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NYS Legislature Needs to Protect Women's Health Care Services from Threat of Recommended Hospital Mergers and Closings

Albany, NY – Women's health advocates today asked the Assembly Health Committee to protect hospital-based access to women's reproductive health care from the serious threats posed by hospital closings and mergers that have been proposed by a state commission on health system restructuring.

"Several of the commission's recommendations will endanger women's access to comprehensive reproductive health care at their local hospitals," said Lois Uttley, Director of the MergerWatch Project, an organization that works to protect patients' rights and access to care. "The New York State Legislature needs to slow down the process of considering the commission's report, so that the affected communities will have more time to carefully examine the implications, particularly for women's health care."

Uttley and other women's health advocates testified at seven public hearings held from Buffalo to Long Island by the Assembly Health Committee. They were responding to a 240-page report released on November 28 by the New York State Commission on Health Care Facilities in the 21st Century. The legislature has until December 31st to either approve or reject it. If the Legislature takes no action, the recommendations become law.

Testifying at the Health Committee's hearing in Albany, Uttley explained that the commission has recommended closing the only hospital in the state dedicated specifically to providing high-quality women's health services, Bellevue Hospital in Schenectady County. Moreover, the commission has proposed four mergers of nonsectarian (non-religious) hospitals with Catholic hospitals that ban many women's reproductive health services, including contraception, contraceptive counseling, tubal ligations, abortions, infertility services and, in some cases, genetic counseling and treatment of ectopic pregnancies, Uttley explained.

The proposed mergers hospitals include Kingston Hospital and Benedictine in Kingston; Ellis and St. Clare's Hospitals in Schenectady; Niagara Falls Memorial and Mount St. Mary's in Niagara County; and St. Joseph's and Arnot-Ogden Medical Center in Elmira.

Mergers of nonsectarian and religiously-sponsored hospitals are extremely difficult to accomplish because of the need to accommodate the differing hospital cultures, ethical standards, clinical practices and service delivery menus, Uttley said. "Two of the proposed mergers – Kingston and Benedictine hospitals in Kingston and Niagara Falls memorial Medical Center and Mount St.

Mary's in Niagara County – have already been tried once, and have failed for these very reasons, at great cost to the hospitals and the communities that support them.”

A number of women's health advocates testified at a Health Committee hearing held in Kingston to gather comment on the proposed Kingston-Benedictine hospitals merger. Jane VandeBogart of Woodstock, a member of the group Preserve Medical Secularity that helped defeat the same proposed merger in 1997, objected to the commission's recommendation that women's health service be preserved in a location “proximate” to the hospitals.

“For many reasons,” VandeBogart said, “a physically separate location for comprehensive reproductive services is unacceptable, disrespectful and repugnant.” Segregating such services in a location apart from all other hospital-based services will “subject women to harassment and physical threats in freestanding clinics by religious zealots who wish to impose their religious views on others,” she said.

In addition, she said, the plan for a separate location “unnecessarily separates some services women need from others that are hospital-based, such as recommended bedside birth control counseling after a birth, or tubal ligations after surgical delivery, best done at the time of delivery, not as a another operation with attendant risks of a second surgery and anesthesia. “

Other issues that need to be addressed in each of the four religious/secular hospital mergers include “safer sex” counseling and discussion of condom use to address STD and HIV/AIDS prevention and protections for patients' ability to make end-of-life decisions (such as DNR orders and requests to refuse or remove feeding tubes) that may conflict with Catholic moral teaching.

“The devil remains in the details for each of these mergers,” explained Uttley. “Where will maternity units be located? If they are not in the nonsectarian hospitals, how will women get post-partum tubal ligations? Will women be able to have bedside contraceptive counseling?”

In Schenectady, the merger of Ellis and St. Clare's hospital and the closing of Bellevue Women's Hospital will severely affect women's access to health services, including maternity services. Bellevue Hospital is the only specialty women's hospital in the state. More than 2,000 births take place there each year, and it provides care for high-risk cases. The Commission has suggested this service could be transferred to a merged hospital created from the combination of St. Clare's and Ellis Hospitals. However, Ellis has no maternity unit, and St. Clare's is a Catholic hospital which presently accommodates about 800 births a year. Because of Catholic teachings, St. Clare's would not allow the post-partum tubals or the abortion services currently provided at Bellevue. Questions remain about whether each hospital would remain open and if the merged entity would be able to absorb services from Bellevue.

“The Legislature has the opportunity to stop the clock and give themselves and community members time to carefully consider how these recommendations will affect the health care of all New Yorkers,” said Uttley. “Too many important questions remain unanswered.”

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*The MergerWatch Project advocates for patients' rights and access to care.
We believe that the needs and rights of patients must come first in medical decision-
making and in the design of health care delivery systems.
The organization is based in New York City.*