

DIOCESE OF CHEYENNE

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HHS Contraceptive Mandate Settlement

By: Deacon Mike Leman, Legislative Liaison

On October 20, the Diocese of Cheyenne released a press statement announcing that its lawsuit against the federal government regarding the controversial Department of Health and Human Services contraceptive mandate had been settled in a favorable manner that protects religious liberty rights.

There is much about the reasoning behind the lawsuit that has been misunderstood. A recent television news report, aired on November 8, raised the concern that opposing the mandate limits access to contraception for the poor. However, as stated in the Diocese's press release, the mandate required "all employers, religious or otherwise, to include coverage for contraceptives, sterilizations and abortion-inducing products in their health benefit plans." Thus, the lawsuit specifically addressed "religious organizations," not all employers, which were mandated to provide these services, contrary to their beliefs.

One of the reasons the Church has not been successful explaining to the broader culture why it was opposed to the mandate is because we continue to engage the discussion too far downstream. Some have asked, "Why is the Church against providing contraceptive healthcare coverage?" This question implies that everyone agrees that "contraception" is a part of healthcare. However, many people disagree with that implication, not just Catholics.

Another objection regards the fact that certain contraceptives can be used to treat real medical issues, like endometriosis. In this case, those particular contraceptive drugs do take on medicinal purposes. Infertility happens to be one particular side effect of those drugs. This is not what the government mandate was seeking to ensure. It sought to ensure that employers "religious or otherwise" would cover contraceptive drugs for the purpose of preventing conception.

The Church has long held that fertility is not a disease that needs to be "cured." Fertility is actually a sign of health. This is witnessed by the many Americans every year who spend a significant amount of money trying to remedy infertility because they recognize that something is not working as it ought to work, biologically speaking. In other words, they are seeking to be restored to a fuller state of health.

We also recognize that once people begin to see fertility as a disease, it is a very small step to then begin seeing the result of fertilization, or the child in the womb, as a "problem." It is no coincidence, then, that the mandate also required employers to cover abortifacient drugs.

The Church is always concerned about the well-being of the poor. It sees their primary needs as being safety, shelter, food, education and true healthcare. Through the centuries, the Church has willingly

sought to meet these needs because of what it believes about God and about his creation, including human persons. The mandate required that in order for the Church to continue doing its work, it had to violate those ancient beliefs. The Little Sisters of the Poor even filed suit, because the government said that if they wanted to continue serving the elderly poor, they needed to provide contraception to their employees. Is it the responsibility of a group of nuns serving the poor to provide contraception to their employees? Or should it be up to the employee to decide that if contraceptive coverage is so important, perhaps working for a Catholic organization isn't a preferable option?

There is no question that our healthcare system in America is in dire need of continued reform. However, as our elected officials continue to debate the best way to do that, perhaps the more fundamental question should not be overlooked: "What exactly do we *mean* by the term, 'healthcare?'"