



Family Planning Advocates of NYS  
17 Elk Street  
Albany, New York 12207-1002  
Phone: (518)436-8408  
Fax: (518)436-0004  
Website: [www.fpaofnys.org](http://www.fpaofnys.org)

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Assemblymember Sheldon Silver  
Speaker of the House  
New York State Capitol  
Albany, NY 12248

Senator Leader Joseph Bruno  
Senate Majority Leader  
New York State Capitol  
Albany, NY 12247

Assemblymember James Tedisco  
Assembly Minority Leader  
New York State Capitol  
Albany, NY 12248

Senator David Paterson  
Senate Minority Leader  
New York State Capitol  
Albany, NY 12247

Dear Legislative Leaders,

The recommendations of the Berger Commission display a stunning disregard for women's health. The report calls for closing the state's only hospital dedicated solely to women's health and suggests that it is acceptable to ban reproductive health services from other hospitals. FPA is extremely concerned about the Commission's recommendations and cannot support implementation of this plan.

Our concerns rest primarily on the recommendations for four cities—Kingston, Niagara Falls, Schenectady and Elmira—communities in which the Commission recommends the merger of religious and non-sectarian hospitals.

In its recommendation for Kingston, the Commission lays out an approach that it suggests should be considered in the other three communities. Under this approach, the hospitals would be combined under a single governing structure. It appears that each hospital would maintain its identity—Kingston as a non-sectarian and Benedictine as a sectarian hospital. But reproductive health care would be removed from the hospital setting and provided at a location “proximate” to the hospital. This is an unrealistic proposition that fails to promote efficient health care delivery and shows disrespect for women's health needs. Stigmatizing reproductive health services is not acceptable. The state should not offer its imprimatur to the concept that some health care services must be removed from community hospitals because of religious dictates.

**The Report recommendations do not ensure that women have adequate access to comprehensive health services.**

Reproductive health care is intrinsically linked to women's health and wellness. Many reproductive health services are provided at the same time as other services delivered in a hospital setting. For example, tubal ligation is commonly provided at the time of delivery. When tubal ligation is banned from a hospital because of religious policies, women cannot obtain this service at the time of delivering a child, forcing them to undergo a second surgical procedure. This is more than a mere inconvenience. Women should not be subjected to the attendant risks of surgery and anesthesia, and additional recovery time; nor should the health care system unnecessarily expend resources on a second, separate surgery.

**If the intention of this Commission is to realize efficiencies within the health care system, removing reproductive health care from hospitals is anything but efficient.**

Birth control counseling and the provision of contraceptives should also be linked to the provision of maternity services. Many women choose to receive contraceptives prior to discharge from the hospital to avoid an unplanned pregnancy, which could cause risk to their health. Counseling maternity patients on contraceptive options prior to discharge from the maternity ward is a recommended practice, yet it is banned at many New York hospitals which operate under religious sponsorship.

Women suffering from cancer, diabetes, heart disease, mental illness and numerous other conditions treated in hospital settings are also often in need of reproductive health care. It is unreasonable to suggest that women should be shuttled to a proximate location whenever a reproductive health issue arises. This is poor medical practice and contrary to CDC recommendations aimed at improving the health of women and children by integrating preconception care into many aspects of women's health care.

**It is unacceptable to fragment women's health care by removing reproductive health services from other hospital-based services.**

We are stunned that a commission that recognizes that a key problem with New York's health care system is that it is "a fragmented patchwork of health care resources," would find it acceptable to further fragment women's health care from main hospital services by relegating them to a "proximate" location. Reproductive health care is intrinsically connected to women's health care and should not be separated. To do so is an injustice to women that causes unnecessary and inappropriate delays in prevention and treatment.

We recognize that the Commission had a difficult task and hard choices to make. But if a community can no longer sustain multiple hospitals, then the state, in using its power to regulate the delivery of health care services, must make decisions that promote the public health, rather than a particular religion. It is simply unacceptable, and unconstitutional, to place religious accommodations above the health care needs of women.

Sincerely,

JoAnn M. Smith  
President  
Family Planning Advocates of New York State