

The Reverend Doctor Sheriff

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When the Supreme Court decided to allow employers to drop contraceptive coverage from medical insurance policies for both moral and religious objections, the news coverage barely made a ripple. Perhaps that's because it affects only 126,000 women. Compared to the solitary baker who refused to provide the cake for the wedding of two men, which affected three humans, that's huge.

Whenever the Supreme Court decides anything, it's huge. It creates a roadmap for the entire country, not just for legal precedent. So really, it affects everyone.

The Trump Administration regulation that was the basis for the lawsuit "Sisters of the Poor vs Pennsylvania" was the addition of two "Interim Final Rules" to the 2014 Hobby Lobby decision, a ruling which applied to "closely-held corporations." First, the new rules expanded the church exemption to include any employer that "objects, based on its sincerely held religious beliefs, to coverage for some or all contraceptive services." The second allowed a "moral exemption for employers with sincerely held moral objections to coverage for some or all contraceptive services." Much of the case dealt with determining what legal process is required to change that part of the Affordable Care Act.

Again, this opinion is wider in scope than just one order of nuns who find it an undue burden to submit an annual exemption to the ACA's mandatory contraceptive coverage. On its face, it allows any employer to refuse to offer certain health insurance coverage for what they object to--- in this narrow case, contraception--- on a moral or religious standing. And keep in mind that when the employer objects, the cheaper the policy premiums become.

Obviously, this 7-2 ruling doesn't make birth control illegal like it was before 1960. Its effect will be to limit choices based on cost and accessibility, and to legitimize the disapproval of sexual activity that is not intended to achieve reproduction--- but only women's sexual activity, that is. Now, a safe, affordable technology, used by women exclusively, hinges on a law allowing a church, or anybody, to dictate availability.

If you fear government involvement in healthcare, this adds a thick layer of religion on top of the pre-existing load of employer control, which already had an extra coating of for-profit insurance companies regulating what is covered. Somewhere in that stack are healthcare providers, and on the bottom of that heap are women.

THE BYSTANDER



The Court sided with corporate rights to use unspecified “moral” objections to exempt specific medical insurance coverage for their employees, who also pay for that insurance with their wages. It would be fair to say that as long as those employees are purchasing a “product,” they should be entitled to choose what to buy. Now, an objection from a male-dominated theology infringes on their right to spend their own money on what they need and want and can’t get anywhere else.

You may not care, or even agree that women should be entitled to affordable access to contraceptives through their private medical insurance. But what should concern you is that a “moral objection” with no proof of philosophical basis other than sincerity, sounds like a metaphor for a strong opinion, which looks like a bias, which easily translates into discrimination. These objections may limit options you would expect to be entitled to in other circumstances.

For example, in the ER, the standard procedure with a rape kit collection is to offer the patient a dose of Plan B, which prevents a woman from ovulating. Many Catholic hospitals still refuse to provide Plan B for a rape victim, who could become pregnant up to five days after a sexual assault depending on the time of her ovulation and the longevity of his sperm (5-7 days). And up to the 1960s at a large Chicago Catholic hospital, the nuns refused requests for pain medication during labor. Quoting Genesis 3:16, they believed that God ordered the pain of childbirth, “as Mary had while birthing Jesus.”

Especially when it comes to women, Bibles at the bedside should not be the definitive guide to medical practice. In the case of Plan B, rape victims who go to a Catholic hospital still have to stop at a retail pharmacy to buy it over-the-counter—if the pharmacist doesn’t object. And to say that employees could change jobs to get their birth control pills covered is like saying my mother should have simply walked out to another hospital for a dose of Demerol during contractions.

But those are examples of individual health care providers legally refusing to practice according to their conscience. Medical insurance coverage pertaining only to ovaries and uteruses is the next target. And although not all oral contraceptives are prescribed to control birth, but to correct hormonal imbalances and other disorders, it makes no matter to the Rev. Dr. Sheriff.

That’s what can happen when healthcare is provided by parties with agendas that may be in conflict with your best interests, your body, and your own beliefs.