Foreword

"Did you hear we're going to be working for the pope?" I was a few months into my family medicine residency and working on the labor and delivery floor when one of the senior physicians asked me this question. We'd had a busy shift and were getting a quick bite to eat between deliveries. His question caught me off guard. I had selected this hospital for residency because of its strength in women's health and its commitment to serving the nearby low-income Chicago community with high-quality care. And while I knew the hospital was facing financial pressures and considering potential buyers, I had not heard that our leadership had agreed on a deal to be acquired by a large Catholic hospital system.

Driving home the next day, my thoughts turned to the implications of this deal. My first worry was about my ability to get abortion training. Like many people, I knew Catholic hospitals do not provide abortion care—this is a commonly understood reality. But our hospital actually had not been providing abortions when it was secular, so I had arranged with the hospital to allow me to use my elective time to go off-site for abortion training. Now I worried whether the new hospital owners would prohibit this. At this time, I had no idea of the other ways being Catholic would affect our hospital and the people who walked through its doors. (I later learned that my lack of awareness was very common. Most people do not have any sense of all the services Catholic hospitals prohibit.) I naively assumed that, with abortion already something we needed to refer our patients out for, the care our patients received would not change.

In wondering what this would mean for my abortion training, my first reaction was to call my mentor from medical school who worked on the national issue of abortion access. Her first reaction was to put me in touch with MergerWatch—the leading national organization dedicated to understanding and addressing Catholic-secular hospital mergers.

In talking with MergerWatch, I came to understand that my hospital was not alone, and that our patients were likely to suffer unanticipated consequences. Many of the services we provided on a regular basis would be lost: emergency

contraception for rape victims in the emergency room, long-acting contraception in hospital-owned clinics, and sterilization procedures done in hospital offices or operating rooms—these would all go by the wayside. And patients facing pregnancy complications that require prompt treatment—such as ectopic pregnancies and miscarriages—would, at times, have their care compromised as well. These are among the effects I would learn about in coming months.

With the help of MergerWatch and local healthcare advocates, we organized inside the hospital and by hosting community forums on the impact this change in ownership would have. Nonetheless, the hospital acquisition still went forward. The first day of the new ownership, we had to start telling patients in labor that the postpartum tubal ligation they had planned for nine months could no longer be done. Within weeks, we had to decide if we would sneak and provide birth control devices for our patients.

I will never forget a patient I saw on the labor and delivery floor after the merger. She came to the hospital for cramping, where she learned she was six months pregnant. In taking her history, I found out she had only recently given birth, shortly after the hospital became Catholic. She had asked for a tubal ligation with her last birth, but because of the new hospital ownership she had been told no.

This crash education in Catholic hospitals was not something I sought out. But as I finished residency, I decided I wanted to study it more formally. I had so many questions, and I had learned that these questions did not yet have good answers. What do doctors nationally think about this issue? What about patients? How do they respond when their care is limited by the hospital's religion? And how does this square with modern medical ethics, which I always had learned emphasized patient autonomy and beneficence as its guiding principles? Finally, what could policymakers do to protect patients in these situations?

By the time I started my fellowship in medical ethics and healthcare research, I already had heard of Lori Freedman's work. During one of our hospital community forums, an obstetrician shared about how the new Catholic directives required doctors to transfer patients to other hospitals for treatment of miscarriages in which there was still a fetal heartbeat and how this change created unnecessary delays for patients in distress. One of the attorneys in our coalition said they had heard from patients at Catholic hospitals who also had treatment denied or delayed for the same reason. And the national experts from MergerWatch told us all: Yes, this is a common enough problem that there is a sociologist in California writing an article about it!

As it turned out, Lori's paper, called "When There's a Heartbeat: Miscarriage Management in Catholic Hospitals," was the first publication in the peer-reviewed literature to document this doctrinally mandated substandard care for miscarrying patients. And when these same physician interviews wove their way into Lori's first book, in which she elucidated doctors' myriad constraints in trying to provide abortion care, our field's understanding of the power of institutions within medicine (especially reproductive medicine) exploded.

Before long, I was introduced to Lori personally through a mutual friend, and the next time I made my way to the Bay Area we made plans to meet. What began as a coffee date has gone on to be the most fruitful and fulfilling collaboration of my career. The earliest interviews contained in this book emerged from the first project we worked on together, which was followed by several more.

As a physician, I can speak and write about the patient cases I know, and give a medical perspective on what it means when the bishops' directives tie doctors' hands. But it is Lori's sociological lens that has made our body of research possible. To interview hundreds of providers and patients, to elicit honest stories about some of the most distressing moments individuals have experienced, and to see the patterns that emerge from beneath the surface of these stories—I can only say that, to me, it feels like magic.

But Lori is not a magician. She is a skilled interviewer who thinks carefully about what questions to ask and then creates space for every interviewee to share experiences that uncover their vulnerability. She brings the utmost respect for people from every walk of life—doctors, ethicists, and patients from diverse personal and religious backgrounds. And she is an insightful qualitative analyst, diving deep into interviewees' narratives. Moving beyond simple descriptions of her subjects' common experiences, she observes how power structures and social norms undergird their storytelling. When doctors described crying in their on-call rooms before having to tell patients they could not provide medically necessary treatment, Lori saw the mismatch between how doctors were trained to see themselves (as benevolent experts acting on their patients' behalf) to their reality in practice (as agents of the institutions that employ them) and the distress this caused. When women patients repeatedly blamed themselves for failing to predict that their reproductive care would be restricted at a Catholic hospital ("I should have done my research," they would say), Lori recognized the gendered pattern of socialization: women are trained to have low expectations for reproductive care and to internalize the fault as their own.

Working with and learning from Lori has been a joy and privilege for me. But the greatest joy is that the rest of the world now gets to benefit as well. *Bishops and Bodies* is the place where all the interviews and analyses come together, and the widespread impact of Catholic hospital ownership on reproductive health becomes clear. In this post-*Roe* era, it is essential reading for anyone who cares about reproductive health. And, more broadly, we should all care about the lessons of this book: about who controls the care we all receive, what the growth of the bishops' control means, and who is most likely to be hurt.

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