

March 15, 2021

The Honorable Dick Durbin
Chairman
Committee on the Judiciary
United States Senate
Washington, DC 20510

The Honorable Charles E. Grassley
Ranking Member
Committee on the Judiciary
United States Senate
Washington, DC 20510

RE: Conscience concerns with H.R. 5

Dear Chairman Durbin, Ranking Member Grassley, and Members of the Senate Judiciary Committee:

As a doctor, a lawyer, a woman, and a mother, I have deep concerns about the legislative proposal you are considering today, H.R. 5. I worry that consideration of such a massive bill has been rushed, without due consideration of the impact it could have on medical professionals and the patients that rely on their care.

I have dedicated my entire career to ensuring that the most vulnerable, at-risk populations both domestically and abroad have access to high quality, excellent care. This mission is important to me because it is central to honoring the human dignity of each and every person. I serve all patients, no matter their background, religion, political views, sexual orientation, or socio-economic status. In law school, my major focus was human rights law—an expertise which has remained my focus throughout my decades of serving underserved patients and women. I have worked with partners at a medical clinic providing healthcare to undocumented and extremely poor women in the Richmond, Virginia area. I worked under a federal grant to help establish mobile obstetrical care for undocumented and extremely poor women in Richmond. I have dedicated months to working in a federally designated underserved area as a staff obstetrician and gynecologist. And I have spent decades training students, interns, and residents how to do what I do.

This year marks twenty-eight years from my graduation from medical school. As a doctor, I have committed my life to the art and science of medicine. As a Christian, I have promised to love God with my whole heart and to love my neighbor as myself. As a Christian physician, I practice medicine as a calling; in other words, the practice of medicine is an extension of my very self. I cannot sever my calling and

practice as a physician from the calling and practice of my Christian faith. Any attempt to do so would cut off my calling as a healer from the source of its life.

Some have argued that legally protecting the right of conscience in medicine can and will be used by religious physicians to deny care to patients. My life and my life experiences in women's healthcare bear testimony to just the opposite. In my decades of experience serving underserved and vulnerable patients, I have witnessed first-hand the extensive ranks of excellent and dedicated medical professionals who serve in the medical field because of their faith and their deep calling to improve the lives of those in need. They are willing to go to the poorest neighborhoods, the riskiest countries, even endanger their own lives—all for one goal: to heal.

American law is a leader in its historic commitment to protecting conscience rights.

Providing a legal safe-haven for rights of conscience is a hallmark of American freedom that we often take for granted, but that is not typical. My first day serving on staff at Kapsowar Hospital, a small Christian missionary hospital in rural Kenya, a young medical student visiting from Great Britain approached me. When I introduced myself as an OB/Gyn, she seemed shocked and dismayed. She asked, "How can you practice in that specialty, where you are required to perform abortions?" I had to explain to her that in the United States, physicians are not forced to perform procedures they believe are harmful.

She then proceeded to tell me that Christians and others of religious faith in the U.K. no longer go into the specialty of obstetrics and gynecology because OB/Gyn physicians there are required to perform abortions. I remember thinking that this was tragic, as some of the most dedicated, selfless, and skilled physicians I have ever known in the specialty are pro-life. If these men and women were driven from obstetrics and gynecology it would be devastating to women's healthcare. But I was not concerned at the time because I never imagined this kind of thing could happen in America.

Pro-life physicians care for women who have had an abortion or have an ectopic pregnancy.

I have been privileged to work with physicians from all over the world. In over thirty years (including my time in medical school) I have never seen a Christian physician refuse to care for a woman with an ectopic pregnancy (a pregnancy that has implanted outside of the uterus) or who is suffering a complication from a spontaneous or elective abortion. Pro-life physicians are just that: we fight for life because we believe that every life from conception onward is precious and irreplaceable. When a woman comes in with an ectopic pregnancy, we either treat her medically or surgically—either way the pregnancy is lost, but she is saved. When a

woman presents hemorrhaging from an abortion, we care for her with compassion and rush her to the operating room (OR) to perform a life-saving dilation and curettage (D&C). The pregnancy is lost, but the woman is saved.

Some time ago, I sat by the bed of a woman who was hemorrhaging to death from an incomplete abortion. I cleared her for an emergent D&C. She asked me if she was going to die. I said that I was going to do everything I could to prevent that from happening, but that death was a risk. She began to cry and asked if she could speak to her children again before we went back to the OR. I prayed with her and took her to perform the procedure. Today, as I write this, she is at home with her family. The team caring for her that evening was composed of pro-life physicians and nurses.

As pro-life physicians, our focus is always to save and heal, even when the baby does not survive.

Part of being a physician means having to make difficult, life-impacting decisions. Sometimes, a mother comes in with a condition called HELLP syndrome, a particularly vicious form of preeclampsia (hypertension in pregnancy) that causes organ failure and death unless that woman is delivered. In my many years of work at Tenwek Hospital in Bomet, Kenya, it was not unusual for a woman to come in with this severe form of preeclampsia. I remember one young mother who was about 26 weeks pregnant. She came to our hospital and I diagnosed her with HELLP syndrome. I delivered her to save her life, knowing that the baby would die as, in our rural, low resource setting, he was too young to live outside of the womb. Was I saddened to lose this child? Yes. Did I hesitate to induce a pre-viable baby to save a woman's life? No. And this happens in practices in America too. One of my colleagues in the United States was recently faced with just such a scenario. He also did not hesitate. He delivered a pre-viable child to save a woman's life. Like me, he was not killing the child, who tragically had no chance of survival in this situation. He was saving the mother. And this is what we do as physicians. This is what we do as pro-life physicians.

Without clear, reliable conscience protections for medical professionals, we risk losing some of the best and brightest new minds in the medical field.

It devastates me to think that the laws in my country may change in such a way that Christian physicians (and doctors from other religious backgrounds who are pro-life) will be forced to either perform acts they consider abhorrent and harmful to their patients, or leave the practice of medicine—the profession and calling to which they have dedicated their lives.

One day not too long ago, I was sitting with a group of my family medicine residents on our Labor and Delivery team. These young men and women are pro-life Christian physicians. They asked me: “What are we to do if the government tries to

force us to violate our consciences in order to practice medicine?” I love these young doctors. They are selfless, kindhearted, compassionate and, after years of hard work, well-educated and well-trained physicians. They are about to graduate from their residency and embark on careers where they will care for countless individuals over many decades. But what will happen if they are forced to practice in a way that violates their faith, conscience, and best medical judgment?

These residents, along with a number of my colleagues of all ages and different specialties, are reaching the same conclusion: *they will stop practicing medicine before they will violate their consciences and obey a government command to do harm.*

Who are some of these doctors? One is an African American woman who plans to return to practice in her hometown upon finishing her residency. She is from a small, southern, rural town. She is desperately needed there, and it has been her dream to return to take care of this community. Two other residents (an African American woman and a Caucasian man) are going to work in a rural Georgia clinic where they will care for the poorest of the poor. The fourth doctor is moving to Africa where he and his family have committed to serve in an extremely poor community and establish a family medicine training program for nationals. All four of these physicians are Christians. All are pro-life. Each believes that the practice of medicine is a calling that emanates from their faith. And each have expressed to me that they will not be forced to practice against their consciences and violate their faith. I could tell the stories of many more.

I can tell you from experience that we need these selfless young men and women. The world would be a darker place without their sacrifice. They serve all who come to them with compassion and excellence. But the bill you consider today, H.R. 5, threatens the ability of medical professionals with uncompromisable convictions about human life and dignity to continue their important work. Its poorly drafted language threatens to expose people to harassing lawsuits if they are unable to perform procedures that they believe, in their experienced medical judgment, to be harmful to their patients.

The Christian Olympic athlete, Eric Liddell, famously refused to run on the Sabbath because this would violate his faith. The Scottish government attempts to force him to compete. He refused to run, and in so doing, demonstrated that he was willing to give up everything he had worked for to honor God. In the film about his life, *Chariots of Fire*, one of the government officials states that he “is a true man of principle and a true athlete. His speed is a mere extension of his life, its force. We sought to sever his running from himself...no sake is worth that . . . least of all a guilty national pride.”

For Christian physicians, our practice is a calling. We are men and women of principle. Our practice is an extension of our life, its force. Our practice of medicine

cannot be severed from ourselves. This is why that young medical student from the U.K. was initially devastated to learn that I was an obstetrician—until she learned that, in America, we do not attempt to sever physicians from themselves by forcing them into practices that violate them as whole persons. No sake is worth that. The loss for all concerned, but especially for the patients whom we serve with everything we are, would be too great.

With gratitude for your consideration of these serious concerns,

Dr. Joy C. Draper, M.D., J.D.,

F.A.C.O.G.