

State at a Glance

Catholic population [†]	1,635,774
Percent of total population	31%
Catholic hospitals [‡]	37
Catholic hospital systems [‡]	22
Average patients served daily at Catholic hospitals [‡]	2,558 ¹
Average patients served daily at Wisconsin hospitals [‡]	7,905
Percent of average Wisconsin patient population served by Catholic hospitals	32.4%
Catholic/ Non-Catholic Hospital Mergers	7 (since 1994)

[†] According to *The Official Catholic Directory 2001* (New Jersey: P.J. Kennedy and Sons, 2000).

[‡] According to the Catholic Health Association-Wisconsin.

¹ Source: *2000 Annual Survey of Hospitals*, Bureau of Health Information, Wisconsin Department of Health and Family Services. Figures represent the number of admitted patients served on any given day in 2000.

Catholic Health Care in Wisconsin

With 37 hospitals—more than one-quarter of all Wisconsin hospitals (about 27%) serving nearly 4.5 million patients annually,² Catholic health care dominates Wisconsin's health care services. In seven Wisconsin counties a Catholic facility is the only choice for hospital care: Door County Memorial Hospital (Door County), St. Mary's Hospital of Superior (Douglas County), Monroe Clinic (Green County), Langlade Memorial Hospital (Langlade County), Good Samaritan Health Center and Sacred Heart Hospital (Lincoln County), St. Mary's Hospital-Ozaukee (Ozaukee County), and St. Michael's Hospital (Portage County) are the only hospitals serving in their respective communities.³

Thirty-six Catholic hospitals in Wisconsin are general medical-surgical (GMS) hospitals, while one hospital, Sacred Heart Rehabilitation Institute in Milwaukee specifically serves individuals with physical disabilities. The Catholic church also owns

Libertas, Wisconsin's only medical facility for the treatment of alcohol and drug abuse in 2000. Other than these 37 Catholic-affiliated hospitals, there are three non-Catholic, religiously affiliated hospitals in Wisconsin—Chippewa Valley Hospital, a Seventh-day Adventist hospital in Durand, WI, and Bellin Memorial Hospital and Bellin Psychiatric Center, both affiliated with the Methodist church and located in Green Bay, WI. Remaining hospitals include two state-owned and nine county-owned hospitals, four investor-owned for-profit facilities, and 83 private, not-for-profit hospitals.⁴

Catholic hospitals are responsible for a significant portion of general medical-surgical care in Wisconsin. According to reports for fiscal year (FY) 2000, Catholic GMS hospitals make up 29% of all GMS hospitals in the state, and serve an average of 2,530 admitted patients on any given day. Inpatient days reported by Catholic GMS hospitals totaled 925,755 in FY 2000, about 36% of all inpatient days reported for Wisconsin general hospitals

that year. In addition Catholic hospitals provide nearly one-third (32%) of all GMS outpatient care, including emergency services, for approximately 3.4 million people in Wisconsin.⁵

Consistent with this ratio is the amount of gross patient revenue for Catholic GMS hospitals in Wisconsin, which brought in revenues totaling over \$3.7 billion in FY 2000, 33.3% of total gross patient revenues for all Wisconsin GMS facilities. The Catholic GMS hospitals with the highest gross patient incomes for FY 2000 were St. Joseph's Hospital, Milwaukee, at over \$368 million; Saint Joseph's Hospital, Marshfield, at \$274.6 million; St. Mary's Hospital, Milwaukee, at \$266.5 million; St. Francis Hospital, Milwaukee, at \$248.9 million; and St. Mary's Hospital Medical Center, Madison, at \$238.5 million. St. Mary's Hospital Center also has the fifth highest net income of all GMS facilities in Wisconsin at \$19.9 million, the fifth highest income of all Wisconsin GMS hospitals.⁶

Catholic hospitals in Wisconsin also receive a large share of public funding for their health services in Wisconsin. Catholic GMS hospitals received a total of \$2.1 billion in FY 2000 from government sources, approximately 55% of their total gross patient revenues. By comparison, approximately 51% of the overall patient income for all general medical hospitals in the state comes from government sources. Specifically, Medicare funding for Catholic GMS facilities totaled over \$1.6 billion, 34% of the total Medicare funds received by GMS hospitals in Wisconsin. In addition, Catholic GMS hospitals received \$255 million in Medical Assistance (Medicaid), 30% of the total Medicaid disbursements to Wisconsin general hospitals that year. Finally, Catholic GMS hospitals received over \$177 million in additional government funding from

In addition, 24 Catholic hospital systems are based in or operate hospitals in Wisconsin.⁸

Covenant Healthcare System, possibly the largest integrated regional health care delivery system in Wisconsin, is illustrative of the major role that Catholic health care institutions play in the industry. Collectively, the Wisconsin healthcare companies and foundations affiliated with the Covenant Healthcare group took in about \$560 million in revenues in FY 1999, listing about the same amount in expenses.⁹

Covenant is a subsidiary of Wheaton Franciscan Services, Inc., a multi-state health care conglomerate based in Illinois. According to FY 1999 Internal Revenue Service documents (the most recent available), Wheaton Franciscan Services took in \$32.5 million in

IL, \$3.7 million for strategic financial consulting in FY 1999.

In addition to its FY1999 deficit of \$63 million, Wheaton Franciscan Services lists total liabilities of \$372 million and total assets of \$327 million. Among the listed liabilities are \$320 million in tax-exempt bonds. Among the listed assets are \$185 million in notes receivable, and \$96 million in securities—a \$58 million decline from the previous year.¹⁰

Extremely hefty salaries are common throughout the system (see Chart 2). The highest paid executive in the Catholic health care system is All Saints Healthcare President Ed Demeulenaere, who made \$781,000 including a deferred severance deal in FY 1999. Although Wheaton Franciscan Services suffered a \$63 million deficit in FY

Some health care workers at Catholic hospitals are also reporting salaries in excess of those at competing non-profit hospitals. For instance, at Saint Michael Hospital Inc., Dr. Anselm Lam made almost \$623,000. Three nurse anesthetists also received salaries far above their counterparts at other non-profit hospitals: Vicki Phillips, Thomas Grennier and Kenneth Havlovitz each made approximately \$118,000.

Since the Covenant group of facilities and all other Catholic health care institutions in Wisconsin receive a majority of patient revenues from taxpayers, and since taxpayers contribute tens of millions of additional dollars to subsidize tax-exempt health care facilities, *all* Wisconsin taxpayers have a vested interest in the philosophies and operations of these institutions.

First and foremost, these institutions would not exist without massive taxpayer subsidies and, therefore they must be obligated to deliver the full range of normally-accepted health care services—including *medically indicated abortion and contraceptive services—without exception.*

Also, even a cursory look at the operations of the Covenant group and its parent organization shows that the parent corporation has an extremely high debt to asset ratio, upper level executives receive compensation that appears to be excessive and profit-making taxable subsidiaries are subsidi-

other sources such as county unified services boards, general public relief, and the federal CHAMPUS program for military personnel and dependents.⁷

revenues in FY1999 and spent \$95.5 million for a (\$63 million) deficit. Part of that deficit was caused by a \$36 million transfer of equities to Covenant Healthcare Systems Inc. WFS Inc. paid Arthur Anderson of Chicago,

1999, three of their executives were paid some of the highest salaries that year: Wheaton CEO William Loebig made \$640,000 in salary and benefits; COO John Oliverio took in excess of \$530,000; and President E. Thomas Sheahan received about \$380,000.

Highest Paid Executives in Catholic Health Care, FY 1999-2000

Name	Title & Employer	Compensation*
Ed Demeulenaere	President, All Saints Healthcare	\$781,000
William Loebig	Chief Executive Officer, Wheaton Franciscan Services	\$640,000
John Oliverio	Chief Operating Officer, Wheaton Franciscan Services	\$530,000
Robert Iglar	Chief Financial Officer, Covenant Healthcare System	\$466,000
Thomas Sheahan	President, Wheaton Franciscan Services	\$380,000

* Figure includes salary and benefits.

dized by the non-profit parent and grand-parent corporations.

The public has a right to know the full financial situation of these organizations and has an obligation to demand *financial transparency* in their operations, and full accountability by their governing bodies. A false veil of religious freedom must not be used to disguise the real interests of what is essentially a taxpayer-subsidized multi-billion dollar corporation, and should not exempt such organizations from providing the full-range of medically-accepted health care services.

Conflict of Interest: Catholic Health Care and Access to Reproductive Health Care in Wisconsin

Although Catholic health care is the single-largest, private source of hospital care in Wisconsin, Catholic hospitals do not always provide the full range of basic health care services, especially basic reproductive health care. While Catholic hospitals receive a large share of government funding to provide general health care services, reproductive health services such as female and male sterilization, in vitro fertilization, provision of contraceptive devices, or medically indicated abortion are forbidden by *The Ethical and Religious Directives for Catholic Health Care Services (Directives)*, a document drafted by the United States Conference of Catholic Bishops to establish basic governing principles for

Catholic-owned or affiliated hospitals and health care services.

When Catholic hospitals buy out or become affiliated with non-Catholic hospitals, the *Directives* usually apply to the non-Catholic hospital as well, restricting access to important reproductive health services for women and men who rely upon these new Catholic facilities for health care. For example, Victory Medical Center in Stanley, WI, discontinued its reproductive health services such as contraceptive sterilization as a result of its merger with Ministry Healthcare System in 1995.

However, recent years have found an increase in activism by residents, consumer protection advocates, and medical professionals who have protested possible Catholic/non-Catholic mergers that threaten reproductive health services. A possible merger between Milwaukee-based Ministry Health Care Corp. and Duluth, Minnesota-based St. Luke's Hospital and Regional Trauma Center was called off in March 2001 after area residents and consumer advocates voiced concern over possible restrictions on reproductive health care.¹¹

Some hospitals have found ways to sidestep such restrictions in the midst of public outcry and media controversy over the loss of such services. In 2000, Milwaukee area obstetrician/gynecologists and local activists halted a deal that would have moved all obstetrics and gynecology programs from

Columbia Hospital to St. Mary's Hospital, a Catholic hospital affiliated with Columbia through a joint operating agreement, thus discontinuing sterilization services. Those wishing to preserve such services were able to do so through a deal that created Columbia Center, a new 45-bed independent birthing hospital on the third floor of Columbia's Clinical Building. The *Directives* are side-stepped in this case because the new entity is separately licensed and owned by Columbia Health System, not Columbia/St. Mary's.¹²

Another service that is often restricted at Catholic hospitals or hospitals affiliated with the Catholic church is emergency contraception, even for victims of rape. This has a devastating effect for women who have been raped and are taken to a Catholic emergency room for treatment, especially in one of the six Wisconsin counties where the only hospital is a Catholic facility.

The *Directives* restrict the use of emergency contraception for rape survivors except when "there is no evidence that conception has already occurred" as a result of the rape. If no such evidence exists the *Directives* do explicitly allow for the provision of EC, stating that a woman who has been sexually assaulted "may be treated with medications that would prevent ovulation, sperm capacitation or fertilization." In 1999 CFCC surveyed Catholic hospitals nationwide regarding their policies regarding dispensing EC to rape survivors. Of

the 35 Wisconsin Catholic hospitals responding to the survey, only three hospitals—Franciscan Skemp Hospital-Arcadia, St. Mary's Hospital of Superior, and Waupun Memorial Hospital—had policies permitting the provision of EC for women who have been raped. In addition, four Catholic hospitals in Wisconsin had no policy regarding EC, while the vast majority of Catholic hospitals (28) denied EC to rape survivors.

Of the Wisconsin Catholic hospitals that refused to dispense EC, four hospitals—Good Samaritan Health Center of Merrill, St. Joseph's Hospital in Hillboro, St. Mary's Medical Center in Racine, and St. Nicholas Hospital in Sheboygan—said that they provided a woman a complete referral including the name and telephone number of a health care provider that would dispense EC. However, 16 Catholic hospitals that denied EC to rape survivors also reported that they did not provide an adequate referral for EC and eight hospitals stated that they did not refer for EC at all.¹³

The Catholic Church and Public Policy in Wisconsin

Wisconsin Catholic Conference

The Wisconsin Catholic Conference (WCC) is the single-largest Catholic lobby in the state legislature, representing the public policy interests of Wisconsin's Catholic bishops. Founded in 1969, the WCC claims to offer "a specifically Catholic contribution to state and federal public policy debates."

WCC employs three full time staff members, two of which are registered lobbyists in the state of Wisconsin. John A. Huebscher, executive director of WCC, was authorized to lobby in Wisconsin on January 1, 2001 for the 2001-2002 legislative cycle. Also registered as a lobbyist for the 2001-2002 legislature is Kathy Markeland, associate director for Respect Life and Health Care. Cathy Coyle-Kaufman, administrative assistant with the WCC is not a registered lobbyist for the bishops' conference.

One major public policy initiative of the WCC is a "Catholics at the Capitol" legislative conference in Madison in April of each year; the Catholic Health Association of Wisconsin also participates in the event. More than 250 Catholics from around the state participated in 2002. Bishop William Bullock of the Diocese of Madison, vice president of the WCC, officiated at the opening prayer service of the event. The conference also featured 12 breakout sessions on legislative priority issues for the WCC, as well as a panel that included Lieutenant Governor Margaret Farrow and State Representative Tony Staskunas. The next "Catholics at the Capitol" event is scheduled for April 29, 2003.¹⁴

The WCC's policy agenda is broad-based, focused on restrictions to reproductive choice and health in addition to interests such as prison reform, welfare reauthorization, farming policy, and education issues including

increased funding for "parental choice" programs that allow children to attend parochial schools with tax dollars. In addition to providing oral and written testimony on legislation, the WCC works to develop, draft or introduce legislative proposals, distribute issue briefs on their legislative priorities, and communicate their priorities to Catholics in Wisconsin dioceses via bi-monthly Capitol Reports and action alerts. Also, the WCC periodically issues Pastoral Letters on behalf of the Catholic bishops of Wisconsin, such as a 2002 statement on euthanasia entitled, *Now and At the Hour of our Death*.¹⁵

During the 2001-2002 legislative session, the WCC reported lobbying on over 30 legislative items plus 17 matters within the Wisconsin budget. Of these measures, the WCC lobby focused on one dozen issues related to reproductive choice, including religious exemptions for health care providers, prescription insurance coverage parity for contraception, requirements for the provision of emergency contraception to rape survivors in hospital emergency rooms, and bans on stem cell research and therapeutic cloning.

The WCC offered testimony in front of the state legislature nine times in 2002 alone and testified 13 times in 2001. Out of the nine times WCC testified in 2002, five of these statements were on issues related to reproductive choice, including therapeutic embryonic cloning and emergency

contraception legislation. Other issues they supported through prepared testimony included funding for prison transportation for family members of inmates, economic assistance for small farmers, and state technology grants for private schools.¹⁶

Specifically, the WCC focused on the following reproductive health-related measures in the 2001-2002 session:

*POLICY PRIORITY 1:
Emergency contraception
for rape victims*

In the 2001-2002 session, the Catholic Conference made its priority defeating a measure that would have required Catholic hospitals to provide emergency contraception to women who have been raped. The measure, introduced as Senate Bill (SB) 391 and Assembly Bill (AB) 724 in their respective chambers, would have required any hospital that provides emergency treatment to rape survivors to also give medically accurate and unbiased information about EC to women treated following a sexual assault and to inform rape victims about their options to prevent an unwanted pregnancy that results from rape, and required the hospital to dispense EC at the patient's request. In February 2002, the WCC gave testimony regarding this measure before the Senate Committee on Health, Utilities, Veterans and Military Affairs. Couching their opposition to this measure in terms of religious freedom for Catholic hospitals, Catholic hospitals could

not be forced to administer EC to rape survivors because EC "could result in an abortion of a newly formed human embryo." However, in their testimony the bishops' conference admitted that the *Directives* allow Catholic hospitals to provide EC to rape survivors and stated that "Catholic hospitals can and do provide emergency contraception to rape victims in many, but not all, instances."¹⁷ The Wisconsin Senate passed its version of this bill in March 2002, however the Assembly declined to take up the measure before the legislature adjourned for the year on March 15, 2002. Subsequent attempts by supporters of the measure to include the provision in the state budget also failed.

*POLICY PRIORITY 2:
Insurance coverage for
contraceptive devices*

Other religious exemption initiatives have been priorities for the conference as well, including efforts to oppose SB 128 and AB 296 that would have required every health insurance benefit policy that covers outpatient health services, preventive treatments or prescription drugs to also cover prescription contraceptive devices approved by the Federal Food and Drug Administration. Introduced in 2001 by Wisconsin Senator Gwendolyn Moore (D) in the Senate and Representative Terese Berceau (D) in the Assembly, the measure also included a religious exemption for employers such as churches and other religious bodies, whose purpose is the incul-

cation of religious beliefs, and which serves and employs mainly people who share the same religious beliefs. The WCC has contended that the measure violates religious freedom because the exemption would not apply to Catholic facilities such as hospitals, schools or Catholic Charities offices that offer employment benefits and do not meet the exemption criteria laid out in the bills. A WCC spokeswoman testified against SB 128 before the Senate Committee on Human Services and Aging in May of 2001, however, the committee recommended passage of the bill, which was approved by the Senate in October 2001. The Assembly version of the bill did not pass during the 2001-2002 session.¹⁸ A similar California law was challenged for this reason by Catholic Charities of Sacramento, and in July 2001 an appellate court in California rejected Catholic Charities claims and upheld the law as legal and binding.¹⁹

POLICY PRIORITY 3:
Exemptions for Catholic health care organizations from providing reproductive health services

The Wisconsin legislature reviewed an additional broad-based religious exemption bill in 2001-2002, supported by the Wisconsin Catholic Conference, which would have expanded current Wisconsin law allowing for hospitals and their employees to refuse to participate in sterilization or abortion. Introduced by former Representative Scott Walker,²⁰ AB 168 allows for a variety of health care profes-

sionals including physicians, nurses and pharmacists to refuse to provide or participate in: procedures that prevent the implantation of a fertilized ovum such as dispensing emergency contraception, medical or scientific experiments involving human embryos, euthanasia, or withholding or withdrawing nutrition or hydration from critically ill patients, in addition to abortion and sterilization procedures. According to the Catholic conference, in testimony presented to the Assembly Committee on Labor and Workforce Development, AB 168 is necessary to “account for continuing changes in medical technology that present new moral and ethical dilemmas for health care practitioners.”²¹ This measure failed to pass before the legislative session adjourned.²²

POLICY PRIORITY 4:
Stem cell research and therapeutic cloning

The bishops have also been particularly active on the issues of cloning and stem cell research, having testified a total of four times in 2002 on these issues alone. Just before the Wisconsin Senate voted in January 2002 to allow therapeutic cloning but ban reproductive cloning, a memorandum from John Huebscher was delivered to senators, asking them to oppose the bill, SB 379. Huebscher claimed that therapeutic cloning, in utilizing the nuclear material of pre-embryonic cells, would undermine “the humanity of the most vulnerable members of our human community.”²³ The Assembly did not act on the measure before the

regular session adjourned. The WCC supports a full ban on all reproductive and therapeutic human cloning, and has also opposed measures such as Senate Joint Resolution 46, which support embryonic stem cell research.

Non-Catholic Allies

The WCC has frequently teamed up with Wisconsin Right to Life to lobby on abortion-related issues such as parental consent measures.²⁴ However, the two groups had a falling-out over a 1997 measure to ban partial-birth abortion when the Catholic conference backed a bill that would have made performing a partial-birth abortion a felony but allowed an exception to save the life of the woman. Wisconsin Right to Life opposed the measure because of the exception.²⁵ During the 2001-2002 legislative cycle, the WCC has consistently been joined by Wisconsin Right to Life as well as Pro-Life Wisconsin, Family Research Forum and Family Research Institute of Wisconsin in opposition to reproductive choice and family planning legislation.²⁶

Of these statewide anti-choice organizations, the WCC spent the largest amount in lobbying expenditures for the 2001-2002 legislative cycle as well. According to lobbying reports, the Wisconsin Catholic Conference spent a total of \$81,196 on lobbying from January 2001 through June 2002, and reported 1,657 total lobbying hours. By comparison, Wisconsin Right to Life spent a total of

\$67,981 during the same time period, although reports reveal more lobbying time spent by Right to Life at nearly 1,800 hours. Pro-Life Wisconsin, Family Research Forum and Family Research Institute of Wisconsin each reported far fewer expenditures on lobbying activities with \$22,562, \$9,334, and \$10,835 logged respectively for 2001-2002.²⁷

Catholic Health Association—Wisconsin

The Catholic Health Association—Wisconsin (CHA-W) was founded in Milwaukee, WI, in 1920 and is the statewide association of Catholic hospitals and long term care facilities and Catholic hospital systems in Wisconsin. It is comprised of 37 Catholic hospitals, 30 Catholic long term care facilities, 24 Catholic religious congregations and five Catholic dioceses. CHA-W is engaged in education, coordination and advocacy to “influence the direction of health care in Wisconsin.”²⁸

The CHA-W was registered as a lobbying organization for the 2001-2002 legislative session, with one registered lobbyist, Brian Ryberik, authorized to lobby on behalf of CHA-W from July 16, 2001, through July 26, 2002. Although its stated lobbying interests include “all health policies and budget,” CHA-W spent 100% of its lobbying expenditures—reportedly totaling only \$2,000 for 2001-2002—on the portions of Wisconsin’s budget financing Department of Health and Family Services items such as

the Medical Assistance program. They also report working on issues such as parity in insurance coverage for mental health and substance abuse and workforce shortage in long-term care.²⁹

Other Catholic Lobbies

Three additional Catholic lobbies have registered and report lobbying activities in Wisconsin. These are the Archdiocese of Milwaukee, Ministry Health Care and Covenant Healthcare System, Inc., two of the largest Catholic hospital systems.

The Archdiocese of Milwaukee reports lobbying interests ranging from welfare reform and economic development to criminal justice to health care issues. Marjorie J. Morgan, associate director of the Archdiocese Social Concerns Office, was authorized to lobby on behalf of the Archdiocese of Milwaukee during the 2001–2002 legislative cycle. Total lobbying expenditures from January 2001 through June 2002 total just over \$2,700, with only 51 lobby hours reported to the State Ethics Board. The Milwaukee archdiocese only reported lobbying on three bills during the 2001–2002 session: a health insurance measure for coverage for nervous and mental disorders and drug abuse problems supported by the archdiocese; a measure that would make more readily available a license for concealed weapons, opposed by the archdiocese; and the state budget.³⁰

Of the 24 Catholic health systems with offices or hospitals operating in Wisconsin, only two systems—Ministry Health Care and Covenant Healthcare System—were registered to lobby in Wisconsin during the 2001–2002 legislative session. Both health systems report lobbying interests including areas related to health care delivery and health care personnel and facilities, Catholic mission and goals, and preservation of tax-exempt status for non-profit companies.

Laurie Kuiper, former lobbyist for the City of Milwaukee, became Ministry Health Care’s only registered lobbyist in May 2002. With reported lobbying expenditures of \$6,168 for the period from May 6 through June 30, 2002, Ministry Health Care reports lobbying solely on the Wisconsin budget. Previously, IRS 990 forms for Ministry Health Care report no lobbying or lobbying expenditures for their 1999 fiscal year, ending in September 2000.

Covenant’s latest financial records also disclose that they did not engage in lobbying or have lobbying expenses for their fiscal year ending in June 2000. However, during the 2001–2002 legislative cycle Covenant Healthcare System’s lobby operation was larger than that of Ministry Health Care. Covenant employed three lobbyists during the 2001–2002 session: Chad Taylor, registered to lobby for Covenant from January 2001 until March 2001; Julie Swiderski, Regional Director of

Government Relations for Covenant, who was authorized to lobby for the system on May 29, 2002; and Eric Petersen, a professional lobbyist with the firm Wimmer & Company SC in Madison, WI, who was also authorized to represent Covenant on May 29, 2002, and whose other clients include the American Family Insurance Group, Eli Lilly and Company, Wisconsin Transportation Builders Association, and Georgia-Pacific Corporation. Covenant Healthcare System reported total lobbying expenditures of \$18,643 for the 2001–2002 legislative cycle, and lobbying efforts were also entirely concentrated on the Wisconsin budget.³¹

Key Players at a Glance

Wisconsin Catholic Conference

- The Wisconsin Catholic Conference (WCC) is the public policy voice of Wisconsin’s bishops.
- The WCC employs three lobbyists: John A. Huebscher, Kathy Markeland, and M. Colleen Wilson. In 2001, the WCC reported \$59,146 in lobbying expenditures and 1,161 in lobbying hours.³²
- The executive director of the WCC is John Huebscher.

Catholic Health Association of Wisconsin

- The Catholic Health Association of Wisconsin (CHA-W) consists of 37 Catholic Hospitals, 30 Catholic long term care facilities, 24 Catholic health systems (includes health

systems based in other states that serve Wisconsin), 19 religious congregations and five Catholic dioceses that guide and/or sponsor these health care facilities.

- The Catholic Health Association of Wisconsin employs one lobbyist: Brian Rybarik. In 2001, they reported \$2,000 in lobbying expenditures and 40 lobbying hours.³³
- Tom Pyne is the vice president of public policy and mission services at the Catholic Health Association of Wisconsin, Milwaukee. He had been vice president and special assistant to the president for community and government affairs at Saint John’s Hospital and Health Center, Santa Monica, CA.

Catholic Charities of Wisconsin

- There are five Catholic Charities agencies in Wisconsin, with a combined total revenue of \$17 million. Catholic Charities agencies in Wisconsin incurred a total deficit of over \$287,000. The WCC reports that Catholic Charities and diocesan social service agencies combined spend more than \$28 million annually to provide services to nearly 60,000 people.
- Catholic Charities of the Archdiocese of Milwaukee is the largest Catholic Charities branch in Wisconsin with reported revenues of over \$8 million, including over \$3 million in government grants.
- Catholic Charities agencies in Wisconsin declare zero lobbying expenditures.

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Organizations and Resources

ACLU Wisconsin

207 E. Buffalo Street,
Suite 325
Milwaukee, WI 53202-5774
414-272-4032
Liberty@aclu-wi.org

NARAL of Wisconsin

122 State Street, Suite 402
Madison, WI 53703
608-287-0016
info@naralwi.org

Planned Parenthood of Wisconsin

111 King Street, Suite 23
PO Box 2566
Madison, WI 53701-2566
608-256-7549

Wisconsin Department of Health and Family Services

Division of Public Health
PO Box 2659
Madison, WI 53701-2659
608-266-1251
www.dhfs.state.wi.us

Wisconsin Family Planning and Reproductive Health Association

719 N. Third Avenue
Wausau, WI 54401
715-675-9858

Wisconsin Women's Network

122 State Street #404
Madison, WI 53703
608-255-9809
wiwomen@execpc.com

Wisconsin State Legislature

Madison, WI
Visit the Wisconsin Legislature online at <http://www.legis.state.wi.us/> for information on specific legislation, lobbying regulations and reports, and to find members of the Wisconsin Assembly and Senate.

¹ This figure includes survey data for Libertas Hospital, a Catholic alcohol and drug treatment hospital owned by St. Joseph's Hospital, Chippewa Falls, WI, but not a registered hospital with CHA-Wisconsin.

² *The Official Catholic Directory 2001* (New Jersey: P.J. Kennedy and Sons, 2001).

³ Wisconsin Department of Health & Family Services, www.dhfs.state.wi.us.

⁴ Wisconsin Department of Health and Family Services, *Guide to Wisconsin Hospitals*, FY 2000, January 2002.

⁵ Bureau of Health Information, Wisconsin Department of Health and Family Services, *2000 Annual Survey of Hospitals*.

⁶ Ibid.

⁷ Ibid.

⁸ Catholic Health Association, www.cha-usa.org.

⁹ Internal Revenue Service, FY 1999 Form 990, Covenant Healthcare System.

¹⁰ Internal Revenue Service, FY 1999 Form 990, Wheaton Franciscan Health Services, Inc.

¹¹ "Minnesota Hospital Calls Off Merger with Catholic Health Care Group," Kaiser Daily Reproductive Health Report, March 6, 2001.

¹² Joe Manning, "Columbia creates new hospital; Birthing center also will perform sterilizations, away from Catholic rules," *Milwaukee Journal Sentinel*, October 30, 2001.

¹³ Catholics for a Free Choice, *Catholic Health Restriction Updated*, (Washington, D.C.: Catholics for a Free Choice, 1999).

¹⁴ Wisconsin Catholic Conference, www.wisconsinatholic.org.

¹⁵ Ibid.

¹⁶ Wisconsin Ethics Board, *Directory of Lobbying Organizations 2001-2002*, www.ethics.state.wi.us.

¹⁷ Kathy Markeland, "Testimony on Senate Bill 391," Wisconsin Catholic Conference, February 27, 2002.

¹⁸ Kathy Markeland, "Testimony on Senate Bill 128," Wisconsin Catholic Conference, May 10, 2001. See Wisconsin State Legislature, "History of Senate Bill 128,"

www.legis.state.wi.us/2001/data/SB128hst.html for legislative history of the bill during the 2001-2002 session.

¹⁹ Jean Guccione, "Catholics lose court appeal," *Los Angeles Times*, July 3, 2001.

²⁰ Rep. Scott Walker resigned from the Assembly on May 9, 2002, to become Milwaukee County Executive.

²¹ Kathy Markeland, "Testimony in support of Assembly Bill 168," Wisconsin Catholic Conference, April 11, 2001.

²² See Wisconsin State Legislature, "History of Assembly Bill 168," www.legis.state.wi.us/2001/data/AB168hst.html.

²³ John Huebscher, Memo regarding Senate Bill 379 to members of

the Wisconsin State Senate, January 22, 2002.

²⁴ "Wisconsin Pro-Lifers to Protest," The Abortion Report, Sept. 8, 1995.

²⁵ "Lawmakers Push for 'Partial-Birth' Ban," The Kaiser Daily Reproductive Health Report, March 3, 1997.

²⁶ Wisconsin Ethics Board.

²⁷ Ibid.

²⁸ Catholic Health Association-Wisconsin, <http://www.wha.org/chaw/>.

²⁹ Wisconsin Ethics Board.

³⁰ Ibid.

³¹ Ibid.

³² Wisconsin State Legislature website, <http://ethics.state.wi.us>.

³³ Wisconsin State Legislature website, <http://ethics.state.wi.us>.

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Catholics for a Free Choice

1436 U Street, NW, Suite 301
Washington, DC 20009 USA
T: +1 (202) 986-6093
F: +1 (202) 332-7995
E: cffc@catholicsforchoice.org
W: www.catholicsforchoice.org

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