

Catholic Health Care State Reports: Michigan

Executive Summary

For the past decade, the political leadership of Michigan has been hostile toward reproductive rights. During that period, Michigan has passed numerous laws restricting abortion. However, nearly half of Michigan residents support abortion rights. In a November 2002 survey conducted by the *Detroit News*, 47% of Michigan residents said they favored abortion rights, compared with 45% who were opposed and 8% who were undecided.

Furthering this antichoice climate is the influence of the Catholic church. The church, which has two million members in Michigan, operates 17.5% of the hospitals and many health care centers. Because these institutions are bound to follow the religious teachings of the church, the five million patients served in Catholic institutions receive limited reproductive health care. In a state where 51% of the population is female and more than four million of these women are of childbearing age (15–44), this is problematic.

Each year, NARAL Pro-Choice America issues a report card on the status of abortion rights in each state. In the most recent edition (2003), Michigan received a grade of “F”

Michigan, however, has recently elected Gov. Jennifer Granholm, who has vowed to veto antichoice legislation in the state. But there are still significant obstacles to Michigan residents receiving comprehensive reproductive health services in the state.

This publication, one in a series of state health care reports, provides hard data on the role of the Catholic church in providing health services in Michigan and the role of the various advocacy arms of the institutional church in the policy process before the Legislature and throughout the state.

This report:

- Details how the *Ethical and Religious Directives for Catholic Health Care Services* (the *Directives*), a document issued by the United States Conference of Catholic Bishops that establishes basic governing principles for Catholic-owned or affiliated health care institutions, impede access to reproductive health services at Catholic hospitals, health care providers and on the campuses of Catholic colleges and universities.
- Demonstrates the influential role the Catholic church seeks to maintain in state politics through the Michigan Catholic Conference.

- Examines the compliance of Catholic hospitals with state laws and regulations on the availability of emergency contraception for rape survivors.
- Considers the implications of mergers between non-Catholic and Catholic hospitals on the availability of reproductive health services.
- Explores the role of Catholic Charities—the national Catholic service organization that provides a range of community assistance programs through diocesan and other affiliates—in the provision of health care services.

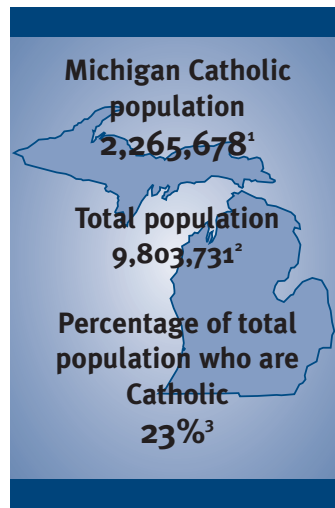
- Examines the coverage and standard of care for subscribers to the Catholic managed care insurance program.

No issue is as important to most Americans as the quality, availability and cost of health care. No domestic issue is subject to as much review, policymaking and regulation. The *Michigan State Report*, and the entire series of state reports on Catholic health care, will assist reproductive health advocates, citizens' rights groups, health care providers and other concerned citizens in their efforts to protect the rights and religious freedom of people to make personal, moral decisions about their reproductive health.

Introduction

For the past decade, the political leadership of Michigan has been hostile toward reproductive rights. Under the leadership of an antichoice governor and legislature, Michigan has passed numerous restrictive abortion laws. At the same time, the state has succumbed to the national trend in which the number of abortion providers is decreasing. While the average rate of abortion has increased in Michigan over the past few years (in 2001 it was 12.9% per 1,000 women ages 15–44, compared with 11.9% in 1999¹⁰) the number of providers fell by 15% between 1996 and 2000.¹¹ According to data from 2000, 83% of counties in Michigan have no abortion provider.¹² Nevertheless, a significant number of Michigan residents support abortion rights. In a November 2002 survey conducted by the *Detroit News*, 47% of Michigan residents said they favored abortion rights, compared with 45% who were opposed and 8% who were undecided.¹³

In addition to the plethora of antichoice legislation passed annually by a conservative legislature, the health care system in Michigan is significantly impacted by a strong Catholic presence in the state. The church owns 17.5% of the hospitals in the state, and many additional health care centers. Because these institutions are bound to follow the *Ethical and Religious Directives for Catholic Health Care Services*, also known as the *Directives*,



patients they serve (more than five million a year) receive limited reproductive health care.

Michigan is also home to a very active state Conference of Catholic Bishops. They engage in an organized education and lobbying effort to support restrictions on access to abortion and other reproductive services. During the 2002 election, the conference produced and distributed voter guides designed to inform Catholic voters of official church positions on important issues.

Reproductive Health Care in Michigan

“For many years in Michigan, we have led the nation in passing antichoice laws to limit access to abortions through waiting periods, parental consent laws, bans on specific procedures, clinic regulations and the procurement of state-prepared materials.”¹⁴ (Planned Parenthood Affiliates of Michigan.)

Each year, NARAL Pro-Choice America issues a report card on the status of abortion rights in each state.

In the most recent edition (2003), Michigan received a grade of “F,” due in large part to the passage of significant antichoice legislation.

With the exception of those procedures necessary to preserve the life of a pregnant woman, all abortions in Michigan are illegal after the point of fetal viability. Furthermore, anyone who causes such an abortion is guilty of manslaughter.¹⁵ The Michigan legislature has twice passed a ban on the method of abortion known as dilation and extraction, erroneously called “partial-birth abortion.” A federal court, however, declared this law unconstitutional and an injunction bars its enforcement.¹⁶ Michigan also carefully regulates the abortion procedure. A Targeted Regulation of Abortion Providers (TRAP) law applies substantial and intricate guidelines to all offices and clinics providing abortions,¹⁷ and, in April of 2003, a new law dubbed the “Born Alive Infant Protection Act” took effect. This act mandates that physicians seek immediate medical care for any fetus that survives an abortion.¹⁸

Virtually every restriction that could be implemented to impede access to abortion has been effected in Michigan. All minors (those under the age of 17) in Michigan are required to obtain parental consent or a judicial waiver of parental consent before securing an abortion.¹⁹ Michigan also has an informed consent law stating that, except in cases of medical emergency, abortions cannot be performed

until 24 hours after a qualified worker has confirmed the pregnancy and the likely age of the fetus, and the woman has received a packet of state-prepared material. This packet of information must contain general information on prenatal care and parenting, medical descriptions (including illustrations) of the fetus at various states of gestation, and a description of the abortion procedure and its associated risks, as well as the risks involved should the pregnancy continue. The material must also include resources for assistance throughout pregnancy and birth, mention of alternatives to abortion, and a warning that “as a result of an abortion, some women may experience depression, feelings of guilt, sleep disturbance, loss of interest in work or sex, or anger.”²⁰

A new law, originally scheduled to take effect in March of 2003, stipulated that physicians could not accept payments for abortion services until the woman had completed a 24-hour waiting period. The act was challenged by the Center for Reproductive Rights, which claimed that the language of the law was overly broad and would limit women’s access to other important reproductive healthcare services. In April 2003, in accordance with a settlement reached by the state and the Center for Reproductive Rights, the law was rewritten to carefully specify the prohibition against prepayment for abortion services only. The law was then permitted to take effect.²¹

Michigan has done more than most states to limit funding for abortion services. In 1988, the state passed a law prohibiting the use of any Medicaid funds to pay for abortions, except when necessary to save the woman's life. This law was amended in 1994 to reflect the federal requirement that Medicaid payments cover abortion in cases of rape or incest.²² In 2002, Michigan further refined the restrictions on family planning funding with a bill legislating that family planning funding would be prioritized for those organizations not performing abortions, referring pregnant women to abortion providers, or adopting a policy stating that abortion constitutes part of their health services.²³ Furthermore, legislation currently being considered by the state congress would create a fund for colleges and universities to establish "Pregnant and Parenting Student Services" offices. These funds would only be accessible for those institutions that do not make referrals for abortion.²⁴

Michigan has no law requiring that contraception be covered by health insurance plans.²⁵ The state does, however, legislate a religious exemption allowance. Thus, any hospital or health care institution (as well as any doctor, nurse or employee of an institution) that objects to abortion on moral or religious grounds may refuse to participate in the procedure.²⁶ Several legislative attempts have been made to extend this refusal option to workers or institutions objecting to certain "health

care services," which could include the provision of birth control or emergency contraception.²⁷ To date, however, all proposed bills have died in committee.²⁸

Catholic Health Care in Michigan

According to information provided by the Catholic Health Association of the United States (CHAUSA), the Catholic church operates 29 Catholic hospitals and 14 health care centers in Michigan, 17% of the hospital facilities in the state. One of these hospitals—Borgess Lee Memorial Hospital in Dowagiac—is identified by the Centers for Medicaid and Medicare Service (CMS) as a critical access hospital. Critical access hospitals are those designated as "sole providers" of hospital services in their area; as a result they receive larger reimbursements from Medicare for services they provide. Michigan is also one of 11 states in the country in which more than a quarter of the emergency caseload is handled by Catholic hospitals.²⁹ Overall, more than five million people count on these institutions to provide them with comprehensive and quality health care each year.

Not only are there numerous Catholic hospitals and health care facilities in Michigan, but the Catholic church also has a hand in the health insurance industry. Trinity Health Plans exists as a subsidiary of Trinity Health, a large conglomeration of Catholic hospitals and other facilities spanning multiple states. Trinity Health Plans

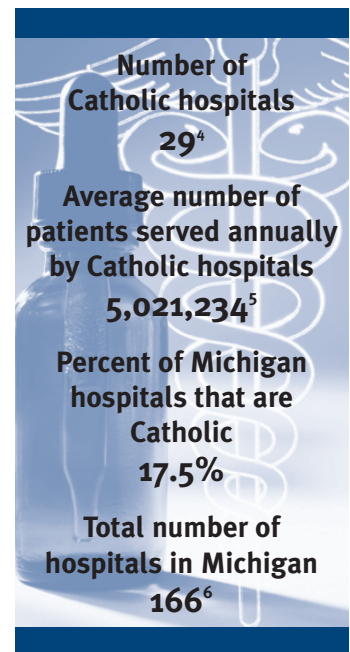
coordinates the services provided by Care Choices, a non-profit Health Maintenance Organization (HMO), and Preferred Choices, a Preferred Provider Organization (PPO). Care Choices enrolls more than 100,000 individuals throughout Michigan and has a network of more than 5,100 doctors and 35 hospitals. The Preferred Choices PPO has more than 70,000 members and includes more than 9,000 physicians and 70 hospitals.³⁰

In terms of both the number of institutions owned and the number of patients served, the Catholic church is a very significant provider of health care in the state of Michigan.

Although significant numbers of Michigan residents seek medical attention at Catholic-owned hospitals and facilities, the services they receive at these institutions are limited in several important ways. As Catholic facilities, these hospitals are bound to follow the *Ethical and Religious Directives for Catholic Health Care Services* (the *Directives*). Issued by the United States Conference of Catholic Bishops, the *Directives* are intended to "reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person" and "to provide authoritative guidance on certain moral issues that face Catholic health care today."³¹ The *Directives* officially mandate their implementation; Directive 5 states that all Catholic health care services must adopt them as

binding policy for the institution, and Directive 10 states that "[e]mployees of a Catholic health care institution must respect and uphold the religious mission of the institution and adhere to these Directives."³²

The *Directives* establish very specific guidelines governing the types of care patients



served by the institution will receive. Because their primary mission is to implement the church's moral and ethical teachings in all Catholic-owned health facilities, 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."³³ As a result, they explicitly prohibit contraceptive practices,³⁴ abortion services,³⁵ surrogate motherhood³⁶ and direct sterilization.³⁷ Other prohibitions outlined in the *Directives* are worded more vaguely, and interpretation of them is often left to the hospital in consultation with its local bishop. These

include exclusions of reproductive technologies such as fertility treatments³⁸ and the provision of emergency contraception for women who have been raped.³⁹

Emergency Contraception

One of the most important services denied by Catholic hospitals is emergency contraception. When taken within 72 hours of unprotected intercourse, emergency contraception (EC) can reduce a woman’s risk of becoming pregnant by at least 75%. As a result, when EC can be easily obtained, it does much to reduce the need for abortion. In 2000–2001, the Alan Guttmacher Institute surveyed women having abortions. Its findings suggested that, in 2000, an estimated 51,000 abortions were prevented by use of EC. Using statistical analysis, the researchers also showed that up to 43% of the decrease in abortions between 1994 and 2000 could be attributed to the availability of EC.⁴⁰

Emergency contraception is especially important as a tool for preventing pregnancy from rape or incest. Each

year, an estimated 32,000 women become pregnant as a result of incest or rape; the availability of emergency contraception would eliminate much of that risk for these women. In fact, it is the stated policy of the American Medical Association that women who have been raped receive access to EC as part of their treatment. AMA policy states, “information about emergency contraception is part of the comprehensive information to be provided as part of the emergency treatment of sexual assault victims.”⁴¹

Despite the importance of emergency contraception as a tool for preventing pregnancies—especially for victims of sexual violence—Catholic hospitals in Michigan do not offer this service. In general, provision of EC is restricted on the basis of the prohibition against contraception.⁴² However, the *Directives* also 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.*⁴³

Unfortunately, the wording of this Directive is vague, leaving the hospital or health care worker to his or her own interpretation. For example, the purpose of the pregnancy test requirement is unclear. 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 would do nothing to affect a pre-existing pregnancy.⁴⁴

In August 2002, Catholics for a Free Choice commissioned a study of Catholic emergency rooms, in order to ascertain the extent to which they provided emergency contraception. The researchers conducting the study⁴⁵ contacted the emergency room at every Catholic hospital in the United States. In Michigan, they surveyed 26 Catholic institutions. Of these, not one provided EC on request, and 16 hospitals indicated that they would never provide EC. One provided EC at the discretion of the doctor, and one only if it could first be determined that the woman was not pregnant. Two Catholic hospitals in Michigan provided EC for women who had been raped under any circumstance, and another two after it was determined that the woman who had been raped was not pregnant. One additional hospital provided EC for rape victims, but it was unclear whether or not there was a pregnancy requirement.⁴⁶ Of the hospitals contacted, eight provided referrals for emergency contraception. However, when the researchers attempted to follow through with the referral, only two led directly to emergency contraception. Because EC must be taken in such a short time frame, any delay in contacting the referral can reduce or wipe out its effectiveness.

Provision of Emergency Contraception, Catholic Hospitals in Michigan									
On request									None
Never									16
At doctor’s discretion									1
After determining woman is not pregnant									1
For rape victims under any circumstance									2
For rape victims after determining there was no pregnancy									2
For rape victims (unclear whether there is pregnancy test requirement)									1
No response, don’t know or unclear									3
Total									26

Number of Catholic health care centers
14⁷

Patients assisted annually at Catholic health care centers
36,936⁸

Patients served annually by all hospitals in Michigan
27,106,093⁹

Health Insurance

Catholic-owned managed care services are obligated to abide by the *Directives*. As such, Care Choices (HMO) and Preferred Choices (PPO) do not provide coverage for contraception, sterilization or abortion. However, employers who offer these Catholic health insurance plans may contract with a third-party vendor to provide separate coverage of reproductive health services for their employees. All the Catholic managed care plans offer this option for separate contracting because they found themselves competing with other major employers (such as the automakers) who do offer these services. Furthermore, as required by state Medicaid laws, the Catholic plans do cover family planning services to Medicaid recipients.⁴⁷

Hospital Mergers

Not only are there a large number of Catholic hospitals in the state of Michigan, but also, throughout the last

decade, many Catholic institutions have merged with or acquired non-Catholic hospitals. When such mergers occur, the Catholic hospital often makes the establishment of its reproductive health care policies a condition of the agreement. Thus, the newly formed institution will typically limit the reproductive health care services it provides.

A major Michigan hospital merger occurred in 1994, when the Catholic Battle Creek Health System was created from the merger of Community Hospital and Leila Y. Post Montgomery Hospital. In its financial statement for the fiscal year ending June 30, 2001, Battle Creek reported serving 215,000 people in five counties across southwestern Michigan.⁴⁸ The Community Hospital closed in 1999, and Leila Hospital took over its operations.⁴⁹ Since the merger, Leila Hospital has been prohibited from providing abortion services. However, it does claim to provide other reproductive health care services. In order to continue to provide tubal ligation procedures, Leila established a separate four-bed 'hospital' on the premises.⁵⁰

Other important mergers of Catholic and non-Catholic hospitals in Michigan include:

- the acquisition of Oakland General Hospital by the Catholic St. John Hospital and Medical Center in 1994;

- the affiliation between the Catholic Mercy Physician Hospital Organization (which is associated with St. Joseph Mercy Hospital) and North Oaks Physician Hospital Organization in 1995; and
- the acquisition of Pipp Community Hospital by the Catholic Borgess Health Alliance in July of 1997.

These institutions have refused CFFC's request for information on the reproductive health services provided, undermining the value of transparency in the provision of health care.

In addition, in November of 1997, the Catholic Mercy St. Lawrence Corporation merged with Sparrow Hospital. Sparrow Hospital continued to provide reproductive health care services, with the exception of abortion procedures.⁵¹

The conglomeration of health care under large, Catholic-owned entities unfortunately results in a significant diminution of the services available in a state. In Michigan, not only have there been several mergers of Catholic and non-Catholic institutions, but also many of the Catholic hospitals belong to larger systems. Trinity Health, a national health care system that operates 26 member and service organizations in seven states, owns ten of the 29 Catholic hospitals in Michigan. St. John's Health System owns four of the hospitals in the state, and St. Joseph's Health System owns three.

Catholic Universities in Michigan

According to the *Official Catholic Directory*, there are eight Catholic colleges and universities serving 25,649 students in Michigan.⁵² Although most Catholic colleges in the United States now operate under 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 three Catholic colleges and universities in the state of Michigan to determine the extent of reproductive health services available to their students. The schools surveyed were Aquinas College in Grand Rapids, Siena Heights University in Adrian and the University of Detroit Mercy in Detroit.

Of these three Michigan Catholic institutions of higher education, only one (Aquinas College) provided even the most basic of reproductive health services, including annual exams, pap smears and breast cancer screening. Aquinas College was also the only Catholic college in the survey that provided students with screening for HIV and information on contraception, although the other two institutions in the survey did indicate that they would refer students for these services. The University of Detroit Mercy offered no pregnancy counseling and

Name of School	Pap smear	Annual Exams	Breast Cancer Screen	HIV screen	STD screen	STD education	Contraception	Sexuality education	Brochures	Pregnancy Counseling
Aquinas College	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Siena Heights College	N	N	N	N	N	Y	N*	Y	Y	Y
University of Detroit Mercy	N	N	N	N	N	Y	N*	N	Y	N

*Refers for Service

almost no sexuality education information to its students; the only service they indicated would be provided was STD education and the provision of related brochures.

The failure to provide these basic services to college students is highly problematic, since a significant majority of college-age students are sexually active. 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.⁵³ 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.

Catholic Care and Reproductive Health: Services Denied

The Catholic restrictions against various reproductive services have a far reach. Not only are there limitations in services in place at the 43 Catholic-owned hospitals and health care centers in Michigan, but the restrictions also significantly impact the health care provided at Catholic universities and colleges in the state and the

services covered for those individuals enrolled in Catholic managed care plans. Furthermore, as a result of mergers between Catholic and non-Catholic hospitals, many institutions that previously offered a range of reproductive health care services have limited the scope of that care, in order to comply with the *Directives*.

The extent to which the Catholic hierarchy influences the state of health care in Michigan can be better understood when additional factors are taken into consideration. For example, Borgess Lee Memorial Hospital in Dowagiac is classified by the federal government as a “sole provider” hospital. This designation means that Borgess Lee Memorial is located in a rural area at least 35 miles from another hospital or that it is the only provider for more than 75% of the people in its area. For the individuals who rely on Borgess as their only local hospital, the Catholic restrictions are particularly burdensome, as they have no readily accessible alternative hospital provider.

Another area in which Catholic restrictions are highly problematic is in the provision of emergency

contraception. According to the survey of Catholic hospitals conducted by Catholics for a Free Choice, 16 hospitals in Michigan indicated that they would *never* provide emergency contraception to patients requesting it. This figure includes women who are seeking protection against pregnancy as the result of rape or incest.

Funding of Michigan's Catholic Hospitals

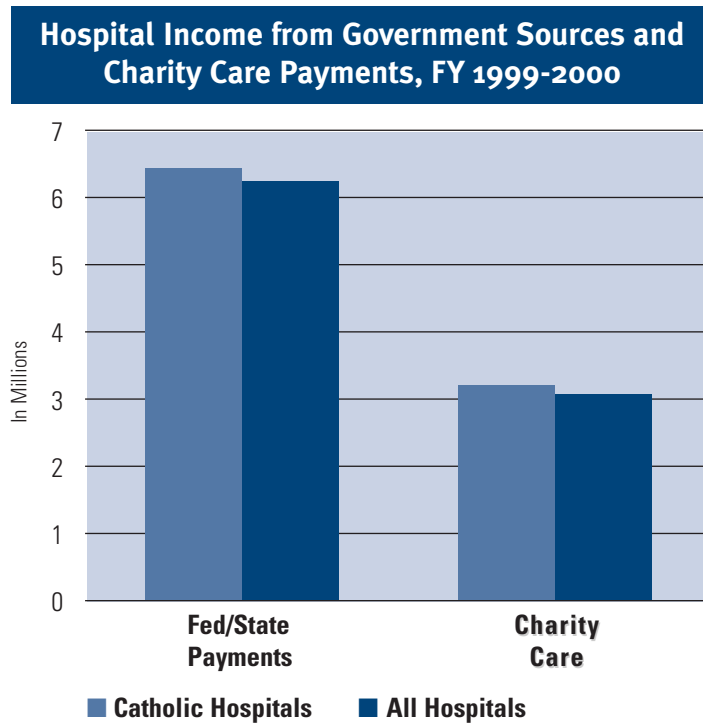
Clearly, the norms governing every Catholic health care facility in both Michigan and the United States are expressly dictated by their religious mandate—a mandate that forbids the provision of certain legal and widely accepted reproductive health care services. However, these hospitals and health care centers are *not* privately funded, sectarian institutions. Instead, they receive federal and state grant money in proportions equal to, if not greater than, other public hospitals. An analysis of the financial data of Michigan hospitals clearly demonstrates that Catholic hospitals in the state receive *more* in public funding than non-Catholic hospitals. However, Catholic hospitals in Michigan offer no more in charity care than other health providers.

Catholic hospitals in Michigan receive a large proportion of their funding from government sources. The Citizen Research Council of Michigan, an independent, not-for-profit public policy research organization, has conducted extensive analysis of the funding of hospitals in the state. Its most recent data, based on figures from 2000, reports on 150 hospitals, 27 of which were identified as Catholic institutions.⁵⁴ According to this data, Catholic hospitals in Michigan reported an average net patient revenue (reported as the sum of inpatient and outpatient revenue minus contractual allowances and discounts) of \$132,293,256. The average net patient revenue for all hospitals in the state is \$93,684,384.⁵⁵ Thus, Catholic hospitals, on average, report greater revenue than other hospitals in the state. Furthermore, Catholic hospitals receive *more* funding from state and federal programs. In 2000, Catholic hospitals reported an average of \$6,454,056 in payments from the state of Michigan for programs it administers. For all hospitals in the state of Michigan, total payments from these programs averaged \$6,384,288, a figure slightly

lower than the average for Catholic hospitals alone.⁵⁶

On average, state and federal payments represented 6.2% of the total payments received by Catholic hospitals. In addition, of the twenty hospitals in Michigan that received the highest percentage of their payments from state sources, four were Catholic: St. John's Northeast Community Hospital in Detroit received 18.6% of its payments from state sources, Mercy Hospital received 14.3%, St. John Hospital in Detroit received 11.8%, and Mercy Hospital in Cadillac received 9.5%.⁵⁷

One of the arguments used by Catholic hospitals to justify the denial of reproductive health care services is that they are essential providers of health care to the poor and uninsured and the refusal to meet reproductive health care needs should be balanced against all they do for the poor. Analysis of the financial records, however, shows that Catholic hospitals do not differ significantly from non-Catholic ones in terms of the charity care they provide. The Citizens Research Council of Michigan calculated the net costs incurred by all hospitals in the state for charity care, which includes uninsured and uncompensated costs. Breaking these costs down shows that the average net uninsured/uncompensated costs for Catholic hospitals in 2000 was \$3,221,552, whereas the average for all hospitals in the state was \$3,041,523. Although, on average, Catholic hospitals paid slightly more in charity



care than the average hospital in the state, the difference was less than \$200,000.⁵⁸ This difference is not sufficient to excuse them from offering the same general services that other public hospitals in the state routinely provide. Furthermore, several Catholic hospitals ranked among the *lowest* charity care providers in the state. Of the 150 hospitals surveyed by the Citizens Research Council, Mercy Hospital in Grayling, St. Joseph Mercy Oakland Hospital in Pontiac, and St. John River District Hospital

in East China reported negative figures for their charity care, placing them among the lowest ten hospitals in the state in terms of charity care.⁵⁹

In addition to not providing a significant amount of charity care, Catholic institutions in the state of Michigan also award their managers with disproportionately large salaries. According to 990 forms filed with the Internal Revenue Service for FY 1999-2000, Edgar T. Carlson, the chief operating officer of Trinity

Health Systems, a multi-state corporation based in Novi⁶⁰ received compensation of more than \$1 million.⁶¹ Randall J. Stasik, president and CEO of the Borgess Medical Center, reported total compensation in 2000 of more than \$450,000.⁶²

Michigan Catholic Conference

The Michigan Catholic Conference was founded in 1963 to represent the church's positions on public policy matters in the state. According to the group's mission statement, the Conference is "dedicated to promoting a social order that respects the human person and serves the common good in accord with the teachings of the Catholic Church."⁶³ Its legislative priorities have included bills on welfare, education, children and families, religious liberty, health care and civil rights.⁶⁴

The Conference specifically lists several of its top legislative priorities for recent years on its website. Chief among these is "human life." Under this capacity, the Conference says it supports limitations on public funding for abortion, programs or initiatives that encourage

Sample Salaries, Executives in Catholic Health Care in Michigan, FY 1999-2000		
Name	Title and Employer	Compensation*
Edgar T. Carlson	Chief Operating Officer, Trinity Health Systems	\$1,073,178
Randall J. Stasik	President/CEO, Borgess Medical Center	\$463,868
Elliot Joseph	President and CEO, Genesys Health System	\$378,299
Anthony Jones	President, St. John Hospital and Medical Center	\$307,611
Robert Casalou	President, Providence Hospital	\$313,435

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

adoption, restrictions on access to abortion, and prohibitions against assisted suicide and the death penalty. Another key legislative priority of the Conference is listed as “health care.” Initiatives in this area include expanding insurance coverage to poor and low-income populations, promoting access to health services for low-income children and pregnant women, maintaining the so-called “conscience clause” for health care workers, and, more generally, opposing “legislation which threatens the Catholic health care mission.”⁶⁵

In recent years the church has been highly visible and active in its lobbying efforts. For example, in October 2001, Paul Long, the Conference’s vice president of public policy, provided written testimony to the Michigan House of Representatives’ Committee on Health Policy in support of the proposed religious exemption clause for health workers. Referring to the *Directives*, which govern each Catholic health care facility in the state, Long argued that workers in the state could not be required to provide all available types of health care services. According to Long’s letter, the bill did not interfere with the right of patients to receive desired services, but instead protected the individual worker’s right to not be required to provide services that went against his or her conscience.⁶⁶

The Michigan Catholic Conference also organized

an extensive voter education campaign around the 2002 elections. The Conference’s Board of Directors issued a guidebook entitled *A Catholic View to Election 2002*, which was delivered to all 804 parishes in the state.⁶⁷ The guide, allegedly a resource to inform Catholic voters in the state, listed several social issues with which Catholics should be concerned, including the death penalty, health care and education. Abortion, however, was described as the most significant among these issues. The Board of Directors wrote:

*Respect for the dignity of the human person demands a commitment to human rights across a broad spectrum.... Abortion is the pre-eminent threat to human dignity because it directly attacks life itself, the most fundamental human good and the condition for all others.*⁶⁸

In the guidebook, the directors implore Catholics in the state to assess each candidate according to his or her positions and policies on human rights and the value of life.

Catholics in Michigan make up a very significant percentage of the population. According to figures provided in the *Official Catholic Directory*, Michigan has 2,265,678 Catholics, 23% of the population. To the extent that these practicing Catholics can be called upon by the Michigan Catholic Conference to vote and organize, they can constitute a very strong electoral presence in the state.

Recent experience suggests the extent to which Michigan Catholics will organize on issues prioritized by the church. During the 2002 gubernatorial race, some anti-abortion Catholics in Michigan protested the candidacy of Jennifer Granholm, the Democratic nominee. Granholm, a Catholic who describes herself as personally opposed to abortion but politically supportive of abortion rights, faced stiff opposition from these Catholics throughout her campaign and inauguration. Beginning in June 2002, protestors picketed outside her home church, Our Lady of Good Counsel in Plymouth Township. Some activists went so far as to request that Granholm be excommunicated.⁶⁹ The Archdiocese of Detroit refused to comment specifically on the candidate; however, the Michigan Catholic Conference issued a statement urging Catholics to follow church doctrine on the abortion issue in casting their votes. Cardinal Adam Maida drafted a similar message, which was read at Sunday Mass throughout the Archdiocese of Detroit.⁷⁰ Nevertheless, Granholm did receive support from some church officials. Three Michigan priests took the risky step of publicly defending the candidate’s position in a letter to the editor of the *Detroit Free Press*. These clergymen recognized the supremacy of conscience in making personal decisions, and the complex situations that Granholm would encounter while serving as governor.⁷¹

The controversy over Granholm’s position continued after her election. Catholics demonstrated outside the church where she held an interfaith prayer service prior to her inauguration. Although Cardinal Maida spoke at the inauguration, he used the speech as an opportunity to affirm the church’s commitment to “the right to life from the first moment of conception until last natural breath.”⁷²

Catholic Charities

Another key Catholic player in the Michigan health system is Catholic Charities—a nationwide social service organization that works to meet basic needs and promote social justice. Catholic Charities of Michigan, Inc. coordinates the activities of 19 different member organizations located in each of the seven dioceses. Altogether, Catholic Charities operates 45 different sites throughout the state. For those 12 organizations for which financial data could be obtained, Catholic Charities in Michigan spent more than \$40,647,800 in fiscal year 2001 alone.

Catholic Charities of Michigan, Inc. defines its mission as enhancing “the emotional, social, and spiritual life of individuals and families in Michigan, especially those who are poor and vulnerable.”⁷³ Included in the list of services provided by the organization is advocating for public policy that is “just and fair.”⁷⁴ The group works in collaboration with the Michigan Catholic Conference,

parishes and health care organizations in the state to promote their shared values, including their commitment to the family. Among the services provided by Catholic Charities in Michigan are: family counseling, “family life education,” adoption, domestic violence treatment, shelters for victims of domestic violence, marriage preparation, substance abuse treatment and prevention, and pregnancy services.⁷⁵

The services provided by Catholic Charities organizations are all grounded in Catholic teaching. In fact, the mission statements of several of these groups explicitly promote their religious principles. For example, Catholic Services of Macomb Inc. describes its mission as empowering “individuals and families, through quality programs and services based on respect for life, individual responsibility and human dignity consistent with Catholic Social Teachings.”⁷⁶

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 usage). The restrictions in services provided are problematic given both the large numbers of clients who depend on Catholic Charities for assistance and the large amount of federal assistance these organizations receive.

Eight of the 19 Catholic Charities in Michigan alone serviced more than 50,000 clients in 2001. These clients received a broad range of services offered by the organizations. Although some services, such as adult day care centers or refugee assistance, may not be affected by the church’s health care policies, other important services are. These include family life education and counseling and pregnancy counseling. At least 15 of the Catholic Charities offices in the state serve as licensed Michigan adoption agencies providing counseling to pregnant women.⁷⁷ Catholic Social Services of Grand Rapids reports holding 678 pregnancy counseling sessions in 2001,⁷⁸ and Catholic Social Services of Muskegon claims to have provided pregnancy and parent support services to more than 1,050 families and individuals in that same year.⁷⁹

Catholic Charity organizations receive a significant portion of their funding from government grants. For the 12 groups for which data was obtained, Catholic Charities organizations in Michigan received more than \$13 million in government grants. This reflects an *average* grant of more than \$1 million. Given the large amount of federal money used to drive these organizations, and the significant numbers of clients they serve, it is troublesome to know they operate under such narrow religious mandates.

Conclusion

The Catholic church has a major influence on health care in Michigan. The Michigan Catholic Conference actively lobbies on its religious positions on health care bills before the state legislature, and the Catholic Charities organizations provide counseling and family planning services to thousands of clients on the basis of their Catholic teachings and beliefs. Furthermore, through its 29 hospitals and 14 health care centers, the church serves more than five million patients annually. In adhering to the *Directives*, these Catholic hospitals will not provide their patients with important reproductive health services, such as abortion, contraception or sterilization. For these patients, seeking care at a Catholic institution means limiting their options.

State Organizations and Resources

ACLU of Michigan

60 West Hancock
Detroit, MI 48201-1343
(313) 578-6800
www.aclumich.org

Citizens Research Council

1502 Michigan National
Tower
Lansing, MI 48933-1738
(517) 485-9444
www.crcmich.org

Michigan Department of Community Health

Sixth Floor, Lewis Cass
Building
320 South Walnut Street
Lansing, Michigan 48913
(517) 373-3500
www.michigan.gov

Michigan NOW

P.O. Box 18063
Lansing, MI 48901
(517) 485-9687
www.michnow.org

Michigan State government

Lansing, MI
www.michigan.gov

NARAL Michigan

4515 W. Saginaw, Suite 201
Lansing, MI 48917
(517) 327-4707
maral@michoice.net

Planned Parenthood Affiliates of Michigan

P.O. Box 19104
Lansing, MI 48901-9104
(517) 482-1080
www.miplannedparent-
hood.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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