

Cover birth control Church defies Catholics' wish

By Jim Graham

Much controversy has resulted from the recent D.C. Council decision to pass the Health Insurance Coverage for Contraceptives Act of 2000 without an exemption for the Roman Catholic Church. The measure would require all health insurers regulated by the District of Columbia to cover prescription contraceptives if the plan covers other prescription medications. In response, Catholic officials have accused council members of exceeding the boundaries of their office by seeking to reach a decision on this matter. Nothing could be further from the truth.

When a public policy issue comes into conflict with the position or doctrine of an interest group, whatever group that might be, it is the job of any legislative body to ascertain the facts as best it can, weigh the positions of all parties involved and then act in the public interest. In these situations, the solution may not make everyone happy. But to say that it is not our job to weigh these factors is to miss the very essence of policy-making.

The Council has also been accused of trying to force Catholic institutions to violate their religious convictions by mandating that they provide coverage for prescription contraceptives, something the Catholic Church prohibits. But a look at the facts suggests that it may be the church that is violating individual conscience, not the Council, and that religious institutions' need for a sweeping exemption from the contraceptive coverage law may be greatly exaggerated.

A new report by the pro-choice group Catholics for a Free Choice, which monitors and studies the Catholic health care system extensively, documents that 52% of the Catholic-run managed care plans in the U.S. cover at least one form of contraception. According to the report, these HMOs are applying the principle of legitimate cooperation, a doctrinally based position that allows Catholic institutions to cooperate with acts considered immoral if it will prevent a greater harm and

they are not immediately involved in the act. Because Catholic doctrine prevents these health plans from paying for contraception directly, they have developed a number of ways to keep themselves one step removed from the actual payment for or provision of contraception. Some Catholic health plans divert the money for contraceptives through third-party administrators. Others work with secular insurance plans or clinics to provide coverage to their enrollees. Specifics aside, the important point is that there are approaches where religious plans remain true to church teaching while their enrollees are able to exercise their right to practice responsible parenthood through the use of contraception.

Another similar approach worthy of consideration is that taken by the state of Hawaii, which has a narrowly defined exemption for religious organizations. But it also

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allows those with insurance to purchase contraception coverage from the plan at a cost about the same as would have been imposed on the plan had it provided that coverage.

Contrast all of that with the sweeping language now advanced by Rep. Ernest Istook, to the effect that anyone — whether a religious organization or not — who runs a health care plan can decline to provide this coverage based on "moral convictions." That approach must be rejected as too broad. Since many Catholic-run HMOs in the U.S. have found a way to cover at least some form of contraception, why can't the Archdiocese of Washington arrive at a similar accommodation that allows it to remain true to its doctrine while respecting the consciences of those it insures who choose to use contraception?

Many Catholics themselves want this coverage. Surveys of contraceptive use conducted by the Centers for Disease Control and Prevention show that 75% of sexually active Catholic women of childbearing age currently use a contraceptive method. At the same time, what about those

who work for Catholic organizations who are not themselves Catholic? They may belong to religions that condone the use of contraceptives. Why should they be forced to adhere to Catholic doctrine on the use of contraceptives? Make no mistake about it: Without this coverage, it may be impossible for some persons who are at the lower end of the pay scale to obtain needed birth control. It is not a satisfactory response (such as what we have heard from Church representatives) that employees knew the rules when they came to work at a Church-run institution. Tell that to the cook's helper at a university, or a janitor at a hospital. Jobs are hard to come by, and not easily replaced.

I know that my own experience in this controversy bears this out. The support from my constituents in Ward 1 has been overwhelmingly supportive of the position I took in favor of the woman's right to plan her family.

Also noteworthy is the fact that many Catholic institutions in the District would be exempt from the contraceptive coverage requirement regardless. The Archdiocese of Washington and Georgetown University run their own insurance programs and are therefore not subject to the insurance regulations of the District of Columbia. And many other Catholic organizations such as schools and churches receive their insurance coverage through the archdiocesan program, so they would also be exempt, despite the contention of the bishops that many such Catholic organizations would be forced to provide contraceptive coverage.

This issue does involve the balancing of various interests, not the least of which is the woman's right of choice in terms of birth control. What is needed is calm and rational dialogue on how the consciences of the people who live and work in the District of Columbia can be protected while respecting religious doctrine.

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