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## **Taking a Stand on Hospitals, and Meaning It**

Twelve years ago, Jane Van de Bogart took a stand: Kingston Hospital in rural Ulster County, NY, could not be allowed to eliminate community access to key reproductive health services in order to merge with a nearby Catholic hospital.

How far was she willing to go to show she really meant it? Quite far, it turned out. Ignoring hospital executives' claim that the merger was "a done deal," she helped found a community coalition that fought tenaciously for more than 18 months until the merger plan was defeated. "What this shows is the power of the people," she proudly declared.

That wasn't the end of the story, however. Van de Bogart had to fight the same merger battle again starting in 2007, when a state hospital "rightsizing" commission ordered Kingston Hospital to merge with Benedictine Hospital. Struggling with a recurrence of breast cancer, the 67-year-old activist conducted organizing meetings from her hospital bed and testified before a state hospital oversight board only weeks before her death in February of 2008. "Until the end, she never put down her sword," said Jo Shuman, a nurse who worked with Van de Bogart in the hospital merger coalition.

### **An activist's lesson: the power of persistence**

Last month, the result of Van de Bogart's extraordinary dedication was unveiled -- a new ambulatory surgery center that is providing abortions and sterilizations for the women of Ulster County, only steps away from Kingston Hospital, which has now merged with Benedictine Hospital. A memorial to Van De Bogart will be dedicated at the center in June. You must be prepared to fight against powerful opponents.

But Jane Van de Bogart's legacy goes well beyond the walls of the surgery center. She demonstrated that simply taking a stand for reproductive justice isn't enough. You must be prepared to fight for it against powerful opponents over a long period of time.

Across the United States, women's health advocates in dozens of communities have been following Van de Bogart's example of persistence and determination. Working in coalitions much like the one in Ulster County, NY, they have been fighting proposed religious/secular hospital mergers that threaten to reduce or eliminate community access to contraception, emergency contraception for rape

victims, abortions and sterilizations. Since its founding in 1997 to assist Van de Bogart and her colleagues, The MergerWatch Project has worked with advocates from more than 70 communities in 32 states. The lessons from Ulster County have been studied and shared by hundreds of advocates who, in turn, are inventing new strategies to be passed along to others.

## **Building a broad-based coalition**

One of these lessons is the value of building a coalition that includes a wide array of community stakeholders. Jane Wishner, Director of the Southwest Women's Law Center in Albuquerque, NM, learned of a proposed merger in Santa Fe last year and vowed to fight it. Fortunately, she already had been working with MergerWatch on a special project to bring together reproductive justice advocates with groups concerned about end-of-life care choices. Those groups joined the merger coalition, along with an array of other patient constituencies and progressive religious groups supporting reproductive justice.

"The common theme, of course, is patient self-determination," Wishner says. "Who gets to make decisions about your health care – the hospital, the doctor or you? Whose religious or ethical beliefs should prevail? We firmly believe it should be the beliefs of the patient."

There are advantages to assembling a hospital merger coalition that extends beyond reproductive justice groups. A broad-based coalition can engage more people in the community and present a wider array of arguments about the potential impact of the merger. For example:

- End-of-life choice advocates can discuss the need to be sure that a patient's advance directive will be honored, even if what it requests is contrary to the teachings followed by the religiously-sponsored partner in a hospital merger;
- Physicians can raise questions about whether their ability to make sound medical decisions will be respected, once a hospital becomes governed by religious health care directives;
- HIV/AIDS prevention groups can ask whether "safer sex" counseling and condom distribution will still be allowed;
- Hospital employees can ask whether their jobs or benefits will be affected, and whether their health insurance will still cover contraception, sterilization and abortion services;
- Hospital donors can raise concerns about whether the historic local control of their hospital will be diminished by a business partnership with a regional or national hospital system that is headquartered out of town.

But having many different interests in a coalition can also make for more work in addressing everyone's concerns. Conference calls can take twice as long.

Meetings can erupt into angry disputes. An organizer will need to have a great deal of patience, and tact, in managing the work of such a coalition.

## **Choosing your strategy wisely**

When is it time to call a demonstration? When is it better to have a quiet cup of coffee with a hospital trustee? Is it worth trying to involve public officials in your struggle?

Many hospital merger coalitions around the country have started by meeting with hospital officials and holding community forums to educate the public and seek people's opinions about how to oppose the restrictive terms of proposed religious/secular hospital mergers. But after the initial weeks of work, coalitions often have to make difficult choices about which strategy to pursue. While some coalition members might want to chain themselves to the hospital doors – that was considered, and rejected in one community! – others are more comfortable contacting public officials or holding a press conference. Still others want to bring a lawsuit immediately.

After considerable discussion, the Santa Fe, NM, coalition decided their strategy should be to get hospital officials to put down on paper the lofty promises they were making in private meetings about how everything would stay the same after the only full-service hospital in town sold a 50 percent interest to a Catholic health system. So, they launched a “Get it in Writing” campaign through a website and paid ads in local newspapers that explained: “We believe the people of northern New Mexico need written assurances that the hospital will continue to provide the family planning and end-of-life care they deserve.” They also sent the hospital 17 detailed questions.

Then they met with two state cabinet secretaries, who controlled state funds the hospitals needed, and explained the coalition's concerns. Soon, the cabinet officials obtained the answers the coalition wanted, in writing. Now, their task is to monitor the situation and make sure the promises are kept. And so, we are back to Jane Van de Bogart and that very important point about persistence.

*by Lois Uttley*