Why are public hospitals being run by religious health systems?

In some regions of the country, hospitals are owned by local governmental units or are supported by local tax revenues. Hospitals that are supported by the public through tax revenues are frequently called district hospitals and can be found in many communities in western and southern states.

Seeking more financial stability or relief from the burdens of running a hospital, many local governments have contracted with private health systems to operate their hospitals. In some cases, religiously-sponsored health systems have been chosen for these management contracts and local government officials have allowed the managers to restrict health care services based on religious doctrines.

Often a public hospital is the primary “safety net” health provider for low-income and uninsured patients. When services are eliminated due to conflict with the management’s religious doctrine, these patients are left with limited or no alternative sources of services such as contraception, sterilizations and abortions.

Extent of religious management of public hospitals

An analysis of national data on community hospitals by Empire Health Advisors for the MergerWatch Project found that:

- In 1999, at least 32 public hospitals nationwide were managed by religiously-affiliated systems.
- Health systems sponsored by Baptist, Adventist and Catholic denominations operated publicly owned or taxpayer-supported hospitals.
- Publicly owned and taxpayer-supported hospitals that are operated by religious systems cared for more than 32,000 patients in 1999. In addition to the local funds supporting these institutions, about half the cost of the health care for those patients was paid for by the federal Medicare program.
- Trinity Health System, which is Catholic sponsored, operated 14 public hospitals in 1999, 10 of which are in Iowa.
How have services at public hospitals been restricted by religious rules?

- When California’s Beach Cities Health District leased a section of its medical office building to a Catholic system, Little Company of Mary, the deal included an agreement that reproductive services banned by the Catholic church would not be offered by any other provider leasing space in the district’s medical building.¹
- In Austin, Texas, city-owned Brackenridge Hospital is being managed for the city by Catholic Seton Health Services under a 60-year lease. Although reproductive services initially had been maintained through a creative compromise using city workers, Seton demanded the agreement with the city be renegotiated when the nation’s Catholic bishops tightened the rules on such compromises in 200

In order to maintain low-income women’s access to comprehensive reproductive services, the city agreed to construct a separately-incorporated hospital on the fifth floor of Brackenridge at an initial cost of at least $9 million. The city has been forced to build a separate elevator to take patients to this floor.

How can communities insist that reproductive services be continued at public hospitals under religious management?

In some situations, local governments insisted that reproductive services be continued when they signed a hospital lease or management contract with a religiously-affiliated health system:

- In Oregon, St. Charles Medical Center and Central Oregon Community Hospital, owned by a public district, affiliated by forming the Cascade Health System, which is the parent company of both hospitals. Religious restrictions were not imposed on Central Oregon Community Hospital but remain in place at St. Charles Medical Center.³
- Catholic Healthcare West operates several district hospitals in California under the “community model” which requires abortion to be banned but allows for continued provision of other reproductive services, including tubal ligations and contraceptive provision and counseling.
- The Sequoia hospital district board required Catholic Healthcare West to continue to provide reproductive services when it leased its hospital. That commitment was reaffirmed with a June 2003 vote by the Menlo Park City Council to support the building of a new hospital as long as reproductive services continue to be available.

Citizens in two communities have fought the imposition of religious restrictions at publicly owned or supported hospitals by filing lawsuits:⁴

- The city of St. Petersburg, Florida, and community activists filed lawsuits when a hospital in a city-owned building joined a health consortium that included Catholic hospitals and allowed religious rules to dictate which services could be offered.
- In Oregon, when a religious system sought to lease a district hospital and ban many reproductive services, citizens successfully fought the loss of services by filing a lawsuit.

Both of these cases were settled before a decision was issued. In Florida, the case was resolved when the city-owned hospital was voted out of the hospital consortium by the other partners. In Oregon, the religious health system decided against managing the hospital after a preliminary court ruling seemed to go against allowing the imposition of religious rules in the public hospital.