

## Catholics, Catholic Institutions and Susan G. Komen

Several U.S. dioceses in recent months, following a pattern that has developed over the past few years, have issued statements urging Catholics and Catholic organizations not to participate in activities sponsored by Susan G. Komen because of Komen's alleged ties to Planned Parenthood. A minority of Komen affiliates sometimes award grants to Planned Parenthood for the specific and sole purpose of breast health services such as mammograms. Quite often, these programs are targeted to low income women who have few if any other alternatives.

The Diocese of Lafayette, Ind., is one of those dioceses. In a statement, the diocese explained its rationale: "Due to its policy allowing affiliates to offer financial support to abortion providing facilities, its endorsement of embryonic stem cell research, and the continued denial that abortion may well lead to the development of breast cancer, it is not appropriate for Catholics to participate." The statement goes on to say that "donors cannot control how an organization designates its funds. Therefore, money donated for a specific service, i.e., breast health care, directly frees up funds to support other areas of an organization's agenda, i.e., abortion" (for the full statement, see [www.dioceseoflafayette.org/offices/pofl/pofl%20pro-life.html](http://www.dioceseoflafayette.org/offices/pofl/pofl%20pro-life.html)). Interestingly, there is no Komen affiliate in Indiana that funds Planned Parenthood.

In March, the St. Louis Archdiocese reiterated its opposition to Komen-related activities and urged members of the archdiocese not to support them. Its

rationale is the same as that of the Lafayette Diocese. Komen affiliates in Missouri have not funded any Planned Parenthood grants. In February, the Diocese of Little Rock, Ark., issued a statement discouraging its parishes, schools and other ministries from donating to Susan G. Komen or taking part in the Race for the Cure and other activities for the same reasons cited by other dioceses. None of the three Komen affiliates in Arkansas has awarded grants to Planned Parenthood. Ironically, the Komen Little Rock affiliate has given out \$1.35 million in grants to Catholic hospitals in its area and the Ozark affiliate has given \$350,000 to Catholic hospitals in that area.

Approximately a month after issuing the statement, following conversations with representatives from Susan G. Komen, the administrator of the Little Rock Diocese issued another statement essentially retracting the earlier one. In his new statement, the diocesan administrator writes: "It is important that the stance of the Catholic Church always be based upon truth. The position statement issued on February 7 was based upon unintentional error. To let that statement stand would be an act of injustice. With apologies to Komen, to those fighting breast cancer and to the survivors, to the Catholic clergy and faithful who were embarrassed by this mistaken policy, I rescind the position statement in its entirety." He concludes his statement by offering "a sincere apology for the unintended turmoil and misunderstanding created by the statement that has now been rescinded" (for the entire text, see [www.dolr.org/offices/respectlifekomenstatement.php](http://www.dolr.org/offices/respectlifekomenstatement.php)).

In 2007, 19 of 122 Komen affiliates made grants to Planned Parenthood specifically for breast health services. The grants accounted for approximately 0.54 percent of the \$69.6 million given out through its grant program. The Komen Foundation itself has no ties with Planned Parenthood.

For an ethical analysis of Catholic health care organization's collaborating with philanthropic organizations, see Ron Hamel and Michael Panicola, "Cooperating with Philanthropic Organizations: How to Assess the Moral Permissibility of a Catholic Health Care Organization's Involvement," *Health Progress* 89, no. 2 (March-April 2008): 49-55.

## Emergency Contraception

The controversy over emergency contraception (EC) for victims of sexual assault continues to be played out in various forums, including in the literature and in legislatures. In the latter, the central issue is the inclusion of a conscience clause provision in proposed legislation that would require hospitals to provide EC to women who have been raped. The concern for Catholic hospitals is that they will be forced to provide a medication that actually does or can have an abortifacient effect. While this is not an immediate problem because levonorgestrel (or Plan B) does not seem to have such an effect, it could become a problem if other medications are used that clearly do have such an effect, such as RU486 (which is sometimes advocated in the medical literature). In some states, such as Connecticut and Wisconsin, legislation

has been passed that requires hospitals, among other things, to administer EC. In other states, such as Pennsylvania and Florida, the legislation has been considered but not passed. State Catholic conferences tend to oppose such legislation, especially because of the lack of a conscience clause provision, but this is not universal.

The controversy in the literature centers primarily on the mechanism of action of EC. Here there seems to be a growing consensus that levonorgestrel most likely does not have an abortifacient effect.<sup>1</sup> Not all share this view, however. There are some in State Catholic conferences and elsewhere who continue to maintain that the medication is, in fact, abortifacient. In late February, in a LifeSiteNews interview, Bishop Elio Sgreccia, president of the Pontifical Academy for Life (PAL) claimed such a position. He reaffirmed the stance of the PAL's 2000 statement that the "morning-after pill" is abortifacient and that physicians and Catholic hospitals are prohibited from administering it, even in cases of sexual assault.<sup>2</sup>

Unfortunately, the statement employs the generic term "morning-after pill" which can refer to a variety of medications with different mechanisms of action and makes no reference to the scientific literature to substantiate its claim. Bishop Sgreccia's most recent comment seems not to take account of recent scientific literature on the mechanism of action of levonorgestrel, the current drug of choice for EC. Yet, by some, he is seen to be speaking "authoritatively," even though the PAL has no teaching authority. Its role is to conduct research on various issues and to advise the Holy See.

In a different vein, Fr. Nicanor Pier Giorgio Austriaco, a priest, theologian and scientist, wrote in a recent issue of *The National Catholic Bioethics Quarterly*:

Studies published in the past few months provide mounting evidence that levonorgestrel has little or no effect on post-fertilization events. In other words, given the limitations of scientific certitude, they suggest that Plan B, when administered once, is not an abortifacient. These human studies correlate well with earlier findings in rodents and monkeys that convincingly showed that the post-coital administration of levonorgestrel in amounts several times higher than typical doses given to women does not interfere with the post-fertilization processes required for mammalian embryo implantation. The evidence also addresses what until now has been a nagging, unanswerable question for pharmacologists: Why would levonorgestrel, a progesterone agonist that mimics the effect of progesterone, prevent implantation, when progesterone produced from the corpus luteum immediately after ovulation actually promotes implantation by converting the endometrium to deciduas? Answer: It does not.<sup>3</sup>

But what about the manufacturer's label? Much has been made about the claim made by Barr Pharmaceuticals that Plan B "May also prevent fertilization of a released egg (joining of sperm and egg) or attachment of a fertilized egg to the uterus (implantation)." Labels mean nothing without the scientific data to back up their claims.<sup>4</sup>

One of the most recent studies that Fr. Austriaco refers to, though probably an unethical study, provides very persuasive evidence that levonorgestrel most likely does not have an abortifacient effect.<sup>5</sup> This study seems as conclusive as any can be, though it does not provide absolute certitude. Absolute certitude in this matter is not possible. What this study — together with several other studies — does provide is moral certitude. This should alleviate concerns over the provision of Plan B. It does not, however, alleviate concerns over the absence of conscience clause protection in state legislation.

#### NOTES

1. CHA members can view a literature review on the mechanisms of action of levonorgestrel (Plan B) at [www.chausa.org/Mem/MainNav/Ethics/Ethics+Resources/Special+Topics/Emergency+Contraception/MechAction/Levonorgestrel.htm](http://www.chausa.org/Mem/MainNav/Ethics/Ethics+Resources/Special+Topics/Emergency+Contraception/MechAction/Levonorgestrel.htm).
2. Pontifical Academy for Life, "Statement on the So-Called 'Morning-After Pill'," October 31, 2000, [www.vatican.va/roman\\_curia/pontifical\\_academies/acdlife/documents/rc\\_pa\\_acdlife\\_doc\\_20001031\\_pillola-giorno-dopo\\_en.html](http://www.vatican.va/roman_curia/pontifical_academies/acdlife/documents/rc_pa_acdlife_doc_20001031_pillola-giorno-dopo_en.html).
3. Nicor Pier Giorgio Austriaco, "Is Plan B an Abortifacient? A Critical Look at the Scientific Evidence," *The National Catholic Bioethics Quarterly* 7, no. 4 (Winter 2007): 707.
4. Austriaco.
5. P.G. Lalilkumar et al., "Mifepristone, but not levonorgestrel, inhibits human blastocyst attachment to an in vitro endometrial three-dimensional cell culture model," *Human Reproduction* 22, no. 11 (November 2007): 3031-3037.