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Hospital merger on hot seat

Official: Limiting women's services could set national precedent

By Carrie MacMillan
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HARTFORD -- Calling it the "elephant in the room," a representative from a nonprofit organization that monitors hospital mergers warned that Waterbury's proposed merger could set a national precedent if it limits reproductive services for women.

Sheila Reynertson, an advocacy coordinator for New York-based MergerWatch, spoke at an informational forum Monday about the proposed joint venture involving Waterbury Hospital, Saint Mary's Hospital and LHP Hospital Group, a for-profit hospital management group based in Texas.

As part of the agreement, Waterbury Hospital and LHP have agreed to adhere to Ethical and Religious Doctrines (ERDs) outlined by the U.S. Conference of Catholic Bishops. Those guidelines address end-of-life care and prohibit tubal ligations, abortions and vasectomies.

"No woman should have to be shuttled out of her community to receive the care she needs, especially not in a community like Waterbury, where there is to be a brand-new, state-of-the-art medical center supported by city and state funds," Reynertson said at the forum, which was hosted by the state's Permanent Commission on the Status of Women, the legislature's Public Health Committee and the comptroller's office. "There are better solutions. It is time to pick one."

Reynertson was one of 16 people to speak about the joint venture that officials hope will result in the building of a $400 million acute-care facility to replace the two existing hospitals.

While Darlene Stromstad, CEO and president of Waterbury Hospital, as well as Dan Moen, CEO of LHP, said Monday they are continuing to try to find a way to maintain all current services offered to women, no new solutions were offered.

Waterbury Hospital and LHP are proposing an "ambulatory" surgical center be built near the new hospital. It would be owned separately from the partnership with Saint Mary's and would perform outpatient tubal ligations. However, women would not be able to have a tubal ligation immediately after a baby is delivered via C-section, something that was done 76 times at Waterbury Hospital last year.

Following the forum, which was held in the Legislative Office Building, Reynertson said poor women are most likely to suffer from the loss of tubal ligations after a C-section. She cited a written statement provided by Planned Parenthood of Southern New England that was distributed at the forum. The statement said that, according to data from LHP, over the past three years 63 percent of women who had their tubes tied after a C-section were Medicaid patients.

"Those women can't afford to just go down the road and make arrangements to have this done elsewhere," Reynertson said. "I'm worried this ambulatory surgical center will be pushed through and women lose this option."

Teresa Younger, executive director of the Permanent Commission on the Status of Women, said discussions and negotiations are continuing over the women's issues and that she remains optimistic women will not lose services.

"It's going to take more conversations, and this (forum) was an opportunity to get information out to legislators," she said. "These issues are layered. Reproductive rights are at the top of the table, but end-of-life care is also an issue."

The effect of the religious doctrines on end-of-life decisions was broached by Theresa Connor, director of government affairs for Compassion & Choices, a Denver-based nonprofit. Connor pointed out how the directives impact living wills, which stipulate what medical care a person would like to receive to sustain life.

For example, one directive she quoted said, "In compliance with federal law, a Catholic health care institution will make available to patients information about their rights to make an advance directive. The institution, however, will not honor an advance directive that is contrary to Catholic teaching."

Connor said many of the directives are vague because local bishops can interpret them differently.

"Dying patients must be able to make decisions about whether to accept or reject treatments," Connor said. "The joint venture proposal to create a separate surgical center does nothing to address end-of-life issues."

Several speakers, including Mayor Neil M. O'Leary, voiced support of the joint venture, citing economic revitalization for downtown Waterbury, the creation of jobs for the four years of construction of the new hospital and the influx of tax money for the city.