

## ***Real-life examples of discrimination in healthcare***

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## Introduction

The following real-life examples demonstrate the often subtle, sometimes flagrant and increasingly pervasive discrimination faced by pro-life, faith-based and conscience-driven individuals in the healthcare professions.

These examples illustrate the need for regulation, legislation and education regarding conscience protections in healthcare—which serve to protect both the patient and the professional. Some cases also point to a critical need to counter a partisan ideology festering within the medical community. That ideology is fomenting a climate of intolerance for pro-life and faith-based positions and is triggering new mandates for performing or referring for abortions and other ethically controversial procedures and prescriptions.

An informal survey of Christian Medical Association members found that over 41 percent of respondents had been "pressured to compromise Biblical or ethical convictions." Anecdotal accounts suggest that few persecuted healthcare professionals actually know their conscience rights<sup>i</sup> and that they typically simply submit to pressure by resigning. Students who experience discrimination and pressure to violate conscience simply give in and attempt to find a more tolerant institution or a less controversial field of medicine than obstetrics and gynecology. Unless pro-life professionals are equipped to know and apply their conscience rights, they actually stand at risk of being weeded out from the profession altogether.

The sampling of real-life cases that follows illustrates an urgent need to: (a) strengthen statutory<sup>ii</sup> and regulatory<sup>iii</sup> protections for conscience rights in healthcare; (b) survey healthcare professionals nationwide to quantify the depth of discrimination and awareness of conscience protections; and (c) conduct an awareness campaign to educate healthcare professionals of their conscience rights. An awareness campaign would also help counter the growing mindset in medicine that abortion and other controversial procedures are sovereign patient rights that trump all other considerations, thus binding healthcare professionals to oblige such demands regardless of the professional's oaths, ethics and faith-based convictions.

**Disclaimer:** Following are excerpted examples of communications from healthcare professionals regarding conscience rights in healthcare. These communications represent the personal views of the individuals. Affiliations are listed for informational purposes only and do not imply an institutional endorsement of the views expressed.

## Discrimination against physicians

Ob-Gyn physicians face loss of certification over abortion stance

American College of Obstetricians and Gynecologists (ACOG): In November 2007, ACOG issued Committee Opinion Number 385, "The Limits of Conscientious Refusal in Reproductive Medicine." The new ACOG policy states, "Physicians and other health care providers have the duty to refer patients in a timely manner to other providers if they do not feel that they can in conscience provide the standard reproductive services that patients request. Providers with moral or religious objections should either practice in proximity to individuals who do not share their views or ensure that referral processes are in place." Even under pressure by members of

Congress and the U.S. Secretary of Health and Human Services, ACOG has not retracted its policy.

American Board of Obstetrics and Gynecology (ABOG): In December 2007, ABOG issued new bulletin of requirements for board certification. ABOG's "Bulletin for 2008 Maintenance of Certification," under section 5. Revoked Certificate, stated certification may be denied if "(a.) An individual has had their Diplomate status revoked by the American Board of Obstetrics and Gynecology for cause. (b.) Cause in this case may be due to, but is not limited to, licensure revocation by any State Board of Medical Examiners, violation of ABOG or ACOG rules and/or ethics principles or felony convictions." Even under pressure by members of Congress and the U.S. Secretary of Health and Human Services, ABOG would not clarify in writing that the new ACOG policy would not be applied to decertify pro-life Ob-Gyn physicians.

### Family medicine physician forced out over contraceptives for unmarried patients

**Dr. Shelley Phillips**, a family medicine physician practicing in San Antonio, Tex. under a not-for-profit university hospital group, University Health System reported in May 2008 that the corporation that runs her practice was insisting that she provide contraception in all cases. Dr. Phillips restricts contraception prescriptions to married patients. After several patients allegedly complained, her medical director informed Dr. Phillips that the hospital administration demanded that all the physicians in the clinic prescribe contraception for any and all reasons. Dr. Phillips resigned.<sup>iv</sup>

### Military physician forced to refer for abortions

**Donald F. Thompson, MD, MPH&TM:** I entered the practice of medicine from a deep commitment to serve my fellow man, and have been discouraged recently as I have been required to participate in activities that violate my personal convictions.

As a physician with over a quarter century of service in the U.S. military, I take my vows very seriously. Twenty-six years ago I swore an oath to protect and defend the Constitution of the United States, not realizing then that my commitment would include extensive life-threatening service in Afghanistan and Iraq in recent months.

I continue to fulfill this commitment gladly and without hesitation. Twenty-two years ago, I took the Hippocratic Oath when I graduated from medical school, but regrettably was required by military regulations to violate it within my first few years of practice by participating in referring women for abortions.<sup>v</sup>

### Anesthesiologist required to refer for abortions

**Roger G. Fennell, M.D. :** As a physician anesthesiologist at a large medical center in the mid-Atlantic region, I received a directive from our chairman that members in our department who would not assist in abortions were obligated to refer the care of women who had chosen to have such a procedure to another anesthesiologist who would. Since I am a Catholic Christian, this disturbed my conscience. But just as troubling was the implication that I had a medical-ethical obligation to these patients and that distancing myself from their might subject me to accusations of medical abandonment. The American Medical Association's code of ethics supports

physicians' right not to provide care to a patient except in cases of emergency. Since the vast majority of abortions in the United States are elective, no physician may ever be required to assist in them. Therefore, a law requiring any physician to be involved with abortions flies in the face of both moral and professional ethical standards.

#### NY Ob-Gyn physician for disabled patients fired over abstinence counsel, faith

**"Dr. T":** "We're going to have to let you go," my employer announced. This was a decision I never expected. When they affirmed I had done nothing medically wrong, how could this have happened? As the gynecologist for the disabled population, I've treated many patients who have been victims of abuse, acquired sexually transmitted diseases, and have unexpected pregnancies. One of the important preventative counseling options supported by ACOG and the New York State Department of Health is abstinence until there is a monogamous committed relationship. Ironically, stating this preventative health option, even in the midst of counseling about condoms and birth control, led to accusations that I was sharing my faith with patients. At a meeting held a few months prior, I had been told by the medical director I was not allowed to talk about faith even if asked by a patient. Reputable journals have published articles supporting the importance of assessing a spiritual history and many patients specifically requested and enjoyed such dialogue as part of their care. Nonetheless, the consensus was that my practice "did not fit in with the culture of the organization."

Now these amazing patients will not have a gynecologist who can share about options such as abstinence, discuss spiritual issues that impact their health and sexual choices, or counsel them. With almost a thousand patient visits a year and a few month waiting list, my patient schedule demonstrated there was a true need. With the new health care plan's mission to increase access for patients, these patients have lost access. I also grieve that there appears to be lack of recourse to protect our Right of Conscience."<sup>vi</sup>

#### Informed consent on abortion jeopardizes residency--"laws did not protect me"

**David Zelis, MD:** Unknown, unenforced laws are useless. The Provider Conscience Protection Rule ensures nondiscrimination for health care providers who hold the philosophical position that human life ought to be protected at all stages. As a medical student, graduate student and resident, the current laws did not protect me. Due to ignorance of the law or arrogance towards it, my medical school mandated an abortion training session in order to graduate. Not one professor in my Master of Arts in Health Care Ethics program provided any education about the Church Amendments or Section 245 of the Public Health Service Act. In residency, I was informed that I would lose my residency position if I provided informed consent with information, provided by another state's health department, to a patient undergoing a second trimester abortion. Without a diversity of conviction about abortion, I fear that low income women would be subject to eugenic opinions coercing them to have abortions for children that would be considered to be raised in a materially poor environment. The "Conscience" rule does provides clarity to existing law that education and outreach alone has not accomplished. As a practicing Pediatrician, trained in Health Care Ethics, I urge the HHS not to rescind "Ensuring That Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law."

### Physician ostracized after refusing to withhold food and water from cancer patient

**Laura Reilly, MD:** In 2007 while practicing on the East Coast, the physician son of a patient on my Neurologic ICU service, asked me whether I was one of those "pro-life whackos" who was prepared to affirm that food and water were mandatory in his mother. I did affirm my position, signed off of the case when the primary and her oncologist acquiesced to euthanize her, and suffered as the medical community turned to exclude me. I am grieved by this woman's demise owing to the heartless lock-step of utilitarianism. Yes, she would have died anyway, but the way she died was undignified for a hamster much less a mother, a wife, a woman.<sup>vii</sup>

### Ob-Gyn physician's malpractice insurer insists on lesbian insemination

**Vicki L. Duncan, MD FACOG:** "I recall receiving a call to see if I would perform intrauterine insemination for a lesbian couple in the late 90's. I contacted my malpractice carrier for legal advice, and was told that if I refused for them, but did so for a married, heterosexual couple, I would likely be sued, and they would not provide coverage. It also extended to a non-married couple. That was when I decided to no longer perform intrauterine inseminations. This occurred in Sonoma County, California. The insurance carrier was Norcal."<sup>viii</sup>

### Physician pressured to resign over Hippocratic approach to medicine

**J. A., Springfield, MA:** "While working in primary care this past year; I encountered areas of disagreement between my supervisor's expectations and mine. The conflict focused around my patient recommendations on issues related to prescribing preferences; and sexual health (including contraception). At one point during our discussions, I essentially asked for an allowance to practice medicine in line with a more Hippocratic tradition; but this was not given serious consideration. In a similar manner; I requested reasonable accommodation for my beliefs. I proposed a practical solution to one particular area of contention (oral contraceptives), but to no avail.

"Subsequent conversations became more disturbing. Comments were placed on my annual performance evaluation by my supervisors that portrayed me in a negative light due to my medical; ethical; and religious beliefs. I was shocked to find that my beliefs would be used against me on this formal evaluation. From these comments, I was represented as an incompetent physician. Although pressured to sign my evaluation, I had no choice but to refuse. My evaluation did not rightfully represent my patient care and clinical competency. Over several months, the administrative interactions with me remained consistent and directed at one solution to the conflict: for me to find another job. It was clear that my right of conscience would not be tolerated. These events and violations of my right of conscience were factors in my eventual resignation from my medical staff position at a Federal facility in Massachusetts."<sup>ix</sup>

### Physician loses ER privileges for not prescribing abortifacient

**"RS, MD":** I once worked an Emergency Room in Georgia. I worked there for well over a year with no problems. However, several weeks after refusing to provide a post-intercourse medicinal abortifacient to a teenager, I was asked not to come back to that ER. I could never get any explanation from the hospital as to why. To my knowledge, I never had a patient or staff complaint there, and did have a couple letters of commendation and thanks from patients (one of which I still have on file).<sup>x</sup>

## Resident charged with "dereliction of duty" for refusing to perform abortions

**Charles McBride, MD:** During my family practice residency, I was assigned to participate in an elective abortion procedure. I respectfully declined citing my belief that life begins at conception. Despite the fact that I was allowed to withdraw from that procedure, I was subsequently subjected to harassment by fellow residents particularly those in the obstetrics program throughout the remainder of my rotation with them. One resident in particular brought formal charges against me, citing dereliction of duty. I was cleared of any wrong doing, but that experience will stay with me indefinitely. I would personally resign my position and cease to practice medicine before I would take the life of an unborn child.<sup>xi</sup>

## Resident denied recommendation and told, "Not possible to be Ob-Gyn and Catholic"

**James Joyce, MD:** Many medical school students who trained with me avoided OB/Gyn residency because their Catholic beliefs would not be respected. I carefully screened 11 OB/GYN programs by mail and personal visit at great expense requiring loans for education to increase. After being selected for my top choice program, I was attacked by chief residents who were suspicious that Catholicism had something against women and targeted me for a four-month "probation" where all of my preceptors were "warned of my catholicity".

In spite of all of this I was successful in passing the in-training exam but was again attacked by the assistant director of the program, who indicated that he did not believe that it was possible to be an OB/GYN and be a practicing Catholic, and refused to recommend me to any other program in OB/GYN. At this vulnerable point in residency training, I was unable to afford to move to a new program and (although I was encouraged to do so) unable to afford a lawsuit for discrimination.

## In-vitro physician faced ethics charges for embryo-saving stance

**Dr. Jeffrey A. Keenan:** "Earlier in my career, I was basically brought up on ethics violation charges because I refused to work with patients who would destroy embryos. Even though there were other MD's in the community and even in our department who did destroy embryos, I was forced to basically be confronted with these charges in public and endure the 'hearing'. I won out in the end of course, but it was still very disturbing."<sup>xii</sup>

## Psychiatrist fired for critiquing patient care at hospital

News report: "When they visited The William W. Backus Hospital in late 1999, state investigators uncovered more than a dozen cases in which they said psychiatric patients were transferred, refused admission or discharged without proper medical treatment. Two of those patients, identified in state Department of Public Health records only as Patient #25 and Patient #28, had killed themselves within days of being discharged. Altogether, in examining the cases of 17 psychiatric patients, investigators found nearly three-dozen violations of health codes, ranging from failure to assess patients' mental conditions before transferring them to failure to administer toxicology tests before medicating them.

"The state's investigation began in October 1999, three years after an employee brought her concerns about the hospital's treatment of psychiatric patients to the attention of Pipicelli and

other hospital administrators. That employee, Dr. Safaa Hakim, is a psychiatrist who worked at the hospital for five years. According to court documents, she told Pipicelli on Nov. 12, 1996, that she was concerned that the hospital was endangering the lives of uninsured psychiatric patients by refusing to give them proper care. Four months after she took her concerns to Pipicelli, in March 1997, Hakim was fired."<sup>xiii</sup>

**Saafa Hakim**<sup>xiv</sup>: "The case of discrimination I filed was dismissed with prejudice by the Federal Judge in June of this year. I decided to let go and let God at that point as I have been battling a statewide corrupt system for almost 10 years. As it stands, the Hospital has a lien on my condo and all my savings and I was reported to the National Practitioner data Bank as an impaired physician who is unable to practice medicine with skill and safety. I did what was right according to an oath I have taken one day to God first and to the medical profession second.

"As a result, I was subjected to 10 years of discrimination, retaliation, harassment and abuse by both the medical and judicial systems of the State of Connecticut."

#### Ob/Gyn resident "blackballed" for Catholic views

[source prefers anonymity but may allow his name to be used upon request] "In July 1992, I entered Ob/Gyn residency at a university hospital, matching at my first choice of a residency. Within one month, I left due to pressure from faculty and upper residents, solely due to conscientious objection. I chose not to participate in tubal ligation and contraceptive prescription. I offered to refer all those interested to other residents and staff but was blackballed from education.

"I would show up at surgery, and the attending and upper resident would refuse to talk to me or show me procedures. A great amount of pressure was placed on me by upper residents. One was physically intimidating (no contact). The program director basically stated that I could do these procedures, or leave. I have a letter from him, stating that my decision to leave was based solely upon my conscientious objection. Today, in the U.S., only a handful of Ob/Gyn residencies will respect the conscience of those who adhere to Roman Catholic doctrine."<sup>xv</sup>

#### Family medicine physician deemed "too Catholic" for medical license

News report: "Dr. Leslie Chorun is one of six health care professionals who have formed Fertility Care Center of Kansas City, a medical practice focusing on the Creighton Model of natural family planning. 'I was told at one point that by not referring women for abortions or contraception, that was below the standard of care for physicians,' Chorun said.

"The pressure on Chorun was increasing from the supervisors of her residency program. Eventually, Chorun was forced to resign from the residency program months before completion. Though she was able to obtain licenses to practice in both Kansas and Missouri, her insistence on building her practice based solely on natural methods continued to cause her problems. When she applied for her Missouri license, a friend attempted to intervene with one of her residency supervisors to help Chorun get a good reference. The supervisor told her friend, 'She's too Catholic,' Chorun said."<sup>xvi</sup>

## Resident physician fired for teaching on abortion complications

(Anonymity requested): "I have been discriminated against during my Ob/Gyn residency. I gave a grand rounds (case presentation) on abortion complications and was fired for it. It was in San Diego, and I was a chief resident in Ob/Gyn at Mercy Hospital. I gave the talk at the Grand Rounds at the UCSD hospital. I was fired for "creating morale problems and insubordination." That was in 1980, but it is still happening. I was suspended by Kaiser in the 1980s twice for assisting teen clients who were being forced by their families to undergo abortions. I have been discriminated in my career advancement. Being pro-life is not politically correct, Directorship of Departments, fellowships etc are out of the question."<sup>xvii</sup>

## Ob-Gyn residents in NYC required to take abortion training or risk opt-out reprisal

News report: "Beginning in July, obstetrics and gynecology residents in the city's public hospitals will be routinely trained to perform abortions under a program backed by Mayor Michael Bloomberg. The city's program was initiated by the National Abortion and Reproductive Rights Action League, which met last year with Bloomberg and the other New York City mayoral candidates. However, students will be able to 'opt out' of the training module if they have moral objections to abortion. The city Health and Hospitals Corp. currently graduates about 100 obstetrics and gynecology residents each year, but because individual institutions may choose not to offer abortion training, many of these graduates are not trained in abortion either by choice or due to omission of the subject from the curriculum."<sup>xviii</sup>

## Ob-Gyn physician reamed out over refusal to perform abortion

**Sandy Christiansen, MD:** "I was the chief of the obstetrical service and was thus responsible for the care and management of all of the obstetrical patients on the clinic service. We had a patient, at the time, whose baby was diagnosed with Down's syndrome and the mother had decided to abort. Since she was so far along, she was to have labor induced and was to be managed on the obstetrical floor. I spoke with my attending physician and told her that I did not feel comfortable being involved with this patient's abortion because of my Christian beliefs and I had spoken with another resident who was willing to oversee this patient's care in my stead.

"The attending proceeded to reprimand me loudly in front of my team of residents, interns and medical students. She accused me of abandoning my patient, of shirking my responsibilities and being insensitive to my patient. Not once did she acknowledge that I had a legitimate reason to take such a stand. During private practice, I have not experienced such blatant examples of religious discrimination, but have certainly felt 'snubbed' or dismissed for my beliefs. In general, there has not been a collegiate atmosphere of mutual respect for differing stances."<sup>xix</sup>

## Medical professor threatened with job loss over abortifacients

**Dr. Rebecca Lavy:** "I was employed in a teaching position at the University of Texas Southwestern in Dallas, TX from 1999 – 2001. While I was there, the faculty was required to take in house night call. This included performing the sexual assault examinations – all of which for Dallas County were referred to our ER. It was not uncommon to be called to perform 2-3 of them in a night. One of the things the department said was required was that we prescribe for these women the post-coital use of oral contraceptives (Erroneously, in my opinion, called the

'post-coital contraceptive') I refused to prescribe it and was told, 'This may be an employment issue.' The obvious, not-so-subtle implication was that I would be fired if I refused. We went round and round. Since I didn't agree with simply calling someone else in (one of the residents) to prescribe the medication (if prescribing them is ethically wrong, asking someone else to do it for me is equally wrong).<sup>xx</sup>

#### Ob-Gyn intern loses privileges for refusing to perform abortions

**Sandy Christiansen, MD:** "As an intern, the opportunity to get into the OR was a great privilege, as most of our time was spent in L&D or the clinic. I was the only intern who declined to perform elective abortions, and I made it clear that it was because of my Christian beliefs. One of my fellow interns was frequently given the privilege of scrubbing in on Gyn cases. I questioned my chief resident as to why I wasn't being given that opportunity and she replied that Susie was working hard doing the abortions and had earned this privilege whereas I had 'refused' to do this work and hence did not get the 'perk.'"<sup>xxi</sup>

#### Physician fears job loss over abortifacient prescription refusal

**Marvin Culbertson, MD:** I practice pediatric emergency medicine at Connecticut Children's Medical Center in Hartford, CT. I am concerned that I will be forced to provide an oral "contraceptive" to sexual assault victims if my right of conscience is removed. My practice will be significantly compromised in this situation.<sup>xxii</sup>

#### Anesthesiologist must anesthetize for abortion as employment condition

**Frank Block, Jr., MD:** "One place that I interviewed for a job told me in no uncertain terms that they would try to keep me away from the abortions but that I would, in fact, have to provide anesthesia for abortions if I went there. (I didn't go there.) My whole career path has been focused upon finding places where I would have minimal hassles over my beliefs. I am happy to defend them, but I am not happy to have an ongoing issue over them."<sup>xxiii</sup>

Dept. chair: "We always choose the one who will do abortions."

**Matt Anderson, MD:** "When I applied to residencies, I was a desirable candidate, finishing #1 or #2 academically in my class. I seriously applied to 5 programs. At St. Paul-Ramsey County Hospital, I interviewed with several persons and saw the chairman of the department, (name withheld) last. During my interview with him, he asked if I would perform abortions. Apparently, at that time, the rotation in their outpatient clinic involved performing abortions. His response burned a permanent memory into my brain.

"Well, of course, we do not discriminate against anyone, based on their beliefs, but you must understand, the disruption created when we have a resident who will not do abortions. We have to find someone else which can be difficult. It just creates a bad situation,' he said, somewhat hesitatingly and nervously. But then he placed his hands on his desk, leaned forward toward me, looked me in the eye and said firmly with no hesitation. 'But I can tell you this: If we have two candidates who are otherwise equally qualified, we always choose the one who will do abortions.' He emphasized the word 'always'. I assured him I would not be performing abortions and thanked him for his time. I left with the feeling that candidates did not have to be equally

qualified for him choose the abortionist over the non-abortion candidate. He came across loud and clear."<sup>xxiv</sup>

#### Ob-Gyn Dept. Chairmen: Abortion required for residency

**Carl K., Thomasville, NC:** "When I was applying for residency in ob/gyn, I was informed by two different department chairmen that if I was unwilling to perform abortions, I was not a candidate for their program. This question was specifically asked during my interviews. If the HHS rules are stuck down by the current administration, it is likely that discrimination by residency programs will increase. The number of physicians with a moral objection to abortion will fall precipitously."<sup>xxv</sup>

#### Charitable care physicians denied access to Planned Parenthood patients

**Charles Bruerd, D.O.** "In the past I worked with a group of Christian physicians in Berrien Springs, Michigan. We provided a lot of free care within the county: the TB clinic, the prenatal clinic, pediatric clinics, migrant health care coverage, and in the early days (1970s and early 1980s) helped staff the planned parenthood clinics. However, there came a time when Planned Parenthood refused to allow our physicians to see patients in their program because we would not counsel patients to have abortions."<sup>xxvi</sup>

#### Absent conscience protections, Catholic colleagues will not work in govt. hospitals

**Julia Calcote, MD:** I can attest that government hospitals are understaffed. I had many competent colleagues of the Catholic faith. If they cannot refuse to perform abortions, then they will choose not to work in the government hospitals. The country will have a shortage of physicians willing to work at less than the national average salary."<sup>xxvii</sup>

#### Hospital policy incorporates ACOG's opposition to conscience protection regulation

**Steven Hammer, MD:** I work in urgent care and am concerned I could be put in a position where a patient would want me to prescribe the "morning after" pill. I checked on our hospital's policy through the emergency room to see if there was any support for my position. Their response quoted ACOG saying "Today's regulation issued by HHS under the guise of 'protecting' the conscience of health care providers, is yet another reminder of the outgoing administration's implicit contempt for women's right to accurate and complete reproductive health information and legal medical procedures." Needless to say, if I am put in this situation I won't be looking to the hospital for any support."<sup>xxviii</sup>

#### Physicians stress loving communication when not accommodating patient requests

**Gregg R. Albers, MD:** "We see gay men and women, we see those who ask for abortion or the morning after pill. We encourage those people to come to our practice. But when we have an issue that we cannot comply with, we take the opportunity to lovingly say, here is why we believe so strongly that "this" is wrong. We offer to refer them to a colleague that would prescribe or complete a procedure that they are asking for. And we remind them that we will be praying for them. We see this as God's opportunity to give them a more complete knowledge base before they get a medication or ask for a procedure they may regret in the future. There is a

lot of difference in refusing care "because" and being rude about it, or lovingly trying to give them a fuller picture, where they still have the freedom to choose, and we have not compromised our position, our ethics or our conscience.<sup>xxix</sup>

Immigrant physician's contract not renewed after he refuses to do unneeded surgeries

**Ed Abaskyron, MD** (pseudonym): When I stood up for what is right for my patients, when I refused to participate in doing unnecessary surgeries, when I even quoted Plato's republic three pillars of civilization truth, justice and goodness in grand rounds, my contract was not renewed. I wonder what would have happened if I quoted the Bible? I am a conscience refugee--I immigrated to America fleeing from corruption and seeking to practice medicine on solid moral grounds this nation was founded upon.<sup>xxx</sup>

Residents opting out of abortion "hazed"

**Jared T., Rochester, NY:** "In my third year of medical school I was thinking of becoming an obstetrician. Expectant mothers are the only ones who come to the hospital for a happy reason! Every one else comes because they are sick. I thought that bringing new life into the world might be one of the most rewarding careers available in medicine.

"My first night on call, the intern told me that if I was pro-life, I 'should pick a different specialty.' She begrudgingly acknowledged that it was not required to perform abortions as a resident if you had moral objections to it, but that it was strongly encouraged, and residents who opted out were hazed. I am now a second year general surgery resident."<sup>xxxii</sup>

## Discrimination against medical students

Interview ends, student denied admission after abortion role play

**"WL":** "Several years ago I was interviewing at my then dream school, a leading medical school on the west coast. The interview was going very well until the topic turned to abortion.

One of the interviewers stated, "I see that you were involved with a Christian student organization in college. What would you do if your patient asked you to help her obtain an abortion?" The interviewers then proceeded to have me act out a scenario with two of the interviewers playing parts, one as the pregnant woman with an unwanted pregnancy, and the other as her pro-life boyfriend.

"Tell my girlfriend that an abortion is a sin!" the faux boyfriend exclaimed. I did my best to diffuse the tension as I encouraged the two to communicate with each other their points of view, without unduly taking sides or inserting my own opinion unless asked. The scenario went on for almost 10 minutes. When it became clear that I was not going to automatically support the woman's desire for an abortion, the scenario--and the interview--ended. I was not admitted to that school. I did obtain admission at another top school and have now graduated and moved on, but that experience impressed upon me the not-so-subtle bias within the medical field against those who hold a pro-life position, even those who are very careful to respect the autonomy of their pro-choice patients.<sup>xxxiii</sup>

## Physician assistant student forced into rotation at abortion site

**Audrey O'Herron** - I am a physician assistant student and have already found my own religious freedom violated, before even fully entering the profession. I have been denied the chance to do a clinical rotation at a site that does not perform abortions. My request is to practice and learn in a setting that honors human life. It is absurd that this request could not be honored. Please defend our conscience regulations- this is of extreme importance.<sup>xxxiii</sup>

## Pro-life student withdraws, looks for new school that tolerates Christian views

**David Hodges:** As a Christian medical student, a pre-med student and a working healthcare professional in a variety of jobs, I have repeatedly experienced numerous times of discrimination. As a premed, I have experienced ridicule and unjust low grades in some classes (e.g., genetics and evolution). As a former medical student I have been forced to make a very difficult decision to withdraw in 'good academic, financial and professional standing' (Academic Dean's letter) with one school (discrimination being a part of that decision). I am currently trying to re-matriculate into a different medical school where my Christian views would not be targeted, at least academically. I have been let go working as an Anesthesia Technician because I refused to assist or go into the abortion rooms in a government run institution (UVa).<sup>xxxiv</sup>

## Medical Student: Conscience limits parallel her mother's practice under Communism

**Katrina A. Belova, CA:** "My family emigrated from the former Soviet Union to the United States in hopes of finding freedom to act in accordance to their moral beliefs. My mother was a practicing physician in Ukraine. Going through her medical education, and later practicing medicine, she was never allowed to discuss ethical issues in medicine. There were none. Physicians were forced to act according to the communist agenda, end of discussion.

"It was the government that dictated what physicians must believe, and how they should practice. Abortion was never an issue in the Soviet Union, simply because the communist government dictated that it was not an ethical dilemma, and all physicians were required to perform the procedure. Those who disobeyed could not obtain their medical license or continue their practice.

"I became very concerned when I learned about President Barack Obama's plan to rescind the conscience clause. It made me uneasy to think that my adopted country, which was always proud of its democratic heritage, had begun to remind me of a communist country my family fled ten years ago. If the conscience rule is rescinded and I am obligated to choose between performing an abortion or losing my job, I will choose the latter. And then where will I flee next?"<sup>xxxv</sup>

## Student experiences discrimination over abortion, unaware of protection laws

**Dr. Mark D., Cheboygan, MI:** "I was a third year medical student at Wayne State University in Detroit serving on my gynecology rotation. On track to earn honors in the rotation and allowed to take part in all the residents' special and social activities, I worked hard to finish well. However, with about 2 weeks left, I was asked to help one day with outpatient surgery procedures, including a few "VIPs" (voluntary interruption of pregnancies -- abortions). I let the senior resident know I didn't want to be involved and volunteered for other work. However, with

much sarcasm regarding my "one of those" moral objections, I was required (in order not to be marked unwilling to help) to do the pre-operative work-up on a 17 year old girl waiting with blank stare and little response for her abortion.

"Then soon after, no one else showed up for the procedure except a different resident--and things weren't going well in the O.R. for the patient. I was asked to scrub in to help with the abortion. This was really against my better judgment and conscience again, but at that point in training I was concerned that the young girl could suffer harm or die unless I did help, so scrub in I did, and witnessed the death of a baby by suction abortion, piece by piece. My spirit was screaming and praying as I professionally quietly helped.

"Afterward, I was ridiculed for my "moral objections". I was not invited to any special meetings or parties. I not only did not receive honors (though did well on the test), but received very negatively biased evaluations. I had no idea at that time that there were laws against such coercion and discrimination; I was concerned initially about my grade and passing the rotation and probably correctly about the young girl's life. The event has flavored my view about the abortion industry and the large defensive walls and offensive actions abortion proponents have to maintain --including discriminating against those who choose to disagree."<sup>xxxvi</sup>

#### Medical student afraid to pursue Ob-Gyn career due to abortion pressure

**Trevor K. Kitchens:** "I am a first year medical student in the beginning stages of deciding which specialty I would like to pursue. I am currently very interested in OB/GYN, but I am afraid of the relationship between this field and abortion. By the way, I am 100% against abortion, and there is no way I would perform one. Moreover, there is no way I would tell a patient that abortion is an option under any circumstance, because I do not believe it is an option. My concern is that I will start a residence and would subsequently be required at some point to give a patient the option of abortion, which I would refuse. My fear is that taking this stand would cost me my residence position.

"Now, if that is what it comes down to, I will be glad to take the stand for Jesus Christ and give up my position. However, I would really like to be able to avoid this situation and complete my residence so that I could go on and serve the Lord in that field. So I guess my question is, Can an institution take action against a resident for taking this type of a stand against abortion? And are there any institutions in particular that would be understanding of my beliefs and not ask me to compromise them?"<sup>xxxvii</sup>

#### Medical student charged by professor with "abandonment" for no abortion referral

**J. Wesley Earley:** "I am a third-year medical student. In my second semester, we take a Medical Ethics course. On numerous occasions, I was repudiated by the professor for my unwillingness to profess as acceptable her position that all physicians MUST refer a patient wishing an abortion to an abortion provider (since I obviously was unwilling to perform one myself). The professor's point was that the woman desiring the abortion was my patient and I was ethically bound to refer her in order to meet my ethical obligation of 'non-abandonment' once I had accepted her as a patient. My response to her was that I was ethically and morally beholden to defend the life of the unborn child, and that my vow of placing my patient's well-being before all else took precedent in preserving the child's life over terminating the pregnancy for the woman's convenience."<sup>xxxviii</sup>

## National medical exam penalizes students for pro-life answers

Nathan Moss: "I am a third year medical student at the University of Toledo College of Medicine (UTCOM.) I have recently finished my OB/GYN clerkship at The Toledo Hospital inpatient and outpatient. My story of discrimination comes from the way in which we medical students are tested at the end of the rotation. We all (UTCOM students) take a standardized National Board of Medical Examiners (NBME) exam at the end of the clerkship that is used to determine 40% of our grade in the clerkship. The NBME 'shelf' exam required us to answer two questions that were blatantly pro-death culture questions. To answer correctly we had to choose abortion in one question and choose contraception in another question. There was no room for freedom of conscience as the format of the test was multiple choice. The worst thing about it was that if we did try to choose an answer that was morally permissible then we would be penalized by missing the question and it would reflect with a lower test score. I have addressed the issue with my clerkship director and he will be sending a letter to the NBME. I signed up to practice medicine, not politics and the NBME is discriminating against those who still have a conscience and wish to use it."<sup>xxxix</sup>

## Medical student castigated for pro-life views, shown aborted baby

**Mark J. Heulitt, MD:** "When I was a medical student, I refused to care for patients who were having an abortion and had to go through many hoops to have my rights to not be involved with this procedure be accepted. While I was a student on OB rotation, one of the nurses asked if she could speak to me in private and brought me to a utility room off the OR. In there she pulled towel off of a basin which contained an aborted fetus. She looked me straight in the eye and said, 'What are you afraid of--this is just tissue,' and told me to 'grow up.' I told her I would pray for her and left the room. I will never forget the anger in her eyes over my decision not to be involved with this procedure. The bias we face is many times subtle but poignant. We must practice our faith and stand up for our beliefs."<sup>xl</sup>

## Asst. Dean: "Someone like that won't get into my medical school"

**K.C., Gainesville, FL:** "As a third year medical student on the Family Medicine clerkship, I participated in a seminar session about cultural competency, diversity, and tolerance. This session was led by one of our Assistant Deans, who also happened to serve on the admissions committee.

During this lecture on 'tolerance', the Dean shared with us that she had interviewed a pro-life applicant for medical school the previous day. During her questioning, this student indicated that he/she wouldn't feel comfortable performing or providing referrals for abortions. The Assistant Dean then proclaimed with pride that she 'personally made sure that someone like THAT won't get into MY medical school.'<sup>xli</sup>

## Student changes Ob-Gyn goal when told abortion objectors not welcome

**Sharon F., San Antonio, TX:** "When I interviewed for residency in the 1970s, it was made clear to me that I would not be welcome in an OB-GYN residency I was considering if I would not do abortions. As a result, I decided to stop considering OB-GYN and specialized in another area."<sup>xlii</sup>

## Journal article: Medical schools discriminating against pro-life, religious applicants

Journal article: "In the late 1970's concern arose in the Congress over whether candidates were being denied admission to medical school because they were opposed to abortion. The federal government canvassed medical schools regarding their policies and practices. The answers led the Federal authorities to conclude from the responses that there was essentially no problem.

"Dr. George Zenner and I looked at what actually happened in interview reports at an American medical school and at subsequent admission committee meetings where these reports and the applicants were discussed. We found that, contrary to the impression given the Congress, religious questions, including ones related to abortion, were being asked of the applicants and discussed before the Admission Committee. The answers to these questions, although the interviewers denied it in the questionnaire, were affecting judgments regarding whether the candidates were appropriate for medical school admission. Our published study, by its nature anecdotal and not statistical, showed that the bias cut one way: against the so-called religious applicant."<sup>xliii</sup>

## Student assigned to abortion procedure without notification or consideration

**Dr. John L., Rochester, MN:** "25 years ago, as a medical student on my OB/GYN rotation I was randomly assigned to an OR one morning to assist in a procedure. No information was given to me by the intern or resident on service. I found myself witnessing an early second trimester abortion on a women in her late thirties who was obviously distressed. No consideration for my rights of conscience was ever discussed with me, before or after this unfortunate circumstance. Medical students then, and even more so now, are expected to put up or shut up when faced with interventions and therapies they consider morally illicit. This underscores the need for the recent HHS ruling which mandates proper consideration of a health care provider's rights of conscience."<sup>xliv</sup>

## Student leaves nursing college over pressure

**Michelle S., Lagrane, WY:** I would be writing as a healthcare professional, but was blackballed for objective reasons from nursing college, despite scoring 98 in clinicals. I was washed out after defending a fellow student who made a pro-life declaration during ethics class.<sup>xlv</sup>

## Evolution belief required for students' med school recommendation

**News release:** "The Justice Department today announced that it was closing its inquiry into complaints by Texas Tech students that a biology professor's medical school recommendation policy, which required affirmation of a personal belief in evolution, constituted religious discrimination. The decision was based on the professor's replacement of the affirmation requirement with a requirement that students simply be able to explain the scientific theory of evolution."<sup>xlvi</sup>

## Discrimination against other professionals

### Hospital to nurses: Assist with abortions or be terminated

**Fe Vinoya, NJ:** "In October [2011], we were suddenly confronted with a choice between our faith and our jobs. Our managers told us very clearly that all Same Day Surgery unit nurses must immediately begin training in and assisting abortion patients, including all aspects of those patients' care during their visit. They did this in spite of our repeated effort to tell them we had religious and moral objections. They said very clearly that if we did not assist we would face termination. No nurse should be forced to violate her religious or moral beliefs in order to keep her job. Nursing is a healing profession, and the law protects our right not to provide any services related to abortion."<sup>xlvii</sup>

**Beryl Otieno Ngoje:** I am a nurse in the Same Day Surgery unit in the University hospital. I was shocked when our supervisors began telling us in October that we had to assist with abortion cases in violation of our religious and moral beliefs, or we would be subject to termination. I am a nurse so I can help to heal people, not help to kill. No health professional should be forced to choose between assisting abortions or being penalized at work. I and the other nurses have a legal right not to assist with abortion cases. Supervisors have explicitly told us we are required to assist abortion cases against our beliefs, and we have asked the hospital to change its position but they refuse to do so. The hospital should not be allowed to break the law, or to violate my legal right not to be forced to help kill babies in the womb.

### Nurse administrator: "You don't have a choice"

**Heather S., IN:** I am a Registered Nurse currently employed at an outpatient podiatry surgery center. Last week, I was told by my administrator that OB/GYN Doctors had signed on to perform surgeries at our center. There is a very large Catholic Hospital across the street that specializes in OB/GYN services. So it was very strange that these doctors would come to our small podiatry center. Our administrator stated there was a possibility abortions would be performed at our surgery center. Three of the four nurses stated they wouldn't assist with abortions due to convictions/ethical beliefs. Our administrator responded with "if you have a problem assisting with abortions, we have no place for you here." She stated "As nurses, you don't have a choice!"<sup>xlviii</sup>

### Nursing student files complaint with HHS over Vanderbilt abortion training mandate

**News release:** The Alliance Defense Fund filed a complaint on January 22, 2011 with the Department of Health and Human Services against Vanderbilt University for requiring nursing residents to participate in abortion procedures. Vanderbilt receives more than \$300 million in federal tax dollars each year, and federal law prohibits grant recipients from forcing students or health care workers to participate in abortions contrary to their religious beliefs or moral convictions. ADF attorneys filed the complaint on behalf of a fourth-year nursing student at another university who wishes to apply to Vanderbilt's nurse residency program but is unable to do so because the admission forms require her to promise to participate in abortions.<sup>xlix</sup>

## Cytogenetic technician resigns over medical college counseling parents to abort

**Michael Guldan, D.D.S.:** Before I was ever accepted to attend dental school at Marquette University School of Dentistry, I worked at Baylor College of Medicine in Houston as a Cytogenetic Technician. Our Job was to discover malformation in the human genome. When or if we did, the case would be presented to a panel of physicians who would discuss how they would inform the injured parties ( parents of the unborn child ) how important it was for them to terminate their pregnancy because of the tremendous financial strain this child would put on them and society their entire lives. I spoke out in my letter of resignation as to why the panel was not giving the people who desired their child a chance to live, and how wrong this thinking was. This was in 1982.<sup>i</sup>

## Nurse fired for speaking out against hospital's abortion policies

**News report:** "Jill Stanek, an outspoken nurse who spoke out against the abortions performed at Christ Hospital in Oak Lawn where she worked, was fired Friday. Stanek reported to work at the hospital Friday night, her first day back after a two-week vacation. When she arrived, her manager and the human resources department head told her she no longer had a job, Stanek said."<sup>ii</sup>

**Jill Stanek, RN:** "Regarding my termination, after having spoken with my attorneys I can say at this point that my firing was solely related to my speaking out against Christ Hospital's abortion policies. It was a wrongful termination."<sup>iii</sup>

## Nurse fired from county health position for pro-life views

News report: "A Salem nurse is suing Marion County, claiming her views on abortion clashed with her supervisors and led to harassment and a wrongful termination. The lawsuit by Janice Turner, a Marion County nurse for a decade, has the backing of the Rutherford Institute, a Virginia-based civil liberties organization that defends constitutional and human rights. Turner contends that her supervisor, who supports abortion rights, harassed her, called her an incomplete nurse because she would not talk with clients at the county's clinic about emergency contraception, and targeted her position for elimination under the guise of budget cuts."<sup>iiii</sup>

## Nurse fired over free speech testimony

Nurses' organization report<sup>lv</sup>: "Working in a neonatal ICU part time, Linda Carl was a vocal patient advocate. Her activities included testimony before the state legislature and before the courts as an expert witness. In 1992, her employer terminated her. Nurse Carl charged that her termination had been directly related to her testimony before a District of Columbia Council. She had made statements in that testimony on proposed tort reform. Her position statements were in conflict with the standing policy of the hospital. She also cited expert testimony she had given for plaintiffs in medical malpractice cases as contributing factors. She claimed that by firing her, the hospital had denied her basic rights to freedom of expression."

### Nurse practitioner terminated over abortion referral issue

**Stanley Koleszar, CRNP:** "I am a Family Nurse Practitioner who has been discriminated because of my beliefs on the job. I do not refer patients for abortions, and at my previous place of employment I was reprimanded for doing this, and then placed on probation. I was told I was not a good fit for the company and that I had better look for a job elsewhere because I was going to lose mine. In all of this I repeatedly asked if there was something I needed to do to improve, if I was doing something wrong and if I needed to grow in certain clinical areas. I was told that this was not the case and that we just did not work together. I believed that this was probably a violation of my contract with them, but I really don't want to work at a place where people don't want me."<sup>lv</sup>

### Nurse practitioner fired for advocating food for dying patient

**Martha M.:** "I was working as a nurse practitioner at a local hospital, new graduate with a large physician group. Two months into my new position I was told that a woman was dying and her family evidently had the audacity to want her fed. I commented that if she was dying, what harm would it do to provide basic necessities like food and water? I was told that if she did not get it, she would die sooner, that being the goal. I then questioned if that was our job. I was then forced to call the gastroenterologist about tube feeding placement, who scoffed at my request, and I had no details as this was not my patient--it was just for my humiliation.

"Later than evening, the internist was commenting on my good rapport with patients, good documentation and overall good job. Next day I was out of a job. Very hard on a new grad to be fired. They had multiple excuses."<sup>lvi</sup>

### Nurse disdained for pro-life views, leaves nursing over baby care issues

**Patricia S.:** "I worked as an RN on the labor and delivery floor of a hospital in Key West in the late 80s. I was treated with disdain by the staff because I did not assist with abortions. I had patients I didn't even know who unloaded on me about being against abortion from what they'd been told by the staff while I was off duty. I would have to listen in during morning report when they would discuss how they would handle the new abortion patient coming in that day so that 'this one wouldn't hear her baby cry.'

"A previous baby had survived an abortion and lived in a crib on the L&D floor until it was a year old. At that point, the doctor who delivered it took it home overnight and it came back with a respiratory infection that killed it. I have since left nursing from that sort of thing. There is a shortage of nurses as it is. Healthcare can't afford to lose more, which is what will happen if nurses are forced to commit murder in order to keep their job."

### Pharmacist fired by Kmart over abortifacient prescription decision

News report: "Pharmacist Karen Brauer sued Kmart on Thursday, saying she was fired for refusing to sell an abortion-inducing birth-control pill. That violated her rights, she said, because Ohio bars disciplinary action against anyone who refuses to "participate in medical procedures which result in abortion." In December 1996, she told a Delhi Township customer that Micronor was out of stock rather than fill a prescription. The customer learned otherwise and complained.

Ms. Brauer's district manager tried to save her job but he was overruled. Kmart told her to sign a pledge to fill any legal prescription or be fired. Rather than concede, she wrote, 'In order to live in accordance with the dictates of my conscience, I must refuse to dispense prescriptions with a major abortifacient mechanism of action.'<sup>lvii</sup>

### Pharmacists told by AMA they must refer patients for abortifacients

American Medical Association (AMA): In June 2008, the AMA reaffirmed its position taken the previous year stipulating that "Our AMA reaffirms our policies supporting responsibility to the patient as paramount in all situations and the principle of access to medical care for all people; and supports legislation that requires individual pharmacists or pharmacy chains to fill legally valid prescriptions or to provide immediate referral to an appropriate alternative dispensing pharmacy without interference."<sup>lviii</sup>

### Pharmacist visited by police after conscientious objection to contraceptive

**Neil Noesen, PharmD** (candidate): "In July, 2002 I was working as an independent contracting pharmacist at a community pharmacy in Menomonie, WI. On July 6, 2002, I made a conscientious objection to participation in refilling a contraceptive order and also in transferring that same contraceptive order to another pharmacy. On July 7, 2002, two police officers accompanied the same patient to the pharmacy but did not take any action other than requesting my current mailing address. I again refused participation in aiding that patient to obtain her hormonal contraceptive.

"In a letter dated October 2, 2002, the Wisconsin Pharmacy Examining Board's Final Decision and Order detailed a reprimand, a \$250 forfeiture, \$300 in costs, and an order that 'if the Board determines that there is probable cause to believe that respondent has violated any term of this Final Decision and Order, the Board may order that the license of respondent be summarily suspended pending investigation of the alleged violation.'<sup>lix</sup>

### Pharmacists and owners forced by Illinois to dispense abortifacients

American Center for Law and Justice web site: "The ACLJ is co-counsel for two pro-life pharmacy owners in Illinois who have sued the Governor and other state officials over a 2005 administrative regulation that coerces pro-life pharmacists into dispensing Plan B, the so-called 'morning-after pill.' The lawsuit asks that the regulation, which provides for license revocation and steep fines for religiously-based refusals to dispense, be struck down as violative of the First Amendment, the Illinois Health Care Right of Conscience Act, and the Illinois Religious Freedom Restoration Act. The trial court dismissed the lawsuit and a divided Court of Appeals affirmed that dismissal on the grounds that the lawsuit was not 'ripe' for adjudication because the pharmacists had not yet actually suffered any concrete harm from the regulation. The Illinois Supreme Court granted review of the case."<sup>lx</sup>

### Pharmacist forced out by state anti-conscience decree

**David L. Scimio, RPh.:** "In May 2005, my professional career as a community pharmacist in the state of Illinois took a dramatic change. I worked for a retail grocery store chain which included a pharmacy for almost 20 years. Following Gov. Blagojevich's executive order, which forced

pharmacies to dispense emergency contraception (Plan B), my practice of pharmacy was forced to change by an action which contradicted the State of Illinois Conscience law. For a year following the executive order I worked to overturn the action in the courts in Illinois. I was blocked from doing so because I had not experienced a consequence of the action.

"I eventually had to leave the State of Illinois and leave community pharmacy practice because of the inability to exercise my conscience rights. Many of my fellow pharmacists in Illinois were fired and after four years are still fighting legal battles in the courts. All this despite the law in Illinois protecting health care professionals. Please protect medical professionals from having to violate their conscience in order to practice in their chosen professions."<sup>lxi</sup>

### **EMT fired over abortion transport**

News report: "In a case that has attracted national attention, a lawsuit has been filed against an ambulance service that fired a worker who refused to transport a woman to an abortion center. The American Center for Law and Justice filed a federal suit against Superior Ambulance Service, an Illinois company, claiming that company officials violated Stephanie Adamson's rights by firing her for her religious beliefs. In August 2003, Adamson responded to a non-emergency call at Mt. Sinai Hospital. There, she was instructed to transport a woman to an abortion center near Cook County Hospital to have an abortion. Once Adamson confirmed the nature of the assignment, she made it clear that she could not aid a woman to have an abortion because of her pro-life religious beliefs."<sup>lxii</sup>

### **Secretary refused employment by county because of abortion stance**

Court case: "Plaintiff, a part-time secretary in DeKalb [County's] WIC program, applied for a position as a full-time secretary. During the interview process, plaintiff, who is bilingual, was asked if she would be able to translate for Family Planning, another program of DeKalb, and specifically if she would be able to translate the option of abortion as an option for an unwanted pregnancy. Plaintiff said she would find it very difficult to do this because of her moral and religious beliefs against abortion. On September 4, 2002, Zucher advised plaintiff she had not been hired for the full-time position because of her stand on abortion.

"Defendant's motion to dismiss is granted as to the claims under 42 U.S.C. § 300a-7, the Title VII claims against the individual defendants, and the official capacity claims against the individuals under Section 1983. The claims for punitive damages against DeKalb County are stricken. Otherwise, defendants' motion to dismiss is denied."<sup>lxiii</sup>

## **Discrimination against institutions, employers and others**

Government-funded hospital drafts guidelines to require abortion option and referral [institution name withheld pending review of draft document] College of Medicine "Faculty Professionalism Guideline" draft June 2008: "Do not abandon a patient. If you are unable or unwilling to continue care, you must assist in referring the patient to another competent practitioner willing to care for the patient. You are not required to perform procedures (e.g., elective abortions, termination of medical treatment) that you personally believe are unethical,

illegal or may be detrimental to patients. You have an obligation, however, to respectfully inform patients and their families of all available treatment options that are consistent with acceptable standards of medical care."

This Guideline violates the Hyde-Weldon Amendment, which prohibits the federal government and any state or local government receiving funding under the Act from "subject[ing] any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage for, *or refer for* abortions" (emphasis added).

### Catholic hospitals must provide abortifacient or face fine

Online news report: "A new Oregon law requires all state hospitals, including Catholic hospitals, to tell sexual assault victims about 'emergency contraceptives,' their option to receive them, and to provide the drugs when requested. The new law, HB 2700, was supported by state public health officials and went into effect the first day of this year. This past Monday the Oregon Department of Human Services filed the rules to enforce the new law, reports The Oregonian. The state has also produced a series of fliers and posters to inform patients about their 'right' to be informed about and to receive 'emergency contraception.' Any institution that fails to follow the law could receive a fine of up to \$1,000.

"Because the morning after pill alters the uterine wall lining to prevent the implantation of the fertilized ovum (embryo), a 2000 statement from the Pontifical Academy for Life noted that the pill 'is really nothing other than a chemically induced abortion.' Consequently, from the ethical standpoint the same absolute unlawfulness of abortifacient procedures also applies to distributing, prescribing and taking the morning-after pill. 'All who, whether sharing the intention or not, directly co-operate with this procedure are also morally responsible for it,' adds the document.<sup>lxiv</sup>

### Employer forced to add contraceptives to health insurance plan

News report: "Bartell Drug Co. must include contraceptives for women in its employee health insurance plan, a federal judge ruled Tuesday. U.S. District Judge Robert S. Lasnik issued a summary judgment for Jennifer Erickson in her widely watched lawsuit against Bartell, the first federal challenge to employers who don't cover birth control. 'Although the plan covers almost all drugs and devices used by men, the exclusion of prescription contraceptives creates a gaping hole in the coverage offered to female employees, leaving a fundamental and immediate health care need uncovered,' Lasnik wrote."<sup>lxv</sup>

### Legal foundation cases show threats to conscience in healthcare

Life Legal Defense Foundation: "In *Crone v. Resurrection Health Care Corp.* (Ill.), a psychiatric nurse is suing for wrongful termination; her rights as a conscientious objector were violated for refusing to dispense "day-after" pill. *Catholic Charities v Sacramento Superior Court* challenged the 1999 Women's Contraceptive Equity Act; the Court of appeal denied Catholic Charities' petition, ruling the law didn't interfere with Catholic Charities' religious freedom. In *Kelly v. County of Orange* (Calif.), Nurse Karen Kelly was fired for not violating her pro-life convictions."<sup>lxvi</sup>

## Catholic hospitals targeted by pro-abortion groups for funding cutoff

Online news report: "Catholic hospitals could face legal challenges if they do not allow abortions and contraception, according to pro-abortion advocacy groups in reports released on Tuesday. The American Civil Liberties Union (ACLU) and MergerWatch said in separate reports that if the 618 Catholic hospitals in the US don't change their policies, politicians should cut them off from public funding."<sup>lxvii</sup>

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<sup>i</sup> A useful summary of existing conscience protections can be accessed online at <http://www.usccb.org/prolife/issues/abortion/crmay08.pdf>.

<sup>ii</sup> Several conscience-impacting federal statutes have been suggested as requiring clarification of ambiguous language: the Church amendment of 1973 (provisions of 42 USC §300a-7); the 1996 statute on residency training, (42 USC §238n); and the conscience exemption to the contraceptive mandate in FEHBP (1999 Treasury/Postal appropriations bill et seq.).

<sup>iii</sup> A Title X requirement for grant recipients to refer for abortion, for example, directly conflicts with the Weldon Amendment with respect to institutions. Even Clinton HHS Secretary Donna Shalala asserted that Title X recipients opposed to abortion referrals would be protected under existing Church amendment provisions (see Rules And Regulations, Department Of Health And Human Services, 42 CFR Part 59 [RIN: 0940-AA00], "Standards of Compliance for Abortion-Related Services in Family Planning Services Projects")

The Secretary noted, "The corollary suggestion, that the requirement to provide options counseling should not apply to employees of a grantee who object to providing such counseling on moral or religious grounds, is likewise rejected. In addition to the foregoing considerations, such a requirement is not necessary: under 42 U.S.C. 300a-7(d), grantees may not require individual employees who have such objections to provide such counseling." Yet by refusing to state in the Title X regs that abortion referral may not be required, Secretary Shalala effectively enforced such a requirement. That same anti-conscience Title X requirement remains in practice today and should be clarified before the next administration assumes power.

<sup>iv</sup> Personal emails and phone calls to Christian Medical Association from Dr. Shelly Phillips, April 24-May 29, 2008.

<sup>v</sup> Letter from Dr. Thompson to The Honorable Michael O. Leavitt, July 23, 2008.

<sup>vi</sup> Personal email from "Dr. K" to Christian Medical Association, September 15, 2010.

<sup>vii</sup> Story submitted at [www.Freedom2Care.org](http://www.Freedom2Care.org), January 8, 2011.

<sup>viii</sup> Personal email to Christian Medical Association from Vicki L. Duncan, MD FACOG, October 7, 2006.

<sup>ix</sup> Story submitted at [www.Freedom2Care.org](http://www.Freedom2Care.org), April 6, 2009.

<sup>x</sup> Story submitted at [www.Freedom2Care.org](http://www.Freedom2Care.org), January 8, 2011.

<sup>xi</sup> Story submitted at [www.Freedom2Care.org](http://www.Freedom2Care.org), January 2011.

<sup>xii</sup> Personal email to Christian Medical Association from Jeffrey A. Keenan, October 10, 2006.

<sup>xiii</sup> "Backus Psychiatric Care Criticized In State Reviews, Cited For Inadequate Evaluations And Care, Aggressive Restraint," *New London Day*, December 14, 2003.

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