

## **US Catholic Healthcare Systems Betray Their Mission: Scope of the Violations and Response to the Crisis**

A new study of Texas' *Inpatient Hospital Discharge Public Use Data Files* for 2000 through 2003 shows that the six US Catholic hospital systems operating in Texas reported providing contraceptive devices and medications as well as sterilizations of men and women in violation of human dignity and the Gospel (study may be viewed or downloaded from [www.wikileaks.org/wiki/Catholic\\_hospitals\\_betray\\_mission](http://www.wikileaks.org/wiki/Catholic_hospitals_betray_mission)). Over 9,600 women were explicitly diagnosed for direct sterilization. 900 additional operations to interrupt fallopian tubes and 57 events related to legally induced abortion or "termination of pregnancy" were reported in circumstances that may also have violated Catholic hospital directives. The study does not include data on the hospitals' provision of these procedures on an outpatient basis.

The study adds substance and clarity to information already available to the public at a healthcare consumer website ([www.txpricepoint.org](http://www.txpricepoint.org)) that reports approximately 950 sterilizations at Catholic hospitals in Texas during 2005. The Price Point data is inexact because it groups some non-sterilization procedures into its report on "vaginal delivery with sterilization" and it does not consider sterilizations in any other context (for example, with caesarean section delivery). The new study is far more precise because it reports on patient records that assign each type of diagnosis and procedure a unique code. The annual rate of sterilization found in the study is more than double that suggested by Price Point.

The six US Catholic healthcare systems active in Texas operate 90 hospitals in 20 states and 44 Catholic dioceses. The various communities of sisters who sponsor these systems sponsor an additional seven systems not active in Texas with over 150 hospitals in 34 states. Unless the systems present in Texas and their sponsoring sisters prevent elsewhere the procedures they provide in Texas, immoral practices are taking place nationwide at Catholic hospitals. Given the magnitude of the problem, the present review of the study and attached data summary with data sample have been independently prepared for church leaders and the public. The systemic failure of self-monitoring demonstrated in the data leads the review to conclude that ensuring authentic Catholic healthcare will require independent oversight of hospital practices, periodic monitoring of public records, and a revision of the hospital directives in light of the US Church's "best practices" for promoting ethical ministry. These best practices are found, for example, in the policies for abuse cases.

### **The hospitals and their violations**

The new study is based on Texas hospital data (see [www.dshs.state.tx.us/thcic/hospitals/HospitalData.shtm](http://www.dshs.state.tx.us/thcic/hospitals/HospitalData.shtm)) which provides administrative, patient-level information, including up to nine diagnostic codes and six procedural codes per patient. The data is submitted quarterly by the hospitals themselves and the state makes minor modifications to ensure patient and doctor confidentiality. In the study under review, individual patient records from each Catholic hospital were searched for diagnostic and procedural codes that are, or might represent, violations of the Catholic directives. The data does not include outpatient records from the hospitals or their attached medical offices, clinics, and ambulatory surgical facilities.

The researchers found 40 Catholic acute care hospitals in Texas, excluding specialty hospitals, belonging to six health care systems. There were 23 hospitals with explicit violations of the Catholic directives, 9 with only potential violations, 7 with no suspect procedures (at least 5 of which do not deliver babies) and one that is not required to report to the state. Prohibited procedures were reported by wholly-owned Catholic hospitals of each system and by hospitals run jointly by Catholic systems with non-Catholic partners.

The six systems involved were: **Ascension Health System** of St. Louis sponsored by Sisters of St. Joseph of Nazareth (Nazareth, MI), Sisters of St. Joseph of Carondelet (St. Louis), and four provinces of the Daughters of Charity (Albany, Emmitsburg, Evansville, and St. Louis); **Christus Health System** of Dallas sponsored by Sisters of Charity of the Incarnate Word of Houston and of San Antonio; **Franciscan Services Corporation** of Sylvania, OH sponsored by Sisters of St. Francis of Our Lady of Lourdes of Sylvania; **Sisters of the Holy Family of Nazareth** of Des Plaines, IL; **Sisters of Mercy Health System** of St. Louis sponsored by Sisters of Mercy of the Americas (Silver Spring, MD) and of St. Louis; and **St. Joseph Health System** of Orange, CA sponsored by Sisters of St. Joseph of Orange. These sisters remain active in Texas today, but they no longer operate six of the hospitals: Christus St. Joseph in Houston, Mercy in Laredo, Christus St. Joseph in Paris (two hospitals), and Holy Family's United Regional in Wichita Falls (two hospitals).

The hospitals reporting prohibited procedures were located in the dioceses of Amarillo, Austin, Beaumont, Corpus Christi, Fort Worth, Houston, Laredo, Lubbock, San Antonio, and Tyler. The six health systems and their sponsoring religious communities are based in dioceses as follows: Ascension in Albany, Baltimore, Evansville, Kalamazoo, and St. Louis; Christus in Dallas, San Antonio, and Houston; Franciscan Services in Toledo; Holy Family in Chicago; Mercy in Washington DC and St. Louis; and St. Joseph in Orange. This means that 11 of 15 dioceses in Texas and 9 dioceses outside Texas have had Catholic ministries sponsoring immoral medical procedures. The scope of the violations raises the issue of what is happening at hospitals in the other 27 dioceses served by these six systems and in the dioceses served by the other systems sponsored by Holy Family (Resurrection Health Care in Chicago) and by Mercy (Catholic Health West, Catholic Health Initiatives, Catholic Health East, Catholic Health System, Catholic Healthcare Partners, and Trinity Health in 34 states).

22 of the 40 Catholic hospitals in Texas reported 9,684 sterilization diagnoses (see data sample). The diagnostic code used in these cases, V25.2, indicates that a patient is to receive a procedure specifically for sterilization (male or female) as part of contraceptive management. The nature of the procedure(s) accompanying this diagnosis is unambiguous: direct sterilization prohibited by human dignity and the Catholic directives. These violations occurred at Ascension facilities in Austin and Waco; at Christus facilities in Alice, Amarillo, Beeville, Corpus Christi, Jasper, Kingsville, Paris, San Antonio, and Texarkana; at a Franciscan facility in Bryan; at Holy Family facilities in Tyler and Wichita Falls; at a Mercy facility in Laredo; and at St. Joseph facilities in Levelland, Lubbock, and Plainview. Sterilization can also be performed as an outpatient procedure.

32 hospitals reported 10,607 procedures of various types that would have prevented the proper functioning of the fallopian tubes. 96% of these procedures involved bilateral ligation, destruction, or occlusion of the fallopian tubes—procedures that rarely treat existing pathology—and, therefore, would likely constitute prohibited direct sterilization. In the absence of an accompanying diagnostic code for sterilization, one would need to attend to the diagnostic and procedural codes in a particular patient record to interpret whether direct sterilization was done or sterilization resulted indirectly from a legitimate medical treatment. These procedures were reported by the 22 hospitals indicated above, usually with a sterilization diagnosis, and by 10 other hospitals that had no occurrence of the V25.2 diagnostic code: at an Ascension facility in Austin; at Christus facilities in Beaumont, Corpus Christi, Houston, Katy, Nassau Bay, Paris, Port Arthur, and San Antonio; and at a Holy Family facility in Wichita Falls.

3 hospitals reported a total of 9 vasectomies: a Christus facility in Amarillo, a Franciscan facility in Bryan, and a St. Joseph facility in Lubbock. Six cases were accompanied by the V25.2 sterilization diagnostic code and three without V25.2. Those with the V25.2 code were direct sterilizations. Depending on the circumstances, the others may also have been violations. Vasectomies usually take place as outpatient procedures.

No investigation was made of sterilizations that resulted from uterine procedures. A single type of uterine procedure (for instance, a hysterectomy) might be used to treat a legitimate pathology or to avoid future, perhaps dangerous, pregnancies. The first case is permitted by the directives while the latter is prohibited. Uterine procedures were excluded from the study because the researchers believed the data available would not likely be sufficient to discern whether a particular case was permitted or prohibited by the directives. This is an area that needs further investigation.

12 hospitals reported a variety of diagnostic codes for 23 cases of contraceptive management other than sterilizations. 15 were explicit violations and 8 need closer investigation because the code used could signify either the removal or provision of contraceptive medications/devices. The hospitals involved were: Ascension facilities in Austin; Christus facilities in Beaumont, Beeville, Corpus Christi, Paris, and San Antonio; a Franciscan facility in Bryan; a Holy Family facility in Wichita Falls; and St. Joseph facilities in Levelland and Lubbock. Contraceptive management is frequently outpatient.

20 hospitals reported 39 cases of diagnostic codes for legally induced abortion and 18 cases of procedural codes “for termination of pregnancy” (as opposed to codes for similar procedures done “following delivery or abortion”). These cases require careful examination since the codes encompass the killing of live babies. They were reported by: Ascension facilities in Austin and Waco; Christus facilities in Beaumont, Beeville, Corpus Christi, Houston, Katy, Kingsville, Nassau Bay, Paris, San Antonio, and Texarkana; a Franciscan facility in Bryan; a Holy Family facility in Wichita Falls; a Mercy facility in Laredo; and a St. Joseph facility in Lubbock. The vast majority of induced abortions take place at hospitals or clinics on an outpatient basis.

## **The directives and the failure of hospital oversight**

The US bishops and the Vatican have known since the late 1960s that there were problems in Catholic health care and have repeatedly acted to prohibit immoral procedures. In 1975, the Vatican issued a document on the prohibition of sterilization (*Quaecumque sterilizatio*) to affirm the US Bishops' 1971 edition of the hospital directives. In 1993, then-Cardinal Ratzinger (now Pope Benedict XVI) reasserted this teaching with an *Instruction on Uterine Isolation*. Pope John Paul II proclaimed the dogmatic prohibitions against contraception, sterilization, abortion, and euthanasia in 1995 with the encyclical *The Gospel of Life*. At the turn of the century, Cardinal Ratzinger cooperated with the US bishops in revising the national *Ethical and Religious Directives for Catholic Healthcare* (fourth edition, 2001) in a further effort to promote human dignity and to end immoral procedures.

The current practice is that each bishop presents the directives to the hospitals in his diocese which, in turn, are to use them as a basis for official hospital policy. It is essential to note that while the religious sisters are expected to cooperate with the local bishop, their hospitals belong to them, not the bishop. The sisters and the hospitals establish their own policy and monitor compliance. These health systems are frequently much larger and able to call upon far greater resources than bishops of individual dioceses (see, for example, the April 4, 2008 front-page article in *The Wall Street Journal* on the wealth of nonprofit hospitals, including Ascension Health).

The directives clearly prohibit immoral procedures at Catholic hospitals, such as contraception, sterilization, and abortion (Directives 45, 52, and 53). These procedures are not permitted even if a pregnancy might endanger the life or health of the mother. All doctors and staff at a Catholic hospital are mandated to uphold the directives as a basis for medical privileges or employment (Directive 5). Catholic health systems interacting with non-Catholic agencies must avoid all "immediate material" cooperation with immoral procedures and all forms of cooperation with induced abortion (Directives 70 and 45). Partnerships with non-Catholics must respect Catholic teaching and discipline (Directive 68). Scandal must be avoided even in cases of legitimate cooperation with non-Catholic agencies (Directive 71). The directives, however, suffer from crippling defects: no consequences for violations, no means of reporting violations, and no independent oversight.

The study under review found 23 of 40 Catholic hospitals in six systems reporting explicitly prohibited procedures. This signals a wide-spread failure to ensure compliance with the directives. If these hospitals actually have official policies that accord with the directives, they are apparently not being enforced. This high number of explicit violations demonstrates the need to introduce transparent, independent oversight and to examine very closely the procedures at the nine hospitals reporting only possible violations, the 57 events coded as induced abortion or "termination of pregnancy," any uterine procedures resulting in sterilization, and Franciscan's Trinity Medical Center in Brenham (which is not in the study because it is not required to report data to the state). Outpatient procedures at the hospitals and their medical offices and clinics will also need to be investigated.

Six of the offending hospitals studied were in partnerships with non-Catholics: Christus at Baptist-St. Anthony (Baptist campus) in Amarillo; Holy Family at United Regional/8<sup>th</sup> St. in Wichita Falls; and St. Joseph at Covenant in Levelland, Lubbock (two hospitals), and Plainview. The directives require that these partnerships respect Catholic teaching and discipline, yet violations were routinely reported in large numbers.

It is important to note that even if in some of these partnerships the Catholic systems retained ownership of their original properties, they did not maintain independent control of the operations at those locations or refrain from participating in governance of operations at the formerly non-Catholic locations. Instead, they created new hospital entities (Baptist-St. Anthony, United Regional, Covenant), declared these to be ministries of the Catholic religious sisters and their Catholic health care systems, and joined their non-Catholic partners in operating these new entities at the combined locations. The Catholic systems were therefore as directly and immediately involved as their partners in providing immoral procedures at these locations. This immediate cooperation violates the directives. Governance of the hospitals and their activities, not the ownership of the buildings in which the offenses occur, is the issue.

Moreover, the Catholic systems involved in these partnerships do not seem to have been acting against their will or with care to avoid scandal as required by the directives for any form of legitimate cooperation. Christus,

Holy Family, and St. Joseph health systems were willingly providing sterilization at their wholly-owned facilities in other cities. Nowhere in official publications or websites seen by the present reviewers did these religious communities, their health systems, or their partnership hospitals offer justification for their cooperation. No statement was found expressing the Catholic partners' objections to the immoral procedures or to accepting oversight or remuneration for them.

At the time of the mergers, some of the Catholic systems made statements to the press asserting that they were following the directives and had approval from the church for their cooperation with immoral procedures. However, in no case were public statements from the Catholic systems found by the present reviewers detailing the exact arrangements for the cooperation and offering a theological justification. Instead, the systems offered the public vague descriptions and assurances of church approval. They did not reveal what they had told the local bishop or the Vatican to gain approval. What they have actually done in providing immoral procedures is now evident from their reports to the State of Texas.

### **Need for periodic review of records, independent oversight, and revised directives.**

Up to now, compliance with the directives and reporting of violations has depended entirely on the good faith efforts of the sisters and the hospitals. In fact, the 2001 Catholic hospital directives did not foresee a need to provide for mandatory reporting of violations within a hospital or for an independent review of hospital compliance. This self-monitoring has led to thousands of violations being hidden from the church and reported to the state each year. In this context, it is not surprising that the bishops and the Vatican did not know or could not verify what likely has been common knowledge in the offending hospitals and their local communities. The situation is dramatically changed by public use data files. Now anyone can discover what has actually been happening at Catholic hospitals in Texas and other states that collect similar data. A periodic review of the public data would foster accountability.

The mistake—and futility—of relying on self-monitoring by the sisters and the hospitals is amply demonstrated in the case of Ascension's provision of immoral procedures at Brackenridge Hospital, a building leased from the city of Austin in 1995. The Daughters of Charity of St. Louis (one of Ascension's sponsors) repeatedly stated that their Brackenridge operation was unique, that they were "forced" to cooperate with evil, that a third party did the immoral procedures, that there were no abortions, and that they had church approval. After years of controversy, it became public knowledge that the church had objections to the arrangements and Ascension was compelled to cease providing the procedures. In 2004, a secular, 12-bed hospital for poor women opened on the 5<sup>th</sup> floor of Brackenridge to offer immoral procedures outside of Ascension's control. It is only with the revelation of the Texas hospital data that the truth now comes out: while professing fidelity throughout the controversy, Ascension was actually providing direct sterilizations not only at Brackenridge, but at its other facilities in Austin and Waco. No third party was reporting procedures from Brackenridge or these other locations. There were also cases of induced abortion and "termination of pregnancy" at Brackenridge and the other facilities that warrant close examination. In addition, the 2005 Price Point information raises the possibility that sterilizations have continued at Brackenridge since the separate 5<sup>th</sup> floor hospital opened. The Texas hospital data files clearly establish that relying on Ascension and the Daughters of Charity, or any other sisters and Catholic health systems active in Texas, to monitor themselves is a bankrupt policy. They provide procedures and report to the state while they deny the truth to the general public and the church.

The Catholic approach to institutional accountability has changed remarkably since the current hospital directives were approved by the US bishops in 2001 due to the 2002 abuse scandal. Today, a commitment to human dignity and the Gospel is expected to be demonstrated in policies that mandate reporting of violations, investigation of accusations, independent review of compliance, consequences for failure to uphold policy, and a periodic review of public criminal records for everyone participating in the church's service to the vulnerable. The bishops have mandated this standard and have even embraced it for themselves. Catholic hospitals currently avoid it. The need to update the hospital directives in light of these "best practices" of the US Church and to hold the sisters and hospitals accountable through transparent oversight of inpatient and outpatient healthcare and though a periodic review of public hospital records is evident in the thousands of women sterilized at Catholic hospitals annually in Texas and perhaps in the lost lives of unborn children.