

**Amendment 2967 – To ensure health care providers are not forced to participate in abortions or discriminated against because they choose not to perform abortions.**

It is important that this health care bill not use the force of the federal government to require health care providers to violate their deeply held moral, ethical or religious beliefs or discriminate against them because they choose to exercise their consciences and not be involved with abortion.

This amendment would protect health care providers from being required or coerced to perform abortions.

**This Amendment Would Protect Health Care Providers from Being Forced to Perform Abortions**

A Federal agency or program, and any State or local government, or institutional health care entity that receives Federal financial assistance under this bill (or other laws modified by the bill) shall not (1) subject any individual or institutional health care entity to discrimination; or (2) require any health care entity that is established or regulated under this bill (or other laws modified by the bill) to subject any individual or institutional health care entity to discrimination, on the basis that such health care entity does not provide, pay for, provide coverage of, or refer for abortions.

The term health care entity is defined (consistent with the Hyde/Weldon federal conscience protections in current law) to include an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, a plan sponsor, a health insurance issuer, a qualified health plan or issuer offering such a plan, or any other kind of health care facility, organization, or plan.

Health care entities facing discrimination will have someplace to turn, because the Office for Civil Rights at the Department of Health and Human Services is designated to receive complaints of abortion conscience discrimination, and coordinate the investigation of such complaints.

## **This Amendment Mirrors Protections in the House-passed Health Care Bill and Other Current Laws for Other Federal Programs**

A provision in the underlying Reid bill is clarified to express that while *other* federal conscience laws are not affected by this bill, the amendment will affect conscience protections on abortion in this new health care structure.

The closest parallel to this amendment in current law, the Hyde/Weldon amendment, only applies to funds appropriated by the Labor/HHHS appropriations act. Because the health care reform legislation appropriates much of its own funding, an amendment is needed to bring it into line with all other major federal health programs.

This amendment mirrors what has already been readily accepted by the House and is now sec. 259 of the House health care reform bill. The House amendment was accepted by voice vote in the House Energy and Commerce Committee, chaired by Rep. Henry Waxman (D-CA), as a noncontroversial amendment.

## **Conscience Protections Are Necessary to Ensure Health Professionals Participate in Health Insurance Plans**

Congress has passed three laws (Church Amendments, Coats Amendment, and the Hyde/Weldon Amendment) over the past 35 years protecting conscience rights for healthcare workers, especially with regard to abortion; however, the new healthcare legislation before us does not contain adequate conscience protections for healthcare workers.

Conscience is about choice. Health-care professionals should not be forced to engage in an action that they see as unethical or immoral, especially the taking of a human life.

No one should be forced to have an abortion, and no one should be forced to be an abortionist in violation of his or her moral, religious, or ethical convictions.

Federal funds directly, or through State or local governments, or any healthcare plans created or mandated by Congress, should not be used to pressure healthcare workers to engage in abortion activities they oppose.

Physicians and other health care providers are professionals who constantly make judgments based on both medical expertise *and* ethical standards. The foundational

principle of medical ethics is “*first, do no harm.*” Many American physicians and providers have ethical concerns with certain medical services because they may pose harm to their patients. For example, the Hippocratic Oath clearly repudiates abortion—abortion causes serious harm to both unborn children and the women involved. Women can suffer significant short-term and long-term complications from abortion, including cervical lacerations, hemorrhage, serious infection, and future pre-term birth and placenta previa. Abortion can also cause serious psychological harm to women, including major depression, anxiety disorders, and Post-Abortion Syndrome.

Religious liberty and freedom of conscience have been building blocks of our society since its founding. We respect conscientious objection for those opposed to war, physicians opposed to taking part in capital punishment, and others who object to involvement in the taking of life. We can do no less in the context of abortion.

Conscience protection does not threaten access to health care. Allowing health care providers to serve the public without violating their consciences protects and enhances access to health care, by ensuring continued participation by some of our most dedicated health professionals. Catholic and other faith-based providers are specially called to serve the poorest and most vulnerable, from the inner city to remote rural areas – if they are driven away, who will replace them?

Abortion, in particular, cannot be seen as “standard” health care. Most physicians, nurses and hospitals choose not to provide abortion, and the Hippocratic Oath that established medicine as a profession has rejected abortion for many centuries.

It should be up to the healthcare worker as to what does or does not violate his or her conscience in regards to abortion, not up to Congress or the Secretary of Health and Human Services.

51% of Americans consider themselves “pro-life,” according to a May 2009 Gallup poll.<sup>1</sup> 88% of American adults surveyed said it is either “very” or “somewhat” important to them that they enjoy a similar set of morals as their doctors, nurses, and other healthcare providers.<sup>2</sup> This will become harder and harder for over half of all Americans if providers who have objections to providing abortions are forced out of their practices.

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<sup>1</sup>“More Americans ‘Pro-Life’ Than ‘Pro-Choice’ for First Time,” Gallup.com, May 15, 2009  
<http://www.gallup.com/poll/118399/more-americans-pro-life-than-pro-choice-first-time.aspx>.

<sup>2</sup> The Polling Company/ Woman Trend, April 8, 2009,  
[http://www.freedom2care.org/docLib/20090407\\_090408SurveyPressPacket.pdf](http://www.freedom2care.org/docLib/20090407_090408SurveyPressPacket.pdf).

This amendment is necessary to provide abortion conscience protections in new health care reform legislation and is consistent with current conscience laws.

### **Health Care Reform Should Not Override Long-standing Conscience Protections**

The oldest and most extensive conscience law, first enacted by Congress in 1973, helps ensure that health care personnel with moral or religious objections to abortion or sterilization (or, in some contexts, other medical or research activities) are not discriminated against by entities receiving certain kinds of federal grants. It also forbids health care entities that receive certain federal grants or contracts to discriminate in training and employment against health professionals or applicants for study because they are willing *or* unwilling to participate in abortion or sterilization (Church amendment, 42 USC § 300a-7).<sup>3</sup>

The second law, enacted in 1996, forbids federal agencies, and state or local governments receiving federal funds, to discriminate against health care providers and health training programs because they do not provide abortions or abortion training (Coats/Snowe amendment, 42 USC § 238n).<sup>4</sup>

The third law, part of the Labor/Health and Human Services appropriations bill every year since 2004, forbids federal funding under that bill for government bodies which discriminate against health care providers and insurers not involved in abortion (Hyde/Weldon amendment).<sup>5</sup>

This law states: “None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.”

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<sup>3</sup> United States Conference of Catholic Bishops, “Questions and Answers: Defending the Conscience Rights Regulation,” Undated but, based on content, likely posted between January and April 2009, [http://www.usccb.org/conscienceprotection/q\\_and\\_a.shtml](http://www.usccb.org/conscienceprotection/q_and_a.shtml).

<sup>4</sup> United States Conference of Catholic Bishops, “Questions and Answers: Defending the Conscience Rights Regulation,” Undated but, based on content, likely posted between January and April 2009, [http://www.usccb.org/conscienceprotection/q\\_and\\_a.shtml](http://www.usccb.org/conscienceprotection/q_and_a.shtml). Full texts of these laws at [www.usccb.org/prolife/Dec08fedconslaws.pdf](http://www.usccb.org/prolife/Dec08fedconslaws.pdf).

<sup>5</sup> United States Conference of Catholic Bishops, “Questions and Answers: Defending the Conscience Rights Regulation,” Undated but, based on content, likely posted between January and April 2009, [http://www.usccb.org/conscienceprotection/q\\_and\\_a.shtml](http://www.usccb.org/conscienceprotection/q_and_a.shtml).

It is imperative that strong conscience protections be extended to the new health care system and new regulations on existing health care providers created in the underlying health care reform bill.

It is also important that this bill not override long-standing protections already in federal law and that the text of the bill explicitly indicates its non-overriding intent.

This amendment accomplishes both of these tasks.

### **There Are Numerous Examples of Coercion Against Health Care Providers to Be Involved with Abortion Despite Their Ethical and Moral Objections**

There is a clear need to include conscience protections in health care reform.

Freedom of conscience should be a constitutionally protected right for all Americans. Unfortunately, there have been documented efforts to coerce individuals and institutions to perform abortions in Alaska, New Mexico, New Jersey and elsewhere.<sup>6</sup>

Other examples include:

- In May 2009, Cathy Cenzone-DeCarlo, an operating room nurse at Mount Sinai Hospital in New York, was forced to assist with a late-term abortion of a 22-week old unborn baby, against her stated and known religious objections to abortions. Mrs. Cenzone-DeCarlo says that she was forced to assist under the threat of disciplinary action, including possible termination and loss of her license. The hospital had known of her religious objections to abortion since 2004.<sup>7</sup>

According to an account of the incident in the *New York Post*:

“The married mother of a year-old baby was 30 minutes into her early-morning shift when she realized she had been assigned to an abortion. She begged her supervisor to find a replacement nurse for the procedure. The hospital had a six-hour window to find a fill-in, the [law]suit says.<sup>8</sup>

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<sup>6</sup>“Justices: ‘Quasi-public’ hospital must offer elective abortions,” *Associated Press*, November 21, 1997 and “Hospital, ACLU Reach Deal on Funds for Abortion Services,” *Associated Press*, November 3, 1999.

<sup>7</sup> “New York Catholic Nurse Forced To Assist In Abortion,” *The [Philadelphia] Bulletin*, August 3, 2009, <http://thebulletin.us/articles/2009/08/03/news/nation/doc4a7701d3c49fd298937354.txt>.

<sup>8</sup> Boniello, Kathianne, “Nurse ‘Forced’ to Help Abort,” *New York Post*, July 26, 2009, [http://www.nypost.com/p/news/regional/item\\_D2KWbS3h1t3uKzABrQxuoN](http://www.nypost.com/p/news/regional/item_D2KWbS3h1t3uKzABrQxuoN).

“Bosses told the weeping Cenzon-DeCarlo the patient was 22 weeks into her pregnancy and had preeclampsia, a condition marked by high blood pressure that can lead to seizures or death if left untreated. The supervisor ‘claimed that the mother could die if [Cenzon-DeCarlo] did not assist in the abortion.’”

According to her lawsuit, during her many years at Medical City in the Philippines, “Mrs. DeCarlo treated many patients with pregnancy complications, including many with preeclampsia. She gained extensive experience in managing such patients with the goal of preserving the life of both the woman and her unborn child. She gained knowledge of the pathologies that can arise in such patients and how to treat them. She saw that as long as they were properly monitored and medicated, patients could be successfully managed to a stage of pregnancy where the child could be delivered alive with a good chance of survival.”<sup>9</sup>

Cenzon-DeCarlo contended, based on her experience and the information from the doctor handling the case, that the Mount Sinai patient’s life was not in danger. She argued that the patient was not even on magnesium therapy, which is a medical requirement for preeclamptic patients in crisis, and that the patient did not have problems indicating an emergency.<sup>10</sup> She knew from experience that the mother had a diagnosis that she had personally treated in many women without any need to kill the child.<sup>11</sup>

Cenzon-DeCarlo later learned the scheduled abortion was labeled as a Category II procedure, which is a classification for procedures to take place within six hours. None of the doctors or hospital officials labeled the abortion as a Category I operation, one that is reserved for “patients requiring immediate surgical intervention for life or limb threatening conditions.” Thus, Cenzon-DeCarlo’s lawyers assert that there was plenty of time for another nurse to be found to assist in the abortion.<sup>12</sup>

The procedure performed on this unborn baby at 22-weeks gestation, was a dilation and evacuation (D&E) abortion, which the lawsuit described as one where “the

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<sup>9</sup> *Cenzon-DeCarlo v. The Mount Sinai Hospital*, U.S. District Court for the Eastern District of New York, July 17, 2009, <http://www.telladf.org/UserDocs/Cenzon-DeCarloComplaint.pdf>.

<sup>10</sup> *Cenzon-DeCarlo v. The Mount Sinai Hospital*, U.S. District Court for the Eastern District of New York, July 17, 2009, <http://www.telladf.org/UserDocs/Cenzon-DeCarloComplaint.pdf>.

<sup>11</sup> *Cenzon-DeCarlo v. The Mount Sinai Hospital*, U.S. District Court for the Eastern District of New York, July 17, 2009, <http://www.telladf.org/UserDocs/Cenzon-DeCarloComplaint.pdf>.

<sup>12</sup> “NY nurse threatened, forced to assist in late-term abortion,” Alliance Defense Fund Press Release, July 22, 2009, <http://www.adfmedia.org/News/PRDetail/2694>; “New York Catholic Nurse Forced To Assist In Abortion,” *The [Philadelphia] Bulletin*, August 3, 2009, <http://thebulletin.us/articles/2009/08/03/news/nation/doc4a7701d3c49fd298937354.txt>.

mother's cervix is dilated, and after sufficient dilation the mother is placed under anesthesia or sedation. The doctor then inserts grasping forceps through the mother's cervix and into the uterus. The doctor grips a part of the preborn child with the forceps and pulls it back through the cervix and vagina even after meeting resistance from the cervix. That friction causes the preborn child to tear apart. The process of evacuating the preborn child piece by piece continues until the child has been completely removed."<sup>13</sup>

Her lawsuit notes, "By being forced to participate in the abortion, Mount Sinai forced Mrs. DeCarlo to witness the killing of a 22-week-old preborn child by dismemberment. Because it was included in the requirements of her nursing duties as an assistant on the case, Mount Sinai forced Mrs. DeCarlo to watch the doctor remove the bloody arms and legs of the child from its mother's body with forceps. Because it was included in the requirements of her nursing duties as an assistant on the case, Mount Sinai forced Mrs. DeCarlo to view the bloody body parts of the 22-week-old preborn child in the specimen cup, to put saline in the cup, and to take it to the specimen area."<sup>14</sup>

Mrs. Cenzone-DeCarlo's lawsuit states that following the abortion the nurse was told by two supervisors to sign a statement agreeing to participate in abortions. If she refused to sign, they said she would no longer get overtime shifts. Over the next month, she was assigned to one overtime shift, instead of the eight or nine she was usually given.<sup>15</sup>

"I felt violated and betrayed," the nurse said. "I couldn't believe that this could happen. I emigrated to this country in the belief that here religious freedom is sacred," Cenzone-DeCarlo said. "Doctors and nurses shouldn't be forced to abandon their beliefs and participate in abortion in order to keep their jobs."<sup>16</sup> Mrs. Cenzone-DeCarlo is quoted as saying, "I still remember the baby's mangled body with twisted and torn arms, fingers, legs and feet. It felt like a horror film unfolding. I kept imagining

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<sup>13</sup> *Cenzone-DeCarlo v. The Mount Sinai Hospital*, U.S. District Court for the Eastern District of New York, July 17, 2009, <http://www.telladf.org/UserDocs/Cenzone-DeCarloComplaint.pdf>.

<sup>14</sup> *Cenzone-DeCarlo v. The Mount Sinai Hospital*, U.S. District Court for the Eastern District of New York, July 17, 2009, <http://www.telladf.org/UserDocs/Cenzone-DeCarloComplaint.pdf>.

<sup>15</sup> *Cenzone-DeCarlo v. The Mount Sinai Hospital*, U.S. District Court for the Eastern District of New York, July 17, 2009, <http://www.telladf.org/UserDocs/Cenzone-DeCarloComplaint.pdf>; Boniello, Kathianne, "Nurse 'Forced' to Help Abort," *New York Post*, July 26, 2009, [http://www.nypost.com/p/news/regional/item\\_D2KWbS3h1t3uKzABrQxuoN](http://www.nypost.com/p/news/regional/item_D2KWbS3h1t3uKzABrQxuoN).

<sup>16</sup> Boniello, Kathianne, "Nurse 'Forced' to Help Abort," *New York Post*, July 26, 2009, [http://www.nypost.com/p/news/regional/item\\_D2KWbS3h1t3uKzABrQxuoN](http://www.nypost.com/p/news/regional/item_D2KWbS3h1t3uKzABrQxuoN).

the pain this baby must have gone through while being torn apart with the forceps. It was devastating.”<sup>17</sup>

The lawsuit argues that under existing federal law, hospitals that receive federal funding cannot force employees to participate in abortions. Though Mount Sinai received over \$200 million in federal health dollars in 2007, and likely received similar sums in 2008 and 2009<sup>18</sup>, the hospital has filed a motion to dismiss the lawsuit saying that Mrs. Cenzone-DeCarlo has no right to sue them and require them to abide by federal conscience laws.<sup>19</sup>

- A lawsuit against the Valley Hospital Association, Inc., forced this private community hospital in Alaska to open its doors for late-term abortions.<sup>20</sup>
- As recently as 2002, NARAL embarked on a project in Maryland to “requir[e] Maryland hospitals to provide abortion” even though abortion violates the core principles of many of the religiously affiliated hospitals in the state.<sup>21</sup>
- In New Hampshire, a hospital merger that would have greatly benefited the community was stopped after abortion advocates approached the state attorney general to challenge it.<sup>22</sup>
- In New York, a Catholic-operated HMO was threatened with the loss of state contracts because it refused to provide abortion coverage.<sup>23</sup>
- The American Board of Obstetrics and Gynecology (ABOG) issued certification requirements for 2008 and 2009 that could lead to discrimination against obstetricians or gynecologists.<sup>24</sup> ABOG’s certification requirements reference an ethics report

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<sup>17</sup> Allott, Daniel and Bowman, Matt, “The Right of Conscience in the Age of Obama,” *The American Spectator*, November 18, 2009, <http://spectator.org/archives/2009/11/18/the-right-of-conscience-in-the/print>.

<sup>18</sup> *Cenzone-DeCarlo v. The Mount Sinai Hospital*, U.S. District Court for the Eastern District of New York, July 17, 2009, citing an HHS document [http://taggs.hhs.gov/AnnualReport/FY2007/documents/TAGGS\\_2007\\_Annual\\_Report.doc](http://taggs.hhs.gov/AnnualReport/FY2007/documents/TAGGS_2007_Annual_Report.doc), <http://www.telladf.org/UserDocs/Cenzone-DeCarloComplaint.pdf>.

<sup>19</sup> August 10, 2009 letter from Proskauer Rose LLP to Hon. Raymond J. Dearie RE: *Catherina Lorena Cenzone-DeCarlo v. The Mount Sinai Hospital*, <http://www.telladf.org/UserDocs/MtSinaiBrief.pdf>.

<sup>20</sup> *Valley Hospital Ass’n. v. Mat-Su Coalition for Choice*, 948 P.2d 963 (Alaska 1997).

<sup>21</sup> National Right to Life Committee, “National Right to Life Applauds U.S. House for Passing Bill to Bar Discrimination Against Pro-Life Health Care Providers,” September 25, 2002.

<sup>22</sup> New Hampshire Attorney General’s Report on Optima Health, March 10, 1998, [www.state.nh.us/nhdoj/CHARITABLE/optima1.html](http://www.state.nh.us/nhdoj/CHARITABLE/optima1.html).

<sup>23</sup> “N.Y. Insurance Denies Access to Reproductive Healthcare,” *Womensenews*, January 31, 2002, <http://womensenews.org/story/health/020131/ny-launches-probe-crisis-pregnancy-centers> (accessed 09/09/03).

<sup>24</sup> American Board of Obstetrics and Gynecology, *Maintenance of Certification*. <http://www.abog.org/pdf/MOC2009.pdf>.

adopted in 2007 by the American College of Obstetricians and Gynecologists (ACOG).<sup>25</sup> ACOG's report undermines a physician's right to refuse to perform abortion. If an obstetrician or gynecologist disagrees with ACOG's ethical stance, he or she could face decertification by ABOG.

- The abortion-supporting advocacy group the National Family Planning and Reproductive Health Association publicly stated that doctors and nurses should not be free to choose whether or not they participate in abortion.<sup>26</sup>
- Dr. Donald Thompson, a physician with over 25 years in the military, told then HHS Secretary Michael Leavitt in 2008, that "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>27</sup>
- Dr. Sandy Christiansen, an obstetrician-gynecologist, told the Christian Medical Association she "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

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<sup>25</sup> American College of Obstetricians and Gynecology. Ethics Report #385. *The Limits of Conscientious Refusal in Reproductive Medicine*, November 7, 2007, [http://www.acog.org/from\\_home/publications/ethics/co385.pdf](http://www.acog.org/from_home/publications/ethics/co385.pdf).

<sup>26</sup> United States District Court for the District of Columbia, *NFPRHA v. Gonzales*, September 2005, [http://www.telladf.org/UserDocs/NFPRHA\\_opinion.pdf](http://www.telladf.org/UserDocs/NFPRHA_opinion.pdf).

<sup>27</sup> Christian Medical Association, "Real-life examples, of discrimination in health care," Letter from Dr. Thompson to The Honorable Michael O. Leavitt, July 23, 2008, <http://www.cmda.org/AM/Template.cfm?Section=Home&CONTENTID=22029&TEMPLATE=/CM/ContentDisplay.cfm>.

‘snubbed’ or dismissed for my beliefs. In general, there has not been a collegiate atmosphere of mutual respect for differing stances.”<sup>28</sup>

- Dr Frank Block, Jr., an anesthesiologist, wrote to the Christian Medical Association telling the group: “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>29</sup>
- A North Carolina obstetrician-gynecologist told one group: “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.”<sup>30</sup>
- In the summer of 2008, reports surfaced of a nurse who was forced to leave two different hospitals because she refused to sign a form pledging to assist in abortions if asked (name withheld to protect her privacy).<sup>31</sup>
- Respondents to an informal poll of the 16,000-member Christian Medical Association revealed that over 40 percent of respondents reported having been pressured to violate ethical standards. Physicians have reported losing positions and promotions based on their life-affirming principles. Medical students have reported opting out of careers in obstetrics and gynecology for fear of discrimination stemming from abortion ideology and pro-life prospective medical students have reported discrimination in application interviews.<sup>32</sup>

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<sup>28</sup> Christian Medical Association, “Real-life examples, of discrimination in health care,” Personal email to Christian Medical Association from Sandy Christiansen, MD, October 24, 2006,

<sup>29</sup> Christian Medical Association, “Real-life examples, of discrimination in health care,” Personal email to Christian Medical Association from Frank Block, Jr., MD, October 08,

2006, <http://www.cmda.org/AM/Template.cfm?Section=Home&CONTENTID=22029&TEMPLATE=/CM/ContentDisplay.cfm>.

<sup>30</sup> Christian Medical Association, “Real-life examples, of discrimination in health care,” Story submitted by Carl K., MD, at [www.Freedom2Care.org](http://www.Freedom2Care.org), March 29, 2009,

<http://www.cmda.org/AM/Template.cfm?Section=Home&CONTENTID=22029&TEMPLATE=/CM/ContentDisplay.cfm>.

<sup>31</sup> Personally relayed her story to Congressional Staff, but wanted to remain anonymous.

<sup>32</sup> <http://www.freedom2care.org/learn/page/faq-why-was-the-hhs-conscience-protecting-regulation-necessary>.

## **Americans Overwhelmingly Support Conscience Protections:**

An April 9, 2009 poll commissioned by Christian Medical Association and conducted by The Polling Company, Inc., showed that 87 percent of Americans adults surveyed said it is important to “make sure that healthcare professionals in America are not forced to participate in procedures and practices to which they have moral objections.”<sup>33</sup>

A new online poll of faith-based healthcare professionals, also conducted by The Polling Company, Inc., found that 95 percent of physicians agreed, “I would rather stop practicing medicine altogether than be forced to violate my conscience.”<sup>34</sup>

## **Nothing in this Amendment Would Prevent Women from Choosing Legal Procedures**

Weakening conscience protection will reduce women’s access to *all* health care, by driving conscientious physicians and nurses out of medicine or out of the specialties (e.g., obstetrics and gynecology) where pressures to violate conscience are greatest. Many underserved areas, from rural counties to inner cities, are served only by religiously-affiliated health care providers; if they cannot provide care without violating the religious mission that led them to serve the poor in the first place, the area could end up with no health care provider at all.<sup>35</sup>

In 2002, Catholic hospitals treated 80 million patients each year and made up 11 percent of all community hospitals. In 2005, 573 Catholic hospitals treated 84.7 million patients.<sup>36</sup> The Catholic hospitals are often the only hospitals in rural communities because they operate not out of a profit motive but out of charity. In 1998, for example, the nation’s 637 Catholic hospitals’ service to the poor resulted in a \$2.8 billion financial loss. On average, Catholic hospitals provide a wider range of services than other hospitals: nutrition programs, natural family planning classes, geriatric services and HIV/AIDS treatment.<sup>37</sup>

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<sup>33</sup> The Polling Company/ Woman Trend, April 8, 2009, [http://freedom2care.org/docLib/20090407\\_090408SurveyPressPacket.pdf](http://freedom2care.org/docLib/20090407_090408SurveyPressPacket.pdf); Freedom to Care website, <http://freedom2care.org/newsroom/page/press-conference-4809>.

<sup>34</sup> The Polling Company/ Woman Trend, April 8, 2009, [http://freedom2care.org/docLib/20090407\\_090408SurveyPressPacket.pdf](http://freedom2care.org/docLib/20090407_090408SurveyPressPacket.pdf).

<sup>35</sup> United States Conference of Catholic Bishops, “Questions and Answers: Defending the Conscience Rights Regulation,” Undated but, based on content, likely posted between January and April 2009, [http://www.usccb.org/conscienceprotection/q\\_and\\_a.shtml](http://www.usccb.org/conscienceprotection/q_and_a.shtml).

<sup>36</sup> *Official Catholic Directory 2006* (New Providence, N.J.: P.J. Kenedy & Sons, 2005), p. 2003.

<sup>37</sup> Kramlich, Maureen, Esq., “The Assault on Catholic Health Care,” United States Conference of Catholic Bishops, 2002, <http://www.nccbuscc.org/prolife/programs/rlp//kramlich.shtml>.

If the federal government, state or local governments or health care entities receiving federal assistance under this bill were to force Catholic hospitals to perform or refer for abortions (which the Catholic faith teaches is the killing of an innocent human life), the hospitals could not comply and the health care for millions of Americans would be threatened.

Nothing in this amendment offering conscience protection to health care providers would prevent women from choosing legal procedures. Instead, this amendment would ensure that health care providers are not forced to participate in abortions or discriminated against because they choose not to do abortions.

Many women object to abortion, and if healthcare providers are driven out of medicine by discrimination and pressure against their convictions, not only will the shortages grow, but women will lose their ability to choose providers who share their values, particularly respect for unborn children.