



May 20, 2026

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

RE: Complaint for Discrimination in Violation of 42 U.S.C. § 300a-7 (“Church Amendments”), Section 507(d) of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (“Weldon Amendment”); and 42 U.S.C. § 238n (“Coats-Snowe Amendment”)

Contact attorneys for complainant:

Olivia F. Summers
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American Center for Law and Justice



Complaint filed on behalf of:

 M.D.

(contact information on file with attorneys)

Person/Agency/Organization committing discrimination:



Then-Medical Director: 

DATE AND NATURE OF DISCRIMINATORY ACTS

This complaint alleges unlawful and ongoing discrimination on the basis of religion and conscience against Dr. [REDACTED] (“Dr. [REDACTED]” or “Complainant”), a board-certified general internal medicine physician licensed in the State of Illinois, in violation of federal conscience protection statutes. [REDACTED] [REDACTED] or “Respondent”) and its then-Medical Director [REDACTED] explicitly conditioned Dr. [REDACTED] continued employment as Chief of Medicine on his agreement to prescribe abortion-inducing medications — a requirement that directly violates his sincerely held Christian religious and moral beliefs. When Dr. [REDACTED] and his entire Emergency Department staff invoked their religious exemptions and declined to participate in abortion services, Sage threatened Dr. [REDACTED] with termination. Forced to choose between his faith and his career, Dr. [REDACTED] resigned from the Department of Veterans Affairs in June 2023.

In late 2025, after being invited to return, Dr. [REDACTED] applied and was offered a clinical position at [REDACTED] in early 2026. That offer was personally rescinded by Mr. Sage, an action Dr. [REDACTED] believes was retaliation for his earlier exercise of conscience rights. These violations began in August 2022 and continue to the present day.

BACKGROUND AND TIMELINE OF KEY EVENTS

Dr. [REDACTED] is a board-certified general internal medicine physician licensed in the State of Illinois. He became a physician because of a desire to help others and preserve life. At the age of thirty-five, Dr. [REDACTED] became a Christian, and since then his religious beliefs have further motivated his desire to be a doctor. His religious beliefs are sincere, deeply held, and inform every aspect of his medical practice.

His conviction against the practice of abortion is rooted in scripture and his understanding of God’s creation and salvation of mankind:

- “So God created man in His own image; in the image of God he created him; male and female he created them. Then God blessed them, and God said to them, “Be fruitful and multiply[.]” *Genesis* 1:27-28.
- “Before I formed you in the womb I knew you; Before you were born I

sanctified you[.]” *Jeremiah* 1:5.

- “All things were made through Him, and without Him nothing was made that was made.” *John* 1:3.
- “But God demonstrates His own love toward us, in that while we were still sinners, Christ died for us.” *Romans* 5:8.
- “For if we sin willfully after we have received the knowledge of the truth, there no longer remains a sacrifice for sins, but a certain fearful expectation of judgment[.]” *Hebrews* 10:26-27.

Dr. [REDACTED] believes that God is actively involved in the creation of every human life, and that all people are made in the image of God with inherent dignity and divine purpose. He holds that Jesus Christ died and rose again to reconcile humanity to God and offer forgiveness of sins. Rooted in these sincerely and deeply held Christian convictions, Dr. [REDACTED] believes that the intentional taking of an innocent human life — an image-bearer of God created for a divine purpose — constitutes a grave and heinous sin against God.

In accordance with his sincerely held Christian beliefs, Dr. [REDACTED] is deeply committed to protecting the sanctity of all human life, including pre-born life. Accordingly, he holds the following conscientious objections rooted in his Christian faith:

- He cannot prescribe, administer, or provide abortion-inducing medications, including but not limited to mifepristone or misoprostol.
- He cannot encourage others to prescribe, administer, or provide abortion-inducing medications, including but not limited to mifepristone or misoprostol.

Dr. [REDACTED] conscientious objections are not mere personal preferences, but deeply held religious beliefs that qualify as sincere religious exercise protected under the First Amendment to the United States Constitution, the Religious Freedom Restoration Act, federal conscience protection statutes, and Illinois law.

Dr. [REDACTED] began work at the [REDACTED] in April 2015. At the time, he was in his seventh year of practice. His initial appointment was a purely clinical role in the

Emergency Department. He became the Emergency Department Director in September 2016 and subsequently became the Chief of Medicine in September 2017. During his extensive time in both positions, Dr. [REDACTED] consistently received excellent annual performance evaluations and had no founded patient complaints against throughout his tenure.

In late August 2022, the VA, under the Biden Administration, announced that it would begin providing abortion care and counseling services to veterans.¹ Dr. [REDACTED] along with other facility leaders, was required to attend a three-day meeting regarding the implementation of the VA's new policy requiring physicians to provide abortion care. Dr. [REDACTED] was instructed during the meeting that the Emergency Department would prescribe abortion-inducing medication, including staffing and other logistical requirements necessary for expansion into abortion practice. Dr. [REDACTED] recalls that the meeting was "unlike any meeting [he] had been a part of at the VA." No notes or recording devices were allowed at the meeting. He also recalls that those leading the meeting informed the participants that one of the ultimate goals of the VA's new policy was to provide not only veterans, but the entire community, with abortion services.

When the VA initially announced that it would begin providing abortions to veterans, Dr. [REDACTED] had applied for a then-recently vacated Chief of Staff position at [REDACTED]. Dr. [REDACTED] emailed leadership at the Veteran Integrated Service Network ("VISN") asking if they would support a Chief of Staff who did not support the VA's foray into providing abortions. VISN leadership informed Dr. [REDACTED] that a Chief of Staff who did not want to provide abortion services would not be supported and that the Chief of Staff would be expected to provide such without question. As a result of the email exchange, Dr. [REDACTED] withdrew his application for Chief of Staff at [REDACTED].

After the initial three-day meeting, Dr. [REDACTED] and other relevant facility service chiefs and women's health providers were required to attend weekly

¹ *VA will Offer Abortion Counseling and – In Certain Cases – Abortions to Pregnant Veterans and VA Beneficiaries*, Sept. 2, 2022, <https://news.va.gov/press-room/va-will-offer-abortion-counseling-and-in-certain-cases-abortions-to-pregnant-veterans-and-va-beneficiaries/>.

meetings held by the VISN regarding the implementation of abortion services. Dr. [REDACTED] was encouraged on several occasions to speak with physicians and providers in the Emergency Department to increase participation in abortion services. Yet, within a few months of the initial meeting, Dr. [REDACTED] and his entire Emergency Department filed conscientious objection waivers to opt out of participating in abortions and any abortion related activities, including prescribing abortion drugs.

During weekly implementation meetings, Dr. [REDACTED] was required to update leadership on the Emergency Department's compliance with the new abortion services policy. He repeatedly reported that no providers were participating because of conscientious objections.

In November 2022, [REDACTED] was sworn in as the new Medical Director at [REDACTED]. In late March 2023, Dr. [REDACTED] received a phone call from then-Medical Director [REDACTED] inquiring about the Emergency Department's lack of participating providers in abortion services. During the phone call, [REDACTED] told Dr. [REDACTED] that he was going to rescind Dr. [REDACTED] conscientious objection waiver. Dr. [REDACTED] responded by stating, "I am a physician, you can't do that." [REDACTED] replied by stating, "you are administration and you can either get on board or find another job." Feeling he had no other choice but to choose between his job and his faith, Dr. [REDACTED] resigned and left the VA entirely at the end of June 2023.

After resigning, Dr. [REDACTED] maintained a relationship with several of his former colleagues, including the Emergency Department Director, Dr. [REDACTED]. In the summer of 2025, Dr. [REDACTED] notified Dr. [REDACTED] that one of the physicians in the Emergency Department would be retiring at the end of the year, and Dr. [REDACTED] asked Dr. [REDACTED] if he would be willing to come back to the facility. Dr. [REDACTED] always enjoyed providing care to the veterans, but he told Dr. McClallen that he did not want to take on leadership tasks. A position with the VA was posted in December 2025; Dr. [REDACTED] interviewed for the position and passed preliminary checks. He received an offer letter complete with salary and tentative start date, contingent only on completion of pre-employment requirements. However, the offer was rescinded on March 10, 2026. He was told by Ms. [REDACTED]

██████ an HR representative, that the offer was personally rescinded by then-Medical Director ██████ without any reason or explanation. He believes ██████ rescinding of the offer was directly related to their prior confrontation regarding his faith-based objection to abortion. Only a few hours after Dr. ██████ received the call rescinding his employment offer, Mr. ██████ announced that he would be leaving ██████ on March 13, 2026, and assuming directorship of the ██████.

LEGAL ANALYSIS

I. Church Amendments, 42 U.S.C. § 300a-7

The Church Amendments prohibit any entity receiving HHS grants, contracts, loans, or loan guarantees from discriminating “in the employment, promotion or termination of employment of any physician or other health care personnel, or,”² “in the extension of staff or other privileges to any physician or other health care personnel . . . because of his religious beliefs or moral convictions respecting . . . abortions.”³

“Here Congress quite properly sought to protect the freedom of religion of those with religious or moral scruples against sterilizations and abortions.”⁴ The law is clear: “federal conscience laws definitively protect doctors from being required to perform abortions or to provide other treatment that violates their consciences.”⁵ Subsection (c) of the Church Amendments applies directly and with particular force to the actions by the VA taken against Dr. ██████ a licensed physician.

██████ informed Dr. ██████ that his application for the vacant Chief of Staff position would not be supported because of his conscientious objection to abortion. The facility further conditioned his continued employment on his agreement to prescribe abortion-inducing medications and to encourage his staff to do the same — actions that directly violate his sincerely held Christian religious

² 42 U.S.C. § 300a-7(c)(1)(A).

³ 42 U.S.C. § 300a-7(c)(1)(B).

⁴ *Chrisman v. Sisters of St. Joseph of Peace*, 506 F.2d 308, 312 (9th Cir. 1974).

⁵ *FDA v. All. for Hippocratic Med.*, 602 U.S. 367, 387 (2024).

beliefs. These demands constitute precisely the type of coercion the Church Amendments were designed to prohibit.

██████████ threatened denial of Dr. ██████████ conscientious objection waiver and his threat to Dr. ██████████ to implement abortion services or find another job constitutes actionable discrimination under the statute. There was no genuine accommodation, and ██████████ is not insulated from liability.

II. Weldon Amendment

The Weldon Amendment⁶ prohibits discrimination by HHS fund recipients against health care entities that decline to provide, cover, or refer for abortions on the basis of religious or moral convictions.⁷ Specifically, it states that “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.”⁸ As the sponsor of the Amendment explained: “This provision is intended to protect the decisions of physicians, nurses, clinics, hospitals, medical centers, and even health insurance providers from being forced by the government to provide, refer, or pay for abortions. This is a reasonable Federal policy, one that was overwhelmingly approved by [Congress].”⁹

Dr. ██████████ is an “individual health care entity” within the meaning of the Weldon Amendment. ██████████ ██████████ is a recipient of federal funds subject to this prohibition. By conditioning Dr. ██████████ promotion, continued employment, and future employment with the VA on his willingness to participate and encourage

⁶ Section 507(d) of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2024, Pub. Law No. 118-47, 138 Stat. 460, 703 (Mar. 23, 2024) *as carried forward by* the Full-Year Continuing Appropriations and Extensions Act, 2025, Pub. Law No. 119-4, 139 Stat. 9 (Mar. 15, 2025) (hereinafter The Weldon Amendment), https://www.hhs.gov/sites/default/files/weldon_amendment.pdf.

⁷ See also Consolidated Appropriations Act, 2023, Pub. L. No. 117-328, div. H, § 507(d)(1), 136 Stat. 4459, 4908 (2022) (enacting the amendment for the fiscal year ending September 30, 2023); Further Consolidated Appropriations Act, 2024, H.R. 2882, 118th Cong. div. D, § 507(d)(1) (2024) (enacting the amendment for the fiscal year ending September 30, 2024).

⁸ Weldon Amendment, *supra* note 5.

⁹ 150 Cong. Rec. H10,090 (2004) (statement of Rep. Weldon).

participation in providing abortion-inducing medications, [REDACTED] subjected Dr. [REDACTED] to discrimination on the basis that he does not provide or encourage others to provide abortions. While the Weldon Amendment operates on government recipients of federal funds, the federal agency administering those funds — HHS — has authority and responsibility to enforce the conditions attached to federal financial assistance, including by requiring that recipient entities such as [REDACTED] not engage in prohibited discrimination. This complaint requests that HHS enforce those conditions against [REDACTED]

III. Coats-Snowe Amendment

The Coats-Snowe Amendment¹⁰ similarly prevents “any State or local government that receives Federal financial assistance” from “subject[ing] any health care entity to discrimination on the basis that—” “the entity refuses to undergo training in the performance of induced abortions, to require or provide such training, to perform such abortions, or to provide referrals for such training or such abortions; [or] the entity refuses to make arrangements for any of the activities specified”¹¹ The statute defines “health care entity” broadly to include “an individual physician.”¹² Like the Church Amendments, Coats-Snowe is a condition on the receipt of federal funds and is enforceable by OCR.

Dr. [REDACTED] is an “individual physician” and thus a “health care entity” under § 238n. He refused to agree to participate and encourage participation from the Emergency Department in providing abortion-inducing medications on the basis of his sincere religious beliefs and moral convictions. [REDACTED] and then-Medical Director [REDACTED] subjected Dr. [REDACTED] to discrimination based precisely on that refusal by insisting, as a condition of promotion or his continued employment, that he agree to provide such referrals; refusing to accept his explicit religious objections; and forcing him to resign when he declined to consent to prescribing abortion-inducing medication.

¹⁰ 42 U.S.C. § 238n (2023).

¹¹ *Id.* at (a)-(a)(2).

¹² *Id.* at (c)(2).

As a recipient of federal financial assistance that has engaged in this discrimination, [REDACTED] has rendered itself in violation of the conditions attached to that assistance under the Coats-Snowe Amendment. This complaint requests that the Department enforce those conditions by investigating and requiring [REDACTED] to cease its discriminatory practices.

Requested Relief:

Dr. [REDACTED] respectfully requests that the U.S. Department of Health and Human Services Office for Civil Rights:

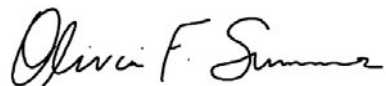
1. Promptly investigate the discriminatory employment practices of [REDACTED] [REDACTED] as described in this complaint.
2. Issue a finding that [REDACTED] conduct violates federal conscience statutes, including the Church Amendments (42 U.S.C. § 300a-7), the Weldon Amendment (Section 507(d) of the LHHS Appropriations Act), and the Coats-Snowe Amendment (42 U.S.C. § 238n).
3. Require that [REDACTED] take immediate corrective action, including removing from all physician employment agreements any mandatory referral provision that requires physicians to provide referrals for services contrary to their sincerely held religious beliefs, or that fails to genuinely accommodate physician religious conscience.
4. Require that [REDACTED] establish and implement a written policy for genuine religious accommodation of physician conscience, in accordance with federal law, before executing future physician employment agreements.
5. Refer this matter to appropriate federal agencies (including the Department of Justice) for further action as warranted.
6. Impose conditions on [REDACTED] continued receipt of federal financial assistance, including Medicare and Medicaid funding, to ensure compliance with the conscience protection requirements attached to that assistance.
7. Grant such other relief as the Department deems appropriate and just.

CONCLUSION

Dr. [REDACTED] is an experienced, board-certified general internal medicine physician who dedicated years to serving veterans at [REDACTED]. He was forced to resign, and later denied re-employment, solely because he refused — as a matter of deeply held Christian religious conscience — to prescribe abortion-inducing medications or encourage his staff to do so. After Dr. [REDACTED] and his entire Emergency Department invoked their conscientious objection waivers, then-Medical Director [REDACTED] explicitly threatened to rescind those waivers and told Dr. [REDACTED] he could “either get on board or find another job.” These actions left Dr. [REDACTED] with no choice but to resign in June 2023. He was later offered a clinical position in early 2026, only to have that offer personally rescinded by [REDACTED] in apparent retaliation for his exercise of religious conscience.

Federal law — the Church Amendments, the Weldon Amendment, and the Coats-Snowe Amendment — was designed precisely to protect physicians like Dr. [REDACTED] from this kind of coercion. Those laws expressly prohibit recipients of federal funding from conditioning physician employment on willingness to facilitate or refer for abortion and related services. [REDACTED] received that federal funding and violated those laws.

Respectfully submitted,



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