

## HEALTHCARE REFORM

**“The Catholic Church used their power—their clout, if you will—to influence this issue.”**

**—Representative Bart Stupak (D-Mich.)**

The United States Conference of Catholic Bishops is directing healthcare policy in the United States.

Just imagine for a moment what healthcare will look like when the bishops are finished.

There will be:

- **No access to abortion—even in cases of rape or incest<sup>1</sup>**
- **No in-vitro fertilization<sup>2</sup>**
- **No contraception<sup>3</sup>**
- **No treatment for ectopic pregnancy<sup>4</sup>**
- **No embryonic stem-cell research<sup>5</sup>**
- **No respect for your advance medical directives<sup>6</sup>**

Your healthcare will contain nothing that doesn't meet the myriad litmus tests prescribed by a small group of men who don't represent American Catholics, let alone the America people.

Urge your members of Congress in the House of Representatives and the Senate to reject the influence of the Catholic bishops and retain coverage for comprehensive reproductive health services in the proposed healthcare reform bill.

CATHOLICS  
FOR  
CHOICE

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**Catholics for Choice** seeks to shape and advance sexual and reproductive ethics that are based on justice, reflect a commitment to women's well-being and respect and affirm the capacity of women and men to make moral decisions about their lives.

Sources: Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition, USCCB, June 2001. <sup>1</sup> Directive #45: "Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers." <sup>2</sup> Directive #38: "When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive." <sup>3</sup> Directive #52: "Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning." <sup>4</sup> Directive #48: In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion. <sup>5</sup> Directive #66: Catholic health care institutions should not make use of human tissue obtained by direct abortions even for research and therapeutic purposes. <sup>6</sup> Directive #24: In compliance with federal law, a Catholic health care institution will make available to patients information about their rights, under the laws of their state, to make an advance directive for their medical treatment. The institution, however, will not honor an advance directive that is contrary to Catholic teaching. If the advance directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honored.