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Sent by e-mail to: humanrights@cpso.on.ca

Attn: Policy Department

RE: Professional Obligations and Human Rights Consultations

The College of Physicians and Surgeons of Ontario (“CPSO”) has invited feedback from all stakeholders in regard to its new draft policy, Professional Obligations and Human Rights (the “New Policy”) which is a revised version of its previous Policy Statement #5-08, Physicians and the Ontario Human Rights Code (“the Former Policy”). The Christian Legal Fellowship (“CLF”) provided a submission to the CPSO in its earlier consultation of the Former Policy in 2008 and again in 2014.

The CLF is a national charitable association that exists to strengthen the spiritual life of its members, and to encourage among Christians in the vocation of law the integration of faith with contemporary legal, moral, social and political issues. The CLF’s membership consists of approximately 600 lawyers, law students, professors, and others who support its work. It has 14 chapters in cities across Canada and student chapters in most Canadian law schools. While having no direct denominational affiliation, CLF’s members represent more than 30 Christian denominations working in association together. As an association of Christian legal professionals, we welcome the opportunity to address the issues which the CPSO has raised in this consultation process.
(1) **Background & Introduction**

The CLF has intervened in numerous legal cases at the Appellate and Supreme Court levels in matters pertaining to freedom of conscience and religion. The organization also engages in policy consultations relating to issues that impact, among other things, religious freedom and human rights. CLF is therefore knowledgeable and well-positioned to comment on CPSO’s New Policy.

In our previous submission, we identified three areas of concern with the New Policy. Rather than repeat them here, we enclose a copy of CLF’s previous submission as “Appendix A” and reiterate that they have not been adequately addressed in the New Policy.

We are pleased that the New Policy acknowledges physicians’ constitutional rights to freedom of conscience and religion under the *Charter of Rights and Freedoms* (“the Charter”). However, such an acknowledgement is of no value if it does not reflect the full protection required by law.

CLF submits that the New Policy fails to properly accord protection to physicians’ freedom of religion and conscience in the following ways:

- a. It erroneously suggests that a physician’s sincerely held religious and/or conscientious beliefs must give way whenever there is a perceived conflict with a patient’s rights;

- b. It shifts the onus of the Charter’s obligations from appropriate state actors to individual physicians, who are actually meant to be protected by the Charter; and,

- c. It imposes duties on physicians and surgeons to provide services, including “effective referrals”, which may violate their sincerely held and Charter-protected religious and/or conscientious beliefs, without considering whether accommodation options or less intrusive means are available.

A correct understanding of physicians’ conscience and religious beliefs, and what is required to fully protect them in the New Policy, will be the subject matter of this submission.
(2) Understanding Physicians’ Freedom of Conscience and Religion

The centrality of freedom of conscience to a free and democratic society was emphasized by Chief Justice Dickson in *R. v. Big M Drug Mart Ltd.*:

>[A]n emphasis on individual conscience and individual judgment also lies at the heart of our democratic political tradition. The ability of each citizen to make free and informed decisions is the absolute prerequisite for the legitimacy, acceptability, and efficacy of our system of self-government. It is because of the centrality of the rights associated with freedom of individual conscience both to basic beliefs about human worth and dignity and to a free and democratic political system that American jurisprudence has emphasized the primacy or "firstness" of the First Amendment. It is this same centrality that in my view underlies their designation in the Canadian Charter of Rights and Freedoms as "fundamental". They are the *sine qua non* of the political tradition underlying the *Charter.*¹

The concept of freedom of conscience forms the basis for almost every other right and freedom guaranteed in the *Charter*. Individuals, including physicians and surgeons, are afforded the right to choose their own religion or philosophy of life, as well as the right to choose with whom they will associate, how they will express themselves, and what occupation they will pursue. This was affirmed by Supreme Court Justice Wilson in *R. v. Morgentaler*:

>These are all examples of the basic theory underlying the *Charter*, namely that the state will respect choices made by individuals and, to the greatest extent possible, will avoid subordinating these choices to any one conception of the good life. Thus, an aspect of the respect for human dignity on which the *Charter* is founded is the right to make fundamental personal decisions without interference from the state. This right is a critical component of the right to liberty...In my view, this right, properly construed, grants the individual a degree of autonomy in making decisions of fundamental personal importance.²

This reasoning emphasizes that neither the state, nor those to whom it delegates its powers including professional regulatory bodies such as CPSO, should enforce "one conscientiously-held view at the expense of another," for that would be, in the words of Justice Wilson, "to deny freedom of conscience to some, to treat them as means to an end, to deprive them...of their ‘essential humanity’."³
(3) Protecting Physicians’ Freedom of Conscience Does Not Violate Patients’ Charter Rights

The New Policy suggests that a physician’s Charter rights are only protected to the extent that they do not “impede, either directly or indirectly, access to care for existing patients, or those seeking to become patients” (lines 129-131). The terms “impede” and “care” are not defined, and no legal authority is cited in support of this very broad proposition. Arguably, any service that a physician is unable to perform due to conscientious/religious beliefs could be perceived as “impeding” a patient’s access to that service, but in many cases such impediment will be insubstantial (to the patient).

Also problematic is the New Policy’s implicit assumption that the physician’s moral beliefs would negatively interfere with a patient’s care. It seems to preclude the possibility that a physician’s moral beliefs could be both relevant and beneficial to the patient’s care. Physicians do not practice medicine in a moral or ethical vacuum. To the contrary, a physician’s ethical framework does, and should, inform the care they recommend and provide, whether religiously motivated or not.

The New Policy assumes that “where physicians choose to limit the health services they provide for moral or religious reasons, this may impede access to care resulting in a violation of patient rights under the Charter and the Code.” The Supreme Court of Canada’s decision in R. v. Morgentaler is cited as authority for this proposition, particularly pages 58-61. However, that excerpt does not pertain to physicians’ conscientious objections. In fact, nothing in the decision suggests that a physician’s exercise of his/her conscientious beliefs would necessarily lead to a violation of a patient’s rights. The infringement found by the Supreme Court arose not as a result of any particular physician’s refusal to perform a specific procedure, but rather the systemic delays created by the legislative regime in question.

The issue in Morgentaler was the constitutionality of Canada’s existing laws placing restrictions on abortion. Nothing in that decision suggested that an individual physician should – or could – be legally compelled to perform or assist in a procedure that violated his/her conscience. To the
contrary, the reverse was the conclusion expressly reached in the reasons delivered by Justice Beetz (Justice Estey concurring).

Justice Beetz explained that one of the defects of the abortion law in question was that it granted exclusive authority to hospital boards to appoint therapeutic abortion committees to approve abortion procedures. Justice Beetz noted that some hospitals had chosen not to appoint such committees on the basis of conscientious/religious beliefs, resulting in limited access to abortions in some regions. However, Justice Beetz did not indicate that these decisions were inappropriate or unacceptable under the law. Rather, he affirmed that such decisions were legally protected, stating:

> Given that the decision to appoint a committee is, in part, one of conscience and, in some cases, one which affects religious beliefs, a law cannot force a board to appoint a committee any more than it could force a physician to perform an abortion. The defect in the law is not that it does not force boards to appoint committees, but that it grants exclusive authority to those boards to make such appointments.⁴ [emphasis added]

The Supreme Court in Morgentaler did not force health care professionals to violate their beliefs. Instead, it struck down the law as unconstitutional for failing to grant authority to other individuals/institutions to appoint committees in place of those who conscientiously objected to so doing.

It is critical to note that, in this discussion, the Supreme Court Justices explicitly affirmed that the law cannot force a physician to perform an abortion (as discussed below, this passage was recently cited with approval by the Supreme Court of Canada’s unanimous decision in Carter).

While systemic delays created by a restrictive legislative regime may be found to violate a patient’s Charter rights, as the court concluded in Morgentaler, it does not necessarily follow that a Charter or a Human Rights Code violation would arise as a result of an individual physician declining to perform a service or provide a referral on moral grounds. As noted above, the cited excerpt from Morgentaler was made in a completely different context than what is contemplated by this New Policy. Reliance on it as authority for the general proposition that a physician’s conscientious objection to specific procedures could lead to a “violation of patient rights under the Charter and the Code” is problematic.
There may be cases where a physician’s conscientious objection could conceivably create an interference for a patient which is not insubstantial. However, it should not simply be assumed that the physician must always perform an act in violation of his/her sincerely held beliefs in those rare instances. Nor should it be assumed that responsibility for accommodating a patient’s requests rests with the individual physician. Rather, the CPSO is obligated to carefully examine whether both the patient’s needs and the physician’s religious beliefs can be accommodated.

(4) CPSO Must Carefully Examine All Accommodation Options
The New Policy seems to shift the obligation to protect patients’ Charter rights entirely to individual physicians. However, a physician is not a state actor, and is not subject to the Charter. To the contrary, the Charter exists to protect private actors, such as physicians and surgeons, from intrusive state coercion.

Similarly, the Ontario Human Rights Code protects not only patients seeking services, but also the physicians providing them. This includes the rights of physicians and surgeons to equal treatment in employment and vocational associations without discrimination because of creed. The term “creed” has been interpreted to include a professed system and confession of faith, including both beliefs and observances or worship. In the case of discrimination in the workplace, both management and the union have a duty to accommodate.

The Ontario Superior Court of Justice (Divisional Court) has held that objectives under the anti-discrimination provisions of the Ontario Human Rights Code must be balanced with a service provider’s right to freedom of religion and conscience. The court affirmed that, if provision of a service would be in direct conflict with the core elements of a service provider’s religious beliefs, they must not be compelled to provide them.

It is clear from these provisions that physicians’ beliefs and practices flowing from their creed must be accommodated by their vocational association (i.e. the CPSO) to the point of undue hardship. Imposing sanctions or discipline on a physician who cannot perform, assist in, or refer a patient to services because they violate sincerely held beliefs based on creed would therefore constitute prima facie discrimination under the Code.
To the extent that intersecting patient/physician rights may need to be reconciled, the onus rests on the state - or those to whom it has delegated its authority (in this case, the CPSO) – to examine how both can be accommodated.

The obligation on the state – rather than individual service providers - to carefully examine accommodation options was emphasized in the recent decision of *Dichmont v. Newfoundland and Labrador (Government Services and Lands)*. That case did not involve a physician, but rather a marriage commissioner who objected to performing certain marriage ceremonies that violated her sincerely held religious beliefs. Nevertheless, *Dichmont* is analogous to the issues at hand, as it deals with the accommodation of the religious beliefs of public service providers.

*Dichmont* affirmed that the “obligation on the government to provide non-discriminatory services to citizens...must be balanced with the religious rights of citizens [who] provide the services. That requires an examination of the various mechanisms for accommodating religious beliefs in that context.” (para. 96). In order to adequately address obligations under human rights legislation, state actors are expected to engage in a “thorough consideration” of the merits of systems that could accommodate both the concerns of members of the public who are seeking a specific service, and of service providers who hold contrary religious beliefs (para. 98).

A thorough and careful consideration of the merits of various accommodation systems appears to be lacking in the context of the New Policy. The CPSO could, for example, accommodate physicians by expressly permitting them to decline to perform such non-emergency services, including specific referrals which violate the core of their sincerely held beliefs, at least to the point of undue hardship (which must be specifically assessed). Instead, the New Policy requires physicians who are unable to “provide certain elements of care due to their moral or religious beliefs” to provide an “effective referral” to another health care provider, as an inevitable course of action. This is a particularly flawed and intolerable element of the policy.

(5) *There Is No “Duty to Refer” and Imposing One Would Violate the Charter*

For many physicians who have a conscientious objection to performing certain procedures, such as abortions, providing a referral is as much a violation of their religious and/or conscientious
beliefs as performance of the act itself. Many would see such a referral as facilitating, supporting, or acquiescing in, the objectionable act. This is exacerbated by the fact that the New Policy’s definition of an “effective referral” requires the conscientious objector to take active steps to locate a “non-objecting, available, and accessible physician or other health-care provider” who will perform the act in question in a “timely manner” (lines 156-160).

The New Policy gives no consideration to the extent to which the referral itself would constitute an infringement of a physician’s freedom of conscience and/or religion, nor does it consider whether less intrusive options may be appropriate.

For example, a more balanced approach can be found in the Canadian Medical Association’s (CMA) policy on Induced Abortion, which provides the following accommodation for physicians’ religious and conscientious beliefs:

- A physician should not be compelled to participate in the termination of a pregnancy.
- A physician whose moral or religious beliefs prevent him or her from recommending or performing an abortion should inform the patient of this so that she may consult another physician.
- No discrimination should be directed against doctors who do not perform or assist at induced abortions. Respect for the right of personal decision in this area must be stressed, particularly for doctors training in obstetrics and gynecology, and anesthesia.10

There does not appear to be any evidence that patients’ rights to life, liberty, and security of the person are currently being violated as a result of delays created by physicians’ conscientious objections in the Province of Ontario. Nor does there appear to be any suggestion that the CMA’s current model allowing a physician to inform a patient that his or her moral or religious beliefs prevent him or her from recommending or performing a procedure (so that another physician may be consulted) is unworkable. In the absence of any such evidence, CLF submits that the ambiguous, open-ended language of the New Policy (particularly lines 129-132 and lines 163-164) and the obligation to provide an “effective referral” (lines 156-161) is inappropriate and falls short of the College’s accommodation requirements.
Since the time that this policy was released for consultation, the Supreme Court of Canada released its decision in *Carter v. Canada (Attorney General)*. The Supreme Court struck down as unconstitutional Canada’s *Criminal Code* provisions banning physician-assisted suicide, but gave Parliament one year to create a new regime. However, in so doing, the Supreme Court expressly recognized that a physician’s decision to participate in assisted dying is a matter of conscience and, in some cases, of religious belief (referencing Justice Beetz’s comments in *Morgentaler* discussed above). The Court underlined that physicians’ *Charter* rights needed to be taken into account by legal authorities, *including physicians’ colleges* (para. 132).

Many physicians will have conscientious objections to ending human life, a concept that for many would have been unfathomable when they first embarked on their medical careers. However, under the New Policy’s current wording, physicians could be compelled to actively locate another health care provider who is “non-objecting, available, and accessible” to end their patient’s life. Furthermore, lines 163-164 of the New Policy could be understood as requiring physicians to themselves aid in ending a patient’s life if doing so could be interpreted as necessary to “prevent suffering and/or deterioration”; the undefined, vague nature of these terms is particularly troubling. In either case, CLF submits that such an outcome would run contrary to the protection express by the Supreme Court of Canada in *Carter*.

There is a significant moral component to these complex issues, the resolution of which often rightly lies within one’s conscience. In such instances, the law instructs that physicians must be afforded the right to align their practice with their conscience, and that right must be made clear in the CPSO’s policies. CLF submits that this necessitates, at minimum, the removal of (a) the current “effective referral” requirement, and (b) the open-ended wording in lines 163-164 from the New Policy.

**6) Conclusion**

In light of the Supreme Court of Canada decisions referenced herein and the compelling principles they espouse, CLF urges the CPSO to:
i. appropriately protect its members’ constitutionally guaranteed rights and freedoms by ensuring the New Policy upholds physicians’ and surgeons’ sincerely held conscientious objections to providing certain services including referrals, and

ii. carefully examine all accommodation options for physicians’ and surgeons’ religious and conscientious beliefs, where applicable.

To do otherwise would be to treat physicians and surgeons as simply a means to an end and deprive them of their essential humanity.

CLF would be pleased to provide further assistance in any way the CPSO believes would be appropriate.

Thank you for your consideration of our submissions.

CHRISTIAN LEGAL FELLOWSHIP / Alliance des chrétiens en droit

www.christianlegalfellowship.org

2 [1988] 1 S.C.R. 30 at 166 ["Morgentaler"].
3 Ibid. at 179. See also Sean Murphy, “Postscript for the Journal of Obstetrics and Gynaecology Canada: Morgentaler vs. Professors Cook and Dickens”, online: <http://www.consciencelaws.org/law/commentary/legal030-001.aspx>.
4 Morgentaler, supra note 2 at 95-96.
5 Human Rights Code, R.S.O. 1990, c. H.19, ss. 5(1) and 6.
6 Ontario Human Rights Commission, Policy on creed and the accommodation of religious observances (approved October 20, 1996; revised December 2009), at p. 4.
7 Ibid. at p. 9.
9 2015 CanLII 4857 (NL SCTD) ["Dickmont"]
11 2015 SCC 5 ["Carier"].
APPENDIX A

CLF SUBMISSION TO CPSO
(AUGUST 4, 2014)
August 4, 2014

College of Physicians and Surgeons of Ontario
80 College Street
Toronto, Ontario
M5G 2E2

Attn: Policy Department

RE: Physicians and the Ontario Human Rights Code Consultations

The College of Physicians and Surgeons of Ontario (“CPSO”) has invited feedback from all stakeholders in regard to its review of Policy Statement #5-08, Physicians and the Ontario Human Rights Code (“the Policy”). In particular, the CPSO has asked if the Policy provides useful guidance, whether the Policy fails to address any issues, and any other ways in which the Policy should be improved. The Christian Legal Fellowship (“CLF”) appreciates the opportunity to participate in this discussion, as we did in the prior CPSO consultation on Human Rights in September of 2008, and makes the following introduction and submissions.

The CLF is a national charitable association that exists to strengthen the spiritual life of its members, and encourage among Christians in the vocation of law the integration of faith with contemporary legal, moral, social and political issues. The CLF’s membership consists of approximately 550 lawyers, law students, professors, and others who support its work; with approximately one third of its members in the Province of Ontario. It has 14 chapters in cities across Canada and student chapters in most Canadian law schools. While having no direct denominational affiliation, CLF’s members represent more than 30 Christian denominations working in association together. As an association of Christian professionals, we welcome the opportunity to address the issues which the CPSO have raised in this consultation process.

The CLF has intervened in numerous legal cases relating to matters of conscience and religious freedom at the appellate and Supreme Court level. The organization also engages in policy consultations raising issues that impact, among other things, religious freedom and human rights. CLF is therefore knowledgeable and well-positioned to comment on this CPSO Policy.
In reviewing the Policy, there are three broad areas of concern for CLF. First, we submit that the Policy fails to recognize that physicians have the right to freedom of religion and conscience. Second, the Policy fails to recognize that the law protects physicians with religious beliefs from engaging in activities that violate their religious beliefs, their moral beliefs and their conscience. Third, the Policy obligates physicians, in “some circumstances” to actively refer a patient for services which violate the beliefs or conscience of the physician.

(1) **Physicians have the right to freedom of religion and conscience.**

In its current format, the Policy mentions “personal beliefs and values and cultural and religious practices are central to the lives of physicians and their patients”. This description fails to acknowledge the legal status of beliefs and religion. In fact, conscience and religion, thought, belief, opinion and expression are protected as fundamental freedoms by the *Charter of Rights and Freedoms*. Further, the *Human Rights Code* upon which the Policy is based, protects from discrimination on the basis of creed.

The Policy also precludes physicians from sharing their religious beliefs with patients: “physicians should not promote their own religious beliefs when interacting with patients, nor should they seek to convert existing patients or individuals who wish to become patients to their own religion”. While this conduct may not be appropriate in all circumstances, a blanket prohibition is problematic and a clear violation of freedom of religion and expression.

Religion as a protected freedom is more than the right to privately think or believe certain ideas and principles. It is broadly defined and demands robust protection. Freedom of religion encompasses the right to entertain religious beliefs of one’s own choosing, the right to declare religious belief openly and without fear of hindrance or reprisal, the right to manifest those beliefs by worship and practice, by teaching and dissemination. It precludes forcing an individual to act

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3 *Ontario Human Rights Commission: Policy on Creed and the Accommodation of Religious Observances*, October 20, 1996. While creed is not a defined term in the Code. The OHRC has adopted the following definition of creed in its Policy: “Creed is interpreted to mean “religious creed” or “religion.” It is defined as a professed system and confession of faith, including both beliefs and observances or worship. A belief in a God or gods, or a single supreme being or deity is not a requisite...The existence of religious beliefs and practices are both necessary and sufficient to the meaning of creed, if the beliefs and practices are sincerely held and/or observed. "Creed" is defined subjectively. The Code protects personal religious beliefs, practices or observances, even if they are not essential elements of the creed provided they are sincerely held.” *Policy page 4-5.* “In the case of discrimination in the workplace, both management and the union have a duty to accommodate. In *Central Okanagan School District No. 23 v. Renaud* the Court noted that although the principle of equal liability applies, the employer has charge of the workplace and will be in a better position to formulate measures of accommodation. The employer, therefore, can be expected to initiate the process of taking measures to accommodate an employee. Nevertheless, the Court also noted that they will not absolve a union of its duty if it fails to put forward alternative measures that are available. In short, when a union is a co-discriminator with an employer it shares the obligation to remove or alleviate the source of the discriminatory effect.” *Policy page 9.* “Conclusion: Religious pluralism poses a challenge in any multicultural society, especially one as diverse as ours. Although the law is developing rapidly in this area, an informed spirit of tolerance and compromise is indispensable to any civil society, as well as to its capacity to make opportunities available to everyone, on equal terms, regardless of creed [or other protected right].” *Policy page 16.*
in a way contrary to his or her beliefs or conscience and protects the right to share those beliefs with others. There is no exception for physicians by virtue of their career choice or the fact that they provide health care services to the public.

(2) **Physicians are protected from engaging in activities that violate their religious beliefs and conscience.**

The Policy accurately states there is no hierarchy of rights under the Charter; however, the Policy in tone and content places equality rights above religion and conscience rights. Where individual rights conflict, Charter principles require a balance to be achieved that fully respects the importance of both sets of rights.\(^5\)

Fully respecting physicians’ conscience and religious beliefs demands more than merely acknowledging they exist and that they are central to the lives of physicians and patients. It demands and is accorded protection under the law. The CPSO Policy must reflect the proper legal protection accorded freedom of religion and conscience.\(^6\) Rights and freedoms guaranteed by the Charter establish a minimum level of constitutional protection that must be taken into account.\(^7\)

Religious freedom is not accommodated if the consequence of its exercise is the denial of the right of full participation in society,\(^8\) such as one’s ability to maintain employment. The current CPSO Policy strongly suggests that physicians risk a finding of professional misconduct should they refuse to engage in activities that violate their religious beliefs and conscience. Effectively denying employment on the basis of one’s Charter-protected beliefs can only be characterized as more than a trivial or insubstantial infringement upon that freedom and thus constitutes a violation of that freedom.

(3) **Physicians must not be required to assist or refer patients for services which violate the beliefs or conscience of the physician.**

It therefore follows that physicians must not be required or mandated to assist or refer patients for any service that would violate those beliefs and protected rights.

Physicians regularly encounter ethical dilemmas in an increasingly complex healthcare landscape. In matters such as end-of-life care and reproductive technology and other controversial areas, physicians must be accorded some liberty. There is a significant moral component to these complex issues, the resolution of which often rightly lies within one’s

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\(^6\) Bril linger v. Brockie, Ontario Superior Court of Justice, Divisional Court, [2002] O.J. No. 2375 “where the Ontario Superior Court overturns a key aspect of the Human Rights Board of Inquiry Decision and recognizes a public space for persons to refuse to provide commercial services if doing so would conflict with the “core elements” of their religious belief or conscience. The court makes clear that “this order shall not require Mr. Brockie or Imaging Excellence to print material of a nature which could reasonably be considered to be in direct conflict with the core elements of his religious beliefs or creed.”; British Columbia (Public Service Employee Relations Commission) v. BCGSEU, [1999] 3 S.C.R. 3; Trinity Western University v. British Columbia College of Teachers, 2001 SCC 31, [2001] 1 S.C.R. 772. Note: Further study and a full analysis should be provided on the Trinity Western decision, as the Ontario Human Rights Commission’s Submission of February 14, 2008 is misleading in its interpretation. The Supreme Court of Canada held that the college was wrong in rejecting Trinity Western on the basis of discrimination for including a code of biblical conduct and, moreover, that “the concern that graduates of TVU will act in a detrimental fashion in the classroom is not supported by any evidence.”

\(^7\) Multani v. Commission scolaire Marguerite-Bourgeoys, 2006 SCC 6, para. 16.

\(^8\) Trinity Western University v. British Columbia College of Teachers, 2001 SCC 31, para. 35.
conscience. Under the law, physicians must be afforded the ability to align their practices with their conscience in these controversial areas and others, and that right must be made clear in the CPSO Policy.

CLF therefore urges the CPSO to modify its Policy to reflect the principles outlined above, ensuring it accurately reflects physicians' rights pursuant to the *Charter* and the *Human Rights Code*.

Please note the endorsements that follow. CLF would be pleased to provide further assistance in any way the CPSO believes would be appropriate. Thank you for your consideration of our submissions.

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ENDORSED BY: