

Catholic Health Care

State Reports: Maryland

**Catholics
for a Free
Choice**
April
2006

The State of Catholic Health Care in Maryland

Executive Summary

Maryland is the seventh most prochoice state in the nation, with a 65 percent prochoice majority, according to a Survey USA poll released in September of 2005.¹ This population is represented by a decidedly prochoice state legislature (40 percent of whom identified themselves as Catholic in 2001), but a prochoice legislative majority does not necessarily translate into full access to safe and legal reproductive health services for all state residents.

Despite Maryland's reputation for being progressive and prochoice, the state does not mandate that victims of sexual assault be offered emergency contraception in emergency rooms, nor does it provide hassle-free public funding for abortions for low income and poor women. There is no doubt that these services are needed in Maryland: There are nearly 1.2 million women aged 15 to 44 in the state, and more than 637,000 of these are in need of contraceptive services.^{2,3}

One reason often overlooked when discussing the provision of health care is the influence of the Catholic church. In Maryland, where Catholic identity dates to the 17th century, the church operates hospitals, health care centers, specialized homes and social service agencies that play a significant role in the provision of health care. These institutions make daily decisions on the delivery of care—often based not on accepted standards of medicine, but on guidelines the Vatican has imposed on all Catholic medical institutions.

The Catholic hierarchy in the state supports and finances a lobby operation that includes Baltimore archbishop Cardinal William Keeler and the offices of the Maryland Catholic Conference, which not only represents the Archdiocese of Baltimore but also looks after the “mutual public-policy and pastoral interests” of the Archdiocese of Washington, DC, and the Diocese of Wilmington, Delaware. The church lobby also includes several affiliates of Catholic

Charities and individual Catholic hospitals and health systems throughout the state.

Through the Maryland Catholic Conference and its longtime lobbyist, Richard Dowling, the hierarchy has expanded its agenda beyond opposition to reproductive health services to include opposition to stem-cell research and to legislation permitting domestic partners to make medical decisions for their partners.

Maryland earned a grade of A from NARAL Pro-Choice America for access to reproductive health services, so the Catholic hierarchy has had limited success in affecting policy and service provision. The church hierarchy, lobbyists and health institutions have sought to curtail the right of individuals—particularly women—to make decisions about their health and well-being and that of their families. When it comes to access to abortion and other reproductive health services, though, the church's antichoice efforts in Maryland have failed.

Maryland At a Glance

Catholic population in the Archdiocese of Baltimore	510,000 ⁴
Percentage of Marylanders who are Catholic	24.9 ⁵
Catholic hospitals in Maryland	8 ⁶
Total hospitals in Maryland	74 ⁷
Annual number of patients served at Maryland Catholic hospitals	1,036,000 ⁸
Catholic/non-Catholic hospital mergers/acquisitions in Maryland, 1994-2005	2
Failed Catholic/non-Catholic hospital mergers in Maryland whose failure may be attributed in part to concerns over potential reproductive health service restrictions, 1998-2005	3

This report:

- Summarizes the state of reproductive health services and law in Maryland;
- Describes the size and scope of Catholic health care in Maryland;
- Details how the Vatican-imposed *Ethical and Religious Directives for Catholic Health Care Services* impede access to reproductive health services at Catholic health care facilities;
- Recounts dubious practices at Maryland's Catholic health institutions, including apparent price-gouging and other improprieties at hospitals and excessive salaries paid to corporate officers;
- Examines mergers in the state involving Catholic and non-Catholic hospitals and the deleterious effects such mergers can have on access to reproductive care; and
- Offers a look at the Catholic hierarchy's lobbying operation in Maryland.

The State of Reproductive Health Care in Maryland

Maryland fares well in terms of access to quality and legal reproductive health care when compared to many states in the nation. In its January 2006 edition of *Who Decides? The Status of Women's Reproductive Rights in the United States*, NARAL Pro-Choice America gives Maryland a grade of A for reproductive health care access.¹⁰ The neighboring District of Columbia received a B-.¹¹

Abortion in Maryland is relatively easy to access, but barriers to the practice exist for many girls and women.

- 29% of the 131,720 pregnancies in 2000 led to induced abortion;¹²
- 41% of the 15,910 teen pregnancies led to induced abortion. Maryland's teenage pregnancy rate ranks 13th nationally;¹³

- 67% of counties had no abortion providers and 24% of the state's women lived in these counties; and
- 32% of women having abortions traveled at least 50 miles and 10% traveled more than 100 miles in the South Census region, which includes Maryland.¹⁴

While Maryland is largely a Democratic stronghold, the state's Republican governor, former congressman Robert Ehrlich, has a mixed record on choice. Catholic lieutenant governor Michael Steele—a one-time candidate for the priesthood and now a candidate for the US Senate—is firmly antichoice. Prochoice majorities exist in both houses of the state legislature.

Maryland has its share of both antichoice and prochoice laws.

Antichoice Laws

A “refusal” clause allows both institutions and individual

providers to refuse certain procedures on moral grounds.¹⁵ Procedures covered include abortion, sterilization and artificial insemination. Under current Maryland law, there is no requirement for a refusing provider or entity to provide medically accurate information or a referral.¹⁶

Maryland fails to require the distribution of emergency contraceptives in hospital emergency rooms to women who have been sexually assaulted¹⁷ and in May 2006, a bill that would have allowed pharmacists to dispense EC without a prescription was rejected in a Senate vote by 24 votes to 23.¹⁸

Only doctors of osteopathy, licensed by the state to practice medicine, may perform abortions.¹⁹

A parental notification clause requires that parents be notified before minors have abortions.²⁰ The law has a bypass whereby a physician may waive the notification requirement on the basis of maturity or in the minor's best interest.

Maryland limits public funding for abortions for low-income women who otherwise qualify for state-funded medical assistance. There are exceptions to these limitations, including when the life of the pregnant woman is at risk, when continuing the pregnancy may endanger the woman's current and future mental health, in cases of certain fetal abnormalities and when the pregnancy

resulted from rape, incest or another sexual offense.

Prochoice Laws

Legislation in force guarantees that access to reproductive health services will remain in effect if the US Supreme Court overturns *Roe v. Wade*.²¹

Maryland was the first state to enact a contraceptive equity clause,²² which requires health insurance plans that include prescription drug benefits to cover contraception.²³ Certain religious employers are entitled to implement plans that exclude that coverage as long as notice is given to employees.

To make contraceptives accessible to those under 18, a minor-consent law allows for minors to receive contraceptive services on a confidential basis.²⁴

The state has a clinic-violence-protection act.²⁵

Catholic Health Presence

In Maryland, Catholic institutions provide about 10 percent of all health care services. The church operates and owns hospitals, health care centers, assisted living facilities and social service agencies.

According to the Catholic Health Association of the United States, Catholic health centers in Maryland provided inpatient care to 47,477 Medicare beneficiaries and to 16,260 people on Medicaid in 2003. In that same year, Medicare

Catholic Health Care in Maryland

Hospitals	8
Nursing facilities	10
Hospices and home health, assisted living and senior housing facilities	15
Employees statewide	14,392

(CHA, "Catholic Health Care in Maryland: Commitment to Serve" and "Catholic Health Care in the United States," 2005.)

accounted for 43 percent of patient funding, while Medicaid accounted for 15 percent."²⁶ Correlating statewide (Catholic and non-Catholic institution) inpatient data was not available for 2003, but in 2002, 115,015 people received inpatient Medicaid services²⁷ statewide, and in 2001, approximately 563,000 people received services through Medicare.²⁸

The Directives and Reproductive Health Care

The establishment and expansion of a Catholic health care presence has major implications for public health in any hosting community. Catholic health care institutions, unlike their secular counterparts, follow a set of ethics and patient care guidelines that are separate from established medical norms. The guidelines, contained in *The Ethical and Religious Directives for Catholic Health Care Services*, were developed by the Committee on Doctrine of the United States Conference of Catholic Bishops and establish governing principles for Catholic-owned or -affiliated hospitals and health care providers.

The *Directives* forbid female and male sterilization, most methods of assisted reproduction, provision of contraceptive devices,

provision of emergency contraception and abortion—even if medically necessary. There is an exception to the emergency contraception policy, within

from fertilizing the ovum; in other words, provision of this time-sensitive medication is permissible only after establishing that fertilization has not already taken place.

Catholic Health Care Holdings

Bon Secours Baltimore Health System (Baltimore), Bon Secours Health System national headquarters (Marriottsville), Bon Secours Hospital (Baltimore), Catholic Relief Services (Baltimore), Holy Cross Health (Silver Spring), Holy Cross Hospital (Silver Spring), Holy Cross Rehabilitation and Nursing Center (Burtonsville), Maria Health Care Center (Baltimore), Mercy Medical Center (Baltimore), Mercy Ridge Retirement Community (Timonium), Sacred Heart Home (Hyattsville), Sacred Heart Hospital (Cumberland), St. Luke Institute (Silver Spring), St. Agnes Home Care and Hospice (Baltimore), St. Agnes HealthCare (Baltimore), St. Joseph Medical Center (Towson), St. Joseph's Nursing Home (Catonsville), St. Vincent de Paul Nursing Center (Frostburg), Stella Maris, Inc. (Timonium)

a limited time frame, in the case of sexual assault. According to Directive 36, it is acceptable for a woman who has been raped to "defend" herself by preventing the rapist's semen

Even this exception is not honored by all Catholic hospitals in Maryland. In a December 2002 survey, five of seven hospitals reported that they never provide EC, and three said they would offer a referral.

Many people are not aware of these restrictions at Catholic hospitals in their communities until they are in need of the services that are banned. Often, they believe the name of the hospital to be a name only and not to indicate a different brand of health care. Even non-Catholics who seek care at a Catholic institution are subject to the *Directives*.

Dubious Practices at Catholic Health Institutions

Gouging the Uninsured?

At the end of 2005, Consejo de Latinos Unidos (Council for United Latinos), an advocacy group that seeks to help the uninsured, released a report titled *Unholy Alliance* revealing that seven large nonprofit Catholic hospital systems in the US were charging uninsured patients rates dramatically higher than those used for Medicare and Medicaid recipients, all while sitting on billions of dollars in cash and investments.²⁹

Three of the health systems implicated in the report—Catholic Health Initiatives, Ascension Health and Trinity

Provision of Emergency Contraception in Catholic Hospitals in Maryland

Never	5
At doctor's discretion	0
For rape victims, after determining there was no pregnancy	1
For rape victims, with report to police	0
For rape victims, unclear whether there is a pregnancy test requirement	1
No response, don't know, unclear	0
Total	7

[CFFC, "Second Chance Denied: Emergency Contraception in Catholic Hospital Emergency Rooms," Ibis Reproductive Health, December 2002. Note: One hospital, St. Luke Institute, is not included in this survey as it is a rehabilitation facility for priests.]

Please see an addendum to this table on page 9.

Health—operate hospitals in Maryland. The three have mottos claiming inspiration by “the healing ministry of the Church,” “the loving ministry of Jesus” and “the healing ministry of Christ.”

According to news accounts, just hours before Consejo de Latinos Unidos released its report, newly installed Catholic Health Association head Sister Carol Keehan dispatched an e-mail to Catholic hospital executives stating, “We are trying to balance our communications strategy so as not to bring additional attention to the allegations...while appropriately responding with comments that question [the report author’s] motivation...”³⁰ Keehan’s response to these serious allegations was to shoot the messenger, rather than investigate the problem.

Good Samaritan Hospital

Good Samaritan Hospital, a Catholic hospital in Baltimore owned by the \$2.7 billion Maryland-based nonprofit MedStar Health, attracted unwanted attention in December 2004.³¹

The Associated Press reported that laboratories within the hospital were deficient in procedures and record keeping, to the degree that the laboratories could have lost their state licenses and risked being prevented from participating in the federal Medicare program.

State inspectors monitoring the work of the College of American Pathologists, which had accredited the labs, found that the laboratories had “regularly failed to follow up on labeling problems that put patients at risk of errors such as receiving the wrong blood type.” State officials said the problems at Good Samaritan were more severe than at other hospitals under inspection, as the laboratory not only failed to accurately label specimens, but also did not complete employee competency tests.³²

St. Joseph Medical Center

Billing improprieties at St. Joseph Medical Center related to federal reimbursements sparked a three-year investigation by the inspector general’s office of the US Health and Human Services Department (HHS). According to documents obtained by *Modern Healthcare*, HHS investigated Medicare and Medicaid claims filed by St. Joseph from 1992 to 1995 for “repeated ambulance services.” The medical center had billed Medicare \$188,000. In actuality, St. Joseph was charging the government for wheeling patients around the hospital on gurneys for various diagnostic tests. The government fined St. Joseph \$564,000 and mandated that the hospital establish a corporate integrity plan.³³

Employment and Corporate Officer Compensation

St. Joseph, like other Catholic hospitals, pays its top management well. St. Joseph president and chief executive officer John Tolmie received salary and benefits of \$640,000 in 2003. According to the hospital’s 990 tax return, the salary is paid by Catholic Health Initiatives, the parent organization.³⁴

More than 14,000 employees work for the Catholic health care system in Maryland.³⁵ Some of these employees, mainly hospital corporate officers, earn salaries that seem inconsistent with the claims of ministering to the poor and underserved that are often found in the institutions’ mission statements. St. Joseph Medical Center, for example, states, “Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.” Bon Secours Health System’s mission evokes a commitment “to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.”

Members of the US Congress have raised questions about how not-for-profit hospitals compensate executives, relative to the amount of charity care they offer. Catholic hospitals, as nonprofit institutions, are subsidized by federal, state and local grants, tax incentives and other benefits in exchange for the free and charity care they are supposed to offer citizens without health coverage.

A chief congressional critic, House of Representatives Ways and Means Committee chairman Bill Thomas (R-CA), bluntly asked at a hearing on the matter, “What is the taxpayer getting in return for the tens of billions of dollars per year in tax subsidy?” Senate Finance Committee chairman Charles Grassley (R-IA) echoed his colleague, stating, “Tax-exempt status is a privilege.... Unfortunately some charities abuse that privilege.”³⁶

The following table demonstrates that in 2003, according to the hospitals’ 990s, a large number of corporate officers and staff of Catholic hospitals in Maryland were generously compensated.

Catholic Hospital Salaries	
Total Compensation Packages over \$100,000	61
Total Compensation Packages over \$500,000	15
Total Compensation Packages over \$1,000,000	1

Catholic Hospital Mergers

Western Maryland Health System and Ascension Health

For the most part, residents of Maryland have been spared the sometimes devastating effects of mergers between Catholic hospitals and non-Catholic entities. One community that has not been so lucky is the city of Cumberland with its surrounding region.

In April 1996, two Cumberland-area hospitals—Sacred Heart Hospital, a Catholic facility that was part of the Daughters of Charity National Health System, and Memorial Hospital, owned by the Cumberland Memorial Hospital Corporation—formed a partnership called the Western Maryland Health System (WMHS). In 1999, the Daughters of Charity system merged with the Sisters of Joseph Health System to form Ascension Health, which thereby became Sacred Heart’s new parent company.³⁷

Since the Sacred Heart–Memorial merger, the once

secular Memorial Hospital has seen its health care delivery system compromised by the *Directives*, which govern health care at Sacred Heart. In September 2004, WMHS announced that it would begin to build a new hospital complex. What was not announced was whether the new hospital would be governed as a Catholic hospital, or whether Ascension Health would remain in WMHS.

The certificate of need filed with the Maryland Health Care Commission on behalf of WMHS lists Sacred Heart Hospital as a project co-applicant. Officials at WMHS indicated at the time of writing that they were in negotiations over the scope of Ascension Health’s future involvement.

Reproductive Health Care at Catholic Universities

According to the *Official Catholic Directory*, there are four Catholic colleges and universities serving 11,728 students in Maryland. 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 2003, Catholics for a Free Choice surveyed these four institutions to determine the extent of reproductive health services available to their students. The two that responded, Loyola and Mount St. Mary’s, provided only the most basic of reproductive health services, including screening for HIV and other STDs.

The failure to provide 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.³⁸ 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.

The Catholic Lobby

William Keeler

The church in Maryland today is led largely by the outspoken antichoice cardinal William Keeler, the archbishop of Baltimore since 1989 and a member of the College of Cardinals since 1994. Keeler was in 1992 elected president of the National Conference of Catholic Bishops, now the US Conference of Catholic Bishops (USCCB), and he currently serves as the conference’s moderator of Catholic–Jewish relations.

Keeler has been chair of the USCCB Committee on Prolife Activities since 2003, after an earlier stint in that position from 1998 to 2001. Keeler injected the conference into the recent US Supreme Court nomination processes by writing members of the

Reproductive Health Services at Catholic Colleges in Maryland										
University	Pap Smear	Annual Exams	Breast Cancer	HIV screen	STD Screen	STD Education	Contra-ception	Sexuality Education	Brochures	Pregnancy counseling
Loyola College, MD	N	N	N	Y	Y	Y	N	N	Y	N
Mount St. Mary's College, MD	N	N	N	Y	Y	Y	N	?	Y	Y

[CFFC, "Student Bodies: Reproductive Health Care at Catholic Universities," 2003.]

Senate that “support for the Supreme Court’s 1973 *Roe v. Wade* decision is an impoverished standard for assessing judicial ability.”³⁹

In 1995, Keeler defended the Vatican’s attempts to deny Catholic prochoice advocates admission to the Fourth UN Conference on Women in Beijing.⁴⁰ Catholics for a Free Choice was among the organizations that the Vatican tried to silence.

Keeler stirred up media attention when he announced that no representative of the archdiocese would attend the 2005 commencement at Loyola College, a Jesuit institution in Baltimore, because former New York mayor Rudolph Giuliani was to deliver the commencement address. Giuliani, still widely seen as a national hero for his role in responding to the September 2001 al-Qaeda attack on his city, is Catholic and prochoice.⁴¹

The Catholic Conference

The Maryland Catholic Conference is the legislative and lobby arm of the archdioceses of Baltimore, Washington, DC, and Wilmington, Delaware. The Catholic Conference’s potential for influence in Maryland is significant, as the table on this page implies.

Despite this massive presence, NARAL’s A grade to Maryland and the state’s relatively choice-friendly laws suggest the Catholic Conference’s efforts have not been particularly effective.

Catholic Influence in Maryland					
Cardinals					1
Bishops					2
Dioceses					1
Diocesan priests					274
Religious priests					229
Deacons					171
Religious brothers					65
Religious sisters					1,058
Parishes					151
Catholics served					509,578
Missions					8
Specialized homes					6
Day care centers					11
Special centers for social services					57
Students under Catholic instruction					80,108 ⁴³
Lay teachers					2,853
Diocesan and parish elementary schools					63
Diocesan and parish high schools					9
Private Catholic high schools					12
Catholic colleges and universities					4
Students served by diocesan and parish elementary schools					22,526
Students served by diocesan and parish high schools					4,469
Students served by private Catholic high schools					7,223
Students served by Catholic colleges and universities					11,728

[P.J. Kenedy & Sons, *The Official Catholic Directory*, 2005]

The conference monitors legislation, policies and regulations that could affect the church or any of its entities. According to conference documents, approximately 160 of the 2,632 bills introduced in the 2005 session of the Maryland Assembly were of interest. The conference took formal positions on about half of those.

The conference maintains a formal lobby agenda that outlines what legislation it will monitor. In its 2003–6 agenda, *Building Blocks for*

Advocacy,⁴² the conference gives as its three priorities “building solid foundations,” “affirming life and improving health” and “protecting families and communities.” Under these headings, the conference lists legislative goals and recommendations for public policy. A major focus is policies that “affirm and preserve life.”

The conference’s specific policy recommendations include:

- tracking the number of abortions performed in the state;
- increasing the regulation of abortion clinics;
- introducing more-stringent parental notification laws; and
- highlighting the risks of the abortion procedure, the availability of social services to assist women and children, information about developing fetuses, alternatives to abortion and information about fathers’ child support responsibility.

The conference also supports so-called “conscience” or “refusal” clauses. The lobby agenda accuses state and federal legislation of trying to force Catholic hospitals to “dispense, refer for, or encourage the use of abortion-inducing drugs,” practices that are “contrary to the state’s policy of encouraging public and private, religious and secular institutions to provide health services to Marylanders in need.” The conference also wants to curb use of tax dollars for abortions and instead use the funding for “critical health care needs.” The conference says that in 2001, \$2.3 million was spent on Medicaid abortions in Maryland.⁴⁴

The Maryland Catholic Conference’s lobby agenda goes far beyond abortion. The conference takes positions, for example, on issues that specifically affect the state’s lesbian, gay, bisexual and transgendered population. In the 2005 session, the conference fought against allowing gay

and lesbian domestic partners to make medical decisions on behalf of their partners. Speaking on behalf of the Catholic leadership, chief lobbyist Richard Dowling stated, “Proponents in both houses are hell-bent on creating new rights for the homosexual community at any cost.”⁴⁵

The conference has an extensive Internet site with a tool to connect conservative Catholics with their legislators by way of electronic mail. The website contains extensive reports—some over 40 pages—detailing its activities during the legislative session.

The conference actively seeks to use its own power and that of Catholics in the pew, as well as the influence of Catholic corporations in the state and those who work for them, to promote and enact its legislative agenda. Outreach and education are conducted by telephone campaigns, e-mail, voter guides and meetings.

Conference lobbying is led by attorney Richard Dowling, who has been with the organization for more than two decades. The Maryland Conference is widely viewed as the most active religious lobby in the state. According to a 2001 profile in the *Baltimore Sun*,⁴⁶ the lobbyist, although not a priest, is often referred to as “Father Dowling” by members of the Maryland General Assembly. In the same article, he explained his philosophy of lobbying: “We’re not going to ease up

in our presentations to a Catholic legislator just because they are Catholic. If Catholic guilt operates in this situation, we are going to allow that to happen.”

Some lobbyists who tend to oppose the conference’s positions consider Dowling influential. Shannon Avery of the Gay and Lesbian Community Center of Baltimore summed up her perception of the Maryland Catholic Conference: “Dick Dowling has an incredible power, especially over the Catholic members of the General Assembly.” Two legislators interviewed by the *Baltimore Sun* offered other perspectives on the influence of the Catholic lobby. Senator Philip Jimeno told the paper that the conference once sent a priest from his parish to lobby him on an issue. Jimeno resisted the appeal, but he said that the pressure “helped make it one of the toughest votes of his career.” Another senator, Leo Green, said, “I will make my decision as a state senator, not as a Catholic, not as a Christian. I will look at the facts, as is my duty.” In 2001, approximately 40 percent of Maryland legislators considered themselves to be Catholic.⁴⁷

Although Dowling may be feared by some as a lobbyist who seeks to impose the Catholic hierarchy’s will on the legislature, his record speaks for itself—as NARAL’s high marks for Maryland indicate, he has mostly failed to influence reproductive health policy.

Catholic Charities of the Archdiocese of Baltimore

Also under Cardinal Keeler’s control is Catholic Charities of the Archdiocese of Baltimore, of which Keeler is chairman. Catholic Charities claims a threefold mission: providing healing and care to those in need, educating people to social awareness and motivating them to act and advocate for public policy that ensures a just society. Specifically, the organization provides mental- and physical-health care, day care and education programs and operates housing for low-income people, among other services.

The charity employs more than 2,100 people. The leadership of Catholic Charities, like the corporate officers in the Maryland Catholic health care industry, is highly compensated. According to a 2002 990 tax return, Catholic Charities’ executive director earned combined salary and benefits of \$381,000. The chief financial officer and associate director earned a package worth almost \$200,000. The organization held net assets of \$59,727,000.

A component of the mission of Catholic Charities of Baltimore is legislative advocacy. The volunteer-driven operation uses e-mails and letters from Catholics and supporters to influence the legislature. The program, called the Legislative Education Group (LEG), claims to be nonpartisan,

with a focus on the needs of the underrepresented and disenfranchised. The group hosts an annual Catholics in Annapolis Night lobby event.

Conclusion

The Catholic church—through its operation of hospitals, long-term medical facilities, nursing homes and other health care entities—plays a significant role in the health of Marylanders.

With lobbying that targets dozens of bills making their way through the Maryland legislature, the Maryland Catholic Conference has not only sought to exempt Catholic health care institutions from standard modern reproductive health practices, but also worked to oppose medical decision-making rights for gay and lesbian couples and curtail stem-cell research. Efforts to curb access to reproductive health care do not, however, seem to have had any significant impact.

Catholic health care institutions, which claim to care for the poor and underserved in a fashion that surpasses that of other nonprofit hospitals, may be engaging in a public relations campaign that is more myth than fact. Catholic health care in Maryland has seen excessive corporate-officer compensation, been fined by the federal government over charges of false Medicare claims and been shown to lack institutional safeguards

to protect patients from the risk of severe medical errors. Maryland's Catholic hospitals appear to be driven by the same profit-focused and cost-cutting goals as their competitors.

Further study is needed on this subject, as pertains not only to Maryland's Catholic health care industry but also to Catholic health care nationwide. Inquiry should focus on whether Catholic health care is living up to its tax-exempt status despite refusing to provide many reproductive health services, and on whether Catholic hospitals' practices bear out their claim of an altruistic Christian mission. Also of interest is whether Catholic lobbies have much influence on federal and state governments, and whether those lobbies, with their strident antichoice policy agendas, fairly represent the views of their assumed constituency—America's Catholics.

The dubious philosophy of Catholic health care as depicted above (for example, the incidents of price-gouging) provides an insight into the viewpoint and management philosophy of senior officials in the Catholic health care industry. Health care advocates should pay close attention to what the Catholic health industry and lobby are planning for the years to come.

Catholics in the state of Maryland fall within three jurisdictional dioceses: the Archdiocese of Baltimore, the Archdiocese of Washington, DC, and the Diocese of Wilmington, Delaware. The Archdiocese of Baltimore includes the city of Baltimore and the counties of Allegany, Anne Arundel, Baltimore, Carroll, Frederick, Garrett, Harford, Howard and Washington. The Archdiocese of Washington includes not only the District of Columbia but also the Maryland counties of Calvert, Charles, Montgomery, Prince George's and St. Mary's. The Diocese of Wilmington includes nine counties on the Eastern Shore of Maryland: Cecil, Kent, Queen Anne, Talbot, Caroline, Dorchester, Somerset, Wicomico and Worcester.

Maryland Organizations and Resources

American Civil Liberties Union of Maryland
3600 Clipper Mill Road, Suite 350
Baltimore, MD 21211
phone: (410) 889-8555
website: www.aclu-md.org
email: aclu@aclu-md.org

Maryland NOW (National Organization for Women)
PO Box 7216
Silver Spring, MD 20907
phone: (410) 269-0542
website: www.marylandnow.org

Maryland Religious Coalition for Reproductive Choice
PO Box 66057
Baltimore, MD 21239
phone: (410) 464-9100
fax: (410) 464-9123
email: info@mdrcrc.org

NARAL Pro-Choice Maryland
8121 Georgia Avenue, Suite 501
Silver Spring, MD 20910
phone: (301) 565-4154
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website: www.prochoicemaryland.org
email: info@prochoicemaryland.org

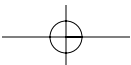
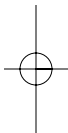
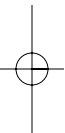
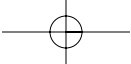
Planned Parenthood of Maryland
330 North Howard Street
Baltimore, MD 21201
phone: (410) 576-1400
fax: (410) 385-2762
website: www.plannedparenthoodmd.org
email: medinfo@ppmaryland.org

Endnotes

- ¹ SurveyUSA for WMAR-TV Baltimore, "Pro-Life vs. Pro-Choice," September 12, 2005. For full methodology: www.surveyusa.com/client/PollReport.aspx?g=ab1ed64b-8cf3-4702-8ba2-b14285ed46be, viewed February 23, 2006.
- ² Alan Guttmacher Institute, "Contraception Counts: Maryland."
- ³ Alan Guttmacher Institute Methodology: women are defined as "in need of contraceptive services and supplies" during a given year if they are aged 13–44 and meet three criteria: (1) they are sexually active, that is, they have ever had sexual intercourse; (2) they are fecund, meaning that neither they nor their partners have been contraceptively sterilized, and they do not believe that they are infecund for any other reason; and (3) during at least part of the year, they are neither intentionally pregnant nor trying to become pregnant.
- ⁴ Archdiocese of Baltimore, Statistics for the Year Ending December 31, 2004, www.archbalt.org/about-the-archdiocese/statistics.cfm, viewed February 23, 2006.
- ⁵ World Almanac for Kids, 1990 Census Figures, www.worldalmanacforkids.com/explore/states/maryland.html#fw..ma057900.a30, viewed February 23, 2006.
- ⁶ Catholic Health Association of the United States, "Catholic Health Care in Maryland."
- ⁷ US News & World Report: Directory of America's Hospitals, www.usnews.com/usnews/health/hospitals/state_dir/dir_md.htm, viewed February 23, 2006.
- ⁸ Archdiocese of Baltimore, Statistics for the Year Ending December 31, 2004, op. cit.
- ⁹ Maryland Catholic Conference, www.mdcathcon.org, viewed February 23, 2006.
- ¹⁰ NARAL Pro-Choice America & NARAL Pro-Choice America Foundation, "Who Decides: The Status of Women's Reproductive Rights in the United States," January 2006.
- ¹¹ Ibid.
- ¹² Alan Guttmacher Institute, "Contraception Counts: Maryland."
- ¹³ Ibid.
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Addendum to table about the provision of Emergency Contraception on page 3:

In a subsequent 2006 survey by the Catholic Health Association, four of the remaining five Catholic hospitals in Maryland (Bon Secours, Baltimore; Mercy Hospital, Baltimore; Saint Joseph Medical Center, Towson; Holy Cross, Silver Spring) said they did provide EC to women who had been raped, after administering a pregnancy test to ensure they were not pregnant. The fifth hospital (Saint Agnes Healthcare, Baltimore), refers women to Mercy Hospital, which is a designated rape treatment center in the city.



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This guide provides practical advice to women who experience religious restrictions and is a resource for both consumers and providers in overcoming obstacles imposed by Catholic health facilities. (2004, 42pp). \$10.00

Second Chance Denied: Emergency Contraception in Catholic Hospital Emergency Rooms

A national survey by Ibis Reproductive Health on the availability of emergency contraception in Catholic hospital emergency rooms (2002, 24pp). \$10.00

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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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