



Debating Birth Control in the Public Square

"If it is true that contraception is often harmful to individuals and families, to marriage and to women's health, then it clearly has broader public policy implications, and is, objectively speaking, not merely a "personal matter."



Governor Bobby Jindal of Louisiana, in his Dec. 13, 2012 op-ed in the *Wall Street Journal*, argues that the cost of birth control could be reduced by eliminating the required doctor's visit to get a prescription — making contraception available "over the counter." If it were made available this way, it would no longer be reimbursable by health insurance, and people could simply purchase it on their own. Jindal posits that this approach would result in "the end of birth control politics." He relies on several simplistic assumptions and inadequate moral judgments, however, as he tries to advance this argument.

First, he misconstrues the objective. The goal should not be to remove birth control from political debate, but rather to arrive at reasonable medical, ethical and constitutional judgments about birth control and public policy. Contraception is an important topic for public discussion because it touches on basic human and social goods, such as children, family, and sexual fidelity.

Indeed, laws about contraception have always been based upon concerns for the public good and public order, as in the case of the State of Connecticut, which in 1879 enacted strong legislation outlawing

contraception, specified as the use of "any drug, medicinal article or instrument for the purpose of preventing conception." This law, similar to the anti-contraception laws of many other states, was in effect for nearly 90 years before it was reversed in 1965.

These laws codified the longstanding public judgment that contraception was harmful to society because it promoted promiscuity, adultery and other evils. It relied on the nearly universal conviction that children should be seen as a gift and a blessing to society, and that, in the words of one social commentator, "a healthy society, however tolerant at the margins, must be based on the perception that sex is essentially procreative, with its proper locus in a loving family."

Yet Gov. Jindal fails to engage these core concerns, and instead retreats behind a common cultural cliché when he goes on to say: "Contraception is a personal matter — the government shouldn't be in the business of banning it or requiring a woman's employer to keep tabs on her use of it."

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Making Sense of Bioethics

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to women's health, then it clearly has broader public policy implications, and is, objectively speaking, not merely a "personal matter".

Consider just a few of the health issues: contracepting women have increased rates of cardiovascular and thromboembolic events, including increased deep vein thrombosis, strokes, pulmonary emboli (blood clots in the lungs), and heart attacks. Newer 3rd and 4th generation combination birth control pills, which were supposed to lower cardiovascular risks, may actually increase those risks, and recently there have been class action lawsuits brought against the manufacturers of Yaz, Yasmin and Ocella, because women have died from such events.

In seeking to serve the public interest, the government may determine to become involved in such matters, as it did back in 1879, through specific legislative initiatives or through other forms of regulatory oversight. Indeed, the recent deployment of the HHS contraceptive mandate, as a component of ObamaCare, reflects an awareness of the public ramifications of this issue, even though the mandate itself is profoundly flawed and ultimately subverts the public interest. It com-

pels Americans, unbelievably, to pay for the sexual proclivities of their neighbors, not only by requiring employers to cover costs for the Pill in their health plans, but also to pay for other morally objectionable procedures, including direct surgical sterilizations and potential abortion-causing drugs like the "morning-after" pill.

Gov. Jindal goes on to argue, "As an unapologetic pro-life Republican, I also believe that every adult (18 years old and over) who wants contraception should be able to purchase it." Yet Gov. Jindal is really quite apologetic (and inconsistent) in his pro-life stance by arguing in this fashion.

Contraception can never be pro-life. It regularly serves as a gateway to abortion, with abortion functioning as the "backup" to failed contraception for countless women and their partners. Abortion and contraception are two fruits of the same tree, being anti-child and therefore anti-life at the root. Certain "emergency" contraceptives (like Plan B and the new morning-after pill known as *EllaOne*) also appear able to function directly as abortifacients. IUD's can function similarly, making the uterine lining hostile for an arriving human em-

bryo, and forcing a loss of life to occur through a failure to implant.

Gov. Jindal, a committed Catholic, should not be minimizing the medical and moral risks associated with promoting contraceptive use, nor lessening social vigilance by promoting "over the counter" availability. Committed Catholics and politicians of conscience can better advance the public discourse surrounding contraception by avoiding such forms of circumlocution, and instead, directly addressing the medical and ethical evils of contraception and the unacceptability of the coercive HHS mandate itself.

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