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EMERGENCY CONTRACEPTION

Catholics in Favor, Bishops Opposed

While polls of Catholics show that they support access to emergency contraception both after rape and as a fallback contraceptive method, Catholic bishops around the world continue to oppose access.

Emergency contraception (EC) is a term used to describe contraceptive methods that can be used up to five days after unprotected sex to prevent pregnancy. Whether because of a broken condom, a moment of passion, a calendar miscalculation or the tragedy of rape, women frequently find themselves needing a second chance to prevent a pregnancy. EC gives women that second chance. The most widely available EC method is levonorgestrel-alone pills; this publication refers only to the levonorgestrel form of EC, sometimes referred to by its brand name, Plan B, in the United States.

The Vatican opposes artificial methods of contraception, although the majority of Catholics around the world support the use of contraception. In the United States (US), the *Ethical and Religious Directives for Catholic Health Care Services*—a set of guidelines produced by the US Conference of Catholic Bishops for healthcare providers in Catholic-sponsored facilities and which were last updated in 2009—oppose the use of all contraception including EC, except, as specified in Directive 36, following sexual assault when it can be proven that pregnancy has not occurred. This is an unnecessary restriction because EC does not interrupt an established pregnancy. In

general, however, the Catholic hierarchy around the world has opposed EC access for all women, even in cases of sexual assault, under the mistaken belief that EC can cause an abortion.

The mechanism of action of the levonorgestrel-alone form of emergency contraception (how it works) has only recently become clear. New research has established clearly that interference with ovulation is the main and probably only mechanism of action.¹ There is clear evidence that EC does not interfere with the implantation of a fertilized egg.² Nevertheless, opposition to EC on this basis has persisted, with the Catholic hierarchy in numerous countries playing a lead role in opposing women's access to EC. In addition, some bishops argue that the availability of EC increases sexual promiscuity and that its use increases the risk of ectopic pregnancy, a potentially fatal condition. There is no factual basis for either of these allegations.^{3,4}

What Catholics Think

Opinion polls of Catholics in multiple settings show they often do not agree with the Catholic hierarchy's views on EC.

- A 2008 opinion poll showed that nearly 70 percent of Chileans said they would want their daughters to take emergency contraception after unprotected sex.⁵ The vast majority of the Chilean population is Catholic.
- More than four-fifths of urban Mexican Catholics (85 percent) think hospitals and public clinics should offer emergency contraception to women who have been raped while 73 percent think it should be offered to women who have had unprotected sex.⁶



- In Colombia, 65 percent of Catholic women believe emergency contraception should be offered by health centers and public hospitals.⁷
- In the US, a Catholics for Choice poll found that a strong majority of American Catholic women (78 percent) prefer that their hospital offers EC for rape victims while more than half (57 percent) want their hospital to provide it in broader circumstances.⁸

The Bishops' Opposition

Although access to EC has been increasing globally, there are still obstacles to EC's availability in hospitals, clinics and pharmacies affiliated with the institutional Catholic church. While Directive 36 of the US *Ethical and Religious Directives for Catholic Health Care Services* supports the provision of EC, this support is restricted to cases of sexual assault when it can be proven that pregnancy has not occurred; the Directives do not permit administration of EC in any other circumstances. Some bishops even argue for more restrictions than the *Directives* prescribe, and have lobbied against laws that would mandate the provision of EC for sexual assault victims. In the US and around the world, the church hierarchy has opposed EC access through public statements, involvement in legal cases, and threats to excommunicate women who use EC.

LATIN AMERICA

- In Argentina, the Catholic hierarchy was central to a campaign in 2002 that claimed in the courts that many contraceptive methods are abortive. Based on these arguments, five of the National Supreme Court's nine members deemed a brand of EC already on the market to be an abortifacient and therefore ruled its availability unconstitutional. Other brands of EC remained legal.⁹ Access expanded in March 2007 when the National Health Ministry required the public health system to distribute EC for free. However, many providers and public hospitals still refuse to provide the drug.¹⁰
- In Peru, EC access has been contested by the Catholic hierarchy since 2003.¹¹ In October 2009, in response to a case brought by religiously-affiliated groups, Peru's Constitutional Court ruled that the Ministry of Health had failed to prove EC was not an abortifacient and requested that the Ministry of Health stop distribution of EC in the public sector.¹² In response to the Constitutional Court ruling, in March 2010 the Ministry of Health issued a report addressing EC's mechanism of action and recommending that the distribution of EC be reinstated. However, the situation is still dynamic.¹³
- In Mexico in 2004, the Catholic hierarchy denounced the government's decision to permit the sale of EC as part of an overall review of family planning guidelines. The bishops threatened to excommunicate women who took the pills as well as those who provided it. The archbishop of Mexico City, Cardinal Norberto Rivera Carrera, was among those who were very outspoken in their opposition.¹⁴ Despite the Catholic hierarchy's continued opposition, access to EC has expanded in Mexico, although resistance continues to arise at the state level. In May 2010, the Mexico Supreme Court required the distribution of EC for rape victims in response to a state that restricted such access.
- In 2006, President Michelle Bachelet of Chile found herself in an all-out war with the Catholic hierarchy, when she announced a policy to distribute EC at public hospitals at no cost to poor women and girls age 14 and older. The bishops prevailed two years later when Chile's Constitutional Court ended free distribution of EC in public clinics.¹⁵ In 2010, before leaving office, President Bachelet succeeded in passing a new law to restore access to EC.
- In October 2009, the Honduran government prohibited the purchase, use and promotion of all forms of emergency contraception. A Congresswoman



connected to Opus Dei (a conservative Catholic organization) had first submitted a bill to ban the promotion, sale, and use of EC in April 2008.¹⁶ As a result of the government's decree, the promotion, distribution, and use of EC is prohibited.

EUROPE

- In 1999, French bishops objected when young women in France were offered EC at school. "Obviously this will encourage young people to be sexually active," said Father Stan Lalanne of the French bishops' conference. "The term 'morning after pill' sounds so innocuous, but in fact it is comparable to abortion. I can hardly believe the education minister has made such a decision. She has overstepped her responsibilities."¹⁷
- In Italy, the Catholic hierarchy launched an unsuccessful campaign in 2000 to stop the introduction of emergency contraception. "This is nothing but an abortion by chemical means," the bishops claimed. The church hierarchy encouraged Italian pharmacists to stop selling EC, a move that angered the administration in Italy who said the bishops should not tell people to break the law.¹⁸
- Also in 2000, Catholic bishops in Scotland attacked plans to permit over-the-counter sales of EC, warning it could lead to more young people experimenting with sex. In a claim disputed by the Family Planning Association, the bishops said "that in an attempt to cut teenage pregnancy rates, the government may inadvertently push up rates of teenage sexual experimentation, sexually-transmitted disease and early chemically-induced abortion."¹⁹
- In 2009, a bishop complained when a Catholic school in the United Kingdom was chosen to take part in a program that would allow pupils to text a nurse for advice on EC. Bishop William Kenney made the spurious claim that the program was "send-

ing out the message that it was better to deal with the aftermath of what people do, rather than the cause."²⁰

ASIA

- In 2001, the national Department of Health in the Philippines banned the EC product Postinor in response to allegations from a conservative Catholic group that it was an abortifacient. To date, no other EC products have entered the market. Despite advocacy and legal efforts, EC remains unavailable in the Philippines.

UNITED STATES

- New York bishops opposed a bill in the state requiring hospitals to counsel rape victims about the use of EC in 2002. They did so until a change in the bill's wording allowed hospitals to administer a pregnancy test before providing the medicine.²¹
- A spokeswoman for the US bishops supported the decision by the Food and Drug Administration to deny over-the-counter access to Plan B in 2003. Repeating the bishops' canard about EC being an abortifacient, she said, "The Plan B distributor may argue that it's all the same but ... we don't believe that minor girls should have over-the-counter access to drugs that will cause abortion."^{22,23}
- Catholic bishops in Connecticut agreed to permit personnel at Catholic hospitals in that state to provide EC to rape victims, reversing their previous position just days before a new state law required it. The new law, passed in 2007, allowed hospitals to require a pregnancy test, but not an ovulation test, before the drug was given. The bishops backtracked on their earlier demand for ovulation tests before administration of EC "since the teaching authority of the church has not definitively resolved this matter and since there is serious doubt about how Plan B pills work."²⁴



- Bishop Robert Morlino of Wisconsin urged state lawmakers to oppose a bill that would require local hospitals to offer EC to women who have been raped. Other local bishops had been “neutral” on the bill, which was introduced in 2007. In a letter to state legislators, Morlino expressed concerns that the bill lacked language allowing for a conscience exemption for both individuals and institutions if health care facilities determined conception had already occurred, and falsely categorized EC as abortifacient. Morlino stated, “It is clear that the Assembly ... is opening the door to the coercion of consciences by the state.”²⁵
- The US bishops refused to include the provision of EC, condoms or abortion when assisting victims of human trafficking, prompting a lawsuit against the US Department of Health and Human Services (HHS), which provided funds to the US Conference of Catholic Bishops to aid human trafficking victims. The federal lawsuit, filed by the American Civil Liberties Union (ACLU) in 2009, claimed the bishops’ conference was misusing taxpayer money and attempting to impose its religious beliefs on trafficking victims. The suit is ongoing.²⁶
- When the FDA announced that it was to expand over-the-counter access to EC for 17-year-old minors as well as to adults in 2009, the US Conference of Catholic Bishops claimed that “wider access to Plan B could endanger the lives of newly-conceived children, and will put minors at risk for unnecessary side effects, undermine parental rights, and contribute to higher STD rates ... it has led to greater sexual risk-taking among adolescent populations, in turn leading to higher rates of sexually-transmitted disease.”²⁷

EC and Catholic Healthcare in the United States

As noted above, however, Catholics do not agree with their bishops about EC. In addition, three papers in the January-February 2010 issue of *Health Progress*, the journal of the Catholic Health Association (CHA), the national leadership organization of Catholic-spon-

sored healthcare institutions) provide scientific and sympathetic support by Catholic healthcare professionals for the use of EC.

The papers refute the assertions—made by many in the Catholic hierarchy—that EC is an abortifacient. The first article, written by Debra Holbrook, coordinator of forensic nursing at Mercy Medical Center in Baltimore, outlines how Mercy responds to victims of sexual assault. Stemming from its commitment to care for the sick, the Sexual Assault Examiners Program at Mercy offers emergency contraception to victims because it is “highly effective in preventing a woman from becoming pregnant from the violent crime of rape.”²⁸

Dr. Sandra Reznik of St. John’s University in New York looks at the science behind EC. The article’s subhead states plainly: “Science shows it is not an abortifacient,” thus countering the claims of many bishops and conservative Catholics who claim that it is. She goes on to say that EC “acts to prevent pregnancy before, and only before, fertilization occurs.”²⁹

Finally, Ron Hamel, the senior director of ethics at the CHA, looks at the ethics around EC. In this article, he suggests that absolute certitude about the claims of abortifacient effects of EC is not needed, because enough moral certitude exists. He concludes that “given what is currently known about Plan B from scientific research, Catholic hospitals can respond with sensitivity, compassion and assistance to women who have been raped and are in need of care, while being confident that they are also remaining true to Catholicism’s fundamental commitment to respect for human life.”³⁰

In the face of medical and scientific findings on EC and advocacy by public health officials, the hierarchy in the US has been forced to take a more nuanced position. In cases of rape and sexual assault, many, but far from all, US Catholic hospitals allow the use of EC as long as it can be proven that pregnancy has not yet occurred, as stipulated by the *Directives*.



Several studies have been carried out in the past 10 years to see if Catholic hospitals complied with the *Directives* and state laws requiring hospitals to administer EC to victims of rape. In a 1999 survey of 589 Catholic hospitals conducted by Catholics for Choice, 82 percent said that they do not provide EC under any circumstances.³¹ A 2002 survey (conducted by Ibis Reproductive Health for Catholics for Choice) found that 55 percent of all Catholic hospital emergency rooms refuse to dispense EC under any circumstances.³² In 2006, NARAL Pro-Choice America conducted a survey in Massachusetts and found that the situation seemed to be improving slightly: 56 percent of Catholic hospitals and 95 percent of secular hospitals were compliant with the state law to provide EC to victims of rape.³³

Next Steps

Polls of Catholics around the world show that Catholics do not agree with the Catholic hierarchy's views on

EC and, in fact, support access to this contraceptive method both after rape and as a fallback contraceptive method to prevent unintended pregnancy. The expert arguments put forth by CHA and the views of Catholics about EC are important in the ongoing campaign to ensure that women can access EC easily and quickly.

Catholic bishops around the world continue to oppose access to emergency contraception, maintaining their claims that EC is an abortifacient, encourages promiscuity and may even harm women by causing ectopic pregnancy. At times, the bishops have been successful; more often, we have found that policymakers, armed with correct medical information and data that shows their constituents (Catholic or not) do not agree with the bishops and support access to EC, have refused to bend a knee to the demands of the hierarchy. And, despite some setbacks, we feel confident that we can work towards a world where EC is available not only for women who have been raped, but for any woman who needs it.

For more information, visit www.CatholicsForChoice.org and www.emergencycontraception.org.



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These updates cover a range of topics related to emergency contraception access, and are produced by the International Consortium for Emergency Contraception (ICEC) and partner organizations.

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