

January 28, 2011

US Senate
US House of Representatives
Washington, DC

Dear Member of Congress:

I am pleased to write to you as the 112th Congress gets underway, sending my best wishes for a productive legislative session and an offer of any assistance I can provide as you undertake your important and challenging responsibilities.

I know you often receive letters from constituents and advocacy organizations wishing to inform or influence your decision making. I understand that you recently received such a letter from the United States Conference of Catholic Bishops (USCCB). In that letter the USCCB presents its priorities for our nation's public policies, noting that that the bishop-members of this conference "lead the largest community of faith in the United States."¹

It is true that more than 65 million US citizens are Catholic but, contrary to the suggestion in the USCCB letter, the political and public policy priorities of the majority of American Catholics are not well represented by their bishops. This is especially true in matters related to reproductive health. Furthermore, while the bishops are skilled communicators and influential voices in many communities, the letter fails to make clear the specifics of their legislative intent and the consequences of enacting the bishops' legislative and public policy priorities especially for at-risk, lower-income and marginalized communities.

For example, it is no secret that the USCCB opposes access to abortion in every instance, even in cases of rape, incest or when an abortion is necessary to preserve a woman's health or life. This position is shared by fewer than 15 percent of American Catholic voters,² and according to the bishops' own polling, by only 11 percent of the American populace.³ Their letter states that the USCCB's priority is to "reduce the number of abortions by providing compassionate and morally sound care for pregnant women...." This sounds reasonable, but the reality concerning care for women who have pregnancy complications in Catholic-controlled hospitals is chilling.

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It is a matter of record that, at the USCCB's direction, Catholic hospitals endanger women's lives by denying timely and necessary reproductive healthcare. Catholic medical professionals have reported that, due to the strictures placed on care provided at Catholic hospitals because of the bishops' directives, they have provided substandard care to women seeking treatment for miscarriage or ectopic pregnancy.⁴ These practices raise questions about possible violations of federal laws and regulations that are intended to protect patients and ensure the delivery of quality healthcare services at hospitals receiving Medicare funds. Even worse, they expose unnecessary risks to the life and health of women seeking care. Although many respond that patients can choose another facility, this is simply untrue for women in emergency situations and in communities where there is no other option. For lower-income women, travel to another, distant, hospital is often impossible due to cost, work schedules or child-care needs, and it adds greater risks to an already dangerous health situation.

Catholic hospitals, and the medical professionals who work in them, are actually punished when they provide necessary care to women in desperate circumstances. A recent case in Phoenix, Arizona, makes this point clear. The local bishop there intervened when a local Catholic hospital provided a life-saving abortion to a pregnant mother of four. Despite the opinion of a number of Catholic theologians and Catholic members of the hospital staff that the abortion was morally permissible and vital to save the woman's life, he said the hospital was wrong to provide the abortion. He excommunicated a Catholic member of the hospital's ethics board (causing her to lose her position despite an exemplary record) and stripped the hospital of its Catholic designation. This decision has set a precedent that may deter healthcare professionals in other Catholic hospitals from providing critical, and life-saving, procedures that women need.

The USCCB's letter also asserts the organization's support for "conscience rights of health care providers and other Americans." Again, its actions belie the true intent, which is to use reasonable principles to attain unreasonable ends. We recognize and support the right of individual healthcare providers to decline to provide services to which they object on moral grounds. However, it is nonsensical to assert that institutions or health systems or even insurance providers have such a right, as indeed, they have no conscience to protect. Nonetheless, the USCCB's intent is to include such an assertion, effectively making it impossible to receive healthcare to which the USCCB objects in any Catholic hospital in the United

States. Troubling in itself, this problem is compounded when one considers that most, if not all, Catholic hospitals receive substantial amounts of taxpayer funds as well as significant tax advantages to provide healthcare services to people who need it.

The scope of services for which the USCCB would demand exemptions includes abortion but is much broader. It would also include blanket bans on contraception, even emergency contraception for victims of sexual assault; in vitro fertilization and other safe, effective and widely accepted assisted reproductive technologies; safe and effective treatment for ectopic pregnancies; and life-saving interventions developed using embryonic stem cell research.⁵ Should the USCCB's legislative priorities on conscience clauses be realized, Catholic hospitals would not even be obliged to honor patients' advance directives on end-of-life care.⁶ Not only does this blatantly disrespect the conscience of patients who present in healthcare facilities seeking care, either by design or by accident as in cases of emergencies, it replaces the decision of doctors and patients with that of religious leaders without medical expertise. Efforts to enact the USCCB's priorities here would result in Americans being denied the ordinary, legal, safe and reasonable healthcare they need and deserve, and it would tie the hands of doctors and nurses who want to provide that care.

The USCCB and one of its committees have also written to you more extensively encouraging more forceful restrictions on abortion access for lower-income women. This includes those who access healthcare through our nation's safety net programs: women in military families, women who seek care through the Indian Health Service, women whose insurance is in any way affiliated with the government and women who seek care from recipients of US foreign assistance. The USCCB claims "strong popular and congressional agreement"⁷ for discriminating against these groups of women, although they provide nothing to legitimate this claim. Here, the USCCB couches the discussion in terms of forcing healthcare providers to provide abortions—a practice that has virtually no support and is not a topic of debate.

However, the USCCB's interest in banning federal funding for abortion has little to do with providers and everything to do with making it impossible for women who need abortions to receive them if they seek healthcare through some program, facility or insurance system that is tied to government. The effect of this ban will mean that women who are already facing challenges will find it harder to receive healthcare they need, whether they are from a lower-income family, serving our country in the Armed Forces, living on an Indian reservation, or getting help after a natural disaster or political conflict if the healthcare providers receive US foreign aid. Claiming "popular agreement" for this discrimination is disingenuous, and false. Even Catholics do not agree with the bishops on this matter. In the context of recent healthcare reform debates, 50 percent of US Catholic voters supported coverage of elective abortion in a government-funded program.⁸

Catholics support healthcare that is both accessible and comprehensive. Our social justice tradition encourages us to advocate for the poor, and our intellectual tradition requires our respect for conscience-based decisions people make about their lives, including decisions about reproductive health. Catholics support policies that enable women to make decisions about whether to become pregnant, or whether to continue a pregnancy. Large majorities of Catholic voters support access to and coverage for abortions—either in private- or government-run health

systems. Catholic support for family planning and abortion is grounded in the core principles of Catholicism, which respect the moral agency of all people and their right to follow their consciences on all matters.

During this legislative session as you consider these weighty matters, I urge you to look behind the rhetoric and the sometimes dubious claims made by organizations like the USCCB. Tax-paying American Catholic voters disagree with their bishops on these public policy issues. We encourage you to listen to the voices of your constituents rather than those who purport to speak for them.

I hope that this information is helpful to you in your work. Should you have any questions or desire further information, I am happy to provide it. Do not hesitate to call upon me or my staff at (202) 986 6093 at your convenience.

Respectfully,
Jon O'Brien
President

¹ United States Conference of Catholic Bishops (USCCB), "Letter to Congress," January 14, 2011.

² Belden Russonello & Stewart, "Catholic Voters' Views on Health Care Reform and Reproductive Health Care Services," September 2009.

³ USCCB News Release, "Survey Shows Most U.S. Adults Support Laws Limiting or Regulating Abortion," December 30, 2008, www.usccb.org/comm/archives/2008/08-206.shtml.

⁴ Angel M. Foster, Amanda Dennis & Fiona Smith, "Assessing Hospital Policies & Practices Regarding Ectopic Pregnancy & Miscarriage Management: Results of a National Qualitative Study," *Ibis Reproductive Health*, 2009; and National Women's Law Center, "Below the Radar: Health Care Providers' Religious Refusals Can Endanger Women's Lives and Health," January 2011.

⁵ Directives 45, 52, 38, 48 and 66, USCCB, "Ethical and Religious Directives for Catholic Health Care Services," Fourth Edition, USCCB, June 2001.

⁶ *Ibid.*, Directive 24.

⁷ USCCB, "Letter to Congress from the Secretariat of Pro-Life Activities," January 21, 2011.

⁸ Belden Russonello & Stewart, *op. cit.*