Nos. 14-1418, 14-1453, 14-1505, 15-35, 15-105, 15-119, and 15-191

In the Supreme Court of the United States

DAVID A. ZUBIK, ET AL.,

Petitioners,

v.

SYLVIA BURWELL, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL.,

Respondents.

On Writs of Certiorari to the United States Courts of Appeals for the Third, Fifth, Tenth, and District of Columbia Circuits

BRIEF OF 240 STUDENTS, FACULTY, AND STAFF AT RELIGIOUSLY AFFILIATED UNIVERSITIES AS AMICI CURIAE IN SUPPORT OF RESPONDENTS

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(Additional Captions Listed on Inside Cover)

PRIESTS FOR LIFE, ET AL., *Petitioners*,

v.

DEPARTMENT OF HEALTH AND HUMAN SERVICES, ET AL., *Respondents*.

ROMAN CATHOLIC ARCHBISHOP OF WASHINGTON, ET AL., *Petitioners*,

v.

SYLVIA BURWELL, ET AL., *Respondents*.

EAST TEXAS BAPTIST UNIVERSITY, ET AL., *Petitioners*,

v.

SYLVIA BURWELL, ET AL., *Respondents*.

LITTLE SISTERS OF THE POOR HOME FOR THE AGED, ET AL., *Petitioners*,

v.

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SOUTHERN NAZARENE UNIVERSITY, ET AL., *Petitioners*,

v.

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BRIEF OF 240 STUDENTS, FACULTY, AND STAFF AT RELIGIOUSLY AFFILIATED UNIVERSITIES AS AMICI CURIAE IN SUPPORT OF RESPONDENTS

INTEREST OF THE AMICI CURIAE[1]

Amici are 240 students, faculty, and staff at religiously affiliated universities.

Jane Doe 3 is a student at the University of Notre Dame; Jane Does 1 and 2 are former students at Notre Dame. The Does were granted leave to intervene as parties-defendants in *University of Notre Dame* v. *Burwell*, 786 F.3d 606 (7th Cir. 2015), petition for cert. pending, No. 15-812 (filed Dec. 18, 2015), which presents the same issue as these cases do.[2]

The other amici are students, faculty, and staff at the following religiously affiliated institutions: Benjamin N. Cardozo School of Law, DePaul University, Fordham University, Fordham University School of Law, Georgetown University, Georgetown University Law Center, Loyola Marymount University (Los Angeles), Loyola University New Orleans, Saint Louis University School of Law, University of Detroit Mercy School of Law, and the University of Notre Dame. Amici range in age from 18 to 53. Some of the student amici are undergraduates; others at-

[1] No counsel for a party authored this brief in whole or in part and no person other than amici or their counsel made a monetary contribution to the brief's preparation or submission. The parties have filed letters with the Clerk's office consenting to the filing of amicus briefs.

[2] Does 1 and 2 have since transferred from Notre Dame to other universities and therefore have withdrawn from the case. Doe 3 is the intervenor-respondent in No. 15-812.

tend law school or other graduate or professional programs. Some of the amici are single; others are married, engaged, or otherwise in committed relationships. Most are women; a few are men whose family members receive insurance coverage through the amici's universities. Some of the universities are taking advantage of the accommodation that is being challenged in this case—though in the case of Jane Doe 3 and Ann Doe, the school is also challenging the accommodation. The universities of the other amici currently provide contraceptive coverage as required by state law or else provide the coverage voluntarily, but amici fear that a ruling in favor of petitioners here would imperil the legal protections for the contraceptive coverage on which they depend.

Because they work or study at religiously affiliated entities and rely on the contraceptive coverage guaranteed to them and their dependents under the Affordable Care Act, amici bring special insight into the importance of the current accommodation regulations in ensuring that women are able to make their own reproductive decisions. Amici can also supply detailed knowledge of the serious obstacles to contraceptive access that would arise if petitioners in these cases were successful.[3]

INTRODUCTION AND SUMMARY OF ARGUMENT

Petitioners seek to deny to students, faculty, and staff at religiously affiliated institutions the coverage for the full range of contraceptive services that they

[3] A full list of the amici and their universities appears in the Appendix. The academic institutions are listed for identification only.

are guaranteed by law. The accommodation regulations challenged in these cases already allow religiously affiliated entities to opt out of providing contraceptive coverage to students and employees by requesting an exemption in writing. The regulations thus "effectively exempt[ ] [them] * * * from the contraceptive mandate." *Burwell* v. *Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751, 2763 (2014). Yet in petitioners' view, the mere act of requesting the accommodation would violate their free-exercise rights because, after an objecting entity requests the accommodation, the government will arrange with third parties to ensure that the entity's students and employees receive contraceptive coverage by other means.

Amici agree with the government that the challenged accommodation regulations do not substantially burden petitioners' religious exercise under the Religious Freedom Restoration Act, 42 U.S.C. 2000bb *et seq.* But even if they did, the accommodation advances the government's compelling interests in decreasing the number of unintended pregnancies and abortions, preserving women's opportunities for educational and professional participation and advancement, and improving women's health. What is more, the government has employed the least-restrictive means of achieving those interests—interests that would be undermined if women were left to seek contraceptive coverage on their own. Allowing religiously affiliated entities to impose that burden on affected women would exceed any recognized free-exercise right and would, in fact, violate the Establishment Clause.

Tens of millions of women nationwide depend on contraceptive coverage to prevent unintended pregnancies, treat serious medical problems, and amelio-

rate the resulting educational, professional, and medical harms. Many of these women work or study at religiously affiliated institutions. Whatever views petitioners or others may hold about contraception, they have no right to veto the government's provision of benefits and thereby to strip these students, faculty, and staff of access to coverage for critical preventive care. This Court has never before recognized a free-exercise right, under RFRA or otherwise, to so thoroughly undermine the rights of third parties. It should not do so now.

STATEMENT

Congress enacted the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119, to "increase the number of Americans covered by health insurance and decrease the cost of health care," *Nat'l Fed'n of Indep. Bus.* v. *Sebelius*, 132 S. Ct. 2566, 2580 (2012). Employers with at least 50 employees must either offer adequate health insurance or pay a sum to defray part of the cost of subsidies for insurance purchased on the public exchanges. See 26 U.S.C. 4980H(a)–(d). In addition, the Act requires insurance providers and plan administrators to cover preventive care—including preventive care specific to women's health—without cost-sharing. See 42 U.S.C. 300gg-13(a).

To help determine what preventive coverage should be required, the Department of Health and Human Services asked the Institute of Medicine to identify the preventive services that are necessary for women's health and well-being. Institute of Medicine, *Clinical Preventive Services for Women: Closing the Gaps* 1–2 (2011), http://tinyurl.com/ClosingGaps ("*IOM Report*"). The Institute recommended that coverage be provided for, among other things, all

FDA-approved "contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity." *Id.* at 109–110. The Secretary adopted that recommendation, requiring health plans to include contraceptives in the battery of covered preventive services. See 42 U.S.C. 300gg-13(a); 77 Fed. Reg. 8725, 8725–8727 (Feb. 15, 2012).

Houses of worship are exempt from the contraceptive-coverage requirement. See 78 Fed. Reg. 39,870, 39,873–39,874 (July 2, 2013). Other religiously affiliated entities may opt out of providing the coverage by completing a simple form and submitting it to their insurance provider or health-plan administrator, or by giving written notice of their objection to the government. See 80 Fed. Reg. 41,318, 41,322–41,323 (July 14, 2015) (to be codified at 45 C.F.R. Pt. 147). Once an entity has requested this accommodation, the government arranges for the insurance provider or plan administrator to provide contraceptive coverage under a separate policy—without cost to or involvement of the objecting entity. See 45 C.F.R. 147.131(c).

ARGUMENT

I. The government has a compelling interest in ensuring access to contraceptive coverage.

In *Burwell* v. *Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751 (2014), the Court "assume[d] that the interest in guaranteeing cost-free access to [FDA-approved] contraceptive methods is compelling within the meaning of RFRA." *Id.* at 2780. Justice Kennedy underscored that "a premise of the Court's opinion is its assumption that the HHS regulation here at issue

furthers a legitimate and compelling interest in the health of female employees"—a premise that was "important to confirm." *Id.* at 2786 (Kennedy, J., concurring).

The government's interest in guaranteeing insurance coverage for contraceptives is compelling indeed. By providing access to affordable and effective contraceptives, this coverage (1) reduces the number of unintended pregnancies and abortions, (2) dramatically expands women's educational and professional opportunities, and (3) improves women's health. The interest in ensuring contraceptive coverage is even more compelling when it comes to students, who are more susceptible to unintended pregnancies and for whom such pregnancies often produce more serious consequences.

A. Contraceptive coverage reduces rates of unintended pregnancy and abortion.

1. More than half of all U.S. pregnancies are unintended. See Lawrence B. Finer & Mia R. Zolna, *Shifts in Intended and Unintended Pregnancies in the United States, 2001–2008*, 104 Am. J. Pub. Health S43, S44 (2014), http://tinyurl.com/USshifts. Every year, approximately 3 million American women have an unplanned pregnancy. See, *e.g.*, *ibid.* (3.37 million unintended pregnancies in 2008); Lawrence B. Finer & Stanley K. Henshaw, *Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001*, 38 Persp. on Sexual & Reprod. Health 90, 92 (2006), http://tinyurl.com/USpregnancy2001 (3.1 million unintended pregnancies in 2001); Stanley K. Henshaw, *Unintended Pregnancy in the United States*, 30 Fam. Plan. Persp. 24, 26 (1998) (2.65 million unintended pregnancies in 1994).

The rate of unintended pregnancies is especially high among students. Nationally, the pregnancies of women ages 24 and under are nearly twice as likely to be unintended as are the pregnancies of women ages 25 and older. See Lawrence B. Finer & Mia R. Zolna, *Unintended Pregnancy in the United States: Incidence and Disparities, 2006*, 84 Contraception 478, 481 (2011). For sexually active women ages 20 to 24, the rate of unintended pregnancy is 125 per 1,000 women; for women ages 18 and 19, the rate is an even more alarming 162 per 1,000. Lawrence B. Finer, *Unintended Pregnancy Among U.S. Adolescents: Accounting for Sexual Activity*, 47 J. Adolescent Health 312, 313 fig.2 (2010). And more than four out of five pregnancies among women ages 18 and 19 are unintended. Finer & Zolna, 84 Contraception at 481.

It is no surprise that young women have such high rates of unintended pregnancy. Sixty-six percent of 18- and 19-year olds and 83% of 20- to 24-year olds are sexually active. Finer, 47 J. Adolescent Health at 313. The rate of sexual activity is even higher for students of graduate-school age: Ninety-two percent of 25- to 34-year olds are sexually active. *Ibid.* In a recent survey, nearly 70% of college students reported having had sex within the last 12 months; 41.8% reported having sex within the past 30 days. See Am. Coll. Health Ass'n, *National College Health Assessment II: Spring 2015 Reference Group Data Report* 26, 27 (2015), http://tinyurl.com/studentsactive.

2. For women generally and students specifically, contraception is essential to reducing the rate of unintended pregnancy. Yet without coverage for contraception, access is often stifled by cost: Many of the

most effective methods of contraception are expensive up front. See, *e.g.*, *IOM Report* 108.

For example, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the World Health Organization endorse young women's use of long-acting reversible contraceptives, such as IUDs and implants, to prevent unintended pregnancy. Sue Ricketts et al., *Game Change in Colorado: Widespread Use of Long-Acting Reversible Contraceptives and Rapid Decline in Births Among Young, Low-Income Women*, 46 Persp. on Sexual & Reprod. Health 125, 125 (2014), http://tinyurl.com/LARCeffectiveness. And teens and young women are more likely to be satisfied with, and thus to keep using, these long-acting methods—if they can afford them. See Jessica R. Rosenstock et al., *Continuation of Reversible Contraception in Teenagers and Young Women*, 120 Obstetrics & Gynecology 1298, 1300 (2012). Yet that is unlikely without insurance coverage. For those paying out of pocket, an IUD and related care may cost up to $1,000, *The IUD at a Glance*, Planned Parenthood, http://tinyurl.com/IUDglance (all websites last visited Feb. 15, 2016); an implant and related care may cost up to $1,100, see *Birth Control Implant at a Glance*, Planned Parenthood, http://tinyurl.com/Implantglance.

When the Affordable Care Act's preventive-care regulations took effect, the cost of FDA-approved contraceptives fell to zero for most insured women. See, *e.g.*, Jonathan M. Bearak et al., *Changes in Out-of-Pocket Costs for Hormonal IUDs After Implementation of the Affordable Care Act: An Analysis of Insurance Benefit Inquiries*, 93 Contraception 139, 143 tbl.2 (2016). As a result, countless more women will

have access to the most convenient and effective methods of contraception, including methods, like the IUD, that were previously out of reach for many. For instance, a longitudinal study conducted recently in St. Louis found that 70% of women ages 14 to 20 chose long-acting reversible contraceptives when cost was not a factor. Renee Mestad et al., *Acceptance of Long-Acting Reversible Contraceptive Methods by Adolescent Participants in the Contraceptive CHOICE Project*, 84 Contraception 493, 493 (2011). Needless to say, more and more women are expected to start using IUDs in the coming decade. See, *e.g.*, Madeleine Schwartz, *IUDs are More Affordable Than Ever, So Will More Women Get Them?*, FiveThirty-Eight (May 11, 2015, 6:29 AM), http://tinyurl.com/IUDpopularity2.

The resulting increases in use of the most effective forms of contraception will reduce the rate of unintended pregnancies, especially among young women. Women ages 15 to 19 are least likely to use contraception, followed by women ages 20 to 24. William D. Mosher & Jo Jones, *Use of Contraception in the United States: 1982–2002*, 23 Vital & Health Stat., Aug. 2010, at 22, http://tinyurl.com/contraceptive usage. Studies show that when the most convenient forms of contraception are made available at no cost to young women, the rate of teen pregnancy plummets. See Sarah Kliff, *Free Contraceptives Reduce Abortions, Unintended Pregnancies. Full Stop.*, Wash. Post (Oct. 5, 2012), http://tinyurl.com/skliff.

In addition, improved access to emergency contraception is especially important for women who are raped. Researchers estimate that every year rape causes up to 25,000 pregnancies nationally, and that increased use of emergency contraception could pre-

vent up to 22,000 rape-induced pregnancies annually. Felicia H. Stewart & James Trussell, *Commentary: Prevention of Pregnancy Resulting from Rape: A Neglected Preventive Health Measure*, 19 Am. J. Preventive Med. 228, 228–229 (2000). Because more than 300,000 college students are raped every year, see Dean G. Kilpatrick et al., *Drug-Facilitated, Incapacitated, and Forcible Rape: A National Study* 3 (2007), http://tinyurl.com/collegerape, the reduced cost of, and increased access to, emergency contraception will help many young women at a time when their need is greatest. As one of the amici put it: "Upon being sexually assaulted while an undergraduate, it was a comfort to me that despite the health risks I faced, an unwanted pregnancy was not among them."

3. Women at religiously affiliated colleges and universities have no less need for contraceptive coverage. Approximately 1.9 million students attend 1,024 religiously affiliated degree-granting colleges and universities in the United States. Council for Christian Colls. & Univs., *Profile of U.S. Post-Secondary Education* (June 2015), http://tinyurl.com/ChristianCollegeProfile. Many are sexually active and thus at risk of unintended pregnancies that may injure their health and disrupt their educations. See, *e.g.*, *Moral Theology 000*, Sycamore Trust (Sept. 5, 2013), http://tinyurl.com/NDstudentsex ("It is a commonplace that there is a good deal of alcohol abuse and illicit sex at Notre Dame."). In a 2008 survey, 46% of students attending Catholic colleges and universities—including 41% of students who were sacramentally active—reported having had sex by their last year of enrollment. Steven Wagner, *Behaviors and Beliefs of Current and Recent Students at U.S. Catholic Colleges*, Studs. Cath. Higher Educ.,

Oct. 2008, at 5, http://tinyurl.com/CatholicCollegeStudents. Eighty-four percent of these students, moreover, had friends who engaged in premarital sex, and 19% personally knew an individual who either had an abortion or paid for someone else to obtain one. *Ibid.* And like other students, students at religiously affiliated colleges and universities are not immune to sexual assault. See Nick Anderson & Scott Clement, *1 in 5 College Women Say They Were Violated*, Wash. Post. (June 12, 2015), http://tinyurl.com/1in5assault (according to survey data, students at religiously affiliated schools are as likely to be sexually assaulted as students at other schools).

In addition, few religiously affiliated schools limit enrollment to students of a particular faith; most have religiously diverse student bodies and faculties. See Bob Andringa, Council for Christian Colls. & Univs., *Religiously Affiliated and Accredited Institutions of Postsecondary Education in the USA* 2 (Apr. 1, 2005), http://tinyurl.com/religiouscolleges (revised draft for comment). Even students who share the faith of their school do not necessarily share the school's doctrinal views about contraception. For example, 78% of students at Catholic universities disagreed either somewhat or strongly that using condoms to prevent pregnancy is a sin; only 15% agreed with this traditional Catholic teaching; and women were more likely than men to disagree. See Wagner 6–7, 13.

In fact, women overwhelmingly are comfortable using contraception no matter what their age or religious affiliation. Among women who have ever had sex with a man, 98.6% of Catholic women and over 99% of Protestant women have used contraception. Kimberly Daniels et al., U.S. Dep't Health & Human

Servs., No. 62, *Vital Health Statistics Reports: Contraceptive Methods Women Have Ever Used: United States, 1982–2010*, at 8 (Feb. 14, 2013), http://tinyurl.com/USmethods. The need for contraceptive coverage, then, is just as compelling for women who work or study at religiously affiliated institutions as it is for everyone else.

4. Finally, 42% of unintended pregnancies end in abortion. *IOM Report* 102. Abortions are obtained even by women of faith: Of the women who obtain abortions in the United States, 28.1% identify as Catholic and 37.3% identify as Protestant. Rachel K. Jones et al., *Characteristics of U.S. Abortion Patients, 2008*, at 6 (May 2010), http://tinyurl.com/2008patients. By reducing the number of unintended pregnancies, increased access to contraception reduces the number of abortions. See Ricketts et al., 46 Persp. on Sexual & Reprod. Health at 129; see also Jeffrey F. Peipert et al., *Preventing Unintended Pregnancies by Providing No-Cost Contraception*, 120 Obstetrics & Gynecology 1291, 1294–1295 (2012). Researchers predict that by expanding access to contraceptives, the Affordable Care Act's coverage regulations could "prevent[ ] as many as 41–71% of abortions performed annually in the United States." Kliff, *supra*.

The effect for students is likely to be especially dramatic. In the United States, women ages 18 to 24 account for nearly half of all abortions. See *Fact Sheet: Induced Abortion in the United States*, Guttmacher Inst. (July 2014), http://tinyurl.com/USfact. If women in their mid-to-late twenties are included, the resulting demographic accounts for just over two-thirds of all domestic abortions—roughly 822,800 in 2008 alone. See *ibid.* For women in these

circumstances, contraceptive coverage both facilitates reproductive autonomy and reduces the rate of abortion—advancing multiple compelling interests at once.

B. Contraceptive coverage expands women's educational and professional opportunities.

By allowing women to control the timing and frequency of their pregnancies, reliable contraception has revolutionized women's ability to make long-term plans about school, work, and marriage, allowing them to achieve personal, educational, and professional goals. See, *e.g.*, Claudia Goldin & Lawrence F. Katz, *Career and Marriage in the Age of the Pill*, 90 Am. Econ. Rev. 461, 461 (2000), http://tinyurl.com/ageofpill. The contraceptive coverage made possible by the Affordable Care Act's accommodation regulations will thus enable affected women to decide whether and when to have children, and to time their pregnancy or pregnancies in light of their other goals and obligations. Says one of the amici, "I use contraception to protect myself from unwanted pregnancy, in order to reach my own full potential as a productive member of society."

1. Women with children are less likely to finish college, be it a four-year program or community college. See Nat'l Ctr. for Educ. Stat., U.S. Dep't of Educ., NCES 2003-153, *Short-Term Enrollment in Postsecondary Education: Student Background and Institutional Differences in Reasons for Early Departure, 1996–98*, at 48 (Nov. 2002), http://tinyurl.com/earlydata; Sara Goldrick-Rab & Kia Sorensen, *Unmarried Parents in College*, 20 Future Child., Fall 2010, at 179, 182, http://tinyurl.com/unmparents; Mary Jacksteit, Nat'l Campaign to Prevent Teen &

Unplanned Pregnancy, *Getting Started at Community Colleges: Reducing Unplanned Pregnancy and Strengthening Academic Achievement* 5–6 (2009), http://tinyurl.com/ccpregnancy. And college dropouts do scarcely better on the job market than those who never started college: They are unemployed at almost twice the rate of those with bachelor's degrees. See *Earnings and Unemployment Rates by Educational Attainment (2014)*, Bureau Lab. Stat., http://tinyurl.com/2014earnings (last modified Feb. 12, 2016). Employees with bachelor's degrees, moreover, have annual salaries that are $32,000 higher on average than those of workers who did not finish college. Michael Greenstone & Adam Looney, The Hamilton Project, *Is Starting College and Not Finishing Really That Bad?* 3 (June 7, 2013), http://tinyurl.com/NotCompletingCollege. Given these outcomes, the student amici are understandably concerned that an unintended pregnancy might compromise their educations. In the words of one, "I believe that my education is just as important as those of my male peers, and therefore I use birth control."

Even those students who have children and yet are able to continue their education take longer to finish their degrees; these delays make it harder for them to find jobs. See Goldrick-Rab & Sorensen, 20 Future Child. at 182. A major reason for this slower progression is the financial cost associated with raising a child. Even in the lowest income brackets, most parents spend at least $9,000 per year on housing, food, healthcare, clothing, and childcare for each infant. See Mark Lino, U.S. Dep't of Agric., No. 1528-2013, *Expenditures on Children by Families, 2013*, at 10, 17 (Aug. 2014), http://tinyurl.com/childrencosts. To meet these added expenses, student-parents spend more time working and less time attending

classes, studying, and doing research. See Goldrick-Rab & Sorensen, 20 Future Child. at 189; cf. Susan Choy, U.S. Dep't of Educ., NCES 2002-012, *Findings from the Condition of Education 2002: Nontraditional Undergraduates* 5, 9 (Aug. 2002), http://tinyurl.com/nontradund.

These extra obligations not only lead to lighter course loads and worse grades, but also may result in loss of financial aid—thus putting yet more financial pressure on students already struggling to make ends meet. See Goldrick-Rab & Sorensen, 20 Future Child. at 189–190. The federal Pell Grant program, for example, requires students to complete their degree within six years. *Calculating Pell Grant Lifetime Eligibility Used*, Federal Student Aid, U.S. Dep't of Educ., http://tinyurl.com/pellcap. Student-parents who are unable to complete their degrees, whether because of insufficient financial aid or otherwise, are likely to stay mired in debt—a problem aggravated by the shift, over the last three decades, from grants to loans as the typical method of financial aid. Goldrick-Rab & Sorensen, 20 Future Child. at 190, 191.

2. By ameliorating these harmful effects of unintended pregnancies, improved access to contraception increases substantially the number of women who graduate from college and go on to obtain advanced professional degrees. Martha J. Bailey et al., Nat'l Bureau Econ. Research, Working Paper No. 17922, *The Opt-In Revolution? Contraception and the Gender Gap in Wages* 1–2 (Mar. 2012), http://tinyurl.com/contraceptionwagegap. These expanded educational opportunities, combined with reduced risk of unplanned career interruptions, have allowed women to enter fields such as law and medicine that were

previously dominated by men. Claudia Goldin & Lawrence F. Katz, *The Power of the Pill: Oral Contraceptives and Women's Career and Marriage Decisions*, 110 J. Pol. Econ. 730, 749 (2002), http://tinyurl.com/powerofpill.

One of the amici explains, "Without contraception access, it is unlikely that I could feel secure in committing to law school." Another notes:

> In the future, I would like to have a family. But right now, I am working towards a degree and I am not in a financial position to raise a child. I owe money for my undergraduate, graduate, and law-school degrees. Every cent I save counts. Contraception enables me to focus on my degree and puts me in control of my own reproductive health.

Because of the demands of graduate and professional education, over three-fourths of women attending graduate school cite educational obligations as an important reason to avoid pregnancy. Mary Ann Mason et al., *Do Babies Matter?: Gender and Family in the Ivory Tower* 11 (2013). Women in graduate school are more likely than their male counterparts to believe that graduate school and parenthood are incompatible, and are also more likely to believe that if they have children they will be taken less seriously by professors and prospective employers. See *id.* at 11, 13. "I am currently a law student in a long-term, committed relationship," says one of the amici. "There is no way I could support and raise a child with my partner while in law school."

Similarly, pregnancy and childbirth are major reasons why women drop out of research-science

graduate programs at higher rates than men. Marc Goulden et al., *Staying Competitive: Patching America's Leaky Pipeline in the Sciences* 15 (Nov. 2009), http://tinyurl.com/sciencepipe. Unintended pregnancies also disrupt the plans of graduate students who hope to find a tenure-track faculty position: Controlling for the reputation of students' graduate programs, researchers concluded that married women with young children are 35% less likely to get a tenure-track position than are married men with young children. *Id.* at 12–13.

Difficult for most students under even the best of circumstances, an unintended pregnancy can be downright debilitating for some. Of the 62 members of the Association of American Universities—the top research universities in the country—only 13% guaranteed a minimum of six weeks' paid parental leave to graduate-student researchers. Goulden 18–19. In addition, postdoctoral students in scientific laboratories may have their parental-leave policies set by the principal investigator in the lab, who may outright refuse to accommodate a staff member with a young child. George E. McCue, Comment, *Start a Family or Become a Professor? Parental Leave Policies for Postdoctoral Fellows Training for Academic Careers in the Sciences*, 26 Wis. J.L. Gender & Soc'y 109, 116–118 (2011).

3. Although Title IX of the Education Amendments of 1972, 20 U.S.C. 1681 *et seq.*, protects access to educational opportunities for women who are pregnant or have children, compliance is uneven, see generally Mary Ann Mason & Jaclyn Younger, *Title IX and Pregnancy Discrimination in Higher Education: The New Frontier*, 38 N.Y.U. Rev. L. & Soc. Change 269 (2014). Schools often allow professors to

set policies for their classes; and some professors refuse to accommodate students who miss deadlines because of pregnancy-related absences. *Id.* at 288–290; see also, *e.g.*, Joan C. Williams & Jessica Lee, *It's Illegal, Yet It Happens All the Time*, Chron. Higher Educ. (Sept. 28, 2015), http://tinyurl.com/higheredpregnancy; Borough of Manhattan Community College, No. 02132065 (Dep't of Educ. Apr. 30, 2013), http://tinyurl.com/stewartresolution (resolving complaint that professor refused to excuse pregnancy-related absences).

Universities may compound these problems by failing to offer health services and suitable housing for students who are pregnant or have children. See Cara Newlon, *University Support for Pregnant Students Uncommon*, USA Today (Sept. 24, 2013), http://tinyurl.com/univsupport. And in the last three years, the U.S. Department of Education's Office for Civil Rights has resolved complaints alleging that colleges have denied pregnant students financial aid, required pregnant students to restart their degree programs after returning from maternity leave, and forced pregnant students to resign or face expulsion. See Lower Columbia College, No. 10132192 (Dep't of Educ. Apr. 16, 2014), http://tinyurl.com/agree01 (resolving complaint that school denied financial aid to pregnant students); Pinnacle Career Institute, No. 07152016 (Dep't of Educ. Mar. 27, 2015), http://tinyurl.com/agree002 (requiring school to revise policies to prohibit pregnancy discrimination and to readmit student to medical-assistant program and reinstate academic and externship credits); Virginia Military Institute, No. 11082079, at 20–21 (Dep't of Educ. May 9, 2014), http://tinyurl.com/agree03 (finding that "VMI's policy excluded pregnant cadets from VMI's program on the basis of pregnancy").

The combined effect of reduced access to contraception and noncompliance with Title IX's protections may be especially severe for women at religiously affiliated colleges and universities. That is because Title IX exempts from its requirements "any educational institution which is controlled by a religious organization if the [requirements'] application * * * would not be consistent with the religious tenets of such organization." 20 U.S.C. 1681(a)(3). Eligible institutions have received waivers allowing them to expel unmarried students who become pregnant. See Letter from Catherine E. Lhamon, Assistant Secretary for Civil Rights, to Dr. Brent Ellis, President, Spring Arbor University 2 (June 27, 2014), http://tinyurl.com/springarb (granting multiple exemptions, including exemptions from regulations prohibiting expulsion of pregnant students); Dirk VanderHart, *A Portland University Wants Federal Permission to Ban Transgender Students*, Portland Mercury (Dec. 9, 2015), http://tinyurl.com/portlandu (describing multiple exemptions, including exemption from rules prohibiting expulsion of unmarried pregnant students).

4. Because an unintended pregnancy may also interfere with a woman's career, women employed by religiously affiliated institutions likewise depend on contraceptive coverage. Despite women's many professional gains, both peers and supervisors still tend to view pregnant women as less competent and express less interest in hiring, training, and promoting them. Amy J.C. Cuddy & Susan T. Fiske, *When Professionals Become Mothers, Warmth Doesn't Cut the Ice*, 60 J. Soc. Issues 701, 711 (2004). And pregnant women seeking to enter certain professions—including corporate law, academic engineering, and general surgery—are more likely than nonpregnant

women to be seen as "lazy," "moody," "complainer[s]," and unfit for positions of authority. Michelle R. Hebl et al., *Hostile and Benevolent Reactions Toward Pregnant Women: Complementary Interpersonal Punishments and Rewards That Maintain Traditional Roles*, 92 J. Applied Psychol. 1499, 1508 (2007), http://tinyurl.com/hostilereactions.

In short, even a single unintended pregnancy may hinder or derail a woman's opportunity to get an education, advance professionally, and have a career. While many women will decide to make those sacrifices, contraceptive coverage enables them to decide for themselves whether and when to take on the added burdens.

C. Contraceptive coverage improves women's health.

In addition to complicating women's educational and professional prospects, unintended pregnancies may harm women's physical and mental health. By ensuring access to contraception, the accommodation regulations improve women's health in several respects.

First, contraceptive use is linked to "later ages at marriage, smaller families, longer birth intervals, and the ability of women and couples to plan when and how many children to bear. These outcomes are in turn linked to improvements in infant, child, and maternal health." Jennifer J. Frost & Laura Duberstein Lindberg, *Reasons for Using Contraception: Perspectives of US Women Seeking Care at Specialized Family Planning Clinics*, 87 Contraception 465, 465 (2013). Access to contraception may also improve women's mental health, because unintended pregnancies raise the risk of maternal anxiety and

depression. Jessica D. Gipson et al., *The Effects of Unintended Pregnancy on Infant, Child, and Parental Health: A Review of the Literature*, 39 Stud. Fam. Plan. 18, 28 (2008).

Second, contraception protects the health of women with one of the "many medical conditions for which pregnancy is contraindicated." *Hobby Lobby*, 134 S. Ct. at 2786 (Kennedy, J., concurring). Pregnancy may aggravate a variety of diseases—such as heart disease, lupus, sickle-cell disease, asthma, rheumatoid arthritis, and pneumonia—and these diseases can also complicate pregnancies. See, *e.g.*, F. Gary Cunningham et al., *Williams Obstetrics* 946–1258 (23d ed. 2010). Pregnancy is also contraindicated for many methods of diagnosing and treating cancer, including radiation therapy, blue dye, hormonal treatments such as tamoxifen, and often chemotherapy. See generally Flora Zagouri et al., *Challenges in Managing Breast Cancer During Pregnancy*, 5 J. Thoracic Disease S62 (Supp. 2013). One of the amici describes how important it was for her to use contraception while undergoing cancer treatment: "When I had cancer, my oncologists reminded me at regular intervals—as I underwent four months of chemotherapy and two months of radiation—of the importance of using a reliable form of contraception and avoiding pregnancy."

The list of contraindications goes on. Women with pulmonary hypertension who become pregnant are more likely than not to die either before or within three years of giving birth—the mortality rate for these women is at least 56% and they are able to bring a pregnancy to term less than one-fourth of the time. *Medical Disorders in Pregnancy: A Manual for Midwives* 44, 45 (S. Elizabeth Robson & Jason

Waugh eds., 2008), http://tinyurl.com/disords. Obese women may develop pre-eclampsia and gestational diabetes; they also face a higher risk of miscarriage. *Id.* at 165. Pregnancy can raise blood pressure, see *id.* at 20, and it may cause more frequent seizures for women with epilepsy, *id.* at 93. Diabetic women risk developing pre-eclampsia and also experience greater rates of congenital malformation and unexplained fetal death. *Id.* at 80–81. And women with infections, illnesses, or genetic disorders—including Marfan's Syndrome, hepatitis B or C, toxoplasmosis, genetic clotting disorders, or HIV—can pass the diseases on to their children. See *id.* at 36, 148, 150, 156, 192. For women with these conditions, contraceptive coverage is necessary to protect their health and sometimes their lives.

Third, certain contraceptives provide critical health benefits entirely unrelated to the prevention of pregnancy. Oral contraceptives can reduce the risk of endometrial and ovarian cancer over a woman's lifetime—even long after she has stopped taking the medication. *Large Meta-Analysis Shows That the Protective Effect of Pill Use Against Endometrial Cancer Lasts for Decades*, 47 Persp. on Sexual & Reprod. Health 228, 228 (2015). Contraceptives are also used to treat women with ovarian cysts. See Paula J. Adams Hillard & Helen R. Deitch, *Menstrual Disorders in the College Age Female*, 52 Pediatric Clinics N. Am. 179, 185 (2005). They can alleviate severe premenstrual symptoms, including cramping and headaches, *id.* at 193, as well as dysmenorrhea, which involves painful menstruation, Anne Rachel Davis et al., *Oral Contraceptives for Dysmenorrhea in Adolescent Girls: A Randomized Trial*, 106 Obstetrics & Gynecology 97, 97 (2005), http://tinyurl.com/dysmentrial. And they are used to treat migraines, includ-

ing the painful migraines associated with endometriosis. Matteo Morotti et al., *Progestogen-Only Contraceptive Pill Compared with Combined Oral Contraceptive in the Treatment of Pain Symptoms Caused by Endometriosis in Patients with Migraine Without Aura*, 179 Eur. J. Obstetrics & Gynecology & Reprod. Biology 63, 66 (2014), http://tinyurl.com/painsymptoms.

Many of the amici have experienced these clinical benefits firsthand:

- "I have chronic migraines and could not function without contraception."
- "Contraception allows me to control the symptoms from and spread of my endometriosis."
- "I use birth control in order to control my painful periods and heavy bleeding."
- "I have been prescribed oral contraceptives for over a year and a half to treat serious menstrual problems."
- "Without birth control, I experience menstrual cycles that make it hard to function in everyday life and do things like attend class."

Some amici describe contraceptives' medical benefits in even more detail. One explains:

> I have dysmenorrhea, a condition that makes menstruation debilitatingly painful. Before I started taking oral contraceptives, the pain from [the condition] caused me to miss up to two days of school per month. The pain could not be reduced by over-the-counter or prescription painkillers.

Another recounts:

> I personally suffered from multiple menstruation-related health issues that were either diminished or eliminated when I started taking oral contraceptives. The issues I suffered from, on multiple occasions, interfered with my presence in class and my focus during school. I have not had to miss a class due to female health issues since beginning a birth control regimen.

Finally, for some women, contraceptive coverage will help to protect fertility and preserve the ability to have children in the future. Oral contraceptives treat polycystic ovary syndrome, a leading cause of infertility. Mira Aubuchon & Richard S. Legro, *Polycystic Ovary Syndrome: Current Infertility Management*, 54 Clinical Obstetrics & Gynecology 675, 676 (2011). One of the amici states: "My hormonal oral medication helps to ensure my future ability to have children by preventing the progression of a condition that could result in infertility." Another says: "I have a history of ovarian cysts and twice have required surgery, at ages 8 and 14. After my second surgery, the doctor informed me that I should take contraceptives, because if it happened again, I might be infertile."

* * *

As one of the amici explains: "Access to low-cost contraception has allowed me to feel like I have control over both my body and my future." Contraceptives prevent unintended pregnancy and abortion, expand women's educational and professional opportunities, and improve women's health. As a result, the government's interests in ensuring access to con-

traceptive coverage is compelling, and the stakes for the affected women are high.

II. The proffered alternatives to the accommodation would impede access to contraceptive coverage and impermissibly burden the rights of affected women.

The objecting employers in *Hobby Lobby* were entitled to an exemption from the Affordable Care Act's contraceptive-coverage requirement because the government could have employed a less-restrictive alternative: the accommodation at issue in this case, which "seeks to respect the religious liberty of religious nonprofit corporations while ensuring that the employees of these entities have precisely the same access to all FDA-approved contraceptives as employees of companies whose owners have no religious objections to providing such coverage," 134 S. Ct. at 2759. Because this less-restrictive alternative ensured seamless access to contraceptive coverage, the effect "on the women employed by Hobby Lobby and the other companies involved * * * would be precisely zero." *Id.* at 2760.

But if that accommodation were invalidated as well, and entities were permitted to refuse even to give notice that they were declining to provide the required coverage, women whom the coverage requirements were designed to protect would suffer tangible harm. There are no less-restrictive alternatives that would provide affected women with the seamless access to contraceptive coverage that they would receive under the current accommodation regulations. And RFRA does not authorize, nor does the Establishment Clause permit, religious accommodations that would so burden third parties.

1. Petitioners and their amici argue that the government could facilitate women's access to contraceptives and thereby advance its compelling interests by other means, such as providing contraceptives or contraceptive-only coverage to women directly; supplying grants to other entities, such as health centers, that provide contraceptives; offering tax credits or deductions to women who pay out-of-pocket for contraceptives; or expanding access to programs that provide contraceptives to low-income women. See, *e.g.*, Zubik Br. 74–76; E. Tex. Baptist Univ. Br. 75; see also *Univ. of Notre Dame* v. *Burwell*, 786 F.3d 606, 617 (7th Cir. 2015). But none of these alternatives would facilitate the seamless access to contraceptive coverage, and therefore the effective access to contraceptives, on which millions of women depend. Rather, each proposed alternative would degrade the government's ability to achieve the compelling interests at stake—with women, and especially students, bearing the brunt of those costs.

As the D.C. Circuit explained, "[t]he evidence shows that contraceptive use is highly vulnerable to even seemingly minor obstacles." Roman Catholic Archbishop Pet. App. 68a. For example, one study showed that when condom prices rose from zero to a quarter, sales dropped by an astounding 98%. Deborah Cohen et al., *Cost as a Barrier to Condom Use: The Evidence for Condom Subsidies in the United States*, 89 Am. J. Pub. Health 567, 567 (1999), http://tinyurl.com/barrieruse. Another study revealed that making it slightly more difficult to obtain oral contraceptives—dispensing them quarterly, not annually—yielded a 30% greater chance of unintended pregnancy and, correspondingly, a 46% greater chance of abortion. Diana Greene Foster et al., *Number of Oral Contraceptive Pill Packages Dispensed*

and Subsequent Unintended Pregnancies, 117 Obstetrics & Gynecology 566, 570 (2011), http://tinyurl.com/PillPackages. And even minimal differences in cost between different methods of contraception deter women from choosing the method that is most effective. Women who must pay more than $50 out of pocket, for example, are about seven times less likely to obtain an IUD than women whose out-of-pocket costs stay under $50. Aileen M. Gariepy et al., *The Impact of Out-of-Pocket Expense on IUD Utilization Among Women with Private Insurance*, 84 Contraception e39, e41 (2011).

The dramatic effects of even small changes in costs or burdens are confirmed in other areas of research as well. Minor alterations to the default rules for retirement savings diminish the number of people who save; moving food a few inches farther away from test subjects causes fewer people to eat; raising the price of shipping from zero to a dime causes online sales to dwindle. See Brigitte C. Madrian & Dennis F. Shea, *The Power of Suggestion: Inertia in 401(k) Participation and Savings Behavior*, 116 Q. J. Econ. 1149, 1158–1162 (2001), http://tinyurl.com/401inert (contributions to retirement plans); Paul Rozin et al., *Nudge to Nobesity I: Minor Changes in Accessibility Decrease Food Intake*, 6 Judgment & Decision Making 323, 329 (2011), http://tinyurl.com/FoodAccessibility (food proximity); Kristina Shampan'er & Dan Ariely, *Zero as a Special Price: The True Value of Free Products* 40 (2007), http://tinyurl.com/PriceZero (shipping costs).

In other words, "people may decline to change from the status quo even if the costs of change are low and the benefits substantial. * * * It follows that complexity can have serious adverse effects, by in-

creasing the power of inertia." Cass R. Sunstein, *Nudges.gov: Behaviorally Informed Regulation*, *in Behavioral Economics and the Law* 719, 721 (Eyal Zamir & Doron Teichman eds., 2014). The converse is also true: Removing or reducing even small financial or logistical barriers dramatically improves access to goods and services. See, *e.g.*, *ibid.* ("[E]ase and simplification (including reduction of paperwork burdens) can produce significant benefits.").

Obstacles to obtaining contraceptives are especially likely to deter students, whose planning skills are evolving and whose access to money and transit is often irregular. Because of age-related differences in brain function and cognitive development, adolescents do not plan as well as older people. See Sara B. Johnson et al., *Adolescent Maturity and the Brain: The Promise and Pitfalls of Neuroscience Research in Adolescent Health Policy*, 45 J. Adolescent Health 216, 217 (2009). Increasing the burdens on students by forcing them to wade through yet more paperwork, deal with yet another insurance company, or participate in yet another new government program all but guarantees that fewer of them will obtain and use contraception.

The challenged accommodation regulations avoid these problems while respecting objectors' religious liberty. This Court recognized in *Hobby Lobby* that "[u]nder the accommodation, the plaintiffs' female employees * * * face minimal logistical and administrative obstacles, because their employers' insurers [are] responsible for providing information and coverage." 134 S. Ct. at 2782 (internal quotation marks and citations omitted). The accommodation regulations allow women to receive coverage without having to navigate bureaucratic mazes, and without

costing the objecting entities a dime or requiring them to do anything more than give notice that they wish to avail themselves of the exemption. In *Hobby Lobby*, Justice Kennedy underscored "the Court's understanding that an accommodation may be made to the employers without imposition of a whole new program or burden on the Government," *id.* at 2786 (Kennedy, J., concurring); this feature ensured that the decision in *Hobby Lobby* would not result in impermissible burdens on third parties. If contraceptive coverage were available only through a brand-new program or scheme, however, the burdens would fall not only on the government but also on the women who depend on coverage that is convenient and seamless.

2. The relief that petitioners seek should be unavailable under RFRA for the independent reason that if granted, it would have the effect of violating the Establishment Clause by providing an accommodation that overrides the rights of the women who would lose access to contraceptive coverage. This Court has made clear that a religious exemption must "not override other significant interests." *Cutter* v. *Wilkinson*, 544 U.S. 709, 722 (2005). A requested exemption thus demands "careful scrutiny" in order "to ensure that it does not so burden nonadherents * * * as to become an establishment." *Bd. of Educ.* v. *Grumet*, 512 U.S. 687, 722 (1994) (Kennedy, J., concurring in the judgment).

Applying these standards, the Court has recognized that statutory religious exemptions are off-limits if they would materially burden third parties. In *Estate of Thornton* v. *Caldor, Inc.*, 472 U.S. 703 (1985), for instance, the Court invalidated a statute that guaranteed employees the day off on the Sab-

bath day of their choosing. The Sabbatarian exemption was impermissible, the Court held, because "religious concerns automatically control[led] over all secular interests at the workplace; the statute [took] no account of the convenience or interests of the employer or those of other employees who do not observe a Sabbath." *Id.* at 709.

The Court has underscored this protection of third parties' rights even when upholding accommodations. In *Cutter*, the Court upheld RLUIPA—a statute that, like RFRA, extends strict scrutiny to laws that burden religious exercise—against an Establishment Clause challenge. In doing so, however, the Court unanimously held that reviewing courts must always ensure that a religious exemption is "measured so that it does not override other significant interests." *Cutter*, 544 U.S. at 722 (citing *Caldor*, 472 U.S. at 709, 710); see also *Holt* v. *Hobbs*, 135 S. Ct. 853, 867 (2015) (Ginsburg, J., concurring) (prisoner entitled to religious accommodation under RLUIPA because it "would not detrimentally affect others who do not share petitioner's belief"). And in *Hobby Lobby*, the Court underscored that "in applying RFRA 'courts must take adequate account of the burdens a requested accommodation may impose on nonbeneficiaries.'" 134 S. Ct. at 2781 n.37 (quoting *Cutter*, 544 U.S. at 720).

In *Hobby Lobby*, the Court was able to vindicate both the employers' religious interests and the employees' compelling interests in obtaining contraceptive coverage: "[T]he means to reconcile those two priorities [we]re at hand in the existing accommodation the Government has designed, identified, and used." 134 S. Ct. at 2787 (Kennedy, J., concurring). The requested accommodation was permissible, the

Court held, because it could be granted to the employers without "any detrimental effect on any third party." *Id.* at 2781 n.37 (majority opinion).

Not so here. The accommodation regulations that petitioners challenge—including the regulations that the Court invoked in *Hobby Lobby*—are necessary to avoid disrupting the provision of contraceptive coverage to students and employees of religiously affiliated entities. Applying RFRA to afford any broader exemption would hence "unduly restrict other persons * * * in protecting their own interests, interests the law deems compelling," *id.* at 2787 (Kennedy, J., concurring).

Allowing petitioners and others to block or inhibit the provision by third-party providers of contraceptive coverage—coverage that the objectors do not administer or pay for—would also grant an impermissible religious veto over the operation of a government program. In *Larkin* v. *Grendel's Den, Inc.*, 459 U.S. 116 (1982), this Court invalidated a law that gave religious organizations the authority to veto liquor-license applications of neighboring businesses. *Id.* at 127. Here, the objectors ask for a similar privilege—to block students and employees from receiving insurance coverage, from third-party providers, which the government arranges in order to ensure the delivery of essential preventive-care services that the objectors disfavor on religious grounds.

Petitioners, in short, seek not only to exempt themselves from the provision of contraceptive coverage, but also to intrude on and interfere with the relationship between the government, insurance companies, and affected women. In so doing, petitioners would deny affected women the insurance coverage to which they are entitled by law, at the ex-

pense of women's educational opportunities and professional success, not to mention their health and well-being. RFRA does not require that result, and the Establishment Clause forbids it.

CONCLUSION

The judgments of the courts of appeals should be affirmed.

Respectfully submitted.

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APPENDIX

APPENDIX: LIST OF AMICI CURIAE

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2. **Jane Doe 1**, former student, University of Notre Dame; former Intervenor-Defendant, *University of Notre Dame* v. *Burwell*, No. 15-812.
3. **Jane Doe 2**, former student, University of Notre Dame; former Intervenor-Defendant, *University of Notre Dame* v. *Burwell*, No. 15-812.
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168. **Brigid Nunan**, undergraduate, Fordham University.

169. **Idalys Núñez**, student, Fordham University School of Law.

170. **Caitlin O'Connell**, student, Georgetown University Law Center.

171. **Casey O'Hara**, undergraduate, Fordham University.

172. **Amelia O'Reilly**, student, Loyola University New Orleans.

173. **Stephanie Pak**, student, Fordham University School of Law.

174. **Rima Pancholi**, student, Fordham University School of Law.

175. **Lia Paolucci**, undergraduate, Fordham University.

176. **Allison Parr**, student, Georgetown University Law Center.

177. **Jennifer Pate**, Associate Professor and Chair of Department of Economics, Loyola Marymount University.

178. **Rachael Pelton**, undergraduate, Fordham University.

179. **Samantha Perlstein**, student, Fordham University School of Law.

180. **Hanna Perry**, student, Georgetown University Law Center.

181. **Julianna Pollina**, undergraduate, Fordham University.

182. **Alexa Posliff**, student, University of Detroit Mercy School of Law.

183. **Sara Purvin**, student, Fordham University School of Law.

184. **Christine Pusz**, undergraduate, Fordham University.

185. **Sarah Catherine Rabon**, undergraduate, Georgetown University.

186. **Brittany Raia**, student, Georgetown University Law Center.

187. **Jackie Ramos**, undergraduate, Fordham University.

188. **Rachel Ramos**, student, Georgetown University Law Center.

189. **Julie Rheinstrom**, student, Georgetown University Law Center.

190. **Lily Ricci**, student, Georgetown University Law Center.

191. **Brianna Rivera**, undergraduate, Fordham University.

192. **Margaret Robinson**, student, Georgetown University Law Center.

193. **Angela Rodriguez**, undergraduate, Fordham University.

194. **Caitlin Ross**, student, Fordham University School of Law.

195. Eilís Russell, undergraduate, Fordham University.

196. **Isotta Sala**, undergraduate, Fordham University.

197. **Eavan Schmitt**, undergraduate, Fordham University.

198. **Eva Schneider**, student, Fordham University School of Law.

199. **Molly Schroeder**, undergraduate, Fordham University.

200. **Heather Sevener**, staff, DePaul University.

201. **Dena Shayne**, student, Georgetown University Law Center.

202. **Qian Shen**, student, Fordham University School of Law.

203. **Katarzyna Siemieniaka**, undergraduate, Fordham University.

204. **Elizabeth Slater**, student, Fordham University School of Law.

205. **Rachel Smith**, student, Georgetown University Law Center.

206. **Monica Sobrin**, undergraduate, Fordham University.

207. **Rebecca Song**, undergraduate, Fordham University.

208. **Stephanie C. Sonsino**, student, Benjamin N. Cardozo School of Law.

209. **Sabrina Spatz**, undergraduate, Fordham University.

210. **Sinclair Spratley**, undergraduate, Fordham University.

211. **Alexandra Stanley**, student, Georgetown University Law Center.

212. **Danielle Strandburg-Peshkin**, student, Fordham University School of Law.

213. **Ylana Stumer**, student, Fordham University School of Law.

214. **Kirsten Swinth**, Associate Professor of History, Fordham University.

215. **Helen Terrero-Black**, student, Fordham University School of Law.

216. **Edom Tesfa**, undergraduate, Georgetown University.

217. **Alana Toabe**, student, Georgetown University Law Center.

218. **Juliette Todd**, student, Fordham University School of Law.

219. **Megan Townsend**, undergraduate, Fordham University.

220. **Victoria Valencia**, student, Georgetown University Law Center.

221. **Carolina van der Mensbrugghe**, student, Fordham University School of Law.

222. **Kate Vlach**, student, Georgetown University Law Center.

223. **Jessica Wang**, student, Fordham University School of Law.

224. **Luana Wang**, student, Georgetown University Law Center.

225. **Yuan Yuan Wang**, student, Fordham University School of Law.

226. **Julia Ward**, student, Georgetown University Law Center.

227. **Rachel Weiner**, student, Fordham University School of Law.

228. **Shallyn Wells**, student, Georgetown University Law Center.

229. **Laura Wernick**, Assistant Professor, School of Social Service, Fordham University.

230. **Alexa West**, student, Fordham University School of Law.

231. **Courtney A.C. Wilkes**, student, Georgetown University Law Center.

232. **Kathryn Wilkie**, undergraduate, Fordham University.

233. **Kayla Wolf**, undergraduate, Fordham University.

234. **Elizabeth Woods**, student, Georgetown University Law Center.

235. **Katherine Wright**, student, Fordham University School of Law.

236. **Shelley Wu**, undergraduate, Fordham University.

237. **Wanida Yana**, undergraduate, Fordham University.

238. **Rachel Yood**, student, Fordham University School of Law.

239. **Annie Zanobini**, student, Georgetown University Law Center.

240. **Marie Zisa**, student, Georgetown University Law Center.