Presidential Religious Liberty Commission
Draft Witness Testimony for Sixth Hearing
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Panel I: Religious Freedom in Healthcare, Medical Professionals

Dr. Eithan Haim

In March 2022, Texas Children's Hospital, the largest children's hospital in the world, said they would shut down the pediatric gender program. This was in response to the Attorney General, Ken Paxton, claiming these interventions could be investigated as child abuse.

In the months following, TCH not only continued the program but expanded it into a multimillion-dollar, multidisciplinary clinic.

Over a year later, on May 16th, 2023, the journalist Christopher Rufo released the story that blew this scandal wide open. It was based on evidence provided by an anonymous whistleblower inside the hospital – that person was me. I knew all of

The story only got bigger in the days after. On May 17th, one day later, the Texas Senate votes to pass SB-14, a bill that would ban pediatric gender interventions in the state Texas. There was bipartisan support for the bill, partially because our story came out a day before. Two days after that the Texas AG announced an investigation into the hospital. A few days after that another whistleblower spoke out – this was someone who worked in the gender clinic and witnessed the horror firsthand.

It was my faith in G-d that compelled to do what I did. I believe that we are all a product of G-d's creation. As a surgeon, I recognize that my job is to heal G-d's creations – this does not mean creating something new but restoring that which has already been made.

What was happening in this gender clinic was a complete inversion – they were manipulating, mutilating, and sterilizing healthy young children because these doctors believe they are the ones who determine which laws govern our reality, that they hold the power to transform a boy into a girl.

After the story came out, I naively thought that would be the end of it – no one knew who I was and I didn't break any law, so that was that. While I was in that state of blissful ignorance my own government was mobilizing its massive resources to wage a total war against me.

I found this out a month later when the DOJ sent armed agents to my home a few hours before my graduation from surgical training, one of the most important days of my life. My phone and computer were placed under surveillance. The DOJ threatened my wife who ironically enough, just been hired as an Assistant US Attorney by the DOJ. They leaked my name to activists in the hospital who then accused me of raping my patients on my public physician profiles. The DOJ said there was no way I would avoid criminal prosecution and that they would bring me to a jury trial even if they knew they were going to lose.

They fabricated evidence with compliant witnesses and indicted me on four HIPPA-based felonies. They sent three heavily armed US Marshalls to my home at 7AM like I was the head of a criminal cartel.

They tried to send me to prison for ten years despite their first indictment falling apart because it was contradicted by their own discovery and proved my innocence. Their second indictment fell apart because they charged me with a nonexistent crime and left in a disqualifying typo. Their third indictment proved so incomprehensible they enacted a de facto gag order to prevent me from talking about it.

This is by no means a comprehensive list but I include it to prove a point – at any moment I could have made it all go away by simply bending the knee. These people knew I was innocent, but they needed me to accept their guilt. This had nothing to do with the law but everything to do with dominion - because any defiance in the name of a higher power is a direct affront to the servants of evil – those who claim to have moral dominion over this world.

I believe I am here today because I have seen this evil, I have fought it, and I have won. And this Commission has been tasked with producing a report on the current threats to religious liberty and strategies to preserve and protect it. I hope my testimony will convince all of you that the threat to religious liberty is existential and that if we don't act decisively, we will not be talking about liberty but rather, survival.

(List a few actions by The Commission to combat the threats to religious liberty)

Kaley Chiles

Good morning! My name is Kaley Chiles, and I am a licensed counselor in Colorado. Thank you so much to President Trump and this Commission for the opportunity to share my story.

I became a counselor because I know truth's power to set people free. When people learn to understand themselves, confront pain, and pursue healing through counseling conversations, those tools do not rust or depreciate with time. They can shape the rest of a person's life. That is the kind of service I felt called to provide.

My own life experiences played a critical role in that calling.

During my high school years, there was deep tension in my family, and I longed to learn the skills for meaningful conflict resolution. Around that same time, I began experiencing grand mal seizures—sudden, severe seizures with no known cause. I couldn't drive, and for a time I wasn't even allowed to be alone in case I had an episode.

For a sixteen-year-old, that loss of independence is incredibly difficult.

But that season of suffering changed me. It forced me to slow down, to reflect, and ultimately trust God more than I ever had before.

Those experiences also shaped my desire to help others navigate suffering and find hope.

In counseling, the client sets the goals and we walk alongside to help build a path toward their goals. This teamwork requires trust, authenticity, and the freedom to speak openly.

My first counseling job was in a male prison. Later, I worked at a dual diagnosis adolescent facility – one level down from young people who are actively suicidal. In both places, I saw the depth of human struggle, but I also witnessed the incredible potential for transformation when people have the chance to talk to someone they trust.

Because what often brings someone into counseling is only the surface issue – addiction, anxiety, anger, or depression may be the presenting struggle. But those are often the "fruit" of something deeper.

Counseling is about uncovering the root – the fears, wounds, and questions underneath the surface – so real healing can happen. If you only address the fruit and ignore the root, the problems simply grow back in another form.

PAUSE

One day, while reviewing licensing requirements for my continuing education, I discovered Colorado had passed a law dictating which conversations counselors and clients are allowed to have. On issues of gender, if the client's goal is to regain comfort with their body, the government prohibits that conversation. But Colorado expressly encourages counselors to push minors toward transition, which often includes harmful drugs and surgeries.

I was stunned.

In my practice, questions about identity and sexuality often arise – even when clients come in for entirely different challenges. But under this law, if those questions come up, I would be required to promote the government's talking points.

I knew I couldn't stay silent while Colorado violated the First Amendment and put young people at risk.

So I contacted Alliance Defending Freedom, and we filed a lawsuit challenging Colorado's counseling censorship law.

Because when the law rejects truth and censors conversations, there is always a human cost.

For me, that cost was immediate. I lost both of the jobs I had at the time. I received death threats and complaints against my license from people who have never even met me.

But the deeper cost falls on the young people affected by these laws. And Colorado families aren't the only ones impacted. Twenty-three states and over 100 local governments have adopted similar counseling censorship laws.

These laws insert the government into private counseling conversations and attempt to control a client's goals.

And the stakes are incredibly high.

Research suggests that roughly 90% of children experiencing gender-related distress will regain comfort with their sex if allowed to work through their feelings without being pushed to transition. But an even higher number will become life-long patients with irreversible consequences if pushed down the path of transition.

That is why medical authorities around the world are approaching transition procedures with caution. One recent case found a psychologist and surgeon liable for $2 million in malpractice for recommending and performing a double mastectomy on a teenage girl without examining the roots of her distress.

The First Amendment is not an abstract principle in a counseling office—it ensures open dialogue and the pursuit of truth. But Colorado's law silences the very conversations that allow counselors to explore the roots of a young person's pain.

My case is now before the U.S. Supreme Court, and I'm hopeful that the Court will reaffirm that the government can never censor conversations simply because it disagrees with a client's personal goals or a viewpoint expressed.

Young people wrestling with identity deserve counselors who are free to speak, ask questions, listen with compassion, and walk alongside them in their search for hope and restoration.

I hope that this administration will continue to preserve this foundational freedom. For many children today, it may be the difference been life and death.

Thank you.

Abby Sinnett

Thank you, Chair Patrick, and members of the Commission, for inviting me to speak today.

My name is Abby Sinnett. I've been a certified women's health nurse practitioner for 13 years, and I'm the co-founder and CEO at Bella Health and Wellness. Bella is a nonprofit medical clinic in Denver that offers care in obstetrics, gynecology, family medicine, and pediatrics.

The story of Bella started in 2012. My mom, Dede Chism, and I were on a medical mission in Peru. During that trip, we became convicted that everyone has a story, that every life should be protected, and every person deserves to know that they are made good. Those convictions, which are rooted in our Catholic faith, compelled us to open a nonprofit medical clinic at home in Denver, where we could practice dignified, life-affirming medicine consistent with our faith. We launched Bella two years later as the first comprehensive, life-affirming OB-GYN practice in the state. We've been proud to deliver the highest standards of care to over 28,000 registered patients.

I'm here today to tell you how the state of Colorado tried to make it illegal for pregnant women in our state to receive medical care at Bella to help save the lives of their unborn babies. I'm also here to tell you that—thankfully—Colorado failed.

My specialty as a nurse practitioner is women's health, and Bella began as an OB-GYN practice. As part of that practice, we often prescribe women progesterone, which is a hormone that naturally occurs in a woman's body and that is essential to achieving and maintaining a healthy pregnancy. Progesterone has been safely used to support women's health for more than 75 years. It's used to treat women at risk of miscarriage, to prevent preterm birth, to treat infertility, after menopause—and a whole laundry list of other conditions.

Progesterone is also the only known treatment to help a pregnant woman who takes the first abortion pill and then decides she wants to continue her pregnancy.

Here's a nutshell version of the science: What is commonly called the "abortion pill" is actually two pills. The first pill, a steroid called mifepristone, blocks the progesterone receptors in a woman's uterus. This disrupts the flow of oxygen and nutrition to the baby, eventually resulting in death. The second pill, misoprostol, is administered about 48 hours later and causes contractions that expel the baby from the womb.

The decision to have an abortion is often stressful. Some women take the first pill—the one that interferes with their progesterone—and then change their minds and decide they want to keep their baby. Some women are tricked or forced into taking mifepristone in the first place.

If a woman has taken mifepristone—willingly or not—and then wants to save her baby, health care providers can prescribe progesterone to help overcome the progesterone-blocking effects of mifepristone and continue the pregnancy. This treatment is commonly known as "abortion pill reversal." At Bella alone, we have seen dozens of healthy babies born to moms who received APR.

Now you might be wondering why anyone would target this treatment—using a safe, naturally-occurring hormone to provide potentially lifesaving treatment to an unborn baby. If a pregnant woman is choosing to seek help to save her baby, isn't that her choice?

Unfortunately, lawmakers in my home state disagreed. In 2023, Colorado became the first state in the country—or the world—to make it illegal to give progesterone for abortion pill reversal.

Now, it was still perfectly legal to use progesterone to prevent recurrent miscarriage or preterm birth, or during IVF—or for any other reason. In fact, Colorado actively promoted the use of progesterone as a cross-sex hormone in "gender-affirming care." The state made it illegal to use progesterone in one (and only one) circumstance: when a woman seeks to reverse the effects of mifepristone. In other words, according to Colorado, you have the right to choose abortion, but you don't have the right to change your mind.

That prohibition was an egregious violation of my religious convictions as a health care provider. At Bella, we are religiously obligated to help any woman who faces a threatened miscarriage. As a Catholic provider committed to the sanctity of human life, I knew that I could never turn my back on a woman—or on the baby she wants to save—simply because she took (or was forced to take) mifepristone.

At the same time, we knew that violating this law risked crushing financial fines and the potential loss of our medical licenses. So everything we had built at Bella was on the line if we followed our religious convictions and medical judgment by continuing to offer APR.

Mom and I prayed—hard—and we sought spiritual counsel. And then we filed a lawsuit.

With the help of our legal team at the Becket Fund, we sued the state of Colorado the day the law was signed. That very morning, hours before the law took effect, a woman contacted us seeking abortion pill reversal. By the next day, we obtained a temporary restraining order protecting her ongoing treatment and our ability to continue offering APR.

I wish I could say that was the end of it. It was not. It took nearly two years of hard-fought litigation confirm what should have been obvious at the start: There is no scientific or constitutional justification for banning APR. The state of Colorado violated our free exercise rights as religious health care providers. A federal court ultimately granted Bella permanent protection to continue providing this life-saving medical care.

There were many times the road to victory felt hard. But we never doubted that this was the path that Christ had called us to take. And that faith has been rewarded in spades: since the day we filed our lawsuit, at least 19 babies have been born to moms who received abortion pill reversal care at Bella. 19 babies. Thanks be to God.

Here is a photo of one of the babies who is alive today because of this care. His story has a happy ending. Our story has a happy ending. But make no mistake—abortion pill reversal is still under attack in states like New York and California that are targeting religious providers who offer this

treatment. As Commissioners, you have the opportunity to strengthen free exercise and conscience protections for religious health care providers across the country.

As a medical professional, a woman, and a mother, I want government leaders understand that no political debate should override the importance of a mother's choice to try to save the life of her child and the need to protect scientific, life-affirming care for pregnant women.

Thank you, and I welcome your questions.

Valerie Kloosterman

Mr. Chairman, members of the commission, thank you for this opportunity.

I grew up in a farming community near Grand Rapids, Michigan, and that's where my husband Mike and I are raising our four beautiful children. I've attended a United Reformed Church my entire life. My faith in Christ led me to enter the healthcare profession, to care for patients in a way that honors God and blesses them. Because I am a Christian, that means I am also a Christian physician assistant. I believe and know that everyone is created in the image of God and worthy of love and respect, that God created humans male and female as a reflection of His image and for His glory, and that God doesn't make mistakes.

My first job after graduate school was at a local outpatient clinic called Metro Health. My mom and grandmother worked in this same health system, both for over 40 years, so I was the third generation to work there. I loved my patients, and I loved serving our community for 17 years, caring for patients of all ages and backgrounds. Some of my pediatric patients grew up and brought their own kids back to see me. Spending a lot of time with my patients was important to me, because their health and their stories really mattered to me. My coworkers became like family to me.

In 2016, University of Michigan Health began acquiring our clinic. By 2021, the clinic was renamed as a state operation. In May 2021, the University of Michigan assigned a company-wide mandatory training that forced me to affirm statements about sexual orientation and gender identity that conflicted with God's Word and my beliefs. I could not complete the training unless I pledged my agreement with University of Michigan's views. I prayed about what to do for three weeks. My office manager told me to speak with the Diversity, Equity, and Inclusion office, but they wouldn't meet with me until after the training was due. And I knew if I didn't complete it, I would be fired.

I asked the DEI Department for a religious accommodation and explained why affirming those statements violated my conscience. Three weeks later, the HR and DEI Departments summoned me to a meeting and interrogated me about whether I would use pronouns that went against biology and whether I would refer patients for gender-transition surgery. I was shocked. I had never asked about these topics, and no patient had ever complained. I explained that because of my faith and medical judgment, I could not use pronouns that conflicted with biology. I stated that I could use patients' names instead of pronouns to respect their wishes. At this, one of the DEI officials named Thomas clenched his fists and told me that I could not take the Bible or my religious beliefs to work with me. Thomas asked whether I knew what would happen if they let every provider take their religious beliefs to work. I said that patients would experience compassionate medical care, because Christian healthcare providers view everyone as made in the image of God, and we treat our patients with the love described in 1 Corinthians 13. Thomas called me "evil" for not giving patients exactly what they wanted. I respectfully explained that medical providers are not required to give patients everything they ask for, such as antibiotics, opioids, or surgery, if that would go

against the providers' medical judgment. When I said that I had treated patients who were gay and lesbian for several years without any complaints, Thomas called me a "liar." He said if he was my patient and I used his name rather than his preferred pronoun, he would never come back. Thomas claimed that using a patient's name instead of preferred pronouns would lead to suicide and I would be the cause. I was able to cite some scientific studies and research that showed otherwise. Although he had no medical training, Thomas shot back that he had studies to disprove the studies I cited. All I asked for was a simple accommodation, but the Department of Inclusion had no space for my Christian beliefs.

Less than a month later, I was fired. The staff member who was supposed to advocate for me summoned me into a conference room with my termination letter on the table. She told me, "today is your last day, and you no longer work at University of Michigan." They wouldn't allow me back on the property. I had to turn over my badge. I couldn't say goodbye to my beloved coworkers. Even worse, some of my patients were waiting for important test results, and I never got to follow up with them or say goodbye. These were patients who trusted me at their most vulnerable moments, and I feel like I let them down.

A few weeks later, my coworkers boxed up my belongings. One by one, they came out to the parking lot to give me hugs and cry with me. They told me they were so sorry, and they did not understand why such a great provider would be fired without any explanation.

Every time I drive past the clinic, which is across from the grocery store near the library and post office, I fight back tears. I think about my friends still working there. Many of my patients reached out and told me they were very upset when they found out I was fired. It's a blessing to me that some of them come to see me at my new clinic. By God's grace, I was able to find another job. To this day, I continue serving patients of all backgrounds, motivated by my Christian faith.

But what happened to me broke my heart. I don't want anyone else to experience this kind of religious discrimination. That's why I found First Liberty Institute, and in 2022, we filed a lawsuit in federal court. In 2023, the court held that the hostility I experienced likely violated the Free Exercise Clause, and that the hospital's refusal to accommodate my religious beliefs while accommodating the preferences of other providers likely violated Title VII and the Equal Protection Clause. After that ruling, University of Michigan tried to throw the case out of court into arbitration. With the help of Clement & Murphy, we appealed to the Sixth Circuit, which held that my case belonged in court and the hospital was too late to change the forum. Almost five years after I was fired, we're seeking a final judgment so that other people of faith are legally protected from this kind of heartache. I'm praying that God would use my case to protect religious liberty for my children and for the next generation, so that they can freely live out their faith in the workplace. "For God has not given us a spirit of fear, but of power and of love and of a sound mind." 2 Timothy 1:7. This case is not really about me. It's about God and honoring the call He has given me.

In closing, I am so very grateful for this administration's commitment to protecting conscience rights. The Department of Health & Human Services launched an investigation because of my case, and I'm hopeful that HHS will continue its important efforts to investigate conscience complaints and enforce existing laws. I would also offer three recommendations to the Commission: first, to encourage Congress to add a private right of action to the Church Amendments, such as the Conscience Protection Act which was recently introduced. A law like this would have made it easier for me to find a lawyer and seek justice without procedural hurdles. Second, hospitals that receive federal funding should be required to adopt written policies that clearly define conscience protections, with internal procedures ensuring that providers like me can receive religious accommodations without retaliation. Third, the government should prohibit staff trainings or policies that coerce providers like me into violating our consciences, whether it's by forcing us to affirm statements or to participate in procedures that we consider harmful our patients. Instead, to receive federal funding, hospitals should train their staff about the legal protections for conscience rights and religious freedom, so that providers like me know their rights and so that leadership respects those rights.

Thank you for listening to my story. May God be glorified.

PANEL II: PARENTS & STUDENTS IMPACTED BY THE VACCINE

Dr. Aaron Kheriaty

When I was a medical student on my obstetrics clerkship, I was assisting my first patient on the labor and delivery service. However, this woman's labor was not progressing well, so they decided to convert her from a vaginal delivery to a cesarean section. I was to scrub in and assist on the c-section in the operating room. I walked with the intern into the patient's room to obtain consent for the procedure.

The patient, still huffing and puffing from painful labor, said, "I just spoke with my husband, and we decided that while you're in there you can go ahead and tie my tubes." The intern responded, "are you sure," and the patient replied, while still in labor, "yes." That was the extent of the informed consent for an irreversible procedure that would render her permanently sterile.

As the intern and I walked to the scrub station I informed her that I was willing to assist on the cesarean but would need to step out of the OR and not help with the tubal ligation, as a matter of conscience. The resident became irate, asking, "How dare you impose your views on this patient?" I replied that I was imposing nothing on anyone, merely telling her what I was and was not willing to assist on.

I did not scrub in on that case, and for the rest of the rotation that intern made my life hell. I managed a passing grade but the comments that ended up in my dean's letter and residency application were unfairly critical – not because of my performance but because I chose to exercise my rights of conscience.

I believed that damaging a healthy organ system—in this case the patient's reproductive system—contradicted the ends and purposes of good medicine.

In addition, the procedure of permanent sterilization also violated the moral teachings of my sincerely held Catholic faith.

What is more, I knew clearly that the so-called informed consent for that procedure was a sham. I mean, what women in the middle of labor wants in that moment to think about having another baby! That's clearly not the time to hurriedly make this irreversible decision.

I did not realize it at the time, but I was also the only person in that case actually upholding the hospital's own policy. For this was Georgetown University Hospital, which as a supposedly Catholic institution, was legally bound to abide by the Ethical and Religious Directives of the Catholic Bishops, which forbade procedures whose sole aim was permanent sterilization.

After the incident I ended up getting dragged before the obstetrics department chair, at the behest of the chief medical officer, to explain what happened. As a lowly medical student, the power dynamics were intimidating, and nobody from the hospital administration or School of Medicine

accompanied me through that process. The chair of obstetrics made excuses for violating the hospital's own policies and the entire meeting was a farce.

Another thing I did not realize at the time was that I was supposed to have been protected from retaliation by federal laws, such as Church, Coats-Snowe, and Weldon Amendments. These laws protect the rights of healthcare workers to decline participation in medical interventions that violate their conscience, religious beliefs, or moral convictions—such as declining to participate in an abortion or sterilization procedure. Although I did not know this, healthcare workers and trainees are also protected by these laws from retaliation should they decline to assist on these procedures.

The Department of Health and Human Services issued a New Nondiscrimination Final Rule to Protect Conscience Rights a year ago in January 2024. It encourages (but does not require) hospitals and clinics to voluntarily post a notice of rights to ensure compliance and educate the public about conscience statutes and rights.

These laws were in place when I went to medical school, but I had no understanding of them or of my rights under Federal law. As a medical student interested in ethics, I was better informed on these issues that most. Yet still, I was never advised of my rights, even after they were violated and the hospital leadership was notified.

Clearly, if healthcare providers and trainees are not informed of these rights at orientation, then the laws on the books remain a dead letter. Those whose rights are violated need support not just from the HHS Office of Civil Rights, but also a right of private action in case the OCR is slow to respond to complaints, as often happened under previous administrations.

Furthermore, these protections need to be extended in Federal law to include other procedures, which were not common when these laws were enacted but are now ubiquitous, such as doctor-assisted suicide, euthanasia, and sex-rejecting procedures (or what advocates euphemistically term "gender affirmative care"). While euthanasia is briefly mentioned in the Affordable Care Act, this merely regulates payments to hospitals, and that law alone does not protect conscience rights of individuals.

Vaccines:

In 2021, when I was director of the medical ethics program at the University of California Irvine, I challenged the University's covid shot mandate in federal court on behalf of people like me who had natural immunity after recovering from the virus. Before the court ruled in my case the University fired me in retaliation. I had been a professor there in the school of medicine for sixteen years, where I had won the excellence in teaching award three times from the medical students.

When it comes to vaccines, laws in many states fail to protect conscience rights and religious liberty. While I am not a lawyer, I fail to see how such laws could withstand judicial scrutiny, as it seems they clearly violate the free exercise clause of the First Amendment.

For example, states like California where I live and practice medicine, do not have laws allowing religious or conscience-based exemptions for parents to opt-out of the childhood vaccination requirements. Many people have religious or moral objections to the use of cell lines derived from aborted fetuses, often used in the development and testing of vaccines. In states like California, if parents choose not to use these products, then they are not permitted to send their kids to public or even private schools. Those who cannot homeschool are left with no options.

One does not have to rely on doctrines of revealed religion to see that medicine has its own internal morality: that medicine should always and only be aimed at health and healing. By the light of reason alone we can see that (1) doctors should not intentionally kill their patients, (2) doctors should not intentionally destroy healthy functioning organs or organ systems, and (3) doctors should not force treatments on patients that patients decline for medial, moral, or religious reasons.

In our current confused culture, however, it is often men and women of faith, buttressed and given courage by their religious convictions, who uphold these traditional principles of Hippocratic Medicine. Some federal laws protect them in these circumstances, but these laws are neither well known nor consistently enforced. They are also too narrow to cover new threats to the integrity of medical practice.

After the excesses and authoritarian overreach by governments during covid, the people of the United States are pushing back and reasserting their rights of conscience and freedom of religion in healthcare. I pray that this committee will assist them by strengthening and enforcing the federal laws on the books, educating the public regarding their rights, and leaning on states to do the right thing when it comes to free and informed consent.

Joint Testimony of Nancy & Isabella Costine

NANCY:

Thank you, we are very grateful to the Commission for providing the opportunity to share our story. My husband and I are parents of two bright and healthy children who are excluded from education, enrichment activities, and services in New York State due to the repeal of the religious exemption.

We were both raised in Roman Catholic families which created the foundation of our faith. During my young adulthood I had fallen away from my faith and chose a secular path. But over time and after much reflection and repentance, I renewed my dedication to God, particularly after my children were born. That dedication fuels our commitment to providing a strong foundation for our children based on Christian principles.

When my first child was born I had a basic understanding of vaccination, like most parents. We began a schedule with the intent to eventually meet the requirements for school entry. After each dose, she experienced adverse reactions, beyond fever and malaise, which her pediatrician could not explain. Concerned by this, I began to research the possible causes when I discovered the use of human and animal cell lines in production. After much consideration and prayer, we knew this did not align with our

religious beliefs and determined that it was in the best interest of our child to seek a religious exemption. We did not make this decision lightly.

My children attended school with approved religious exemptions until 2019. A measles outbreak downstate was used to justify legislative action. Though religious exemptions comprised less than 1% of all NY schoolchildren, and the outbreak was geographically limited, the push to remove the religious exemption statewide began. Constant case counting, waves of media coverage, skewed polling, and harassment of our families on social media became the norm. Ultimately, the bill was fast tracked. After a deadlocked vote in the Assembly Health Committee, the bill should not have proceeded. Upon the deadlock, the Assembly Speaker held a conversation with a freshman Assemblyman. Following that conversation, the Assemblyman changed his vote from “no” to “yes”. This revived the bill and allowed New York State to remove a religious right that existed for over 50 years, denying 26,000 children access to education, enrichment, and services.

ISABELLA:

On my seventh birthday, I lost my right to an education in New York State after the religious exemption was repealed. When I blew out the candles on my cake that day, I was unaware how drastically my life was about to change. What happened that day, and the seven years that followed, has become etched into every part of who I am.

Even though I am very healthy, the state treated me as though I was dangerous and sick. My family would not comply with the new law because of our beliefs. My school district wanted nothing to do with me. The few teachers who supported me did so in whispers. When my mother requested my religious exemption file, the school nurse presented my information in front of a crowded lobby at dismissal. Everyone in the lobby that day learned I was going to be excluded on the last day of school, and why.

We were not allowed to begin the school year with our friends and teachers. I didn't understand why the bus was not stopping at our house anymore. I became confused as we began two years of homeschooling. Homeschooling is a blessing for families when it is chosen freely. My parents did not choose to homeschool. They tried their best to teach us at home but my sister and I wanted to be back in school learning with our friends.

As a result of the repeal, I lost my best friend and other close friends. There were no more birthday party invitations, field days, or play dates for us. Homeschooling began months before COVID restrictions. We barely had time to find our way and make new friends before everything closed for over a year in NY. My sister and I felt alone, misunderstood, and forgotten. We began a life of stress, isolation, and uncertainty. My self-worth began to suffer. I carry the effects to this day. Before, I was outgoing and it was easy for me to make friends. Now, it is harder to make friends because it is hard to trust people. I always feel that I will be judged. I couldn't understand why my life had changed so quickly, why people thought that I was so dangerous that I had to be separated from everything that I knew and loved. I didn't understand why it was okay for people to say such horrible things about kids like me. That was the saddest time in my life. I prayed every day for my situation to change.

NANCY:

Despite legal efforts in the summer of 2019, the children remained excluded from schools, camps, and services. My husband's employment prevents us from moving out of New York like thousands of other families. With little notice, we were forced to homeschool. We live in a small community; our children's abrupt absence from their classrooms broadcast their medical status and beliefs. Over time, even supportive friends drifted apart. Without significant homeschooling support, the children felt the weight of their segregation. Homeschooling during COVID caused the same social issues observed in children whose schools were closed and remote learning was used. It alarmed us to watch our once curious, outgoing, and engaged children disassociate with their community and lose their desire for connection. Desperate to restore a normalcy, we began to commute the children to private school out of state. We drive over 3 hours each day to give them the opportunity to go to school. Our district will not bus them resulting in exorbitant transportation costs and a treacherous winter commute. The unexpected tuition and mounting costs are financially draining. Our daily schedule is grueling – but our children are now thriving.

We have faced incredible costs as a result of the repeal. Moving would require my husband to change careers after two decades, throwing our retirement into turmoil. We have considered separating our family's living situation, and may need to do so to send Isabella to high school. I am unable to work full time due to the girls' commute, costing us over a third of our household income. I've lost opportunities for advancement with my employer and with potential employers due to my lack of availability. The amount of money in salary, retirement, and benefits that have been lost due to the repeal will never be recovered. Relentless stress has aggravated my health conditions, and causes additional serious health concerns. And though our children are banned from school grounds, we are still expected to pay our almost five figure school tax bills. We have also lost the support of some closest to us. Lifelong relationships have been forever altered.

The religious exemption was repealed but secular exemptions remained. Children with medical exemptions remain in school. Children who are considered "displaced" without medical records may sit in the classrooms where my children are excluded. Teachers and staff are not required to be vaccinated to school entry requirements. But NY lawmakers have disparaged religious families, questioned the validity of our beliefs, and compared our children to criminals carrying loaded weapons into schools. Public comments by NY lawmakers are well documented and include:

"We have chosen science over rhetoric."; "There is nothing, nothing in the Jewish religion, in the Christian religion, in the Muslim religion … that suggests that you can't get vaccinated. It is just utter garbage."; "Let's face it. Non-medical exemptions are essentially religious loopholes, where people often pay for a consultant to try to worm their way out of public health requirements that the rest of us are following."

They have demonstrated religious hostility toward our children and treat them as threats to society, yet there is an absence of vitriol against other unvaccinated schoolchildren. In a response to a Freedom of Information Act request, NYC Department of Education correspondence dated March 8, 2024, reported that the number of children enrolled with incomplete vaccination records for more than 30 days was 35,406 – almost 10,000 more in NYC alone than the 26,000 children who had approved religious exemptions statewide at the time of the repeal.

The religious exemption existed in New York for over 50 years without issue. Protocols were in place to mitigate the spread of illness and to protect others in the event of an outbreak. And even after the removal of our children outbreaks of vaccine preventable illness continued in NY schools. The belief that vaccinated people cannot be the source of an outbreak is false. 45 other states provide religious exemptions for schoolchildren. This theft of religious liberty under the guise of perceived safety is a national issue. Organizations such as American Families for Vaccines are funded by industry, but grassroots in appearance, and are currently lobbying to remove the religious exemption in several other states. This action is a slippery slope, and leads to expanded restrictions of liberty - as witnessed during COVID. The free exercise of religion includes a parent's right to direct a child's religious upbringing. Families should not be forced to sacrifice education, employment, privacy, financial stability, and the peaceful enjoyment of life – everything they have worked to achieve - in order to maintain religious convictions as they raise their children

ISABELLA:

My sister and I now enjoy a supportive and inclusive school community where prayer and faith is a part of every day. I approach each day with gratitude. While I love my school, the long drive, long days, and the memory of what happened in New York is still very stressful. It has taken a long time to restore my self-esteem and to build trust with others. I always worry whether I will lose my place in class if religious exemptions are removed again. I worry about losing everything that took so long to build back.

I take many hours of dance lessons a week in New York. I often wonder why I can't sit in a classroom with those kids too. Though I am a high honors student, my future is uncertain. My excitement for high school next year is tempered with the possibility that I could be excluded again. My only options would be to homeschool in NY and obtain a GED or move away from my dad to be able to earn a high school diploma.

I know that children who had religious exemptions were compared to bringing weapons into schools by certain lawmakers. They said that our beliefs are "utter garbage". Why is that ok? Do they say these things about children with medical exemptions or children who have no records and are allowed to attend school anyway? Why is my faith dangerous in school but not anywhere else? When did it become okay to portray any group of children in such a horrible way?

Please consider the experiences of children like me who are not allowed on school grounds. We are not allowed to play sports. We are not allowed to attend summer camp. Our opportunities for outside activities are very limited. I am extremely healthy, I have never harmed anyone, and I have not disappeared from my community. Some people like to believe that all of the children who were forced from their schools just disappeared. This is not true at all. We are still in New York, and we are just as active in our communities.

All children in the United States should have equal opportunities and access to education, regardless of their faith. That is what our founding fathers envisioned so many years ago. No child should EVER have to go through what I did. A child in New York State should enjoy the same religious liberty and access to education as a child living in Florida. I respectfully ask that you help to restore and protect religious liberty and access to education for thousands of children like me. Thank you very much for allowing me to share my story today.

Ismail Royer

I. Introduction
   a. The Religious Freedom Institute's Medical Conscience Initiative
   b. My role at RFI as Director of Islam and Religious Freedom
   c. Demographic snapshot of Muslims in the health care field

II. Theological grounds of Muslim bioethics
   a. Inherent dignity of the human being
   b. Command to do no harm
   c. Traditional morality and the natural law consensus on the inviolability of the human person

III. In opposition to traditional morality: the ethics of personal autonomy in the contemporary medical field
   a. Planned Parenthood v. Casey's "mystery clause" sums up the ethics of personal autonomy
   b. Example: The American College of Obstetricians and Gynecologists' statement on the limits of the exercise of conscience in medicine
   c. In the ethics of personal autonomy, the greatest good is unconstrained choice, the greatest harm is restraint of choice.

IV. Key areas of conscientious objection for Muslim health care professionals
   a. Lesser severity: conscience dilemmas related to religious commands and prohibitions that involve sin but do not involve harm to others
      i. Example: administering medication derived from pork
   b. Greatest severity: conscience dilemmas involving harm to others
      i. Abortion
      ii. So-called "gender-affirming care"
      iii. End of life
         1. Brain death
         2. Expanding definition of death
         3. Physician-assisted suicide

V. *Proposed policy recommendations the Commission can make to the White House*

a. Issue EEOC guidance that Title VII of the 1964 Civil Rights Act applies to medical residents
b. Federal medical conscience rights legislation
    i. Mandatory notice of rights
    ii. Private right of action with no balancing test
    iii. Include protections for medical students and residents
c. Federal legislation prohibiting unethical practices in medicine
    i. Prohibit "gender affirming care"
    ii. Prohibit physician assisted suicide
d. Federal commission on the end of life: the ethics of the expanding **definition** of death and malfeasance in the organ donation transplant system

Karen Amigon

PANEL III: FAITH-BASED HUMAN & SOCIAL SERVICES PROVIDERS

Jean Marie Davis

Good morning, Commissioners – thank you so much for the invitation to share my story with you today.

My name is Jean Marie Davis.

Today, I serve as the executive director of two pregnancy resource centers, one in Vermont and the other in Massachusetts.

But that is not where my story begins.

My story begins in darkness.

From the age of two until I was twenty-nine, I was trafficked in 33 states across this country. I was bought between 22 and 29 years of age. I endured abuse, rape, and even attempts on my life.

I was addicted to drugs and trapped in a life I believed I would never escape.

Eventually, the abuse became so overwhelming that I tried to end my own life.

I truly believed there was no way out.

Then something unexpected happened.

I became pregnant.

When my trafficker found out, he wanted me dead.

I was terrified, homeless, and had $1.38 to my name.

I started calling shelters around the country, but I was denied 27 times because they said my situation was too severe. Finally, a domestic violence shelter in New Hampshire took me in and connected me with a pregnancy resource center.

That is where I met a woman named Phyllis.

She looked at me with compassion and asked four simple words I had not heard in years:

“How can I help you?”

For years, the only words I had heard were threats, violence, and exploitation.

But that day, someone treated me like my life mattered. She first asked me about my pregnancy. I told her I wanted an abortion. She asked if I wanted an ultrasound. I finally said that if it was a boy, I would keep the baby, but if it was a girl, I would abort because I didn’t want any girl to go through what I had.

Phyllis then asked me if I knew a man named Jesus.

I did not. And I wasn't sure if He could help me. But I wanted what Phyllis had – an indescribable joy. That day, I gave my life to Jesus Christ. And from that moment on, things began to change.

It was a boy. And that now 11-year-old boy who saved my life is sitting next to me today.

At that pregnancy resource center, I felt something I had never experienced before:

Hope.

And that changed everything.

With the support of that center, I began rebuilding my life. I overcame addiction, pursued an education, and eventually earned a degree from Northpoint Bible college.

As only God could orchestrate, several years later I became the executive director of a pregnancy center myself.

Today, I help women who are walking through the same darkness I once lived in.

Women escaping trafficking.

Women fleeing abusive relationships.

Women who believe abortion is their only option because no one has shown them another way.

When they walk through our doors, we meet them with the same words that changed my life:

"How can we help you?"

Because pregnancy centers exist for one reason:

To provide real help for women who feel out of options.

Every day we provide pregnancy tests, parenting classes, material support like diapers and formula, and assistance for women escaping abuse or trafficking.

And we walk with women not just for a moment—but often for years.

I know personally that this changes lives.

Because I am standing here today as living proof.

But despite this life-saving work, pregnancy centers across the country are facing growing attacks and government efforts to silence them.

In Vermont, the state passed a law targeting pregnancy centers – threatening us with massive fines and restricting our ability to provide information and support to women in need.

If this law had existed when I was seeking help…I would not be sitting here today.

So in 2023, I had no choice but to challenge Vermont's law. After a difficult legal battle, I'm grateful to share that last year, with the help of Alliance Defending Freedom, Vermont amended its law to no longer discriminate against centers for offering life-affirming services.

Pregnancy centers must be free to serve women and their families without fear of government punishment.

To silence these centers is to silence hope.

My story proves something that critics often refuse to acknowledge.

Pregnancy centers empower women.

And sometimes, they literally save women's lives.

I know that because one saved mine.

Today, I sit before you not as a victim, but as a mother, an overcomer, and a leader helping other women rebuild their lives.

And I will continue to defend pregnancy centers because they represent something our world desperately needs more of:

Compassion. Truth. And hope.

Because somewhere right now, there is a woman just like I once was—escaping trafficking, pregnant, terrified, and wondering if anyone cares whether she lives or dies.

Pregnancy centers make sure she hears the words that changed my life:

"You are not alone. Your life matters. And there is hope."

The government should never deny this hope simply because it dislikes a pregnancy center's faith or mission.

Thank you.

Sherrie Laurie

Good morning! My name is Sherrie Laurie, and I serve as Executive Director of the Downtown Hope Center in Anchorage, Alaska.

Our ministry serves people experiencing homelessness and hardship in our community. Every day, we feed more than 400 people. Over the years, thousands of struggling individuals have come through our doors.

Everything we do is motivated by the love of Jesus and the belief that every person—no matter how broken they feel—has dignity, value, and a story worth restoring.

During the day, the Hope Center serves everyone who walks through its doors. We offer meals, showers, laundry, and assistance to rebuild broken lives.

We also offer classes and programs that help women find stability and purpose.

But every evening, our building transforms to a women's overnight shelter. We remove the cafeteria tables and lay out rows of cots across the floor so women who would otherwise sleep outside can escape the cold.

And in Alaska, the cold is not just uncomfortable – it can be deadly.

The cots are placed three feet apart. It is a simple arrangement, but for many women it provides something they've not felt in a very long time:

Safety.

Anchorage faces a serious homelessness crisis. At times, roughly 1,200 people are living on the streets.

Alaska also has some of the highest rates of domestic violence in the country – four times the national average – and a serious problem with human trafficking.

Many of the women who come to our shelter are survivors of sexual assault, trafficking, and severe domestic abuse.

Some arrive with nothing but the clothes they are wearing. Some have just escaped a trafficker. Others have just been assaulted.

That is why our shelter exists. Because every woman deserves at least one place in the world where she can close her eyes and know she is safe.

One survivor told me something I will never forget: "When I came here, it was the first night in years I felt like I could sleep."

That is the kind of hope we try to provide.

But unfortunately, the City of Anchorage disagreed.

In January 2018, I received a call to come downstairs. A 6'1" man dressed in a pink nightgown and carrying a pink suitcase had arrived at our door.

He identified as a woman, was heavily intoxicated, and had a large gash across his face from a fight earlier that evening.

It was clear he needed medical attention, so I called him a taxi and paid for him to go to the hospital. He thanked me and called me Mother Teresa.

After he left, the women in our shelter were visibly shaken. Many knew him from the streets. Several told me that if I had allowed him into their shelter, they would have left that night because they would have felt unsafe.

And understandably so. Asking a survivor of trafficking or sexual assault to sleep three feet away from a man would destroy the very safety she came to us to find.

Shortly after that night, I received a letter from the City of Anchorage. This gentleman had filed a complaint against the Downtown Hope Center with the Anchorage Equal Rights Commission claiming discrimination based on gender identity.

The city opened an investigation and attempted to force us to allow men into our women's shelter—even though the city's own ordinance contained an explicit exemption for homeless shelters.

But the pressure to let men sleep next to our women did not stop.

So with the help of Alliance Defending Freedom, we filed a federal lawsuit to protect the privacy and dignity of the women in our care.

Our mission has always been clear.

We serve everyone. We feed everyone. We clothe everyone.

To this day, the man who filed the complaint still comes to our soup kitchen.

But at night, *our shelter is for women*.

Thankfully, the Court ruled in our favor – but that was not the end of the story.

Instead of accepting that decision, the City of Anchorage changed its nondiscrimination ordinance and tried again to make us allow men into our women's sleeping area.

That forced us into a second lawsuit to defend the same mission and women we serve.

Thankfully, the courts again protected our freedom to exist consistent with our belief that God created men and women distinct in design.

But our freedom to serve women in need should never have required years of litigation.

The process should never become the punishment. And the women in our shelter should never have to worry whether their privacy will disappear with another ordinance change.

PAUSE

At the Downtown Hope Center, our mission is simple: Hope Restored. Hearts Renewed. Lives Transformed.

Religious liberty is what allows us to remain faithful to the convictions that make this mission possible.

That's why we are grateful for the work this administration is doing to protect this first freedom.

And we urge leaders at every level to safeguard it – so ministries like ours can continue serving those who need it most.

Thank you.

Joint Testimony of Pastor Brian & Kaitlyn Wuoti

Brian:

Thank you to President Trump and this Commission for allowing us to speak about our experience as foster parents.

My name is Brian Wuoti and this is my wife, Katy. We have dedicated many years to serving our community in Vermont. I serve as a pastor and schoolteacher, and Katy homeschools our five children. Together, we've tried to live by God's call to do justice, love mercy, and care for the orphaned.

In 2014, we saw a growing crisis in Vermont. There were more children in foster care than available loving homes. Too often, children were placed in residential treatment facilities, hotel rooms, and even police stations because there was nowhere else for them to go.

So we stepped forward.

Our family had the privilege of fostering and ultimately adopting two brothers.

Foster care is partnership with the state—working together to bring children safety, stability, and, whenever possible, reunification with their biological parents. For years, our relationship with Vermont's Department for Children and Families was a success.

But in 2022, that changed.

When we sought to renew our foster-care license, the state introduced a new policy. It required foster parents to promote gender ideology, including telling children they can change their sex and using inaccurate pronouns if a child desired.

We told the state that we will love any child who walks through our door. And loving a child means telling them what is true.

We believe every child is unique and wonderfully made. We would never tell a child that God made a mistake and that they he or she was born in the wrong body.

Katy:

This issue is deeply personal for our family. As a child, I struggled with gender dysphoria. My experience confirmed what research shows now: the majority of children who experience these feelings will find peace with their bodies if they are given time, support, love, and the freedom to grow.

I know personally that there is nothing compassionate about confusion. Love requires truth. And I will be forever grateful to my parents for loving me unconditionally and speaking truth in my life about who I am and how I was beautifully created.

When we told Vermont that we would love and care for any child but could not harm them in this way, the state revoked our foster license.

Vermont also revoked the license of another remarkable family, Bryan and Rebecca Gantt, for similar reasons. The Gantts specialize in caring for children with special needs and have adopted three children from the foster system. At the time their license was revoked, they had just agreed to welcome a soon-to-be born baby boy whose mother struggled with addiction.

That baby needed a home. But instead of putting the child's interests first, the state turned away a loving family that was waiting for him.

This was heartbreaking for all of us – especially in a state where children are sleeping on police station floors because there are not enough foster families.

Vermont excluded families like ours and the Gantts—not because we did anything wrong – but because the government did not like our beliefs.

And Vermont is not alone. Kids are suffering in other states that have enforced similar ideological mandates, including Massachusetts, Oregon, and Washington State.

These policies label families like ours "unfit," even though many of us have spent years successfully caring for foster children.

That raises a troubling question: If the government can declare families unfit to foster a child because we believe sex can't be changed, how long before the government decides parents are unfit to raise our *own* biological children?

Brian:

In 2023, with the help of Alliance Defending Freedom, we sued Vermont for violating the First Amendment and discriminating against families like ours.

Thankfully, just last month, Vermont finally agreed to rescind its decision, allow us to reapply for our license, and end its discriminatory policy.

After more than three years of litigation, the state has finally taken steps in the right direction, and we are grateful for that.

But this should never have required a courtroom. The government shouldn't target parents who embrace the truth that there are only two sexes – equal in worth, different in design.

PAUSE

Today, we are grateful to this Administration for the steps it has taken to protect kids. We appreciate the Administration for Children and Families sending letters to Vermont and other states warning that their exclusionary policies violate the First Amendment and federal funding guidelines.

We know that when the law rejects truth, there is always a human cost.

But when government respects religious freedom, more families step forward, more children find forever homes, and communities grow stronger.

Our hope is simple: that every child will have the chance to grow up in a safe, loving home—and that no state will stand in the way of families eager to provide one.

Thank you.

Archbishop Cordileone

In the winter of 1839, a woman in her mid-forties encountered a blind, partially paralyzed elderly woman on the streets of Paris who had no one to care for her. She carried the elderly woman home to her apartment and took her in from that day forward, letting the woman have her bed while she slept in the attic. She soon took in two more old women in need of help, and by 1841 she had rented a room to provide housing for a dozen elderly people. The following year, she acquired an unused convent building that could house forty of them.

This woman's name is Jeanne Jugan, now Saint Jeanne Jugan, whose profound act of charity led her to found the Little Sisters of the Poor, a congregation of women who vow themselves to be poor, as well as chaste and obedient, in order to devote their entire lives to caring for the elderly poor. These are women who deserve our utmost respect and esteem – I can vouch for this from personal knowledge. Why, then, would these humble, holy and self-giving women have had to find themselves in a multi-year burdensome litigation with the federal government over a contraception insurance mandate that was part of Affordable Care Act? Why must they be deprived of their God-given and constitutional right to serve the poor, and with such great sacrifice, in accordance with their moral principles, derived from their religious faith?

The courage of this poor religious community to take on the federal government with its endless resources cannot be overstated. Their witness to heroic, evangelical charity is unmatched, and all of us should take inspiration from their courage. Their fight to uphold religious liberty was not just for them and the thousands of vulnerable elderly they serve, but it was a fight for all of us, and in some sense a fight for the soul of our country.

This is why it is important that we are here today, and I am grateful for the opportunity to address you and for the work of this Commission, which can be a path to restoring unity in one area of division. All of us, including non-believers, should be invested in the principle of religious liberty. It is through the faith community that the common good is often most effectively pursued. And without the freedom to publicly witness to our faith through charitable works, everyone suffers.

In California where I am from, there is a Catholic hospital being sued by the state because it refuses to offer abortions. The state Attorney General sued Saint Joseph Hospital in Eureka claiming the hospital failed to perform an emergency abortion on a patient with twins. The AG claims the hospital violated California's Emergency Services Law (similar to the federal EMTALA) even though up to this event there was never an expectation that a Catholic hospital perform an abortion except in the situation that required an indirect abortion to save the life of the mother. Should the courts rule the wrong way in this case, all Catholic hospitals in California will be threatened.

There is a case in Sacramento where another Catholic hospital refused to perform a hysterectomy for the purposes of gender transition. The state sued the hospital, maintaining that the refusal to perform the surgery was in direct violation of California's Civil Rights Act which forbids

discrimination on the basis of sex. Again, should the courts rule the wrong way on this, all Catholic hospitals in California will be threatened.

Every year there are bills introduced into our state legislature to expand private insurance coverage for sterilization, IVF, abortion, surrogacy, gender-affirming care, and so forth. If these bills include a religious exemption, the exemption usually only covers organizations that fit a very narrow definition: employs people of their same faith, serves people of their same faith, and has the primary purpose of inculcating religious values. So here we have the secular government defining for religious communities what it means to be religious. Moreover, it contradicts our own definition of who we understand ourselves to be in our service to the community, especially on that second point, and so it excludes all of our health care and social service institutions. Indeed, not only do we serve people of all faiths and none, we do not even ask those who need our help what their religion is when giving it to them. Moreover, what does it mean to "inculcate religious values"? We believe we do that simply by serving the sick and poor with the self-emptying love of Jesus Christ. It is a matter of witness, not preaching platitudes.

In my own city of San Francisco, I am proud that the first AIDS hospice was run out of one of my parishes, and soon followed by Mother Theresa's Missionary of Charity sisters. Before the government established a home for those dying with AIDS, the Church stepped up and led the way. And yet there are, sadly, countless examples of government suppression of the Church's ability to serve those out of reach of the government by enforcing a new and narrow kind of moral standard on faith communities at odds with commonly held moral standards from time immemorial. This is government intervention that does not tolerate genuine

diversity (despite rhetoric to the contrary), and if we lose this fight then we will have lost the soul of our country.

The Founding Fathers understood the value, even necessity, of religion, religious citizens, and the freedom to practice one's faith, which is different from the freedom to worship. The First Amendment is not simply about the freedom to worship as we believe, but to live and act according to those beliefs. The Founding Fathers understood that there had to be a check on secular government in order to prevent the constant tendency to overreach and control. They understood that communities of faith provide this check, and may at times serve as the only barrier to the government descending into tyranny and despotism, which happens in parts of the world where robust religious freedom is not embraced, in contrast to our own Constitution. Which is why robust religious freedom benefits everyone in society, non-believers as well as the religiously observant. The framers of our Constitution knew what they were doing, and we adhere to their vision to our flourishing or violate it to our demise.

Thank you.

PANEL IV: PHYSICIAN TRAINING, ETHICS, & PRACTICES

Dr. Kenneth Prager

1. Three branches of Judaism—Orthodox, Conservative, Reform—often have different approaches to medical ethics issues

2. Sanctity of life based on Biblical narrative: all human beings created in God's image

3. Physician assisted suicide/medical aid in dying therefore not accepted in all three branches of Judaism

4. Increasing sophistication of medical technology has created ethical dilemmas: when does prolonging life morph into prolonging the dying/suffering process?

5. Withholding vs. withdrawing life support: secular medical ethics sees no difference; Orthodox Judaism does and allows withholding under certain circumstances but rarely would allow withdrawing life support (ventilators, feeding tubes, dialysis, cardiac support devices, etc.) Conservative and Reform more lenient

6. Relief of suffering: endorsed by all branches of Judaism, even if it might shorten life. Intent is key. Doctrine of double effect.

7. Role of patient autonomy: not absolute in Orthodox halacha (religious law); stronger in Conservative and Reform (when can patient refuse treatment?)

8. Advance directives: acceptable and encouraged in all three branches of Judaism, will often defer to rabbinic determination of halachically acceptable approach

9. New York State law: respects sanctity of life, not allowing physicians to unilaterally withhold or withdraw life support, CPR—must defer to patient/family.

10. NYS law requires religious accommodation to patient/family beliefs regarding brain death

Dr. Leslee Cochrane

Good morning! Thank you for holding this hearing and for your work defending religious liberty. I am deeply grateful and humbled to be here.

PAUSE

My name is Dr. Leslee Cochrane, and I am a full-time hospice physician in California. I am board-certified in family medicine with additional certification in hospice and palliative care.

Every day, I care for patients who are nearing the end of their lives.

My faith guides my work and my lifelong commitment to treat every person's life with dignity.

That commitment is why I was deeply troubled when, on January 1, 2022, California enacted a law forcing physicians to facilitate assisted suicide.

The law required doctors to document patients' requests for assisted suicide – beginning the legal process for them to obtain life-ending drugs. And if we could would not provide the drugs ourselves, we were required to refer the patient to a doctor who would.

In California, a patient can receive a lethal dose of drugs to facilitate their suicide in as little as 48 hours!

…48 hours!

The state was essentially telling physicians to help their patients die commit suicide.

But that is not why I became a doctor.

PAUSE

I care for terminally ill patients every day. I speak with them about their diagnosis, prognosis, treatment options, and fears.

These patients are often mentally, emotionally, and spiritually exhausted, which leaves them vulnerable.

I have seen families pressure patients toward assisted suicide when that was not the patient's wishes. In one case, my patient had questionable mental capacity, yet his family members were strongly pushing him to pursue assisted suicide.

I have seen patients struggling with pain and despair whose desire to live changed dramatically once their suffering was properly treated.

In several cases, patients under my care with advanced cancer were planning to or had already sought out physician assisted suicide because they were afraid that their symptoms could not be managed. Working with the hospice team, we were able to effectively control their symptoms within a short period of time thereby alleviating their fears and desire for assisted suicide.

That is the reality of hospice care.

People who feel hopeless today can feel very different tomorrow with real medical care.

Yet California's law required me to facilitate assisted suicide based largely on indeterminable predictions about life expectancy.

This turns medicine on its head. Doctors are trained to do no harm – to care, comfort, and heal – not to help end their patients' lives.

Medical organizations across the political and ideological spectrum – including the Disability Rights Education & Defense Fund and the National Council on Disability – agree.

Even the American Medical Association states that "physician-assisted suicide is fundamentally incompatible with the physician's role as healer … and would pose serious societal risks."

Yet California legalized this unethical practice and forced medical professionals to participate or risk losing our licenses.

So I had no choice but to challenge the law. Thankfully, my attorneys at Alliance Defending Freedom secured a court order permanently prohibiting California from forcing me to help end the lives of my patients.

PAUSE

Our government should never force physicians to practice medicine unethically.

My calling as a hospice physician is to ensure patients are treated with dignity during one of the most vulnerable moments of their lives – not to hasten their death.

No one should ever be told their life is no longer worth living.

In conclusion, I wish to thank this Commission and President Trump for initiating this conversation, for pursuing dialogue, and for working to preserve the freedom of every American to uphold human dignity.

Dr. Susan Bane

I do not use death as a therapeutic modality in my medical practice.

My name is Dr. Susan Bane. I am a board-certified obstetrician-gynecologist and have practiced medicine in North Carolina for nearly 30 years.

During my training in both medical school and residency, one principle was central to the field of Obstetrics and Gynecology: we care for two patients — a maternal patient and a fetal patient — a mother and her baby. That understanding shaped not only how I learned medicine, but how I have practiced medicine for the last three decades.

My approach to patient care is not simply a personal preference. It reflects what my profession demands of me. The purpose of medicine is health and healing. Physicians are trained to relieve suffering, to protect life, and to provide trusted care for our patients.

Yet nearly thirty years later, this is not the training many medical students and residents are receiving today.

So the question naturally arises: What happened?

How did we arrive at a place in medicine where induced abortion — defined by the CDC as an intervention intended to terminate a pregnancy and not result in a live birth — is being taught in many medical schools and residency programs as an "essential component of reproductive health care"?

The shift did not happen by accident. It was calculated and it was intentional.

Beginning in 1991, a small group within my field of Obstetrics and Gynecology set out to reshape academic medicine. Their goal was to create a new subspecialty — now called Complex Family Planning — and to institutionalize abortion within medical education. Their vision included building a workforce of physicians trained and willing to perform abortions throughout the entirety of pregnancy.

The first fellowship program began at the University of California, San Francisco in 1991. Today, there are 38 of these fellowship programs across the United States and Canada.

Yet surveys consistently show that approximately 80 percent of practicing OB-GYNs do not perform abortions in their medical practices. The most common reason cited is personal, moral, or religious beliefs.

For many of us, including myself, our commitment to life-affirming medicine comes from multiple sources: our faith, for me my deeply help Catholic faith, our ethical obligations as physicians, the Hippocratic commitment to "do no harm," and the science of embryology that clearly identifies the beginning of human development.

When I trained in the 1990s, students and residents had the freedom to learn medicine in a way that was consistent with their beliefs. Participation in abortion training was optional. If someone wanted that training, they could opt in. But it was never expected.

Today, the structure has changed.

In 2018, the Accreditation Council for Graduate Medical Education (ACGME) — the organization responsible for accrediting residency programs — changed that structure. OB-GYN residency programs are now required to provide clinical training or access to clinical training in abortion as part of the curriculum. Residents who object for religious or moral reasons are allowed to opt out.

On paper, that may sound like a reasonable compromise.

But in practice, opting out is not nearly as simple as it appears.

Medical education is deeply hierarchical. Medical students answer to residents. Residents answer to fellows. Fellows answer to attending physicians. At every level, trainees are constantly being evaluated by the very people who determine their future careers.

To help illustrate the difference between an opt-in environment and an opt-out environment, let me share a story from my own training.

I was a second-year resident making morning rounds when I was told to assist with a dilation and curettage surgical procedure — a D&C — in the operating room. I assumed our patient had experienced a miscarriage and that her baby had already died.

But when I entered the operating room and performed the ultrasound, I saw something different.

I saw a living baby.

In that moment, I took a deep breath and told the attending physician that I could not participate in the surgery.

Because I was training in an opt-in environment, my decision was accepted. I left the operating room without threat, without punishment, and without fear that my training would be jeopardized.

Now imagine that same scenario in today's academic environment.

A resident may have just attended a lecture that morning explaining that "abortion care" is routine practice for obstetricians and gynecologists – "bread and butter care" as some call it.

The attending physician who gave that lecture may be the same surgeon standing in the operating room — and the same physician responsible for evaluating that resident's performance and advancement.

Technically, the resident has the option to opt out. But the reality of the hierarchy creates enormous pressure. For many trainees, opting out feels impossible.

As a result, some remain in the room and participate in procedures that violate their deeply held beliefs and their conscience.

I currently serve as the board chair of the American Association of Pro-Life Obstetricians and Gynecologists, and we care deeply about the next generation of physicians who want to practice life-affirming medicine.

What we hear from students, residents, and physicians across the country is deeply concerning.

Many are afraid to speak publicly about their experiences because they fear retaliation. Medical students tell us they feel discouraged from entering obstetrics and gynecology if they are unwilling to perform abortions. Residents describe situations where they must raise their objections publicly in front of groups of peers and supervisors. Some attending physicians even avoid listing their names in AAPLOG's physician directory because they fear professional consequences.

This is happening at a time when our country already faces a serious shortage of obstetric care. Nearly 40 percent of U.S. counties are considered maternity care deserts, meaning they have no hospitals, no birth centers, and no obstetric health care professionals providing maternity care.

If students who want to practice life-affirming medicine feel they cannot enter my profession, that shortage will only grow.

Just a few weeks ago, I had the privilege of interviewing Professor Robert George of Princeton University at AAPLOG's national conference. Professor George is one of the leading scholars in the United States on conscience protections and religious liberty.

During our conversation, we discussed a powerful insight from his work. He wrote that "anyone who succumbs to intimidation or bullying — anyone who goes silent out of fear — not only harms their own character but also makes it harder for others to stand for what is true."

Today, medical professionals both in training and in practice are increasingly being pressured into silence.

If we fail to protect the conscience rights and religious liberty of physicians and medical trainees, we risk losing something profoundly important — the freedom for doctors to practice medicine with integrity.

And ultimately, we risk losing the Hippocratic tradition of medicine that patients themselves deserve.