

Silence as Resistance and Compliance: Contraception and Catholicism in the United States

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*Discourses are not once and for all subservient to power or raised up against it, any more than silences are...Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it. In like manner, silence and secrecy are a shelter for power, anchoring its prohibitions; but they also loosen its holds and provide for relatively obscure areas of tolerance.*¹

– Michel Foucault

Being silenced and being silent can be very different experiences. While the former is typically represented as censorship, a tool of oppression, the latter can be a place of resistance. Silence can also be simultaneously liberating and oppressive. This ambiguity of silence is outlined in Michel Foucault's *History of Sexuality*. For Foucault, silence, which includes "the things one declines to say, or is forbidden to name, the discretion that is required between different speakers" is an essential component of discourse, and cannot be separated from the power relationships therein.² Silence is not "the absolute limit of discourse," but rather exists in relationship with the things that are

1. Michel Foucault, *The History of Sexuality Volume I: An Introduction*, trans. Robert Hurley (New York: Vintage-Random House, 1978), 100–101.

2. Foucault, *History of Sexuality*, 27.

uttered.³ Alongside discourse and power, silence, for Foucault, is non-binary, relational, contingent, and always shifting.⁴ There are many kinds of silence, and each can be used in various ways to various ends.

This paper examines how Roman Catholic women in the United States engage silence as a form of resistance in their relationship with the Catholic Church, to manage their own fertility. This silence involves the use of proscribed methods of birth control and a corresponding rejection of the obligation to confess this impropriety to the Church. This paper suggests that utilizing discretion while contravening papal authority on contraceptives allows many American Catholic women private control over their own fertility and reproductive health, without provoking significant opposition or criticism from the Church. However, to participate in such a silence requires a certain amount of privilege among lay Catholics, including the ability to access birth control products and information outside of the purview of Catholic institutions, as well as the resources to afford such products. This privilege of privacy is becoming increasingly elusive to many women and their families seeking access to contraceptives, as Catholic hospitals increase in number and influence in the United States while maintaining restrictions on contraceptive provisions. Moreover, an increase in Catholic control of reproductive healthcare is related to this silent resistance, because, as the laity maintains a silence on birth control, the Catholic Church in turn remains free from public opposition. Therefore, while certain individuals may benefit from such a resistance, many others will be hindered in their access to contraceptive information and resources. This paper is a thought

3. Foucault, *History of Sexuality*, 27.

4. Foucault, *History of Sexuality*, 27, 94.

experiment which brings together Foucauldian ideas of power with questions of contraceptive access, reproductive justice, and Catholic health systems in the United States. As such, I do not engage all sides of an extremely complex, robust, and ongoing debate about reproductive health and care within Catholic theology, the American healthcare system, Catholic sexual ethics, and reproductive activism. Instead, I attempt to think through the idea of silence, and the freedom that it provides, as relative, and I suggest that the relationship between silence, power, and privilege merits discussion in the context of reproductive choices and Catholic women in the United States.

“Reproductive justice” – a term synthesizing the ideas of “reproductive rights” and “social justice” – was coined in 1994 by a group of Black women within the reproductive rights campaign,⁵ and provides an overarching framework for this paper. This neologism was meant to highlight limitations within the existing language of “reproductive rights,” which presented “individual choice” as separate from, and ignorant of, the socio-economic, racial, and political components embedded in access to choice.⁶ Reproductive rights activist and scholar Loretta Ross, one of the individuals seminal to creating this term, explains that reproductive justice involves three intersections under the purview of human rights: “(1) the right to have a child under the conditions of one’s choosing; (2) the right not to have a child using birth control, abortion, or abstinence; and (3) the right to parent children in safe and healthy environments free from violence by individuals or the

5. Loretta J. Ross, “Reproductive Justice as Intersectional Feminist Activism,” *Souls* 19, no. 3 (2017): 290.

6. Ross, “Reproductive Justice,” 290. See also Loretta Ross and Rickie Solinger, *Reproductive Justice: An Introduction* (Oakland, CA: University of California Press, 2017), 16.

state.”⁷ As part of its conceptualization within human rights more broadly, reproductive justice locates reproductive freedom as a necessity for equal participation in society, and positions reproductive health and care as a necessary component of community membership, because “human rights never exist independently of the needs of the common good.”⁸ The concept of reproductive justice is therefore beneficial for this paper because it provides a framework for discussing individual human rights in relationship with others, and for thinking about the relationship between silence, privilege, and contraceptive use as simultaneously helping some individual Catholic women, while harming others. The official Catholic position on contraception remains as it is outlined in the 1968 encyclical *Humanae vitae* (HV).⁹ HV prohibits Catholics from using any form of birth control other than natural family planning, which involves limiting sexual intercourse to a woman’s infertile period during her menstrual cycle, to reduce the

7. Ross, “Reproductive Justice,” 290.

8. Daniel C. Maguire, “Religion and Reproductive Policy,” in *God Forbid: Religion and Sex in American Public Life*, ed. Kathleen M. Sands (Oxford University Press, 2000), 191.

9. A strong debate persists today regarding the meanings, interpretations, and continued relevancy of *Humanae vitae* among scholars, lay Catholics, theologians, the Vatican, and others. For further reading about the controversy of this encyclical from its inception, see Mark S. Massa, “*Humanae Vitae* in the United States” in *The American Catholic Revolution: How the Sixties Changed the Church Forever* (New York: Oxford University Press, 2010), 29–48. For more on this particular discussion within the Catholic news, see <https://cruxnow.com/vatican/2018/07/at-50-fans-says-you-can-debate-ruling-in-humanae-vitae-but-not-its-relevance/>. For an example of a more recent theological discussion of HV, see Tatha Wiley’s “*Humanae vitae*, Sexual Ethics, and the Roman Catholic Church” in *The Embrace of Eros*, ed. Margaret D. Kamitsuka (Minneapolis: Fortress Press, 2010), 99–114.

likelihood of the couple conceiving.¹⁰

However, national surveys in the United States show that despite this official papal injunction, most sexually active Catholic women of childbearing age use or have used artificial contraceptives or other proscribed methods of birth control. For example, a 2011 survey from the Guttmacher Institute found that only two percent of self-identified Catholic women in the United States use natural family planning as their only means of limiting births, while sixty-eight percent use highly effective methods of birth control, such as sterilization, the anovulant pill, or intrauterine devices.¹¹ Regardless of personal use, another national survey published that same year, featuring Catholics over the age of eighteen, found that sixty-six percent of American Catholics (male and female) felt that the decision to use contraceptives should be made by the individual and not be dictated by papal authority.¹² This percentage has remained remarkably unchanged since the same question was posed to American Catholics over eighteen in 1987, with sixty-two percent of Catholics affirming individual choice for birth control in place of Church authority.¹³ More recently, a 2016 study from the Pew Research Center shows that forty-one percent of American Catholics consider artificial contraceptives to be morally acceptable, and forty-eight percent deem the decision to be

10. Paul VI, *Humanae vitae*, encyclical letter, Vatican website, July 25, 1968, secs 14–16.

11. Rachel K. Jones and Joerg Dreweke, *Countering Conventional Wisdom: New Evidence on Religion and Contraception* (New York: Guttmacher Institute, 2011), 4–5, http://www.guttmacher.org/sites/default/files/report_pdf/religion-and-contraceptive-use.pdf.

12. William V. D’Antonio, Michele Dillon and Mary L. Gautier, *American Catholics in Transition* (Lanham, MD: Rowman & Littlefield, 2013), 77, 79.

13. D’Antonio, Dillon and Gautier, *American Catholics in Transition*, 77, 79.

outside of the realm of morality altogether.¹⁴ Of the most devout Catholics in the United States (classified in this study as those who attend Mass at least one a week), forty-five percent feel that birth control is moral, while forty-two percent do not view it as a moral issue at all.¹⁵ Thus, statistics show that the majority of lay Catholics in the United States approve and/or make use of officially prohibited methods of contraception.

The idea that the use of birth control is compatible with the identity of a “good Catholic,” despite being forbidden by papal authority,¹⁶ is partly connected to the outcomes of the Second Vatican Council. Vatican II (1962–1965) was convened with the objective of modernizing and refreshing the Catholic Church and gave rise to a new focus on individual conscience and moral autonomy for lay Catholics. In such papal documents as *Dignitatis Humanae* (1965) and *Gaudium et Spes* (1965), the Catholic laity found a representation and affirmation of personal conscience in moral decision making and Church acceptance of lay knowledge, which was previously unrecognized by papal authority. This ideology produced a shift in self-understanding among the Catholic laity, who were now deemed more morally authoritative by the Vatican. Catholics began to judge certain moral issues for themselves, no longer troubling the clergy during confession, especially with decisions about birth control.¹⁷

14. *Where the Public Stands on Religious Liberty vs. Nondiscrimination*, (Washington, DC: Pew Research Center, 2016), 26, <https://www.pewforum.org/2016/09/28/4-very-few-americans-see-contraception-as-morally-wrong/>.

15. “Where the Public Stands,” Pew Research Center, 26.

16. D’Antonio, Dillon and Gautier, *American Catholics in Transition*, 158–9.

17. D’Antonio, Dillon and Gautier, *American Catholics in Transition*, 146. See also Leslie Tentler, *Catholics and Contraception: An American History* (Ithaca, NY: Cornell University Press, 2004), 228–9.

Although prevalent, the usage of contraceptives by Catholics remains discreet in the United States and is enacted in part by the laity through their rejection of the obligation to confess their use of birth control. Following Vatican II, the United States witnessed a decline in attendance in private confession by lay Catholics.¹⁸ Attendance was noticeably lower in the United States by 1966, and by 1969 the sacrament of confession was considered to be “in a state of collapse” by many American priests.¹⁹ Andrew Greeley’s 1977 study of American Catholics showed that monthly confession declined dramatically from thirty-seven percent in 1963 to seventeen percent in 1974.²⁰ Low attendance at confession remains a point of concern for American Catholic clergy. In 2012, Cardinal Timothy Dolan, the then-president of the U.S. Conference of Catholic Bishops, warned his fellow bishops that this sacrament was in danger of disappearing altogether.²¹ Moreover, citing the most recent Pew study (2015), which found that only forty-three percent of Catholics in the United States attend confession at least once a year,²² the Catholic media outlet *Crux* shows that some

18. Rosemary Radford Ruether, “Women in North American Catholicism,” in *Encyclopedia of Women and Religion in North America*, ed. Rosemary Skinner Keller, Rosemary Radford Ruether, and Marie Cantlon (Bloomington, IN: Indiana University Press, 2006), 132.

19. Tentler, *Catholics and Contraception*, 244.

20. Andrew Greeley, *The American Catholic: A Social Portrait* (New York: Basic Books, 1977), quoted in D’Antonio, Dillon and Gautier, *American Catholics in Transition*, 74.

21. Timothy Dolan, “Presidential Address,” *United States Conference of Bishops*. Address given at the USCCB General Assembly Fall meeting, November 12, 2012, <http://www.usccb.org/about/leadership/usccb-general-assembly/2012-november-meeting/presidential-address-cardinal-dolan.cfm>.

22. *U.S. Catholics Open to Non-Traditional Families* (Washington, DC: Pew Research Center, September 2015), <https://www.pewforum.org/2015/09/02/u-s-catholics-open-to-non-traditional-families>.

priests, such as those in Baltimore, have recently extended the hours for confession in hopes of accommodating Catholic's busy schedules.²³

Not only did many Catholics stop attending confession in the wake of the Second Vatican Council, of those who did continue to confess regularly, historian Leslie Tentler notes that most “simply stopped mentioning birth control when they itemized their sins.”²⁴ For example, in a survey conducted ten months after the release of *Humanae vitae*, only fourteen percent of priests reported being consulted on the morality of birth control by at least several lay people a week.²⁵ This trend continues in the United States today, as aforementioned, with decisions about birth control and reproductive healthcare deemed to be within the realm of individual conscience and authority, and therefore not required as a topic at confession.²⁶

This relationship between confession and birth control marks a dramatic shift in how Catholics historically understood and approached confession of contraceptive use prior to Vatican II and can be understood as a resistance.²⁷ For example, Tentler's study

23. Tim Swift, “Baltimore Priests Working to Reverse Decline in Confession in Novel Ways,” *Crux: Taking the Catholic Pulse* (March 7, 2020), <https://cruxnow.com/church-in-the-usa/2020/03/baltimore-priests-working-to-reverse-decline-in-confession-in-novel-ways/>.

24. Tentler, *Catholics and Contraception*, 244.

25. Tentler, *Catholics and Contraception*, 267.

26. D'Antonio, Dillon and Gautier, *American Catholics in Transition*, 86–7.

27. This paper does not unpack the theological importance or history of confession in Catholicism. For information about the official Catholic teachings about confession, see “The Sacrament of Penance and Reconciliation” on the Vatican's website: https://www.vatican.va/archive/ccc_css/archive/catechism/p2s2c2a4.htm. For reading on the history of confession, see Annemarie S. Kidder, *Making Confession, Hearing Confession* (Collegeville, MN: Liturgical Press, 2010).

shows that sex was an important topic of confession from the 1930s to the 1950s. Not only were priests trained to ask intentional and pointed questions about marital sex during this time, but the laity themselves were likely to divulge their contraceptive use during confession, without much provocation.²⁸ Discussing the sin of contraception and other sexual improprieties was an important component of confession for laity and clergy at this time, because only the priest had the authority to absolve the penitent of her sins, and this could only occur in the honest detailing of her moral lapses, which the priest had to be ready to discover through certain lines of questioning, in order to provide the most effective pastoral care.²⁹ In *The History of Sexuality*, Foucault argues that confession has been traditionally centered around sexuality and sexual practices. Foucault traces the compulsion to bear witness against oneself in the name of redemption to the seventeenth century, when not just actions but also desires and thoughts became prioritized in the obligatory “self-examination” that the Catholic Church’s Counter-Reformation imposed.³⁰ The act of confession itself instigated the process of turning sexuality into discourse.³¹ By trading speech about sex for redemption, the Church was able to define certain sexual acts as sinful, and establish a means of governing sexual practices.³² Foucault depicts confession as permeating Western cultural existence, and suggests that the act has become internalized as liberating for Western citizens; viewed as providing freedom from the burdens of secrecy.³³ However, Foucault reminds his

28. Tentler, *Catholics and Contraception*, 139.

29. Tentler, *Catholics and Contraception*, 140.

30. Foucault, *History of Sexuality*, 19.

31. Foucault, *History of Sexuality*, 18–19.

32. Foucault, *History of Sexuality*, 37.

33. Foucault, *History of Sexuality*, 59–62.

readers that the *raison d'être* of confession was control over sexuality by creating a discourse around it, thereby regulating and governing it.³⁴ Foucault notes that confession does not occur in a vacuum, but with “the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confessions, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console, and reconcile.”³⁵ According to Foucault, a confession is pulled from a person, forced and coerced, by the promise of salvation. In this power relationship, the person confessing is not an agent, though she is the one who speaks.

Instead, she is constrained by her speech.³⁶ To refuse to speak in confession, where speech is expected, rejects the authority of the Catholic institution. The aforementioned decline in attendance, paired with the refusal to mention contraceptive use during confession, falls under what Keating labels “silent refusal,” which is defined as “a mode of being silent that aims to resist...coercions to speak in the service of power.”³⁷ Canon law requires that Catholics confess at least once a year, and confession is necessary to receive absolution, to be “reconciled with God and the Church.”³⁸ To opt for silence instead of confessing one’s sexual violations is to refuse the Church the opportunity to judge them: it is to reject the hierarchy’s authority to provide redemption, and thereby control these sexual practices. This act of silence troubles

34. Foucault, *History of Sexuality*, 60.

35. Foucault, *History of Sexuality*, 61–2.

36. Foucault, *History of Sexuality*, 61–2.

37. Christina Keating, “Resistant Silences,” *Silence, Feminism, Power: Reflections at the Edges of Sound*, ed. Sheena Malhotra and Rowe A. Carrillo (Palgrave Macmillan, 2013), 26.

38. cc. 960, 989, in *Code of Canon Law*, Vatican website, http://www.vatican.va/archive/cod-iuris-canonici/eng/documents/cic_lib4-cann959-997_en.html.

the power relationship between the subject who confesses and the one who judges, because it rejects the role of the obedient subject which this relationship requires.³⁹ However, while this silence can thus be read as an act of resistance, it is not part of what Foucault calls the “great radical ruptures,” which are “massive binary divisions” between networks, potentially significantly disrupting power relationships between the Catholic institution and lay Catholics.⁴⁰ This silent resistance instead simply makes the use of birth control invisible, reinforcing the belief that this use is deviant (and therefore something that must be kept secret). Thus, this silence reproduces the stigma attendant on utilizing artificial contraceptives for Catholics.

While such a silence affords some individual women freedom in reproductive decisions through the subsequent minimization of conflict that anonymity guarantees, it paradoxically restricts the freedom of those who cannot wield the privilege of privacy. As noted above, this privilege requires the ability to afford and access birth control methods, as well as the ability to access to information outside of Catholic institutions. This latter is already tenuous for an increasing number of Catholics, as the face of American Catholicism continues to change by consequence of immigration. “Millennial Catholics,” those born between 1980 and 1993 – a predominantly Hispanic demographic – are expected to become the majority within American Catholicism in the next three decades.⁴¹ The Hispanic American Catholic population tends to have lower incomes than non-Hispanic American Catholics of the same age group.⁴² As sociodemographic differences continue to

39. Foucault, *History of Sexuality*, 85.

40. Foucault, *History of Sexuality*, 96.

41. D’Antonio, Dillon and Gautier, *American Catholics in Transition*, 140.

42. D’Antonio, Dillon and Gautier, *American Catholics in Transition*, 141.

alter American Catholicism, the privileged access to contraceptive information and resources that silent resistance requires becomes increasingly exclusive. Furthermore, increasing Catholic control of hospitals in the United States is making the availability of reproductive healthcare outside of Catholic institutions more elusive to all American women.⁴³ In 2016, MergerWatch, a nonprofit organization based out of New York which monitors religious-secular hospital consolidations, published a report tracking the increase in Catholic sponsored or affiliated hospitals in America from 2001 to 2016. This report found that Catholic hospitals were the only type of non-profit hospitals to achieve growth during this period, along with for-profit hospitals (increasing by about eight percent where other non-profit hospitals decreased by about thirty-eight percent).⁴⁴ According to this study, one in six hospital beds in the United States is in a Catholic hospital⁴⁵ – an increase from the one in nine beds found in 2011.⁴⁶

43. This statement refers to access to contraceptive and abortion services only; it is not meant to diminish the importance or many benefits of Catholic hospitals within the US health care system more broadly. For a more comprehensive discussion around other medical, social, and religious issues that Catholic hospitals face, see A. Kutney-Lee, M.D. Mchugh, B.M Wall, and G.J. Melendez-Torres, “Distinct Enough? A National Examination of Catholic Hospital Affiliation and Patient Perceptions of Care,” *Health Care Management Review* 39, no. 2 (2014): 134–44. See also Barbra Mann Wall, *American Catholic Hospitals: A Century of Changing Markets and Missions* (New Brunswick, NJ.: Rutgers University Press, 2011).

44. Lois Uttley and Christine Khaikin, “Growth of Catholic Hospitals and Health Systems: 2016 Update of the Miscarriage of Medicine Report,” *American Civil Liberties Union and MergerWatch*, 2016, 2.

45. Uttley and Khaikin, “Growth,” 4.

46. Lois Uttley, Sheila Reynertson, Lorraine Kenny and Louise Melling, “Miscarriage of Medicine: The Growth of Catholic Hospitals and the Threat to Reproductive Health Care,” *American Civil Liberties Union and MergerWatch*, December 2013, 1.

This number has increased from one in nine beds in their 2011 findings. Proliferation of Catholic health institutions has real implications for women's access to certain reproductive care because Catholic hospitals in the United States adhere to Catholic rulings on sexuality and reproduction. Catholic affiliated hospitals are governed by the "Ethical and Religious Directives for Catholic Health Care Services," issued by the United States Conference of Catholic Bishops. These directives outline acceptable healthcare policy for Catholic organizations, and are aligned with Catholic religious tenets that exclude many reproductive technologies and health services, including contraceptive products and information, abortion access, sterilization, and fertility treatments.⁴⁷ For example, guideline forty-five of the directive states that an abortion is "never permitted" at a Catholic hospital, with no stipulation in the case that it might be necessary to save the mother's life. Guideline fifty-two states that "Catholic health institutions may not promote or condone contraceptive practices but should provide...instruction both about the Church's teaching on responsible parenthood and in methods of natural family planning."⁴⁸ These directives therefore ensure that not only are various reproductive medical services not to be provided, regardless of the patient's wishes, but that information about contraceptive procedures and resources is not to be discussed with the patient based on Catholic principles. The "Ethical and Religious Directives" are meant to be institutionally enforced and upheld regardless of the religious beliefs of the

47. Uttley and Khaikin, "Growth," 1.

48. "Ethical and Religious Directives for Catholic Health Care Services," *United States Conference of Catholic Bishops*, Sixth Edition, June 2018, 18–19, <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf>.

doctors or the patients at the hospital. The Catholic affiliation of the institution thus dictates what kind of reproductive health services will be available to female patients. While of course not all individual doctors and nurses employed at Catholic hospitals adhere to these guidelines without compromise, they remain in place to govern these institutions. A more significant consequence of these past hospital mergers is that, as of 2016, forty-six Catholic sponsored or affiliated hospitals have been designated as “sole community providers,” an increase from thirty in 2013.⁴⁹ A sole community provider hospital is a hospital that is located geographically too far from other similar hospitals (at least thirty-five miles) to be considered one option among others for medical care.⁵⁰ Access to a non-Catholic hospital for members of the communities in these areas therefore requires not only resources, such as the means and ability to afford transportation to the next closest hospital, but also time, which becomes impossible for anyone experiencing an urgent care situation (such as being in labour).

Finally, patients at these hospitals are not the only people impacted by the religious regulations of Catholic institutions regarding reproductive care. The Catholic Health Association states that over 500,000 full-time staff, and over 200,000 part-time employees, work in Catholic hospitals.⁵¹ These employees, because

49. Uttley and Khaikin, “Growth,” 5. This statement refers to contraceptive access and abortion services. It is not intended to elide the many other important and necessary medical services that such hospitals provide to underrepresented areas.

50. Uttley and Khaikin, “Growth,” 5.

51. “U.S. Catholic Health Care,” *Catholic Health Association of the United States*, (2020), http://www.chausa.org/docs/default-source/default-document-library/the-strategic-profile-of-catholic-health-care-in-the-united-states_2020.pdf?sfvrsn=0.

they work for a Catholic institution, are differently represented under the Affordable Care Act (ACA), which generally requires employers to provide coverage for certain birth control methods. Originally, not-for-profit organizations, including Catholic hospitals, were not exempt from this requirement due to religious affiliation. However, in 2011 lawsuits on behalf of religious groups, including Catholics, began to be filed against the so-called ACA contraceptive mandate, arguing that forcing employers to provide contraceptive coverage to their employees infringed on religious freedom. Challenges to contraceptive insurance coverage in the ACA continue to surface in the United States and remain unresolved. The Trump administration has issued executive orders expanding religious and moral exemptions from this mandate, while some states respond in kind with lawsuits against these expansions. Most recently, in January of 2020, the Supreme Court agreed to consider whether employers will be allowed to opt out of insurance coverage for contraceptives based on religiosity. This is the second time the Supreme Court has addressed this issue since the ACA's creation, the first being the widely publicized *Zubik v. Burwell* in the spring of 2016, which questioned whether religious institutions must abide by the contraceptive mandate. This court case again argued that forcing employers to sign a document over to the insurer to provide coverage for contraceptives was an infringement of religious freedom for Catholic institutions. The ruling of this case, issued in May of 2016, sent the decision back to lower courts to be renegotiated. A decision in the renewed 2020 case has yet to be reached.

Through a Foucauldian lens, power in silence is not a top-down structure, but a pervasive network that can be accessed from discrete points to obtain many different goals: silence is both a

“shelter for power” and a means to undermine it.⁵² This paper has used this idea of silence to examine how silent resistance may help individual women achieve their own reproductive goals, but ultimately serves to reinforce Catholic institutional control over contraception by not challenging the systemic denial of reproductive justice that such a restrictive policy creates. An axiom of reproductive justice is that all persons have the right to manage their own fertility as they see fit, but silent resistance in birth control use can obstruct, albeit often unintentionally, many other women from equal access to contraceptive options. Silent dissenters become implicated in the perpetuation of a system that limits certain reproductive and contraceptive choices and healthcare to millions of women in the United States, both Catholic and non-Catholic, as Catholic hospitals increase numerically. This increase can be seen as related to this silent resistance, which does not openly challenge the reproductive policies of the Catholic Church, thereby affording papal authority its own freedom from resistance and conflict. The conversations that are had, or not had, among American Catholics, laity and clergy alike, have real consequences for women and their families in the United States. An analysis of Catholic social teaching, sacramental theology, Catholic sexual ethics, a representation of the potential benefits of Catholic medical institutions and their increase in the United States, and, finally, an examination of the discourses about reproductive justice from Catholic theologians, scholars, and lay persons are important concerns that are beyond the scope of this paper. Examining such perspectives would contribute immensely to the ongoing discourses regarding reproductive health and care, Catholicism, and the United States, and I hope the reader will find suggestions in the footnotes

52. Foucault, *History of Sexuality*, 101.

that are helpful in beginning to think through these larger conversations, and in locating some of the silences of this paper through other resources. In the ongoing struggle for both reproductive justice and discourses regarding health and care in the United States, the words of Audre Lorde come to mind: “it is not difference which immobilizes us, but silence. And there are so many silences to be broken.”⁵³

53. Audre Lorde, “The Transformation of Silence into Language and Action,” *Sister Outsider: Essays and Speeches*, (Berkeley, CA: Crossing Press, 1984), 44.

