

UC, Catholic health care partnership is saving lives

Passage of Senate Bill 379 would be detrimental to patients

Dr. Jody Steinauer, who directs University of California, San Francisco's outstanding Bixby Center for Global Reproductive Health, recently wrote here to support pending Senate Bill 379, that would force an end to the University of California's affiliations with Catholic health care providers. However, the assertions offered to support this position are false.

Today, dozens of programs enabled by these partnerships provide care — often the only locally available care of its kind — daily to thousands of Californians across the state, many of whom are vulnerable and chronically underserved. They form the critical core of California's health care safety net; unraveling that now, as SB 379 would, could spell a devastating loss of access and life-saving treatment.

Dr. Steinauer's assertions really don't pertain to the partnerships per se. They apply to Catholic health systems and hospitals — and whether their affiliation with UC offends the latter's values and compromises its practitioners.

Let's start by noting that Catholic hospitals in California have provided care for decades, in some communities for over 150 years. Often they serve patients that others aren't; provide services others don't, in areas where others have no presence. Catholic hospitals provide a greater share of ancillary cardiac services, and coronary, hospice, maternity, neurosurgical, NICU, oncology, orthopedic, pediatric and trauma care, than all other California acute-care hospitals combined.

Catholic hospitals agree to uphold Catholic values. They don't provide elective abortion or procedures for the primary purpose of sterilization such as tubal ligations, hysterectomies (when no pathology is present), vasectomies and in-vitro fertilization (the latter two services are not typically performed in hospitals regardless of religious affiliation). However: Catholic hospitals do not limit availability of emergency or medically-necessary pregnancy care.

Turning to the fallacies in Dr. Steinauer's assertions:

— UC-physician contracts with Catholic hospitals "...tie the hands of providers like me and the learners I work with." Not so: Our members expect all clinicians practicing at their facilities at all times to practice evidence-based medicine and provide services in

accordance with their professional judgment and their patients' needs and wishes. They are also expected to inform patients of all health care options; and to refer and transfer them elsewhere if a certain service is not offered. Nonetheless, our members and UC Health have worked to amend contracts and agreements to allay any such concerns.

— Catholic hospitals practice “discriminatory policies”: Not so: They serve all patients regardless of background, location, sexual orientation or gender identity. Those services our members' hospitals cannot provide are not offered to anyone. Those they do provide are accessible to all without discrimination.

— Contrary to what was asserted, Catholic hospitals do offer miscarriage treatment before the patient becomes ill. They do treat ectopic pregnancies. They do dispense emergency contraception to victims of sexual assault – in fact, 10 Catholic-affiliated hospitals around the state are designated rape trauma centers.

Finally, and most alarming, is the claim that these partnership-enabled programs diminish access to quality care for poor people and communities of color. The precise opposite is true.

Ask the community of Northridge, which two decades ago, committed to bring a pediatric-trauma care unit there, so critically injured young patients wouldn't lose life-saving time being airlifted to Los Angeles. Or the residents of Merced, who today have local access to gold-standard cancer care any American community would count precious. Or cancer patients in Stockton, who can access world-class clinical trials. Or San Francisco COVID-19 patients treated at The City's first dedicated COVID treatment unit early in the pandemic — and the thousands receiving vaccinations in partnership-enabled clinics right now. Or the state's low-income population: Dignity Health and UC Health are the No. 1 and No. 2 Medi-Cal providers, respectively, and their continued collaboration is key to caring for this population.

The truth is that SB 379 – not these partnerships — would put the health of so many in jeopardy.

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