

Catholic Health Care State Reports: Massachusetts

Introduction

The Catholic church operates 13% of Massachusetts' acute care hospitals and several additional health care centers. Overall, more than one million patients rely on Catholic-owned or affiliated facilities for their medical treatment each year. In addition, the bishops of Massachusetts are organized into a strong and effective Catholic conference. This organization lobbies the Massachusetts legislature to enact its public policy priorities in state law. Therefore, through its various resources, the Catholic church has done much to diminish the reproductive health care options available to Massachusetts' women.

Although access to safe, comprehensive, and affordable reproductive health care services has been recognized as an important right for women in the United States, that right is increasingly under attack in today's political climate. The threat

is especially real in Massachusetts, where access to reproductive health care has been limited by various legislative restrictions and a continual decline in the number of abortion providers.

Reproductive Health Care in Massachusetts

Overview

The majority of the citizenry of Massachusetts supports access to abortion. A recent article in the *Boston Globe* reports that about 60% of Massachusetts voters are in favor of legal abortion.¹⁰ In fact, in its annual assessment of reproductive rights at the state level, NARAL Pro-Choice America finds that "[t]he Massachusetts Declaration of Rights protects the right to reproductive choice as a fundamental right and to a greater extent than the federal Constitution."¹¹ However, while there is very little threat that *Roe v. Wade* will be overturned in its entirety in the state, repro-

ductive rights in the state of Massachusetts are far from secure. Those working to maintain women's access to the full spectrum of reproductive health services in Massachusetts describe the continuing threats they face. According to the website for ProChoice Action, the Planned Parenthood League of Massachusetts' Action Network:

In the absence of a solidly pro-choice legislature, the battle for reproductive rights in Massachusetts is constant and ongoing. Each year, bills are filed in the legislature which would limit access to reproductive health services and make it more difficult to provide sexuality health education to young people.¹²

Because Massachusetts has passed significant anti-choice legislation and severely restricted access to certain reproductive health care services, it is considered by many to be a hostile environment for women. The most

Massachusetts at a Glance

Catholic population	3,071,921 ¹
Total population	6,327,819 ²
Percent of total population that is Catholic	49 ³
Catholic acute care hospitals	9 ⁴
Patients served annually (admissions and outpatient visits) by Catholic acute care hospitals	1,296,947 ⁵
Total acute care hospitals	68 ⁶
Percent of acute care hospitals that are Catholic	13.24
Catholic health care centers	7 ⁷
Patients assisted annually at Catholic health care centers	13,310 ⁸
Patients served annually (admissions and outpatient visits) by all hospitals	17,685,695 ⁹

recent edition of NARAL Pro-Choice America's annual ranking of abortion rights in the states assigned Massachusetts the low grade of "C." This evaluation points to the problems facing Massachusetts women who need and desire comprehensive reproductive health care.

The current administration in Massachusetts is mixed on the issue of choice. Governor Mitt Romney (Republican) has expressed prochoice views, yet he also has given his support for the numerous abortion restrictions in place in Massachusetts, including its extremely narrow parental consent laws for minors. The state's Attorney General, Democrat Thomas F. Reilly, is a supporter of abortion rights.¹³ Although the state legislature in Massachusetts is largely Democratic,¹⁴ its voting record is also mixed regarding issues of choice. The legislators of Massachusetts are closely divided on choice issues, but at the moment the Senate has a slight prochoice edge.¹⁵

As a result, legislation in Massachusetts regulates all aspects of reproductive health care, including restraints on providers, services, and funding.

Legislation

Massachusetts law dictates that only an authorized physician may perform abortions in the state;¹⁶ workers such as nurse-midwives, physician assistants, and nurse practitioners are prohibited from carrying out the procedure.¹⁷ The state also maintains a Targeted Regulation of Abortion

Providers (TRAP) law, requiring that all abortions after 12 weeks be performed at hospitals that are fully authorized to conduct general surgery. This law is generally unenforceable in the wake of a 1983 ruling by the United States Supreme Court, which determined that such a requirement is unconstitutional. Nevertheless, it has not been repealed in Massachusetts and is still formally on the books.¹⁸

Legislation in Massachusetts also allows doctors or other medical workers who object on moral or religious grounds to refuse to provide abortion services to patients requesting them. Furthermore, hospitals are permitted to deny reproductive services; legally, the state cannot require hospitals to admit a woman with the purpose of obtaining an abortion.¹⁹

State law in Massachusetts prohibits abortions from being performed after 24 weeks of pregnancy unless the procedure is required to save the life of the woman or to preserve her health. Because this law bans abortions at a particular gestational age, it contradicts the national prohibition against outlawing abortion before viability (since the viability point varies by pregnancy). It is, therefore, considered to be unconstitutional and unenforceable.²⁰

A Massachusetts law originally passed in 1979 mandates that a woman must sign a detailed consent form describing the development of her "unborn child," the

abortion procedure that will be used and any possible complications that may result, and the alternative options that are available to her, at least 24 hours before obtaining the abortion.²¹ This law was challenged by the Planned Parenthood League of Massachusetts at the time of its passing, and was ruled unconstitutional by a state appellate court in 1981. It has not been regularly enforced since the time of that ruling. Recently however, opponents of reproductive choice, with the support of Massachusetts Catholic Conference, have introduced legislation to update the informed consent and waiting period law.

Massachusetts was the first state to require parental consent for young women seeking abortion services.²² For many years, it had one of the most restrictive parental consent laws of any state in the US; as originally drafted, the law required the written consent of *both* parents before a young woman could obtain an abortion. This requirement could only be waived if the minor obtained a court order allowing the abortion. In 1997, the Massachusetts Supreme Court ruled that the two-parent requirement was unconstitutional, and ordered that the law be interpreted to require the consent of only one parent, or a court order, to permit abortions for women under the age of 18.²³

Despite the anti-choice legislation in Massachusetts, there are nevertheless a few areas in which Massachusetts has enacted progressive

reproductive rights legislation. The state is a forerunner in the provision of public funding for abortion services. Women who receive state medical assistance may use the funds to cover the costs of an abortion if they report that they are victims of rape or incest or if the abortion is medically necessary to save their lives. In a 1981 ruling, the Supreme Judicial Court of Massachusetts expanded this statute to require that funds cover "medically necessary" abortions as well.²⁴ Thus, Massachusetts is one of the few states in the country to allow Medicaid funding for some abortions. Still, as a result of restrictive regulations, only four of the twelve clinics in the state can accept Medicaid patients.²⁵

Massachusetts recently passed a law mandating that all private insurers that offer prescription drug benefits must cover contraceptives and hormone replacement therapy. This law was signed into effect in March 2002 by then-Governor Jane Swift (Republican). Although an exemption that would have allowed religiously-affiliated hospitals, universities, and nursing homes to opt-out of the requirement was originally proposed, it was not passed as part of the final version of the bill. It is important to note, however, that organizations that are directly controlled by religious institutions already receive an exemption under federal law.²⁶

Legislation in Massachusetts also protects against abortion clinic violence. A statute imposes a fine and/or

imprisonment on individuals who obstruct access to a medical facility or who, within a certain buffer zone around such a facility, approach individuals with the intention of protesting, distributing information, or providing counseling.²⁷ Although this clinic buffer zone law has been repeatedly challenged by abortion opponents, each lawsuit has been dismissed.²⁸

Access

One of the most significant problems confronting reproductive health care in the state of Massachusetts is the lack of access to services. About 10% of women of reproductive age (15–44) in Massachusetts became pregnant in 1996, and the abortion rate in the state was 28.8 per 1,000 women.²⁹ In 2000, the abortion rate for women in the state was 21.4 abortions per 1,000 women of childbearing age. This figure represents a dramatic decline; the rate dropped 26% between 1996 and 2000 in Massachusetts, compared to a 5% decline in the national abortion rate for 15–44-year-old women during the same time frame.³⁰ Some experts credit this decline to better access to contraception—including emergency contraception—and to changes in sexual behavior. However, during the same period (1996–2000), the number of abortion providers in Massachusetts fell from 51 to 47, representing an 8% decrease.³¹ Dr. Lawrence Finer, the Assistant Director of Research for the Alan Guttmacher Institute, said he could not determine how

much of the decline in the abortion rate could be attributed to restrictions in the availability of services.³²

In January 2003, the Abortion Access Project reported that, of the 62 hospitals in Massachusetts offering obstetric and gynecological services, only 13 provide abortion services. Although generally the vast majority of abortions are performed at clinics (about 93% nationally), in Massachusetts only 12 clinics provide abortion services.³³

The problem of limited access to abortion services is particularly severe for both rural and low-income women. According to NARAL Pro-Choice America's *Who Decides?*, 21% of Massachusetts counties have no abortion provider, with the majority of abortion providers concentrated in large urban areas. For example, of the 23 hospitals and clinics that perform abortions in Massachusetts, over half are located in the Boston area. The others tend to be concentrated in the urban areas of Worcester and Springfield, leaving few options for women residing in the rural regions of the state.³⁴

Low-income women face additional hurdles to obtaining abortions in Massachusetts. Of the 13 hospitals that perform the procedure, several do not authorize the use of free care funds to cover the procedure. Also, of the 12 clinics where abortions are performed, only four accept Medicare, and none offer the option of a sliding fee scale.³⁵

These four clinics are all located in the urban areas of Boston, Worcester, and Springfield.³⁶

Catholic Health Care in Massachusetts

Massachusetts is one of the most heavily Catholic-populated states in the country. According to the *Official Catholic Directory* for 2003, over three million Catholics currently reside in Massachusetts, constituting almost half of its population (49%).³⁷ In fact, Massachusetts is second only to Rhode Island in the proportion of Catholics to non-Catholics.³⁸ Nevertheless, a 2002 poll of Massachusetts Catholics found that most disagreed with official church teachings on reproductive health care matters. Forty-eight percent of Massachusetts Catholics said they disagree with the church's stance on abortion, and 70% said they disagreed with its position regarding contraception.²⁹

The high proportion of Catholics in the population naturally means there is a strong church influence in the state. The church operates 713 parishes throughout the state, organized into the four dioceses of Boston, Fall River, Springfield, and Worcester.⁴⁰

The Catholic presence in Massachusetts is also significant in the health care industry. The church owns and operates eight acute care hospitals in Massachusetts, and one additional hospital, although purchased by a secular health care system in 1996, maintains its Catholic identity. Thus, 13% of the

state's acute care hospitals are Catholic-owned or affiliated.⁴¹ One of these hospitals, Saints Memorial Medical Center, claims to be the largest health care provider in its region.⁴² The church also owns one children's hospital (Franciscan Children's Hospital and Rehabilitation Center), one rehabilitative center (Youville Hospital and Rehabilitation Center) and seven additional health care centers.

Of the nine Catholic-owned and affiliated hospitals, six are operated under the Caritas Christi system. These include Caritas St. Elizabeth's Medical Center, Caritas Good Samaritan Medical Center, Saint Anne's Hospital, Caritas Holy Family Hospital, Caritas Norwood Hospital, and Caritas Carney Hospital. Caritas Christi was formed in 1985, and it has doubled in size over the past 18 years. It claims to now be the second largest health care system in New England, with locations in eastern Massachusetts, southern New Hampshire, and Rhode Island.

Annually, over one million patients receive treatment at Catholic-owned and affiliated acute care hospitals in the state of Massachusetts, with an additional 13,000 being served each year by Catholic health care centers. Because a sizable percentage of patients in Massachusetts⁴³ rely on Catholic institutions to provide them with comprehensive and first-rate health care services, it is important to assess the quality and accessibility of this care. Unfortunately, for

those who seek any type of reproductive health care services at a Catholic-affiliated facility, they will find their choices are seriously restricted.

All Catholic hospitals throughout the United States are governed by the *Ethical and Religious Directives for Catholic Health Care Services* (the *Directives*). The most recent edition of the *Directives*, issued by the United States Conference of Catholic Bishops in June of 2001, reaffirms the religious basis of Catholic health care. In the preamble, the *Directives* claim that they present "... a theological basis for the Catholic health care ministry."⁴⁴ For the bishops, this basis mandates that Catholic health care concerns itself primarily with the protection of human life. Part One of the *Directives* describes the centrality of this belief for their mission:

First, Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death.

The *Directives* go on to establish very specific guidelines governing the types of care offered to patients served by Catholic facilities. Because their primary mission is to implement the church's moral and ethical teachings in all Catholic-affiliated institutions, the *Directives* stress "the sanctity of human life from its very

beginning, and ... the dignity of marriage and the marriage act by which human life is transmitted."⁴⁵ As a result, they explicitly prohibit contraceptive practices,⁴⁶ abortion services,⁴⁷ surrogate motherhood⁴⁸ and direct sterilization.⁴⁹ Other prohibitions outlined in the *Directives* are worded more vaguely, and interpretation of them is often left to the hospital, in consultation with the local bishop. These include exclusions of reproductive technologies such as fertility treatments⁵⁰ and the provision of emergency contraception for women who have been raped.⁵¹

Services offered in Catholic hospitals in Massachusetts distinctly reflect the prohibitions embedded in the *Directives*. The mission statement for the Caritas Christi health system, which owns six of the nine Catholic-affiliated hospitals in the state, includes specific reference to these religious principles, stating that Caritas Christi operates: "in accordance with the principles of the Catholic Church" and that "[t]hrough our programs and services, which cover the spectrum of health care, we affirm the sanctity of life"⁵² Similarly, the mission statements for other Catholic hospitals in Massachusetts reflect these religious values. For example, the statement governing Mercy Medical Center in Springfield states: "We believe in the sacredness of human life ... [i]n our service, we are sustained by an unwavering trust in God's Providence."⁵³

Emergency Contraception

One of the most important services denied by Catholic hospitals is emergency contraception (EC). When taken before or at the time of ovulation, EC works to hinder or prevent ovulation. If administered after ovulation has already occurred, it may inhibit implantation of a fertilized ovum. Because the National Institutes for Health, the American College of Obstetricians and Gynecologists (ACOG), and the American Medical Women's Association (AMWA) all define pregnancy as beginning at the time of implantation, EC is generally recognized as a contraceptive device. The pills do nothing to impact an established pregnancy.

Emergency contraception is more effective the sooner it is administered. It functions best when taken within 24 hours of unprotected intercourse, although normally it has been administered in the first 72 hours, and recent studies have suggested it may be effective up to 120 hours (or five days) after intercourse.⁵⁴

Over the past several years, researchers have been investigating EC's potential to reduce unintended pregnancy. Most studies suggest that making EC widely available is the easiest and most efficient way to lower the rate of undesired pregnancies and, therefore, abortions in this country. According to research published by the Institute of Medicine, about half of all unintended pregnancies

result in abortions.⁵⁵ Furthermore, according to surveys conducted by the Alan Guttmacher Institute, an estimated 51,000 abortions were prevented by the use of EC in 2000. Using statistical analysis, the researchers attributed up to 43% of the decrease in abortions between 1994 and 2000 to the availability of EC.⁵⁶

Emergency contraception is also widely recognized as a standard of care for those who have experienced sexual assault and wish to guard themselves against potential pregnancy. In fact, the American Medical Association states that information about EC should be delivered as part of the standard treatment for sexual assault victims.

Because EC must be administered within such a narrow window to be effective, it is extremely important that women are able to obtain the drug quickly and easily. As of Spring 2003, only six US states required hospitals to provide EC to survivors of sexual assault who request it, and one state (Illinois) requires hospitals to share information about EC and how it can be obtained with assault survivors. Four states (Alaska, California, New Mexico, and Washington) allow pharmacists to distribute EC without a prescription.⁵⁷

For women in the state of Massachusetts, accessing EC is often difficult. In 2001, the Massachusetts NARAL Foundation conducted a survey of 73 hospitals and

53 community health centers throughout the state. The survey consisted of two telephone calls to each institution; in the first call a woman requested EC for herself, and in the second a social worker requested it on behalf of a client who had been raped. The survey revealed that one-fifth of the hospitals contacted failed to provide EC to survivors of sexual assault, and more than half of the hospitals refused to provide EC to women who were seeking it.⁵⁸ The results of a separate 2002 Mass NARAL survey also indicated that even after receiving a prescription for EC, many women likely encountered problems obtaining the pills. According to the study, 42% of Massachusetts women of reproductive age reside in areas where it is difficult to fill EC prescriptions.⁵⁹

Provision of emergency contraception is especially poor in Catholic hospitals, where the *Directives* severely restrict the circumstances under which it can be administered. Because of the general ban on contraceptives, Catholic hospitals are prohibited from distributing EC to all who request it.⁶⁰ However, the *Directives* specifically address the topic of EC for victims of rape and incest. According to Directive 36:

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. 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.⁶¹

Unfortunately, the wording of this directive is vague, and there has been much debate about how it can and should be interpreted. For example, the purpose of the pregnancy test requirement is unclear, since no pregnancy test can determine whether the victim has been impregnated from the assault within the time frame that EC would need to be administered to be effective. The test can only tell whether the

woman was pregnant before the assault, and the administration of emergency contraception does not affect a pre-existing pregnancy.⁶²

In their attempt to abide by this directive, many Catholic hospitals in Massachusetts severely limit a woman's access to EC. Catholics for a Free Choice (CFFC) commissioned a study of Catholic emergency rooms in order to ascertain the extent to which they provided emergency contraception. The researchers conducting the study⁶³ contacted the emergency room at every Catholic hospital in the United States in late August 2002. Within Massachusetts, they surveyed each of the nine Catholic-affiliated acute care facilities in the state. Their research found that not one of these hospitals provided emergency contraception on request, and four of the nine refused to provide EC under any circumstances. One hospital indicated a general willingness to provide EC for sexual assault victims, and another three said they would offer it only after testing to determine that the woman was not already

pregnant.⁶⁴ Three of the Catholic hospitals in Massachusetts provided the caller with a referral to obtain the pills elsewhere, and all three of these referrals led "directly or eventually to EC."⁶⁵

Concern about access to emergency contraception, especially for female survivors of sexual assault, has led to many state initiatives to broaden its availability. In June 2003, a bill was introduced into the Massachusetts legislature that would require every hospital emergency room in the state to offer EC to rape survivors. The House version of the bill reads:

Every patient who is a female rape victim, who is of childbearing age and who presents at a facility after a sexual assault shall promptly be provided with medically and factually accurate written information about emergency contraception prepared by the commissioner of public health It shall be the standard of care for facilities that provide emergency care to promptly offer emergency

Provision of Emergency Contraception, Catholic Hospitals in Massachusetts

	None
On request	
Never	4
At doctor's discretion	0
After determining woman is not pregnant	0
For rape victims under any circumstance	1
For rape victims after determining the woman is not pregnant	3
For rape victims (unclear whether there is pregnancy test requirement)	0
No response, don't know, or unclear	1

contraception at the facility to each female rape victim of childbearing age, and to initiate emergency contraception upon her request.⁶⁶

This bill does not include a “conscience clause,” and thus does not exempt institutions or employees who are opposed to EC for religious or moral reasons.

The EC legislation currently under consideration would also allow emergency contraception to be distributed over the counter (i.e., without first obtaining a written prescription from a physician). In this arrangement, a pharmacist establishes a relationship with a licensed physician and completes a training program on the administration of emergency contraception. Reproductive health advocates endorse such a program because it enables EC to be obtained quickly, within the window in which it is most effective. It is also an effective way of expanding access for women in rural areas, or those who lack a primary care physician.⁶⁷ The bill has been endorsed by the Massachusetts Medical Society, the Massachusetts chapter of the American College of Obstetricians and Gynecologists, the Massachusetts Coalition for Choice, the Massachusetts Board of Registration in Pharmacy, the Massachusetts Public Health Association, and the Massachusetts Chapter of the American College of Emergency Physicians.

Because EC has been found by the American College of Obstetricians and Gynecologists, the World Health Organization, and Planned Parenthood to present no “contraindications,” or negative side effects, it can be distributed safely to the general population. Studies have documented the success of programs that offer over-the-counter EC. In 1997, the Program for Appropriate Technology in Health (PATH) tested an initiative in which pharmacists, working collaboratively with physicians and nurse practitioners, were empowered to distribute the drug without individual prescriptions from doctors. The program was an unqualified success; in the first 10 months over 7,200 dosages were dispensed⁶⁸ and follow-up surveys found that women were highly satisfied with the care they received. Pharmacists also reported satisfaction with the program. Over 60% said they referred patients for additional care (usually ongoing contraception), indicating that the program helped many patients to improve their long-term health care.⁶⁹

Hospital Mergers

Over the last several decades, hospitals in Massachusetts have succumbed to the national trend towards consolidation. In a study published in March 1997, the Massachusetts Division of Health Care Finance and Policy reported that three-quarters of the hospitals in the state were affiliated with

larger networks. The number of acute care hospitals in Massachusetts decreased from 101 in 1988 to 73 in 1997,⁷⁰ and again to 68 in 2002. To a great extent, this reduction can be attributed to mergers and consolidations.

The consolidation of hospitals becomes problematic when Catholic hospitals are involved. Typically, when a Catholic hospital acquires or merges with another facility it imposes its reproductive health care policies on the other institution. As a result, reproductive health services such as abortion, contraception, and sterilization are denied to patients seeking care at the new hospital. For example, in 1997 the Caritas Christi health system acquired the Neponset Valley Health System, which included Norwood and Southwood hospitals. As part of the merger agreement, “... Neponset agreed to stop abortions, sterilizations and in vitro fertilizations at Norwood and Southwood hospitals.”⁷¹ In fact, as soon as the merger was complete, many women who had planned to have tubal ligations at the time of their childbirth scrambled to find another hospital for their delivery. In addition, employees of Neponset Valley Health System were immediately left without health insurance coverage for reproductive health services.⁷² In 1995 a proposed takeover of Holyoke Hospital by the Sisters of Providence Health Systems threatened to prohibit abortions and sterilizations at Holyoke; however, Holyoke Hospital eventually backed

out of the deal and the acquisition never occurred.⁷³

Although Catholic health systems usually impose their reproductive health care policies on hospitals they acquire, they do not accept those of other hospitals when they are themselves acquired. In 1996 OrNda Healthcorp (which has since been acquired by Tenet Healthcare Corporation) purchased the Catholic St. Vincent Healthcare system. At the time of acquisition, an agreement established that Catholic restrictions in services would continue at St. Vincent’s.⁷⁴

In fact, the Catholic church is so adamant that none of its affiliated hospitals provide any form of reproductive health services prohibited by the *Directives* that some of its merger agreements have been scrapped due to differences in policies. In 1996 the Catholic Carney Hospital attempted to acquire secular Quincy Hospital. Cardinal Bernard Law rejected the proposal because it contained a compromise on what services could be provided. Similarly, Law rejected a proposed merger between Carney Hospital and Partners Health System because the Partners hospitals performed abortion procedures.⁷⁵ In February 1997, Carney became a member of the Caritas Christi health system instead.⁷⁶

Catholic Universities

According to the *Official Catholic Directory*, Massachusetts is home to

thirteen Catholic colleges and universities (including one all-male seminary college) serving almost 32,000 students.⁷⁷ Although most Catholic colleges in the United States now operate with a lay board of directors, local bishops continue to exert an influence over these schools and their policies. One area in which Catholic ideology prevails is in the provision of reproductive health services on campuses.

In 2001, Catholics for a Free Choice surveyed five Catholic colleges and universities in Massachusetts to determine which reproductive health services they provided for their students. The schools surveyed were: Boston College in Boston, College of Our Lady of the Elms in Chicopee, College of the Holy Cross in Worcester, Regis College in Weston, and Stonehill College in North Easton.

Not one of the Catholic schools surveyed by CFFC indicated that they provided their students with access to contraception. Two of the schools (Boston College and College of the Holy Cross) said they would refer students elsewhere to obtain

contraception, but neither provided it directly through their student health services. Similarly, not one of the five schools provided pregnancy counseling to students, and only two schools (College of the Holy Cross and Stonehill College) even offered referrals for such counseling. While most of the Catholic schools surveyed offered their students basic reproductive health care, such as pap smears, annual exams, and breast cancer screening, it is important to note that one school, College of Our Lady of the Elms, provided *none* of these services, and instead referred students elsewhere. Two-fifths of the schools surveyed did not provide HIV screening for students, although all five schools indicated that they had some form of STI education available.

The failure to provide these basic services to college students is highly problematic since, according to research conducted by the Alan Guttmacher Institute, at least three-fourths of all men and women have experienced sexual intercourse by their late teens.⁷⁸ For those students who rely on their campus health center for

important medical care and information, the restrictions on services at Catholic institutions can have serious and significant effects.

Funding of Massachusetts Catholic Hospitals

Catholic hospitals and health care centers in Massachusetts claim to exist as independent, religious nonprofit institutions that provide critical and invaluable services to their communities. However, an analysis of the financial data of Massachusetts hospitals demonstrates that Catholic hospitals are *not* solely privately funded institutions; these facilities actually receive substantial government subsidies as well as direct support through Medicare and Medicaid reimbursements. In addition, many Catholic hospitals report extremely high net patient revenues, while offering less to their communities in terms of charity care than other hospitals throughout the state. In light of these facts, one should question the appropriateness of allowing Catholic hospitals to continue to prohibit so many legal and widely accepted health care services.

Most hospitals in the United States rely heavily on government funding for their financial survival. In Massachusetts, an analysis of inpatient discharge data from all short-stay acute care hospitals for the second quarter of fiscal year 2002⁷⁹ found that 41.5% of patient discharges were paid for by Medicare and an additional 12.6% by Medicaid. Combined, Medicaid and Medicare paid for about 54% of the patient discharges from acute care hospitals during that time period.⁸⁰

Despite the religious nature of their missions and policies, Catholic hospitals also receive a significant proportion of their funding from government sources. During the fiscal year ending in September 2000, for the nine acute care Catholic hospitals in Massachusetts, on average, 58% of inpatient days were paid by Medicare or Medicaid. Furthermore, for the same time period, 48% of discharges from Catholic hospitals were covered by Medicare or Medicaid. These figures indicate that, in general, Catholic hospitals receive a large proportion of their funding from govern-

Name of School	Pap smear	Annual exams	Breast cancer screen	HIV screen	STI screen	STI education	Contraception	Sexuality education	Brochures	Pregnancy counseling
Boston College	Y	Y	Y	Y	Y	Y	N*	N	Y	N
College of Our Lady of the Elms	N*	N*	Y	N*	N*	Y	N	Y	Y	Y
College of the Holy Cross	Y	Y	Y	Y	Y	Y	N*	Y	Y	N*
Regis College	Y	Y	Y	N	Y	Y	N	Y	Y	N
Stonehill College	Y	N	Y	Y	Y	Y	N	Y	Y	N*

*Refers for service

ment sources, and that this aid is central to their functioning. As a result, these hospitals cannot be treated as merely privately funded, sectarian institutions.⁸¹

At the same time, Catholic hospitals in Massachusetts report large net annual revenues. In fact, the Catholic institutions reported revenue only slightly lower than that of all hospitals in the state. According to data provided by the Massachusetts Division of Health Care

Finance and Policy, for fiscal year 2001 the nine acute care Catholic-owned and affiliated hospitals in the state reported an average net patient service revenue of \$113,823,855.⁸² In contrast, for all 68 hospitals in the state, the net patient service revenue was \$152,602,345.⁸³

Research conducted by the Institute for Health & Socio-Economic Policy (IHSP), a nonprofit research and policy organization focused on health care issues, sought to identify and explain

hospital profit margins. By comparing the amounts that hospitals charged for services to their actual costs for fiscal year 2000–2001, the group found that the most expensive hospitals were those that charged the largest amounts, as compared to their costs.⁸⁴ The study ranked the top ten most expensive hospitals in each state, as determined by their total charge to cost ratio. Of the top ten most expensive hospitals in Massachusetts, *three* were Catholic, all charging fees more than double their costs. Saint Anne’s Hospital reported a charge to cost ratio of 231.72%; Saint Vincent’s Hospital reported a charge to cost ratio of 231.27%; and Holy Family Hospital reported a charge to cost ratio of 228.34%. All three Catholic hospitals have charge to cost ratios above the already high national average of 205.84%.⁸⁵

Because most Catholic hospitals operate as nonprofit institutions, they also receive various tax breaks; they are exempted from paying federal, state, city, county, property, sales, and income taxes. However, these exceptions are granted by the government with the intention that the nonprofit entities will, in turn, provide services to their communities. According to research funded by The Robert Wood Johnson Foundation:

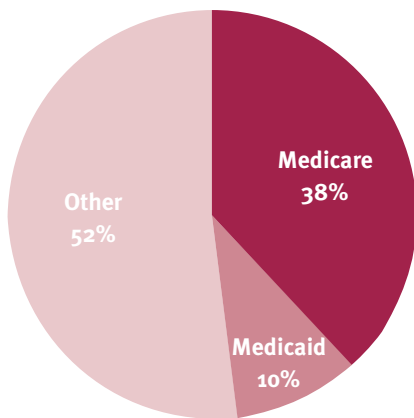
In lieu of property, sales, income, and other tax revenues to local, state, and federal government, these hospitals are expected to provide services that

benefit the community, including free health care to the indigent and uninsured.⁸⁶

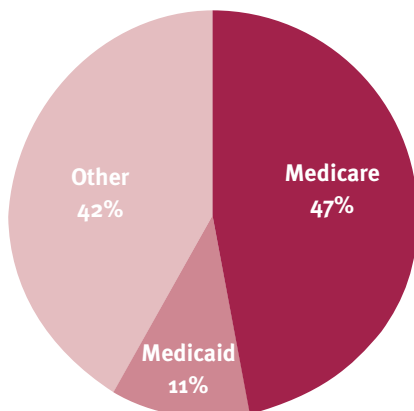
Catholic hospitals typically assert their value to their communities in terms of the services they provide to the poor and uninsured. However, analysis of their financial records demonstrates that Catholic hospitals do *not* provide significantly more in charity care than non-Catholic hospitals. The Massachusetts Division of Health Care Finance and Policy tracks the amount of uncompensated care delivered by hospitals in the state.⁸⁷ For fiscal year 2002, the average amount of charity care provided by hospitals in Massachusetts was \$6,421,197 per hospital. By comparison, the average charity care of all Catholic hospitals in Massachusetts was \$2,721,281 per hospital, indicating that Catholic hospitals actually provide *less* in charity care than other health care institutions in the state.⁸⁸

Another indicator of the degree to which hospitals provide services to the poor is the amount of Disproportionate Share Hospital (DSH) payments they receive. DSH payments are additional payments made through Medicaid and Medicare to institutions that serve low-income and uninsured patients. According to an issue brief prepared by the National Association of Public Hospitals and Health Systems, “DSH payments are a critical component of financing care for the uninsured and underinsured.”⁸⁹

Average Total Discharges for Catholic Hospitals in Massachusetts (By Payer)



Average Total Inpatient Days for Catholic Hospitals in Massachusetts (By Payer)



All hospitals in Massachusetts⁹⁰ received an average of \$5,777,174 in DSH payments in fiscal year 2001. Catholic hospitals, on the other hand, received an average of \$2,263,548 in DSH payments for the same period. Again, the implication is that Catholic hospitals, on average, are doing less to provide for the poor and uninsured.⁹¹

At the same time, Catholic hospitals reward their managers with comparatively large salaries. Michael F. Collins, the president of Caritas Christi, reported annual compensation of \$856,253 for fiscal year 2000–2001,⁹² and the presidents of many of the Caritas hospitals throughout Massachusetts received compensation of well over \$300,000.⁹³

General Church Health Care Activity in Massachusetts

The Catholic church in Massachusetts is generally very active regarding reproductive health issues. The Archdiocese of Boston operates a Pro-Life Office, which is focused entirely on what it calls “reflect[ing] the love of Jesus Christ for all persons across the life span from the first moments of new life in the womb until natural death.”⁹⁴ Through this office, the archdiocese sponsors workshops designed to foster what it calls the “culture of life” and offers pregnancy counseling through a toll-free pregnancy help line. The office also sponsors a local chapter of Project Rachel, which is the Catholic

Sample Salaries, Executives in Catholic Health Care in Massachusetts, FY 2000-2001*		
Name	Title & Employer	Compensation**
Michael F. Collins	President, Caritas Christi	\$856,253
William Lane	President, Holy Family Hospital	\$445,590
Delia O'Connor	President, Caritas Norwood and Southwood	\$355,855
Joyce Murphy	President, Carney Hospital	\$354,494
Michael Metzler	President, Saint Anne's Hospital	\$344,510

* Figures are for the fiscal year beginning October 1, 2000, and ending September 30, 2001.

** This figure includes direct employee compensation, contributions to employee benefit plans and expense accounts, and other allowances.

church’s outreach program to women who have had abortions.⁹⁵ Furthermore, the archdiocese’s Office of Health Care Ministry, created under the direction of Cardinal Bernard Law, has issued a *Pastoral Note on Crisis Pregnancy*, which instructs Catholic ministers on how to counsel women considering abortion because of a fetus’ genetic defect or abnormality, or threats to the woman’s health.⁹⁶

The remaining dioceses in Massachusetts promote similar “pro-life” operations. The Diocese of Worcester has a Respect Life Office, which states that part of its mission is to “uphold the dignity of all human life from the moment of conception to natural death.”⁹⁷ This office provides materials, videotapes, and speakers on the topics of abortion, assisted suicide, abstinence, and the death penalty. The Diocese of Fall River sponsors an AIDS Ministry, which counsels persons living with AIDS, provides HIV/AIDS care, and offers several workshops and support groups, and a Pro-Life Office, working to

“instill respect for human life.”⁹⁸ Finally, the Pro-Life Commission of the Diocese of Springfield offers similar conferences and programs, including Project Rachel.⁹⁹

Massachusetts Catholic Conference

Perhaps the most effective and active Catholic group in Massachusetts is its local Catholic conference. Since its inception in 1963, the Massachusetts Catholic Conference (MCC) has served as “the public policy voice for the Catholic church in Massachusetts.”¹⁰⁰ As such, the MCC represents the Massachusetts bishops’ positions on important policy issues. Although the group professes to represent the views of Catholics, it understands its mission as being broader than that. In describing its role, the MCC says it is an advocate for programs “affecting the common good of all Massachusetts citizens.”¹⁰¹ The issues with which it is concerned include education, welfare, health, civil rights, and, of course, the protection of human life.

The activities of the Massachusetts Catholic Conference are directed by a Board of Governors consisting of Sean O’Malley, Archbishop of Boston; Daniel P. Reilly, Bishop of Worcester; Thomas L. Dupre, Bishop of Springfield; and George Coleman, Bishop of Fall River. Under their leadership, the MCC actively engages in lobbying and advocacy. Two of the top officials at the MCC are registered as official lobbyists with the state of Massachusetts; both Gerry D’Avolio, the Executive Director, and Maria Parker, the Associate Director for Public Policy, are listed in the Massachusetts Lobbyist and Employer Search System as agents for the Massachusetts Catholic Conference.¹⁰² The public policy office of the Massachusetts Catholic Conference also operates MCC-Net, a Catholic legislative action network that periodically issues e-mail alerts to its members on important legislative developments.

The Massachusetts Catholic Conference has established the protection of life as one of its chief priorities. As noted on its website: “From its very beginning, the MCC has concerned itself with foundational social issues affecting the dignity of the human person and the sanctity of all human lives.”¹⁰³ In fact, under the section of the MCC website where it defines the issues in which it is most involved, the first item listed is “Beginning of Life Concerns.” There, the MCC has posted statements on the issues of cloning, stem cell research, in vitro fertilization, abortion, emergency contraception, marriage, and family leave.¹⁰⁴

In recent months, the Conference has been extremely active in its support of anti-choice legislation. Specifically, the Conference has advocated for the Woman’s Right to Know (Informed Consent before Abortion) Act. Introduced into the legislature in January 2003, this act mandates that the Massachusetts Department of Public Health must prepare a pamphlet, telephone message, and web site containing information for women considering abortion. The information must include a description of the gestational development of the fetus, the risks involved with the abortion procedure, the options for women who need or desire prenatal care, and suggestions of alternatives to abortion. The Woman’s Right to Know Act requires abortion providers to inform women of the availability of this information and to provide

the information to any woman who requests it. Under this law, women would need to wait 24 hours before abortions could be performed.

Massachusetts already has an informed consent and waiting period law on the books, but this law has not been enforced since a 1981 state appellate court ruling declared it unconstitutional. The MCC believes that, in the wake of the 1992 US Supreme Court ruling in *Planned Parenthood v. Casey*, legislatively mandated waiting periods are permissible, and they are advocating for the new legislation as a way to re-enact them in Massachusetts.¹⁰⁵

One issue with which the Massachusetts Catholic Conference has been especially concerned is that of emergency contraception. The MCC has actively opposed the Emergency Contraception Access Act (ECAA) currently before the state legislature, which would require the distribution of emergency contraception for sexual assault survivors and allow physicians to have collaborative relationships with pharmacists for providing EC without individual prescriptions. On June 11, 2003, Maria Parker, the Associate Director for Public Policy, testified before the Massachusetts Joint Committee on Health Care to express MCC’s opposition to the Act. Parker stressed that Catholic health care is governed by “the Church’s overall religious identity,” including its teachings on sexuality and marriage. As such, she said, the church is

against emergency contraception, because it would “have as [its] purpose or direct effect the removal, destruction, or interference with the implantation” of an embryo (see Directive 36).¹⁰⁶

According to Parker’s testimony, Catholic institutions can allow for the administration of EC when it is given to prevent fertilization, but must prohibit taking the drug after fertilization has occurred. The MCC objects to the Emergency Contraception Access Act, she said, because it requires general distribution of EC without recognition of this distinction. However, Parker did not suggest how Catholic institutions could effectively actualize this policy, since a pregnancy test cannot determine whether fertilization has taken place during the time frame in which EC must be administered. Ignoring the fact that EC is a standard and widely recognized treatment for survivors of sexual assault, Parker concluded that requiring Catholic hospitals and attending personnel to distribute emergency contraception would be an unjust violation of religious freedom, and could potentially lead to the closure of Catholic facilities.

Another area in which the Massachusetts Catholic Conference has been especially active is the issue of gay marriage. The Conference has been aggressively promoting the Marriage Affirmation and Protection Amendment, which would amend the Massachusetts Constitution to legally reaffirm “marriage

as the union between one man and one woman.”¹⁰⁷ The bishops of Massachusetts have organized around this cause recently since a case currently on appeal to the Supreme Judicial Court of Massachusetts¹⁰⁸ challenges the constitutionality of denying same sex unions. In May 2003, the bishops prepared a letter on the issue to be read in every parish in Massachusetts. The statement read: “We wish to make it clear that the institution of marriage, as the union of one man and one woman, must be preserved, protected, and promoted in both private and public realms . . .”¹⁰⁹ The statement continued by asking parishioners to contact their state senators and representatives. In the following month, the bishops of Massachusetts sent a letter to the president of the Massachusetts Senate, speaker of the Massachusetts House, and members of the Massachusetts General Court urging support for the amendment.¹¹⁰

Clearly, the Massachusetts Catholic Conference is very active and vocal in Massachusetts politics. The American public, however, has reported conflicting sentiments regarding the issue of church involvement in the political realm. In a recent national study conducted by the Pew Forum on Religion & Public Life, 44% of those surveyed indicated that churches should not become involved in political matters. The percent of people who believe that churches should abstain from political participation *increased* when only

Catholics were surveyed; 51% of Catholics said church officials should keep out of politics.¹¹¹

The traditionally strong influence of the MCC in Massachusetts politics, however, may actually be slipping. Since the revelations concerning the massive church cover-up of clergy sexual abuse of minors were first reported in Boston, the Catholic church of Massachusetts has been significantly impacted by the crisis. According to an article published in the *Washington Post* in July 2002, the scandals have weakened the church's power, including its influence over social issues such as abortion and gay marriage. The (Catholic) Democratic Speaker of the Massachusetts House, Thomas Finneran, describes specific areas in which the church's authority has diminished: "We had an informed-consent bill on abortion recently where the church's voice might have been persuasive ... but [its] influence with people of the faith has been hurt."¹¹²

Catholic Charities

Catholic Charities, a national network of agencies and institutions offering services for people in need, is one of the largest social service providers in Massachusetts. There are four Catholic Charities agencies in the state, one in each of the four dioceses of Boston, Fall River, Springfield, and Worcester. Each year, these charitable organizations deliver millions of dollars in services. For the fiscal year ending in June 2001,

Catholic Charities of Worcester reported total expenses of over eight million dollars,¹¹³ and Catholic Charities of Boston reported expenditures of \$39.1 million.¹¹⁴

As Catholic organizations, Catholic Charities adhere to the principles articulated in the *Directives*. Specifically, these service organizations uphold Catholic prohibitions against abortion, sterilization, and contraception—including condom use, which is even forbidden for use by HIV positive and at risk people to reduce the risk of transmission of the virus. The restrictions in services provided are problematic given the large numbers of clients who depend on Catholic Charities for assistance, the significant amount of people who are employed by the organizations, and the large amount of federal assistance these organizations receive.

Catholic Charities of Boston is by far the largest of the four Catholic Charities organizations in the state. The group claims it served over 200,000 people, or 10% of the population of eastern Massachusetts, in 2002. In so doing, it employs between 101 and 500 full-time staff and over 100 part-time staff, and recruits over a thousand volunteers annually.¹¹⁵ Emergency services such as food and clothing, and assistance with rent and utilities were provided for the poor and working class families. However, Catholic Charities also promotes the church's focus on traditional marriage and family. In 2002, it claims to have counseled 1,743

young adults in parenthood techniques, placed 38 children for adoption, and provided over 1,600 individuals with adoption training and support services. Furthermore, Catholic Charities organizations are highly involved in AIDS education and support efforts. In the Archdiocese of Boston, the group claims to have provided AIDS education for over 10,000 people, and cared for 1,500 individuals afflicted with the disease.¹¹⁶ Unfortunately, AIDS counseling in Catholic settings rarely includes discussions of or promotion of condom use to prevent transmission of HIV, since the condom is a contraceptive device prohibited by the *Directives*.

Providing services to parents and families is also the focus of Catholic Charities of Worcester and Fall River. According to the group's website, Catholic Charities of the Diocese of Worcester provides assistance with adoption, instruction in natural family planning, pregnancy testing and counseling, and support for young parents. It also operates an AIDS Ministry.¹¹⁷ For the fiscal year ending in June 2002, Catholic Charities of Worcester spent over \$80,000 on "counseling" to families and children, over \$43,000 on "adoption and foster care," and \$205,000 on "parent aide and education."¹¹⁸

In Fall River, agencies funded by Catholic Charities assisted over 125,000 individuals and families in 2002, while the Catholic Social Services Office served an additional 45,000 individuals

and families. Services listed include "counseling to individuals, couples and families; adoption services and foster care placement ... [and] counseling to women and families."¹¹⁹ In addition, Catholic Charities of Fall River is actively engaged in AIDS work. It operates a Diocesan Office of AIDS Ministry, which provides pastoral counseling, psychotherapy, and support to hundreds of people either afflicted with AIDS or coping with the impact of the disease in a family member; yet again, due to the restrictions of the *Directives*, counseling on condom use is not permitted. On their 2002 expenditure statement, Catholic Charities of Fall River reported spending over one million dollars on "pastoral endeavors," a category that includes the offices of Family Life, AIDS Ministry and Pro-life Activities.¹²⁰

Catholic Charities and Social Services groups throughout Massachusetts also operate a great many "pregnancy centers." These centers exist to counsel women on the risks associated with abortion, and to refer them to alternative options. A listing of pregnancy centers in Massachusetts, prepared by the group OptionLine, found 55 such centers in operation throughout the state. Of these, 13 were run by Catholic Charities, Catholic Family Services, or Catholic Social Services organizations. This amounts to almost 24% of the crisis pregnancy centers in Massachusetts being Catholic-affiliated.¹²¹

Finally, Catholic Charities organizations receive a great deal of money from government grants and payments from government sources such as Medicare and Medicaid. According to their 2002 Annual Report, Catholic Charities of the Archdiocese of Boston received \$3,387,461 from Medicaid and Medicare fees, or about 9% of their total revenue.¹²² Overall, they reported receiving \$16,979,000 in government grants in the same year.¹²³ Similarly, Catholic Charities of Worcester shows “Local, State and Federal Government Revenue” of \$6,118,682 for fiscal year 2002,¹²⁴ and Catholic Charities of Fall River reports receiving government grants of \$126,750 in 2001.¹²⁵ Given the large amount of federal money used to drive these organizations, and the significant numbers of clients they serve, it is troubling to know they operate under such narrow religious mandates.

Conclusion

Massachusetts is a state with a very strong Catholic influence. Although most might be aware that Massachusetts has a large Catholic population, many probably do not understand the corresponding influence that the church has in the state. By owning and operating many hospitals and health care centers, the Catholic church serves as a provider of medical treatment for over a million Massachusetts residents every year. At the same time, the Catholic church’s strength as an active lobbying organization extends its reli-

gious influence over state politics and law. Finally, by operating a large and well-funded network of charity organizations throughout Massachusetts, the church has further impact on the hundreds of thousands who turn to Catholic Charities and Catholic Social Services for assistance. Overall, the Catholic church is an important institution in Massachusetts, and it is therefore crucial to investigate and expose its activities. Because so many individuals rely on Catholic facilities for basic health care, counseling, or other forms of support, the church’s religious principles ultimately have serious implications for the citizens of Massachusetts.

State Organizations and Resources

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Commonwealth of Massachusetts Department of Public Health
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Tel: (617) 624-6000
Web: www.state.mass.us/dph/

Commonwealth of Massachusetts Government
State House
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Web: www.mass.gov

NARAL Pro-Choice Massachusetts
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Web: www.ProChoiceMass.org

Planned Parenthood League of Massachusetts
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Tel: (617) 616-1660
Toll Free: (800) 258-4448
Fax: (617) 616-1665
Web: www.pplm.org

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Catholics for a Free Choice

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

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