FOR IMMEDIATE RELEASE: January 19, 2018


Women of color are more likely to access Catholic hospitals, which prohibit doctors from providing contraceptives, sterilization, some treatments for ectopic pregnancy, abortion, and fertility services regardless of their patients’ wishes.

FROM: The Public Rights/Private Conscience Project (PRPCP), Columbia Law School
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New York, Jan. 19, 2018–Pregnant women of color are at greater risk of being deprived of a range of reproductive health services in many US states as a result of their disproportionate use of Catholic hospitals, according to a new report released today by the Columbia Law School Public Rights/Private Conscience Project (PRPCP) in partnership with Public Health Solutions. Bearing Faith: The Limits of Catholic Health Care for Women of Color compares racial disparities in birth rates at hospitals that place religious restrictions on health care.

Catholic-affiliated hospitals are governed by the “Ethical and Religious Directives for Catholic Health Care Services,” a set of strict guidelines that prohibit doctors from providing contraceptives, sterilization, some treatments for ectopic pregnancy, abortion, and fertility services regardless of their patients’ wishes, the urgency of a patient’s medical condition, the doctor’s own medical judgment, or the standard of care in the medical profession. The report finds that in many states, women of color are far more likely than white women to give birth at Catholic hospitals, putting them at greater risk of having their health needs determined by the religious beliefs of bishops rather than the medical judgment of doctors.

This finding is especially troubling given that women of color already face a range of health disparities—including lower rates of insurance coverage and higher rates of pregnancy complications—which increases their need for comprehensive reproductive health care.

Among the findings in the report:

- In 19 of the 33 U.S. states and one territory studied, women of color are more likely than white women to give birth in a Catholic hospital.
- The racial disparity in Catholic hospital birth rates is especially striking in several states. For example:

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In New Jersey, women of color make up half of all women of reproductive age, but an overwhelming 80% of births at Catholic hospitals.

Three-quarters of births at Catholic hospitals in Maryland are to women of color. Black women in Maryland had almost 3,000 more births at Catholic hospitals than white women, despite the fact that they had over 10,000 fewer births overall.

Hispanic women represent about half of births at non-Catholic hospitals in New Mexico, but three-quarters of births at Christus St. Vincent—the state’s only Catholic birth hospital and a sole community provider.

In Massachusetts, while about one in twenty births to white women occur at Catholic hospitals, one in ten births to black and Hispanic women take place at Catholic hospitals.

One quarter of births to black women occur in a Catholic facility in Connecticut, while just over one tenth of births to white women occur in a Catholic hospital.

One in three births to white women in Wisconsin are at Catholic hospitals while just over one in two births to black women are in a Catholic hospital. Wisconsin was the only state studied where more black women give birth at a Catholic than a non-Catholic facility.

43 states and the federal government have enacted laws protecting institutions, including Catholic hospitals, which refuse to provide comprehensive reproductive health care to patients. Despite these protections, courts have not clearly determined when and whether health care providers can withhold treatment due to their religious beliefs, or who should prevail when a hospital’s legal duty to care for a patient conflicts with a faith-based refusal law.

“The pervasive health disparities that exist between white women and women of color can be attributed to bias and racism, which both impact access to care as well as treatment within the health care system,” said Kira Shepherd, Director of the Racial Justice Project at Columbia Law School’s PRPCP. “These disparities are compounded by the spread of Catholic health care, which by putting religious doctrine over best medical practice exposes women of color to some of the same oppressive treatment that many have fought against for decades—treatment that devalues their lives and ignores their bodily autonomy.”

“Our report reveals that pregnant women of color in many states throughout the country are more likely to give birth at Catholic hospitals, where the full range of reproductive healthcare services are not available” said Lisa David, President and CEO of Public Health Solutions. “This puts their lives and families’ lives at greater risk. Public Health Solutions is committed to working to correct these restrictive religious overreachs disproportionately affecting women of color, and is proud to partner with the Public Rights/Private Conscience Project at Columbia Law School to produce this seminal report.”

A panel discussion on the release of the report will be held this evening at 6:30 PM at Judson Memorial Church in New York City. The panel will be moderated by Kira Shepherd, and will feature OB/GYN and abortion provider Dr. Willie J. Parker, attorney Candace Gibson, reproductive justice advocate Cherisse Scott, public health educator Faith Groesbeck, and Laurie Bertram Roberts, a doula and activist who was denied emergency reproductive health care at a Catholic hospital.


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The Public Rights/Private Conscience Project

The Public Rights/Private Conscience Project's mission is to bring legal academic expertise to bear on the multiple contexts in which religious liberty rights conflict with or undermine other fundamental rights to equality and liberty. We undertake approaches to the developing law of religion that both respects the importance of religious liberty and recognizes the ways in which too broad an accommodation of these rights threatens Establishment Clause violations and can unsettle a proper balance with other competing fundamental rights. Our work takes the form of legal research and scholarship, public policy interventions, advocacy support, and academic and media publications.

To learn more, please visit us at http://www.law.columbia.edu/gender-sexuality/public-rights-private-conscience-project

Public Health Solutions

As the largest public health nonprofit organization in New York City, Public Health Solutions improves health among New York City’s most vulnerable populations by tackling social and physical factors that impact New Yorkers’ ability to thrive. We implement innovative, cost-effective population-based health programs; conduct research providing insight on effective public health interventions; and provide services to government and other nonprofits to address critical public health issues. Together with our colleagues in the social services sector, government, philanthropy and policy organizations, we are thought leaders and cutting-edge public health professionals in New York City.

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