

**A Matter of Conscience**

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Pro-abortion groups have attacked the Bush administration for purportedly drafting federal regulations which they say will end up restricting women’s so-called reproductive rights. A draft proposal by the Department of Health and Human Services was apparently leaked to the *New York Times* and reported on July 15 under the provocative title “Abortion Proposal Sets Condition on Aid.” The draft purportedly proposes to establish federal regulations for guiding the implementation and enforcement of laws protecting rights of conscience in health care. The draft concerns only federal regulations *enforcing* existing statues, no new legislation. Several conscience laws are already on the books. The most significant is the Hyde-Weldon provision. Under the leadership of pro-life Reps. Henry Hyde, of Illinois and Dave Weldon, of Florida, Congress in 2004 attached tough language to an appropriations bill forbidding federal funds to any institution that discriminates against an individual or health care entity that “does not provide, pay for, provide coverage of, or refer abortions.” The language has survived four consecutive appropriations bills.

But although this and other laws exist, none has been clarified or enforced by regulative implementation and hence freedom of conscience is left vulnerable. In fact, there are numerous cases in which conscientious objectors have been subject to coercive penalties for refusing to participate in abortion services. For example, an HMO in New York was threatened with the loss of state contracts because it refused to permit abortions in its facilities; in another instance, a private community hospital in Alaska was forced against its principles to permit late term abortions on its premises; and a hospital merger in New Hampshire was frustrated by abortion activists who challenged the merger before the State attorney general.

Pro-abortion activists are focusing on the proposal’s apparent threat to women’s access, not to abortion but to contraceptive services. In an article posted on The Huffington Post on July 25, Senator Hillary Clinton writes:

The Bush administration is up to its old tricks again, quietly putting ideology before science and women’s health. The U.S. Department of Health and Human Services is poised to put in place new barriers to accessing common forms of contraception like birth control pills, emergency contraception and IUDs by labeling them “abortion.” These proposed regulations ... will allow healthcare providers to refuse to provide contraception to women who need it. We can’t let them get away with this underhanded move to undermine women’s health and that’s why I am sounding the alarm.

Senators Clinton and Patty Murray (D-WA) have already written a letter to the Secretary of the Dept. of Health and Human Services, Michael Leavitt, urging him



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to reject any proposal that would limit women’s access to contraceptive services. And Rep. Henry Waxman (D-CA) and several other Representatives have circulated a protest letter in the House to the same effect.

By focusing on contraceptive services, attention is taken away from real issue at stake here—abortion. If the existing laws are enforced, abortions will decrease. And the proposed regulations apparently are intended to facilitate enforcement. How then are pro-abortion activists connecting the issue to contraception? Via ‘emergency contraception.’ There is evidence in the literature (albeit disputed) that one of the modes of action of emergency contraception is to make a woman’s uterus inhospitable to a nesting embryo. This results in the embryo’s death. Although I have not seen the proposed regulations, Senator Clinton’s statement indicates that among other things they may single out forms of emergency contraception as potentially inducing abortions.

It should be clear here that the real conscience issue for health care workers is abortion, not contraception: ‘If I administer this emergency contraception, will a conceived child be killed?’ Should health care providers be forced to perform what they have reason to believe are essentially chemical abortions?

Abortion groups are doing all they can to confuse the issues. According to an on-line article in *U.S. News and World Report* (July 22), Planned Parenthood and other pro-abortion organizations are objecting to the Bush administration’s definition of when pregnancy begins: “life starts at fertilization.” The organizations are pushing for the definition, “conception is the implantation of the fertilized ovum.” The logic is clear: if new life is not conceived until implantation, then contraceptives that prevent implantation are not killing a new life, are not abortifacient. The definition however is ridiculous and meant only to obfuscate. A new human life comes into existence at fertilization and before implantation. If it is true that emergency contraceptives sometimes act by preventing an embryo from implanting, and health care workers have reason to believe that administering them might kill a human life, they ought not to administer them. For a supervisor or employer to refuse to hire or threaten to dismiss someone who holds this view is a grave injustice. For the State to permit and defend such coercion is an even graver injustice.

In a letter to members of congress dated July 18, Cardinal Justin Rigali, Chairman of the Committee for Pro-life Activities for the United States Conference of Catholic Bishops, strongly defended conscience laws for abortion opponents. He showed how the present opposition of pro-abortion groups implies a switch from their former logic. In the past they argued that conscience clauses did nothing but protect the “irrational ‘refusal’ by a tiny minority of religious zealots” to participate in the ‘medical’ practice of abortion. Now they argue that protecting the consciences of health care workers will badly undermine women’s reproductive rights, implying that opposition to abortion is widespread in the medical profession. He states:

I would suggest ... that if a procedure really elicits widespread ethical disapproval



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from conscientious health professionals, and must be imposed on unwilling physicians and nurses by force of law in order to be available at all, it may not be as “basic” as pro-abortion groups imagine.

The Cardinal ends by challenging ‘pro-choice’ groups to be true to their moniker: leave health care providers who object to abortion free to choose to conscientiously object; and support the implementation of laws that protect their right to follow their consciences. The present conflict provides an opportunity for these groups to prove how ‘pro-choice’ they really are.



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