Catholic population: 95%

CATHOLIC EVER MORE

Number of Catholic hospitals purchased by non-Catholic hospital chains, 1990–1997: 10

Number of Catholic hospitals purchased by non-Catholic hospital chains, 1998: 5

Percentage of sold Catholic hospitals that continue to abide by the Directives: 100%

ACCESS TO EMERGENCY CONTRACEPTION

Number of Catholic hospital emergency rooms surveyed by CFFC: 589

Percentage of surveyed hospitals that deny emergency contraception to rape victims: 82%

Percentage of those denying emergency contraception that refused to provide a referral: 31%

All figures are as of January 1, 1999, and are based on mergers and affiliations identified by CFFC.

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INTRODUCTION

Since Catholics for a Free Choice first raised questions about how mergers and affiliations of Catholic and non-Catholic hospitals affect access to reproductive health services, we have continued to monitor and report events, analyze trends, and provide information to hospitals, the general public, and advocates of reproductive health services on challenges to these services.

In April 1998 CFFC published *When Catholic and Non-Catholic Hospitals Merge: Reproductive Health Compromised*, which identified serious threats to women's reproductive health services. This report was followed by a six-month review, *Merger Trends: An Update to Reproductive Health Compromised*, analyzing consolidation activities between Catholic and non-Catholic hospitals from January through June of 1998.

Caution: Catholic Health Restrictions May Be Hazardous to Your Health summarizes hospital merger activity in 1998. Included in this report are:

- an explanation of why Catholic/non-Catholic hospital mergers threaten access to reproductive health services;

- documentation of the continuation or curtailment of reproductive health services in Catholic/non-Catholic consolidations in 1998; and

- a close examination of access to emergency contraception—an emerging issue not only in the merger debate but also in Catholic health care—including the results of a CFFC study of the provision of emergency contraception to rape victims in almost all Catholic hospitals in the country.

In addition, the appendices of this report provide a comprehensive overview of Catholic/non-Catholic mergers and affiliations in 1998. They will be a valuable tool for communities facing similar consolidations, as well as for policy makers and hospital administrators. Included are summaries of mergers and affiliations completed, pending, terminated, and suspended in 1998; an updated list of Catholic institutions that are the sole provider of hospital services in their area; and the information gathered from Catholic hospital emergency rooms surveyed to determine the availability of emergency contraception.

METHODOLOGY

Our tracking of mergers is based primarily on news reports of hospital activities, especially those in *Modern Healthcare*, a prominent trade magazine. Information about the status of reproductive health services was obtained through telephone interviews with hospital administrators or from local and regional advocates. Catholic sole provider hospitals (sole provider in their county) are identified using *Catholic Healthcare in the U.S.A.*, an on-line directory compiled by the Catholic Health Association, and the provider list of the Health Care Financing Administration of the Department of Health and Human Services.

CATHOLIC HEALTH CARE RESTRICTIONS

Over the last ten years in the United States, hospitals have been consolidating in order to survive in the changing US health care market. These consolidations take many forms. Hospitals can be brought together through a merger, which establishes shared assets, liabilities, and administrative functions, or an acquisition, the purchase of one facility by another. A lease allows one hospital or health care system to operate another hospital campus for a specified amount of time. Finally, varied affiliations and health networks may unite hospitals in arrangements such as joint purchasing agreements or sharing of laboratories.

CATHOLIC HEALTH CARE DIRECTIVES

The Catholic health care system, the largest nonprofit effort to deliver health care in the United States, is subject to the same market pressures that drive secular hospitals into consolidations. However, certain aspects of Catholic health care governance make a unique impact on reproductive health services in consolidations in which one partner is Catholic.

Catholic hospitals in the United States are governed by the Ethical and Religious Directives for Catholic Health Care Services, issued by the US bishops in 1994.¹ The Directives forbid services that contradict official Catholic teaching. In the area of reproductive health services, the Directives specifically prohibit tubal ligations, vasectomies, in vitro fertilization, the prescription or dispensation of contraceptive devices—even condom instruction for patients at risk of contracting HIV/AIDS—and abortions. A hospital that wishes to be “Catholic” is required to have a sponsoring agency approved by the Catholic bishops and must agree to adhere to the Catholic bishops’ Directives. In addition, links to the pope, local bishop, and sponsoring religious order or diocese allow the church to define the Catholic health care mission and control Catholic health care institutions. These links are maintained through governorship and administration structures, as well as by periodic review—for example, during bishops’ periodic visits with the pope, they would be asked to report on the status of some services in their dioceses, including hospitals and other health care institutions.

During negotiations on a merger or affiliation, the Catholic partner will often require the Directives to be extended to the non-Catholic facility as a condition of the merger. If the non-Catholic partner complies, patients who need the hospital’s reproductive health services lose access to these services.

CREATIVE COMPROMISES

There is no doubt that church regulations complicate mergers. In a merger of a Catholic and non-Catholic hospital, executives must negotiate how the new entity will provide reproductive health services while complying with the dictates of the church hierarchy. But the Directives also provide an important and useful tool to reproductive health care advocates. Directive No. 69 specifically allows Catholic hospitals to enter partnerships with non-Catholic facilities that continue to provide a full range of reproductive health services, provided that the Catholic partner limits its involvement with these services:

When a Catholic health care institution is participating in a partnership that 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.

This Directive makes possible what might be called “creative compromises.” Certain hospitals interested in preserving reproductive health services have used this Directive and, as a result, a number of consolidation arrangements allow reproductive health services to continue in a merged facility.

A YEAR IN REVIEW

In the past CFFC has reported on positive trends such as increased community response when services are threatened, new legal tools to block the curtailment of services through mergers, and coalitions that successfully protect reproductive health services in a merging non-Catholic hospital.

What was most striking in 1998 was the continuing explosion of merger activity that began in 1994. Health care industry analysts, including Modern Healthcare and Lewin Associates, a consulting firm, had predicted that merger activity would be down in 1998.² While mergers are slowing industry-wide, mergers involving Catholic hospitals tripled over the previous year.

EFFECTS ON REPRODUCTIVE HEALTH SERVICES

In 1998, 43 mergers and affiliations between Catholic and non-Catholic hospitals were completed—up from 14 in 1997, 24 in 1996, and 24 in 1995. Of those in 1998, CFFC was able to obtain information on the status of reproductive health services in 36. Eight consolidated entities preserved reproductive health services through creative compromises. For example, in Oakdale, California, and Stamford, Connecticut, public non-Catholic hospitals have continued to provide a wide range of reproductive health services despite an affiliation with or acquisition by a Catholic health system. However, 17 mergers (47 percent of those on which CFFC was able to obtain information) resulted in the limitation or discontinuation of reproductive health services. In Mid-Island, New York, Catholic Health Services of Long Island and Winthrop South Nassau University Health System spurred community opposition when they attempted an acquisition of Massapequa General that would eliminate reproductive health services in that facility. At the end of 1998, community advocates were attempting to block the state approval required to finalize the acquisition. In a sudden change in consolidation tactics, the health care systems by-passed the state approval process by acquiring Massapequa’s property and building, instead of the facility itself, and thereby becoming the hospital’s landlord. As a result, the Directives have been applied to Massapequa, and reproductive health services have been discontinued.

COMMUNITY RESPONSE

Where communities fought the curtailment of services, they usually succeeded. Community involvement often served as the catalyst for a creative compromise or encouraged hospitals to look for more compatible partners. A community in New York mounted a campaign against the merger of Catholic Benedictine Hospital and non-Catholic Cross River in a contract that would have curtailed reproductive health services

in Cross River's two hospitals, Kingston and Northern Dutchess. After a long and hard fight, assisted by MergerWatch, they persuaded Cross River not to merge if it meant the extension of the Directives to its non-Catholic campuses.

BEHIND CLOSED DOORS

Unfortunately, many consolidations that reduced services were finalized with no community input. Only eight of the mergers completed in 1998 had been identified by CFFC at the close of 1997 as pending. The other 35 consolidations were initiated with little public knowledge, and even as negotiations concluded, CFFC and our colleagues were unable to collect information on the status of reproductive health services. Despite the role of hospitals in public health, the merger negotiations were conducted and concluded without much, if any, public scrutiny.

CATHOLIC EVER MORE

Another trend that has continued in 1998 is the purchase of Catholic hospitals by non-Catholic hospital chains. Between 1990 and 1997, CFFC identified ten such acquisitions, and in every case the Catholic hospital, no longer under the governance of the church, continues to abide by the Directives. In 1998, another five of these purchases took place, and again, all five hospitals follow the Directives and refuse to provide reproductive health services.

CATHOLIC SOLE PROVIDERS

Some Catholic hospitals face no competition because no similar facility is located in the same county, and the number of these "sole providers" continues to grow. These hospitals are communities' only choice for many health services. When a sole provider hospital is Catholic, the area is likely to have little access to reproductive health services. Low-income women, who rely on hospitals for much of their health care and cannot afford to go to a private doctor or travel to distant hospitals, are affected most severely. In 1997 CFFC identified 76 Catholic sole provider hospitals. In 1998 the number identified has jumped to 91 sole providers, located in 27 states from Vermont to Alaska. Some Catholic sole provider hospitals serve counties where Catholics make up less than one percent of the population. Only five Catholic sole providers are located in counties where the majority of residents are Catholic. In fact, three out of four (68 hospitals) are located in counties where Catholics make up less than 25 percent of the population. Catholic sole provider hospitals enjoy little, if any, competition and, often, higher rates of Medicare reimbursement, while they deny reproductive health care to an entire county. The reasons for the proliferation of Catholic sole providers remain the same as in 1997. As non-Catholic hospitals in rural areas have closed, Catholic facilities, supported by Catholic health care systems—enlarged by recent mergers and affiliations—have survived. In 1998, an acquisition transformed a non-Catholic sole provider hospital into a Catholic one: the Highland Lakes Medical Center. This sole hospital in Burnet County, Texas, began abiding by the Directives after it was acquired by Seton Healthcare Network, a Catholic chain.

CATHOLIC HEALTH ASSOCIATION GETS DEFENSIVE

One goal of tracking Catholic/non-Catholic mergers and affiliations is to raise public awareness. An unintended consequence has been defensiveness among Catholic health care providers. In some cases, administrators of Catholic Health Association member-hospitals refused to answer CFFC's questions over the phone or hung up on researchers, despite the fact that CFFC was requesting public information about the provision of services. In 1998 this defensiveness appeared in the actions of the Catholic Health Association (CHA).

The CHA is the national leadership organization of Catholic health care systems and facilities in the United States. In 1998 CHA joined the ranks of Catholic institutions and individuals who cry "media bias" wherever the news media cover them in a critical way. When ABC News joined National Public Radio, the Washington Post, the Chicago Tribune, the Miami Herald, The Nation, and USA Today in covering the rising number of Catholic/non-Catholic consolidations and their effects on reproductive health care, CHA went on the offensive. The impetus was "A Closer Look," a segment on mergers, on ABC's World News Tonight with Peter Jennings. After the program aired, Reverend Michael D. Place, president of CHA, wrote a curt letter to David Westin, president of ABC News, asserting that the piece contained inaccuracies. Yet the letter offered no proof or alternate data to support CHA's assertion. Coverage of the fact that Catholic hospitals deny reproductive health services may alarm CHA, but it is based on reality, not bias.

So skittish is CHA that it has refused to sell to CFFC publications that are listed on its website as publicly available, and the association denied CFFC access to an audio conference it held on the Directives. In addition, CHA has hired Lewin Associates to conduct a review of mergers and acquisitions.³

EMERGENCY CONTRACEPTION: AN EMERGING ISSUE

CFFC decided to focus on emergency contraception in this merger update for a number of reasons. First, a concerned nurse practitioner in Houston contacted CFFC about the number of rape victims she sees who have not received the "morning-after pill" in the local Catholic hospital, St. Joseph. She asked us to look into Catholic hospitals' practice patterns for women who have been raped.

Second, the Abortion Access Project of Massachusetts (AAP) undertook an innovative project that inspired us. AAP called the emergency rooms of Catholic hospitals in Massachusetts to ask whether emergency contraception would be offered to rape victims. All but one said no. AAP followed the calls with a letter explaining that the Directives allow emergency contraception in Catholic hospitals and emphasizing the importance of offering this to women who have been raped. After receiving this letter, eight Caritas Christi Catholic hospitals scheduled a meeting among themselves to discuss the issue. AAP has not been informed of the results of that meeting.

Third, MergerWatch, which provides hands-on assistance to communities facing mergers, informed CFFC that Catholic hospitals involved in merger negotiations often insist that emergency contraception is not jeopardized by the merger and assert that many Catholic hospitals provide it. But residents of the areas these hospitals serve had indicated to MergerWatch that emergency contraception was not available at the Catholic facilities. The importance of the issue and the contradictory information in circulation call for an exploration of Catholic positions and hospitals' practices concerning emergency

contraception.

THE STANDARD OF CARE

“Emergency contraception” is the use of a drug or device to prevent pregnancy after intercourse.⁴ The most widely used form of emergency contraception is a combination of oral contraceptive pills that provide a short, high dose of hormones. Taken within 72 hours of unprotected intercourse, they are 75 percent effective in preventing pregnancy.⁵ Emergency contraception was approved as “remarkably safe and effective” by the Food and Drug Administration on February 25, 1997.⁶ Experts at the World Health Organization concluded that emergency contraception has no clinical effect on conditions such as cardiovascular disease, angina, and liver disease.⁷ The American College of Obstetricians and Gynecologists states in its 1996 Practice Patterns that “no published studies have reported evidence-based criteria contraindicating use of this [emergency contraception] treatment.”⁸

Offering emergency contraception is a medically accepted standard of care for rape victims. Some states require rape victims to be informed of emergency contraception as part of a comprehensive treatment. In fact, in March 1989 a California court ruled that even a Catholic hospital could be held liable for failing to give a rape victim information about and access to emergency contraception. The court concluded that emergency contraception is “pregnancy prevention” and not abortion and so the state “conscience clause,” which exempts hospitals from providing abortions, does not apply.⁹

EMERGENCY CONTRACEPTION AFTER RAPE

Catholic positions on emergency contraception are confusing at best: the Directives are ambiguous, and Catholic ethicists are in disagreement. Neither CHA, the bishops’ conference, nor the Vatican has set definitive rules for the provision of emergency contraception in Catholic hospitals. It is left to the Catholic hospital to interpret the guidance available and determine when to provide emergency contraception.

To the best of our knowledge, no Catholic hospital has a formal family planning program that provides contraceptive pills on a regular basis. Women whose contraception has failed during consensual intercourse receive no emergency contraception in Catholic hospitals.

The Directives, however, do treat emergency contraception after rape differently from abortion, sterilization, and contraception for family planning. Directive No. 36 states that “compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials, offer the person psychological and spiritual support, and accurate medical information.” Official teaching in the Catholic church forbids contraception of any type. It only allows periodic abstinence (natural family planning). Rape is distinguished from consensual sex, however, because the sperm is viewed as an extension of the violation, and the woman is seen as having the right to try to prevent further harm by the aggressor, as Pennsylvania’s bishops have written.¹⁰

Another important aspect of Catholic teaching on emergency contraception concerns the process of conception and the definition of abortion. Emergency contraception can prevent pregnancy in a number of ways. It can inhibit ovulation, interfere with the transport of sperm, disrupt fertilization, or prevent implantation in the endometrium.¹¹ It

is this last mode of operation that Catholic hospitals want to avoid. The Catholic church considers anything that interrupts pregnancy after conception to be an abortifacient. The medical field makes implantation the point of distinction, but for the church, once a “new life” has begun, to terminate it is unjust. Therefore, the Catholic church holds that when emergency contraception prevents pregnancy by interfering with implantation, it acts as a method of abortion and is impermissible.¹²

Hospitals may, however, attempt to prevent conception in cases of rape, as Directive No. 36 states:

A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction or interference with the implantation of a fertilized ovum.

But the Directives do not specify how to determine whether conception has occurred, leaving Catholic hospitals to interpret when they may provide emergency contraception.

ANALYSES FAVORING EMERGENCY CONTRACEPTION

Catholic hospitals provide or refuse to provide emergency contraception for a number of reasons. An overview of five positions follows.

Always Permissible Within 24 Hours:

The Process of Conception

One way to deal with the question of whether to provide emergency contraception is by combining Catholic “sanctity of life” considerations with science. The process of conception, which scientists call fertilization, takes approximately one to two days.¹³ Before the end of that time, even if a sperm has begun to fertilize an egg, two distinct genetic strands are present. It is not until the end of the process that paternal and maternal genetic materials have merged into a single genetic strand.¹⁴

Within the church, the understanding that conception is not a moment, but a process, is beginning to take hold. When Archbishop Weakland held a listening session on abortion he came away with this resolution: “I would never be so glib in talking about the ‘moment of conception,’ since from a medical point of view that is far from accurate: Conception is a long process, not a moment.”¹⁵ Under this view, a woman who goes to a Catholic hospital emergency room within 24 hours of being raped should be offered emergency contraception, as there is no possibility that conception has been completed. This practice is entirely consistent with the Directives.

Always Permissible: Good Faith

Directive No. 36 (above) calls for “appropriate testing” to determine whether conception has occurred. There is, however, no test that can indicate conclusively whether conception has occurred. It is up to the hospital to decide how to fulfill this requirement while still providing necessary services to rape victims.

Directive No. 36 requires that the hospitals have “no evidence that conception has occurred already”; it does not require confirmation that conception has not occurred. Since medical science is not currently able to confirm or deny conception within 72 hours of intercourse, Catholic hospitals are able to provide this service to all women and still follow the Directives in good faith.

Always Permissible: Pregnancy Testing

It is fairly routine for many hospitals to administer pregnancy tests prior to emergency contraception to determine if the woman was pregnant prior to being raped. A Catholic hospital might consider a pregnancy test fulfillment of the “appropriate testing” mandate of Directive 36.16 The administered test will come back negative unless the woman was pregnant prior to the rape, and therefore emergency contraception would be administered.

Sometimes Permissible: Ovulation Testing

A much more conservative approach to Directive No. 36 suggests the Catholic hospital should determine whether there is even a chance that the woman could conceive. This position recommends not only conducting a pregnancy test, but also questioning the woman about the time of her last menstrual cycle, or even estimating when she ovulated by testing her urine for luteinizing hormone. Reverend Kevin O’Rourke, director of the Center for Health Care Ethics of Saint Louis University and co-author of CHA’s Healthcare Ethics, is one supporter of this two step approach.

This position may appear reasonable on the surface, but it prevents the use of emergency contraception in almost all cases. Women can only become pregnant if they have intercourse during ovulation or the days just preceding or following ovulation. The purpose of the three tests is to prevent an ovulating woman from receiving emergency contraception. But it is precisely the woman who is ovulating who is at greatest risk of pregnancy after unprotected intercourse. This overly cautious interpretation of the Directives only allows emergency contraception to be dispensed to a woman during the times when it is unnecessary.

Never Permissible

The Diocese of Peoria, Illinois, in 1993, and the Archdiocese of Chicago in 1986 went even further than a narrow interpretation of the Directives in their position on emergency contraception. The bishops in these dioceses have directed local Catholic hospitals to cease providing emergency contraception even in cases of rape. In Chicago, the Archdiocese even suggested that Catholic hospitals place a warning sticker on the brochures they distribute to rape victims with the message: “Drugs to prevent pregnancy are prescribed at some non-Catholic facilities: Our hospital does not supply these drugs since in good conscience we will not cooperate in what may be an abortion.”¹⁷ As a result of this conservatism, in 1992, 14 Catholic hospitals in Chicago denied an estimated 1,004 women access to emergency contraception.¹⁸

AVAILABILITY OF EMERGENCY CONTRACEPTION

CFFC conducted a nationwide survey of Catholic hospital emergency rooms to determine whether emergency contraception is in fact available to women who request it, regardless of official hospital policy. It is possible that another woman calling the same emergency

room would talk with a different staff member and receive a different answer from the one we received. What matters to a woman in crisis, however, is whether the service is accessible to her within the 72-hour window in which emergency contraception is effective.

In our survey, each emergency room was phoned directly by a woman who asked anonymously whether the “morning-after pill,” was available. If the answer was a “maybe” or “sometimes,” the caller asked for an explanation of the circumstances under which emergency contraception would be provided. If no emergency contraception was available, the caller requested a referral.

Our callers specifically asked for the morning-after pill, the common name given to emergency contraception, and specifically requested a referral. Where the hospital was willing to provide emergency contraception or a referral, we do not know whether hospital staff would have offered the medicine or information without first being asked. This is important because many women are unaware of the existence, efficacy, and safety of emergency contraception. For these same reasons, our survey does not determine whether Catholic hospitals are abiding by state laws that require them to inform women who have been raped of the existence of emergency contraception.

We telephoned 589 Catholic hospitals between December 23, 1998 and January 6, 1999. Of those surveyed, 481 (82 percent) said they do not provide women with emergency contraception—even those who have been raped. Where emergency contraception was not available, only 22 percent of emergency rooms provided a useful referral.

Of the referrals received, 40 percent were minimal and not terribly helpful—”call the Health Department.”

In Texas, six hospitals—

St. Elizabeth Hospital in Beaumont, Burleson St. Joseph Health Center in Caldwell, St. Paul Medical Center in Dallas, St. Joseph Hospital in Houston, Villa Rosa Hospital in San Antonio, and Providence Health Center in Waco—told the caller that emergency contraception was not available anywhere in the city. In Dillon, South Carolina, Saint Eugene Community Hospital informed the caller that she would have to go to North Carolina to find someone willing to provide emergency contraception.

Fifty-five of the hospitals we called (ten percent) stated that they provided some emergency contraceptive services. Another nine percent of Catholic emergency rooms had no set policies on emergency contraception. Of the 55 emergency rooms that would provide emergency contraception to rape victims, six (11 percent) required that the woman first report the rape to the police.

Sometimes the caller was belittled or chastised. For example, of the 149 emergency rooms that did not provide a referral, staff in 20 hung up on the woman before she could ask for a referral, and those in another 53 were rude. For example, an employee at Bon Secours De Paul Medical Center, Norfolk, Virginia, made no effort to determine the caller’s situation before saying, “This is an emergency room, and that is not an emergency.” The employee then hung up. For a caller who has been raped, “that” certainly feels like an emergency.

Catholic institutions often justify denying emergency contraception by asserting that it is available at non-Catholic facilities and that women who come to Catholic emergency rooms are familiar with the official Catholic position on contraception. But how many

women are aware that most Catholic hospitals in the United States refuse emergency contraception even to women who have been raped?

Personnel in some hospitals showed more compassion. In Idaho, one nurse said that, although her hospital would not provide emergency contraception, the caller could take three birth control pills to prevent pregnancy. A woman in a Nebraska hospital offered the home phone number of her own gynecologist, and in Texas, a physician said he would administer the service if the caller could get to the hospital before his shift ended. Some women are brought to a Catholic hospital by the police because there is no other hospital in the area. In 1998, CFFC identified 91 such Catholic institutions that are the sole provider of hospital services in their areas. Our nationwide survey revealed that 68 of those (75 percent) do not offer emergency contraception, even in cases of rape. The emergency room for sole provider Burleson St. Joseph Regional Health Center in Caldwell, Texas, said that no one in the town offers emergency contraception and provided no referral. In these counties, women who have been raped, as well as women who have had voluntary unprotected sex, have no means of preventing a resulting pregnancy.

CONCLUSION

It is not only mergers and acquisitions involving Catholic hospitals that limit access to reproductive health services. In all Catholic health care settings, women have little chance of receiving much-needed reproductive health care. As Catholic health care grows and strengthens, the need for research, monitoring, and reporting on this issue grows too. The case of emergency contraception shows how Catholic health care regulations are on a collision course with new treatment strategies for cases of unprotected sexual activity. And on a question subject to doubt and debate, Catholic hospitals are often favoring abstract theories over women's health needs—even in cases of rape.

ACKNOWLEDGEMENTS

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NOTES

1 Office of Population Research at Princeton University, Emergency Contraception World Wide Web server: <http://opr.princeton.edu/ec/>

2 Deanna Bellandi, "Relax, deal pace slowing," *Modern Healthcare*, Jan. 4, 1999.

3 Randy Hart of Lewin Associates telephoned CFFC on Sept. 15, 1998, asking for clarification on a case in our report *When Catholic and non-Catholic Hospitals Merge: Reproductive Health Compromised*. He confirmed that Lewin was looking at mergers for CHA.

4 Anna Glasier, "Drug Therapy: Emergency Postcoital Contraception," *New England Journal of Medicine*, Oct. 9, 1997, vol. 337, no. 15.

5 Office of Population Research at Princeton University, Emergency Contraception World Wide Web server: www.opr.princeton.edu/ec/ecp.html (Jan. 26, 1999).

6 Food and Drug Administration, "Prescription Productions; Certain Combined Oral Contraceptives for Use as Postcoital Emergency Contraception," Federal Register, Feb. 25, 1997, vol. 62, no. 37.

7 World Health Organization, *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use* (Geneva: WHO, 1996).

8 American College of Obstetricians and Gynecologists, *ACOG Practice Patterns: Emergency Oral Contraception* (Washington, DC: ACOG, 1996).

9 *Brownfield v. Daniel Freeman Marine Hospital*, 208 Cal. App. 3d 405 (1989).

10 Pennsylvania Catholic Conference, *Guidelines for Catholic Hospitals Treating Victims of Sexual Assault* (Pennsylvania: Pennsylvania Catholic Conference, 1993), as published in *Origins*, May 4, 1993.

11 Glasier, *op. cit.*

12 While the official Catholic teaching protects life from conception, even conservative moral theologians have argued that it is not until implantation that a unique potential life is created. Before implantation, the zygote or preembryo can still combine or divide; in addition, more than half of fertilizations do not result in live births. Since implantation occurs about seven days after fertilization, emergency contraception within 72 hours cannot be seen as a threat to pregnancy as defined from the moment of implantation.

13 American College of Obstetricians and Gynecologists, *Preembryo Research: History, Scientific Background, and Ethical Considerations* (Washington, DC: ACOG Committee on Ethics, 1994).

14 *Ibid.*

15 Archbishop Rembert Weakland, "Listening Sessions on Abortion: A Response," *Origins*, May 31, 1990.

16 Helen Alvaré, a spokesperson for the US National Conference of Catholic Bishops, cited in "Survey Finds Lack of Knowledge Limits Use of Morning-After Pill," *New York Times*, Mar. 29, 1995.

17 Cecile Bouchardeau, "Catholic Hospitals Deny Rape Victims Choice," *Chicago Reporter*, Oct. 1993.

18 *Ibid.*

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, contraception 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.

Emergency Contraception: works to prevent pregnancy after unprotected sexual intercourse. Depending on the time during the menstrual cycle that they are taken, emergency contraceptive pills (ECPs), which can be taken up to 72 hours after unprotected sex, may inhibit or delay ovulation, or they may alter the endometrium (the lining of the uterus), thereby inhibiting implantation of a fertilized egg. The pills are 75 percent effective. The copper-T intrauterine device (IUD) can be inserted up to five days after unprotected intercourse. This latter method reduces the risk of pregnancy by more than 99 percent.¹

Integrated delivery network, or 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."²

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: sole provider hospitals are hospitals that are the only provider in a given county. Catholic sole provider hospitals were identified using Catholic Healthcare in the U.S.A., an on-line directory compiled by the Catholic

Health Association and the provider list of the Health Care Financing Administration of the Department of Health and Human Services. 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.³ The sponsor generally appoints and removes the hospital's trustees.

Notes:

1 Office of Population Research at Princeton University, Emergency Contraception World Wide Web server: www.opr.princeton.edu/ec/ecp.html (Jan. 26, 1999).

2 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.

3 A Profile of the Catholic Healthcare Ministry, 1992 (St. Louis: Catholic Health Association, 1992), p. 82.

APPENDIX B: MERGERS AND AFFILIATIONS

CORPORATE

Hospitals: *Catholic Healthcare West (CHW), San Francisco, CA
UniHealth, Burbank, CA

Type: Acquisition, December 1998.

Summary: Reproductive health services limited. CHW and UniHealth agreed to a merger that gives CHW eight new hospitals. As a result CHW has 14 hospitals in Southern California, including 10 in the Los Angeles area. Now with 46 hospitals statewide, CHW is California's largest hospital operator. UniHealth will continue to support community health efforts as a foundation.

The eight hospitals added to CHW's network reportedly will not become Catholic facilities. However, non-lifesaving abortions and in-vitro fertilizations will not be offered. The parties were expected to close the deal, reportedly worth \$300 million, early in 1999.

ARKANSAS

Little Rock

Hospitals: Columbia Doctors Hospital
*St. Vincent Health System

Type: Acquisition, February 1998.

Summary: Reproductive health services discontinued. St. Vincent, which also owns St. Vincent's Infirmary Medical Center, purchased 308-bed Columbia Doctors Hospital and renamed it St. Vincent's Doctors Hospital. Before the acquisition, Doctors Hospital performed abortions. The new Doctors Hospital, now a Catholic facility, agreed to follow the Directives and will not provide any reproductive health services.

Little Rock

Hospitals: Arkansas Women's Health Center
*St. Vincent's Doctors Hospital (formerly Columbia Doctors Hospital)

Type: Lease, July 1998.

Summary: Creative compromise. Doctors Hospital discontinued reproductive health services in February 1998, when it was purchased by St. Vincent Health System and renamed St. Vincent's Doctors Hospital (see above). In response to this curtailment of services, Arkansas Women's Health Center began leasing space from St. Vincent within Doctors Hospital, near the labor and delivery ward, to perform tubal ligations. Hospital officials have said financial and market pressures forced this joint venture. Arkansas Women's Health Center is reportedly paying for the space by a set amount per sterilization.

This has caused some controversy, including a warning from Pope John Paul II to the local bishop that sterilizations are a sin, according to the National Catholic Reporter. The bishop approved the contract but has not commented on the situation.

Rogers

Hospitals: Rogers Women's Center
*St. Mary-Rogers Memorial Hospital

Type: Lease, August 1998.

Summary: Creative compromise. St. Mary is negotiating a part-time lease of its obstetrics ward to Rogers Women's Center to perform some reproductive health services. St. Mary is owned by the Sisters of Mercy Health System and staffed by Dominican Sisters. St. Mary officials have told the press that (1) financial and market pressure necessitated the lease and (2) the hospital is following the Directives, which allow cooperation and compromise.

CALIFORNIA

Los Angeles

Hospitals: *Queen of Angels-Hollywood Presbyterian
Medical Center
Tenet Healthcare Corp.

Type: Acquisition, May 1998.

Summary: No lifting of Catholic restrictions after purchase by non-Catholic hospital chain. California Attorney General Dan Lungren approved the \$100 million purchase of 409-bed Queen of Angels by Tenet. The Queen of Angels is engaged in legal battles with the Archdiocese of Los Angeles, which wants final approval of the sale, and with physicians who oppose it.

Oakdale

Hospitals: Oak Valley District Hospital
*St. Joseph's Regional Health System

Type: Management agreement, July 1998.

Summary: Creative compromise. A 15-year agreement for the management of Oak Valley by St. Joseph's took effect July 1. St. Joseph's is an affiliate of Catholic Healthcare West. Oak Valley staff assured CFFC that they continue to provide reproductive health care, including tubal ligations and contraception.

Redondo Beach

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

Type: Lease, March 1998.

Summary: Reproductive health services discontinued. The Beach Cities Health District Board of Trustees voted unanimously to grant a 10-year lease of 149-bed South Bay Medical Center to Little Company of Mary, a Catholic health care system. Little Company strictly abides by the Directives and threatened to pull out of the lease if any restricted services are provided in the leased building. South Bay is considered a Catholic facility for the duration of the lease and abides by the Directives.

San Bernardino

Hospitals: *Catholic Healthcare West (CHW)
Community Hospital

Type: Affiliation, August 1998.

Summary: Reproductive health services limited. As a member of CHW, 300-bed Community Hospital is now required to follow the Directives, although it will not be a Catholic hospital. The affiliation calls for the elimination of abortions at the hospital and bans in vitro fertilization and artificial insemination, which were not performed at the hospital before the affiliation. According to news reports, tubal ligations, vasectomies, and emergency contraception are allowed, as Community is not a Catholic facility.

Community will be administered by a 15-member board comprising the Community board plus five CHW appointees. This board would vote to decide on any closure or major change in the provision of services at Community; for example, Community could become a Catholic facility if the board approved the change. Community will be jointly managed by another CHW facility, St. Bernardino Medical Center.

There is concern among Community's doctors that the elimination of abortion is the first step toward the prohibition of other family planning services. Local activists had sought a restraining order against the deal but failed to win it.

Taft

Hospitals: *Catholic Healthcare West (CHW)
JWest Side District Hospital

Type: Acquisition, August 1998.

Summary: Reproductive health services discontinued. CHW acquired 73-bed West Side Hospital and renamed it Mercy West Side Hospital. The hospital is administered by CHW but not considered a Catholic facility, according to West Side, but it does abide by the Directives. Mercy West Side has no obstetrician/gynecologists on staff.

CONNECTICUT

Stamford

Hospitals: *St. Joseph Medical Center
JStamford Health System

Type: Acquisition, November 1998.

Summary: Creative compromise. In a process that began in December 1996, Stamford Health System has acquired 51 percent of St. Joseph Medical Center from St. Vincent's Health Services, a Catholic system, for \$6 million. Stamford remains a community hospital and provides a wide range of reproductive health services, including contraception and abortion.

St. Joseph's is set to be demolished and rebuilt by 2002. The acquisition contract states, however, that no reproductive health services can ever be offered at the St. Joseph site. Even in a rebuilt and renamed facility. This deal, essentially a creative compromise, preserved reproductive health services because Stamford purchased St. Joseph.

Westport

Hospitals: Hall-Brooke Hospital

*St. Vincent's Health Services

Type: Acquisition, November 1998.

Summary: Reproductive health services were not offered prior to acquisition. St. Vincent's, which owns St. Vincent's Medical Center, acquired 70-bed Hall-Brooke Hospital, a psychiatric hospital in Westport. Under the agreement, Hall-Brooke becomes a Catholic hospital abiding by the Directives.

ILLINOIS

Chicago

Hospitals: *Resurrection Health Care

Westlake Community Hospital

Westlake Health System

Type: Acquisition, July 1998.

Summary: Reproductive health services discontinued. Resurrection, a four-hospital Catholic system, acquired Westlake Health System, the owner of 239-bed Westlake Community Hospital. Westlake administrators said they have agreed to follow the Directives as a condition of the merger.

INDIANA

Fort Wayne

Hospitals: Quorum

*St. Joseph Medical Center

Type: Acquisition, July 1998.

Summary: No lifting of Catholic restrictions after purchase by non-Catholic system. Quorum has acquired 175-bed St. Joseph Medical Center from Ancilla Systems, a Catholic chain. St. Joseph will continue to abide by the Directives, although Quorum remains a non-Catholic health system.

Indianapolis

Hospitals: Health Services of Indianapolis

Lifelines Children's Hospital

*St. Vincent Hospital

Type: Acquisition, September 1998.

Summary: Reproductive health services were not offered prior to acquisition. In early 1998, St. Vincent Hospital and Health Services of Indianapolis signed an agreement to purchase Lifelines Children's Hospital. The Daughters of Charity National Health System, which owns St. Vincent, has since approved the agreement. Lifelines Children's Hospital did not offer reproductive health services prior to the acquisition, but CFFC's request for information regarding the Directives and Lifelines was denied.

Lafayette

Hospitals: Lafayette Home Hospital

*St. Elizabeth Medical Center

Type: Merger, September 1998.

Summary: CFFC's request for information denied. A review of this merger by the US Department of Justice ended with no action. The 205-bed St. Elizabeth has merged with 280-bed Lafayette to form Greater Lafayette Health Services, which follows the Directives. The local bishop has approved but not announced an agreement concerning reproductive health services.

KANSAS

Kansas City

Hospitals: Bethany Medical Center
*Sisters of Charity of Leavenworth Health
Services Corp.

Type: Acquisition, December 1998.

Summary: Reproductive health services discontinued. The Sisters of Charity acquired 240-bed Bethany Medical Center from Columbia. All reproductive health services, including tubal ligations and contraception, have been discontinued at Bethany, which is now considered a Catholic facility and abides by the Directives.

KENTUCKY

Lexington

Hospitals: *Catholic Health Initiatives (CHI)
Jewish Hospital Lexington

Type: Acquisition, December 1998.

Summary: Reproductive health services discontinued. Jewish Hospital HealthCare Services sold the 174-bed Jewish Hospital Lexington to CHI. The facility was renamed St. Joseph's East and abides by the Directives.

LOUISIANA

Coushatta

Hospitals: L.S. Huchabat M.D. Memorial Hospital
*Sisters of Charity Health Care System

Type: Acquisition, 1998.

Summary: CFFC's request for information denied. The Houston-based Sisters of Charity Health Care System bought 74-bed Huchabat.

MARYLAND

Towson

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

Type: Partnership, January 1998.

Summary: Creative compromise. Upper Chesapeake Health System is not required to follow the Directives and does not follow them.

MICHIGAN

Farmington Hills

Hospitals: *Mercy Health Services
Muskegon General Hospital

Type: Merger, November 1998.

Summary: Reproductive health services discontinued. Mercy Health Services acquired 127-bed Muskegon General Hospital for \$7.5 million, merging its own 175-bed Mercy Hospital together with Muskegon as Mercy General Health Partners. The merger, which follows a three-year joint operation agreement between the two hospitals, consolidated clinical operations and converted Muskegon's emergency room into an urgent-care center. The facility that was Muskegon now abides by the Directives and has discontinued all reproductive health services.

Kalamazoo

Hospitals: *Borgess Health Alliance

Doctors Hospital

Type: Merger, March 1998.

Summary: Reproductive health services were not offered prior to merger. The merger of Borgess and the 46-bed Doctors created a four-hospital Catholic system. Doctors Hospital, which did not offer reproductive health services before the merger, became a Catholic facility and follows the Directives.

Pontiac

Hospitals: Pontiac Osteopathic Hospital Medical
Center (POH)

*St. John Health System

Type: Affiliation, October 1998.

Summary: CFFC's request for information denied. St. John's, which is owned by the Sisters of St. Joseph, and POH signed an agreement under which they will collaborate on graduate medical education programs for osteopathic medicine, managed-care contracting, and group purchasing but retain ownership and control of their own facilities. St. John will also allow POH access to its mobile magnetic resonance imaging unit. A POH spokesperson declined to say which reproductive health services it currently offers.

MINNESOTA

Farmington

Hospitals: *Benedictine Health System

South Suburban Medical Center

Type: Acquisition, January 1998.

Summary: Reproductive health services discontinued. Benedictine acquired the 95-bed South Suburban Medical Center. The acquired hospital, called Trinity, is Catholic and has discontinued all reproductive health services.

Long Prairie

Hospitals: *CentraCare

Long Prairie Memorial Hospital and Home

Type: Acquisition, January 1998.

Summary: CFFC's request for information denied. CentraCare, the Catholic parent of 616-bed St. Cloud Hospital, purchased 141-bed Long Prairie Memorial for \$3.2 million.

MISSOURI

St. Louis

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

Type: Acquisition, March 1998.

Summary: No lifting of Catholic restrictions after purchase by non-Catholic hospital chain. Tenet acquired 303-bed St. Louis University Hospital for \$300 million. Despite its non-Catholic ownership, St. Louis University Hospital continues to abide by the Directives, as a condition of the transfer of ownership.

NEW JERSEY

Willingboro

Hospitals: Allegheny University Hospital-Rancocas
*Our Lady of Lourdes Medical Center

Type: Acquisition, December 1998.

Summary: Reproductive health services discontinued. Our Lady of Lourdes, part of Catholic Health East, purchased Allegheny University Hospital-Rancocas for an undisclosed sum. Allegheny is becoming a Catholic hospital that will abide by the Directives and will not provide any reproductive health services. At the time of acquisition, abortions immediately ceased. Other services are being phased out.

NEW YORK

Long Island

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

Type: Lease, December 1998.

Summary: Reproductive health services discontinued. Catholic Health Services of Long Island had been working toward purchasing Massapequa General Hospital but then, instead, teamed up with Winthrop South Nassau University Health System to buy Massapequa's real estate. Massapequa General has become their tenant. Local advocates for continuing reproductive health services at Massapequa were surprised to discover that this change of strategy immediately transformed the power shift from an acquisition, which would have required state approval, into a lease, which does not. As a result the Directives have been extended to Massapequa, and all reproductive health care services have been eliminated.

West Haverstraw

Hospitals: *Catholic Healthcare Network
JHelen Hayes Hospital

Type: Affiliation, August 1998.

Summary: Reproductive health services were not offered prior to affiliation. Helen Hayes, a 155-bed state-run public hospital, joined the 37-member Catholic Healthcare Network as an affiliate, becoming only the second non-Catholic facility to do so. Like All Catholic Healthcare Network members, Helen Hayes has agreed to follow the Directives.

Helen Hayes is a physical rehabilitation hospital with no emergency services and offered no reproductive health services before the affiliation.

NORTH CAROLINA

Asheville

Hospitals: Memorial Mission Medical Center

*Sisters of Mercy of North Carolina

*St. Joseph's Hospital

Type: Acquisition, November 1998.

Summary: No lifting of Catholic restrictions after purchase by non-Catholic medical center. Sisters of Mercy is selling 264-bed St. Joseph's Hospital to Memorial Mission Medical Center for \$90 million. This deal between Asheville's only private, acute-care hospitals follows their earlier "virtual merger" through contracting arrangements (which had required an expansion of the state's antitrust exemption law). St. Joseph's, the last remaining Catholic hospital in the state, continues to follow the Directives despite its ownership by a non-Catholic health care system.

NORTH DAKOTA

Minot

Hospitals: Quorum

*Sisters of St. Francis of Denver

UniMed Medical Center

Type: Acquisition, March 1998.

Summary: No lifting of Catholic restrictions after purchase by non-Catholic health system. Quorum acquired UniMed Medical Center from the Sisters of St. Francis of Denver. UniMed includes St. Joseph's Hospital, a Catholic institution that continues to abide by the Directives despite its ownership by a for-profit system.

OKLAHOMA

Enid

Hospitals: Integris Bass Baptist Health Center

*St. Mary's Mercy Hospital

Type: Joint Venture, 1998.

Summary: Reproductive health services to be discontinued. St. Mary's and Integris Bass plan to build a \$14 million medical center, to be called the Plaza for Women and Infants, which will become the region's lone birthing facility. Although Integris now offers tubal ligations, but it will discontinue them and the new facility will operate strictly by the Directives. The Plaza will not provide tubal ligations, nor will its health education program offer contraceptive information. Doctors have not even been able to learn whether they will be allowed to provide contraceptive counseling and devices in their new offices at the Plaza.

A community coalition is challenging the curtailment of services. Prochoice state legislator Rep. Laura Boyd, who opposes the abridgement of reproductive health services, has hosted three community meetings to discuss the joint venture, and residents formed a group called Oklahoma Coalition for Quality in Women's Health Care to protect access to reproductive health services.

OREGON

Cottage Grove

Hospitals: Cottage Grove Hospital
*PeaceHealth Health Services

Type: Affiliation, August 1998. Acquisition of assets pending.

Summary: CFFC's request for information denied. Cottage Grove signed an agreement with PeaceHealth for a \$1.5 million line of credit and hired PeaceHealth to Cottage Grove Clinic, as Cottage Grove Hospital was closing for financial reasons. Since then, Southland Medical Groups of PeaceHealth has been operating Cottage Grove Clinic, which has no in-patient facilities. A court is to meet in February to consider PeaceHealth's bid to acquire the assets of Cottage Grove. PeaceHealth has not decided whether to reopen Cottage Grove, if the acquisition is approved, nor whether reproductive health services would resume there, a PeaceHealth spokesperson said.

PENNSYLVANIA

Philadelphia

Hospitals: *Mercy Health System
St. Ignatius Nursing Home of West Philadelphia

Type: Affiliation, October 1998.

Summary: Reproductive health services were not offered prior to affiliation. Mercy and St. Ignatius do not plan to merge their assets.

Philadelphia

Hospitals: *Catholic Health Initiatives (CHI)
University of Pennsylvania Health System (UPHS)

Type: Affiliation, September 1998.

Summary: Creative compromise. The 11 UPHS hospitals and CHI's five Philadelphia-area hospitals reached a 10-year contract. The affiliation, which is expected to include cooperative managed care contracting, will broaden the geographic reach of UPHS tertiary clinical services and enhance primary-care delivery in the metropolitan area. UPHS plans to share its expertise in health and disease management with the hospitals CHI's nationwide network. The Directives have not been extended to the UPHS facilities, but any joint initiatives of the two systems would abide by the Directives.

SOUTH CAROLINA

Charleston

Hospitals: *Bon Secours Health System
Carolinas HealthCare System
Medical Society of South Carolina

Type: Partnership, July 1998.

Summary: Reproductive health services limited. The not-for-profit Medical Society of South Carolina, Bon Secours Health System of Marriottsville, MD, and Carolinas HealthCare System of Charlotte, NC, agreed to a mergerlike partnership under a new company, Care Alliance Health Services. The medical society owns Roper CareAlliance, the 380-bed Roper Hospital, and the 104-bed Roper Hospital North. Bon Secours owns 165-bed Bon Secours-St. Francis Xavier Hospital. A supermajority of the 13-member board of CareAlliance Health Services must be local residents, and each facility will have its own local advisory board.

According to a Roper spokesperson, Bon Secours-St. Francis Xavier exercises no control over Roper's provision of services. In September 1997, however, a Roper spokesperson told CFFC abortions would be barred as a condition of the merger.

Dillon

Hospitals: McLeod Regional Medical Center

*Saint Eugene Medical Center

Type: Acquisition, January 1998.

Summary: Reproductive health services were not offered prior to acquisition. The 421-bed McLeod, a Christian facility, acquired 92-bed Saint Eugene from St. Louis-based SSM Health Care System. No reproductive health services were provided at McLeod before it acquired Saint Eugene.

TEXAS

Austin

Hospitals: Central Texas Medical Foundation (CTMF)

*Seton Healthcare Network

Type: Acquisition, March 1998.

Summary: CFFC's request for information denied. Seton purchased CTMF for \$1.1 million. CTMF trains residents at seven outpatient clinics, some of which provide a wide range of reproductive health services that can include abortions. CFFC's request for information on how the Directives will effect CTMF was denied.

Austin

Hospitals: *Seton Healthcare Network

Shoal Creek Hospital

Type: Acquisition, May 1998.

Summary: Reproductive health services discontinued. Seton bought 151-bed Shoal Creek Hospital, renaming it Seton Shoal Creek Hospital. Now a Catholic hospital abiding by the Directives, Shoal Creek no longer provides reproductive health services.

Burnet

Hospitals: JHighland Lakes Medical Center

*Seton Healthcare Network

Type: Acquisition, February 1998.

Summary: Reproductive health services discontinued. Seton bought 42-bed Highland Lakes and renamed the Burnet, Texas, hospital Seton Highland Lakes. Once acquired,

Highland Lakes became a Catholic facility, abiding by the Directives, and eliminated all reproductive health services.

Lubbock

Hospitals: Lubbock Methodist Hospital System

*St. Mary of the Plains Hospital

Type: Merger, June 1998.

Summary: Reproductive health services limited. After more than two years of negotiation, 415-bed St. Mary of the Plains and 644-bed Lubbock Methodist merged to form Covenant Health System, valued at \$600 million. The Federal Trade Commission cleared the merger last year and Methodist agreed to pay an undisclosed sum to settle a dispute with the Internal Revenue Service over its tax-exempt status. Both campuses abide by the Directives. According to the Human Services Department of Lubbock, Covenant provides a space for performing tubal ligations but does not accept any proceeds from the provision of this service.

WEST VIRGINIA

Huntington

Hospitals: Cabell Huntington

Pleasant Valley Hospital

*Saint Mary's Hospital

Type: Affiliation, January 1998.

Summary: Creative compromise. A mergerlike arrangement united 293-bed Cabell, 201-bed Pleasant Valley, and 440-bed Saint Mary's into a partnership called Genesis. The Directives do not apply to the Cabell Huntington and Pleasant Valley campuses.

WISCONSIN

Kenosha

Hospitals: Kenosha Hospital and Medical Center

*St. Catherine's Hospital

Type: Holding company created, 1998.

Summary: CFFC's request for information denied. Without merging assets, 148-bed St. Catherine's and 116-bed Kenosha created a holding company to oversee the hospitals' operations.

Fox Valley

Hospitals: *Ministry Health Care

Network Health System

Type: Affiliation, October 1998.

Summary: Creative compromise. The affiliation between Ministry Health Care and Network Health System maintains the corporations' individuality where reproductive health services are concerned. None of the Catholic and non-Catholic hospitals Ministry owns will change any of the services they provide. Network Health System is comprised of La Salle Clinic, a family practice, and Network Health Plan of Wisconsin. Network Health Plan will not follow the Directives and will continue to provide contraceptive

services under some health plans. La Salle will continue providing contraceptive services and tubal ligations.

Ministry Health Care includes Saint Joseph's Hospital in Marshfield, Saint Michael's Hospital in Stevens Point, Sacred Heart Hospital in Tomahawk, and Saint Mary's Hospital in Rhinelander—all of them Catholic—as well as the non-Catholic Rhinelander Regional Medical Group and its affiliated Eagle River, Tomahawk, and Crandon hospitals.

APPENDIX C: RECENTLY TERMINATED OR SUSPENDED CONSOLIDATION NEGOTIATIONS

FLORIDA

South Miami

Hospitals: Baptist Hospital
*Mercy Hospital

Outcome: Merger negotiations terminated, July 1998.

Summary: In 1997, Baptist adopted a policy banning abortions but denied the policy was part of a deal being negotiated with Mercy. A local coalition assisted by CFFC and MergerWatch exposed the potential impact on reproductive health services of a merger between Mercy and Baptist. In 1998, Baptist's board of trustees announced it would change its abortion policy to allow abortions in one of Baptist's facilities, South Miami Hospital. Mercy then scrapped the merger, having announced earlier that it would not merge with a facility that provides abortions.

ILLINOIS

Rockford

Hospitals: *Saint Anthony Medical Center
SwedishAmerican Hospital

Outcome: Merger negotiations terminated, June 1998.

Summary: After 14 months of negotiation and antitrust clearance from the US Department of Justice, SwedishAmerican withdrew from the proposed merger. The hospitals declined to provide a reason for abruptly ending talks.

INDIANA

Indianapolis and Beech Grove

Hospitals: Community Hospitals
*St. Francis Hospital and Health Centers

Outcome: Joint venture negotiations terminated,
January 1999.

Summary: Community Hospitals, a four-hospital system, had signed an agreement with two-hospital St. Francis to form a joint operating company. A board of directors was to have governed the company with equal representation from both systems. The deal fell through for undisclosed reasons.

MARYLAND

Baltimore

Hospitals: Greater Baltimore Medical Center (GBMC)

*St. Joseph's Medical Center

Outcome: Merger negotiations terminated, June 1998.

Summary: After months of debate over how the Directives would affect the provision of reproductive health services at GBMC, including a proposed ban on abortions, the GBMC trustees fell one vote short of the two-thirds majority needed to approve the partnership with St. Joseph's. The potential loss of reproductive health services at GBMC, which includes the Hospital for the Women of Maryland, had concerned members of the GBMC endowment fund. According to MergerWatch, the board of the Hospital for Women planned to withdraw financial support from GBMC if the merger occurred.

Baltimore

Hospitals: *Mercy Medical Center

North Arundel Hospital

Outcome: Merger negotiations terminated, May 1998.

Summary: A spokesperson for Mercy Medical Center would not elaborate on why the merger plans were terminated.

MASSACHUSETTS

Holyoke

Hospitals: Holyoke Hospital

*Providence Hospital

Outcome: Merger negotiations terminated, June 1998.

Summary: Holyoke Hospital backed out of the deal because of concerns that a merger would result in the "loss of services" at the non-Catholic campus by making the nearby Catholic hospital the dominant service provider, a spokesperson for Holyoke Hospital said.

MISSOURI

Cape Girardeau

Hospitals: *Saint Francis Medical Center

Southeast Missouri Hospital

Outcome: Merger negotiations terminated, January 1998.

Summary: The 264-bed Saint Francis and 243-bed Southeast had said that if they failed to merge, one hospital or the other would be bought by a national health system. They hoped to complete their merger without community opposition, but area residents complained to the justice department about the planned curtailment of reproductive health services. The attorney general blocked the merger for antitrust reasons.

NEW YORK

Hospitals: Mid-Hudson Valley

*Benedictine Hospital

Cross River Inc. (Kingston and Northern Dutchess hospitals)

Outcome: Merger negotiations terminated, July 1998.

Summary: The Directives had been expected to apply to this three-hospital merger. The first phase of the deal was completed in early 1998, when the two non-Catholic hospitals united to form Cross River Healthcare. The next phase was to have been the merger of Cross River with Benedictine. In the face of community opposition, however, Kingston and Northern Dutchess abruptly dissolved their own merger and terminated negotiations with the Catholic hospital.

The controversy over the negotiations reached into nearby New York Medical College, a Catholic school. Because the merger was expected to eliminate access to reproductive health services, Dr. David Mesches, chairman of family medicine at the college, agreed to lease space in his medical offices for the provision of abortions. Dr. Mesches was removed from his position as chairman after he was quoted in the press on the legality of abortion. He later resigned his faculty position as well.

Niagara Falls

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

Outcome: Merger negotiations temporarily terminated.

Summary: Niagara and Mount St. Mary's (a Daughters of Charity hospital) have called off their merger negotiations, but community activists involved in blocking the merger are not certain that reproductive health services are safe at Niagara Falls

Memorial. The two hospitals remain in affiliation with each other, as Health System of Niagara, which was to have been a step toward full merger. If the merger is ever completed, Niagara would be required to abide by the Directives and eliminate reproductive health services.

PENNSYLVANIA

Erie

Hospitals: Hamot Medical Center
*Saint Vincent Health Center

Outcome: Merger negotiations terminated, August 1998.

Summary: Hamot and Saint Vincent called off the merger they had been negotiating since November 1996. The deal was derailed by the conditions that Pennsylvania's attorney general stipulated for its approval. Hamot's chief executive said the conditions were "challenging" but "not unreasonable or undoable," but Saint Vincent found them unacceptable.

Lancaster

Hospitals: Community Hospital
*St. Joseph Hospital

Outcome: Joint operating agreement negotiations terminated, 1998.

Summary: In August 1998, 256-bed St. Joseph Hospital and 142-bed Community Hospital signed a letter of interest to explore a joint operating agreement. But negotiations quickly terminated, and a for-profit group bought Community Hospital.

Philadelphia

Hospitals: Jefferson Health System
*Mercy Health Corp. of Southeastern
Pennsylvania

Outcome: Alliance negotiations terminated, 1998.

Summary: Tentative agreement had been reached on an alliance in which Mercy and Jefferson would undertake joint initiatives while maintaining separate ownership and historic assets. The alliance was called off, however.

TENNESSEE

Nashville

Hospitals: Baptist Hospital
*Saint Thomas Health Services

Outcome: Merger negotiations suspended, May 1998.

Summary: Merger talks were suspended. Hospital administrators declined to say why but confirmed that they expect discussions to begin again soon.

APPENDIX D: PENDING CONSOLIDATIONS

MULTISTATE

California—San Jose

Illinois—*Hoffman Estates

Hospitals: Alexian Brothers Hospital
Columbia

Type: Acquisition pending.

Summary: Alexian Brothers Health System, based in Illinois, and Columbia scheduled a swap of Alexian Brothers Hospital in San Jose and two of its affiliates in California for two of Columbia's hospitals in Illinois. After protests from San Jose Bishop R. Pierre DuMaine as well as San Jose residents and public officials, the swap was postponed. Bishop DuMaine said he opposed the swap because negotiations had not included anyone from the Catholic or health care communities in San Jose.

ILLINOIS

Morris

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

Type: Affiliation pending.

Summary: A Morris Hospital administrator says negotiations to affiliate are proceeding. During negotiations, Morris continues to operate under its own regulations, and reproductive health services are available.

INDIANA

Evansville

Hospitals: *St. Mary's Medical Center
Welborn Memorial Baptist Hospital

Type: Acquisition pending.

Summary: Directives expected to apply. The 488-bed St. Mary's, an affiliate of Daughters of Charity National Health System, is to acquire 274-bed Welborn Memorial Baptist Hospital. The hospitals signed a letter of intent in March 1998, and received federal antitrust clearance in the fall. Welborn Hospital will terminate all reproductive health services after it is acquired, including provision of contraceptive counseling and devices, tubal ligations, and in vitro fertilization, a hospital spokesperson said.

MICHIGAN

Kalamazoo

Hospitals: *Borgess Health Alliance
Metropolitan Health Corp.

Type: Joint operation pending.

Summary: Metropolitan Health and Borgess signed a letter of intent to form a 50-50 joint operating company, expected to come together by mid-1999. Metropolitan Health is the parent of 250-bed Metropolitan Hospital, which is expected to continue providing reproductive health services and not to abide by the Directives.

Mount Clemens

Hospitals: Mount Clemens General Hospital
*St. Joseph's Mercy of Macomb

Type: Affiliation pending.

Summary: Mount Clemens had been considering affiliation proposals from four health systems in Michigan: St. John Health System, a Catholic system in Detroit; Detroit Medical Center; William Beaumont Hospital, Royal Oak; and its neighbor St. Joseph's. Mount Clemens and St. Joseph's, Macomb County's two largest health systems, recently entered a "period of exclusive discussion" with each other, which they expect to complete early in 1999. A Mount Clemens spokesperson said it is too early to tell whether Mount Clemens would adhere to the Directives.

NEW JERSEY

Roseland

Hospitals: Elizabeth General Medical Center
*St. Elizabeth Hospital

Type: Merger pending.

Summary: Directives expected to apply. St. Elizabeth Hospital signed a definitive merger agreement with the 445-bed Elizabeth General Medical Center and expects to close the deal by the end of March 1999. The proposed merger would create a parent organization, under which Elizabeth General would become a Catholic institution and abide by the Directives. According to a spokesperson for Elizabeth General, reproductive health services including tubal ligations would be prohibited after the merger.

NEW YORK

Batavia

Hospitals: Genesee Memorial Hospital

*St. Jerome Hospital

Type: Merger pending.

Summary: Directives expected to apply. The 70-bed Genesee and the 96-bed St. Jerome have proposed the creation of a new company owned 50-50 by the private not-for-profit group that runs Genesee and St. Jerome's sponsoring company, Catholic Health System of Western New York. Once the merger is complete, the Genesee campus will be required to follow the Directives, and all reproductive health services will be eliminated.

Gloversville

Hospitals: Nathan Littauer Hospital and Nursing Home

*St. Mary's Hospital

Type: Affiliation pending.

Summary: Directives expected to apply. The boards of Littauer and St. Mary's approved an agreement to create a new parent company to oversee both hospitals. Each hospital will have equal representation on the governing board. Littauer has reportedly agreed to stop performing abortions (about 50 are performed there each year now) but will continue other reproductive health services, including tubal ligations. Littauer and St. Mary's, part of St. Louis-based Carondelet Health System, are expected to close their deal in the spring of 1999, although they still need approvals from the bishop of Albany and state hospital regulators.

Long Island

Hospitals: *Catholic Health Services of Long Island

Mid-Island Hospital

Winthrop South Nassau University

Health System

Type: Acquisition pending.

Summary: Directives expected to apply. The acquisition of Mid-Island by Catholic Health Services and Winthrop South Nassau is awaiting state approval. After the acquisition Mid-Island will follow the Directives and stop reproductive health services, including abortions and sterilizations—both of which it frequently provides.

PENNSYLVANIA

Johntown

Hospital: *Bon Secours-Holy Family Regional

Health System

Conemaugh Health System

Type: Affiliation pending.

Summary: Directives expected to apply. Bon Secours and Conemaugh are negotiating a link and at the end of 1998 were conducting due diligence. Conemaugh expects to follow the Directives after the deal is finalized.

TEXAS

Beaumont

Hospital: Beaumont Medical and Surgical Hospital

Silsbee Doctors Hospital

*Sisters of Charity

Type: Acquisition pending.

Summary: Directives expected to apply. The Sisters of Charity have signed a letter of intent to buy 59-bed Silsbee and 364-bed Beaumont Medical. Sisters of Charity, which also owns Beaumont's only other hospital, St. Elizabeth, does not offer contraceptive services and allows sterilizations only on a doctor's recommendation. The local chapter of the National Organization for Women launched a letter writing campaign to urge government officials to block the purchase because it would require women to travel to Galveston for tubal ligations. Opposition is also coming from community members opposed to the prospect that St. Elizabeth and the Sisters of Charity, which already control 60 percent of the market for hospital services in Beaumont, would gain an additional 20-25 percent share.

Dallas

Hospital: JParkland Hospital

*St. Paul Medical Center

Type: Lease pending.

Summary: Parkland Hospital, a 940-bed facility, is discussing the possible lease of St. Paul, a facility licensed for 540-beds but currently staffing only 308-beds. If the lease is signed, as is expected in the spring of 1999, St. Paul would retain its name and Catholic affiliation.

Luling

Hospital: Edgar B. Davis Memorial Hospital

*Seton Healthcare Network

Type: Lease pending.

Summary: Seton is negotiating a 30-year lease, expected to be signed in February 1999, to gain control of 30-bed Edgar B. Davis, which is expected to close on February 1. A Davis spokesperson said it is unclear whether the leased hospital will abide by the Directives.

VIRGINIA

Newport News and Gloucester

Hospital: *Mary Immaculate Hospital

Riverside Health System

Type: Affiliation pending.

Summary: Riverside and Mary Immaculate both voted in August to pursue an affiliation, which is expected to be finalized in February 1999. The two hospitals would be run by a joint operating company but would retain separate boards and staffs. The provision of reproductive health services is one of the issues the two hospitals plan to resolve before finalizing the affiliation. Riverside performs many tubal ligations, some vasectomies, and few abortions. Compromises being considered include using separately funded operating rooms or moving all reproductive health services to a

separate facility not included in the alliance. At this time Riverside hopes to continue all reproductive health services.

APPENDIX E: MERGERS AND AFFILIATIONS WITHIN CATHOLIC HEALTH CARE, 1998

Completed:

Multistate

- *St. John's Health System, Tulsa, OK
- *Via Caritas Health System, Denville, NJ
- *Via Christi Health System, Wichita, KS
- *Via Christi Health System, Wisconsin Branch
- *Allegany Health Systems, Tampa, FL
- *Eastern Mercy Health System, Radnor, PA
- *Sisters of Providence Health System, Springfield, MI

By State:

California

Los Angeles

- *Catholic Healthcare West's Southern California division
- *Little Company of Mary Health Services

Indiana

Kokomo

- *Saint Joseph Hospital and Health Center
- *St. Vincent Hospitals and Health Services

New York

Staten Island

- *Bayley Seton Hospital
- *St. Vincent's Medical Center of Richmond

Pending:

Multistate

- *Catholic Healthcare Partners, Cincinnati, OH
- *Franciscan Health Partnership, Albany, NY
- *Daughters of Charity National Health System,
St. Louis, MO
- *Sisters of St. Joseph Health System, Ann Arbor, MI
- *Incarnate Word Health System, San Antonio, TX
- *Sisters of Charity Health Care System, Houston, TX

By State:

Georgia

Athens

- *Congregation of the Missionary Sisters of the Sacred Heart of Jesus
- *Sisters of Mercy of the Americas

*St. Mary's Hospital

Indiana

Crown Point

*Sisters of St. Francis Health Services

*St. Anthony Medical Center

Michigan

Livonia

*Sisters of Mercy, Detroit Regional Community—Mercy Health Services, Farmington Hills

*Felician Sisters of Livonia—St. Mary Hospital of Livonia

New York

New York

*Catholic Medical Center of Brooklyn and Queens

*Saint Vincents Hospital and Medical Center of New York

*Sisters of Charity Healthcare System

Rhode Island

Providence

*Caritas Christi Health Care System

*St. Joseph Health Services

APPENDIX F: CATHOLIC SOLE PROVIDER HOSPITALS

In 1998, the Health Care Financing Administration of the US Department of Health and Human Services listed 1604 hospitals that are the “sole providers” of hospital services in their counties. Currently, 91 Catholic hospitals, in 27 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 (68 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 | Ketchikan County | 13,828 | 8.7% |
| Providence Medical Center | Kodiak Island | Kodiak Island County | 13,309 | 4.5% |
| ARIZONA | | | | |
| Carondelet Holy Cross Hospital | | Nogales | 29,676 | 43.3% |
| | | Santa Cruz County | | |

ARKANSAS

| | | | |
|---|-----------|--------|------|
| Conway County Hospital Conway County | Morrilton | 19,151 | 6.7% |
| Conway Regional Medical Center Faulkner County | Conway | 60,006 | 0.0% |
| Mercy Hospital/Turner Memorial Franklin County | Ozark | 14,897 | 6.3% |
| Mercy Hospital of Scott County Scott County | Waldron | 10,205 | 0.8% |

CALIFORNIA

| | | | |
|--|------------|--------|------|
| Lassen Community Hospital Lassen County | Susanville | 27,598 | 9.1% |
|--|------------|--------|------|

| | | | |
|----------------------------------|----------------------------|--------|------|
| St. Elizabeth Community Hospital | Red Bluff Tehama County | 49,625 | 6.1% |
|----------------------------------|----------------------------|--------|------|

| Hospital | Location | County Population | % Catholic |
|----------|----------|-------------------|------------|
|----------|----------|-------------------|------------|

| | | | |
|---|------------------------------|--------|------|
| Centura Health-St. Thomas More Hospital and Progressive Care Center | Canon City Fremont County | 32,273 | 4.0% |
|---|------------------------------|--------|------|

| | | | |
|---|---------|--------|-------|
| Mercy Medical Center La Plata County | Durango | 32,284 | 12.4% |
|---|---------|--------|-------|

IDAHO

| | | | |
|---|---------|-------|------|
| Clearwater Valley Hospital Clearwater County | Orofino | 8,505 | 3.7% |
|---|---------|-------|------|

| | | | |
|--------------------------------------|-------------------------|--------|-------|
| 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 County | Effingham | 31,704 | 37.8% |
|---|-----------|--------|-------|

| | | | |
|---|---------|--------|-------|
| St. James Hospital Livingston County | Pontiac | 39,301 | 18.5% |
|---|---------|--------|-------|

IOWA

Avera Holy Family Hospital Estherville 11,569 15.0%
Emmett County

North Iowa Mercy Health Center Mason City 46,733 16.3%
Cerro Gordo County

St. Joseph Community Hospital New Hampton 13,295 33.8%
Chicksaw County

St. Joseph's Mercy Hospital Centerville 13,743 11.9%
Appanoose County

KANSAS

Mercy Health System of Kansas Fort Scott 14,966 5.8%
Bourbon County

St. Catherine Hospital Garden City 33,070 19.8%
Finney County

Hospital Location County Population % Catholic
KENTUCKY

Flaget Memorial Hospital Bardstown 29,710 30.2%
Nelson County

Marcum & Wallace Memorial Hospital Irvine 14,614 0.4%
Estill County

Marymount Medical Center London 43,438 0.9% Laurel County

St. Claire Medical Center Morehead 20,353 1.2%
Rowan County

St. Elizabeth Grant County Williamstown 15,515 3.3%
Grant County

St. Elizabeth Medical Center Convington 142,031 27%
Kenton County

MICHIGAN

Lee Memorial Hospital Dowagiac 49,477 8.2%
Cass County

Mercy Health Services North Grayling 12,260 9.4%
Crawford County

Mercy Hospital Cadillac 26,360 9.1%

Wexford County

St. Francis Hospital Escanaba 37,780 38.5%
Delta County

Tawas St. Joseph Hospital Tawas City 30,209 17.2%
Iosco County

MINNESOTA

Lakewood Health Center Baudette 4,076 12.3%
Lake of Woods County

St. Francis Medical Center Breckenridge 7,516 24.5%
Wilken County

St. Francis Regional Shakopee 57,846 5.8%
Medical Center Scott County

St. Gabriel's Hospital Little Falls 29,604 58.5%
Morrison County

Hospital Location County Population % Catholic
MINNESOTA (continued)

St. Joseph's Hospital Park Rapids 14,939 11.7%
Hubbard County

St. Mary's Regional Detroit Lakes 27,881 18.3%
Health Center Belker County

MISSOURI

Breech Medical Center Lebanon 27,158 3.5%
Laclede County

SSM Arcadia Valley Hospital Pilot Knob 10,726 4.4%
Iron County

St. Francis Hospital Maryville 18,670 21.8%
Nodaway County

MONTANA

Benefis Healthcare Great Falls 77,691 15.7%
Cascade County

Holy Rosary Health Center Miles City 11,697 17.5%
Custer County

St. James Community Hospital Butte 33,941 33%

Silver Bow County

NEBRASKA

Faith Regional Health Services Norfolk 10,931 78.8%
Madison County

Good Samaritan Hospital Kearney 37,447 16.8%
Buffalo County

Providence Medical Center Wayne 9,364 9.1%
Wayne County

St. Francis Medical Center Grand Island 48,925 22%
Hall County

St. Francis Memorial Hospital West Point 10,117 41.3%
Cuming County

Hospital Location County Population % Catholic

NORTH DAKOTA

Carrington Health Center Carrington 3,983 24.1%
Foster County

Mercy Hospital Devils Lake 12,681 36.9%
Ramsey County

Mercy Hospital Valley City 12,545 20.9%
Barnes County

Oakes Community Hospital Oakes 6,107 15.2%
Dickey County

St. Aloisius Medical Center Harvey 5,864 28.2%
Wells County

St. Andrew's Health Center Bottineau 8,011 11.4%
Bottineau County

OHIO

Clermont Mercy Hospital Batavia 150,187 15.6%
Clermont County

Good Samaritan Medical Center Zanesville 82,068 10.6%
Muskingum County

Mercy Memorial Hospital Urbana 36,019 6.2%

Champaign County

Trinity Medical Center Steubenville 80,298 22.8%
Jefferson County

OKLAHOMA

Mercy Memorial Health Center Ardmore 42,919 4.4%
Carter County

OREGON

Holy Rosary Medical Center Ontario 26,038 9.9%
Malheur County

St. Elizabeth Health Services Baker City 15,317 8.3%
Baker County

| Hospital | Location | County | Population | % Catholic |
|----------|----------|--------|------------|------------|
|----------|----------|--------|------------|------------|

SOUTH CAROLINA

| | | | |
|-------------------------------|--------|--------|------|
| St. Eugene Community Hospital | Dillon | 29,114 | 0.7% |
|-------------------------------|--------|--------|------|

Dillon County

SOUTH DAKOTA

| | | | |
|-------------------------------|----------|--------|-------|
| Avera Queen of Peace Hospital | Mitchell | 17,503 | 32.0% |
|-------------------------------|----------|--------|-------|

Davison County

| | | | |
|---|--------------------------|--------|-------|
| Avera St. Luke's Midland Regional Medical Center | Aberdeen Brown County | 35,580 | 27.4% |
|---|--------------------------|--------|-------|

| | | | |
|------------------------------|---------|--------|-------|
| Sacred Heart Health Services | Yankton | 19,252 | 28.2% |
|------------------------------|---------|--------|-------|

Yankton County

| | | | |
|-----------------------------------|---------|-------|-------|
| St. Bernard's Providence Hospital | Milbank | 8,372 | 26.5% |
|-----------------------------------|---------|-------|-------|

Grant County

| | | | |
|---------------------|--------|--------|-------|
| St. Mary's Hospital | Pierre | 14,817 | 19.2% |
|---------------------|--------|--------|-------|

Hughes County

TEXAS

| | | | |
|---|-----------------------------|--------|-------|
| Burleson St. Joseph Regional Health Center | Caldwell Burleson County | 13,625 | 11.0% |
|---|-----------------------------|--------|-------|

| | | | |
|---------------------------|--------|--------|------|
| Cogdell Memorial Hospital | Snyder | 18,634 | 7.5% |
|---------------------------|--------|--------|------|

Scurry County

| | | | |
|---------------------------|-----------|-------|------|
| Crosbyton Clinic Hospital | Crosbyton | 7,304 | 8.2% |
|---------------------------|-----------|-------|------|

Crosby County

Highland Lakes Medical Center Burnet County Burnet 22,677 7.4%

Madison St. Joseph Health Center Madisonville 10,931 1.8%
Madison

Spohn Bee County Hospital Beeville 25,135 34.0%
Bee County

Spohn Kleberg Memorial Hospital Kingsville 30,274 50.1%
Kleberg County

Swisher Memorial Hospital Tulia 8,133 17.2%
Swisher County

Hospital Location County Population % Catholic
TEXAS (continued)

Trinity Community Medical Center Washington County Brenham 26,154 11.5%

Yoakum County Hospital Yoakum Denver City 8,786 15.9%

VERMONT

Fletcher Allen Health Care Burlington 131,761 33.2%
Chittenden County

VIRGINIA

Bon Secours Maryview Medical Center Portsmouth City 514,000 3.8%
Portsmouth

WASHINGTON

Our Lady of Lourdes Health Center Pasco 37,473 15.2%
Franklin County

St. Joseph's Hospital Bellingham 127,780 8.0%
Whatcom County

WEST VIRGINIA

St. Joseph's Hospital Buckhannon 22,867 2.7%
Upshur County

WISCONSIN

Langlade Memorial Hospital Antigo 19,505 45.2%
Langlade County

| | | | |
|---|--------------------------|-------------------|------------|
| The Monroe Clinic Green County | Monroe | 30,339 | 16.3% |
| St. Mary's Hospital Ozaukee | Mequon Ozaukee County | 72,831 | 35.1% |
| St. Mary's Hospital Oneida County | Rhinelanders | 31,679 | 17.8% |
| St. Mary's Hospital of Superior Douglas County | Superior | 41,758 | 20.6% |
| Hospital WISCONSIN (continued) | Location | County Population | % Catholic |
| St. Mary's Kewaunee Area Memorial Hospital | Area Kewaunee County | 18,878 | 72.4% |
| St. Michael's Hospital Portage County | Stevens Point | 61,405 | 53.5% |

TOTAL Catholic Sole Providers in 1998: 91

TOTAL Catholic Sole Providers in 1997: 76**

** Total for 1997 is from When Catholic and Non-Catholic Hospitals Merge: Reproductive Health Compromised (Washington: Catholics for a Free Choice, 1998). Data as of July 1, 1997.

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, 1998) is by the Health Care Financing Administration of the Department of Health and Human Services ("Providers of Services," at the agency's website: www.hcfa.gov/). County population is from The 1990 Census of Population; General Population Characteristics (US Bureau of the Census). Catholic population in each county is derived from Churches and Church Membership in the United States, 1990 (Atlanta, GA: Glenmary Research Center, 1992).