

# THE UC SYSTEM PARTNERS WITH HOSPITALS THAT RESTRICT HEALTH CARE BASED ON RELIGIOUS DOCTRINES

Such partnerships are common:



**1 in 6** hospital beds are owned by or affiliated with the Catholic church (nationwide & in California)



Catholic hospital systems & their affiliates follow **Ethical & Religious Directives (ERDs)** written by **Bishops**



Patients cannot always choose their hospital due to geography or insurance (the **largest Medi-Cal provider** is Dignity Health, a Catholic hospital system)



Patients may be **unaware** of religious affiliations or restrictions, or be **limited by geography**

“Countless women have turned to Catholic hospitals when something went terribly wrong with a pregnancy – and when their own health was endangered as a result – only to have their care severely delayed, or outright denied, because of religion.”

- "Health Care Denied" ACLU ([read full report](#))



## CATHOLIC HOSPITALS ARE PROHIBITED FROM PROVIDING SERVICES DEEMED AS “INTRINSICALLY IMMORAL”:

- ✗ Contraception
- ✗ Assisted reproductive technology (ex: in vitro fertilization) for anyone but heterosexual married couples
- ✗ Abortion (including cases of miscarriages & sexual assault)
- ✗ Gender-affirming care
- ✗ The full range of end-of-life options

*Read more: "As Catholic Hospitals Expand, So Do Limits on Some Procedures" [NY Times](#)*

## THE UC BOARD OF REGENTS IS DECIDING WHETHER TO CONTINUE AFFILIATING WITH RELIGIOUS HOSPITALS

Why do these affiliations exist? The UC system operates the largest CA training program for health professionals. Many UC hospitals are consistently operating at or beyond capacity, and partnerships reduce the strain on UC resources.

Who is affected by the UC Regents' decision? These policies disproportionately target women and sexual & gender minorities for disrupted healthcare access. *Read more: "UC's deal with Catholic hospitals threatens the health of women and LGBTQ patients" [LA Times](#)*

What changes will occur for UC physicians and trainees? Clinicians placed in Catholic hospitals will be required to adhere to **medical standards determined by religious doctrines, not science, regardless of patient needs.**

Is change possible? **Yes! UCSF divested from religious partnerships in 2019, but only after public outcry**

## THE EFFECTS OF SUCH RESTRICTIONS ARE FAR-REACHING:



Family planning & access to reproductive healthcare grants women autonomy in their **academic, economic, & professional** prospects

*Learn more: "The importance of access to comprehensive reproductive health care"*

Inequitable access & discriminatory policies in health care continue to be especially damaging to **non-white women**

*Learn more "Racism is a Public Health Issue (pt. 4/5)"*



Many pregnancy-related conditions (ex: preeclampsia) require procedures that are **restricted by religious directives** - exacerbating the US's **maternal health crisis**

*Learn more by watching "Birthright" (available on [Kanopy](#))*

**2-3** women die every day in the US from pregnancy-related complications



**>50%** of these deaths are preventable

## WHAT IS BEING DONE?

→ The UC Academic Senate Non-Discrimination in Healthcare Task Force published a **report** advising against partnerships with Catholic hospitals

→ The UC "Working Group on Comprehensive Access" published a **non-conclusive report** on whether to continue affiliations with religious hospitals

## WHAT CAN I DO?



**SIGN THIS PETITION**

Tweet!

**SPREAD THE WORD**

Speak out!  
Tell your friends!!



**FOLLOW US FOR UPDATES**



Science Policy GROUP at UCLA

