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Hospitals' merger would ban women's surgery **Creative ideas sought to balance current services, Catholic standards**

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WATERBURY -- Seventy-six times at Waterbury Hospital last year, women who gave birth via Caesarian section also underwent tubal ligation -- otherwise known as having their tubes tied to prevent future pregnancies. Under the merger planned for the city's two hospitals, those women would be required to undergo the C-section, get stitched up, recover, then visit a separate facility to undergo ligation surgery and recovery.

It's an extra layer of risk, doctors say, but one that will be necessitated by the merger of Waterbury and Saint Mary's hospitals with an outside, for-profit company -- a deal both hospitals say is paramount to their continued existence. The goal is to build a state-of-the-art, 800,000-square-foot hospital, estimated to cost \$400 million. When Texas-based LHP Hospital Group and Waterbury Hospital signed on with Saint Mary's, they agreed to adhere to Ethical and Religious Directives outlined by the U.S. Conference of Catholic Bishops.

These guidelines prohibit tubal ligations, abortions and other reproductive procedures. Advocacy groups say the compromises to women's health go too far.

"In order for the community to grow, do we need to sacrifice women's health services for the institution of a religious body?" asked Teresa Younger, executive director of the state's Permanent Commission on the Status of Women. "We understand a top-notch facility would be wonderful, but it needs to service the entire community, and women's health should not be predicated upon. It is not our intention to tear down this deal, but someone needs to ask these questions and the state has an obligation and a responsibility to understand the complexities of these issues."

Waterbury Hospital has been trying to think of creative ways to maintain all of its current services while also upholding Catholic standards. The hospital plans to ask for state approval to build a separate, "ambulatory" center near, but not inside, the new acute-care hospital. The center would offer tubal ligations, but not tubal ligations directly after a C-section. Abortions would also not be performed. Other, yet-to-determined services would also be provided at the ambulatory center.

In 2011, seven abortions were performed at Waterbury Hospital, said Darlene Stromstad,

hospital president and CEO; 250 tubal ligations were performed, including 76 at time of C-section. This is out of a total of 2,400 birth deliveries between Waterbury and Saint Mary's hospitals.

Dr. Marcia Tejada, an obstetrician-gynecologist in Waterbury, said most women prefer to leave their community to obtain an abortion and that there are a number of clinics in the area that offer the procedure.

The new hospital would be a tax-paying, private entity. LHP would own 80 percent of the joint venture, with the local hospitals each having a 10-percent stake.

"Waterbury Hospital needs a replacement hospital, but the agreement by LHP and Waterbury Hospital to follow the ethical and religious doctrines for a 10-percent owner of a facility is problematic," Younger said.

The merger evolved in stages. Saint Mary's struck a deal with LHP in March, 2011 which included requirements to abide by the ethical and religious directives of the Catholic Church. Facing its own severe economic difficulties, Waterbury Hospital subsequently petitioned to join the merger last August.

Younger also questioned how sustainable a separate facility would be and whether the hospital would be using the best "standards of practice" if a woman leaves after a C-section and then must return to a separate facility for a tubal ligation.

Stromstad said she is "hyperaware" of all the concerns about women's health, but the priority at the moment is overcoming regulatory hurdles to getting the replacement hospital built.

"We have five years to figure this out," she said, alluding to the time estimated to construct a new hospital.

Waterbury is not the only city to face such obstacles as more secular and Catholic hospitals merge around the country. MergerWatch, a nonprofit organization in New York City, monitors such transactions. Representatives from the organization have been talking to Stromstad, Younger and other community members.

In Troy, N.Y., a secular hospital merged with two Catholic systems and created a "hospital within a hospital." Located on the second floor, the 20-bed maternity facility is owned separately and offers all services previously available to women at the secular hospital.

"This option was thoroughly evaluated, and was determined to be inconsistent with the Ethical & Religious Directives (ERDs), and our joint venture agreement, which states that the new hospital will operate in accordance with the ERDs," said Chad Wable, president and CEO of Saint Mary's Hospital, in an email response to questions.

Stromstad said a freestanding women's hospital was also considered, but did not appear feasible.

"This (a separate facility) is the best option we have," she said.

Tejeda, the Ob-Gyn, said five years is a long time to "negotiate our hopes and dreams" and that "we'll ensure the safety and quality of care does not suffer." The alternative to no merger, Tejeda said, is both hospitals potentially closing.

"We've had two hospitals in this city trying to make it work with competing billboards and here is this opportunity with an outside partner," she said. "We are optimistic we will have a facility that will accommodate all of a woman's needs."

Younger said it is not enough to assume these issues will be worked out in five years.

"We need them addressed and in writing right now," she said. "Women shouldn't have to speculate on what will be an option for them."

Once the merger is approved, which Stromstad hopes will happen this fall, Waterbury Hospital will no longer offer abortions, but tubal ligations, including those done after C-sections, will continue to be offered until the move to the new acute-care facility. The ambulatory center, she said, would be owned separately from the joint venture by a subsidiary of LHP and Greater Waterbury Health Network, Waterbury Hospital's current parent company.

As for other concerns, like emergency contraception, or handling an ectopic pregnancy, which is when the fertilized egg becomes implanted outside the uterus and is rarely viable, Stromstad and Tejeda said there should be no problem handling these issues in the new hospital's emergency room.

"Those are medical emergencies that are already dealt with at Saint Mary's," Tejeda said.

In-vitro fertilization also is not a concern, because such procedures are not offered in Waterbury now and most women are referred to private clinics in Shelton or Danbury, or to Yale-New Haven or UConn Health Center, Tejeda said. Likewise, vasectomies for men, which will not be done, are usually conducted in doctor's offices, Tejeda said.

Elizabeth Brown, a member of the citizens group Waterbury Community United that has raised concerns about the merger, said she worries what kind of message is sent to the surrounding area if women are treated, in her words, as "second-class citizens."

"Do we want to invest taxpayer dollars into an economic development project like that?" asked Brown, a Waterbury resident. "We want to make this deal work, but it can't be at the expense of women."

Younger agreed. "The Waterbury community should not suffer if a replacement hospital is built, and women's health should not be the bartering point for this to happen. Separate is not equal," she said.

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