TERRY MOULTON
WISCONSIN STATE SENATOR
23RD SENATE DISTRICT

From: **Senator Terry Moulton**
To: **Senate Committee on Judiciary and Public Safety**
Re: **Testimony on Senate Bills 223 & 224**
Date: **November 22, 2017**

Thank you Chairman Wanggaard and members for allowing me to testify on Senate Bills 223 & 224 this morning.

Wisconsin is a hotbed of cutting-edge medical research, pioneering innovative and successful treatments for conditions that threaten lives all over the world. Senate Bills 423 and 424, the Heal Without Harm Initiative, build on that legacy, protecting and advancing current research while ensuring that Wisconsin research adheres to the highest ethical standards.

Two years ago, grisly videos surfaced exposing the abortion industry's unethical practice of harvesting fetal tissue from abortions to be sold for profit. The U.S. House of Representatives Select Investigative Panel on Infant Lives investigated these claims for over a year, finding that current federal law is not enough to stop the unethical harvest and sale of abortive fetal tissue and that more needs to be done to end this trade. Senate Bills 423 and 424 are based on the Panel's recommendations and would effectively stop the sale and use of fetal tissue from abortions in Wisconsin while providing researchers with access to ethically sourced, donated tissue from stillbirths and miscarriages. By ending the sale and use of fetal tissue in Wisconsin, we can ensure that treatments developed in Wisconsin are created ethically and patients who want the latest treatment will not have to make the difficult decision between treatment developed using abortive fetal tissue and no treatment at all.

Some say that banning the sale and use of abortive fetal tissue will hurt medical research in Wisconsin. However, we listened to researchers and the medical community and worked to include some key compromises that set these bills apart from last session's Assembly Bill 305 and ensure that current research isn't impacted. First, these bills grandfather in existing stem cell lines so all current research using abortion-derived stem cell lines and embryonic stem cells will continue uninterrupted. Second, for research using fresh fetal tissue, the Heal Without Harm Initiative adds stillbirths and miscarriages to the Wisconsin Uniform Anatomical Gift Act, allowing parents who suffer the loss of a pre-born child to donate the child's remains to scientific research. Stillbirths and miscarriages happen at similar rates to abortions in Wisconsin, so these bills provide an untapped source of valuable tissue for research, replacing the current supply of fetal tissue and ensuring that all current research can continue.

The truth is there isn't that much fetal tissue research going on right now in Wisconsin. There are just two National Institutes of Health funded studies at UW-Madison that use fresh fetal tissue, totaling just $415,000 or 0.1% of UW-Madison's $368 million in NIH funding. Under the Heal Without Harm Initiative, both of these projects would be able to continue using ethical sources.

State Capitol • Post Office Box 7882 • Madison, WI 53707-7882
(608) 266-7511 • Toll Free: (888) 437-9436 • Fax: (608) 282-3563 • Sen.Moulton@legis.wi.gov • **Website:** www.SenatorMoulton.com

The Heal Without Harm Initiative has no criminal penalties unlike 2015 AB 305 and 2017 SB 422. Instead, the Initiative imposes civil forfeitures on facilities, not individuals, who traffick abortive fetal body parts.

Ethical research isn't a given and self-regulation within the scientific community hasn't always protected the most vulnerable. Students still study the infamous Tuskegee Syphilis Study where researchers intentionally infected poor, minority patients with syphilis, and the Willowbrook State School Study where disabled children were exposed to hepatitis to further scientific research. In both cases, it wasn't until the public demanded action that the studies were halted and legislators acted to protect human research subjects, established civil rights for the disabled, and ultimately laid the groundwork for the Americans with Disabilities Act.

Today, Wisconsin has an extraordinary opportunity to join 15 other states in ending the unethical sale and use of abortive fetal tissue while leading the country in championing ethical medical research by providing ethically sourced fetal tissue. Please vote to recommend passage of Senate Bills 423 and 424 and ensure we carry on our state's proud tradition of social justice and respect for human life by committing to heal without harm.

Heal Without Harm
ETHICAL RESEARCH COALITION

Heal Without Harm is a coalition of organizations and citizens dedicated to working with the scientific community to encourage it toward ethical research. The coalition is composed of member organizations, including: Wisconsin Right to Life, Wisconsin Catholic Conference, Wisconsin Family Action and Pro-Life Wisconsin, among others.

Heal Without Harm Coalition – *Wisconsin Catholic Conference, Pro-Life Wisconsin, Wisconsin Family Action, Wisconsin Right to Life*

Senate Judiciary and Public Safety Committee

RE: The Heal Without Harm Legislative Initiative - SB 423 and SB 424

Thursday, November 2nd, 2017

Distinguished members of the Senate Judiciary and Public Safety Committee,

Thank you for the opportunity to testify today. The Heal Without Harm Coalition consists of four organizations: Wisconsin Right to Life – represented by its Legislative Director Chelsea Duffy, Wisconsin Catholic Conference – represented by its Executive Director Kim Wadas, Wisconsin Family Action – represented by its President Julaine Appling, and Pro-Life Wisconsin – represented by its Legislative Director Matt Sande.

The Need for SB 423 and SB 424

Heather Weininger, Executive Director for Wisconsin Right to Life, unfortunately could not join us today, but wishes to pass along the following remarks:

"Just last month was Pregnancy and Infant Loss Awareness Month. It is fitting today to talk about legislation that will provide families who experience the loss of an unborn child information about the final disposition of their baby, and the opportunity to donate their child's remains to scientific research.

Christmas Eve, 2013, is a day my husband and I will remember forever. It was the day we lost our baby to a miscarriage. When this frantic situation occurred and we went to the hospital for help, I felt so alone and lost. We were given no information about what to do with the remains of our child, we had no resources to help us cope with our loss, and quite frankly, at this time, I really needed someone to tell me what to do next. Where could we turn for answers?

When a parent is faced with a sudden loss, the one thing you want the most is answers. We may not be able to explain why their child passed away, but the least we can do is give parents information about options for the final disposition and donation of their child's remains. As I look back at my experience, I wish I knew my options for the final disposition of my child. I wish I knew of my ability to donate my child's remains to scientific research.

Even if we can't give parents all the answers, we can give them the information that they need for some closure. We can reaffirm that their child was real, she existed, and she can be a gift to others.

SB 423 and SB 424 are about answers – answers to how we can protect vulnerable unborn children while also advancing scientific research, and answers to how we can provide parents with the information they need after a loss."

Now, more than ever, the public is aware that aborted fetal body parts are being used in research. As a Coalition, we looked at the law in Wisconsin and wondered if there was a way to continue to champion research without the controversy that comes from the trafficking and use of aborted fetal tissue.

Our state needs to do a better job of supporting and promoting the use of ethical tissues. No patient should have to face the difficult choice of using or refusing an unethically-derived treatment. No one should have to ask, *"Do I help myself, or do I support the common good?"*

To aid us in this effort, we asked for the support and direction of two esteemed legislators, Senator Terry Moulton of Chippewa Falls and Representative Joel Kleefisch of Oconomowoc. As leaders, Sen. Moulton and Rep. Kleefisch have continually shown how they value family, ethics, and promoting the common good of all, including the most vulnerable among us. With their guidance, we forwarded this new initiative, unique to Wisconsin, which will allow our state to become a leader in both research and ethics.

We know the Heal Without Harm Legislative Initiative can make a lasting positive impact on the state. Senate Bills 423 and 424, along with their companions, Assembly Bills 549 and 550, will ensure that in Wisconsin, no researcher need operate under a cloud of controversy and no patient need to choose life over conscience.

If one looks at the history of scientific experimentation in the U.S., it is evident that self-regulation within the scientific community does not always adequately protect vulnerable human beings. One need only reflect on the Tuskegee Syphilis Study or the Willowbrook State School hepatitis study. These experiments led to community outcry, as well as local and federal action, including the creation of the National Research Act of 1974, the Civil Rights of Institutionalized Persons Act (CRIPA) of 1980, and the Americans with Disabilities Act of 1990. Members of the public and members of the Legislature have a vital role to play in establishing scientific standards that protect human life and dignity.

The dependence on tissue derived from the abortion industry legitimizes abortion, creates a demand for it, and further embeds it in our educational and medical institutions. This is simply wrong, just as it was wrong for researchers in the past to experiment on minorities and people with disabilities in the hope of finding cures. We can and must find a better way, and that is exactly what these bills do.

What SB 423 and SB 424 Accomplish

The Fetal Remains Respect Act (SB 423/AB 549) prohibits any person from knowingly acquiring, providing, receiving, or using fetal body parts obtained from induced abortions (i.e., where the child is directly and deliberately killed). The Act also requires a facility that provides an abortion to arrange for the final disposition of the aborted remains.

The Unborn Child Disposition and Anatomical Gift Act (SB 424/AB 550) requires that in every instance of an unborn child's death due to stillbirth or miscarriage (i.e., where the child dies naturally or accidentally) within a facility, the facility shall inform the mother that she may request her child's remains either for final disposition and/or to make an anatomical gift for research, experimentation, study, or transplantation.

These two bills represent a compromise, and a holistic solution to creating an ethical research environment in Wisconsin.

The Heal Without Harm Coalition listened carefully to the concerns raised last session regarding fetal tissue research. Therefore, the *Fetal Remains Respect Act* (SB 423/AB 549): 1) includes no criminal penalties; 2) requires civil forfeiture only for facilities, never individuals; and 3) does not impact existing cell lines or aborted fetal tissue procured prior to 2017.

In addition, by allowing for anatomical gifts and requiring final disposition for those who are stillborn or miscarried through *The Unborn Child Disposition and Anatomical Gift Act* (SB 424/AB 550), not only can we help families through a time of sorrow, we can also ensure ethical fetal tissue is available for research.

Finally, it should be noted that the Heal Without Harm Initiative follows the lead of the U.S. Congress, which is currently looking at ways to advance research that does not use aborted fetal tissue. The future of research funding is tied to ethical fetal tissue research.

Pro-Life Groups Are United, and Pro-Medical Research

The pro-life community is pro-medical research. We want to see medical research move forward in the hopes of discovering treatments for debilitating diseases, and we can move forward ethically so long as we do not degrade human life in order to potentially save it.

This package of bills is groundbreaking. All major pro-life groups in Wisconsin, representing tens of thousands of people across our state, support these pro-research bills. Parental donation of organs or tissue from stillborn or miscarried children is a life-affirming, ethical alternative.

While we know that research involving aborted fetal body parts represents only a small fraction of all scientific funding, we listened to the concerns raised by researchers. If researchers want to employ fetal tissue in their studies, they can under this legislation so long as the tissue is not derived from an aborted child. They can also use adult or adult-type stem cells. The clinical success of adult stem cells over a broad range of medical conditions is well documented and simply amazing. Adult type stem cells can be ethically derived from pregnancy-related tissues including umbilical cords, placentas and amniotic fluid.

We are confident that there is a sufficient supply of ethical fetal tissue to meet research needs. Nationally, the Centers for Disease Control (CDC) report that abortions are now about the same number as stillbirths/miscarriages. In Wisconsin, the DHS reports that in 2014, 317 stillbirths occurred after 20 weeks gestation. DHS also reports that in 2015, 359 abortions occurred

between 16-20 weeks and 56 after 20 weeks, for a total of 415 abortions. As with other organ and tissue donation, many people are not aware that the gift of their loved one's remains is possible. This is why this legislation is so vital.

When enacted, these bills will encourage new avenues of discovery and attract new researchers and biotech firms. This is precisely what happened with induced pluripotent stem cells, or iPS cells, which were discovered after a concerted effort to find an ethical alternative to the controversial embryonic stem cells.

Currently, students and researchers who conscientiously object to using aborted fetal tissue either have to leave their fields entirely or change their research projects. Wisconsin must attract and keep these researchers. We need to find a better way. Wisconsinites deserve the assurance that our state can build on its lead in biotechnology without compromising its bioethics. The Heal Without Harm Legislative Initiative helps provide this assurance.

Concluding Remarks

With limited floor periods left this year, and leadership in both chambers indicating that there will be an early end to session, the Heal Without Harm Coalition understands that time is short for these bills to be successful.

We thank you for this hearing today to publicly voice our support for ethical research in Wisconsin. We encourage a swift executive session on SB 423 and SB 424 to ensure there is adequate time for these bills to have the opportunity to reach the Senate floor. In fact, if these bills do not make it out of committee within the next twenty-four hours, there is little evidence that these bills will have any chance of passage this year. We are encouraging similar swift action in the State Assembly for companion bills AB 549 and AB 550, because the time to act is now.

Wisconsin has an extraordinary opportunity to lead the nation by championing research that is ethical, innovative, and effective. The Heal Without Harm Legislative Initiative, SB 423 and SB 424, would make our state a destination for ethical research.

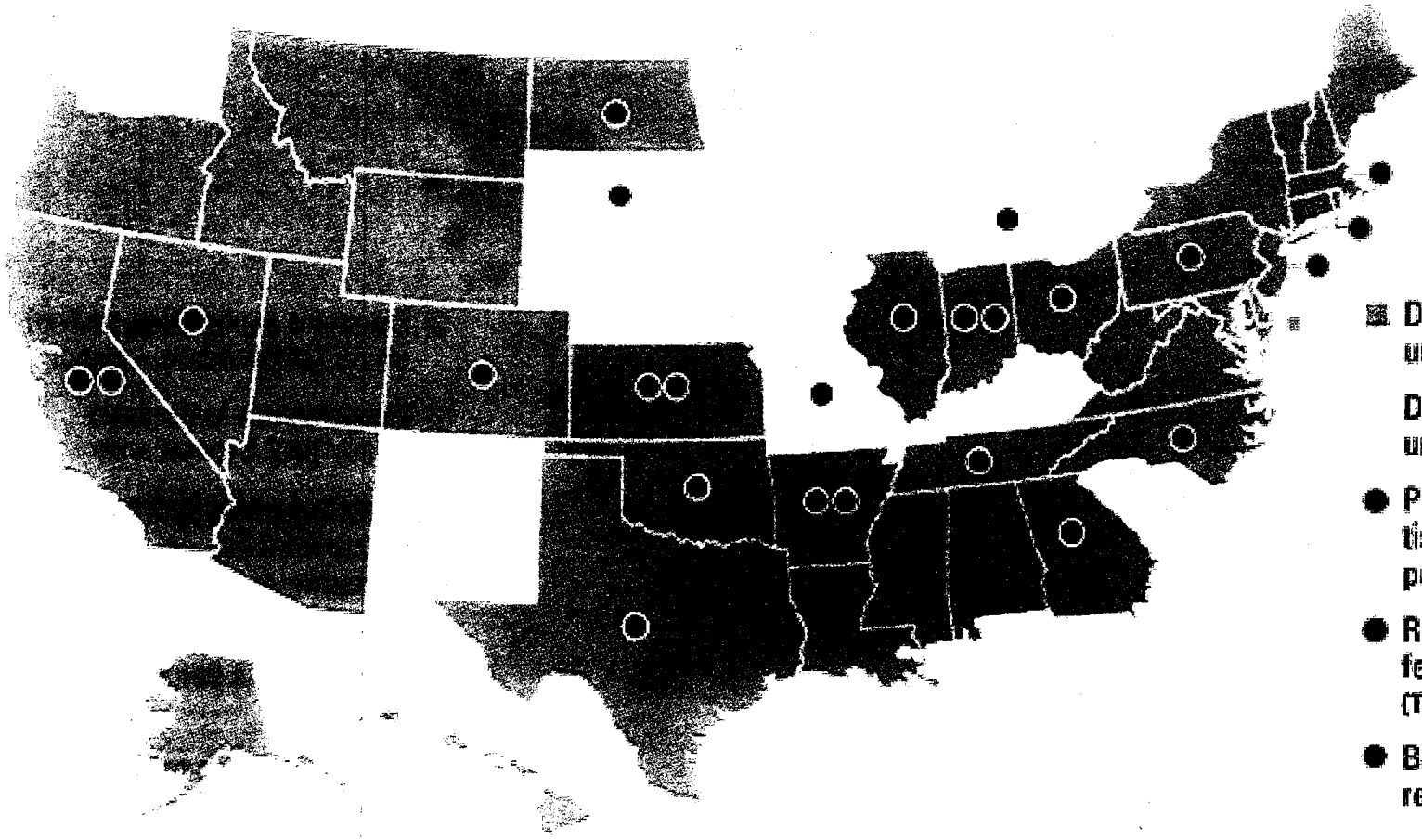
Thank you for your time,

The Heal Without Harm Coalition

State Laws on Fetal Tissue Donation and Research

INSTITUTE

In the states, donation is governed by the Uniform Anatomical Gift Act (UAGA). Many states also have other statutes on donation and research.



- Donation explicitly permitted under UAGA (TOTAL = 38+DC)
- Donation not addressed under UAGA (TOTAL = 12)
- Prohibits profiting from fetal tissue donation or procurement (TOTAL = 12)
- Requires consent before fetal tissue is donated (TOTAL = 8)
- Bans all fetal tissue research (TOTAL = 5)

Note: Three additional states have laws that apply only to abortion after viability. Kentucky prohibits experiments using tissue from a postviability abortion. Nebraska and Wyoming prohibit "giving away, sale, transfer or distribution" of tissue from a postviability abortion.

School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON

Administration

Senate Committee on Judiciary and Public Safety
RE: Opposition to SB-423
Testimony provided by Robert N. Golden, MD
Dean, University of Wisconsin School of Medicine and Public Health
November 2, 2017

Dear Chairman Wanggaard and members of the committee:

Thank you for the opportunity to appear before you today. I am representing the University of Wisconsin-Madison, where I serve as the Vice Chancellor for Medical Affairs and Dean of the School of Medicine and Public Health. I am joined by Dr. Richard Moss, Senior Associate Dean for Basic Research, Biotechnology and Graduate Studies and Lisa Wilson, Senior University Legal Counsel at UW-Madison. Our goal is to explain why we oppose Senate Bill 423 and any effort to impose a ban on access to fetal tissue for research.

We oppose Senate Bill 423 because while it will not prevent a single abortion, it will end potentially life-saving research in Wisconsin. Once the restrictions of SB-423 are incorporated into Wisconsin law, research scientists at academic health centers will leave our state and biomedical research companies will no longer view Wisconsin as a desirable location for their organizations. Promising avenues of research aimed at developing new treatments for life-threatening illnesses such as asthma, Alzheimer's disease, heart disease, and Parkinson's disease will be prohibited under SB-423. Research projects studying the human immune system, which is key in the fight against cancer and in developing treatments for conditions such as diabetes and blindness, will come to a sudden halt. Wisconsin will become an island of anti-research governmental regulation and restriction – a "fly over" state for scientists and biotech companies en route to neighboring states like Michigan, Minnesota, and Illinois where research is encouraged, supported, and celebrated.

Unfortunately, researchers are already feeling the negative impact of just the appearance of support for restrictive policies like this in Wisconsin. Recently, one of our researchers received feedback from reviewers at the National Institutes of Health (NIH) in response to his grant application. The reviewers stated that they did not think he could carry out the research he proposed. They were under the false impression that such research was illegal under Wisconsin law, which we assume relates to the attempt by some lawmakers to impose restrictions on access to fetal tissue over four consecutive legislative sessions. Another one of our researchers was informed that she would not be provided with tissue from a tissue bank at another university due to the pending legislation in Wisconsin. These specific examples of the damage that has already been done reinforce our opposition to SB-423.

Office of the Dean
608/263-4910
Fax 608/265-3286

750 Highland Avenue
Madison, WI 53705
www.med.wisc.edu

General Information
608/263-4900

UWHealth

We cannot fully predict today the most significant concerns and lost opportunities in the future if SB-423 is passed. Think for a moment about the horrors of the Zika virus. Did anyone in this room know of this scourge five years ago? Yet today, most people are very familiar with the virus, which is spread by mosquitos and is especially dangerous to pregnant women. For a pregnant woman, the Zika virus attacks her baby in utero, and may cause her to miscarry or lead to catastrophic birth defects, including devastating brain damage. Researchers are working to understand the mechanisms behind the brain damage caused by Zika so that they can develop treatments for blocking those effects. If we impede their access to fetal tissue through policies like the one before you, we impede their chances of success.

We know that research using fetal cells and tissue can change lives. The polio epidemics of the past provide evidence of this fact. Polio was a communicable disease passed easily from person to person that caused paralysis or death for thousands of children in the United States from the early 1900s until the mid-1950s. What changed in the mid-1950s? In 1955, children began receiving the polio vaccine and as a result, the disease was eradicated from the U.S. population. The vaccine that saved the lives of countless children in the United States and throughout the world was developed using cells originally derived from fetal tissue. What would the world look like today had access to fetal tissue been banned before the vaccine could be developed?

We strongly oppose any efforts to profit from the sale of fetal tissue. Research using fetal cells and tissue is already regulated by federal laws, as it should be. We fully support the stringent criteria that the NIH applies to research projects that involve fetal tissue, including the requirement that researchers must justify using fetal tissue in lieu of other options. At UW-Madison, we apply additional rigorous policies to research using fetal tissue. We take very seriously our ethical responsibility to follow emerging best practices in all aspects of our research programs, as we have outlined in detail on numerous occasions. If we learn of a violation of approved practices and regulations, we take swift action. Contrary to misleading statements made by some, UW leadership did not consider providing abortion services as a means for researchers to secure fetal tissue. Scientists at UW-Madison obtain fetal tissue only from not-for-profit tissue banks and research institutions with ethical oversight by an institutional review board located outside of Wisconsin. Again, our scientists do not secure fetal tissue from any entity within the state of Wisconsin. Any statements to the contrary are not correct.

I would like to ask Dr. Moss to present a brief summary of just one incredibly important research project, taking place on the UW-Madison campus that will be forced to shut down if Senate Bill 423 is enacted into law. After that, we will be happy to take questions.

Office of the Dean
608/263-4910
Fax 608/265-3286

750 Highland Avenue
Madison, WI 53705
www.med.wisc.edu

General Information
608/263-4900

UW Health

WAISMAN CENTER

University of Wisconsin-Madison
1500 Highland Avenue–Suite T201
Madison, WI 53705-2280

Director's Office: 608.263.5940
FAX: 608.263.3300
waisman.wisc.edu

Senate Committee on Judiciary and Public Safety
RE: Opposition to SB-423
Testimony provided by Anita Bhattacharyya PhD
November 2, 2017

Dear Chairman Wanggaard and members of the committee:

I am submitting this testimony via my colleague Dr. Richard Moss because I am traveling out of state at this time. The subject before you is vitally important to me and even though I cannot be there in-person, I hope that my opposition to any effort to reduce access to fetal tissue for research like mine is clear through the testimony you are about to hear. Thank you for your interest in my work.

After beginning my research career in the Dana Farber Cancer Institute at Harvard Medical School, I seized an opportunity to return to the University of Wisconsin-Madison 16 years ago. I knew UW-Madison well having completed my undergraduate education at the university in the mid 1980's, and I welcomed the opportunity to join the faculty of one of the nation's very best research institutions. Fast forward to today and I am a member of the university's developmental disabilities research program.

My research at Wisconsin centers on the cerebral cortex, a part of the brain that plays key roles in high level functions such as memory, awareness, thought, language and consciousness. Specifically, I am interested in how the cortex is altered in developmental disorders, including Down syndrome. Down syndrome is the most common genetic cause of intellectual disability, occurring in 1 out of every 700 births. People living with Down syndrome not only experience intellectual disability but also heart defects, specific leukemias, and early-onset Alzheimer's disease. These characteristics of the syndrome are caused by errors in the development of different organs, and all of these organs are formed before birth, in the prenatal period.

We know that the structure of a person's brain in Down syndrome is different than in the brain of a person without Down syndrome. Studies have revealed that a brain with Down syndrome has fewer nerve cells, dysfunctional connections between nerve cells, and death of nerve cells that leads to Alzheimer's disease. My research is focused on understanding why so we can intelligently design treatments to reduce the severity of the disorder.

To understand the differences in the brain in Down syndrome, my laboratory first studied fetal tissue to determine whether these nerve cell abnormalities in Down syndrome were evident at the earliest stages of brain formation. The results of our research showed that this is in fact the case.

Today we use adult human stem cells to mimic important features of brain development in Down syndrome. These stem cells are made by reprogramming skin cells from people with Down syndrome who donated their skin tissue. This is an amazing advancement! But it is only possible because we were able to study fetal tissue *first*. In some instances, nothing can replace fetal tissue to gain information about human prenatal development.

Going forward, new questions will arise related to how Down syndrome impacts brain development and we will need to again look at fetal tissue to help us design the strongest experiments possible using adult stem cells. If we cannot access fetal tissue because of limitations imposed by legislation, our research will fail to advance and the strides we are making to help reverse or prevent not only Down syndrome but Alzheimer's disease will stop too. I implore you to consider that outcome for the thousands of families this research could benefit as you consider the legislation before you.

Thank you again for your time and attention.

Written Testimony of Kathleen M. Schmainda, Ph.D.
Wisconsin Committee on Judiciary and Public Safety
November 2, 2017

To the Distinguished Chair and Honored Members of the Committee:

Thank you for the opportunity to testify before you today in *support* of SB423 and SB424. My remarks made here today express my personal position and do not represent the views or opinions of any employer or affiliated institution.

My name is Dr. Kathleen Schmainda. I bring to this discussion today my expertise as a scientist. I received my training from the Massachusetts Institute of Technology and Harvard Medical school and have been involved with scientific research for over 20 years. Of particular relevance to my testimony is the fact that I have served as a grant reviewer for the National Institutes of Health - the NIH- for over 17 years. I therefore have had the great privilege of seeing first-hand the genius of biomedical scientists and many innovative and brilliant research proposals seeking to understand and cure disease with the goal of making each of our lives better and longer. Yet, I believe now more than ever that the practice of science is at a dangerous crossroads. We must answer the question: will we continue to be a profession that seeks to save lives, or rather one whose practice destroys and desecrates the most vulnerable lives?

Recently, we have become keenly aware of the procurement and selling of baby body parts from abortions and of their use in scientific experimentation. There has been public outcry against these practices. Yet, some in academic and scientific circles claim that "fetal tissue research is essential for scientific discovery and improving human health" and that banning use of these tissues will bring scientific discovery to a halt. However, the statistics defy these claims. After a year-long investigation, the US House Select Investigative Panel has verified that only 0.2% (of 76,000) research grants funded by the NIH use fresh fetal tissue. Moreover, only 0.01% of (230,000) clinical trials use fresh fetal tissue.

The significance of these statistics is even more compelling if one better understands the role of the NIH in biomedical research. First, the NIH is the premier source of biomedical funding for the US. It is a career milestone for a biomedical scientist to obtain NIH funding. Faculty promotion almost always depends on the ability to obtain NIH funding. Of particular relevance to this discussion is the fact that NIH grants are reviewed by scientific peers. We scientists give other scientists good scores if they believe that the research proposed has an extremely high likelihood of exerting a sustained and powerful influence on a research or medical field(s). Therefore, with less than 0.2% of NIH grants awarded for research using fetal body parts, it is safe to conclude that by their actions the vast majority of scientists do use fetal tissue in their research, nor do they think it is critical for scientific research to advance. **So, clearly, prohibiting access to abortion-derived fetal tissue will NOT bring scientific discovery to a halt.**

A review of the publicly accessible NIH database (NIH reporter) reveals similar statistics for biomedical research in our state at UW Madison. A mere 0.1-0.4% of current NIH research funding supports research using human fetal tissue. Instead, over 99% of NIH funds awarded to UW Madison support incredible research using noncontroversial methods and models to study diseases such as Zika, cancer, and kidney transplantation. One 15-year, multi-million dollar study uses human umbilical arteries and sheep vessels to study diseases of pregnancy.

Moreover, **having ethical boundaries motivates scientists to come up with even better solutions!** In one example, a researcher seeking a cure for Parkinson's disease describes extracting skin cells from a rhesus monkey with Parkinson's disease, reprogramming the skin cells, and then injecting them back into the monkey's brain to cure its Parkinson's disease. His motivation for studying this approach was, in his words, because "fetal tissue transplantation depends on the collection of tissues from multiple fetuses of particular ages for a single patient, which makes it impractical for general application and ethically problematic." This is an excellent example of how ethical boundaries motivate scientists to come up with even better solutions!

In summary, both nationally and in Wisconsin, a negligible number of NIH-funded studies use abortion-derived fetal tissue. This directly contradicts claims that banning this practice will bring scientific research and discovery to a halt. Rather, ethical guidelines open the door for resources to be invested in much more promising avenues of research (as we will hear next) and will **maintain the life-affirming principles scientists must continue to uphold**.

Respectfully,

Kathleen Schmainda, Ph.D.

Written Testimony of Maria Feeney, Ph.D.

Wisconsin State Senate Committee on Judiciary and Public Safety
November 2, 2017

SB 423, Relating to: use and final disposition of fetal body parts and providing a penalty.
SB 424, Relating to: certificate of birth resulting in stillbirth, disposition of remains after miscarriage or stillbirth, anatomical gifts, and providing a penalty.

To the Distinguished Chair and Honored Members of the Committee:

Thank you for the opportunity to testify before you today in *support* of SB423 and SB424. My name is Dr. Maria Feeney, and I am speaking today on my own behalf as a biomedical scientist. I have trained and worked in the areas of bioanalytical chemistry, pharmaceutics, and biotechnology. I earned my Ph.D. in Pharmaceutical Chemistry from The University of Kansas. I have conducted laboratory research at various academic institutions and in the biotechnology industry, including such areas of study as diabetes, proteomics, and drug development for a cutting-edge breast cancer treatment that is now on the market and helping patients. I am also an Associate Scholar with the Charlotte Lozier Institute.

As a scientist, I know that just because I cannot see something with my naked eyes or perceive it with any of my other senses, does not mean it does not exist. As a bioanalytical chemist, I spend most of my time in the lab finding ways to detect things that are very difficult to perceive. When embryologists use the methods of science to study the human organism at its earliest stages, they observe that a unique member of the human species exists from the moment of conception. This is not partisan rhetoric; this is found in the embryology textbooks.

As a mother, I have carried new life within my body. As you can see, I am carrying one of these precious little ones now. Long before I could see my baby bump or feel this child move in my womb, I knew - through science and medicine - that I carried a unique, very young human being within my body. In about 4 weeks, I will finally see this little one face to face, hear his or her little voice, and share him or her with my family and with the world.

I understand that not everyone accepts this scientific explanation of the beginning of human life. However, I do think – I *hope* – that we can all agree that the scientists who do share these beliefs should be free to follow our consciences as we dedicate our careers to finding the causes of disease and treatments for patients. No one should be pressured, either directly or indirectly, to use materials derived from abortions. No one should have to abandon his or her career or field of study for refusing to violate his or her conscience. Likewise, no patient should feel compelled to accept life-saving or life-changing treatment at the cost of his or her conscience, which is already happening for certain treatments produced using materials derived from fetal tissue.

Many people do not realize this, but conscientious scientists often face this very dilemma today. While not required for research, certain cell lines derived from aborted fetal tissue starting in the 1960s have become widespread in biomedical research. Due to an unacceptable lack of transparency, many researchers do not even realize that the materials they are using originated from an abortion, whether it occurred one or five or 50 years ago. Furthermore, pressure to

adhere to standard methods, as well as lack of resources to develop new methods, can make it very difficult to substitute materials that do not violate one's conscience, especially for those who are early in their careers or in subordinate positions in the lab. Science is a collaborative enterprise, and so the choices made by a few can have great impact on the many. If we ensure that the materials we use today follow the highest ethical standards, then tomorrow's cell lines will be used with confidence by all researchers. Wisconsin can lead the way by stopping the practice of harvesting tissues from aborted fetuses now.

I have never known a day without legalized abortion, since I was born after the Roe v. Wade decision. I think often of the friends and colleagues who are missing from my generation. As a scientist, I have never known a day in the lab that I did not have to double check all of my source materials to make sure they were not tainted with abortion-derived components. And I have known that if I did find a connection, I may have little recourse to address it. I want a better future for the next generation of scientists.

I want to emphasize that SB 423 and SB 424 will NOT impact the ongoing use of the historical, abortion-derived cell lines that have pervaded biomedical research. What these bills do accomplish is to stop harvesting tissues from fetuses who are deliberately killed by induced abortion today that could give rise to more tainted cell lines in the future. Instead, we will move research and treatments forward in a way that does not require any scientist, physician, or patient to violate his or her conscience. This may not be as convenient as finding tissue donors in the appointment books of abortion clinics, but it is the right thing to do. As Dr. Sander Lee already discussed, there are many exciting alternatives. Today, we can take a critical step forward for tomorrow's research.

Thank you for your time,

Maria B. Feeney, Ph.D

Maria B. Feeney, Ph.D.

Written Testimony of Tara Sander Lee, Ph.D.

Wisconsin Committee on Judiciary and Public Safety
November 2, 2017

To the Distinguished Chair and Honored Members of the Committee:

Thank you for the opportunity to testify before you today in *support* of SB423 and SB424. My remarks made here today express my personal position and do not represent the views or opinions of any employer or affiliated institution.

I am a scientist with over 15 years of experience in medical research. I earned a PhD in Biochemistry, followed by postdoctoral training at Harvard Medical School and Boston Children's Hospital in molecular and cell biology. I have directed both research and clinical diagnostic labs related to childhood disease. Various tissues types have been used in my lab, including discarded tissue from children undergoing surgical procedures to study congenital heart valve disease, post-mortem tissues from babies less than 1 year old to study SIDS, and whole blood to perform genetic testing. I have made a conscious decision to not work with abortion-derived fetal tissue products, and yet even with this determined position, have been shocked to learn years later that abortion-derived products seeped into my earlier work and were unknowingly used. Transparency in this field is important and these babies, the most vulnerable amongst us, need a voice. We must stop recklessly harvesting baby body parts in this country and focus on validated and true ethical solutions.

I stand before you today with a message of hope. **There are several alternatives and we do not need to use fetal body parts from aborted babies to achieve future scientific and medical advancements in the state of Wisconsin.** As my colleague Dr. Schmainda just described, very little research is being done that currently relies on abortion-derived fetal tissues. In part, because as scientists, we design and test hypothesis-driven research using *current* knowledge and evidence in the field, and the current evidence speaks for itself. After over 100 years of research, no cures have been discovered that require products from aborted fetal tissue. In the case of vaccines, cells derived from aborted fetal tissue have been used in the development process, but fetal tissues have NEVER been the exclusive means necessary for these breakthroughs. Instead, monkey cells, chicken eggs, and non-fetal human cells are used to produce vaccines for polio, measles, and mumps. Although a small number (11 of 75 vaccines in the US) still use cell "lines" derived from aborted fetal tissue (WI-38 and MRC-5),[1] there are no scientific reasons requiring this. The vast majority of scientists are focusing on other ethical tissue sources and models that work just as well, if not better.

Several ethical tissue sources are available to researchers now and are saving lives *today*! Tissue resources and banks already exist in the state of Wisconsin that provide investigators with valuable discarded human tissue samples donated by patients, such as placenta, cord blood, and various tissues from surgeries and biopsies.[2] Human cadavers are another valuable tissue source, from which stem cells can be isolated up to several weeks after death.[3] Scientists can also "reprogram" adult somatic cells (such as skin cells) to make induced pluripotent stem cells (iPS cells) that possess an embryonic-like state.[4] Cord blood and iPS cells can even be used to form "organoids," which are 3D cellular clusters replicating normal organ function *in vitro*.[5,6]

And let's not forget about adult stem cells from blood, which have saved the lives of over 1 million people worldwide.[7,8] But not one person is alive today because of stem cells from aborted fetal body parts. Wisconsin is at the forefront of adult stem cell therapy, with impressive programs at Children's Hospital of Wisconsin, Froedtert & the Medical College of Wisconsin, and the University of Wisconsin School of Medicine and Public Health, where earlier this year the first patient in an innovative clinical trial received treatment for heart failure using the patient's own stem cells.[9]

Donations from miscarriages, stillbirth, and neonatal deaths are another useful and ethical solution. As reported on TODAY in 2015, baby Gray was born with a severe defect at 4 pounds 1 ounce and lived only 6 days, but his organs had a tremendous impact on the research community at Harvard, Duke,

University of Pennsylvania and the biotech company, Cytonet, for conducting critical research including retinoblastoma[10]. However, such tissue (especially from miscarriages) is not easily accessible and commercially available like aborted fetal tissue. Senate Bill 424 creates an opportunity for (1) parents to be informed regarding the donation of their child's remains to research as an anatomical gift and (2) a study to determine the feasibility of developing a fetal tissue bank, which could include a mechanism for obtaining tissue from early miscarriages in a timely manner. Several papers have been published, which outline very clearly that spontaneous miscarriages can be a useful and ethical alternative source of fetal tissue and stem cells for research, when collected and preserved properly[11-16].

In conclusion, ethical alternatives are available, and restricting the use of aborted fetal tissue will not stop research or impede important discoveries. SB 423 and SB 424 would guarantee professionals and patients in Wisconsin safe and ethically sound cures that have the promise of healing patients now and in the future. Our God, who created the heavens and earth, will most certainly grant us wisdom in the days ahead to overcome these challenges we face, if we will only trust in him and do what is right today. I urge you to vote "yes" and support SB 423 and SB 424.

Respectfully,

Tara Sander Lee, PhD

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MEDICAL COLLEGE OF WISCONSIN

TO: **The Honorable Members of the Senate Committee on Judiciary and Public Safety**

FROM: **John R. Raymond, Sr., MD**
President & CEO

Michele Battle, PhD
Associate Professor
Department of Cell Biology, Neurobiology, and Anatomy

Rebekah Gundry, PhD
Associate Professor of Biochemistry
Director, Center for Biomedical Mass Spectrometry Research

DATE: **November 2, 2017**

RE: **Testimony in Opposition to Senate Bill 423**

Good morning Chairman Wanggaard and Members of the Senate Committee on Judiciary and Public Safety. My name is Dr. John Raymond. I am the President & CEO of the Medical College of Wisconsin (MCW). Joining me today, are two of MCW's biomedical research scientists, Drs. Michele Battle and Rebekah Gundry. We all will speak as official representatives of the Medical College of Wisconsin. My views on this topic are shared by a vast majority of my faculty colleagues.

Pioneering research is happening right here in our state to find treatments for heart disease, cancer, and many other disorders. It is vital for this research to continue. While MCW strongly opposes profiting from the sale of fetal tissue, we support preserving a path to continue life-saving fetal tissue research.

I would like to put this issue into a historical perspective. Nearly two decades ago, a very similar debate on embryonic stem cell research took place across the entire nation. Opponents repeatedly stated that no breakthroughs or treatments had ever resulted from embryonic stem cell research. Fast forward nearly 20 years to today, right here at the Medical College of Wisconsin, we are participating in groundbreaking work in the fight against paralysis.

I'd like to briefly share with you an incredible and uplifting story of hope. Last year, a man named Lucas Lindner was involved in a serious automobile accident, and was paralyzed from the neck down. As we all know, quadriplegia is one of life's most grim and frightening prognoses, with little hope for recovery... until now.

Amazingly, one of MCW's leading research scientists, Dr. Shekar Kurpad, is utilizing human embryonic stem cells to successfully bring movement and sensation back to patients who have been paralyzed. Allow me to repeat that... Dr. Kurpad is bringing back movement and sensation to patients who have been paralyzed.

8701 Watertown Plank Road
P.O. Box 26509
Milwaukee, Wisconsin 53226-0509

Not only did Lucas regain movement in his arms, hands, and fingers, but he actually threw out the first pitch at a Milwaukee Brewers game in August, making a lifetime memory. Please take a moment to let that sink in. Because of a clinical trial using human embryonic stem cells, a man who was completely paralyzed from the neck down, has thrown out the first pitch at a Major League Baseball game.

Lucas considers this to be an absolute miracle, and that's what the promise of research holds for millions of patients. This is one of those breakthroughs that we hope and dream about for many years. This miracle did not occur during the national debates that took place many years ago. It took almost 20 years for this miracle to happen. Had the national debate ended with a prohibition on human embryonic stem cell research, Lucas would have remained paralyzed from the neck down.

I sincerely wish that science had a faster and more predictable trajectory. However, there is no question that over long periods of time, the health and wellbeing of humanity have been radically transformed through countless scientific breakthroughs. Dr. Kurpad wanted to be here today to discuss his work and Lucas' treatment, but he is taking care of patients and is unable to join us.

MCW is deeply proud of our research scientists, and their passion for improving the lives of people everywhere. We oppose banning the use of fetal tissue in research under SB 423, for the same reasons we opposed banning embryonic stem cell research in 2001. We simply don't know what the future will hold. Chairman Wanggaard and committee members, I thank you for your time and attention. I would now like to invite Dr. Michele Battle to discuss her work.

Thank you, Dr. Raymond, Chairman Wanggaard and committee members. My name is Dr. Michele Battle. I am an Associate Professor in the Department of Cell Biology, Neurobiology & Anatomy at MCW. I am speaking as an official representative of MCW, and my views on this topic are shared by a vast majority of my faculty colleagues.

Testifying before a Legislative committee is a first for both Dr. Gundry and me and is totally outside of our wheelhouses. Having said that, we are passionate about improving human health, which is why we both believe that it is vital to share the importance of our research with our Legislative leadership. The research that we do is all for the benefit of life. Dr. Gundry and I both cherish life, and that is why we have devoted our careers to studying developmental biology; to improve the quality of life for everyone across the globe.

Before talking about my research, I would like to emphasize that I am a mother first, and a scientist second. I have a 5-year old daughter and a 3-year old son. I also have a very personal connection to my research. In my family, as in many families across Wisconsin, cancer has had devastating effects. Cancer has claimed the lives of my grandmother, my aunt, three uncles, and my cousin. I am driven by compassion to find ways to prevent and treat cancer, so that we can give hope to families that want more time with their loved ones.

As many of you may know, cancer is the abnormal re-activation of developmental biology pathways. In developmental biology research, we study normal development. This helps us to understand when things go wrong and to better pinpoint the causes of diseases such as cancer.

My research focuses on understanding esophageal cancer. Fifteen years ago, my uncle lost his battle with esophageal cancer. Even today, this cancer is one of the deadliest, with only 18% of patients surviving for 5 years. It is a terrible disease that makes even the simple act of eating a meal difficult or impossible.

The well-established link between developmental biology and cancer is critical, because it highlights the context in which fetal tissue research is indispensable. We don't yet fully understand how the normal esophagus develops during the earliest stages. My research focuses on this early window to discover what processes lead to esophageal cancer. Fetal tissue is critical to this research, and currently, it cannot be replaced by alternatives. Although we do use alternative approaches exhaustively when we can, these do not answer all the essential questions that need to be addressed.

As a result, our work uses fetal tissue to generate fetal cell cultures, which are unique because these cells maintain their developmental characteristics. Currently, this is the only avenue to understand human esophageal development at the very earliest stages. Fetal tissue is essential to understanding the pathways that become re-activated in cancer.

Many people ask about using fetal tissue from stillbirths. Unfortunately, this is often not possible or practical. Stillborn or miscarried fetuses often die in utero hours or days before the cells are collected, compromising their research viability. If they can be collected in a timely way, stillborn fetuses frequently contain genetic defects that would invalidate their use as a model.

Finally, I wish to emphasize that I take the responsibility of using fetal tissue in my work very seriously, and I deeply appreciate the importance of conducting this research in accordance with all legal and ethical guidelines. Chairman Wanggaard and esteemed committee members, I thank you for your time and attention, and for the opportunity to testify today. I would be happy to answer questions following Dr. Gundry's testimony.

Thank you Michele, Chairman Wanggaard and committee members. My name is Dr. Rebekah Gundry. I am also a proud mother of two small children and am an Associate Professor of Biochemistry and the Director of the Center for Biomedical Mass Spectrometry Research at MCW. I am speaking today as an official representative of MCW and the vast majority of my faculty colleagues share my views on this topic.

Like Michele, I also have a very personal connection to my research. Sadly, several of my family members have succumbed to heart disease and cancer, and all of them far too young. Only one of the six women of my mother's generation has remained cancer-free to this day. My family, like so many of the millions of Americans that face these diseases, know all too well their devastating impact on patients and families.

I am a scientist because I want to make a difference. Growing up in Wisconsin, I went to Marquette University. I then completed my PhD and postdoctoral studies at Johns Hopkins University in Baltimore. Once I completed my training, I was excited to return home to begin my career at MCW, and I hope to stay here for my entire career.

My research focuses on developing new ways to test whether drugs are safe for patients. Surprisingly, it is currently very difficult to predict which drugs will have a damaging effect on the heart. In fact, some drugs receive FDA approval, only to be later withdrawn because of toxic effects on patients. One

example is the drug Cisapride, which was developed to treat acid reflux, but unexpectedly caused sudden death in certain patients, leading to its withdrawal from the US market in July, 2000. This is just one example of why we must determine how a drug will affect the heart before it is moved into clinical trials. This is important for any drug that is developed for any disease.

Because it is not possible to test drugs on human hearts in the laboratory, my research begins with iPS cells, which are stem cells generated from adult cells, like skin and hair. In our laboratory, we can convert iPS cells into cells that behave somewhat like heart cells.

Despite making significant strides over the last decade, the heart-like cells we make from the iPS cells still have significant limitations. For example, they do not mirror all the essential characteristics of the cells found in the human heart. We, and many other laboratories around the world, are working diligently with the hope that one day, we will learn how to make them behave exactly like cells in the adult heart. If, and when, that happens, we will be able to use these iPS-derived heart cells for testing the safety of new drugs.

Although we can use iPS cells to generate cells that resemble fetal heart cells, no one has been able to convert those cells into adult heart cells. And that is precisely the problem. Adult heart cells are needed for accurate drug safety testing. This is why access to fetal tissue is so important to the work that I do, and the work of others who are striving every day to generate adult heart cells from iPS cells for other applications.

Similar to Dr. Battle's work on the esophagus, we need to understand how normal heart cells develop and transform from the fetal to the adult stages. For this reason, human fetal heart cells are used to benchmark heart development. By understanding this developmental process better, we are learning how to convert iPS cells into adult heart cells.

Using fetal tissue in my research has already had important implications. We have discovered previously unknown molecules in the fetal heart cells that appear to be very useful in our efforts to create a valid adult heart cell model. This is just the first of what we expect will be many discoveries that will help lead to accurately testing drugs for safety, and for realizing the full potential of iPS cells for other applications, including studying and treating heart disease.

As Dr. Battle stated, we truly do consider the use of fetal tissue in research to be potentially lifesaving, and we respect its use. Protecting life and advancing human health are our top priorities, and compassion is the driving force behind our research. Ultimately, passing a bill that outlaws the use of fetal tissue in research will not save a single life, but will prevent us from unlocking the discoveries that benefit each of our lives and those of our family members and loved ones.

Thank you, Chairman Wanggaard and distinguished committee members, for your time and thoughtful consideration, and for the opportunity to testify today. We would be happy to address any questions that you might have.

WISCONSIN
CATHOLIC MEDICAL GUILDS

Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine

November 2, 2017

To: Members, Senate Committee on Judiciary and Public Safety

FROM: Robin Goldsmith, MD, State Director, Wisconsin Catholic Medical Guilds
Elizabeth Anderson, MD, Assistant State Director; President - Madison Catholic Medical Guild

RE: Support for Senate Bills 423 & 424 / Banning the Trade and Use of Aborted Human Fetal Body Parts, Providing Ethical Sources of Fetal Tissue

The Wisconsin Catholic Medical Guilds (WCMG) strongly support Senate Bills (SB) 423 and 424 which would ban the trade and use of aborted human fetal body parts within the State of Wisconsin and provide ethical sources of fetal tissue by encouraging the donation of stillborn or miscarried children with parental consent.

Principles of informed consent are of paramount importance when human body parts are to be used in research. We in the field of medical practice and medical research must ensure that those giving consent for others are not affected by ulterior motives and must always have the best interests of the person in mind. Therefore, we do not believe that guardians of aborted babies who do not uphold the sanctity of life and are willing to take the life of an innocent child can sensibly be regarded as having the child's best interest in mind. Fundamental to research is protecting vulnerable populations. Arguably, both the unborn child as well as parents in a crisis pregnancy require our protection, as physicians who have taken an oath to "First do no harm." Further, how can a physician or healthcare worker provide unbiased advice to parents, when they are motivated to provide aborted fetal body parts to researchers?

Alternatively, parents of preborn children who die naturally by stillbirth or miscarriage may properly consent to the donation of their child's remains. Grieving parents who suffer the loss of a preborn child can memorialize their child by making an anatomical gift of his or her remains. Senate Bill 424 promotes ethical donation of stillborn children for transplantation, therapy, research, or education.

According to G. Kevin Donovan, MD, director of the Pellegrino Center for Clinical Bioethics at Georgetown University Medical Center, "...new cell lines could be obtained from fetal tissues harvested from spontaneous miscarriages. This is not a theoretical alternative. Georgetown University has a professor who has patented a method of isolating, processing, and cryopreserving fetal cells from second trimester (16 – 20 week gestation) miscarriages. These

691 S. Green Bay Road, #175, Neenah, WI 54956 www.sgmgnew.com *work* 920-725-1040 *cell* 920-716-1451 sgmgnew@gmail.com

have already been obtained and are stored in Georgetown freezers." *(Testimony, Select Investigative Panel of the Committee on Energy and Commerce, March 2, 2016, hearing on "Bioethics and Fetal Tissue")*

Research and medical practice should not be countenanced just because it is possible. Participating with these unethical practices and taking advantage of vulnerable populations, even if "good" is a result can never be justified. Finally, the process and end result of such research will place many in the field of this research at varying levels of cooperation with unethical practice.

Therefore, as representatives of all the physicians in the Wisconsin Catholic Medical Guilds, we urge you to support SB 423/SB424.

VIGIL for LIFE
Madison, Wisconsin

Testimony in support of SB 423 (Fetal Remains Respect Act) and SB 424 (Unborn Child Disposition and Anatomical Gift Act)

Senate Committee on Judiciary and Public Safety

By Gwen Finnegan, Director, Vigil for Life - Madison

November 2, 2017

Good Morning Chairman Van Wanggaard and Committee Members. My name is Gwen Finnegan. I am the Director of Vigil for Life, Madison. Thank you for allowing Vigil for Life to register our testimony in support of SB 423 and SB 424.

We are in support of SB 423 because it rightly recognizes the humanity of a baby whose life was ended by abortion. In many cases of abortion, a baby is torn into many pieces as the baby is being forcibly removed from the mother's womb. (1) This act is one of the most violent acts that can happen to a defenseless human being. Their tiny bodies already having been mutilated most certainly should not be used for any medical research or for creating medical treatments. The least that can be done (if you will not save their lives) is to give these beautiful children whose lives were abruptly ended while they were still being formed in their mother's wombs a proper burial.

We are in support of SB 424 because it creates an ethical response that is directly opposed to using aborted fetal remains and allows for parents of babies who are stillborn to make an anatomical gift for transplantation, therapy, research or education.

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(1) http://clinicquotes.com/video-of-a-d-e-abortion-graphic/

PROFS

Representing UW-Madison Faculty.
Strengthening Wisconsin.

Testimony to the Senate Committee on Judiciary and Public Safety

Senate Bill 423 Would Have Devastating Impact on Potentially Life-Saving Biomedical Research

November 2, 2017

PROFS, the Public Representation Organization of the Faculty Senate, represents the interests of the UW-Madison faculty. The elected University Committee, the executive committee of the Faculty Senate, serves as PROFS Board of Directors.

Day in and day out, UW-Madison faculty bring worldwide acclaim to our state with cutting-edge research into birth defects, human development, diseases, and treatment. Patients and their families look with hope at our research into conditions like epilepsy, Alzheimer's, Parkinson's, and heart failure.

In conducting this important research, faculty are committed to maintaining the highest possible ethical standards. The university follows all applicable laws and goes beyond what federal regulations require.

Senate Bill 423 would have a devastating impact on UW-Madison's research enterprise. Not only would it make illegal the work of some of the world's top researchers, it would send a clear message across the globe that Wisconsin no longer values the biomedical research that has brought our state such positive attention.

Worst of all, it would tell patients and their families that their hopes for cures of serious illnesses are not important to the state. Instead of obstructing life-saving research, as Senate Bill 423 would do, the Legislature should be looking for ways to support the University's activities to find cures of the future.

The UW-Madison faculty encourage legislators to consider just how devastating this legislation would be. Choosing to go well beyond a well-thought-out federal policy is not in the best interest of the citizens of the State of Wisconsin and represents a major deviation from the reasonable nature of our citizens and leadership in the world.

The UW-Madison faculty recognize the strong feelings that many Wisconsinites have on both sides of the abortion issue. The reality is that this legislation will not resolve that debate. What this legislation will do is turn Wisconsin into an anti-scientific research island among the states.

Public Representation Organization of the Faculty Senate University of Wisconsin–Madison
258 Bascom Hall 500 Lincoln Drive Madison, WI 53706 608-263-9273 www.profs.wisc.edu

BIOforward
wisconsin's independent voice for bioscience

MEMORANDUM

TO: Members of the Senate Committee on Judiciary

FROM: Lisa Johnson, CEO, BioForward, Inc.

DATE: November 2, 2017

RE: **BioForward Opposes 2017 Senate Bill 423**

On behalf of BioForward, I urge you to oppose 2017 Senate Bill 423 because it would have a chilling effect on the development of lifesaving research in the State of Wisconsin.

BioForward is Wisconsin's member-driven statewide association that serves as the voice of Wisconsin's biohealth economy. We are a state chapter of the national Biotechnology Innovation Organization (BIO). We strive to support Wisconsin's biohealth sector because we believe that the innovations in medicine, medical devices and other treatments that are developed by our members are improving and saving lives in Wisconsin and around the world. **Our companies are the link between academic research and the *therapies* that are available to patients and families struggling with health issues or injuries.**

BioForward opposes SB 423, which prohibits a person from knowingly acquiring, providing, receiving or using a fetal body part in this state, regardless of whether it is for valuable consideration. Under SB 423, in the State of Wisconsin, it would be illegal to use ANY fetal tissue for research under all circumstances if those tissues originally came from an aborted fetus after January 1, 2017.

While we understand the concerns that have spurred this legislative initiative, we believe that its broad reach has the potential to end ongoing research, development and production of life-saving medicines, vaccines and therapies that are developed using fetal cells and fetal tissue. These R&D and production activities are being conducted in accordance with applicable federal laws and standards governing this type of research. **This research is the irreplaceable link between devastating illness and remarkable, life-saving, medical breakthroughs.**

Support Wisconsin's biohealth companies, researchers and our preeminent research institutions.

OPPOSE SB 423

214 N Hamilton, Suite 202 Madison, WI 53703 Ph: 608-236-4693 www.bioforward.org