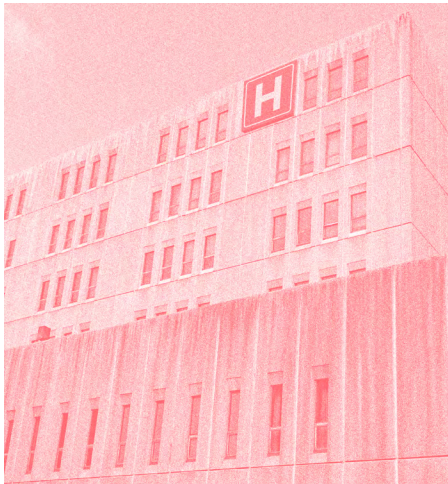


Executive Summary

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.



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*Download the full report at
https://lawrightsreligion.law.columbia.edu/sites/default/files/content/Reports/The_Southern_Hospitals_Report.pdf*