

Real-life examples of discrimination in healthcare

Introduction.....	3
Discriminating against Physicians	3
Ob-Gyn physicians face loss of certification over abortion stance.....	3
Family medicine physician forced out over contraceptives for unmarried patients	4
Military physician forced to refer for abortions.....	4
Ob-Gyn physician's malpractice insurer insists on lesbian insemination	4
Physician pressured to resign over Hippocratic approach to medicine	5
In-vitro physician faced ethics charges for embryo-saving stance	5
Psychiatrist fired for critiquing patient care at hospital	5
Ob/Gyn resident "blackballed" for Catholic views.....	6
Family medicine physician deemed "too Catholic" for medical license	6
Resident physician fired for teaching on abortion complications.....	6
Ob-Gyn residents in NYC required to take abortion training or risk opt-out reprisal	7
Ob-Gyn physician reamed out over refusal to perform abortion.....	7
Medical professor threatened with job loss over abortifacients.....	7
Ob-Gyn intern loses privileges for refusing to perform abortions.....	8
Anesthesiologist must anesthetize for abortion as employment condition.....	8
Charitable care physicians denied access to Planned Parenthood patients.....	8
Physicians stress loving communication when not accommodating patient requests	8
Physicians in WI would be required under bill to refer for assisted suicide.....	8
Discriminating against medical students	9
Dept. chair: "We always choose the one who will do abortions."	9
Ob-Gyn Dept. Chairmen: Abortion required for residency	9
Student experiences discrimination over abortion, unaware of protection laws	9
Journal article: Medical schools discriminating against pro-life, religious applicants	10
Medical student afraid to pursue Ob-Gyn career due to abortion pressure	10
Medical student charged by professor with "abandonment" for no abortion referral.....	11
Medical student castigated for pro-life views, shown aborted baby.....	11
Asst. Dean: "Someone like that won't get into my medical school"	11
Student changes Ob-Gyn goal when told abortion objectors not welcome	11
Student assigned to abortion procedure without notification or consideration.....	12
Residents opting out of abortion "hazed"	12
Student leaves nursing college over pressure	12
Evolution belief required for students' med school recommendation.....	12
Discriminating against other professionals	12
Nurse administrator: "You don't have a choice"	12
Nurse fired for speaking out against hospital's abortion policies	13
Nurse fired from county health position for pro-life views	13
Nurse fired over free speech testimony	13
Nurse practitioner terminated over abortion referral issue	13
Nurse practitioner fired for advocating food for dying patient.....	14
Nurse disdained for pro-life views, leaves nursing over baby care issues.....	14
Pharmacist fired by Kmart over abortifacient prescription decision	14
Pharmacists told by AMA they must refer patients for abortifacients.....	14

Pharmacist visited by police after conscientious objection to contraceptive.....	15
Pharmacists and owners forced by Illinois to dispense abortifacients.....	15
Pharmacist forced out by state anti-conscience decree.....	15
EMT fired over abortion transport.....	16
Secretary refused employment by county because of abortion stance	16
Discriminating against institutions, employers and others	16
Government-funded hospital drafts guidelines to require abortion option and referral ...	16
Catholic hospitals must provide abortifacient or face fine	17
Employer forced to add contraceptives to health insurance plan	17
Legal foundation cases show threats to conscience in healthcare	17
Catholic hospitals targeted by pro-abortion groups for funding cutoff	17

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 rightsⁱ 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 statutoryⁱⁱ and regulatoryⁱⁱⁱ 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.

Discriminating 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 has not clarified in writing that the new ACOG policy will 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.^{iv}

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.^v

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."^{vi}

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."^{vii}

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."^{viii}

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."^{ix}

Saafa Hakim^x: "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 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."^{xi}

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."^{xii}

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."^{xiii}

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."^{xiv}

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."^{xv}

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)."^{xvi}

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.'"^{xvii}

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."^{xviii}

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."^{xix}

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."^{xx}

Physicians in WI would be required under bill to refer for assisted suicide

Senate Bill 151 & Assembly Bill 298 (Introduced April, 2007): "(9) If the attending physician refuses to fulfill the requester's request for medication under this chapter, the attending physician shall make a good faith attempt to transfer the requester's care and treatment to another physician who will act as the attending physician under this chapter and will fulfill the requester's request for medication. If a transfer is made, the attending physician to whom the requester's care and treatment is transferred shall comply with the requirements of this section."

Discriminating against medical students

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."^{xxi}

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."^{xxii}

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."^{xxiii}

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."^{xxiv}

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?"^{xxv}

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."^{xxvi}

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."^{xxvii}

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.'^{xxviii}

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."^{xxix}

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."^{xxx}

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."^{xxxi}

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.^{xxxii}

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."^{xxxiii}

Discriminating against other professionals

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!"^{xxxiv}

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."^{xxxv}

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."^{xxxvi}

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."^{xxxvii}

Nurse fired over free speech testimony

Nurses' organization report^{xxxviii}: "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."^{xxxix}

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."^{xl}

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.'"^{xli}

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."^{xlii}

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.'"^{xliii}

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."^{xliv}

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 over turn 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. ^{xliv}

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. ^{xlvi}

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. ^{xlvii}

Discriminating 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.^{xlviii}

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.^{xlix}

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."^l

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."^{li}

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

ⁱⁱ 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.).

ⁱⁱⁱ 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.

^{iv} Personal emails and phone calls to Christian Medical Association from Dr. Shelly Phillips, April 24-May 29, 2008.

^v Letter from Dr. Thompson to The Honorable Michael O. Leavitt, July 23, 2008.

^{vi} Personal email to Christian Medical Association from Vicki L. Duncan, MD FACOG, October 7, 2006.

^{vii} Story submitted at www.Freedom2Care.org, April 6, 2009.

^{viii} Personal email to Christian Medical Association from Jeffrey A. Keenan, October 10, 2006.

^{ix} "Backus Psychiatric Care Criticized In State Reviews, Cited For Inadequate Evaluations And Care, Aggressive Restraint," *New London Day*, December 14, 2003.

^x Personal email to Christian Medical Association from Saafa Hakim, October 7, 2006.

^{xi} Personal email to Christian Medical Association from "PH," October 7, 2006.

^{xii} "'Humanae Vitae' changes course of resident doctor's practice," *Catholic Key*, April 9, 2004.

^{xiii} Personal email to Christian Medical Association from a physician requesting anonymity, October 7, 2006.

^{xiv} "NYC to Require Abortion Training," AP, Apr 4, 2002.

^{xv} Personal email to Christian Medical Association from Sandy Christiansen, MD, October 24, 2006.

^{xvi} Personal email to Christian Medical Association from Dr. Rebecca Lavy, October 07, 2006.

^{xvii} Personal email to Christian Medical Association from Sandy Christiansen, MD, October 24, 2006.

^{xviii} Personal email to Christian Medical Association from Frank Block, Jr., MD, October 08, 2006.

^{xix} Personal email to Christian Medical Association from Charles Bruerd, DO, October 08, 2006.

^{xx} Personal email to Christian Medical Association from Gregg R. Albers, MD, October 8, 2006.

^{xxi} Personal email to Christian Medical Association from Matt Anderson, MD, April 4, 2009.

^{xxii} Story submitted at www.Freedom2Care.org, March 29, 2009.

^{xxiii} Story submitted at www.Freedom2Care.org, March 21, 2009.

^{xxiv} "Religious Discrimination in the Academy," by Albert E. Gunn, Esq., M.D. *Eutopia*, Vol. 2 No. 5: March/April 1998. This article references Gunn, A.E.; Zenner G.O. Jr.; "Religious Discrimination in the Selection of Medical Students: A Case Study" *Issues in Law and Medicine*; 11(4) Spring 1996, 363-378. Available on the Internet at <http://www.med.uth.tmc.edu/temp/issues.htm>.

^{xxv} Personal email to Christian Medical Association from Trevor K. Kitchens, April 22, 2008.

^{xxvi} Personal email to Christian Medical Association from J. Wesley Earley, April 27, 2008

^{xxvii} Personal email to Christian Medical Association from Mark J. Heulitt, October 07, 2006.

^{xxviii} Story submitted at www.Freedom2Care.org, April 10, 2009.

^{xxix} Story submitted at www.Freedom2Care.org, April 9, 2009.

^{xxx} Story submitted at www.Freedom2Care.org, March 16, 2009.

^{xxxi} Story submitted at www.Freedom2Care.org, April 9, 2009.

^{xxxii} Story submitted at www.Freedom2Care.org, March 20, 2009.

^{xxxiii} "Justice Department closes religious discrimination inquiry at Texas Tech University; Requirement That Students Affirm Personal Belief in Evolution Dropped in Revised Policy," DOJ news release April 22, 2003.

^{xxxiv} Story submitted at www.Freedom2Care.org, March 19, 2009.

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- ^{xxxv} "Anti-abortion activist nurse fired from hospital job," The Daily Southtown, September 2, 2001.
- ^{xxxvi} Personal email from Nurse Jill Stanek September 4, 2001. (Jill's experience with born-alive infants led to passage of federal legislation.)
- ^{xxxvii} "Nurse sues Marion County over termination; Janice Turner says her views on abortion led to her dismissal," (Oregon) Statesman Journal, February 12, 2002.
- ^{xxxviii} "Nursing Malpractice/Liability Case of the Week: *Carl v. Children's Hosp.* - 702 A. 2d 159 - DC (1997), Nurses Protection News, April 26, 1998, <http://www.npg.com/npg/case0426.htm>.
- ^{xxxix} Personal email to Christian Medical Association from Stanley L Koleszar, October 10, 2006.
- ^{xl} Story submitted at www.Freedom2Care.org, April 8, 2009.
- ^{xli} "Refusal to sell abortion pill meant firing, suit says," The Cincinnati Enquirer, August 13, 1999 http://enquirer.com/editions/1999/08/13/loc_refusal_to_sell.html
- ^{xlii} AMA Policy H-120.947 (AMA Policy Database), "Preserving Patients' Ability to Have Legally Valid Prescriptions Filled." (Sub. Res. 6, A-05; Appended: BOT Rep. 18, I-06.)
- ^{xliiii} Statement of Neil Noesen, PharmD (cand.), 20 November, 2003, accessed on the Internet 7/1/2008 at <http://www.consciencelaws.org/Repression-Conscience/Conscience-Repression-33.htm>.
- ^{xliiv} Re: *Morr-Fitz, et al. v. Blagojevich, et al.* Accessed on Internet 7/1/2008 at <https://www.aclj.org/TrialNotebook/Read.aspx?ID=599#>.
- ^{xlv} Story submitted at www.Freedom2Care.org, March 25, 2009.
- ^{xlvi} "Fired EMT Sues after Refusing to Transport Woman for Abortion," LifeNews.com - <http://www.lifenews.com/nat503.html>.
- ^{xlvii} *Moncivaiz vs. Dekalb*, (03 C 50226), United States District Court For The Northern District Of Illinois, March 12, 2004, Decided. 2004 U.S. Dist. LEXIS 3997.
- ^{xlviii} "New Oregon Law Requires Hospitals to offer Sexual Assault Victims 'Emergency Contraceptives;' Law forces Catholic hospitals to offer possible abortifacients," LifeSiteNews.com, March 6, 2008
- ^{xlix} "Federal judge rules employer must include contraceptives in health insurance plan," AP, June 12, 2001.
- ¹ Life Legal Defense Foundation *Lifeline* newsletter, Winter 2001 (vo. X, No. 6), accessed online at www.lldf.org on June 30, 2007.
- ⁱⁱ "Catholic Hospitals Targeted By Pro-Abortion Groups," CWNews.com, Jan 22, 2002.