

 Columbia Law School

LAW, RIGHTS, AND RELIGION PROJECT

The Southern Hospitals Report

Faith, Culture, and Abortion
Bans in the U.S. South

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Executive Summary

When research for this report was first initiated, it was intended to answer a narrow question: is abortion care restricted at historically Protestant hospitals in the U.S. South? Strict limits on access to abortion at Catholic hospitals—and the ways in which this can obstruct and delay even emergency medical care—are already well documented in legal and medical literature and news media. In contrast, restrictions at Protestant hospitals have not been extensively studied and are not well understood. Our research sought to fill this gap in knowledge. We focused on the U.S. South because Catholic hospitals are less concentrated in the South than in other regions (especially the Midwest and Pacific Northwest), leaving Protestant hospitals to play a potentially larger role in the delivery of medical care.



Through interviews with hospital administrators, religious leaders, and medical providers, we discovered that restrictions on abortion care at historically Protestant hospitals in the South are pervasive. Over the course of our research, however, our initial narrow focus expanded to incorporate two additional findings. First, we learned that these Protestant hospitals' relationships with their founding denominations are not as *historical* as we originally expected. In fact, we established at least 17 cases in which religious organizations still appoint, nominate, or approve members of health system or hospital boards of trustees. Other systems require trustees to be members of particular denominations. These boards are tasked with making major financial, ethical, and medical decisions for the hospital systems.

Second, we learned that in addition to Protestant hospitals, abortion care is *also* restricted at many secular hospitals (including public hospitals) across the region for a variety of reasons. This latter finding is especially important given that the right to legal abortion is now directly in the crosshairs at the Supreme Court. Should *Roe v. Wade* be hollowed out or overturned, most Southern states will likely ban abortion, shuttering freestanding abortion clinics. This will make hospital restrictions on abortion even more significant, as patients facing serious pregnancy complications or underlying health conditions, such as cancer, will no longer have any legal alternative for abortion care in their state. Instead, they will be at the mercy of not just state abortion laws, but also hospital policy restrictions at Catholic, Protestant, *and* many secular facilities.

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Is abortion care restricted at historically Protestant hospitals in the U.S. South?

The key findings of our report are:

1 Abortion is restricted at Protestant hospitals

Abortion restrictions at Protestant hospital systems in the South are ubiquitous. The massive Baylor Scott & White system in Texas—which “[i]f its service area were a state, it would be the eighth largest, providing care to a population larger than that of Georgia”¹—is one of numerous systems that we confirmed strictly regulated abortion.

While all hospitals in theory permit abortion when a patient’s life is in danger, how this exception applies in practice can vary. For example, one doctor who worked at a Baptist hospital in Kentucky told us that patients were frequently transferred to other facilities if their water broke before their pregnancy was viable, but they were not yet clearly infected, because this would not count as a life-threatening emergency. Hospital policies differ with regards to whether they allow abortion to protect a patient’s health, in the case of pregnancy resulting from rape or incest, or for severe fetal anomaly.

2 Health systems are not just “historically” Protestant

Many large Southern hospital systems continue to maintain close, sometimes formalized ties with religious organizations, such as state Baptist conventions or Methodist conferences. These religious organizations often elect a portion of the systems’ board of trustees. For example, the board for the Baptist Memorial Health Care system is elected one-third each by the state Baptist conventions for Arkansas, Mississippi, and Tennessee.

3 Abortion is restricted at secular & public hospitals

While our research focused on Protestant facilities, a number of medical providers reported to us through surveys and interviews that abortion is restricted at many *secular* hospitals in the South. Providers suggested that these policies could be motivated by a variety of factors, including state laws, funding restrictions, the religious or moral beliefs of hospital boards or administrators, or social pressure from the larger community. As one doctor working at a public facility put it, “if the hospital decided to do abortions there and people knew about it, there would be public outrage.” Another said her academic hospital limited abortion because of “sitting anti-choice members” on the board of trustees.

4 Many Protestant & secular hospitals use abortion committees

Our last finding applies to both religious and secular facilities. We discovered that many hospitals in the South where abortion is restricted use specialized abortion committees to evaluate doctors’ requests to perform a pregnancy termination. These committees, which were common in the pre-*Roe* era, are often assumed to have vanished. In fact, we found that they still exist in a number of institutions today, including Protestant and even some public hospitals. Committees may be comprised of OB-GYNs, other medical providers, attorneys, and—in some religious hospitals—faith leaders.

For example, at Baptist Health System facilities in Texas, medically indicated abortions are evaluated by an “ad hoc committee” consisting of two obstetricians and the facility’s Director of Pastoral Care or Staff Chaplain. One doctor told us that at the public hospital in Texas where she worked, doctors who want to perform an abortion because of medical indications have to seek approval from a committee made up of high-level administrators who are “not even OB-GYN physicians.”

Thus, our research reveals that access to abortion, including during medical emergencies, is even more severely curtailed than already-restrictive state laws might suggest. Layered on top of legal limits are policies implemented by hospital systems, both large and small. These restrictions on abortion care are commonplace at Protestant-affiliated hospitals throughout the South and have been implemented at many secular hospitals as well.

The report contains additional sections discussing policies on gender-affirming care at Protestant hospitals and the impact of refusals of care by individual providers. It concludes with recommendations for how various actors might take steps to mitigate the harms of hospital abortion restrictions. While these recommendations include legislative solutions, such as laws eliminating the right to refuse care during an emergency, we recognize that such bills will be extraordinarily challenging to pass in most Southern states in the immediate future. Therefore, we also give some modest suggestions for how doctors can work inside hospitals to expand access to care, how advocates and faith communities can lobby for improved hospital policies, and how patients can learn about and attempt to prepare for any restrictions at their local religious and secular hospital systems.



Our research reveals that access to abortion, including during medical emergencies, is even more severely curtailed than already-restrictive state laws might suggest.

Introduction

This report by the Law, Rights, and Religion Project provides a detailed assessment, with firsthand narratives, of how both religious and secular hospitals across the U.S. South restrict and deny even medically indicated abortion care. The findings are timely given that, nearly fifty years after the *Roe v. Wade* decision, the right to legal abortion in many states now hangs by a thread.² As we show, hospital abortion policies can result in delays or refusals of care to patients facing premature labor, other medical complications, such as underlying conditions that make pregnancy dangerous, or serious fetal anomalies. So long as *Roe* remains law, at least some patients turned away from hospitals may seek services at private abortion clinics.³ If *Roe* is overturned, however, clinics in entire regions of the country will close, and there may no longer be any legal alternative when hospitals deny care. Thus, understanding and addressing hospital abortion restrictions will be all the more essential.

In addition to describing *how* abortion is restricted in hospitals, this report will also consider *why* it is restricted. In the case of religious systems, we will detail how many hospitals founded by Protestant churches—often thought to now be religious “in name only”—have in fact retained important ties to religious organizations that are strongly opposed to abortion. In a few cases, we uncovered that religious organizations legally bound hospital systems into retaining abortion restrictions – for example, as a term of affiliation or sale. More commonly, religious organizations play a role in selecting members of hospital boards of trustees, who are in turn responsible for all significant hospital policies.

In the case of secular institutions, the reason for restrictive abortion policies vary, and are sometimes obscure. Several state legislatures have legally prohibited abortion at public hospitals.⁴ Doctors in some facilities attribute their hospital’s policies to anti-abortion administrators or boards, fear of losing public or private funding, or a more general cultural climate of hostility to abortion. A few people we interviewed described a kind of fusion of religion and medical practice in their hospitals, religious or secular, especially when it came to the issue of abortion. Dr. Debra Stulberg, a leading researcher of religious medical restrictions, told us: Protestantism “is woven into the fabric of American culture so deeply that it’s hard to distinguish between making a religious argument and just saying ‘we don’t do elective abortions here.’”

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Dr. Debra Stulberg

The American College of Obstetricians and Gynecologists has stated that in emergency situations, medical providers have an obligation to provide “medically indicated and requested care regardless of the provider’s personal moral objections.”⁵ This standard is being disregarded at far too many hospitals. Whether a restrictive policy is due to religious rules, boards of trustees, laws, culture, or some other factor, the impact on patients is largely the same: the care they receive prioritizes opposition to abortion above best medical practice and the patient’s own religious and moral values and decision-making.

Background Information

On This Report

This report is the result of a two-year research project involving interviews with hospital system employees, medical providers, affiliated religious institutions, and local advocates. More detail on our methods can be found at the end of the report. To protect their privacy, we have anonymized the names of almost all healthcare providers quoted in the report, as well as the institutions where they currently or previously worked. While our research focuses on the South, defined broadly,⁶ many of our findings are relevant to Protestant and secular hospitals across the country. Thus, we have included some especially powerful stories collected from medical providers outside of our geographic focus area. An appendix at the end of this report includes detailed information about the abortion and governance policies of each Protestant system that we studied.

The Law, Rights, and Religion Project issued a report in January 2018 called *Bearing Faith: The Limits of Catholic Health Care for Women of Color*, in which we documented how pregnant women of color in many states are more likely than white women to give birth at Catholic hospitals, and are therefore at greater risk of being deprived of a range of reproductive health services under Catholic policies.⁷ *Bearing Faith* did not find, however, that women of color were overrepresented as patients at Catholic hospitals in the South, where Catholic systems are generally less prevalent. This led us to question what reproductive health services are offered at Protestant facilities in that region—and eventually to write this report.

A recent study found that a nationwide ban on abortion would lead to a:

21%

increase in the number of pregnancy-related deaths overall

33%

increase in the number of pregnancy-related deaths among Black women

Because we found the relationships between health systems and Protestant denominations in the South to be so complex, this report focuses on descriptive rather than quantitative information. For example, even attempting to offer a clear number of “Protestant hospitals” in the South begs the question—what counts as a Protestant hospital? We encountered health systems where the entire board of trustees is selected by religious institutions, systems where *no* members are selected by religious institutions but they are required to be people of faith, and systems where some board members are selected by a nonprofit foundation whose own board is, in turn, selected by a religious institution. Rather than attempting to quantify such wide variations in policy, we have opted instead to focus on the substance of these relationships.

While we did not specifically assess the impact of Protestant hospital restrictions on women of color in this report, ample research has established that women of color across the country are more likely to encounter barriers to reproductive healthcare.⁸ Black women in particular are three to four times more likely to die from pregnancy-related causes than white women.⁹ Because abortion is less medically risky than childbirth, one recent study found that a nationwide ban on abortion “would lead to a 21% increase in the number of pregnancy-related deaths overall and a 33% increase among Black women.”¹⁰ These underlying disparities in health access and outcomes make it all the more urgent to study denials of abortion care in the South, where more than half of the Black population in the U.S. lives.¹¹

We should also note that much of the research for this report was done prior to the passage of S.B. 8 in Texas, which as of this writing has banned nearly all abortions in the state with no exception for pregnancies resulting from rape or incest, or in cases of fetal anomaly.¹² Any information we offer on abortion care at hospitals in Texas is intended to convey systems’ policies in place even before S.B. 8 became effective, and we assume that all hospital facilities in the state are in compliance with that law.

Finally, two quick notes on the terminology used in this report. First, we acknowledge that differentiating between “elective” and “therapeutic” or “medically indicated”

abortion is largely, as one article in the AMA Journal of Ethics put it, a “moral judgment dressed up as medical judgment.”¹³ Thus, these terms are used throughout only to explain existing hospital policies on abortion rather than as normative descriptors. Second, we acknowledge that people of all genders need abortion care, and thus use the term “patient” to describe those seeking abortion. However, we have not changed any quotations from hospital administrators or written policies that refer to patients as “women” or “mothers.”

On Abortion in Hospital Settings

Only about four percent of all abortions in the U.S. are performed in a hospital setting.¹⁴ This is due to a variety of factors, including that abortion is highly stigmatized and is generally not a profitable procedure for hospitals. The vast majority of abortions are instead performed at dedicated reproductive health clinics. When an abortion is performed at a hospital, it is typically because there is some medical indication to end the pregnancy, either because the patient’s life or health is at risk or because the fetus has severe anomalies. In fact, because some medical providers define an abortion as the *voluntary* termination of a pregnancy, not all providers would even deem a pregnancy termination in the context of a serious medical complication to be an “abortion.” Nevertheless, for clarity we have decided to call all pregnancy terminations “abortions” in this report, whether or not they are medically indicated.

Thus, hospital rules that restrict abortion mainly impact patients with pregnancy complications. These may include patients with underlying medical conditions that make pregnancy risky (such as kidney disease or blood disorders), patients whose ongoing medical treatment (for example, radiation therapy) may interfere with a pregnancy, or pregnancies with severe fetal anomalies. Such patients may have medical conditions that make them unable to be safely treated at an outpatient clinic.

Many doctors we spoke to specifically mentioned the impact of abortion restrictions on patients whose water breaks prior to fetal viability (approximately 24 weeks). In the absence of hospital restrictions, the question of whether, when, and how to end a pregnancy in such circumstances would be left to the doctor and patient. Depending on the specific circumstances, some patients may choose to continue the pregnancy, despite a risk of maternal and fetal complications. In other cases, patients may wish to end the pregnancy to avoid such risks. In hospitals where abortion is only allowed in immediate, life-threatening emergencies, however, doctors may have no choice but to wait until such a patient becomes ill or suffers an infection in order to perform the procedure. For example, Dr. Jamila Perritt, president and CEO of Physicians for Reproductive Health, explained:

“I have colleagues that have expressed concerns their patients were not getting appropriate care because they were in religiously affiliated institutions...One particular patient who stands out whose water broke at 20 weeks. Typically in this case, we review options for care as well as the risks and benefits of each with the patient so that they can make the most informed decision. In this case these risks include an increased risk for infection, hemorrhage, and other outcomes that could put the pregnant person’s life at risk. But, this isn’t what happened for this patient. The providers only discussed one option – remaining pregnant. This person, my colleague, called me on my personal cell phone because we had been in training together and we’ve known each other for years and she said, ‘This is bad, this is malpractice. No one at all will even discuss an abortion with her and I’m afraid if I bring it up I’ll be penalized for even talking about it given the environment I’m practicing in.’”¹⁵

Similarly, in response to a survey question about whether medical providers had ever treated a patient who had been “transferred or turned away from an institution that refused to provide a service on religious or moral grounds,” a doctor at a public hospital in Texas explained that she had seen patients whose water had broken before viability “becoming septic”—a life-threatening emergency caused by the body’s response to an infection—“but refused termination services because the fetus still had a heartbeat.”

And a doctor who had worked at hospitals both in and outside of the South told us that when a patient is 19 weeks pregnant “and their water breaks but there’s still a heartbeat, lots of hospitals won’t intervene...even though that can be dangerous and lethal. And then the patient doesn’t know that they’re not intervening...so they don’t even know to ask to be transferred.”

In other cases, strict limits on abortion care can impact patients’ treatment for ongoing serious medical conditions. For example, one doctor working in a publicly affiliated facility in the Midwest, outside our focus area, told us of a patient who was denied both an abortion and, she suspected, the best possible treatment for her cancer because of the hospital’s restrictive policies. The patient, who had acute leukemia, wanted to end her pregnancy, but her treating oncologists wrote in her medical chart that her pregnancy would not have any impact on her cancer care.

“Because that was in her medical chart—that treatment was not going to change—it meant that from the hospital’s perspective she didn’t have a medical indication for termination of pregnancy. And we do not do elective terminations at our hospital.

We tried almost everything to get her the care she needed. She was deemed too sick to transfer to another hospital that would do that procedure and she essentially remained in the hospital for weeks being pregnant. She ultimately got a spinal abscess that caused quadriplegia, and she was still not allowed to have a termination...

She eventually miscarried at 17 weeks, which was about eight to nine weeks from her initial admission to the hospital. A miscarriage at 17 weeks is more difficult on the human body than an abortion at eight weeks. So that was unfortunate and difficult and frustrating...

Talking to some of the consultants on the side, some of them did feel like her [leukemia] care would change [if she weren’t pregnant]. They could try different treatments, they could do the same treatments but do it more aggressively and they wouldn’t have to worry about fetal effects or anything like that...[but] our hospital has to report...how many abortions are done at that hospital and they try their hardest to make that number zero.”

As this report shows, doctors in many hospitals—not just religious but also some secular facilities—are constrained under formal or informal policies in what care they can provide. This can lead to delays as physicians are forced to consult with hospital administrators or abortion committees, transfer patients to alternate facilities, or even wait until a patient gets sicker to provide care.

On Religious Denials of Care: Is this Legal?

The federal government and nearly every state have passed laws offering some protection to medical providers—including both individual doctors and entire medical systems—that refuse to provide care that violates their religious or moral beliefs.¹⁶ While these laws are often called “conscience clauses,” they don’t protect everyone’s freedom of conscience. Instead, most protect only those who refuse abortion services, and offer little or no protection to medical providers who feel morally or religiously obligated to provide comprehensive reproductive healthcare. Moreover, when medical refusal laws allow entire health systems to opt out of providing abortion care, they can have the effect of making this care inaccessible.

That said, refusal laws do not provide a license to offer inadequate or substandard medical care, or to violate patients’ right to informed consent about the treatment they are receiving. There has been some litigation challenging religious medical refusals—including after patients were denied care during medical emergencies.¹⁷ However, this history is beyond the scope of this report.¹⁸

Findings

It has been well documented by researchers, advocates, and journalists that abortion is strictly prohibited at hospitals affiliated with the Catholic Church, which account for about one in six hospital beds in the U.S.¹⁹ These restrictions are explicit, formalized, and relatively well known, at least in the medical and reproductive health communities.²⁰ Employees at Catholic healthcare facilities are required to abide by a set of written guidelines issued by the U.S. Conference of Catholic Bishops called the Ethical and Religious Directives, or ERDs. The ERDs prohibit medical staff from providing—and, in some cases, even discussing—abortion. They also restrict the provision of contraception, sterilization, some gender-affirming medical care, and certain forms of end-of-life care.

In contrast, relatively little has been published on reproductive health policies at Protestant hospitals—even though these facilities are as or more prevalent than Catholic hospitals in some Southern states.²¹ A study of Catholic hospitals published by Community Catalyst in 2020 found 141 hospitals operating under Catholic directives in the South, including 44 in Texas and 15 in Florida.²² While our study used a broader definition of “hospital” than Community Catalyst, we found significantly more Protestant facilities in these two states, including at least 133 in Texas and 37 in Florida.²³

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Perhaps because abortion policies at Protestant hospitals are not well researched, some people—including medical providers—assume that abortion is not restricted in these facilities. As one doctor who had worked at both Catholic and Baptist hospitals in Kentucky told us, “I understood the ERDs in...the Catholic hospital [but] did not realize there would be restrictions in the Baptist hospital because nobody publicizes that...I was excited to move from a Catholic institution to the Baptist institution because I thought that we would have no restrictions.” Far more troubling is the fact that many *patients* are likely unaware of restrictions at Protestant hospitals. The same doctor told us:

“If you were a patient, you would have no idea that [religious restrictions were] even an issue... If you had a problem where your water broke early, and you went to [the hospital where I worked]...you might even have a doctor that would say there was no option for you...They’re like, ‘oh well, you’re at [name of hospital], we can’t do anything.’ And they don’t transfer [to another hospital], they don’t have privileges at another hospital. And they’re like, ‘oh, well, you just have to wait and see if you get infected or not.’”

One reason for the assumption that Protestant policies do not restrict abortion may be a second misconception: that most Protestant hospitals are no longer meaningfully religious, since so many of them have merged with or been sold to secular companies over the past several decades. In initial calls to healthcare advocates working in the South, a few posited that there were no longer any remaining ties between Protestant hospital systems and religious institutions. Even one doctor who had practiced in Baptist and Methodist facilities minimized their current religious identities, explaining: “It’s a name. And these are historic names.”

Our research refutes both of these beliefs. We found that many Protestant hospitals promulgate strict limits on abortion care in their facilities and that religious groups have retained important roles or interests in many large health systems.²⁴

The findings in this report focus on the three denominations that we found to be most prevalent among Southern hospitals: the Southern Baptist Convention, with at least ten health systems, the United Methodist Church, with at least nine, and the Seventh-day Adventist Church, with at least one very large multistate system.²⁵ These three denominations have somewhat different approaches to the issue of abortion. Since conservatives took the helm of the Southern Baptist Convention in the 1980s, the Convention has taken a hardline stance against abortion, issuing numerous resolutions condemning it except in the narrowest of circumstances.²⁶ A 1996 statement, for example, claimed that incorporating a “health exception” into abortion laws “has been completely discredited as a catch-all loophole.”²⁷ The Adventist Church has in recent years also doubled down on its opposition to abortion: in 2019, the Church passed a resolution claiming that abortion is “out of harmony with God’s plan for human life.”²⁸

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This report focuses on the three denominations that we found to be most prevalent among Southern hospitals:

- + Southern Baptist Convention
- + United Methodist Church
- + Seventh-day Adventist Church

The General Conference of the United Methodist Church takes a more moderate (though still restrictive) stance on abortion in its regularly revised “Social Principles.” The most recent version of the Social Principles states that some “tragic conflicts of life with life may justify decisions to terminate the life of a fetus,” such as where “the life of the mother is in danger...or when severe abnormalities threaten the viability of the fetus.” It continues, “[i]n these limited circumstances, we support the legal option of abortion and insist that such procedures be performed.”²⁹ In 2016, the General Conference voted to withdraw its earlier resolution in support of *Roe v. Wade*, as well as its longstanding participation in the abortion rights group Religious Coalition for Reproductive Choice.³⁰



FINDINGS

1 Abortion Restrictions at Protestant Hospitals

2 Religious Organizations & Governance at Protestant Hospitals

3 Abortion Restrictions at Secular & Public Hospitals

4 Abortion Committees at Religious & Secular Hospitals

1 Abortion Restrictions at Protestant Hospitals

Protestant-founded hospitals across the South strictly control the provision of abortion in their facilities. While specific policies and practices vary widely, all Baptist hospital systems in the South where we were able to confirm their policy on abortion restrict the procedure in some way. Methodist systems were both more difficult to determine and more varied.

We found at least four that restrict abortion, including two that abide by the ERDs because of their affiliations with Catholic systems. The only Adventist system with hospitals in the South also restricts abortions. The appendix at the end of this report provides greater detail on our findings about abortion policies at each system that we studied. Among many others, hospital systems across the South that restrict abortion care include:

- **Baptist Health in Montgomery, Alabama.** The system's Vice President of Community Engagement told us, "we as an organization do not do abortions." In a life-threatening situation, he said, "the hospital is going to do whatever it can that is necessary to protect both the female patient and the unborn child."
- **Baptist Health Care in Pensacola, Florida.** Abortion is restricted at the system because, as the public relations department told us, they are "committed to the sanctity of all life."
- **Houston Methodist in Texas.** Prior to the passage of S.B. 8, "abortions were offered for only two reasons," according to the system's Vice President for Spiritual Care and Values Integration. These included where the fetus had an anomaly "that would not allow them to live longer than 28 days, which had to be proven" or where "the life of the mother was in danger."
- **St. Joseph's/Candler in Savannah, Georgia.** Created out of a 1997 affiliation between a Methodist and a Catholic health system, it now abides by the Catholic Ethical and Religious Directives.
- **St. David's Healthcare in Austin, Texas.** At this historically Episcopal system, the medical staff bylaws restrict abortion, stating "[c]onvenience abortions will not be performed at the Medical Center."³¹

There was only one case in which we were told that a hospital system did *not* restrict abortion. The Vice President of Pastoral Care Services at Methodist Health System (MHS) in Texas told us that (at least prior to S.B. 8), "for an elective procedure it would be between the patient and their physician...we haven't taken a formal stance." When we attempted to confirm this after S.B. 8 went into effect, MHS's public relations department told us that the information was not "entirely accurate," but declined to tell us the system's *actual* policy on abortion, aside from saying that MHS performs abortions "in compliance with Texas laws and regulations." Some other systems, including Texas Health Resources in North Texas, declined to share their policies on abortion.

Abortion Policies: Restrictions and Exceptions

Most Protestant hospital policies officially permit abortion when necessary to protect the health of the patient. The specific language of such provisions varies. At the stricter end of the spectrum are entities like Baptist Health System (BHS) in San Antonio, whose health exception only permits abortion when “medically necessary to avert...a serious risk of substantial and irreversible physical impairment of a major bodily function, other than a psychological condition.”³² At the somewhat more lenient end are systems like Memphis-based Methodist Le Bonheur, which permits termination “for the purpose of preserving...[the] health of the mother, including psychological reasons.”³³

Some hospitals also allow abortion in the case of fetal anomalies. At a few systems, including BHS and Baylor Scott & White in Texas, only abortions for *lethal* fetal anomalies are allowed. Exceptions for pregnancies resulting from rape or incest are common, but not universal: an administrator at the AdventHealth system told us that in their hospitals, victims of rape and incest are referred to their own physicians if they want an abortion unless their health is also at risk.

Even the most stringent hospital policies that we uncovered officially permit abortion when necessary to protect the *life* of the patient. However, determining when a patient’s life is in danger is not always clear-cut. Hospital oversight over the provision of abortion restricts decisions that would otherwise be left to the wishes of the patient and the expertise and judgment of their treating doctor. One OB-GYN explained how this occurred at the Baptist hospital where she had worked in Kentucky:

“One of the things that really bothered me was that if a woman comes in and she’s pregnant and she’s broken her water and her fetus is not viable, in other hospital systems we are allowed as physicians to make the call or decide with the patient whether or not she wants to proceed with the pregnancy because it becomes a very high-risk pregnancy...But at [the hospital where I worked] they don’t allow that. So, you have to actually go...[to an] ethics board to get permission and to prove that the mother’s life is [in] danger before you can induce a termination.

So what would happen is that we would have to transfer the patient to another hospital if she decided she didn’t want to continue the pregnancy and there was no sign of her being infected or having her life at risk, because they would not approve that. So, it really took the decision-making out of the physician’s hands and out of the patient’s hands...

These poor women, they have to get transferred to another hospital to get healthcare, I mean it’s just ridiculous.”

At BHS in Texas, an administrator told us that even in a case where it is deemed warranted to terminate a pregnancy, such as when a patient is in the process of miscarrying, the hospital would only do so by inducing labor. This can be far more prolonged and risky than undergoing a surgical abortion.³⁴ “We would never do a—I’m going to be crass here—a suck-‘em-out type of abortion,” Keith Bruce, former Vice President of Mission and Ministry at BHS explained. “Really what we do would be an induction of labor.” Bruce thought this preference for inductions was due in part to the hospital’s religious values, but also noted his belief that the practice was “medically called for as much as anything.”

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While we did not research these issues, we also encountered Protestant systems that restricted training, research, and insurance coverage for abortion.³⁵ For example, Baylor Scott & White’s website states that “[t]raining in elective termination of pregnancy is not offered” to residents on their campuses.³⁶ Baptist Memorial Health Care prohibits “[r]esearch specifically designed to study fetuses...[r]esearch involving nonviable neonates or neonates of uncertain viability...[and r]esearch involving elective abortions [or] stem cells taken from fetuses.”³⁷ Baptist Health (Alabama),³⁸ which claims to be the “largest private employer in Central Alabama,” restricts abortion in its 2020 employee health insurance policy.³⁹

2 Religious Organizations & Governance at Protestant Hospitals

In addition to researching policies on abortion care at historically Protestant hospitals, we also sought to better understand why these policies have been implemented—especially given that many systems founded by religious groups are now owned by secular, for-profit companies. If Protestant hospitals are religious in name only, as some people we spoke to suggested, what was motivating them to regulate abortion so strictly? This line of inquiry led to a second finding: Protestant hospitals have, in fact, retained numerous and varied connections to religious entities.

These connections are, in many cases, not as sharply defined as in Catholic hospitals. As one administrator at a Baptist hospital told us, Catholic “polity is very top down whereas Baptists, Methodists...would be a little bit more bottom up.” An administrator at a Methodist health system echoed this, explaining “our relationship is...not quite as defined as, say, with the Catholic system, or an Adventist health system, or even a Baptist health system.” Nevertheless, these relationships are real and meaningful.

History of Protestant Healthcare

Many Protestant hospitals were founded as individual community hospitals during the late 19th and early-to-mid 20th centuries, often by wealthy individuals, churches, and/or local religious associations. Some were founded by, or later decided to affiliate themselves with, statewide religious groups such as Southern Baptist conventions or Methodist conferences. At least in the case of Baptist hospitals, state conventions’ control was rarely absolute. Keith Bruce of Baptist Health System (BHS) in Texas explained, it would be “a little bit of a misnomer to say that the convention owned the institutions.” Rather, the hospitals and conventions “partnered to give the conventions some rights...For instance, in most cases, the convention elected all of the trustees and it was understood and required that all of those trustees would be Baptist.” Key hospital administrators were often also expected to be members of the faith.

Today, the relationship between health systems and Protestant denominations tends to be far more attenuated. The past several decades have been a time of increasing consolidation in American healthcare as locally controlled hospitals have merged—sometimes several times over—into large systems. This trend has impacted secular and faith-based hospitals alike. Many hospitals founded by religious communities have since merged, entered into joint ventures, or otherwise partnered with or been sold to secular nonprofit or for-profit systems. One hospital administrator told us that while the CEOs of Baptist hospitals used to meet annually as part of a loose organization called the Baptist Healthcare Association of America as recently as the early 2000s, these meetings—and the organization—ended due to hospital consolidation. He explained, “that was...sort of the ending stages of Baptist hospitals as autonomous Baptist groups in the United States. Most of those hospital systems that were represented there...are now owned by typically investor-owned systems.”

Despite these significant changes, we nevertheless found that many Protestant hospitals have maintained affiliations with denominational entities. Even hospitals that are now managed by large secular corporations have retained important aspects of their religious identity, far beyond the lingering “Baptist” or “Methodist” in their names.

Current Governance Policies

Today, each Baptist hospital system relates to its affiliated Southern Baptist convention “in a little bit of a different fashion,” as Keith Bruce of BHS explained with regard to the institutions in Texas. Most significantly, numerous Protestant denominational organizations play a role in hospital board selection or approval. While removed from the day-to-day practice of medicine, boards play an outsized role in shaping the mission, policies, and practices of healthcare systems. As one longtime hospital governance professional has explained, the role of a board is to “establish policies, to make significant and strategic decisions, and to oversee the organization’s activity.”⁴⁰ More specifically, boards may “set strategic direction; build community relationships; establish ethical standards, values, and compliance; and select a CEO.”⁴¹ Thus by selecting members of a hospital system’s board, religious denominations have an opportunity to help shape everything from a hospital’s ethical obligations to its partnerships with other facilities.

Contemporary governance policies in historically Protestant hospitals run the gamut from systems in which the entire board of trustees is elected by religious bodies, to systems where religious entities have only token representation. In total, we found 17 different hospital systems in the South for which religious organizations appoint, nominate, or approve at least *some* members to *some* system-wide or individual hospital boards.⁴² Examples of systems with significant religious board representation include:

- **Baptist Memorial Health Care (BMHC), based in Memphis, with 22 hospitals across three Southern states.** The Baptist conventions from Mississippi, Tennessee, and Arkansas each nominate one-third of the members of BMHC’s Board of Trustees.⁴³
- **The small Hendrick Hospital system in Abilene, Texas.** The Baptist General Convention of Texas (BGCT or “Texas Baptists”), nominates a majority of the system’s board of trustees—a 2016 tax filing states at least 75%.⁴⁴ Bruce Lampert, Director of Pastoral Care at Hendrick, believed that the directors nominated by Texas Baptists had to belong to a church that participates in the Convention, while the remaining quarter could be members of Baptist churches *unaffiliated* with the BGCT.
- **Baptist Health South Florida (BHSF), with 11 hospitals.** Under the system’s articles of incorporation, the Miami Baptist Association has “the right to appoint seven (7) of its Ministers to the Board.”⁴⁵ The full board may have between 17–45 members, and all trustees must sign an annual written statement that they affirm BHSF’s guiding principle: “[t]hrough our compassionate healthcare services, we seek to reveal the healing presence of God.”⁴⁶
- **Methodist Le Bonheur Healthcare (MLH), with 6 hospitals in Tennessee and Mississippi.** Under MLH’s bylaws, the Bishops for the United Methodist Church Conferences of Memphis, Mississippi, and Arkansas serve as *ex officio* members of the board (meaning that the office they hold entitles them to membership on the board).⁴⁷

In other cases, religious organizations nominate only a small number of board members, nominate members only for the boards of individual hospitals (rather than whole systems), or nominate only members for related institutions, such as hospital foundations.⁴⁸

Also worth noting is that official rules about board nominations may not always reflect how the selection process works in practice. For example, David Cross, Director of Pastoral Care at Baptist Hospitals of Southeast Texas (BHSET), explained that there had been times in the past during which hospital administrators asked the state Convention to approve a pre-selected set of board members: “the CEO would have a list of people he preferred to be on the trustee board. And he would funnel them to the [Convention’s] Committee on institutional trustees, and they would, you know, comply.” On the other hand, the reverse could also happen. Cross also recalled a period during which board

selection for BHSET was ostensibly split between Texas Baptists and the secular nonprofit Community Hospital Corporation (CHC). In practice, however, the Convention actually selected the full board. He explained that CHC's CEO at the time would allow all the trustees selected by Texas Baptists "to, when their terms terminated and they were to rotate off the board...rotate over on to the CHC side. And in [his] words, that way, the BGCT elects all of them."

Relationships between religious organizations and hospital systems can be highly complex. Perhaps the best example of this is Baptist Health System (BHS) in San Antonio. While Texas Baptists does not directly appoint any members of BHS's board, multiple measures were taken during the system's sale in 2003 to preserve its Baptist identity. Proceeds from the initial sale of BHS to the for-profit entity Vanguard (now Tenet) were used to create the Baptist Health Foundation of San Antonio, which distributes grants to health-related nonprofits in Texas.⁴⁹

The terms of the sale required the health system to enhance its chaplaincy program and to create a mission and ministry committee elected by the Foundation, according to former BHS administrator Keith Bruce. The Foundation's most significant point of leverage over the health system is that it maintains control of its name. "The real trigger is that the Foundation maintained the name, and the Baptist Health System name is used through a licensing agreement," Bruce said. Brent Salter, Program Director at the Foundation, confirmed, explaining: "we help define what that word Baptist means, and we put some requirements on the hospitals for them to use that word since it's our branding."

Relationships between religious organizations and hospital systems can be highly complex.

Since the sale, BHS is no longer listed as an affiliate on the Texas Baptists website. However, Baptist Health Foundation is, and Texas Baptists selects over half of the Foundation's trustees.⁵⁰ The Foundation, in turn, nominates three out of seven members of BHS's local board.⁵¹ The web of relationships between Texas Baptists, the Baptist Health Foundation, the BHS local board, and the Tenet corporation is a good example of how religious denominations have been able to salvage important connections to health systems despite the trend towards hospital consolidation. As BHS's 2016 report to Texas Baptists explained, despite its affiliation with Tenet, the system "remains committed to its historic faith-based values and ministry...A meaningful connection with the BGCT is maintained through a significant percentage of local Baptist trustees who are elected by the Baptist Health Foundation of San Antonio."⁵²

Other mergers have brought together multiple faith-based systems. For example, Covenant Health in Lubbock, Texas, was founded in 1998 through the merger of a Methodist and Catholic system.⁵³ Since the merger, the Methodist system—Lubbock Methodist Hospital System (LMHS)—retained its own board, which "reviews the work" of Covenant, including by "assuring compliance" with the merger agreement between the two systems.⁵⁴ This 23-member board is approved by the Northwest Texas Conference of The United Methodist Church (NWTX), and 60% of the board must be Methodist. The NWTX Conference is also responsible for approving changes to LMHS's articles of incorporation or bylaws.⁵⁵ The Board of Directors for Covenant *as a whole* includes eight members appointed by LMHS with approval from the NWTX Conference.⁵⁶ Another eight are appointed by the Catholic system.

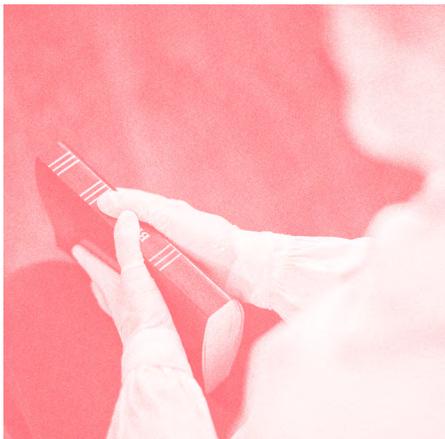
Some health systems have other forms of religious board influence even without any formal connection to any religious organization. For example:

- At **Baptist Health in Arkansas**, according to several financial documents, the “members” of the system—responsible for electing the Board of Trustees⁵⁷—are “required by the Constitution and By-Laws of Baptist Health to be active members of a Baptist church. Eighty percent (80%) of the members must be active members of a Baptist Church in Arkansas that is affiliated with the Arkansas Baptist State Convention.”⁵⁸
- At **Baptist Health in Kentucky**, the Articles of Incorporation contain a requirement that 25% of the system’s board of directors “be Baptist,” not including the CEO.⁵⁹
- At **Baptist Health in Florida**, the Articles of Incorporation state that members of the system’s board of directors “shall be persons of faith.”⁶⁰
- Some systems have religious leaders on their boards without any formal requirement. For example, **Methodist Health System (MHS) in Texas** has several Methodist reverends on the Board of Trustees—though Caesar Rentie, Vice President for Pastoral Services at MHS, told us that this is not mandated.

Finally, some religious denominations have connections with or control over hospital systems aside from board membership, especially with regards to spiritual care. For example:

- A condition of **BHS’s** sale to Vanguard was that the system house a mission and ministry division, which is “charged to nurture and develop the faith-based ethos of the [hospital] system,”⁶¹ and which, we were told, must be headed by a Baptist.
- A provision of the Articles of Incorporation for **Baptist Health South Florida** requires the system to “[m]aintain a system-wide Baptist chaplaincy program...in order to provide a visible Christian witness to patients and employees.”⁶² The senior chaplain of this program must be an ordained Baptist chaplain, a graduate of a Southern Baptist seminary, and a member of a church cooperating with the Miami Baptist Association.⁶³
- **Methodist Le Bonheur (MLH)** employs a Chief Mission Integration Officer intended to “offer guidance and direction for the integration of MLH’s mission, vision, values and guiding behaviors, especially from the perspective of the Social Principles of the United Methodist Church” and “ensure that the relationship with the United Methodist Church, and relevant social, ethical, and pastoral teachings, are understood and integrated appropriately and consistently across the entire system.”⁶⁴ This person must be a Methodist clergy member.
- The Bishop of the South Georgia Conference of the United Methodist Church annually appoints the Director of Pastoral Care at **Candler Hospital**, according to the current Director.
- **All hospital systems affiliated with Texas Baptists** submit an annual report to the Convention, including data on the number of patient visits by hospital chaplains, and the number of “professions of faith” and “rededications/recommitments” that occurred in the systems over the year.⁶⁵

By selecting members of a hospital system’s board, religious denominations have an opportunity to help shape everything from a hospital’s ethical obligations to its partnerships with other facilities.



Do Religious Entities Require Abortion Restrictions?

While Protestant hospitals still maintain connections with their religious founders, denominations only very rarely have any direct control over the day-to-day practice of medicine, including the provision of abortion. The great majority of people we spoke to from both Protestant hospital systems and religious entities insisted that the religious denominations imposed no formal restrictions on medical care at hospital facilities.

Despite this, a few interviewees admitted that religious bodies did have some softer forms of influence over hospital policies. For example, Shawn Parker, Executive Director of the Mississippi Baptist Convention Board, told us that if Baptist Memorial Health Care (BMHC) were to begin providing abortions, “that would be something that we would... have a discussion about.” William Maxwell, Administrative Director of the Tennessee Baptist Convention, echoed this. He explained that while the Convention did not expressly impose any restrictions on care at BMHC, “we elect their trustees, and then those trustees make those kinds of decisions...the kinds of people that we would elect,” he noted, would “not provide certain elective procedures, such as...abortion.”

When we asked Keith Bruce, former VP of Mission and Ministry at Baptist Health System in Texas, what he would do if the system was not adhering to its Baptist mission, he speculated: “[t]he recourse is just first of all [a] conversation with the CEO. I am at the board meetings and so I have opportunity there...if there really was an issue it would be an opportunity to perhaps pull together the board members who are elected by the Baptist Health Foundation and say we need to have a meeting, we need to have a conversation beyond me about this with the leaders.”

Moreover, we did find one Baptist organization that does appear to directly prohibit abortion at affiliated hospitals. The Baptist General Convention of Texas (BGCT) website contains a page with the statement, “[a]bortion on demand is forbidden by the policies of all Texas Baptist hospitals. Pastoral care departments make available counseling and other forms of assistance. BGCT hospitals and partnering hospitals do not endorse nor do they participate in the abortion process.”⁶⁶ While this statement is from 1998, before numerous mergers among Baptist hospitals in Texas, we were able to confirm that all BGCT-affiliated hospitals in the state continued to prohibit abortion (with some narrow exceptions).

We further discovered two cases involving BGCT-affiliated systems in which abortion restrictions had been written into legal documents as a condition of partnership or sale. Keith Bruce explained that “one of the terms of the sale” of BHS’s 2003 purchase by the for-profit Vanguard (and later Tenet) “was to maintain an abortion policy consistent with the Baptist view,” a practice he called “pretty standard.” This was confirmed by a document filed with the Securities and Exchange Commission, in which Vanguard agreed to limits on its ability to “make any change in...abortion or sterilization policies of the acquired hospitals.”⁶⁷ BHS’s current abortion policy states that “[i]n keeping with the ethics and values of the Baptist General Convention of Texas...the Baptist Health System does not provide elective abortions.”⁶⁸

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“...because Protestant denominations that sponsor hospitals do not have an equivalent of the ERDs...the hospitals tend to have more flexibility to respond to the local community, to be more driven by local culture.”

Similarly, an asset purchase agreement between Valley Baptist Health System and the for-profit company Vanguard from 2011, which was approved by Texas Baptists, states that Vanguard “will maintain Seller’s current policies on therapeutic abortion and sterilization.”⁶⁹ Most documents related to hospital mergers, joint ventures, and sales are not easily retrievable online; it is possible that a concerted effort to access more such documents could turn up additional examples of terms that restrict the provision of abortion in historically religious hospitals.

That said, it is likely that state laws, cultural pressures, and other factors also play a role in motivating Protestant health systems’ abortion restrictions. For example, Rev. Chuck Treadwell, the Rector of St. David’s Episcopal Church, made it very clear that his church was not responsible for the policy restricting abortion at St. David’s Healthcare in Austin,

Texas. He explained that the denomination no longer had any direct relationship with the health system, and that the abortion policy was “not based on the teachings of the Episcopal Church in any formal way.”

This is a significant way in which Protestant hospitals differ from Catholic ones, which are explicitly bound by the ERDs. As Dr. Debra Stulberg told us: “because Protestant denominations that sponsor hospitals do not have an equivalent of the ERDs...the hospitals tend to have more flexibility to respond to the local community, to be more driven by local culture.” The notion that Protestant hospital policies on abortion are at least partially due to local culture is affirmed by our findings that even many secular institutions also restrict abortion care.



Even hospitals that are now managed by large secular corporations have retained important aspects of their religious identity, far beyond the lingering “Baptist” or “Methodist” in their names.

Spotlight on Gender-Affirming Services at Protestant Hospitals

In addition to researching abortion policies at Protestant hospital systems in the South, we also investigated whether these systems have promulgated rules restricting gender-affirming medical treatments, such as hormone therapy. We did not find any evidence of formal policies restricting gender-affirming services at either Protestant or secular facilities. Such policies have been documented at Catholic hospitals. For example, in 2017, two lawsuits were filed by transgender men who were denied hysterectomies by Catholic hospitals in California and New Jersey because of their gender identity.⁷⁰

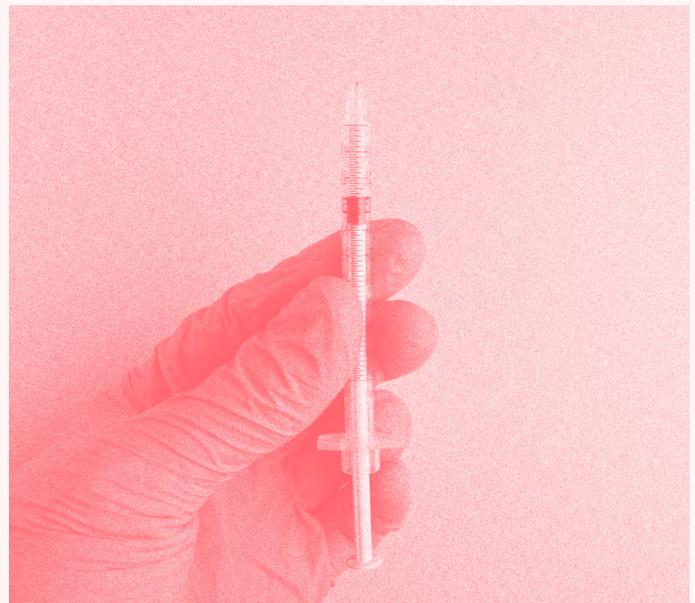
The three primary Protestant denominations examined in our report have all taken formal stances in opposition to transgender rights. The Southern Baptist Convention issued a resolution in 2014 stating, “we oppose efforts to alter one’s bodily identity (e.g., cross-sex hormone therapy, gender reassignment surgery) to refashion it to conform with one’s perceived gender identity.”⁷¹ In 2021, the Convention expelled two of its member churches for their LGBTQ-affirming policies.⁷²

In a “Statement on Transgenderism” issued in 2017, the Seventh-day Adventist Church proclaimed, “[b]ecause the Bible regards humans as wholistic entities and does not differentiate between biological sex and gender identity, the Church strongly cautions transgender people against sex reassignment surgery and against marriage, if they have undergone such a procedure.”⁷³ The United Methodist Church (UMC) is in the midst of a schism due to its members’ diverging views on LGBTQ issues.⁷⁴ In 2019, after a contentious debate, the UMC voted to strengthen prohibitions on the ordination of LGBTQ clergy, as well as marriage for same-sex partners.⁷⁵ At the general conference in 2022, the Church will consider a proposal to split the denomination, with conservatives forming a new body named the Global Methodist Church.⁷⁶

Despite these denominations’ condemnation of LGBTQ identities, during the course of our interviews, no hospital or church employee could point to any formal policy restricting gender-affirming care. Instead, many interviewees were unsure of whether their hospital system provided or restricted such services. For example, Keith Bruce at Baptist Health System in Texas told us that he did not believe that gender-affirming services were being provided at BHS facilities. He explained, “I don’t know that any of our rules...have really kept up with that to be quite honest,” though he had recently discussed the issue with the hospitals’ chaplains. Bruce said that offering transition-related services “would be something we would have to look at and consider.” He noted, “I think generally for the Baptist faith that would be something that would not be looked upon positively.”

When asked about transition-related care, Bruce Lampert, head of Pastoral Services at Hendrick Health, responded “I don’t think we offer that now...I’m not sure what the policy on that is.” Employees at Baptist Hospitals of Southeast Texas, Valley Baptist Health System, Baptist Health in Alabama, Baptist Health South Florida, and AdventHealth were similarly unsure of whether their hospital systems offered gender-affirming care.

We did find one system—Baptist Memorial Health Care—that expressly prohibited research “involving...gender reassignment or other similar transgender therapies.”⁷⁷ Shawn Parker, the Executive Director of the BMHC-affiliated Mississippi Baptist Convention, was not aware of this written policy but told us that the position of the Convention was that “gender is a matter of biology, and God has created us male and female,” and that if the Convention learned that BMHC was offering transition-related care, “I would expect that there would be some questions that would need to be answered and...some solutions that would need to be developed.”



In addition, while we did not formally assess hospital systems' employee health insurance plans, we did come across a few plans that restricted coverage for transition-related care. For instance, the 2021 benefits handbook for the UMC-affiliated system Texas Health Resources excludes coverage for "[s]ex transformation operations and related services."⁷⁸ Past medical plans for Baylor Scott & White employees do not cover "[a]ny procedures or treatments designed to alter physical characteristics of a participant from the participant's biologically determined sex to those of another sex, regardless of any diagnosis of gender role disorientation or psychosexual orientation" or any "studies, treatment, or counseling related to sex transformation."⁷⁹ While the health insurance policy for Hendrick Health does not expressly mention gender transition, some related treatments—such as mastectomy for any condition other than breast cancer and most cranio-facial surgery—are not covered.⁸⁰ A 2019 plan for Houston Methodist employees covers hormone therapy, but not treatments for gender dysphoria that the plan labels "[c]osmetic procedures" such as "[s]ex transformation operations and related services" [sic].⁸¹

We did find that many—though not all—religious hospitals had policies prohibiting discrimination based on a patient's sexual orientation and/or gender identity.⁸² Moreover, several religious hospitals list affiliated doctors who specialize in providing care for LGBTQ patients on their websites.⁸³ For example, Baptist Health in Kentucky advertises an employee who "provides primary care to almost 250 transgender patients who travel in from all parts of KY and Southern Indiana."⁸⁴ Wake Forest Baptist Health notes that the system provides "[g]ender affirming hormone therapy and monitoring...[and t]rans-affirming gynecological care, including cervical cancer screening and pelvic exams."⁸⁵ Baptist Health in

Florida boasts of its top rating as an inclusive healthcare provider from the LGBTQ advocacy group Human Rights Campaign,⁸⁶ and has signed a public letter in support of the Equality Act, an LGBTQ nondiscrimination bill.⁸⁷

Unfortunately, though unsurprisingly, we did hear from many providers and advocates of individual instances of discrimination against LGBTQ patients at both religious and secular hospitals. One former medical student remarked that inappropriate and homophobic comments were so frequent that if she had responded "every time somebody said something like that, I wouldn't have graduated." Another doctor recalled an incident at a veterans' hospital in Arkansas when a provider belittled a transgender patient as she was being sedated for a medical procedure. The provider "very quickly...was like, 'oh, I better push that medication faster so she doesn't wake up and remember all of this.'" Organizations including the Campaign for Southern Equality have published extensively on the health of LGBTQ people in the South, including on LGBTQ discrimination in healthcare settings.⁸⁸

In summary, health systems' approaches to gender-affirming care were far less explicit, and far less restrictive, than for abortion. To be clear, however, the lack of formal policies we encountered does not mean that many or most facilities are providing comprehensive and culturally competent services to their trans patients and the broader LGBTQ community. While some religious health systems do offer gender-affirming care, hospital administrators at many other systems were skeptical that their facilities would be amendable to providing transition-related services. Finally, studies have shown that discrimination against LGBTQ people in healthcare settings of all kinds is rampant.⁸⁹

In summary, health systems' approaches to gender-affirming care were far less explicit, and far less restrictive, than for abortion. To be clear, however, the lack of formal policies we encountered does not mean that many or most facilities are providing comprehensive and culturally competent services to their trans patients and the broader LGBTQ community.

3

Abortion Restrictions at Secular & Public Hospitals

This research project did not initially set out to study abortion care at secular hospitals. Thus, we did not undertake any kind of rigorous review of secular or public hospital systems' abortion policies (and this would be a fruitful area for further study). However, over the course of our research, we heard from advocates and medical providers that many of these facilities have abortion restrictions that are as severe as those at religious systems. Through a survey distributed to medical providers, we received reports from doctors about restrictions on abortion care or training at public institutions in Arkansas, Kentucky, Louisiana, Texas, and Virginia, as well as additional reports from public hospitals outside of our focus area, including in Arizona, Indiana, Iowa, Missouri, New Mexico, Ohio, and Utah.

For example, one OB-GYN in the South told us that while his Baptist employer prohibited “elective” abortions, similar policies existed at the nearby Catholic, Methodist, and public hospitals. He explained: “the idea here is that that is across the board at all the hospitals in the city, whether they’re faith-based or not, including the public hospital.” Another provider affirmed this, saying of abortion restrictions and stigma in the South, “it’s just ingrained into everything. It’s not just the Baptist hospital, now it’s the university hospital, it’s just everything, it became the default.”

Restrictions on abortion at secular hospitals can have the same dire effect on patient care as those at Protestant facilities. While abortions to preserve the life or health of the patient are generally permitted, many doctors we spoke to felt that restrictions could nevertheless compromise care. For example, a medical resident working at a public hospital in Texas where abortions are severely restricted explained that doctors in her facility treat “a lot of women” experiencing symptoms of an early miscarriage where the “fetus does still have a heartbeat.” In these cases, providers do not even counsel patients about the possibility of ending their pregnancy. “We just sort of tell them...‘we’re going to watch and wait,’” she continued; “I’ve talked to some of my co-residents who’ve trained at other medical schools and...oftentimes they’re shocked by how we do miscarriage management.”

One doctor said of her publicly affiliated hospital outside our focus area, in the Midwest: “You have to actually be dying, like, the day you get your abortion. You can’t be, like, dying tomorrow.” For example, this doctor recounted a patient who had:

“a huge mass on her cervix and she had invasive cervical cancer. And the treatment for that is... termination, and then chemotherapy and radiation. And [the person I called for ethics approval] essentially said because she wasn’t dying that day, they couldn’t do her abortion. But it’s not something that like Planned Parenthood can do vaginally. This was like a hysterectomy—major procedure—because if you try to do it vaginally, she would bleed to death.”

In this case, the provider team was forced to research whether another hospital could perform the patient’s procedure or administer a potassium chloride injection to end her pregnancy (“so we wouldn’t technically be doing an abortion”). Eventually, the doctors

were able to treat the patient, “[b]ut it just took like a ton of energy from her oncologist, her OB-GYN, ethics, our risk assessment people. Just an unnecessary stall in her care.”

Abortion restrictions could also result in traumatic experiences for patients facing fetal anomalies. Speaking of her residency in a public institution in the South, another OB-GYN said, “abortion was never talked about, it was never offered.” She recalled how patients with “horrific anomalies” would carry pregnancies to term rather than being offered the option of abortion care. One patient in particular had a fetus diagnosed with acrania, meaning it had no skull and would be unlikely to survive more than a couple days outside the womb. The doctor explained,

“The way a fetus comes out of the birth canal requires a lot of head movement from the fetus... and so the one patient I had, the [fetus’s] head got stuck because it doesn’t know how to navigate the birth canal without an actual skull. And it was this horrifically long...prolonged labor, it ends up being horrific and taking forever...I would have felt way different had I known that she was given a choice and that this was important to her to deliver this baby and carry this baby... as opposed to traumatizing really everyone involved. I felt particularly traumatized knowing that there was a different option that I didn’t think she had been given.”

While this incident stood out in the doctor’s memory because she was in charge of the patient’s delivery, she said it was “pretty common” for patients in her facility to carry to term and go through labor without having been offered, or counseled about, abortion as an option in the case of severe fetal anomaly.

Reasons for Abortion Restrictions at Secular Hospitals

The motivations for a secular or public hospital’s restrictive abortion policies are not always clear—even to the medical providers bound by them. Some doctors we spoke to speculated that restrictions may be the result of their hospital board’s or administrators’ personal views on abortion, fear about loss of funding, political retribution, or legal sanction if their facility were to become known in their community as providing abortion. Anti-abortion policies could also simply be a result of the cultural climate of the hospital or local community.

At some government-run medical facilities, abortion is restricted by law. In 1996, Congress banned abortion care at Veterans Affairs hospitals, except in the case of a threat to the patient’s life (not health), or in cases of rape or incest.⁹⁰ Eleven states, including four in the South—Kentucky,⁹¹ Louisiana,⁹² Mississippi,⁹³ and Texas⁹⁴—prohibit abortion in public medical facilities.⁹⁵ Mississippi and Louisiana have an exception for pregnancies resulting from rape and incest, and Mississippi and Texas exempt pregnancies with lethal fetal anomalies.⁹⁶ Only Texas’ law contains an explicit exemption for protecting the patient from serious injury.⁹⁷ While all four states permit public facilities to perform abortions where a patient’s *life* is in danger, hospitals and individual providers can vary in how this exception is interpreted and applied.⁹⁸ For this and other reasons, several advocates we spoke to told us that in their state, the legislature—not faith-based medical institutions—is by far the biggest barrier to reproductive healthcare.

In the initial years after *Roe v. Wade*, some judges and policymakers issued opinions holding that laws banning abortion at public medical facilities were unconstitutional.⁹⁹ These arguments were rejected by the U.S. Supreme Court in the 1989 decision *Webster v. Reproductive Health Services*, which upheld a public hospital abortion ban by determining that it “leaves a pregnant woman with the same choices as if the State had chosen not to operate any public hospitals at all.”¹⁰⁰

Several doctors mentioned worries about losing public or private funding as a factor motivating abortion bans. One OB-GYN told us of her Arkansas employer’s restrictive abortion policy: “it’s a publicly funded hospital, and they receive a great deal of their

funding from the state, and so there is a very strong political pressure to kind of appease political interests, which unfortunately in [my state] is very...anti-abortion." Another doctor working in a liberal area in the South said that while the public hospital's restrictions were "far less onerous" than at nearby religious systems, "you still had people who were looking at the funding for the institution, who the decision-makers were saying, 'yeah but a significant portion of this community does not want their public hospital being an abortion clinic.'"

A resident at a public hospital in Texas was not certain of the origin of her employer's policy restricting abortion, but believed it was due to a funding restriction imposed by a nonprofit grant. She explained:

"It's just sort of something that everybody kind of knows about the program, that we do not perform any elective terminations whatsoever...I think [at] our orientation they did discuss the way our hospital is funded prohibits us from doing any elective termination procedures...if any kind of elective termination is referred or offered, all of this [private grant] funding will be withdrawn. So, it would basically destroy all of the outlying clinics if any type of elective termination was offered or performed, or even formal referrals for a patient to get an elective termination."

This fear of losing public funds can also cause medical providers to stop advocating for abortion rights. One doctor told us that in 2019, members of a Medical Students for Choice chapter at a Southern medical school were pressured into not testifying against an anti-abortion bill that was being heard before the state legislature on the same morning as a large hospital funding bill. The students were told, she believed by an employee of the hospital, that "they should leave and not speak that morning because one of the state senators had threatened to not pass the hospital funding bill if a large group of students were to speak...in support of abortion."

Restrictive policies could be implemented by board members or hospital administrators that personally oppose abortion. An OB-GYN in Tennessee was told that the restrictions on abortion at the academic medical center where she worked were imposed because the "board of directors...has some sitting anti-choice members." She acknowledged, however, that this "actually could be an excuse that the CEO has made." One doctor attributed restrictive abortion policies at both religious and secular facilities to administrators, saying such rules come "from the people who run the institution, meaning the administrators...as well as the people who work there."

Community pressure was another commonly referenced reason for restricting abortion. One doctor—who had decided not to pursue an OB-GYN residency at a Southern public hospital because it barred abortions—explained: "if the hospital decided to do abortions there and people knew about it, there would be public outrage...what I had heard most often was a political fear." Similarly, another provider told us that one historically religious system where she worked in Kentucky used to provide abortions, but over time "there became this fear and backlash that they didn't want people to know and that there would be protesters and things like that." A third doctor mentioned having worked at a state medical school "where leaders of the institution said...'I know you have to teach this [abortion], but we really don't want to flaunt this in the public eye, because there is a lot of controversy.'"

"If the hospital decided to do abortions there and people knew about it, there would be public outrage...what I had heard most often was a political fear."

An OB-GYN who grew up in the Northeast said that during her residency at a public hospital in the South, “you were made to feel bad if you wanted anything other than to save every pregnancy that ever possibly could be. Even though I was watching it traumatize my patients all the time.” Some advocates and doctors we spoke to suggested that rural facilities faced especially strong pressure not to provide abortion.

Relatedly, several people we spoke to referenced a general culture of religiosity that pervaded medical care in the South at both religious and secular facilities. As one doctor put it, “I feel like in the South...institutions don’t necessarily have to be religiously affiliated...everything is somehow religious in the South.” Another told us, “terms that would kind of make other people uncomfortable in other parts of the country are commonplace here...in a public hospital, for example, it’s not unusual for [patients] to have prayers said over them by doctors, by nurses.” To that end, a doctor working at a public hospital in Texas mentioned an incident where her supervising physician “volunteered me into this prayer circle” with her patient and a hospital chaplain, “just assuming that I would be interested and happy to do that, which was not the case.”

Far more troubling was an incident recalled to us by Hadleigh Tweedall,¹⁰¹ a Tennessee woman who has spoken publicly about being unable to access abortion in her home state after her pregnancy was diagnosed with an anomaly “incompatible with life.” Shortly thereafter, while she was still pregnant and making arrangements to get an abortion in Chicago, Tweedall visited a walk-in clinic seeking treatment for a cough. After explaining the situation, the doctor in the clinic said,

“Do you mind if I pray for you?... I thought she would go to church on Sunday and say a prayer.... I was not anticipating the prayer happening right then and there. And then she came over and placed both of her hands on my belly...closed her eyes and start[ed] praying on me. She said something like, ‘Dear Lord, please take care of this woman facing this decision.’ I just remember her saying, ‘the devil, make sure the devil leaves her soul or her decision and let this baby be our miracle who becomes healthy’...And then she left...and I just start sobbing.”

Finally, it’s worth noting that some Protestant, secular nonprofit, for-profit, and even public hospitals are sometimes required to abide by the Catholic ERDs—for example, as a condition of purchasing or affiliating with a Catholic institution.¹⁰² A recent study by Community Catalyst noted the case of Natchitoches Regional Medical Center (NRMC), a public hospital in Louisiana owned by the local Hospital Service District but managed by the Catholic nonprofit CHRISTUS Health system.¹⁰³ The contract between the two entities included NRMC “agreeing to Catholic restrictions on services. As a result, NRMC does not provide abortions or tubal ligations.”¹⁰⁴ We also found two Southern hospital systems associated with the United Methodist Church, Covenant Health in Texas and St. Joseph’s/Candler in Georgia, that affiliated with Catholic entities and now follow the ERDs.

One OB-GYN told us of her Arkansas employer’s restrictive abortion policy:

“It’s a publicly funded hospital, and they receive a great deal of their funding from the state, and so there is a very strong political pressure to kind of appease political interests, which unfortunately in [my state] is very... anti-abortion.”



Arkansas State Capitol
in Little Rock, AR.

4

Abortion Committees at Religious & Secular Hospitals

Our final significant finding applied across the board to many hospitals, both religious and secular. Through our assessment of Protestant hospitals, our provider survey, and interviews with OB-GYNs, we discovered that hospitals across the South enforce abortion policies through the use of specialized abortion boards or committees, responsible for reviewing and approving all pregnancy terminations in the facility.

While we were not able to determine the process for seeking an abortion from many hospital systems that we studied, we found at least six Protestant systems encompassing over 100 hospitals¹⁰⁵ that regulate the provision of abortion through termination of pregnancy committees or boards.¹⁰⁶ In addition, several doctors at publicly affiliated hospitals in and outside of the South told us that their facilities used abortion committees.

Such committees were a common way for hospitals to make decisions about medically indicated terminations in the years before legal abortion.¹⁰⁷ As one team of researchers has commented, the use of abortion boards “harkens back to the provision of abortion before *Roe v. Wade*, when physicians and hospital abortion committees served as gatekeepers to care.”¹⁰⁸ In fact, abortion boards are often assumed to be a historical relic. For example, a recent *New York Times* editorial warned that if *Roe v. Wade* is overturned, hospitals might “reinvent some version of the therapeutic abortion committees of earlier times.”¹⁰⁹ As we found, however, abortion committees do not need to be reinvented—they are already here.

Committee Makeup, Process, and Impact on Care

According to hospital administrators and doctors, abortion committees are often made up of OB-GYNs, but in some cases also include other medical providers, hospital administrators, lawyers, or religious leaders.

Mark Grace, former Chief Mission and Ministry Officer for Baylor Scott & White (BSW) in Texas, told us that a panel reviews any case where abortion is being considered in a BSW hospital. “Typically, it would be [the] chief of OB-GYN along with a representative from nursing,” Grace explained, though in some cases, there “[c]ould be a member of the hospital ethics committee. A chaplain would be a part of that team...not as a spokesperson for the religious institution but as someone who’s looking at the emotional and spiritual wellbeing of that person.” Rev. Charles Millikan, Vice President for Spiritual Care and Values Integration at Houston Methodist, told us that he was the “only person who’s not a physician” on the committee that evaluates abortion within that system.

At Baptist Health System (BHS) in Texas, the head of the hospital OB-GYN department appoints an “ad hoc committee” consisting of two obstetricians and the facility’s Director of Pastoral Care or Staff Chaplain “to evaluate each request for therapeutic abortion.”¹¹⁰ All members of the committee are required to “submit a signed, written recommendation to approve or deny the procedure.”¹¹¹ Keith Bruce, BHS’s former VP of Mission and Ministry, said the hospital must also collect “an affirmation that the parents realize what the situation is.”

The BHS abortion approval process contains a modest exception for emergencies. “In the case of an emergency,” it states, a leader of the OB-GYN department “or their designated alternates may give approval for the procedure after the request is received and reviewed” by a “OB-GYN Clinical Service Representative, in consultation with the facility President and Director of Pastoral Care.” It further states that “[r]uptured membranes in the presence of intrauterine infection does not require application of this policy.”¹¹² The policy does not define what constitutes an “emergency.” It would appear, however, that ruptured membranes (in other words, when a patient’s water has broken) without infection—presumably prior to fetal viability or with another complicating factor—would not be sufficient to gain an exemption from the policy.¹¹³ Further, even emergency situations involve some consultation with administrative leaders, including the Director of Pastoral Care.

At Baptist Health in Alabama, the system’s medical staff bylaws, available online, indicate that at least two of the system’s three hospitals regulate the provision of abortion through a “Therapeutic Termination of Pregnancy Committee” composed of “three staff physicians, with the OB/GYN Department Chairman serving as Chairman.”¹¹⁴ The committee, which “consider[s] the medical necessity of the requested termination of pregnancy,” cannot include the requesting physician.

An OB-GYN who worked at several different hospitals in his area, including Baptist, Methodist, and public facilities, said that the religious systems evaluate requests to perform abortions using “a committee that responds to whether they feel like it’s acceptable within the confines of that institution’s standards.” Another doctor who worked at a Baptist facility in Kentucky said that doctors seeking to perform an abortion had to appeal to an “ethics board to get permission and to prove that the mother’s life is in danger.”

Several employees of public hospitals also said that abortions were evaluated by a committee. While no one told us of religious leaders on these public hospital boards, they did in some cases include non-specialists. For example, speaking of the abortion committee at the public hospital in Texas where she worked as a resident, one OB-GYN lamented: “there are situations where all the faculty is on board with this [an abortion] happening for a patient and it’s not approved by people that are not OB-GYN physicians. They say ‘no, we’re not doing it.’” Similarly, a doctor who worked at a publicly affiliated hospital in the Midwest told us that the first person OB-GYNs were required to call regarding abortions was someone in risk management—“I don’t know their actual title but they are certainly not medical,” she explained. The committee that ultimately decided on abortions was “comprised of both doctors, ethicists, and lawyers. But not everyone has a medical background and certainly not one in my field. So, my patient is being judged not by experts in her care, but by some random hospital committee person.”

Aside from the risk that a committee may not approve an abortion, the delays caused by board reviews can also thwart patient care. As one doctor put it, “[i]f the patient was ill—fever, high blood count—then we had to go to the ethics group. Luckily, the group was made up of OB-GYNs. Still, it’s another barrier to cross and it delays care.”

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“It was very frustrating that this woman was very sick and very much in need of this procedure—like one of the most medically necessary things you can make up in your mind—and it was not something we could offer her.”

A medical resident at a public hospital in Texas told us of a patient with kidney disease who was close to the legal gestational age limit for abortion in Texas at the time. A clinic had sent her to seek care at a hospital because they “felt uncomfortable doing [an abortion] outpatient because of her severe medical comorbidities.” The doctor told us that if this patient had continued her pregnancy, it could have “shorten[ed] her life significantly.” Nevertheless, the hospital’s burdensome approval process made it impossible for her to receive abortion care in time at the facility. The doctor explained that performing the patient’s abortion:

“would have to go through a large review process, where our maternal fetal medicine doctors would have to go before a committee in the hospital that consists of people in the hospital that are administrators, high-level—and not even OB-GYN physicians—and they would make a final decision of whether or not this termination would be approved. And that whole process takes several weeks, to get everything together and have all these meetings...”

“What we ended up saying to [the patient] was, ‘we can’t get you this in time, so either you can establish care here and we will take care of you during your pregnancy as you continue it, or you need to go elsewhere.’...”

“It was very frustrating that this woman was very sick and very much in need of this procedure—like one of the most medically necessary things you can make up in your mind—and it was not something we could offer her.”

Other hospitals use somewhat less onerous processes for regulating abortion, such as requiring that one or two non-treating physicians affirm that the reason for performing an abortion meets the hospital’s standards. For example, Methodist Le Bonheur requires “the document [sic] recommendation of the primary physician and at least one (1) consultant, both of which must be documented on the chart prior to the procedure being performed.”¹¹⁵ In the case of an “emergent condition,” the primary physician is still required to consult a colleague, though documentation of this physician’s concurrence may be completed within 12 hours.¹¹⁶

Individual Application of Hospital Rules

Whether hospital policies are enforced through an abortion committee or some other means, multiple doctors told us that the application of system-wide rules on abortion could vary widely based on the particular providers involved. A former OB-GYN at a Baptist hospital in Kentucky, for example, told us that the health system’s already restrictive policies on abortion could be further exacerbated by individual providers’ opposition to abortion. When we asked whether a patient denied abortion care at her facility would be told of the system’s religious restrictions, and that they might receive different care elsewhere, she explained, “it would depend on who you had...if you had a doctor that was anti-choice, they might not give you that option...Many patients are not educated on the nuances of their choices.”

Another doctor explained that while the Baptist facility where he worked banned abortion unless the patient’s life was in danger or there were other significant risks, “the individual interpretation obviously is left up to the individual circumstances.” An OB-GYN working at an academic medical center in Tennessee told us that the system permitted abortion if two physicians “determine that the pregnancy is either non-viable, at high risk for being non-viable, or that the mother’s life is at risk by staying pregnant,” and that her colleagues varied in their application of this standard:

“There are some of the high-risk OBs that...require a more stringent definition to meet those criteria than others...it’s a little bit individual beliefs, but I think it’s more fear of repercussions and that they’re more afraid of somebody calling them out, license issues, or being arrested than they are...for the patients.”

While a fear of arrest may seem far-fetched, Tennessee is one of many states that have passed extremely strict abortion laws, including a law (blocked as of this writing) prohibiting abortion because of certain prenatal diagnoses.¹¹⁷

Similarly, a doctor who worked during medical school at a public hospital in the South where only medically indicated abortions were permitted told us providers were typically “very, very careful about the rules” imposed by both their hospital and the state. In some cases, she believed this caution amounted to “an over-interpretation or an over-enforcement of the rules to make sure that they were really, really following the rules so as not to get in trouble.”

The interplay between hospital policies and individual provider decision-making can make it difficult in some cases to tease out whether a specific plan of care was the result of general hospital rules or a specific provider. As one doctor explained:

“You have not so much conflicting but overlapping agendas or layers of agendas...An individual [medical provider]—who they themselves have their own agendas—they can function totally independently in their own practice and then they are rarely but sometimes affected by hospital policies when they get into the hospital itself. So then, what you have is—who owns the hospital, is there a faith base to it, the doctor’s preferences, these are all...issues that have to be balanced off and ultimately come up with caring for the patient.”

Spotlight on Individual Provider Refusals

Even at hospitals with no restrictions on abortion, patients can face barriers to care when individual healthcare practitioners refuse to provide services connected to abortion. In survey responses from providers across the country, as well as interviews with doctors, we were told of a wide variety of ways in which care was refused by providers including anesthesiologists, nurses, and even an “OB/GYN surgery scheduler who refuses to schedule any abortion procedures.”

One survey respondent reported that “anesthesiology once refused to provide anesthesia for ectopic surgery,” even though ectopic pregnancies—which occur when a fertilized egg implants outside the uterus—are not viable and can be life-threatening. Another commented, “it’s so hard to...find an in-person interpreter who I trust who won’t change my words.” A third said that most nurses at her facility in the Northeast “will not even place our patients into rooms or get their vitals if they are there for a possible abortion counseling” visit.

For this reason, Dr. Jamila Perritt critiqued the focus among reproductive health advocates on policies at religious hospitals, telling us “I think that there isn’t a lot of understanding about the fact that it’s not just because this is a Catholic hospital, a Protestant hospital...It’s also individual providers who have been given the blanket ability to decide that they’re not going [to] care for people in a way that aligns with the standard of care

for our profession.” Another doctor who had worked in hospitals across the country echoed her, saying “it doesn’t even matter if the hospital is Catholic or religiously affiliated, you also have individual people” who frequently refuse care because of their personal beliefs, or because they fear violating legal restrictions on abortion.

The impact of religious medical refusals is often minimized by the argument that a willing practitioner can easily step in and provide care. However logistical issues, especially at smaller facilities, can make this difficult. One doctor in the Midwest told us: “I am currently frequently unable to provide medically-indicated abortions at both [a public and private nonprofit hospital] due to lack of available anesthesiologists, due to provider beliefs.” Another provider outside our focus area told us, “we have several medical assistants...who refuse to assist with any uterine aspiration procedures, which is the reason why we do not offer them.”

Coordinating care can be especially difficult at facilities where many people working throughout the hospital system have objections to abortion. As Dr. Perritt noted, objections are common:

“with everybody who may be possibly involved in providing care; medical students, residents, nursing staff, medical and surgical assistants. I provide abortion care at an outpatient clinic and we had a patient in state custody who was being transported from jail, coming in for her abortion. The driver of the van who was bringing her to the clinic refused to bring her because they objected morally. These conscience clauses are put in place and anybody under any circumstances seems to be under the impression that they can exercise an objection and impede care for people because they don't feel like it's the right thing.”

One doctor shared a particularly disturbing story about how an anti-abortion psychiatrist in her facility—who would never be required to perform an abortion—still managed to impact patient care during the doctor's residency in Ohio. When a patient came to the hospital, she was pregnant and having suicidal thoughts.

“The psychiatrist interviewed her and came out to discuss the case with the OB team. She told us the patient wasn't suicidal, but rather, ‘feticidal,’ and should be discharged to jail. When we argued with her, she added that the patient had ‘a history of feticidal ideation’ because she'd had appointments for an abortion earlier in the pregnancy, but never went. The hospital ethicist and legal department refused to intervene.

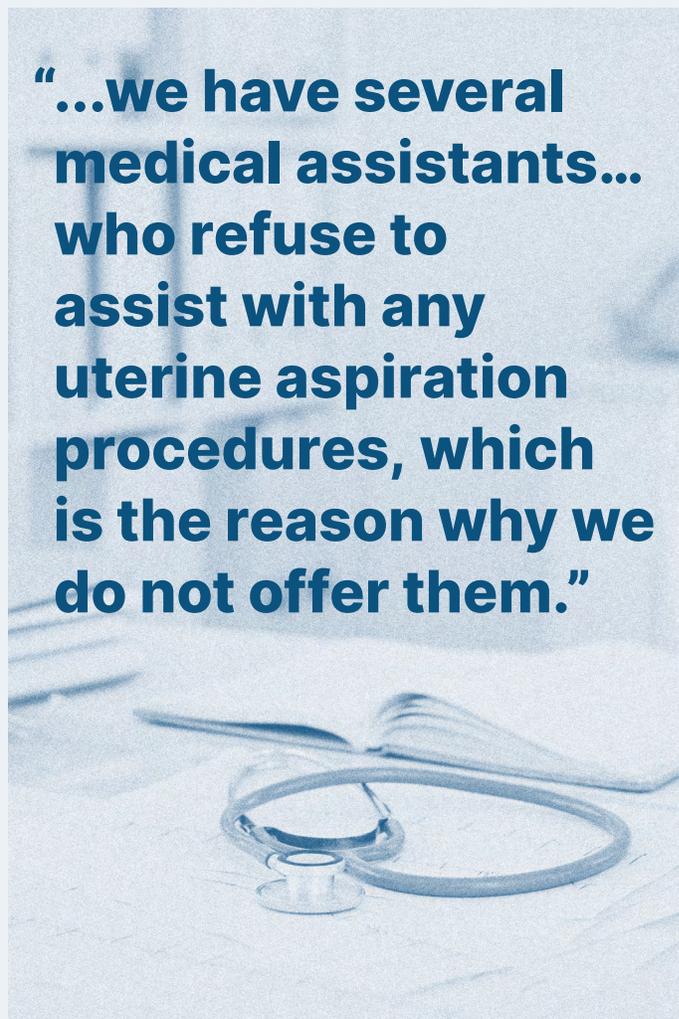
We couldn't even transfer her to the university hospital because we couldn't give her the diagnosis of ‘suicidal ideation.’”

They wouldn't let us keep her in the hospital. We discharged her from the hospital with no help, no support, and told her to follow up with outpatient resources. She was never seen again. The medical records in the city's hospitals were mostly linked, so I could see that she never presented for care after that. I read obituaries for a long time looking for her name, scanned local news for updates, and nothing ever came up. The case haunts me to this day.”

Anti-abortion medical providers who hold administrative or supervisory positions can have an outsized impact on the care provided in their facilities by setting hospital standards and culture and training medical residents. One doctor working at a publicly affiliated institution in the Midwest, for example, said that most OB-GYNs at her institution were pro-choice, “it's just there's a couple that also hold some power that are against it.” Doctors from the Southwest and Midwest wrote of teaching physicians at their hospitals that also worked at anti-abortion crisis pregnancy centers.

A particularly egregious example of this is the case of Dr. Byron Calhoun, the only fetal-maternal specialist at CAMC Women and Children's Hospital in Charleston, West Virginia, and a well-known anti-abortion activist. A recent investigative report in *The Lily* found six OB-GYN doctors practicing in the Charleston area who “see Calhoun's open antiabortion advocacy and his medical practice as a conflict with the potential to harm patients, especially in a state short on doctors with his expertise.”¹¹⁸ The piece quotes one OB-GYN as commenting, “[t]he footprint he's leaving is so much bigger because he's making an impression on kids who are in medical school and residency.”¹¹⁹ While Dr. Calhoun may be especially well known, one advocate we spoke to told us that there were “a lot of Dr. Calhouns” in the state.

“...we have several medical assistants... who refuse to assist with any uterine aspiration procedures, which is the reason why we do not offer them.”



Recommendations

For Policymakers

There are many steps policymakers, including state and local legislatures, governors, secretaries of state, attorneys general, and public health officials, might take to limit the harms of religious medical refusals. These could include: making it clear that existing religious or moral exemption laws should not be read to exempt medical practitioners from their duty to abide by best practices; limiting the scope of exemption laws (especially during medical emergencies); ensuring that exemption laws also protect the conscience rights of medical practitioners who feel religiously or morally obligated to provide abortion care; enacting oversight measures for hospital mergers that could impact access to reproductive healthcare; and (at a minimum) requiring that hospitals disclose their reproductive care policies to patients.

Measures that have been recently enacted or proposed include those that:

- **Empower physicians:** In 2021, Washington enacted the “Protecting Pregnant Patients Act,” which states that a healthcare entity may not prohibit health practitioners from “providing health care services related to complications of pregnancy, including but not limited to health services related to miscarriage management and treatment for ectopic pregnancies, in cases in which failure to provide the service would violate the accepted standard of care.”¹²⁰
- **Mandate care during emergencies:** In 2017, a bill was introduced in New Mexico to require hospitals to provide comprehensive reproductive healthcare during medical emergencies, regardless of their religious identity.¹²¹
- **Regulate mergers:** In 2021, Oregon passed the “Equal Access to Care Act,” which among other things creates a review process for any healthcare mergers (including ones involving religiously owned corporations) that could impact access to reproductive healthcare.¹²²
- **Require notice:** In 2019, Washington enacted a law requiring hospitals to provide notice of what reproductive health services are available at their facilities.¹²³ Some laws permitting religious care refusals require providers to notify patients of their refusal.¹²⁴
- **Mandate care at public hospitals:** Also in Washington, longstanding laws require “public hospitals that provide maternity benefits, services, or information [to] provide substantially equivalent abortion benefits, services, and information.”¹²⁵

For Advocates & Faith Communities

Community groups can help inform and advocate for patients who are vulnerable to refusals of care at their local hospitals. For example, using this report as a resource, state and local groups may wish to track policies on abortion at hospitals in their community, and educate patients about which facilities restrict access to abortion care, including during emergencies. These groups can also help to educate pregnant people about the circumstances under which they may need abortion in a hospital setting, and their rights under laws like the Emergency Medical Treatment and Labor Act, which requires hospitals to stabilize patients facing medical emergencies rather than transfer them to another facility.¹²⁶ For groups already engaged in this work in their communities, we hope this report can help to inform and strengthen their efforts.

Local groups can also work to change hospital system policies. This report discusses how community pressure can motivate hospitals’ decision to restrict abortion. The flip side of this is that facilities might also respond to pressure in the other direction. Several

advocates we spoke to mentioned how even conservative religious institutions could expand care in response to internal or external pressure. One, for example, pointed to the establishment of a Medical Students for Choice chapter at Liberty University, a conservative Evangelical Christian school in Virginia. Others mentioned various religious medical care sites that were working with advocates to become more culturally competent at serving LGBTQ patients. Thus, in addition to lobbying policymakers, local community members should demand that hospital systems eliminate restrictions on abortion and provide comprehensive reproductive care, especially during emergencies.

There is a particular role for people of faith and religious communities in this work. Many religious denominations support the right to comprehensive reproductive healthcare. This includes large, mainstream faiths such as the Presbyterian Church (U.S.A.),¹²⁷ Reform¹²⁸ and Conservative¹²⁹ Judaism, the United Church of Christ,¹³⁰ and the Unitarian Universalist Association.¹³¹ Several religious denominations even hold that the right to reproductive healthcare is an essential aspect of religious freedom.¹³² Moreover, even within denominations adamantly opposed to abortion, many individual faith practitioners support reproductive health and rights.¹³³

Thus, in addition to advocating for best medical practice, religious doctors, patients, and community members should press for comprehensive reproductive healthcare as a matter of religious liberty and equality. As researcher Dr. Debra Stulberg put it, people of faith who support abortion access “need to have their denominations speak out on behalf of reproductive rights...in the public square; progressive denominations need to be given equal footing.” Her research partner Lee Hasselbacher similarly noted, “part of the solution...is about drawing on an appeal to diversity and American pluralism and that in these Protestant hospitals you are also serving people of diverse faiths.”

For Medical Providers & Researchers

Medical providers are crucial actors when it comes to mitigating the impact of abortion restrictions as policy experts on access to reproductive care, advocates within their healthcare institutions, and direct care providers. Especially for doctors who are no longer working at facilities where abortion is restricted (or otherwise have some form of job protection), speaking publicly about care refusals, submitting legislative testimony, and otherwise advocating for improved laws and policies on abortion access and care refusals can help concretize the real-world impacts of strict abortion policies.

Doctors are also some of the best-situated voices to push for system-level change from within medical institutions. They have been especially important voices in debates over proposed mergers that would impact the provision of reproductive healthcare at their facilities and the larger community. The first step in addressing abortion restrictions is understanding them. We spoke to medical providers who were unaware of their hospital's restrictions on care when they first accepted their positions. Others remained unclear about the specifics of and reasons for their hospital's policy even while working there. Healthcare professionals should seek to learn the details of their facility's policy on abortion in order to advocate, wherever possible, for improved policies that ensure the best possible care for patients.

Doctors should also learn about their hospital's policies on abortion so that they can effectively explain them in advance to any patients who may be impacted by them, and help such patients gain access to the care that they need. This may require transferring

them to another provider, making it crucial that doctors develop a direct referral list to avoid delays. One doctor who had seen her patients refused care at religious hospitals described the way she now broached the subject with patients:

“It’s something you have to sort of think of ahead of time...if you think that you are having complications with ectopic pregnancy, you should probably drive yourself to the emergency room and go to this hospital, because if you call the ambulance and they take you to the nearest hospital it might be this other religious hospital and I have no idea what they’re going to tell you.”

As a last resort, several providers told us about specific strategies and workarounds they used to optimize care under restrictive policies. For example, one explained how she got around her hospital’s policy on abortion referrals: “I can’t write in a note that I’ve documented about a patient that, ‘I gave her information about the local Planned Parenthood’...So, I give people little scraps of paper with phone numbers and websites if...I’ve had a conversation with them about termination and that’s something they’re seeking.” A doctor in the Midwest recounted how one attending in her facility “had her patients write in their personal letter to the ethics committee requesting a tubal [ligation]...that the patient would sue the institution if she were to get pregnant again and have a complication after being denied a tubal. These were always approved.”

On the other hand, providers can be so concerned about violating hospital policies that they over-enforce restrictions on abortion. As Lee Hasselbacher said of a study she did on hospital abortion policies in Illinois, “[i]t didn’t seem like there were a lot of providers who were bringing every case and just trying to push the envelope” before abortion committees. “It definitely felt like providers themselves were a bit of a gatekeeper.”

To be clear, doctors should not be forced to stretch the limits of their employers’ policies in order to provide necessary and desired medical care for their patients. In the absence of other immediate options, however, such tactics are a small way that doctors practicing in restrictive settings can improve care. Doctors should also consider advocating to provide abortion to a wider range of patients before termination of pregnancy committees (where this would not delay treatment).

For researchers, this report points to many other areas for further study, including more methodical documentation of policies on abortion at secular nonprofit and public hospitals, and abortion policies outside the U.S. South. We received many reports of restrictions at hospitals outside the South—in several regions, but especially in the Midwest—that were not included in this report, and that are worthy of further research.

For Patients

Our final recommendation is that patients take whatever measures possible to plan and advocate for their own medical needs. This may include connecting with grassroots organizations (such as the groups listed in the acknowledgements section of this report) for support and to fight for policy change. By making this recommendation, we by no means intend to suggest that the onus should be on patients to ensure that their healthcare providers will offer appropriate treatment during an emergency. It should be the responsibility of policymakers, medical institutions, and doctors—not patients—to ensure that everyone receives comprehensive care that meets best medical practices.

The current reality, however, is that in facilities where abortion is restricted, patients may not be clearly informed that certain medical procedures are being withheld from them, or that someone with their condition might be offered an abortion in a different facility. Thus, whether one’s hospital is a Catholic, Protestant, secular, or even public institution,

we recommend that all patients who may need to seek abortion care in a hospital setting—including those with planned pregnancies who could face an unforeseen complication—attempt to ascertain ahead of time local hospital policies on abortion, and plan for the unexpected. For example:

- Catholic-affiliated hospitals (some of which have generic-sounding names like “Covenant”) may state on their website that they follow the Ethical and Religious Directives, which strictly limit abortion.
- Some hospitals post medical staff rules or bylaws on their website, and these documents can include rules around abortion care. Search for terms including “abortion” and “pregnancy.” Even if a hospital’s policy allows for abortions to protect the life or health of a patient, keep in mind that these exceptions may be interpreted narrowly.
- Regardless of whether or not you can find your hospital’s policy on abortion online, it can be helpful to ask your doctor if they know how medical emergencies are handled in practice. Rather than directly asking about abortion, it may be more useful to ask about standards or approaches to certain medical complications that may necessitate treatment that ends a pregnancy. For example, you may ask: “Have you ever had a patient whose water broke early, before the pregnancy could survive? Do you know what my options would be at my hospital if that happened?”

If a patient learns that the hospital where they receive OB-GYN care does restrict abortion during emergencies, they may wish to consider switching to another facility. However, we realize this may not be a possibility for many patients, especially those in rural communities with limited options. If nothing else, asking one’s doctor about these issues, and making it clear that patients are aware of and concerned about hospital abortion restrictions, can help doctors to advocate within their hospitals to expand access to care.

Patients may also consider hiring a doula to act as an educator and advocate for them during their pregnancy, and discuss with their doula in advance the issue of navigating hospital abortion policies during an emergency.¹³⁴ Finally, alternative sources of medical care—such as midwives and/or self-managed abortion using medication—may help fill some gaps created by hospital abortion restrictions. However, these options cannot replace emergency hospital services in many circumstances.

Conclusion

At dozens of Protestant hospitals across Texas, doctors must get approval from a committee in order to perform an abortion on a patient facing medical complications. At a public hospital in Arkansas, fear of losing state funding has played a role in the facility’s prohibition of most abortion care. State law prohibits public hospitals in Mississippi from providing abortions, with no exception for protecting the health of the patient. At a private secular hospital in West Virginia, the only maternal-fetal medicine specialist for high-risk pregnancies is a well-known anti-abortion activist. And in hospitals across the U.S. South, individual OB-GYNs, anesthesiologists, nurses, and hospital support staff refuse to participate in abortion because it conflicts with their religious beliefs.

Whether due to state law, official hospital policies, informal medical practices, individual objections, or other factors, patients in hospitals across the U.S. South face barriers to receiving the full spectrum of reproductive healthcare—even when medically necessary to protect their health. This complex web of restrictions has left patients vulnerable to having medical procedures delayed or denied. Not only does such treatment fail to meet the standard of care, it also ignores the fact that patients have their own religious or moral views that guide their reproductive healthcare decisions, and that should be prioritized over the beliefs of their care provider.

Since abortions are rarely performed in hospitals absent serious medical conditions, patients turned away from hospitals cannot always safely seek care from a reproductive health clinic. Moreover, obtaining a legal abortion is already extremely difficult in many states. Texas recently prohibited nearly all abortions, in direct violation of *Roe v. Wade*.¹³⁵ Six states, including Mississippi, have only a single abortion clinic.¹³⁶ With abortion rights now directly at risk, hospital abortion bans could have an even more severe impact on patients. With clinics shuttered, patients—including those in crisis—will have no other option but to be subject to the policies and restrictions in place at their local hospital, be it Catholic, Protestant, or secular.

ADDITIONAL MATERIALS & SOURCES

Research Methods

Appendix of Protestant Hospital Systems

Endnotes

Research Methods

The findings in this report are the result of a two-year research project by persons with expertise in law, policy, journalism, and public health. We began by reaching out to a list of over 130 different advocates and nonprofit organizations, most based in the South, compiled from online research. Of these, we conducted background interviews by phone with over 40 advocates and medical providers.

Interviewees were affiliated with a wide range of organizations, including LGBTQ community centers, abortion funds (which provide patients seeking abortion care with financial and other assistance), reproductive and sexual health centers, HIV/AIDS advocacy groups, and civil rights law and policy nonprofits. During these conversations, we asked local advocates and service providers about access to healthcare in their communities, including whether they knew of religious restrictions on reproductive and gender-affirming care at Protestant hospitals in their area.

We then created and distributed a survey to medical providers, in compliance with Columbia University's Institutional Review Board protocol. The survey focused on providers' experiences with religious or moral refusals to provide reproductive care. It asked about both institution-wide policies (such as prohibitions on abortion care across an entire facility) as well as refusals by individual providers and staff members. It was distributed to medical practitioners by several large nonprofit medical associations. Respondents could submit their answers anonymously if they wished, and could also indicate whether they were open to being contacted for a follow up interview.

We received 209 responses, and conducted follow up interviews with five doctors. We also conducted interviews with four additional medical providers found outside of the survey, two health researchers, and two patients who believed they had been denied care due to facility restrictions. Both the survey responses and the provider and patient interviews are cited in the report, and nearly all medical providers have requested that they and their current and former workplaces be kept anonymous. Some quotations have been very lightly edited to eliminate filler words, such as "um," "like," "you know," and repeated words.

Finally, we researched the policies of specific large hospital systems across the South through a combination of extensive online research and calls to hospital administrators and affiliated religious institutions. We limited our research to the following states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Our initial list of hospital systems was created by cross-referencing: 1) hospitals that self-reported as "church-controlled" in the most recent Medicare Hospital Cost Report Data available as of Dec. 2019; 2) hospitals from the U.S. Department of Homeland Security Hospitals Dataset that had religious names (we searched for terms including: Baptist, Methodist, Adventist, Presbyterian, Lutheran, Christian, Saint, and Jewish); and 3) supplemental online research on religious hospital systems in the South. This list was adjusted over the course of our research as we learned more about the histories and current religious identities of these systems.

We culled information from a wide range of sources, including religious institutions' annual reports, bylaws, and newsletters; hospital joint venture and merger agreements; staff rules and benefits policies; IRS tax filings; and hospital press releases and industry news websites. We attempted to speak to one or more representatives of every hospital system mentioned in the report at least once. These representatives included members of the hospital systems' pastoral care, mission and ministry, and communications departments. We also called representatives of affiliated religious organizations, such as local Baptist conventions or Methodist conferences, for most hospital systems.

By using a range of research methods and seeking input and information from local community leaders, individual medical providers, hospital administrators, and affiliated religious institutions, we sought to provide a broad account of the barriers to reproductive healthcare at hospitals in the U.S. South.

Appendix of Protestant Hospital Systems



Texas

Baylor Scott & White

Affiliations	Baptist General Convention of Texas (BGCT, aka Texas Baptists)
Overview	<p>Baylor Scott & White (BSW) is the largest not-for-profit healthcare system in the state of Texas with 52 owned, operated, joint-ventured and affiliated hospitals across the state.¹³⁷ As one BGCT document states, “[i]f its service area were a state, it would be the eighth largest, providing care to a population larger than that of Georgia.”¹³⁸</p> <p>The BSW system formed in 2013 from the merger of two Texas healthcare systems, one of which (Baylor) was affiliated with Texas Baptists.¹³⁹ When the merger was announced in the 2014 edition of Texas Baptists’ annual Book of Reports, the Convention noted that the new organization would “continue to be a Christian ministry of healing.”¹⁴⁰</p>
Abortion policy	<p>SUMMARY: Abortion is restricted according to Mark Grace, former Chief Mission and Ministry Officer for BSW. The Medical Staff Rules and Regulations for BSW-affiliated Hillcrest Medical Center, available online, affirm Grace’s understanding of BSW’s abortion policy.</p> <p>EXCEPTIONS: According to Grace, BSW permits abortion “in four instances: that of life of the mother...rape, incest, and lethal fetal anomalies” in which the “infant would not be expected to live outside the womb.”</p> <p>PROCESS: Any instance where an abortion is being considered is reviewed by a panel. “Typically, it would be the chief of OB-GYN along with a representative from nursing,” Grace explained; in some cases, there “could be a member of the hospital ethics committee, and then a chaplain would be a part of that team...not as a spokesperson for the religious institution but as someone who’s looking at the emotional and spiritual wellbeing of that person.”</p> <p>The Medical Staff Rules and Regulations for Hillcrest Medical Center state: “[a]ll cases in which termination of pregnancy is contemplated will be referred to the Termination of Pregnancy Committee for review and justification or denial.”¹⁴¹</p> <p>TRAINING/EDUCATION: “Training in elective termination of pregnancy is not offered” to residents on BSW campuses.¹⁴²</p>
Governance policy	BSW confirmed that the BGCT appoints 25% of trustees to the board of BSW-affiliated Baylor Health Care System. ¹⁴³
Gender-affirming Care & LGBTQ Policies	BSW’s 2020 employee health plan summary states that the plan does not cover “[a]ny procedures or treatments designed to alter physical characteristics of a participant from the participant’s biologically determined sex to those of another sex, regardless of any diagnosis of gender role disorientation or psychosexual orientation” or any “studies, treatment, or counseling related to sex transformation.” ¹⁴⁴
Other	<p>TEXAS BAPTISTS: All hospitals affiliated with Texas Baptists submit an annual report to the convention. Included in that report is data on the number of chaplains employed by the system, the number of worship services conducted and patient visits by chaplains, and the number of “professions of faith” and “rededications/recommitments” that occurred over the year.¹⁴⁵ In 2017, BSW boasted that their chaplains had “recorded 269,197 pastoral encounters, an increase of 12 percent.”¹⁴⁶</p> <p>The leaders of BGCT-affiliated institutions typically meet periodically with the leaders of the Convention to provide updates and may attend or speak at the organization’s annual convention. Texas Baptists operates</p>

an Institutional Relations Committee whose mission is “to give broad oversight of the institutions related to the Convention.”¹⁴⁷ The extent of this committee’s control over affiliated health systems is not clear; when we contacted the BGCT to inquire more about this committee’s responsibilities, we were referred to the health systems.

Finally, the Texas Baptists’ Constitution requires the board of any affiliated institution to “submit any and all changes or amendments to the institution’s charter to the Executive Board for approval. Any changes that significantly alter the mission of the institution or the institution’s relationship to [BGCT] shall be referred to the Convention for approval.” While it is not clear how many hospital systems are still subject to this approval requirement, it has offered BGCT leverage in negotiations involving affiliated hospitals.

OTHER: The BSW system employs a Chief Mission and Ministry Officer, who is responsible for managing the hospital’s pastoral care department, religious programming for both patients and staff, and integrating “mission and ministry across the entire health care system.”¹⁴⁸ The former BSW employee in this position told us he believed that advocating for “whole person care” means infusing “spiritual care throughout the system.”

The Office of Mission & Ministry runs a pastoral education program and provides pastoral care to patients. The office employs “nearly 150 chaplains and support staff,” making it “the largest employer of chaplains in the state of Texas.”¹⁴⁹ The office also houses the “Faith in Action Initiatives” to support international medical mission trips, train members of religious congregations to be community caregivers, hold events and webinars, such as one titled “Male and Paternal Roles in Times of a Pandemic,” and other programs.¹⁵⁰

More generally, BSW appears to embrace a larger Christian culture. Jim Turner, Chair of the BSW Holdings Board of Trustees, explained in a video, “[o]ne of the mainstays of our mission statement is to provide Christian healing and Christian care in a Christian environment, and that’s something we’ll never lose sight of. We talk about that every day, every meeting.”¹⁵¹

Texas Baptists financially supports religious programs at BSW, including—according to Mark Grace—by donating \$173,000 each year to two hospitals for spiritual care efforts.

Texas Health Resources

Affiliations	Central Texas Conference of the United Methodist Church Grace Presbytery of the Presbyterian Church (USA)
Overview	With 23 hospitals across the state, ¹⁵² Texas Health Resources was created in 1997 out of the merger of three hospital systems, including a Methodist and a Presbyterian system. ¹⁵³
Abortion policy	SUMMARY: Unknown; Texas Health Resources declined to answer questions about its policy on abortion care.
Governance policy	The bishop of the Central Texas Conference of the United Methodist Church (CTCUMC) and the general presbyter of the Grace Presbytery of the Presbyterian Church (USA)—or their designees—serve as <i>ex-officio</i> members on the system’s 14-person board, according to a 2015 Texas Health Resources report. ¹⁵⁴ While the system declined to confirm whether this policy was still in place, CTCUMC’s website references <i>ex officio</i> board membership as recently as 2020. ¹⁵⁵
Gender-affirming Care & LGBTQ Policies	The 2021 benefits handbook for employees of Texas Health Resources excludes coverage for “[s]ex transformation operations and related services.” ¹⁵⁶
Other	In 2015, the hospital system’s pastoral care department “[c]reated a Founding Traditions Advisory Council to maintain a vital relationship with Grace Presbytery and the Central Texas and North Texas Conferences of the United Methodist Church.” ¹⁵⁷ We were unable to follow up with the system for more information on that council. As an affiliated institution, Texas Health Resources submits annual reports to CTCUMC. The 2020 report noted that the system’s pastoral care department had 64,356 patient encounters. ¹⁵⁸

Baptist Health System

Affiliations

Baptist Health Foundation of San Antonio
Formerly affiliated with Baptist General Convention of Texas (aka Texas Baptists)

Overview

Baptist Health System (BHS) has 16 hospitals around the San Antonio area, including specialty and “micro” hospitals.¹⁵⁹ BHS was sold by Texas Baptists to the for-profit Vanguard (now Tenet) in 2003 and the proceeds were used to create the Baptist Health Foundation of San Antonio.

Abortion policy

SUMMARY: Abortion is restricted according to a written policy sent to us by Keith Bruce, BHS’s former Vice President of Mission and Ministry. He explained that “one of the terms of the sale” of BHS to Vanguard, and later Tenet, “was to maintain an abortion policy consistent with the Baptist view,” a practice he called “pretty standard.” The written policy explains that “[i]n keeping with the ethics and values of the Baptist General Convention of Texas...the Baptist Health System does not provide elective abortions.”¹⁶⁰

EXCEPTIONS: Abortion is only permitted in cases where the pregnancy resulted from rape or incest; where there is a “severe fetal abnormality which is incompatible with life”; or where “medically necessary to avert the patient’s death or a serious risk of substantial and irreversible physical impairment of a major bodily function, other than a psychological condition.”¹⁶¹

PROCESS: When a doctor believes that an abortion is necessary, the head of the hospital OB-GYN department appoints an “ad hoc committee” consisting of two obstetricians and the facility’s Director of Pastoral Care or Staff Chaplain “to evaluate each request for therapeutic abortion.”¹⁶² All members of the committee are then required to “submit a signed, written recommendation to approve or deny the procedure.”¹⁶³ Bruce said the hospital must also collect “an affirmation that the parents realize what the situation is.”

The BHS abortion approval process contains a modest exception for emergencies. “In the case of an emergency,” it states, a leader of the OB-GYN department “or their designated alternates may give approval for the procedure after the request is received and reviewed” by an “OB-GYN Clinical Service Representative, in consultation with the facility President and Director of Pastoral Care.” It further states that “[r]uptured membranes in the presence of intrauterine infection does not require application of this policy.”¹⁶⁴

OTHER RESTRICTIONS: BHS’s religious identity may also impact the type of abortion procedure performed. Bruce told us that the hospital system “would never do a, I’m going to be crass here, a suck-em-out type of abortion. Really what we do would be an induction of labor and things of that nature.” He believed this preference for inductions was due to the hospital’s religious beliefs, though also suggested there might be a medical reason for the practice.

Governance policy

Texas Baptists has been able to retain an indirect relationship with BHS after it was sold to the for-profit Vanguard in 2003, and later when Vanguard was taken over by Tenet in 2013.¹⁶⁵ Keith Bruce was working at BGCT when BHS experienced a financial crisis. Under its charter, the health system first had to seek approval from the Convention to merge with the for-profit company and solve its financial woes. Bruce explained that, after some negotiation, Texas Baptists “reluctantly eventually approved that. I was able to get it through.” The 2014 Texas Baptists Book of Reports notes that though the system “transitioned...to ‘for profit’ status, it continues to function as a faith-based healthcare ministry in the Baptist tradition.”¹⁶⁶

Proceeds from the initial sale to Vanguard were used to create the Baptist Health Foundation of San Antonio, which distributes grants to health-related nonprofits in Texas.¹⁶⁷ While BHS itself is no longer listed as an affiliate on the Texas Baptists’ website, Baptist Health Foundation is, and Texas Baptists selects over half of the Foundation’s trustees.¹⁶⁸ The Foundation, in turn, nominates three of the seven members of BHS’s local board (as opposed to the board for the entire Tenet corporation), according to Bruce.¹⁶⁹

As BHS’s 2016 report to Texas Baptists explained: “Baptist Health System, which is now a part of Tenet Healthcare, remains committed to its historic faith-based values and ministry...A meaningful connection with the BGCT is maintained through a significant percentage of local Baptist trustees who are elected by the Baptist Health Foundation of San Antonio.”¹⁷⁰

**Gender-affirming
Care & LGBTQ
Policies**

Keith Bruce told us that he did not believe that gender-affirming services were provided at BHS facilities. He explained, “I don’t know that any of our rules...have really kept up with that to be quite honest,” though he had recently discussed the issue with the hospitals’ chaplains.

Bruce said that offering transition-related services “would be something I think we would have to look at and consider.” He noted, “I think generally for the Baptist faith that would be something that would not be looked upon positively.”

Other

According to Keith Bruce, ministerial employees at BHS play a part in the hospital’s ethical determinations beyond the issue of abortion. “Our chaplains are co-chairs at each hospital’s ethics committee,” he explained, “and system-wide one of our chaplain directors serves as director of ethics for the system. And so, our ethics policy very much involves pastoral care.”

In addition to nominating BHS board members, Baptist Health Foundation of San Antonio also imposes some requirements on BHS/Tenet as a condition of keeping the word “Baptist” in the system’s name. Brent Salter, program director at the Foundation, confirmed this relationship, explaining that “we help define what that word Baptist means, and we put some requirements on the hospitals for them to use that word since it’s our branding...there has to be a spiritual nature to the organization if they’re going to use the word ‘Baptist’ on the building.”

Specifically, according to an article in *The Baptist Standard*, “to continue to use the ‘Baptist’ name” BHS was required to “maintain and enhance chaplaincy ministries...provide charity care at no less than the 2002 level and maintain strict policies against abortions in keeping with BGCT positions.”¹⁷¹ In a document filed with the SEC, Vanguard promised to “maintain and expand...the Baptist mission and approach to health care that BHS has historically used,” and agreed to limits on its ability to “make any change in...abortion or sterilization policies of the acquired hospitals.”¹⁷²

As a condition of its sale, BHS is additionally required to house a mission and ministry division, which is “charged to nurture and develop the faith-based ethos of the [hospital] system”¹⁷³ and which, we were told, must be headed by a Baptist.

Finally, BHS also operates a mission and ministry committee, which is “charged with giving oversight to the faith-based ministry of BHS” and makes recommendations to the system’s board.¹⁷⁴ Keith Bruce explained that this committee is made up of seven members. Three are appointed by the Foundation board and four are selected by the head of the mission and ministry division and presented to the Foundation for approval. “All of those members are Baptist,” Bruce explained, “except for one that is an at large member representing another denomination, because we wanted to make sure we had at least some representation from the larger Christian community.” One member of this committee serves on the local BHS board, maintaining a link between the two bodies.

Methodist Health System

Affiliations	North Texas Conference of the United Methodist Church
Overview	Now an 11-hospital system (including specialty hospitals), ¹⁷⁵ the flagship facility of Methodist Health System (MHS) in Texas—Dallas Methodist Hospital—was founded by Methodist ministers in 1927.
Abortion policy	<p>SUMMARY: Rev. Caesar Rentie, Vice President for Pastoral Services at MHS, told us that the system does not restrict abortion in its facilities: “for an elective procedure it would be between the patient and their physician... we haven’t taken a formal stance.”</p> <p>Rentie also said, however, that the system would “align ourselves” with the stance on abortion adopted in the Methodist Book of Discipline. This states that while “tragic conflicts of life with life...may justify abortion...[w]e cannot affirm abortion as an acceptable means of birth control.”¹⁷⁶</p> <p>Contacted for confirmation, MHS’s public relations department told us that the information provided by Rentie was not “entirely accurate,” but declined to disclose the system’s actual policy on abortion, aside from stating that MHS performs abortions “in compliance with Texas laws and regulations.”</p>
Governance policy	<p>MHS’s covenant agreement with the North Texas Conference of the United Methodist Church (NTCUMC) states that the Conference “cannot make decisions of governance for” MHS.¹⁷⁷ While there are several Methodist reverends on the Board of Trustees,¹⁷⁸ Rev. Caesar Rentie told us that this is not a formal requirement. Rather, he explained, “it’s the way that we maintain the relationship with the North Texas Conference.”</p> <p>A recent tax filing states that “representatives of the Conference participate in the process of approving the list of persons nominated to the MHS Board and any amendments to MHS’s bylaws.”¹⁷⁹ MHS organizational charts from 2014 and 2017 also reference a NTCUMC “Advisory Board Appointment” entity.¹⁸⁰</p>
Gender-affirming Care & LGBTQ Policies	Rev. Caesar Rentie said he did not know whether MHS provides gender-affirming care.
Other	<p>MHS’s covenant with NTCUMC imposes several duties on the hospital system, including that “the policies and personnel of Hospitals exhibit the characteristics of the Christian faith” and that it “commit to the fullest extent possible the resources of Hospitals in the provision of educational, religious and health care programs and services for both ministers and lay people.”¹⁸¹</p> <p>Rev. Caesar Rentie said that the health system reports to the North Texas Conference annually. In addition, if MHS were dissolved, the system’s assets would go to the Conference.</p>

Methodist Healthcare

Affiliations	Rio Texas Conference of the United Methodist Church
Overview	<p>Methodist Healthcare is now San Antonio’s second largest private employer and the largest health system in South Texas, with 9 hospitals in or near San Antonio, Texas.¹⁸² The system’s founding hospital was chartered in 1955 by the Southwest Texas Conference of the United Methodist Church, now the Rio Texas Conference (RTC).¹⁸³</p> <p>As a result of a 1995 joint partnership agreement, ownership of Methodist Healthcare is now equally split between the for-profit company HCA and the RTC-affiliated nonprofit Methodist Healthcare Ministries (MHM).</p>
Abortion policy	<p>SUMMARY: Unknown; we were unable to find any relevant documents or reach this system to discuss its policy on abortion care.</p>

Governance policy According to a consolidated financial report for MHM, its board members are approved annually by the RTC, and “at least 60% of the Board must be members of The United Methodist Church.”¹⁸⁴ RTC conference documents show that there are several *ex officio* members of the MHM board, including the Bishop of the RTC.¹⁸⁵ MHM, in turn, appoints 50% of the members of the Methodist Healthcare Board of Governors, including its chair, while HCA appoints the other half.¹⁸⁶

St. David’s Healthcare

Affiliations St. David’s Foundation

Overview Originally founded by a Rector of St. David’s Episcopal Church,¹⁸⁷ St. David’s Healthcare (SDH) now has 8 hospitals (including specialty hospitals) in the Austin area.¹⁸⁸

Abortion policy **SUMMARY:** Abortion is restricted according to the medical staff bylaws, available on SDH’s website. The bylaws state: “Convenience abortions will not be performed at the Medical Center.”¹⁸⁹

Rev. Chuck Treadwell, Rector of St. David’s Episcopal Church and member of the St. David’s Foundation Board of Trustees, clarified that this policy was “not based on the teachings of the Episcopal Church in any formal way that I know of,” noting that the Church did not have “any input into the ethical guidelines” of the health system.

PROCESS: According to SDH’s medical bylaws, “Except in emergencies, and except for those members of the Medical Staff who have major privileges, consultation with an appropriate member of the Medical Staff who has major privileges shall be required in all cases in which the patient is not a good risk. This includes all curettages or other operations which may interrupt a known, suspected or possible pregnancy (excluding curettage for incomplete abortion).” We reached out to an administrator at SDH for additional information, but were unable to reach him.

Governance policy The relationship between SDH and its founding church is now minimal and indirect. According to Rev. Treadwell, “the only remaining relationship that I’m aware of between...the parish and the hospital is that the Rector has a seat on the Foundation board.” According to the Foundation’s website, it in turn “owns a controlling interest in St. David’s Healthcare.”

Houston Methodist

Affiliations Texas Annual Conference of the United Methodist Church

Overview Houston Methodist, with 7 hospitals,¹⁹⁰ was sold to the Texas Conference of the Methodist Episcopal Church, South by its founders in the 1920s, and is now affiliated with the Texas Annual Conference of the United Methodist Church (TXC).¹⁹¹

Abortion policy **SUMMARY:** Abortion is restricted according to Rev. Charles Millikan, Vice President for Spiritual Care and Values Integration at Houston Methodist.

EXCEPTIONS: Interviewed shortly after Texas’s S.B. 8 went into effect, prohibiting nearly all abortions in the state, Rev. Millikan assured us that the hospital system was in compliance with that law. “Until recently,” however, he explained, “abortions were offered for only two reasons.” These included where the fetus had an anomaly “that would not allow them to live longer than 28 days, which had to be proven” or where “the life of the mother was in danger.”

PROCESS: Rev. Millikan said that he was on the committee that considered requests to perform abortions at Houston Methodist. “I am the only person who’s not a physician that’s on that committee,” he explained. “And every time one of these presented itself in the past, the mission was read, the statements were read, and there had to be scientific...proof” that one of the two exceptions outlined above was met.

“Every abortion that is...given here at the hospital has to come before this committee of which I’m on,” Millikan continued. If he is not available, the director of spiritual care for the system – also an elder in the Texas Conference – serves as his alternate: “If I’m not on, she’s on. There’s never a meeting without us.”

Governance policy Under the hospital system’s bylaws, the Governance Committee of the Houston Methodist Board of Directors presents board nominations for annual approval by the TXC.¹⁹² According to recent tax documents, the board must contain a “sufficient number” of members of the United Methodist Church, and four Methodist ministers – including the Bishop of TXC – must be on the board.¹⁹³ Rev. Charles Millikan clarified, “[a]s an extension of the Texas Annual Conference we’re in compliance with the Book of Discipline which says that we should have...60% of our board...as United Methodists, either as clergy or as laity.”

In addition, Rev. Millikan said he has had “some input” in the selection of individual hospital advisory board members in that he worked “with each of the [hospital] CEOs in the selection of some of those directors from time to time.” These members need not be Methodist.

Gender-affirming Care & LGBTQ Policies A 2019 health plan for Houston Methodist employees, available online, covers hormone therapy, but not what the plan deems “[c]osmetic procedures” such as “[s]ex transformation operations and related services” [sic].¹⁹⁴

Other Houston Methodist provides institutional reports to the Texas Conference. Rev. Millikan also said that the system contributes funds to the Conference in the form of subsidized care for UMC ministers.

Covenant Health

Affiliations Northwest Texas Conference of The United Methodist

Overview Covenant Health, with 6 hospitals (including specialty hospitals)¹⁹⁵ based around Lubbock, Texas, was founded in 1998 through the merger of the Lubbock Methodist Hospital System (LMHS) and a Catholic system.¹⁹⁶

Abortion policy **SUMMARY:** Abortion is restricted at Covenant which, because of its merger with a Catholic system, follows the Catholic Ethical and Religious Directives (ERDs).

Governance policy Since the merger, LMHS has retained its own board, which “reviews the work” of Covenant, including by “assuring compliance” with the merger agreement between the two systems.¹⁹⁷ LMHS’s 23-member board is approved by the Northwest Texas Conference of The United Methodist Church (NWTX), and 60% of this board must be Methodist. The NWTX Conference is also responsible for approving changes to LMHS’s articles of incorporation or bylaws.¹⁹⁸

The Board of Directors for Covenant is comprised of 19 members, including eight appointed by LMHS with approval from the NWTX Conference.¹⁹⁹ Another eight are appointed by the Catholic system.

Gender-affirming Care & LGBTQ Policies There have been documented denials of transition-related care, such as hysterectomies, at hospitals operating under the ERDs.

Other Covenant Health provides reports to the NWTX Conference and, in addition to the Catholic ERDs, operates in accordance with the Book of Discipline of The United Methodist Church.²⁰⁰

Valley Baptist Health System

Affiliations	Formerly affiliated with Baptist General Convention of Texas (aka Texas Baptists)
Overview	Valley Baptist Health System (VBHS) is a small system including 2 hospitals and 3 “micro” hospitals ²⁰¹ in southern Texas, near the border with Mexico. The system entered into a joint venture with the for-profit entity Vanguard in 2011—which was sold to Tenet Healthcare the following year—and in 2015 Tenet purchased the remainder of the joint venture, making it the 100% owner of VBHS. ²⁰²
Abortion policy	<p>SUMMARY: Abortion is restricted according to an administrator who spoke to us on the condition of anonymity. While a written policy on abortion existed, the administrator explained that it could not be shared. The hospital’s communications department declined to provide any further detail. An asset purchase agreement between Valley Baptist and the for-profit company Vanguard from 2011 states that Vanguard “will maintain Seller’s current policies on therapeutic abortion and sterilization.”²⁰³</p> <p>EXCEPTIONS: An administrator at Valley Baptist Health System told us that abortions may be performed in the case of a medical emergency.</p>
Governance policy	<p>While VBHS is still listed as an institutional affiliate on Texas Baptists’ website, the system is now fully owned by Tenet and the Convention does not appoint members of its board.</p> <p>An administrator told us that in addition to Tenet’s board, there are local advisory boards for each VBHS hospital. Advisory board are made up of community members and physicians, among others. While the board used to have a requirement that members be Baptist, the administrator told us that this rule has long since been eliminated.</p>
Gender-affirming Care & LGBTQ Policies	An administrator said he was unsure if VBHS provided transition-related care for trans patients or if there was any written policy on such care.
Other	<p>An asset purchase agreement between Valley Baptist and Vanguard from 2011 notes that the agreement was approved by Texas Baptists and contains several conditions of sale related to the system’s religious mission.²⁰⁴ For example, the agreement requires Vanguard to “maintain the Baptist mission and Christ-centered approach” to conducting hospital business and to continue to employ a Vice President of Ministries.²⁰⁵</p> <p>The 2012 Texas Baptists’ Annual announced the change in VBHS’s ownership and stated that the denomination “look[s] forward to a fruitful relationship that enables us all to better fulfill our Christian and healing mission.”²⁰⁶ Valley Baptists’ website continues to state that its mission “is to help people achieve health for life through compassionate service inspired by faith.”²⁰⁷</p>

Hendrick Health

Affiliations	Baptist General Convention of Texas (aka Texas Baptists)
Overview	The Hendrick Health system comprises 5 hospitals (including children’s and specialty hospitals) in or near Abilene, Texas. ²⁰⁸
Abortion policy	<p>SUMMARY: Bruce Lampert, Director of Pastoral Care at Hendrick Health, told us that when he was on the board for the system in the 1980s there was a policy that only “therapeutic,” not “elective” abortions could be performed. When we reached out to the system for additional detail, a representative told us only that “[c]onsistent with Texas law and our faith-based legacy, Hendrick Health continues its longstanding policy to prohibit elective abortions.”</p>

A Hendrick policy on informed consent, last revised in 2016, states: “[i]f the procedure contemplated involves a termination of pregnancy or a sterilization allowed under hospital policies, the consent of the spouse of the patient is desirable, although not required. If the patient is unmarried and the procedure contemplated involves a termination of pregnancy, the consent of the father of the unborn child is desirable, although not required.”²⁰⁹

PROCESS: According to Lampert, during his board tenure, two physicians who were not partners were required to approve any termination of pregnancy.

Governance policy Texas Baptists is responsible for nominating a majority of the members of Hendrick’s board of trustees (a 2016 tax filing said at least 75%).²¹⁰ Bruce Lampert, responsible for maintaining Hendrick’s relationship with the state convention, believed that three-quarters of the board is required to belong to a church that participates in Texas Baptists. The remaining quarter may be members of Baptist churches unaffiliated with Texas Baptists.

Gender-affirming Care & LGBTQ Policies When asked about transition-related care, Bruce Lampert responded: “I don’t think we offer that now...I’m not sure what the policy on that is.”

While the employee health insurance policy for Hendrick Health does not expressly mention gender transition, some related treatments—such as mastectomy for any condition other than breast cancer and most cranio-facial surgery—are not covered.²¹¹

Other **TEXAS BAPTISTS:** See information included for Baylor Scott & White system on BGCT-affiliated systems.

Hendrick Health’s submission to the 2020 Book of Reports noted that “hospital chaplains conduct weekly chapel services and deliver daily inspirational messages through hospital media. Bible verses placed in the hallways remind us of our spiritual mooring.” In addition, according to the system’s website, daily devotional thoughts are offered over Hendrick Medical Centers’ public address systems and a scripture card is placed on each patient’s breakfast tray.²¹²

Baptist Hospital of Southeast Texas

Affiliations Baptist General Convention of Texas (aka Texas Baptists)

Overview Baptist Hospital of Southeast Texas (BHSET), whose mission is to provide “quality healthcare and sacred work in a Christian environment,” has 1 hospital in Beaumont, Texas.²¹³

Abortion policy **SUMMARY:** Abortion is restricted according to David Cross, Director of Pastoral Care. “We are pretty much the same as the other Baptist hospitals that I know of,” he explained, “[w]e don’t perform abortions on demand.”

EXCEPTIONS: According to Cross, doctors at BHSET hospitals (at least prior to S.B. 8) were allowed to perform abortions to save the life of the patient and in the case of pregnancy resulting from incest or rape.

Governance policy According to David Cross, Texas Baptists nominates half the board of trustees for BHSET. The other half is nominated by the nonprofit Community Hospital Corporation (CHC), which has been affiliated with BHSET since 2000.²¹⁴

That said, Cross told us that in practice – at least under CHC’s prior CEO – Texas Baptists would select all the trustees. The past CEO “would allow all of the trustees on the Baptist General Convention of Texas side of the trustee board to, when their terms terminated and they were to rotate off the board...rotate over on to the CHC side. And in [the CEO’s] words, that way, the BGCT elects all of them...he preferred that the churches actually elect the trustees, and they can serve just as well on his [the CEO’s] side.”

The system’s 2019 tax filing states that half its voting board members “shall be members of the Baptist denomination unless prohibited bylaw [sic].”²¹⁵ An annual report submitted to Texas Baptists explains that BHSET’s “Christian emphasis is exemplified through the interrelationships of the organization’s management, the 1,500 employees and the presence and participation of the Chaplaincy in the healing process.”²¹⁶

**Gender-affirming
Care & LGBTQ
Policies**

Asked whether BHSET offered hormone therapy or transition surgery, David Cross said that he had never heard of it, adding “I don’t know anything about it.”

Other

TEXAS BAPTISTS: See information included for the Baylor Scott & White system on BGCT-affiliated systems.



Arkansas

Baptist Health

Affiliations

No formal affiliations with religious institutions.

Overview

With 11 hospitals and 8 emergency departments, Baptist Health is the largest not-for-profit healthcare organization based in Arkansas.²¹⁷ The Arkansas state convention disaffiliated with Baptist Health in 1966, freeing the hospital from convention rules that, at the time, restricted the acceptance of federal grants.²¹⁸

Abortion policy

SUMMARY: Abortion was restricted at Baptist Health as of 2006, according to a federal court opinion. Emails and voicemails to the public relations department and Senior Chaplain to further discuss the system’s policies were not returned.

PROCESS: The 2006 judicial opinion states that “[e]lective abortions cannot be performed at Baptist Health, and clinical abortions require the unanimous consent of two physicians and one Baptist chaplain.”

Governance policy

Baptist Health appears to have a meaningful Baptist identity despite no longer having a formal relationship with the state convention. Several financial documents found on an Arkansas-based financial services firm website and dated as recently as 2019 all contain text explaining that the “members” of Baptist Health—responsible for electing the Board of Trustees²¹⁹—are “required by the Constitution and By-Laws of Baptist Health to be active members of a Baptist church. Eighty percent (80%) of the members must be active members of a Baptist Church in Arkansas that is affiliated with the Arkansas Baptist State Convention.”²²⁰

A federal court opinion in 2006 further stated that the system’s board of directors had to be members of Baptist churches. Outreach to Baptist Health representatives for more recent information was not returned.

Other

A 2006 federal court opinion noted that—at least at that time—“Baptist Health requires its CEO...and its chaplains to be members of Baptist churches. Baptist Health’s management is instructed to follow religious principles...if Baptist principles and secular medicine conflict, Baptist principles control.”²²¹

Arkansas Methodist Medical Center

Affiliations

First United Methodist Church of Paragould

Overview

Arkansas Methodist Medical Center (AMMC) is a community hospital based in Paragould, Arkansas.

Abortion policy

SUMMARY: Unknown. Asked about the hospital’s policies on abortion and gender-affirming care, Rev. Dane Womack, Senior Pastor at First United Methodist Church of Paragould and a member of the Board of Directors at AMMC, said: “I have never heard any conversations around those topics.” He continued, “we’re a pretty small regional hospital. We’re not typically dealing with those sorts of cutting-edge issues.”

Governance policy Rev. Dane Womack told us that he understands the AMMC bylaws to contain “a requirement that someone in leadership with the Methodist Church serve on the Board of Directors.” He explained that the specific UMC representative on the board has changed over time: “for a while, the District Superintendent in this part of the state was written into the bylaws to serve on the board of directors. But the conferences have changed, districts have changed, there are fewer District Superintendents. They’re not living here or nearby, like they used to be. And so, they transitioned to the Senior Pastor of the local First United Methodist Church now serves on the Board of Directors.”

Other than this position, he said the relationship between the Methodist Church and the health system is “primarily historical and in name...to my knowledge there’s no formal, legal relationship” between AMMC and the UMC or the Arkansas Conference of the UMC.”

Gender-affirming Care & LGBTQ Policies See information above on AMMC’s abortion policy.

Other Asked whether his role on the board included any oversight over pastoral care, Rev. Dane Womack said “I’m just a regular board member...my role on the board doesn’t come with particular responsibility or oversight.”

Womack also said that he served on an ad hoc ethics committee created to respond to the COVID pandemic, but that this committee was not guided by Methodist ethics or teachings.



Kentucky

Baptist Health

Affiliations Kentucky Baptist Convention

Overview With 9 hospitals (including a long-term acute care hospital) in Kentucky, Baptist Health (legally “Baptist Healthcare System” ²²²) is the largest not-for-profit health system in the state. ²²³

Abortion policy **SUMMARY:** Abortion is restricted according to an OB-GYN who worked at a Baptist Health hospital. This doctor said that when the policy prohibiting abortion was disclosed to her after she joined the hospital, it was tied to the system’s Baptist mission. Baptist Health’s public relations department did not confirm the policy or provide additional information.

EXCEPTIONS: Abortion is allowed if necessary to save a patient’s life. An OB-GYN who had worked at Baptist Health recalls that, in practice, this policy could result in patients whose water broke before fetal viability having to be transferred to another hospital or waiting until they became infected to receive abortion care. She explained, “we would have to transfer the patient to another hospital if she decided she didn’t want to continue the pregnancy and there was no sign of her being infected or having her life at risk, because they would not approve that.”

PROCESS: The OB-GYN we spoke to said that doctors are required to go to an ethics board comprised of OB-GYNs “to get permission and to prove that the mother’s life is in danger.”

Governance policy The latest version of the system’s articles of incorporation, dated 2019 and available on the Kentucky Secretary of State website, contains a requirement that 25% of the system’s board of directors “be Baptist,” not including the CEO. ²²⁴ This percentage was lowered from 60% in 2018. ²²⁵ The articles state that part of Baptist Health’s purpose is “to do deeds of benevolence and Christian charity to sick and afflicted, and...to administer, in the name of Christ, to their spiritual needs.” ²²⁶

While Baptist Health is included as an affiliated institution in the Kentucky Baptist Convention's 2019 annual meeting report,²²⁷ an employee of the Convention told us that their remaining ties with the health system are minimal. They said that the Convention does not appoint or nominate members of Baptist Health's board of directors, or play any management or oversight role over the system.

**Gender-affirming
Care & LGBTQ
Policies**

On its website, Baptist Health advertises an employee who “provides primary care to almost 250 transgender patients who travel in from all parts of KY and Southern Indiana.”²²⁸

Other

The Kentucky Baptist Convention has made small donations to the Baptist Health system, receives annual reports from Baptist Health, and collaborates with the system on a yearly retreat for ministers.²²⁹

Deaconess (formerly Methodist Health)

Affiliations

Formerly affiliated with the Kentucky Conference of the United Methodist Church.

Overview

Based in Indiana, Deaconess acquired the Methodist Health system in Kentucky in 2020. Deaconess, which now has 3 hospitals in the state,²³⁰ has its own religious roots, having been founded by Protestant ministers and laymen in 1892.²³¹

Abortion policy

Summary: Unknown; we were unable to find any relevant documents on the system's abortion policy, and questions on this subject did not receive replies. However, Deaconess Women's Hospital in Indiana reported to the state that it performed only two abortions in 2020, suggesting that the system may regulate abortion care.²³²

Governance policy

In 2018, the Kentucky Conference of the United Methodist Church approved an affiliation agreement between Methodist Health and Deaconess.²³³ As a result of the affiliation, the Kentucky Conference received financial compensation along with the promise of ten years of annual funding to the Methodist Health Support Fund, managed and administered by the advisory board of Methodist Hospital, “for health-career education, scholarships and training programs.”²³⁴ According to news articles, the affiliation also meant “cutting ties with the Methodist Church”²³⁵—though the 2020 Methodist Hospital advisory board included four UMC-affiliated church leaders.²³⁶

Norton Healthcare

Affiliations

Episcopal Church, Diocese of Kentucky
Kentucky Conference of the United Methodist Church
Indiana-Kentucky Conference of the United Church of Christ

Overview

With 6 hospitals (including children's hospitals) in Kentucky,²³⁷ facilities that are now part of Norton Healthcare were established by members of the Episcopal Church, United Methodist Church, United Church of Christ, Roman Catholic Church, and Presbyterian church.²³⁸

Abortion policy

SUMMARY: Unknown; we were unable to find any relevant documents or reach the system to discuss its policy on abortion care.

However, an OB-GYN who worked at Norton years ago told us that doctors “used to be able to do terminations for our private patients in the hospital,” but “you just can't do that anymore...there became this fear and backlash that they didn't want people to know and that there would be protesters.” Rather than the system adopting a new policy explicitly banning abortion, the doctor described a more informal change in practice over the course of her tenure: “It wasn't like an outright, ‘We don't’...It was just more of a cultural shift.”

Notably, the denominations affiliated with Norton have widely varying views on abortion from very conservative (the Roman Catholic Church) to liberal (the United Church of Christ).

Governance policy According to Carol Fout-Zignani, the director of Norton Faith and Health Ministries, Norton’s Board of Trustees has a Committee on Faith and Health Ministries that is required to include at least one member from each of the system’s founding faiths.²³⁹ Some, but not all, of the members of this committee are also on the system-wide “big board.”

Gender-affirming Care & LGBTQ Policies The website for Norton Children’s advertises a Pediatric and Adolescent Gender Education Program that offers gender-affirming care to “transgender, gender-diverse, gender-creative, gender-noncongruent and nonbinary youth.”²⁴⁰

Norton also has a webpage on “LGBTQ+ Inclusion Resources” that lists LGBTQ+ inclusive providers,²⁴¹ and has been designated a “LGBTQ Healthcare Equality Leader” by the nonprofit group the Human Rights Campaign.²⁴²

Other Representatives from Norton go to annual denomination meetings “every one or two years,” according to Fout-Zignani, and submit reports to the Episcopal Church, Diocese of Kentucky,²⁴³ the Kentucky Conference of the United Methodist Church,²⁴⁴ and the Indiana-Kentucky Conference of the United Church of Christ.²⁴⁵

Fout-Zignani also told us that the system has historically made sure that its pastoral department always has a Catholic priest and an Episcopal clergy member on staff.²⁴⁶



Alabama

Brookwood Baptist Health

Affiliations Birmingham Metro Baptist Association

Overview The Brookwood Baptist Health (BBH) system is comprised of 6 hospitals (including a “micro”-hospital).²⁴⁷ It was created in 2015 through the merger of Baptist Health System (BHS)—which was founded by the Birmingham Metro Baptist Association (BMBA) in 1922—with Brookwood Medical Center and the for-profit company Tenet.²⁴⁸

Today, Brookwood is operated through a joint venture between BHS, which owns 30% of the system, and Tenet, which owns 70%.²⁴⁹

Abortion policy **SUMMARY:** We were unable to reach any representative from BBH or BMBA to discuss the hospital system’s current policy on abortion. However, multiple news articles dating from 2003 mention a “no-abortion policy” at BHS—which, as noted above, later merged to become BBH.²⁵⁰

Specifically, the articles state that a merger proposed at the time (but later rejected) would have maintained BHS’s “faith-based characteristics at each hospital...including the chaplain program, the current no-abortion policy and the same amount of charity and indigent care.”²⁵¹

In addition, an article published by Alabama Baptist in 2000 (prior to the 2015 merger) about BHS states that a patient seeking abortion in one of their facilities “would be told there are other alternatives.” While at most of their facilities at that time abortions were “not permitted at all,” at one, abortion was allowed in the case of a “nonviable fetus,” where “the mother’s life is in jeopardy,” or “in instances of rape or incest that have been investigated and documented by law enforcement agencies.”²⁵²

Governance policy After the 2015 merger that created BBH, BHS retained an independent board. The Board of Directors for BBH is made up of ten members, five representing BHS and five representing Tenet.²⁵³

BMBA is responsible for approving all five members representing BHS; three of those five members are required to be members of participating BMBA churches, and one of those three must be a senior pastor.²⁵⁴

According to BMBA's bylaws, the full BHS board may be between ten and 16 people, one of whom must be an ordained minister of the Association, a majority of whom (including the Chairman) must be members of churches that participate and contribute to the Association, and all of whom are elected by BMBA.²⁵⁵ The bylaws also require BHS to make quarterly reports to the BMBA executive board and an annual report to the Association.

BHS's 2019 tax filing states that any amendment to the system's articles of incorporation must be approved by BMBA.²⁵⁶

Other

Amy S. Allen, BHS's CEO at the time of its merger into BBH, said that "Under the joint venture arrangement, all five hospitals maintain the Christian ministry of Baptist Health System and the Birmingham Metro Baptist Association." Allen further guaranteed that strong pastoral care programs would be operated at all five hospitals and that clinicians would "practice their profession in a Christian environment."²⁵⁷

The BHS board manages operation of the Baptist Health Foundation, which provides funding for projects like mission trips for hospital employees and residents, Bibles for every baby born at BBH, a faith-based hotel at Brookwood hospital, and a planned Chinese physician observer program intended in part to provide "opportunities to share the Gospel with them."²⁵⁸

Baptist Health

Affiliations

Montgomery Baptist Association

Overview

Baptist Health operates 3 hospitals and is the largest healthcare system and largest private employer in central Alabama.²⁵⁹

Abortion policy

SUMMARY: Abortion is restricted according to Tommy McKinnon, Baptist Health's Vice President of Community Engagement and Executive Director of the Baptist Health Care Foundation. McKinnon told us: "we as an organization do not do abortions." This prohibition was confirmed by Neal Hughes, Director of Missions for Montgomery Baptist Association, which is affiliated with the hospital.

While outdated, a 2000 article from The Alabama Baptist contains additional information about Baptist Health's approach to abortion. The article reads, "[q]uite simply stated, the facilities of Baptist Health of Montgomery do not terminate pregnancies. Should someone request an abortion, 'we give them names, addresses and phone numbers of people who are available to offer that kind of counseling,'...the trained counselors try to help the people see that there are alternatives to terminating a pregnancy."²⁶⁰

EXCEPTIONS: McKinnon told us that in a life-threatening situation, "the hospital is going to do whatever it can that is necessary to protect both the female patient and the unborn child."

PROCESS: An online document called the "Medical Staff Bylaws" indicates that at least two of the system's three hospitals regulate the provision of abortion through a "Therapeutic Termination of Pregnancy Committee" composed of "three staff physicians, with the OB/GYN Department Chairman serving as Chairman."²⁶¹ The committee, which will "consider the medical necessity of the requested termination of pregnancy," cannot include the requesting physician.²⁶²

This committee is also mentioned in the Baptist Medical Center South rules and regulations (included in the staff orientation handbook), which states that "[a]ny physician requesting to perform a therapeutic abortion must apply to the Therapeutic Termination of Pregnancy Committee for permission to perform same."²⁶³

HEALTH COVERAGE LIMITS: Abortion is excluded in the employee health plan for Baptist Health.²⁶⁴

Governance policy Baptist Health has maintained its historic connection to the Montgomery Baptist Association (MBA) despite becoming affiliated with the University of Alabama in 2005.²⁶⁵ Neal Hughes sent us a provision of the MBA bylaws governing its relationship to Baptist Health. The document states that all members of the Baptist Health board are subject to approval by MBA at its annual meeting and that the board may contain between 12 and 24 members, “one-third of whom shall be pastors of member Churches of the Association and actively involved in the work of the Association.”²⁶⁶ According to Hughes, the provision of bylaws regarding the appointment of pastors to the board has not changed since 1963.

MBA’s Leadership Director, David Fleming, however, told us that MBA nominates Baptist Health board members but is “not part of the selection process.” Moreover, Tommy McKinnon at Baptist Health told us that only five of the over twenty board members serving at the time of our call were pastors—suggesting that the one-third rule from the MBA bylaws may no longer be in effect. Regardless of the precise numerical quotas, however, it seems clear that MBA—as Fleming put it—has “an impact regarding representation on the board.”²⁶⁷

Gender-affirming Care & LGBTQ Policies Asked about hormone treatment and gender transition services, Tommy McKinnon said he had never heard of that at the hospital.

Other In addition to board selection, representatives from MBA also told us that the CEO of the hospital comes to their quarterly executive meetings to present on the hospital system’s plans and activities, and submits written reports. MBA also has some input on the appointment of hospital head chaplains, and the hospital system has made donations to MBA.



Florida

Baptist Health South Florida

Affiliations Miami Baptist Association

Overview With 11 hospitals (including a children’s hospital),²⁶⁸ Baptist Health South Florida (BHSF) is one of the newer systems we researched. Its flagship facility, Baptist Hospital of Miami, was founded in 1960. Describing itself as a “faith-based organization guided by the spirit of Jesus Christ and the Judeo-Christian ethic,”²⁶⁹ BHSF is affiliated with the Miami Baptist Association (MBA) and is listed on the Association’s website as a “partner in ministry.”²⁷⁰

Abortion policy **SUMMARY:** Abortion is restricted according to Rev. Gary Johnson, Director of Mission for the MBA, which is affiliated with BHSF. When asked about BHSF’s policy on abortion, Rev. Johnson said “I can say, wholeheartedly, we don’t do that.” Notably, part of BHSF’s mission statement is to “promote the sanctity and preservation of life.” BHSF’s media relations team did not provide further information.

Interestingly, the fact that abortions were apparently previously permitted at one facility—South Miami Hospital—prevented the BHSF system from completing a proposed merger with a Catholic institution in 1998.²⁷¹

EXCEPTIONS: Rev. Johnson acknowledged that exceptions would be made for “life-saving situations.”

Governance policy According to a 2020 copy of the Articles of Incorporation for BHSF, the health system must have between 17 and 45 trustees on its board, and the Miami Baptist Association has “the right to appoint seven (7) of its Ministers to the Board.”²⁷² All trustees must sign an annual written statement that they affirm BHSF’s mission, guiding principle (“[t]hrough our compassionate healthcare services, we seek to reveal the healing presence of God”), and vision.²⁷³ Rev. Johnson said these seven ministers typically open and close board meetings with prayer.

**Gender-affirming
Care & LGBTQ
Policies**

Asked if BHSF offered hormone therapy or gender transition surgery for trans patients, Rev. Johnson replied, "I don't know that we're doing that. I've never heard any. I've been there for 14, 15 years and never had that discussion."

Other

A provision of the BHSF Articles of Incorporation requires the system's trustees to make reports, upon request, to the annual sessions of the MBA as well as the Association's monthly executive board meetings.²⁷⁴

The document also requires BHSF to "[m]aintain a system-wide Baptist chaplaincy program...in order to provide a visible Christian witness to patients and employees."²⁷⁵ The senior chaplain of this program must be an ordained Baptist chaplain, a graduate of a Southern Baptist seminary, and a member of a church cooperating with the Miami Baptist Association.

BHSF makes donations to the MBA (\$682,000 in 2019) and partners with the Association to run the Good News Care Center, a free clinic for low-income Miamians.²⁷⁶

Baptist Health

Affiliations

None

Overview

Baptist Health, founded in 1955, has 7 (including specialty) hospitals in or near Jacksonville.²⁷⁷

Abortion policy

SUMMARY: Unknown; we were unable to find any relevant documents or reach this system to discuss its policy on abortion care.

Governance policy

Baptist Health is not legally connected with either state or local Baptist groups. Nevertheless, it continues to identify itself as "faith-based" and has kept its religious mission statement ("To continue the healing ministry of Christ ...").²⁷⁸ The most recent Articles of Incorporation available on the Florida Secretary of State website, dated from 2015, states that members of the system's board of directors "shall be persons of faith, respect the Corporation's Baptist heritage, embrace its faith-based mission, and represent the community it serves."²⁷⁹

Previously, a majority of directors had to be members of Baptist churches cooperating with the Southern Baptist Convention.²⁸⁰ We were unable to reach anyone at this system to further explain the health system's current religious identity.

**Gender-affirming
Care & LGBTQ
Policies**

Baptist Health boasts of its top rating as an inclusive healthcare provider from the LGBTQ advocacy group Human Rights Campaign²⁸¹ and has signed a public letter in support of the Equality Act, an LGBTQ civil rights bill.²⁸²

Baptist Health Care

Affiliations

None found.

Overview

Based in Pensacola, Baptist Health Care (BSC) includes 3 hospitals as well as many other health services.²⁸³

Abortion policy

SUMMARY: Abortion is restricted according to Kathy Bowers of Baptist Health Care's public relations department, who wrote in an email "Baptist Health Care is committed to the sanctity of all life."

EXCEPTIONS: Bowers said that BHC practitioners "in very rare circumstances may terminate a pregnancy when necessary to prevent a serious, life threatening medical condition for the mother."

PROCESS: Bowers wrote that the system requires "two physicians to certify that the mother has a serious, life threatening medical condition" in order for an abortion to be performed.

Governance policy The BHC board is self-perpetuating, according to recent tax forms.²⁸⁴ We found no evidence that any religious organization currently plays a role in the system’s governance.

Gender-affirming Care & LGBTQ Policies BHC offers hormone therapy for trans patients through its endocrinology specialists, according to its public relations department.



North Carolina

Wake Forest Baptist Health

Affiliations Baptist State Convention of North Carolina

Overview Wake Forest Baptist Health (WFBH) is an academic 6-hospital system (including 5 community hospitals) affiliated with Wake Forest School of Medicine.²⁸⁵ Its flagship facility was founded under the name North Carolina Baptist Hospital in 1923 in Winston-Salem. Wake Forest merged with the large nonprofit hospital network Atrium Health in 2020 to form Atrium Health Wake Forest Baptist.²⁸⁶

Abortion policy **SUMMARY:** Unknown; Brian Davis, Director of Community and Congregation Engagement at Wake Forest Baptist Health (who formerly worked at the Baptist State Convention of North Carolina, or BSCNC), told us that the state Baptist convention did not impose any restrictions on medical care. However, we were unable to reach the system for further detail.

Governance policy Brian Davis explained that the state Convention now selects one trustee per year to the board of North Carolina Baptist Hospital, amounting in total to half the hospital’s board.

BSCNC’s most recent bylaws explain that the relationship between the two entities is “voluntary” and confirm that the convention “shall...elect one-half (1/2) of the elected members of the Hospital’s board of trustees.”²⁸⁷ Those members appointed by BSCNC should be “members of churches cooperating with the Convention.”²⁸⁸ The bylaws also note that the “committee of the Hospital’s board of trustees that oversees the Hospital’s Division of Faith and Health Ministries shall have as its members only trustees who have been elected by the Convention.”²⁸⁹

Gender-affirming Care & LGBTQ Policies WFBH’s website notes the system is “committed to offering services to all patients regardless of their gender identity and sexual orientation,” and provides care including “[g]ender affirming hormone therapy and monitoring...[and t]rans-affirming gynecological care, including cervical cancer screening and pelvic exams.”²⁹⁰

Other North Carolina Baptist Hospital/Wake Forest Baptist Medical Center is listed among the “Convention Institutions and Agencies” in BSCNC’s 2019 annual report and submits reports to the convention.²⁹¹



Georgia

Emory Healthcare

Affiliations Southeastern Jurisdiction of the United Methodist Church
North Georgia Conference of the United Methodist Church

Overview With 10 (including specialty) hospitals,²⁹² Emory Healthcare is a part of Emory University in Atlanta and “the most extensive health care system in Georgia.”²⁹³

Abortion policy **SUMMARY:** Unknown for most hospitals; we were unable to find any relevant documents or reach this system by phone or email to discuss its policy on abortion care. However, some Emory facilities are Catholic-affiliated and abide by the Ethical and Religious Directives.

Asked whether the United Methodist Church imposed any restrictions on care at Emory Healthcare, including on abortion, Hal Jones, Director of Connectional Ministries for the North Georgia Conference of the United Methodist Church (NGCUMC) and former Director of Care Transformation for Emory Healthcare, said no: the “North Georgia Conference doesn’t have formal leverage on what Emory Healthcare does.”

In 2011, Emory entered into an agreement that “combine[d] Saint Joseph’s with the Emory Johns Creek Hospital.”²⁹⁴ St. Joseph’s Hospital, founded by the Catholic Sisters of Mercy, is still considered a Catholic facility, and abides by the Catholic ERDs.²⁹⁵ Emory Johns Creek Hospital is not considered a Catholic hospital; however, two documents from the Emory Healthcare website on Institutional Review Board protocols indicate that research performed in that facility must be reviewed “to ensure compliance with Catholic ethical and religious directives.”²⁹⁶

Governance policy According to the bylaws of Emory University (of which Emory Healthcare is a part), “Trustees must be confirmed by the Southeastern Jurisdictional Conference of the United Methodist Church.”²⁹⁷ Further, [b]y custom, several positions on the board are filled by active bishops of the United Methodist Church.”²⁹⁸ However, according to Hal Jones, the Church has no membership or approval role on the board for Emory Healthcare itself.

Gender-affirming Care & LGBTQ Policies Emory Healthcare has a Transgender Clinic at one of its hospitals that offers hormone therapy.²⁹⁹

Other Hal Jones described the connection between the North Georgia Conference of the United Methodist Church (NGCUMC) and Emory Healthcare as a “traditional, historic relationship” that is now “mostly relational.” For instance, while he said that NGCUMC has “a good relationship with the chaplain’s office” at Emory Healthcare, the head of the pastoral department “hires whoever he wants to hire.”

Jones also described a difference between the religious cultures at Emory’s historically Methodist hospitals and the Catholic-affiliated Emory St. Joseph’s facility. For the most part at Emory Healthcare, he said, his identity as a pastor was “not something I could lead with.” At St. Joseph’s, however, “I used to love it because they started every meeting with a prayer.”

St. Joseph's/Candler

Affiliations	South Georgia Conference of the United Methodist Church
Overview	Based in Savannah, St. Joseph's/Candler describes itself as “the only faith-based, mission-driven healthcare provider in the area.” ³⁰⁰ The system—now the region's largest healthcare provider, with 3 hospitals ³⁰¹ —is the result of a 1997 joint operating agreement between St. Joseph's Hospital, sponsored by the Catholic Sisters of Mercy, and Candler Hospital, affiliated with the South Georgia Conference of the United Methodist Church. ³⁰²
Abortion policy	SUMMARY: Abortion is restricted as St. Joseph's/Candler follows the Catholic Ethical and Religious Directives (ERDs).
Governance policy	<p>Unlike the Sisters of Mercy—who continue to have representation on the system-wide board³⁰³ — the South Georgia Conference does not play a role in the system's governance. In fact, according to Rev. Columbus Burns III, Director of Pastoral Care at St. Josephs/Candler, there was a “concerted effort” by the United Methodist Church to “not maintain any control over the Board of Trustees because it wanted to divest itself of that.”</p> <p>According to tax forms, “the superintendent of the South Georgia Conference...is an <i>ex officio</i> member” of the Candler Foundation (now the St. Joseph's/Candler Foundation)—tasked primarily with fundraising for the system.³⁰⁴</p>
Gender-affirming Care & LGBTQ Policies	There have been documented denials of transition-related care, such as hysterectomies, at hospitals operating under the ERDs.
Other	<p>A report submitted by St. Joseph's/Candler to the South Georgia Conference for its 2020 Annual claims: “[l]ocated in the Bible Belt, a vast majority of our patients, co-workers and collaborators embrace the belief that God is the foundation of our lives. Given the religious heritage and legacies of both St. Joseph's and Candler Hospitals, patients actively seek access to that spiritual dimension that is regionally unique to our health system.”³⁰⁵</p> <p>Rev. Burns told us that the Bishop of the South Georgia Conference has annually appointed the Director of Pastoral Care at Candler hospital since the Conference first bought the hospital from the city of Savannah in 1930.</p>

Multiple States

AdventHealth

Affiliations	Southern Union Conference of the Seventh-day Adventist Church Southwestern Conference of the Seventh-day Adventist Church
Overview	AdventHealth is the only hospital system with facilities in the U.S. South that is affiliated with the Seventh-day Adventist Church. The system has dozens of hospitals across the country, including 26 in Florida (plus many freestanding ERs), 3 in Georgia, 3 in Texas, 1 in Kentucky, and 1 in North Carolina. ³⁰⁶
Abortion policy	SUMMARY: Abortion is restricted, according to Orlando “Jay” Perez, Vice President of Institutional Ministries for AdventHealth. Doctors are notified of the abortion policy when they start working at the system. Written guidelines exist to provide additional information on the system's policy, but Perez said these are only available to employees.

EXCEPTIONS: While a procedure may be performed if a patient’s life or health is at risk, Perez told us that victims of rape and incest are referred to their physicians unless their health is also at risk.

Governance policy AdventHealth always has, as the chairman of its board, one of the presidents from the four Adventist territories in which it has hospitals, including the Southern Union Conference and the Southwestern Conference. It is a rotating position; thus, every four years, the president of Southern Union Conference chairs the board.

Gender-affirming Care & LGBTQ Policies Perez was not aware of any policies that existed on the provision of transition-related care, or whether the hospital provided this care.

Other Perez told us that all chaplains at AdventHealth are Adventist, though chaplains from other faiths may come in at a patient’s request.

He also explained that, in addition to their medical histories, patients are assessed based on “three key spiritual indicators: love, joy, and peace.”

Baptist Memorial Health Care

Affiliations Mississippi Baptist Convention Board
Tennessee Baptist Mission Board/Tennessee Baptist Convention
Arkansas Baptist State Convention

Overview Baptist Memorial Health Care (BMHC) has 22 hospitals (including specialty hospitals)³⁰⁷ across Tennessee, Arkansas, and Mississippi. BMHC was started by the three affiliated state conventions in 1912 as a single hospital located in Memphis.³⁰⁸ In 2017, a merger with another Baptist hospital system made BMHC the largest healthcare provider in the Mid-South and the largest health system in Mississippi, as well as the fourth largest employer in Mississippi.³⁰⁹

Abortion policy **SUMMARY:** Abortion is restricted according to BMHC’s Director of Public Relations, Ayoka Pond, as well as Shawn Parker, the Executive Director of the Mississippi Baptist Convention Board. Neither were able to provide details regarding the specificities of this policy.

PROCESS: A doctor who has worked in the facility told us that the system uses a case-by-case committee review process to evaluate abortions. He explained, “they’re not to be done in the hospital unless there are some very extenuating circumstances, and those extenuating circumstances are to be determined at the time that a provider comes to the committee or the group that makes a decision of whether it’s OK or not.”

OTHER RESTRICTIONS: The hospital system prohibits, in a policy last reviewed in April 2021, “[r]esearch specifically designed to study fetuses...Research involving nonviable neonates or neonates of uncertain viability...[and] Research involving elective abortions [or] stem cells taken from fetuses.”³¹⁰

Governance policy BMHC’s Board of Trustees is appointed one-third each from the three affiliated Baptist state conventions.³¹¹

Gender-affirming Care & LGBTQ Policies BMHC expressly prohibits research “involving...gender reassignment or other similar transgender therapies.”³¹² Shawn Parker was not aware of this formal policy but told us that the position of the Mississippi Convention was that “gender is a matter of biology, and God has created us male and female,” and that if the Convention learned that BMHC was offering transition-related care, “I would expect that there would be some questions that would need to be answered and...some solutions that would need to be developed.”

Other The Covenant between BMHC and the Tennessee Baptist Convention states that the health system seeks to “serve health needs in a Christian atmosphere, and endeavor to give testimony to the truth of the Christian faith.”³¹³ Both organizations “commit[] to each other their mutual goals, aspirations, and desire to spread the gospel of Christ throughout Tennessee, North America, and the world.”³¹⁴ The Tennessee Convention furthermore resolves to

“becom[e] personally involved in the ministry of” BMHC, while BMHC resolves to “maintain a Christian ministry of Health Care as a part of Christ’s ministry.”

According to one financial document, the “Christian principles outlined by the BMHCC founders have remained the basis upon which BMHC’s business decisions are made, and the inspiration for the medical services provided by BMHC and its affiliates.”³¹⁵ This sentiment was echoed by Jim Futral, former Executive Director of the Mississippi Baptist Convention Board, who told us: “the reason that the Baptist hospital was started in Jackson years ago was to have an extension of the healing ministries of Jesus. That pretty much continues to this day. There’s that kind of atmosphere. There’s a strong Baptist religious influence in the hospital, whether it’s here in Jackson or it’s in Columbus or Memphis or across Tennessee. That is something that is a part of the DNA of the hospital administration and the oversight of what’s taking place there.”

Methodist Le Bonheur

Affiliations

Memphis Conference of the United Methodist Church
Mississippi Annual Conference of the United Methodist Church
Arkansas Conference of the United Methodist Church

Overview

Methodist Le Bonheur Healthcare (MLH), with 5 hospitals in Tennessee and 1 in Mississippi,³¹⁶ was founded by a Methodist layperson and later became affiliated with the United Methodist Church.

Abortion policy

SUMMARY: Abortion is restricted according to a document labeled “Unified Departmental Policies,” available online.³¹⁷ Rev. Albert Mosley, Senior Vice President and Chief Mission Integration Officer at MLH, had not heard of this policy and could not provide further detail.

EXCEPTIONS: A provision of MLH’s Unified Departmental Policies that applies to the OB-GYN departments at the system’s hospitals contains a section on “medically indicated termination” that states: “under no circumstances can an indicated termination be done unless it is for the purpose of preserving life or health of the mother, including psychological reasons.”³¹⁸

PROCESS: Under the policy, terminations may not be performed “except under the document recommendation [sic] of the primary physician and at least one (1) consultant, both of which must be documented on the chart prior to the procedure being performed.”³¹⁹ In the case of an “emergent condition,” the primary physician is still required to consult a colleague, though documentation of this physician’s concurrence may be completed within 12 hours.³²⁰

Governance policy

The Bishops for the UMC Conferences of Memphis, Mississippi, and Arkansas serve as *ex officio* members of MLH’s board.³²¹ Rev. Mosley explained, “It’s a part of our bylaws, the bishops serve on [the] board. They are regional bishops from states where we...have or have had hospitals in the past.”

Another provision of the bylaws states that the three “Annual Conferences shall have the reserved power to approve the sale of all, or a majority of, the Corporation’s combined assets; the Corporation’s merger with another entity, if such merger, results in the Board of Directors not having a requirement that three-fifths (3/5) of the members must be members of The United Methodist Church; and the winding-up or dissolution of the system. All three (3) Annual Conferences must vote to approve the above referred to sale, merger or dissolution upon recommendation of the Board of Directors of this Corporation by a vote of at least two-thirds (2/3) of the voting membership of the entire Board then in office.”³²²

Gender-affirming Care & LGBTQ Policies

Rev. Albert Mosley said that the system places no restrictions on LGBTQ care. A 2020 Conference on pediatric advanced practice sponsored by MLH’s Children’s Hospital had as its keynote address a talk on “Transgender Youth: Current Concepts, Management, & Priorities for Research,” and also included a panel on gender dysphoria.³²³

Other

MLH submits reports for publication in the Conferences' annual journals and - according to Jim Polk, Director of Connectional Ministries for the Arkansas Conference - sends literature on various health topics to UMC churches for distribution.³²⁴ MLH facilities fly the Methodist flag and play overhead prayers on their intercom systems throughout the day.

Rev. Mosley also told us of an informal rule that any patient admitted to a MLH facility "will receive a visit from spiritual care within the first 24 hours...that means a lot to people in this community." Because of the community's demographics, Mosley noted that many of the pastors in the spiritual care department are Baptist or non-denominational Christian rather than Methodist.

MLH's mission statement includes a promise that "[s]ervices will be provided in a manner which supports the health ministries and Social Principles of The United Methodist Church."³²⁵ The system also employs a Chief Mission Integration Officer (currently Rev. Mosley) intended to "offer guidance and direction for the integration of MLH's mission, vision, values and guiding behaviors, especially from the perspective of the Social Principles of the United Methodist Church" and "ensure that the relationship with the United Methodist Church, and relevant social, ethical, and pastoral teachings, are understood and integrated appropriately and consistently across the entire system."³²⁶ Rev. Mosley, explained that "[o]ne of the things that our charter states is that the person who occupies my position has to be a Methodist clergy person, which I am."³²⁷

In addition to maintaining "ongoing communication and dialogue" with Methodist Bishops, the Chief Mission Integration Officer acts as a "champion for initiatives that strengthen United Methodist healthcare advocacy" including promoting social justice and care for the poor, according to a conceptual framework provided by the health system. Mosley noted that after it was revealed by ProPublica that the health system was suing people over unpaid medical bills,³²⁸ the Bishops provided "wise counsel" in helping to revise the financial assistance policy.

Among other health initiatives, Rev. Mosley said that his division runs a pregnancy prevention program in which community health workers educate youth about safe sex, rather than focusing primarily on abstinence. Mosley called the system's relationship with the Methodist church "historic in nature," and said that it did not limit "in any way...the work that we know needs to be done in this community."

Rev. Mosley also noted that if Methodist Healthcare should ever close, its assets would go to the church.³²⁹

Endnotes

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- ² As this report goes to press, two direct challenges to *Roe v. Wade* are before the Supreme Court. See *Dobbs v. Jackson Women's Health Organization*, 141 S.Ct. 2619 (2021) (granting cert.); *United States v. Texas*, 2021 WL 4928618 (2021) (granting cert.).
- ³ This is not to minimize the challenges of accessing abortion in many states, which has been documented extensively. See, e.g., NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES, *Bad Medicine: How a Political Agenda Is Undermining Abortion Care and Access* (Third Edition 2018), <https://www.nationalpartnership.org/our-work/resources/repro/bad-medicine-third-edition.pdf>; Chloe Atkins, *What U.S. Abortion Access Looks Like, In Graphics*, NBC.com (July 21, 2021), <https://www.nbcnews.com/news/us-news/what-u-s-abortion-access-looks-graphics-n1274859>.
- ⁴ See *infra* notes 91-98 and accompanying text.
- ⁵ AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS COMMITTEE ON ETHICS, *The Limits of Conscientious Refusal in Reproductive Medicine*, Committee Opinion No. 385 (Nov. 2007), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2007/11/the-limits-of-conscientious-refusal-in-reproductive-medicine>.
- ⁶ We researched the following states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia.
- ⁷ KIRA SHEPHERD, ELIZABETH REINER PLATT, KATHERINE FRANKE & ELIZABETH BOYLAN, PUBLIC RIGHTS/PRIVATE CONSCIENCE PROJECT, BEARING FAITH: THE LIMITS OF CATHOLIC HEALTH CARE FOR WOMEN OF COLOR 12-21 (2018), <https://lawrightsreligion.law.columbia.edu/sites/default/files/content/BearingFaith.pdf>.
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- ⁹ Amy Roeder, *America Is Failing Its Black Mothers*, HARV. PUB. HEALTH (2019), https://www.hsph.harvard.edu/magazine/magazine_article/america-is-failing-its-black-mothers/; *Racial Disparities in Maternal Health Have Widened Since 1980s, Federal Report Says*, MOD. HEALTHCARE (Sept. 15, 2021), <https://perma.cc/F76J-FTWE>.
- ¹⁰ Lisa Marshall, *Study: Banning Abortion Would Boost Maternal Mortality By Double Digits*, CU BOULDER TODAY (Sept. 8, 2021), <https://perma.cc/6MWG-8A5M>.
- ¹¹ Christine Tamir, *The Growing Diversity of Black America*, PEW RESEARCH CENTER (Mar. 25, 2021), <https://www.pewresearch.org/social-trends/2021/03/25/the-growing-diversity-of-black-america/>.
- ¹² S.B. 8., 87th Leg. (Tex. 2021). The law is currently being challenged in court. See *United States v. Texas*, 2021 WL 4928618.
- ¹³ Katie Watson, *Why We Should Stop Using the Term "Elective Abortion,"* AMA J. OF MEDICAL ETHICS (Dec. 2018), <https://journalofethics.ama-assn.org/article/why-we-should-stop-using-term-elective-abortion/2018-12>.
- ¹⁴ RACHEL K. JONES, ELIZABETH WITWER & JENNA JERMAN, GUTTMACHER INSTITUTE, ABORTION INCIDENCE AND SERVICE AVAILABILITY IN THE UNITED STATES, 2017 (2019), <https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017>. This percentage has gone down considerably since the years after *Roe v. Wade*: "in 1976, hospital-based clinics accounted for two-thirds of all abortion providers and one-third of all abortion procedures." LORI FREEDMAN, WILLING AND UNABLE: DOCTORS' CONSTRAINTS IN ABORTION CARE 25 (Vanderbilt University Press, 2010).
- ¹⁵ While this occurred at a Catholic hospital, this report includes similar stories from both Protestant and secular facilities.
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- ¹⁷ See, e.g., *Means v. U.S. Conference of Catholic Bishops*, 836 F.3d 643 (6th Cir. 2016).
- ¹⁸ For more on religious refusals, see NATIONAL WOMEN'S LAW CENTER, *Religious Refusals*, <https://nwlc.org/issue/religious-refusals/> (last visited Oct. 19, 2021); Rachel Kogan, Katherine L. Kraschel, & Claudia E. Haupt, *Which Legal Approaches Help Limit Harms to Patients From Clinicians' Conscience-Based Refusals?*, HEALTH LAW (2020), <https://journalofethics.ama-assn.org/article/which-legal-approaches-help-limit-harms-patients-clinicians-conscience-based-refusals/2020-03>; Nadia N. Sawicki, *The Conscience Defense to Malpractice*, 108 CALIF. L. REV. 1255 (2020).
- ¹⁹ See, e.g., JULIA KAYE, BRIGITTE AMIRI, LOUISE MELLING & JENNIFER DALVEN, AMERICAN CIVIL LIBERTIES UNION, HEALTH CARE DENIED: PATIENTS AND PHYSICIANS SPEAK OUT ABOUT CATHOLIC HOSPITALS AND THE THREAT TO WOMEN'S HEALTH AND LIVES 5-6 (2016), <https://www.aclu.org/report/report-health-care-denied>; TESS SOLOMON, LOIS UTTLEY, PATTY HASBROUCK & YOOLIM JUNG, COMMUNITY CATALYST, BIGGER AND BIGGER: THE GROWTH OF CATHOLIC HEALTH SYSTEMS 1 (2020), <https://www.communitycatalyst.org/resources/publications/document/2020-Cath-Hosp-Report-2020-31.pdf>; Lori Freeman, Uta Landy & Jody Steinauer, *When There's a Heartbeat: Miscarriage Management in Catholic-Owned Hospitals*, 98 AM. J. PUB. HEALTH (2008); Debra Stulberg, Rebecca Jackson & Lori Freedman,

Referrals for Services Prohibited in Catholic Health Care Facilities, 48 PERSP. ON SEXUAL & REPROD. HEALTH 111, 111–117 (2016).

²⁰ While these rules are well-known by medical providers, studies have shown that many patients are unaware of the breadth of restrictions at Catholic hospitals—or even of the fact that their hospital is Catholic affiliated. Debra Stulberg, Maryam Guiahi, Luciana Hebert & Lori Freedman, *Women’s Expectation of Receiving Reproductive Health Care at Catholic and Non-Catholic Hospitals*, 51 PERSP. ON SEXUAL & REPROD. HEALTH 135, 135–142 (2019); Jocelyn M. Wascher, Luciana E. Hebert, Lori R. Freedman & Debra B. Stulberg, *Do Women Know Whether Their Hospital Is Catholic? Results From a National Survey*, CONTRACEPTION (2018).

²¹ *But see* Lee A. Hasselbacher, Luciana E. Hebert, Yuan Liu & Debra B. Stulberg, “My Hands Are Tied:” *Abortion Restrictions and Providers’ Experiences in Religious and Nonreligious Health Care Systems*, 52 PERSP. ON SEXUAL & REPROD. HEALTH 107 (2020) (comparing abortion policies at Catholic, Protestant, and secular hospitals in Illinois); LOIS UTTLEY & RONNIE PAWELKO, MERGERWATCH, NO STRINGS ATTACHED: PUBLIC FUNDING OF RELIGIOUSLY-SPONSORED HOSPITALS IN THE UNITED STATES (2002), http://static1.1.sqspcdn.com/static/f/816571/11352520/1300824226243/bp_no_strings.pdf?token%20=%20bFqAjkTHCmsu69rwVujNAAH4qac%3D; JUDITH C. APPELBAUM, NATIONAL WOMEN’S LAW CENTER, HOSPITAL MERGERS AND THE THREAT TO WOMEN’S REPRODUCTIVE HEALTH SERVICES: USING ANTITRUST LAWS TO FIGHT BACK, (1998), <https://www.nwlc.org/wp-content/uploads/2015/08/Antitrust1998.pdf>.

²² This includes the same states we studied, as listed *supra* in note 6.

²³ The Community Catalyst study focuses “on short-term acute care hospitals, sometimes referred to as general hospitals.” BIGGER AND BIGGER, *supra* note 19 at 1. In contrast, our study used the number of hospitals identified on a hospital system’s own website—which in many cases includes specialty hospitals. Our numbers for Protestant hospitals in Texas and Florida were conservative, and did not include several systems with some continuing faith identity but no religious participation in governance, including St. David’s Healthcare, Valley Baptist Health System, Baptist Health (FL), and Baptist Health Care (FL).

²⁴ Elizabeth Sepper, *Zombie Religious Institutions*, 112 Nw. U. L. REV. 929, 929–87 (2018).

²⁵ We say “at least” because we did not attempt to research the religious affiliation of every individual hospital in the South, focusing instead on larger health systems with multiple hospitals. Included in these numbers are any health system where: 1) a religious institution of that denomination plays some role in board selection or approval for any related entity (including an individual hospital, health system foundation, or affiliated university); 2) members of that denomination must be represented on the board, and/or; 3) a religious institution of that denomination has some other formal covenant relationship with the health system. We did not include Baptist Health (Kentucky) on the SBC list because while the latest version of the system’s articles of incorporation requires that 25% of the system’s board of directors “be Baptist,” it does not require that they be affiliated with the Southern Baptist Convention. We did not include Norton Healthcare on the UMC list both because the system is affiliated with numerous different denominations and because UMC members are only represented on a board committee, not the full system board. As an administrator at the system told us, the board “has a Committee on Faith and Health Ministries that is required to include at least one member from each of the system’s founding faiths.”

²⁶ ERLC Staff, *5 Facts About the History of the SBC and the Pro-life Cause*, THE ETHICS & RELIGIOUS LIBERTY COMMISSION (Jan. 17, 2020), <https://erlc.com/resource-library/articles/5-facts-about-the-history-of-the-sbc-and-the-pro-life-cause/>; David Roach, *How Southern Baptists Became Pro-life*, BAPTIST PRESS (Jan. 16, 2015), baptistpress.com/resource-library/news/how-southern-baptists-became-pro-life/; SOUTHERN BAPTIST CONVENTION, *Resources in Resolutions* (search for “abortion”), https://www.sbc.net/resource-library/resolutions/?fwp_resolution_search=abortion (last visited Oct. 21, 2021).

²⁷ SOUTHERN BAPTIST CONVENTION, RESOLUTION ON THE PARTIAL-BIRTH ABORTION BAN (1996), <https://www.sbc.net/resource-library/resolutions/resolution-on-the-partial-birth-abortion-ban/>.

²⁸ *Annual Council Votes on Abortion Statement*, ADVENTIST RECORD (Oct. 22, 2019), <https://record.adventistchurch.com/2019/10/22/annual-council-votes-on-abortion-statement/>; SEVENTH-DAY ADVENTIST CHURCH, STATEMENT ON THE BIBLICAL VIEW OF UNBORN LIFE AND ITS IMPLICATIONS FOR ABORTION (2019), <https://www.adventist.org/official-statements/statement-on-the-biblical-view-of-unborn-life-and-its-implications-for-abortion/>. For history and context on the resolution, see George B. Gainer, *Abortion: History of Adventist Guidelines*, MINISTRY (Aug. 1991), <https://www.ministrymagazine.org/archive/1991/08/abortion-history-of-adventist-guidelines>.

²⁹ UNITED METHODIST CHURCH, UNITED METHODIST REVISED SOCIAL PRINCIPLES 28–29 (2020), <https://www.umcjustice.org/documents/124>.

³⁰ RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE, RCRC STATEMENT ON UMC DECISION TO SEVER TIES (2016), <https://rcrc.org/rcrc-statement-on-umc-decision-to-sever-ties/>; David Masci, *Where Major Religious Groups Stand on Abortion*, PEW RESEARCH CENTER (Jun. 21, 2016), <https://www.pewresearch.org/fact-tank/2016/06/21/where-major-religious-groups-stand-on-abortion/>.

- ³¹ ST. DAVID'S MEDICAL CENTER, MEDICAL STAFF BYLAWS (Nov. 21, 2019), <https://www.stdavidsmedweb.com/docs/librariesprovider7/default-document-library/medical-staff-bylaws-and-governance-documents-11-19-2020.pdf>.
- ³² BAPTIST HEALTH SYSTEM POLICY ON THERAPEUTIC ABORTIONS AND STERILIZATION 35 (received 2020) (on file with author).
- ³³ METHODIST HEALTHCARE, DEPARTMENT POLICIES 21-22 (2020), <https://www.methodistmd.org/files/medical-staff-services/governance-documents/unified-docs/Unified-Departmental-Policies-11182020.pdf>.
- ³⁴ Amy G. Bryant, David A. Grimes, Joanne M. Garrett & Gretchen S. Stuart, *Second-trimester Abortion for Fetal Anomalies or Fetal Death: Labor Induction Compared with Dilation and Evacuation*, 117 OBSTET. GYNECOL. 788 (Apr. 2011).
- ³⁵ For more on barriers to abortion training, see AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS COMMITTEE ON HEALTH CARE FOR UNDERSERVED WOMEN, *Abortion Training and Education*, Committee Opinion No. 612 (Nov. 2014), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-and-education>.
- ³⁶ BAYLOR SCOTT & WHITE HEALTH, HEALTH & WELFARE BENEFIT PLAN 72 (2020), https://www.bswhealth.com/benefits/Documents/Resources/Current_BSWH-Health-and-Welfare_SPD.pdf; BAYLOR SCOTT & WHITE HEALTH, *Obstetrics and Gynecology Residency*, <https://www.bswhealth.med/education/Pages/gme/dallas/obstetrics-gynecology-residency.aspx> (navigate to "rotations" under "curriculum") (last visited Sep. 19, 2021).
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- ⁴¹ *Id.* at 20.
- ⁴² These included: 1) Baylor Scott & White; 2) Baptist Health System; 3) Hendrick Health; 4) Baptist Hospital of Southeast Texas; 5) Baptist Memorial Health Care; 6) Brookwood Baptist Health; 7) Baptist Health (Alabama); 8) Baptist Health South Florida; 9) Wake Forest Baptist Health; 10) AdventHealth; 11) Texas Health Resources; 12) Covenant Health; 13) Methodist Healthcare; 14) Houston Methodist; 15) Methodist Le Bonheur; 16) Methodist Health System; 17) Arkansas Methodist Medical Center. This number includes systems where a denominational entity (like a Baptist convention) nominates board members for a nonprofit foundation, and that foundation in turn nominates board members for the health system. See appendix for more detailed information.
- ⁴³ BAPTIST MEMORIAL HEALTH CARE SYSTEM INC., SHORT FORM RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX [FORM 990-EZ] (2018), https://projects.propublica.org/nonprofits/display_990/581456556/10_2020_prefixes_55-58%2F581456556_201909_990EZ_2020101317367132. See also ARKANSAS BAPTIST STATE CONVENTION, AMENDED AND RESTATED ARTICLES OF INCORPORATION OF ARKANSAS BAPTIST STATE CONVENTION 2 (2006), <https://www.absc.org/files/uploads/newarticlesofincorporation.pdf> ("One-third of the members of the Boards of Trustees shall be elected annually to serve for a term of three years").
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- ⁴⁷ METHODIST LE BONHEUR HEALTHCARE, *Partners*, <https://www.methodisthealth.org/articles/partners/> (last visited Oct. 21, 2021).
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- ⁸¹ THE METHODIST HOSPITAL D/B/A HOUSTON METHODIST, HEALTH BENEFIT SUMMARY PLAN DESCRIPTION 163 (2019), https://www.houstonmethodist.org/~/_media/pdf/benefits_library/SPDs_Combined.pdf.
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- ⁹⁰ 10 U.S.C. § 1093(b) (1996).

- ⁹¹ KY. REV. STAT. ANN. § 311.800(1) (West 1980) (“No publicly owned hospital or other publicly owned health care facility shall perform or permit the performance of abortions, except to save the life of the pregnant woman.”).
- ⁹² LA. REV. STAT. ANN. § 40:1061.6 (2016) (“no public funds...shall be used in any way for, to assist in, or to provide facilities for an abortion, except when the abortion is medically necessary to prevent the death of the mother”); LA. REV. STAT. ANN. § 36:21 (2016) (“No institution...of the state, or of any local political subdivision thereof, shall contract with, award any grant to, or otherwise bestow any funding upon, an entity or organization that performs abortions.”). See also LA. REV. STAT. ANN. § 40:1061.3 (“No hospital, clinic or other facility or institution of any kind shall be held civilly or criminally liable, discriminated against, or in any way prejudiced or damaged because of any refusal to permit or accommodate the performance of any abortion in said facility or under its auspices.”).
- ⁹³ MISS. CODE ANN. § 41-41-91 (West 2002) (“no public funds...shall be used in any way for, to assist in, or to provide facilities for abortion”). See also *Jackson Women's Health Organization Inc. v. Amy*, 330 F.Supp.2d 820, 825 (S.D. Miss. 2004) (“public hospitals in Mississippi are prohibited by law from performing abortions except in extremely limited circumstances.”).
- ⁹⁴ TEX. HEALTH & SAFETY CODE ANN. § 285.202 (West 2011) (“Except in the case of a medical emergency, a hospital district created under general or special law that uses tax revenue of the district to finance the performance of an abortion may not receive state funding.”).
- ⁹⁵ The others are Arizona, Kansas, Missouri, North Dakota, Ohio, Oklahoma, and Pennsylvania. See Amy Littlefield, *Not Dead Enough: Public Hospitals Deny Life Saving Abortion Care to People in Need*, REWIRE (Mar. 7, 2019), <https://rewirenewsgroup.com/article/2019/03/07/not-dead-enough-public-hospitals-deny-life-saving-abortion-care-to-people-in-need/>.
- ⁹⁶ In Texas, legislator introduced bill to eliminate exemption for fetal anomalies. *Id.* This law was passed long before Texas’s S.B. 8, which bans abortion even in the case of lethal fetal anomaly.
- ⁹⁷ TEX. HEALTH & SAFETY CODE ANN. § 285.202(a) (West 2011) (“In this section, “medical emergency” means: (1) a condition exists that, in a physician’s good faith clinical judgment, complicates the medical condition of the pregnant woman and necessitates the immediate abortion of her pregnancy to avert her death or to avoid a serious risk of substantial impairment of a major bodily function.”).
- ⁹⁸ Littlefield, *Not Dead Enough*, *supra* note 95.
- ⁹⁹ For example, an earlier version of KY. REV. STAT. ANN. § 311.800(1) was struck down as unconstitutional shortly after *Roe v. Wade* in *Wolfe v. Schroering*, 541 F.2d 523 (6th Cir. 1976). Thereafter, an advisory opinion from the Office of the Attorney General in 1987 claimed that prohibiting abortions at public hospitals was “constitutionally invalid.” Ky. Op. Atty. Gen. 2-13, 1987 WL 272765 (1987). Despite this, the law remains on the books and in effect. See also, LA. REV. STAT. ANN. § 40:1061.3, Notes of Decisions (“A public hospital should make its facilities available to staff physicians willing to perform elective nonmedically necessary abortions; however, no physician or supporting personnel who have religious or moral convictions against abortion are required to participate in their performance. Op.Atty.Gen., No. 75-835, March 4, 1976.”).
- ¹⁰⁰ *Webster v. Reproductive Health Services*, 492 U.S. 490, 509 (1989).
- ¹⁰¹ Lindsey Lanquist, *I Traveled 491 Miles to Receive the Abortion Procedure I Needed*, SELF (Feb. 2, 2017), <https://www.self.com/story/tennessee-abortion>.
- ¹⁰² See generally, Sepper, *supra* note 24.
- ¹⁰³ BIGGER AND BIGGER, *supra* note 19 at 14.
- ¹⁰⁴ *Id.*
- ¹⁰⁵ We included all facilities labeled as “hospitals” on health systems’ own websites. However, not all these facilities offer OB-GYN and/or emergency care, and would not house therapeutic termination of pregnancy committees.
- ¹⁰⁶ These systems are: Baylor Scott & White; Baptist Health System; Baptist Memorial Health Care; Baptist Health (Alabama); Baptist Health (Kentucky); and Houston Methodist. See the appendix below for more information.
- ¹⁰⁷ Before legalization, “hospitals began to set up therapeutic abortion committees” wherein “pregnant women with financial resources pleaded their case to professionals.” FREEDMAN, WILLING AND UNABLE, *supra* note 14 at 12.
- ¹⁰⁸ Hasselbacher *et. al.*, “*My Hands Are Tied:*” *supra* note 21 at 113 (2020).
- ¹⁰⁹ Carole Joffe and Jody Steinauer, *Even Texas Allows Abortions to Protect a Woman’s Life. Or Does It?*, N.Y. TIMES (Sept. 12, 2021), <https://www.nytimes.com/2021/09/12/opinion/abortion-texas-roe.html?smtyp=cur&smid=tw-nytopinion>.
- ¹¹⁰ BAPTIST HEALTH SYSTEM POLICY ON THERAPEUTIC ABORTIONS AND STERILIZATION 36 (received 2020) (on file with author).
- ¹¹¹ *Id.*
- ¹¹² *Id.* (emphasis added).

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¹¹⁷ Jonathan Mattise, *Appeals Court Blocks Tennessee Down Syndrome Abortion Ban*, ASSOCIATED PRESS (Sept. 10, 2021), <https://apnews.com/article/health-courts-tennessee-down-syndrome-8c3650a20fdaf4397ff9995a4c2cb3d4>.

¹¹⁸ Caroline Kitchener, *Byron Calhoun Says Abortion Is Never Necessary to Save a Mother's Life. He's the Only High-risk OB/GYN in Central West Virginia*, THE LILY (Sept. 10, 2021), https://www.washingtonpost.com/graphics/2021/the-lily/antiabortion-doctor-obgyn-care/?tid=ss_tw.

¹¹⁹ *Id.*

¹²⁰ S.B. 5140, 67th Leg., 2021 Reg. Sess. (Wash. 2021).

¹²¹ S.B. 282, 53rd Leg., 1st Sess. (N.M. 2017); Joey Peters, *Lawmakers Introduce Bills to Expand Reproductive Health Access, Protections*, NM POLITICAL REPORT (Feb. 7, 2017), <https://nmpoliticalreport.com/2017/02/07/lawmakers-introduce-bills-to-expand-reproductive-health-access-protections/>.

¹²² Amy Littlefield, *Oregon Will Protect Reproductive Health Care When Hospitals Merge*, THE NATION (July 19, 2021), <https://www.thenation.com/article/society/oregon-catholic-hospitals/#:~:text=MORE%20FROM%20Amy%20Littlefield&text=In%20Oregon%2C%20where%20Providence%20is,services%20when%20provider%20entities%20merge>; H.B. 2362, 2021 Reg. Sess. (Or. 2021).

¹²³ Leah Rutman, *Hospitals Now Required By Law to Disclose Which Reproductive Health Services They Offer*, ACLU WASHINGTON (Sept. 24, 2019), <https://www.aclu-wa.org/story/hospitals-now-required-law-disclose-which-reproductive-health-services-they-offer>.

¹²⁴ Kogan *et. al.*, *supra* note 18 (“5 states that protect conscience also impose a duty to notify the patient of the refusal”).

¹²⁵ WASHINGTON STATE DEPARTMENT OF HEALTH, *Abortion*, <https://www.doh.wa.gov/YouandYourFamily/SexualandReproductiveHealth/Abortion> (last visited Oct. 21, 2021); Wash. Rev. Code. § 9.02.160 (1992).

¹²⁶ 42 U.S.C. § 1395dd.

¹²⁷ PRESBYTERIAN CHURCH (U.S.A.) OFFICE OF THE GENERAL ASSEMBLY, *Report of the Special Committee on Problem Pregnancies and Abortion* 11 (1992), http://www.pcusa.org/site_media/media/uploads/oga/pdf/problem-pregnancies.pdf (“We do not wish to see laws enacted that would attach criminal penalties to those who seek abortions or to appropriately qualified and licensed persons who perform abortions in medically approved facilities”).

¹²⁸ CENTRAL CONFERENCE OF AMERICAN RABBIS, *Resolution Adopted by the CCAR On Abortion and the Hyde Amendment*, (1984) <https://www.ccarnet.org/ccar-resolutions/abortion-1984/> (stating that “the Central Conference of American Rabbis has gone on record in 1967, 1975, and 1980 in affirming the right of a woman or individual family to terminate a pregnancy”); UNION FOR REFORM JUDAISM, *Reproductive Rights* (last visited Oct. 24, 2021) <https://urj.org/what-we-believe/resolutions/reproductive-rights>.

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¹³² CENTRAL CONFERENCE OF AMERICAN RABBIS, *supra* note 128 (“freedom of choice in the issue of abortion is directly related to the First Amendment’s guarantee of religious freedom”); THE RABBINICAL ASSEMBLY, *supra* note 129 (to

“deny a woman and her family full access to the complete spectrum of reproductive healthcare, including contraception, abortion-inducing devices, and abortions, among others, on religious grounds is to deprive these women of their Constitutional right to religious freedom”); EVANGELICAL LUTHERAN CHURCH IN AMERICA, *A Social Statement on Abortion*, (1991), http://download.elca.org/ELCA%20Resource%20Repository/AbortionSS.pdf?_ga=2.200020200.771729105.1520894009-874109350.1520894009 (“[f]or some, the question of pregnancy and abortion is not a matter for governmental interference, but a matter of religious liberty and freedom of conscience protected by the First Amendment.”).

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¹³⁶ Sarah Fowler, *Can Mississippi’s Last Abortion Clinic Survive?*, POLITICO (May 26, 2021), <https://www.politico.com/news/magazine/2021/05/26/mississippi-last-abortion-clinic-490797>; K. K. Rebecca Lai & Jugal K. Patel, *For Millions of American Women, Abortion Access Is Out of Reach*, N.Y. TIMES (May 31, 2019), <https://www.nytimes.com/interactive/2019/05/31/us/abortion-clinics-map.html>.

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¹³⁸ BAPTIST GENERAL CONVENTION OF TEXAS, TEXAS BAPTISTS BOOK OF REPORTS 2019 92 (2019), https://texasbaptists.s3.us-east-1.amazonaws.com/about/BGCT_2019_BookReports_cropped.pdf.

¹³⁹ Press Release, Baylor Scott & White Health, *Baylor Scott & White Complete Merger; Combined Company Becomes Largest Not-for-profit Health System in Texas* (Sept. 30, 2013), https://www.bellcountytexas.com/docs/BSWH_Closing_Press_Release.pdf. The relationship between Texas Baptists and BSWH can be traced back to 1903, when the Convention agreed “to help support and administer” Texas Baptist Memorial Sanitarium in Dallas, which later became Baylor Hospital. BAYLOR SCOTT & WHITE HEALTH, *Our History*, <https://www.bswhealth.com/about/history> (last visited Aug. 23, 2021).

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