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August, 11, 2015

Chairman Kleefisch and Committee Members,

Thank you for the opportunity to testify before you today as the author of Assembly Bill 305.

Science without ethics is a dangerous slope. I am a strong supporter of medical research, but I believe that such research must adhere to high standards.

Assembly Bill 305 will establish reasonable, high ethical standards for human tissue research and prohibit the sale or use of aborted fetal body parts for experimentation or other purposes. As a result of a series of undercover videos recently released by the Center for Medical Progress, which show executive officials for Planned Parenthood discussing and haggling over the price of aborted children's organs, there has been a significant increase in awareness regarding the sale and trafficking of aborted children's body parts.

Contrary to common belief, the sale of fetal tissue is NOT already outlawed in Wisconsin. The sale of aborted children's body parts is only prohibited by federal law when it takes place across state lines, not within a state. And to get around federal law, the statements by Planned Parenthood officials in the undercover videos make clear that abortion clinics simply extract their 'market price' for the parts in the form of accumulated and very loosely regulated 'reimbursement fees'. In fact, Stem Express (which partners with Planned Parenthood at several clinics) clearly promises "financial growth" and "profits" in exchange for aborted baby body parts in the flyers they sent out to Planned Parenthood affiliates.

I have introduced similar legislation each session I have been privileged to serve, and my motivation is also partly personal. You see, my first vocational passion was to conduct medical research.

Respect for human dignity is essential in the authorization and conduct of scientific research, a point underscored by numerous and horrific past failures to establish or follow such protocols, such as Josef Mengele's atrocities at the Auschwitz concentration camp, the Tuskegee Syphilis experiment, and countless more.

Yet as a UW-Madison student in the Medical Scholars Program with substantial coursework in the biological sciences, I heard the declaration from more than one of my professors that the ethical questions surrounding pushing the boundaries of particular areas of scientific inquiry should be “set aside and dealt with later” if there was “great potential” for medical breakthroughs. (I remember that one of those professors later had his lab suspended five years because of unauthorized experiments with the bacterial infectant brucellosis). I shudder to think of the barbarity that can be justified by such a philosophy. It was shortly after a UW Pathology professor informed me how he witnessed the remains of dead children killed by the local abortionist being shuttled over to the UW for experimentation as a regular occurrence that I began to rethink my chosen career.

We can do better.

During the 1990s, researchers at UW-Madison initiated several experiments utilizing aborted fetal body parts, verified through internal UW documents and research logs — including a thank you to former Madison abortionist Dr. Dennis Christensen for his provision of aborted babies to UW officials. Sadly, this is not surprising, as a Milwaukee Journal Sentinel article from last year states that Christensen, who estimates performing between 85,000 and 95,000 abortions, himself was a member of the faculty at the University of Wisconsin-Madison for decades and taught students to perform abortions in his clinic in Madison. It is deeply disturbing that UW officials who sought to open a late-term abortion clinic at the UW Surgery Center publicly cited the potential for induced abortions at the facility to serve as a supply of fetal body parts for UW research. Planned Parenthood’s medical director for their Madison abortion clinic at the time was UW Professor Caryn Dutton, and five other UW professors with prestigious positions were also employed at the time by Planned Parenthood, as indicated in Dr. Dutton’s contract with PP, which ‘purchased’ her hours from the UW.

The UW’s ties with the abortion industry are unfortunately even more established than that. The CMP’s undercover video exposés of Planned Parenthood feature a UW-Madison grad, (Dr. Nucatola, Planned Parenthood’s chief medical officer) despicable language, and references to the need to “courier” aborted parts to Wisconsin. The UW’s resident apologist-in-chief, “bio-ethicist” Alta Charo, who has been vocal on this issue in defense of PP and may even testify today, formerly served on the Planned Parenthood Federation’s national medical advisory board, as well as the Alan Guttmacher Institute Board (founded by the former PP medical chief who founded it to protect abortion rights) and served on President Obama’s transition team. She previously headlined an event for the National Abortion Rights Action League in Pennsylvania. So it’s not surprising that she has taken an active role nationally as one of the loudest voices defending both Planned Parenthood and the UW as she attempts to rationalize her past recommendations. Planned Parenthood’s abortion services are promoted on the UW website. The UW even has two professors sitting on the board of

the so-called "Women's Medical Fund" which exists solely to provide loans or grants to women or girls as young as 11 to finance their abortions.

There has been a great deal of misleading rhetoric regarding this proposal. This legislation does not ban, and certainly will not end tissue donation or research, nor does it ban fetal tissue donation. It does not prohibit any particular type of tissue from being experimented on, nor stop any particular method of experimentation- only that the source of tissue that is experimented on cannot come from an induced abortion (the intentional, direct killing of an unborn child in the womb) as long defined in state statutes. This legislation does not diminish the ability to conduct research with embryonic stem cells (derived from in vitro fertilization) or adult stem cells (derived from placental cord blood or adult tissues), nor the donation of tissues from those babies who die in the womb (miscarried or stillborn) from any cause other than through an induced abortion attempt. If a mother suffers a miscarriage, or her baby is stillborn or dies during any non-abortive medical procedure, and she wishes to donate her child's body to research, such decisions would be perfectly legal and consistent with current practice in adult organ donation under this legislation. Experiments identical to those being conducted with aborted children's tissues could be performed with cells which could have been derived through ethical means, if such an attempt had been made. From a research standpoint, there are equivalent or better sources of fetal material found in amniotic fluid, umbilical cord blood and placental tissue with no ethical concerns.

You will likely hear some misleading testimony today on the effects of this bill from its opponents. As has been clearly stated, the existing cell lines (like HEK 293) that were first established decades ago are not going to be banned by what we pass, and the UW and Medical College know it. It was agreed to by myself and my lead coauthors that we would make this legislation prospective, and we made the specific language change that was requested to accomplish that, by removing the "derived from" phrasing in switching from the 2013 to the 2011 bill draft language. Once question arose as to whether this was sufficient, we agreed to add additional language to ensure that the bill is prospective. Anyone making claims to the contrary is being disingenuous and intentionally misleading in order to paint a false picture and attack the bill. The Medical College of Wisconsin, like many institutions across the country, do not conduct any fetal tissue research right now other than using the existing cell lines from decades ago, specifically HEK 293. The UW is insisting on being able to harvest fresh tissue from aborted children. In any event, HEK 293 (which involves replicated cells, not the actual cells from the aborted child) is used in research much more frequently than the Frankenstein studies being defended by the UW. Just last week, I read in the Sacramento Business Journal that "The stem cell program at UC Davis does not use any fetal tissues, so the university has not been involved with the issue directly, said Dr. Jan Nolte, director of the stem cell program and Institute for Regenerative Cures at UC Davis. "We focus on adult stem cell therapies — and have ten of those in the clinic or

recently completed, with 18 more in the pipeline. So we keep busy with those.” There are many alternatives.

I have attached testimony from Dr. David Prentice, a cell and developmental biologist currently working for the Charlotte Lozier Institute in Washington, D.C. as Vice President and Research Director. Dr. Prentice is an adjunct professor at a Washington, D.C. university, an Advisory Board Member for the Midwest Stem Cell Therapy Center, a unique comprehensive stem cell center in Kansas, and previously spent almost 20 years as Professor of Life Sciences at Indiana State University, He was and Adjunct Professor of Medical and Molecular Genetics, Indiana University School of Medicine and before that was a faculty member in the Department of Obstetrics, Gynecology and Reproductive Sciences at the University of Texas Medical School at Houston. Dr. Prentice has done federally-funded laboratory research, lectured, and advised on these subjects extensively in the U.S. and internationally, teaching embryology, developmental biology, molecular biology and biochemistry for over 30 years to medical and nursing students, as well as undergraduate and graduate students.

To quote Dr. Prentice’s testimony in support of AB 305, “There is no sound scientific reason for the continued trafficking of fetal tissue, organs, and body parts. Moreover, the practice of using fetal body parts from induced abortion raises significant ethical problems, not least of which is the nebulous interpretation of valuable consideration or compensation for expenses in the harvest and processing of fetal organs and body parts. The proposed legislation in AB 305 would remove any ambiguity regarding monetary incentive.” He continues, “Human fetal tissue research has gone on for decades. However, the success of fetal tissue transplants has been meager at best, and ethically-derived alternatives exist and are coming to dominate the field.” The history he provides is extensive and well-sourced, and I encourage you all to read it.

He also notes “Now most manufacturers of polio vaccine use other cell types, including monkey cells, and most do not use fetal cells... A few human fetal cell lines (WI-38, MRC-5) are still in use for some vaccine production. However, newer cell lines and better culture techniques make this reliance on fetal cells an antiquated science. In addition, the CDC and other leading medical authorities have noted that “No new fetal tissue is needed to produce cell lines to make these vaccines, now or in the future.” A clear example of the lack of necessity for further fetal tissue is development of the new vaccine against Ebola virus. The successful results of the field trial, published July 31, 2015, were very welcome in the fight against this deadly disease. This successful Ebola vaccine was not developed using fetal tissue or fetal cell lines, but rather with Vero, a monkey cell line, demonstrating again that medical science has moved beyond any need for fetal tissue in useful medical research.”

He concludes, “In summary, continued use of fetal tissue presents no advantage to medical research, and raises grave ethical concerns.”

In March of 1973, Connecticut's Attorney General testified before the United States Supreme Court that, at Yale-New Haven Hospital, a living, viable aborted baby boy had been dissected without anesthesia until he finally died. A Dr. Kekomaki would take late-term aborted babies and, while they were still alive, would slice them open and ransack their organs without even giving them an anesthetic. A nurse observed one case and said that, "They took the fetus and cut its belly open. They said they wanted its liver. They carried the baby out of the incubator and it was still alive. It was a boy. It had a complete body, with hands, feet, mouth and ears. It was even secreting urine." Asked to explain the reasons for this atrocious 'experiment,' Dr. Kekomaki replied that "An aborted baby is just garbage." While current practices may have sanitized the situation somewhat for the researchers, the Dr. Kekomaki's sentiment appears to prevail with many engaged in the trafficking of aborted children's remains.

Some will say that research on aborted children should continue, so that "some good will come of it." I suppose a similar philosophy would justify the likely continuing mass occurrence of forced organ harvesting and transplantation from executed political prisoners to the well-connected in China.

"If we don't do it, somebody else will" becomes the rationale for researchers and enterprises demanding that low standards. In so many areas, that's already been the case. The U.S. Department of Health and Human Services reported in 2008 that 40 percent to 65 percent of federally regulated clinical trials were done in other countries, and that U.S. regulators inspected fewer than one percent of foreign clinical trial sites. It's not a valid excuse to say we should be able to disregard standards simply because others are doing so. We cannot allow the ethics of research to be relativized by the blandishments of opportunity.

It has been stated that Planned Parenthood in Wisconsin does not currently do aborted tissue donation, as if that should somehow eliminate the need for this bill. That's ridiculous. Here's what we know:

We know Planned Parenthood does it nationally.

We know Planned Parenthood does it to make money.

We know that aborted children's tissue has been harvested and peddled by WI abortionists.

We know in the undercover video, there was significant discussion of "couriering" parts to Wisconsin.

We know if this bill passes, Planned Parenthood and any other Wisconsin abortion provider will be banned from trafficking aborted babies' body parts anymore.

The Nuremberg Code is clear that the voluntary consent of human subjects in research is absolutely essential, and that while the experiment should be such as to

yield fruitful results for the good of society, they should be unprocurable by other methods or means of study, and not random and unnecessary in nature. With an induced abortion under Wisconsin statutes, the death of the child is intentionally caused, not accidental, making valid consent for research impossible, and other methods or means of study are clearly available.

We have learned from history that when we devalue the dignity and worth of members of the human family that any abuse is possible. Sickeningly, this has been extended to viewing aborted children as commodities, prizing the humanity of their tissues above that of the babies themselves.

We can set a higher ethical standard within our state statutes. Basic respect for human dignity and principled research demands nothing less. Thank you for your consideration of AB 305.

CHARLOTTE
LOZIER
INSTITUTE

Written Testimony of David A. Prentice, Ph.D.
Vice President and Research Director, Charlotte Lozier Institute
Adjunct Professor of Molecular Genetics, John Paul II Institute, Catholic University of America
Founding Member, Do No Harm: The Coalition of Americans for Research Ethics

Wisconsin Assembly Committee on Criminal Justice and Public Safety
11 August 2015

To the Distinguished Chair and Honored Members of the Committees.

Thank you for the opportunity to offer written testimony IN SUPPORT of AB 305, relating to the sale and use of fetal body parts. My apologies that I am unable to be present for oral testimony.

I am a cell and developmental biologist, currently working for the Charlotte Lozier Institute in Washington, D.C. as Vice President and Research Director; I also serve as an adjunct professor at a Washington, D.C. university, and as an Advisory Board Member for the Midwest Stem Cell Therapy Center, a unique comprehensive stem cell center in Kansas. Previously I spent 10 years as Senior Fellow for Life Sciences at another policy think tank in Washington, D.C., and prior to that almost 20 years as Professor of Life Sciences at Indiana State University, and Adjunct Professor of Medical and Molecular Genetics, Indiana University School of Medicine. Before that I was a faculty member in the Department of Obstetrics, Gynecology and Reproductive Sciences, University of Texas Medical School at Houston. I have done federally-funded laboratory research, lectured, and advised on these subjects extensively in the U.S. and internationally. I've taught embryology, developmental biology, molecular biology and biochemistry for over 30 years to medical and nursing students, as well as undergraduate and graduate students. I am testifying in my capacity as a scientist and on behalf of the Charlotte Lozier Institute.

There is no sound scientific reason for the continued trafficking of fetal tissue, organs, and body parts. Moreover, the practice of using fetal body parts from induced abortion raises significant ethical problems, not least of which is the nebulous interpretation of valuable consideration or compensation for expenses in the harvest and processing of fetal organs and body parts. The proposed legislation in AB 305 would remove any ambiguity regarding monetary incentive.

First, some history.¹ Human fetal tissue research has gone on for decades. However, the success of fetal tissue transplants has been meager at best, and ethically-derived alternatives exist and are coming to dominate the field.

Proponents of using fetal tissue from induced abortion point to three areas in claims of the need for harvesting tissue:

- Transplantation to treat diseases and injuries
- Vaccine development
- Basic biology research

¹ A downloadable version of the scientific information can be accessed at: <https://www.lozierinstitute.org/wp-content/uploads/2015/07/History-of-Fetal-Tissue-Transplants-CLI.pdf>

Fetal Tissue Transplantation: The first recorded fetal tissue transplants were in 1921 in the UK, in a failed attempt to treat Addison's disease,² and in 1928 in Italy, in a failed attempt to treat cancer.³ The first fetal tissue transplant in the U.S. was in 1939, using fetal pancreatic tissue in an attempt to treat diabetes. That attempt also failed, as did subsequent similar fetal tissue transplants in 1959. Between 1970 and 1991 approximately 1,500 people received fetal pancreatic tissue transplants in attempts to treat diabetes, mostly in the former Soviet Union and the People's Republic of China. Up to 24 fetuses were used per transplant, but less than 2% of patients responded.⁴ Today, patients take insulin shots and pharmaceuticals to control their diabetes, and adult stem cell transplants have shown success at ameliorating the condition.⁵

Between 1960 and 1990, numerous attempts were made to transplant fetal liver and thymus for various conditions. According to one review, "the clinical results and patient survival rates were largely dismal."⁶ Conditions such as anemias and immunodeficiencies, for which fetal tissue attempts largely failed, are now treated routinely with adult stem cells, including umbilical cord blood stem cells,⁷ even while the patient is still in the womb.⁸

Note that fetal tissue has been taken in a number of cases from fetuses at developmental ages where fetal surgery is now used to correct problems and save lives, and at stages where science now demonstrates that the unborn fetus can feel pain.

Between 1988 and 1994, roughly 140 Parkinson's disease patients received fetal tissue (up to six fetuses per patient), with varying results.⁹ Subsequent reports showed that severe problems developed from fetal tissue transplants. One patient who received transplant of fetal brain tissue (from a total of 3 fetuses) died subsequently, and at autopsy was found to have various non-brain tissues (e.g. skin-like tissue, hair, cartilage, and other tissue nodules) growing in his brain.¹⁰

In 2001, the first report of a full clinical trial¹¹ (funded by NIH) using fetal tissue for Parkinson's patients was prominently featured in the *New York Times*,¹² with doctors' descriptions of patients writhing, twisting, and jerking with uncontrollable movements; the doctors called the results "absolutely devastating", "tragic, catastrophic", and labeled the results "a real nightmare."

² Hurst AF *et al.*, Addison's disease with severe anemia treated by suprarenal grafting, *Proc R Soc Med* 15, 19, 1922

³ Fichera G, Impianti omoplastici fetto-umani nel cancro e nel diabete, *Tumori* 14, 434, 1928

⁴ Federlin K *et al.*, Recent achievements in experimental and clinical islet transplantation. *Diabet Med* 8, 5, 1991

⁵ See, e.g., Voltarelli JC, Couri CEB, Stem cell transplantation for type 1 diabetes mellitus, *Diabetology & Metabolic Syndrome* 1, 4, 2009; doi:10.1186/1758-5996-1-4; Couri CEB *et al.*, C-Peptide Levels and Insulin Independence Following Autologous Nonmyeloablative Hematopoietic Stem Cell Transplantation in Newly Diagnosed Type 1 Diabetes Mellitus, *JAMA* 301, 1573-1579, 2009; Voltarelli JC *et al.*, Autologous Nonmyeloablative Hematopoietic Stem Cell Transplantation in Newly Diagnosed Type 1 Diabetes Mellitus, *JAMA* 297, 1568-1576, 2007

⁶ Ishii T, Eto K, Fetal stem cell transplantation: Past, present, and future, *World J Stem Cells* 26, 404, 2014

⁷ See, e.g., Bernaudin F *et al.*, Long-term results of related myeloablative stem cell transplantation to cure sickle cell disease, *Blood* 110, 2749-2756, 2007 AND de Heredia CD *et al.*, Unrelated cord blood transplantation for severe combined immunodeficiency and other primary immunodeficiencies, *Bone Marrow Transplantation* 41, 627, 2008

⁸ Loukogeorgakis SP, Flake AW. In utero stem cell and gene therapy: Current status and future perspectives, *Eur J Pediatr Surg* 24, 237, 2014

⁹ Reviewed in: Fine A, Transplantation of fetal cells and tissue: an overview, *Can Med Assoc J* 151, 1261, 1994

¹⁰ Folkerth RD, Durso R, Survival and proliferation of nonneural tissues, with obstruction of cerebral ventricles, in a parkinsonian patient treated with fetal allografts, *Neurology* 46, 1219, 1996

¹¹ Freed CR *et al.*, Transplantation of embryonic dopamine neurons for severe parkinson's disease, *N Engl J Med* 344, 710, 2001

¹² Gina Kolata, "Parkinson's Research Is Set Back by Failure of Fetal Cell Implants," *New York Times* March 8, 2001; accessed at: <http://www.nytimes.com/2001/03/08/health/08PARK.html>

A second large, controlled study published in 2003 showed similar results (funded by NIH), with over half of the patients developing potentially disabling tremors caused by the fetal brain tissue transplants.¹³ The results of these two large studies led to a moratorium on fetal tissue transplants for Parkinson's. Long-term follow-up of a few of the patients in these large studies showed that even in fetal tissue that grew in patients' brains, the grafted tissue took on signs of the disease and were not effective.¹⁴ In contrast, adult stem cells have shown initial success in alleviating Parkinson's symptoms.¹⁵

A recent 2009 report emphasizes the instability and danger of fetal tissue transplants. A patient with Huntington's disease was recruited into a study (funded by NIH) in which she had fetal brain cells injected into her brain. She did not improve, and instead developed in her brain a growing mass of tissue, euphemistically termed "graft overgrowth" by the researchers.¹⁶

Disastrous results for patients are seen not only with fetal tissue but also with fetal stem cells. In a recent example, a young boy developed tumors on his spine, resulting from fetal stem cells injected into his body.¹⁷

In contrast, a recent review found that as of December 2012, over one million patients had been treated with adult stem cells.¹⁸ The review only addressed hematopoietic (blood-forming) adult stem cells, not other adult stem cell types and transplants, so this is a significant underestimate of the number of patients who have benefitted from adult stem cell therapies.

Vaccine development: Early attempts at growing viruses used cultures of mixed human fetal tissue, not individual cells, e.g., for growth of poliovirus, 1949.¹⁹ Later, poliovirus was produced in human fetal cell lines (WI-38, 1961,²⁰ fetal female lung; MRC-5, 1966,²¹ fetal male lung). Now most manufacturers of polio vaccine use other cell types including monkey cells, and most do not use fetal cells.

The first individual human cell (not tissue) grown in the lab was a tumor cell in 1951,²² because the growth character of cancerous cells made them easiest to grow. In the 1960's and 1970's, cell culture work operated under an assumption that younger cells were better, grew faster, lived longer, so fetal cells obtained from abortion were used. These cells adapted to lab culture and continued to grow,

¹³ Olanow CW *et al.*, A Double-blind Controlled Trial of Bilateral Fetal Nigral Transplantation in Parkinson's Disease, *Ann Neurol* 54, 403, 2003

¹⁴ Braak H, Del Tredici K, Assessing fetal nerve cell grafts in Parkinson's disease, *Nature Medicine* 14, 483, 2008

¹⁵ See, e.g., Lévesque MF *et al.*, Therapeutic microinjection of autologous adult human neural stem cells and differentiated neurons for Parkinson's disease: Five-year post-operative outcome, *The Open Stem Cell Journal* 1, 20, 2009

¹⁶ Keene CD *et al.*, A patient with Huntington's disease and long-surviving fetal neural transplants that developed mass lesions, *Acta Neuropathol* 117, 329, 2009

¹⁷ Amariglio N *et al.*, Donor-Derived Brain Tumor Following Neural Stem Cell Transplantation in an Ataxia Telangiectasia Patient, *PLoS Med* 6(2): e1000029. doi:10.1371/journal.pmed.1000029, 2009; BBC News, "Stem cell 'cure' boy gets tumour", 18 February 2009, accessed at: <http://news.bbc.co.uk/2/hi/health/7894486.stm>

¹⁸ Gratwohl A *et al.*, One million haemopoietic stem-cell transplants: a retrospective observational study, *Lancet Haematology* 2, e91, 2015

¹⁹ Enders JF *et al.*, Cultivation of the Lansing strain of poliomyelitis virus in cultures of various human embryonic tissues, *Science* 109, 85, 1949

²⁰ Original fetal cell cultivations 1961, original poliovirus growth 1962 in WI-1, standardized in WI-38; Hayflick L, Moorhead PS, The serial cultivation of human diploid cell strains, *Experimental Cell Research* 25, 585, 1961; Hayflick L *et al.*, Preparation of poliovirus vaccines in a human fetal diploid cell strain, *Am. J. Hyg.* 75, 240, 1962; Hayflick L, The limited in vitro lifetime of human diploid cell strains, *Exp. Cell Res.* 37, 614, 1965.

²¹ Jacobs JP *et al.*, Characteristics of a Human Diploid Cell Designated MRC-5, *Nature* 227, 168, 1970

²² Gey GO *et al.*, Tissue culture studies of the proliferative capacity of cervical carcinoma and normal epithelium, *Cancer Res.* 12, 264, 1952

becoming known as a “cell line” because they developed as a lineage from different, specific cells grown in the lab. A few human fetal cell lines (WI-38, MRC-5) are still in use for some vaccine production.²³ However, newer cell lines and better culture techniques make this reliance on fetal cells an antiquated science. In addition, the CDC and other leading medical authorities have noted that “No new fetal tissue is needed to produce cell lines to make these vaccines, now or in the future.”²⁴

A clear example of the lack of necessity for further fetal tissue is development of the new vaccine -- rVSV-ZEBOV -- against Ebola virus. The successful results of the field trial, published July 31, 2015, were very welcome in the fight against this deadly disease.²⁵ This successful Ebola vaccine was not developed using fetal tissue or fetal cell lines, but rather with Vero, a monkey cell line, demonstrating again that medical science has moved beyond any need for fetal tissue in useful medical research.²⁶

Basic biology research: Broad, undefined claims continue to be made that fetal tissue and fetal cells are needed to study basic biology, development, disease production, or other broad study areas. However, this still relies on antiquated science and cell cultures. Current, progressive alternatives such as induced pluripotent stem (iPS) cells provide an unlimited source of cells, which can be produced from tissue of any human being, without harm to the individual donor, and with the ability to form virtually any cell type for study and modeling,²⁷ or potential clinical application.²⁸ Stem cells from umbilical cord blood also show significant potential not only as laboratory models, but also have unique advantages for clinical applications and are already treating patients for numerous conditions.²⁹

In summary, continued use of fetal tissue presents no advantage to medical research, and raises grave ethical concerns. I urge you to pass AB 305, and I thank you for the opportunity to present evidence to the committee.

²³ CDC, Appendix B: Vaccine Excipient & Media Summary, Epidemiology and Prevention of Vaccine-Preventable Diseases, The Pink Book: Course Textbook - 13th Edition, 2015; accessed at: <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

²⁴ See, e.g., “Vaccine Ingredients – Fetal Tissues,” The Children’s Hospital of Philadelphia, 2014; accessed July 21, 2015 at www.chop.edu/centers-programs/vaccine-education-center/vaccine-ingredients/fetal-tissues; CDC quote accessed at: <http://www.ascb.org/newsfiles/fetaltissue.pdf>

²⁵ Butler D *et al.*, Ebola on trial, *Nature* 524, 13, 6 August 2015; Henao-Restrepo AM *et al.*, Efficacy and effectiveness of an rVSV-vectored vaccine expressing Ebola surface glycoprotein: interim results from the Guinea ring vaccination cluster-randomised trial, *Lancet* published online July 31, 2015; doi: 10.1016/S0140-6736(15)61117-5

²⁶ Agnandji ST *et al.*, Phase 1 Trials of rVSV Ebola Vaccine in Africa and Europe — Preliminary Report, *NEJM* published on April 1, 2015; doi: 10.1056/NEJMoa1502924; originally developed by the Public Health Agency of Canada, which patented it in 2003, <http://www.google.com/patents/WO2004011488A2?cl=en>

²⁷ See, e.g., Marchetto MC *et al.*, Induced pluripotent stem cells (iPSCs) and neurological disease modeling: progress and promises, *Human Molecular Genetics* 20, R109, 2011

²⁸ See e.g., Li HL *et al.*, Precise Correction of the Dystrophin Gene in Duchenne Muscular Dystrophy Patient Induced Pluripotent Stem Cells by TALEN and CRISPR-Cas9, *Stem Cell Reports* 4, 143, 2015

²⁹ See, e.g., Ballen KK *et al.*, Umbilical cord blood transplantation: the first 25 years and beyond, *Blood* 122, 491, 2013; AND, Roura S *et al.*, The role and potential of umbilical cord blood in an era of new therapies: a review, *Stem Cell Research & Therapy* 6, 123, 2015



JANEL BRANDTJEN

STATE REPRESENTATIVE • 22ND ASSEMBLY DISTRICT

Thank you Chairman Kleefisch and members of the Assembly committee on Criminal Justice and Public Safety for holding this hearing on this most important bill. I would especially like to thank Representative Jacque for his energetic and unswerving defense of our unborn children.

As a wife and mother I am tired of the assault on motherhood. Women should not be tricked into missing out on what is God's greatest gift and the most rewarding experience of their lifetime. Children are our future and protecting them from evils should be our number one goal.

Planned Parenthood has hid behind "fees" as a way to sell these voiceless children - it's a market Some organizations profit via science. We don't know what great doctors have been put in a bag in the scientific freezer.

The business of systematically "harvesting" baby body parts for sale to the highest bidder is not only immoral and despicable, it is in my opinion unconscionable. The term "harvesting" is used repeatedly in the now infamous Planned Parenthood videos because that is exactly what it is. A modern day version of *The Invasion of the Body Snatchers*, but the horror is real and the victims are defenseless.

It's time we here in the Wisconsin legislature send a clear message, we're in charge and we will not allow the "harvesting" of children's body parts. We will resist any and all efforts to demean and devalue human life.

Finally telling women that some good might come out of your abortion due to research involving fetal tissue is simply not true. The claims that "harvesting" children's body parts is necessary to gain scientific breakthroughs is overstated. As is the case with stem cells, the real scientific progress has come from adult stem cells. The barbaric process of "harvesting" body parts from aborted children is a line in the sand we should not cross.

A handwritten signature in black ink that reads "Janel Brandtjen". The signature is fluid and cursive, with the first name "Janel" written in a larger, more prominent script than the last name "Brandtjen".

State Representative Janel Brandtjen
22nd Assembly District

MEMORANDUM

TO: Members of the Assembly Committee on Criminal Justice and Public Safety

FROM: Lisa Johnson, CEO, BioForward, Inc.

DATE: August 11, 2015

RE: **BioForward's Opposition to 2015 AB 305 (LRB 1645/4)**

On behalf of BioForward, I urge you to oppose 2015 Assembly Bill 305 (LRB 1645/4), as it is currently drafted.

Founded in 1987, BioForward is a member-driven state association that is the voice of Wisconsin's bioscience industry. We are a state chapter of the national Biotechnology Industry Organization (BIO). We strive to support Wisconsin bioscience because we believe that the innovations in medicine, medical devices and other treatments that are developed by our members are improving and saving lives 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.

Bioscience is a critical element of Wisconsin's economy. Below are some statistics about Wisconsin's bioscience sector:

- Bioscience accounts for 36,000 direct private sector jobs in Wisconsin. (This *excludes* Wisconsin's research institutions and academic research institutions.)
- For every 1 bioscience job, 2 more indirect jobs are created. This multiplier effect is felt most strongly on additional jobs related to utilities, construction, transportation, insurance/finance and – most strikingly - on manufacturing.
- This means that the bioscience sector is responsible for 105,000 private sector jobs in Wisconsin.
- Bioscience in Wisconsin accounts for \$27 Billion in total ANNUAL economic output. \$16 billion in direct output by bioscience companies and an indirect impact of over \$10 billion. Largest contributors to our sector are medical device companies.
- Annually, bioscience companies pay \$6.4 billion in employee compensation.
- These jobs produce an average annual wage of \$73,241. This exceeds the average private sector average wage in Wisconsin by more than \$30,000
- Annually, the bioscience industry pays \$716 million in state and local taxes.

BioForward opposes this legislation as it is currently drafted. AB 305 creates two new prohibitions under Wisconsin law:

1. Prohibits a person from knowingly and for valuable consideration acquiring, receiving, or otherwise transferring a fetal body part in this state; and
2. Prohibits a person from knowingly providing, receiving, or using, for experimentation, a fetal body part in this state, regardless of whether the provision, receipt, or use is for valuable consideration.

Under this legislation, "fetal body part" means, "a cell, tissue, organ, or other part of an unborn child, as defined in s. 939.75 (1), who is aborted by an induced abortion, as defined in s. 69.01 (13m)." The word "experimentation" is undefined under this bill.

Any person who violates these prohibitions is guilty of a Class H felony, for which the penalty is imprisonment not to exceed 6 years, a fine not to exceed \$50,000, or both. See Wis. Stat. ss. 146.345 (3) and 939.50 (3) (h).

The sale of fetal body parts for valuable consideration is already illegal under federal law. Our members support and comply with that federal prohibition.

This legislation goes much farther. Under AB 305, **in the State of Wisconsin, it would be criminal to use ANY fetal cells, fetal cell lines (i.e., HEK-293) and fetal tissues for research under all circumstances if those cells originally came from an aborted fetus.** That means that in Wisconsin, these cells, cell lines and tissues could no longer be used for the development of vaccines, therapies and other medical innovations. That would be a felony. Importantly, some of these cell lines are particularly critical to the development of certain human cures including vaccine.

While we understand the concerns that have spurred this legislative initiative, we believe that its broad reach has the potential to end on-going research, development and production of life-saving medicines, vaccines and therapies that are developed using fetal cells, fetal cells lines 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.

Please support Wisconsin's bioscience companies and employees

OPPOSE AB 305

Pro-Life Wisconsin



Defending them all...

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Testimony / Assembly Bill 305: Prohibiting the Sale and Use of Aborted Fetal Body Parts
Assembly Committee on Criminal Justice and Public Safety
By Dan Miller, State Director, Pro-Life Wisconsin

August 11, 2015

Good morning Chairman Kleefisch and committee members. My name is Dan Miller and I serve as State Director of Pro-Life Wisconsin. Our Legislative Director, Matt Sande, would be here personally to testify but is with his family on vacation. Thank you for this opportunity to express Pro-Life Wisconsin's support for Assembly Bill (AB) 305, legislation that would prohibit the sale and use of aborted human fetal body parts.

Abortion is intrinsically wrong because it takes the life of innocent human persons. The reason we support this bill to ban the sale and use of fetal body parts is because it is wrong on an even deeper level. History speaks to us on this subject when the Jews were being exterminated by the Nazis. In the 1945 Nuremberg Trials – one of the Nazi SS doctors, Julius Hallervorden gave this testimony. He said, "If you are going to kill all these [Jewish] people, at least take the brains out so that the material may be utilized." This statement was evidence of the deep moral depravity found in their medical community and the Nazi regime at that time. It should be alarming to us as a society that the opponents of this bill are trumpeting the very same talking points, such as; "If these babies are going to be killed anyway, at least make use of their organs for research instead of throwing them in the trash."

The videos that were recently released regarding Planned Parenthood's activities were not a surprise to me and hundreds of 40 Days for Life participants stationed throughout the state. Prior to my becoming State Director for Pro-Life Wisconsin, I logged over 5,000 hours as a sidewalk counselor over the last five years at Affiliated Medical Services (AMS), Wisconsin's largest abortion facility. I've suspected for a long time that similar violations were occurring at AMS, but how do you prove it? The abortion industry is the most unregulated business in America. The only government oversight for Milwaukee abortion facilities is to the Department of Neighborhood Services for building code violations. To illustrate the depravity of the abortion industry, take note of the 1,286 aborted babies buried on September 10th, 1988 at Holy Cross Catholic Cemetery in Milwaukee. Some were recovered in dumpsters in Milwaukee and some were mailed, parcel post, to a 'collection facility' in northern Illinois. We know AMS was one of the shippers by their return address label found on some of the boxes. If that wasn't bad enough, in the early 1990's, some of the babies AMS aborted were sent to Pet Haven Cemetery & Crematorium on the northwest side of Milwaukee to be cremated with pet dogs, cats and birds. These atrocities were documented and published in Dr. Monica M. Miller's book, *Abandoned – The Untold Stories of the Abortion Wars*. This harvesting mentality is systemic throughout the abortion industry. After being on the sidewalks for five years in front of AMS and witnessing their activities, I have no doubt that AMS is doing some of the same things exposed by the Planned Parenthood videos. I have seen a courier

company, CS Logistics, show up at AMS dozens of times over the years with small lunch coolers, placarded with bio-hazard emblems to pick up things that need to stay cold. I'm certain they are not blood samples, as the drivers told me over and over again. I know this because a different company, ACL Labs, picks up the blood draws. We befriended most of their drivers, who made it a practice to bring the blood samples out of AMS in a clear plastic bag, to show us that they weren't hauling baby parts. CS Logistics never showed us what they were hauling.

I've illustrated how I believe some babies are sold for body parts in Wisconsin, but where are the unusable baby parts going? Typically, when a baby is aborted, the 'Product of Conception' (POC) is packaged in something called a 'whirl pack' with a preservative fluid. (Ironic, isn't it? The medical community admits WHAT the baby is a product of – CONCEPTION.) You could easily compare a POC whirl pack to the weight of a small water balloon, which weighs about 1/2kg, or one pound. Wendy Ashlock, AMS' facility manager, has gone on public record saying that AMS executes 'about 2,500 abortions' per year. This means they would have to dispose of more than 200 aborted fetuses along with additional products of conception per month. This is an enormous amount of material to be disposed of. I saw the medical waste trucks show up at AMS. The drivers picked up the boxes easily, as if they were filled with feathers, certainly not with 200+ aborted babies. If the medical waste haulers weren't picking up the babies, where were they going? The numbers don't add up.

Dennis Christensen, one of the abortionists who practices at AMS, helps to answer that question. He is quoted in an article published in the Milwaukee Journal Sentinel on April 11th, 1999, entitled, *Performing an Abortion. A 3 Minute Procedure*, "Her uterine contents are handled the same way they would be at any hospital and clinic. They go down the drain, into a garbage disposal." For an aborted baby, there are only three ways out of an abortion facility. Either out the door, down the drain, or up in smoke. As far as I know, AMS does not have an on-site medical incinerator. If we had better laws regulating the abortion industry with governmental oversight, there would be no need to speculate and ask that question. Or better yet, outlaw abortion altogether. I digress.

As it stands, there is no Wisconsin statute prohibiting the sale or use of fetal body parts, making intrastate commerce possible. Profiting from aborted baby body parts is clearly an abomination and an affront to our human dignity. Not only are Wisconsin's pre-born children being summarily torn, limb from limb, but are treated as property, sold to the highest bidder. In light of the millions spent on fetal tissue research, it should be noted that not one disease has been cured with aborted stem cell lines – NOT ONE. With God's grace and men and women of good will, we intend to stop the war on babies. Let us take a lesson from history and put a hard stop on the trafficking and use of aborted fetal body parts – TODAY!

Pro-Life Wisconsin



Defending them all...

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Testimony / Assembly Bill 305: Prohibiting the Sale and Use of Aborted Fetal Body Parts Assembly Committee on Criminal Justice and Public Safety By Matt Sande, Director of Legislation, Pro-Life Wisconsin

August 11, 2015

Good morning Chairman Kleefisch and committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to express Pro-Life Wisconsin's support for Assembly Bill (AB) 305, legislation that would prohibit the sale and use of aborted human fetal body parts.

In recent weeks, Americans have reacted with shock and horror to undercover videos released by The Center for Medical Progress revealing that Planned Parenthood affiliates across the nation extract and sell intact fetal body parts. Dr. Deborah Nucatola, an abortionist serving as senior director of medical services at Planned Parenthood, stated that she charges \$30 to \$100 per specimen and that fetal livers, hearts and lungs are especially in demand. The callous disregard for the dignity of preborn children exhibited by senior Planned Parenthood officials in these videos is indeed sickening and demands immediate legislative action to end this grisly trade.

The past two legislative sessions Pro-Life Wisconsin has strongly supported legislation authored by Representative Jacque that would prohibit the sale and use of aborted human fetal body parts. We thank Representatives Jacque and Kleefisch for their timely reintroduction of this critical legislation and urge a concerted effort by the full legislature to finally pass it.

Assembly Bill 305 bans persons from knowingly and for valuable consideration acquiring, receiving, or transferring a fetal body part. It also bans persons from knowingly providing, receiving, or using for experimentation a fetal body part. Fetal body part is defined to mean a cell, tissue, organ, or other part of an unborn child who is aborted by an induced abortion. Five states have enacted similar prohibitions on the sale and experimentation of aborted fetal tissue: Ohio, Illinois, Florida, Arizona and Oklahoma.

Wisconsin's abortion industry has engaged in the provision of fetal body parts to medical researchers for some time. A 2000 fetal brain cell study conducted by Su-Chun Zhang of the UW-Madison Department of Medical Sciences used immature neural cells from fetal human brain tissue of 15-20 gestation weeks "after elective termination of intrauterine pregnancies" to study neurological disorders. The study acknowledged former Madison abortionist Dr. Dennis Christenson for his "assistance in this project."

(OVER)

A 1999 fetal pancreatic tissue study conducted by D.A. MacKenzie, H.W. Sollinger, and D A. Hullet of the UW-Madison Department of Surgery studied human fetal pancreases (HFP) as a potential source of transplantable islets for the treatment of advanced Type 1 diabetes. Human fetal pancreases between 13-20 weeks gestation were obtained "with informed maternal consent following elective abortions at local clinics."

Concerning the abandoned 2009 UW Hospital & Clinics/ UW Medical Foundation / Meriter Hospital late-term abortion plan at the Madison Surgery Center, UW Hospital spokeswoman Lisa Brunette initially told the press that tissue from the abortions could be used by UW-Madison researchers but only after review by a faculty committee. Although the UW backed off that statement, the UW-Madison's current involvement in, and past history of, research using fetal body parts demands statutory safeguards.

Federal law prohibits the interstate trafficking of human fetal body parts. Wisconsin's intrastate commercial activity must have a similar prohibition so that we can guarantee the highest ethical standards of academic research and medical care in our state. University of Wisconsin officials have time and again attacked this legislation, claiming that it will have a "chilling effect" on the biomedical research UW-Madison is currently conducting using aborted fetal tissue. We expect Wisconsin's medical research community to procure fetal tissue ethically; for example, from stillbirths or miscarriages with maternal consent.

It must be remembered that the aborted preborn child did not consent to his or her abortion and certainly did not consent to experimentation. Human dignity demands that our aborted brothers and sisters receive a proper burial, not to mention their full protection as persons under the law. Human beings may never be a means to an end, however noble.

Again, Pro-Life Wisconsin thanks Representatives Jacque and Kleefisch for reintroducing AB 305 and defending the human dignity of our aborted brothers and sisters. We urge committee members to recommend this bill to the full Assembly for prompt debate and passage.

Thank you for your consideration.



Office of the President

TO: The Honorable Members of the Assembly Committee on Criminal Justice and Public Safety

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

DATE: August 11, 2015

RE: Testimony in Opposition to Assembly Bill 305

Good morning Chairman Kleefisch and Members of the Assembly Committee on Criminal Justice and Public Safety. I would like to thank each of you for hearing our testimony today. My name is John Raymond, and I am President & CEO of the Medical College of Wisconsin (MCW). With me today is Dr. David Clark, MCW's Assistant Dean for Human Research Protection.

In addition to being a well-respected medical school with an annual enrollment of over 825 medical students and nearly 400 graduate students, MCW is a major national research institution and is the second largest research institution in Wisconsin. MCW employs over 5,000 people, including more than 1,500 physicians and over 600 advanced practice providers who care for more than 500,000 patients each year.

Biomedical research is the key to defeating debilitating diseases and improving human health. It is the hallmark for discovering treatments and therapies for the illnesses and injuries patients face every day. As a physician and NIH funded scientist, I am very concerned about limiting the development of future innovations in Wisconsin by criminalizing research that is federally approved. Doing so will not only stymie future research; it will have a deleterious effect on the Wisconsin economy and our ability to recruit the best minds in science and medicine.

For today's discussion, I want to state that at this time, MCW faculty does not currently use fetal tissue in research or clinical care. However, we recognize that many of our colleagues are doing very promising work using fetal tissue obtained through federally approved tissue banks.

Aside from my overriding concern about limiting future innovation, the most devastating provision in AB 305 for MCW is the banning and criminalizing of federally-approved cell lines that have been in existence for decades.

The cell lines MCW is most concerned with were in fact originally created as the result of legally induced abortions that primarily date back to the 1960's and 1970's. Since that time, however, these cell lines have been replicated countless times worldwide over the last several decades. To be absolutely clear, I must also highlight that the continuous replication of these cells does not require or involve the use of any additional fetal tissue.

These cell lines are utilized across the globe as essential building blocks for biomedical research. The cells have been used to prepare hundreds of millions of doses of vaccines, preventing countless cases of life-threatening rubella, hepatitis A, varicella, and rabies. At MCW, the cell lines are used in an effort to advance human health in areas such as: cardiovascular disease, cancer; neurodegenerative disorders (Parkinson's & ALS); infectious disease and immunity; bleeding disorders; drug discovery; glaucoma, and spinal cord injury, to name just a few.

I am encouraged that many recognize certain provisions in the bill may have gone too far, and I greatly appreciate the willingness of Chairman Kleefisch and the bill's authors to engage in an open dialogue about changes to AB 305 – including a potential amendment to specifically allow research to continue on existing cell lines.

Physicians and scientists are the link between disease and treatment, and passage of the legislation in its current form would force much of MCW's research either to be halted or relocated to academic medical centers outside Wisconsin, resulting in the loss of innovative research, jobs, and millions of dollars in research investment at MCW alone.

MCW's future success, along with the high quality clinical care and therapies we discover for our patients, rely heavily upon recruiting and retaining top faculty, residents, post-doctoral fellows and medical and graduate students. Our prospects to recruit and retain top talent would be greatly diminished in an environment in which MCW cannot conduct research practiced throughout the nation by other academic medical centers.

Thank you again for your time, attention and thoughtful consideration. Dr. Clark and I are available for any questions. Following the hearing, if you have any questions or need additional information, please feel free to contact Kathryn Kuhn, Vice President of Government and Community Relations, or Nathan Berken, Director of Government Relations, at 414.955.8217, or kkuhn@mcw.edu, or nberken@mcw.edu.

In RE: Assembly Bill 305

11 August 2015

Thank you Chairman Kleefisch, Representative Jacque, and other distinguished Representatives for the opportunity to address you today regarding my support for Assembly Bill 305. My name is Mary Anne Urlakis, I am a Bioethicist, and hold two Master's degrees and a Ph.D. in my field. My first Master's in Bioethics was earned from the Medical College of Wisconsin, and prior to my work in Ethics, I was employed for nearly a decade at the Medical College of Wisconsin - much of that time in cell and tissue culture research, including managing the core cell culture facility in the Department of Physiology and later working as the Program Coordinator for the Health Information Technology Center at Medical College of Wisconsin. Thus, my dual background in both ethics and research has afforded me a unique perspective. I have personally worked on cell lines and antibodies derived from newborn human beings, have cultured beating animal heart cells in a dish, have been a part of the milieu of basic science research – As such, I am cognizant of its benefits, its potential, and also its dark-side, and thus I am aware of the need for truly ethical and effective research to be encompassed by a firm set of ethical boundaries based upon sound ethical principles.

From ancient times to the present day, the first and foremost ethical duty has been recognized as that of "*Primum non Nocere*," which translates to: "at the very least, do no harm." The harvesting, trafficking, sale, and usage of organs and tissue from infants whose lives were ended by induced abortion *does* indeed cause harm.

- Those children who are sacrificed for the sum of their parts, are indeed harmed.

- Those women who are misled into summarily believing that a greater good will unequivocally result from their “donation” are also harmed. That is, if those who “donate” the remains of their unborn children are not fully cognizant that the along the way to the miracle drugs like the vaccine for polio that is widely touted by the media, that there are many failures and even harmful biomedical products, such as Thalidomide, that have resulted from basic science research, and that their donation may in fact result in harm, then their consent is not truly informed, and their choice is ultimately not free.
- Lastly, society itself is ultimately harmed, as the value of life is cheapened and humanity is reduced to the monetary value of our constituent biological components.

Those who so ardently fight against reasonable ethical safeguards, like AB305, are quick to adopt a rosy view of the history of medicine of the past few generations, and often attempt to create a sense of legitimacy by stating that that fetal tissue has been used in research since the 1930's. What they fail to note is that during that same historical period, our nation saw many of its greatest failures in bioethics – from the Tuskegee Syphilis Study which began in 1932 and ended in 1979, to the 1966 New England Journal of Medicine Article by Dr. Henry Beecher which reported 22 studies describing serious violations in studies including volunteers being injected with liver cancer cells, the human radiation experiments of the 1960's, the Milgram Study, the Thalidomide studies, the Willowbrook State School experiments which involved injecting viral hepatitis into retarded children. As a nation, we possess a significant body of evidence that our race for scientific progress, and the prestige and technology dollars which accompany it, has a tendency to conflict with sound practice and ethical principles.

The 1979 Belmont Report was a result of the legitimate outrage at the discovery that some of the most vulnerable members of society were the victims of scientific hubris and greed. This report codified the principles of respect for persons, beneficence, and justice. When we look at the provisions of AB 305, we see these same ethical principles at the heart of this legislation.

As we look at prior failures in ethical research, there are common themes: vulnerable populations, lack of truly informed consent, warped application of utilitarian principles based upon grandiose promises of a “greater good.” The fact that other respected researchers and the ivory towers from which they hail do not object has never been a guarantee of ethical propriety – the Tuskegee Syphilis experiments spanned close to fifty years, and involved many respected physicians, researchers, funding sources and government agencies.

With the passage of AB305 effective, ethical research will not grind to a halt, nor will the state’s biotechnology industry collapse in on itself as the opponents of this bill claim. On the contrary, AB305 is a well-structured piece of legislation, which strengthens necessary ethical safeguards.

Thank you for your time and consideration,

Respectfully,

Mary Anne Urlakis, M.A., Ph.D.

murlakis@att.net

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WISCONSIN CATHOLIC CONFERENCE

TESTIMONY ON ASSEMBLY BILL 305: SALE OF FETAL BODY PARTS

Presented to the Assembly Committee on Criminal Justice and Public Safety

By Barbara Sella, Associate Director

August 11, 2015

The Wisconsin Catholic Conference, the public policy voice of the state's Catholic bishops, strongly supports Assembly Bill 305, which would prohibit the sale and use of fetal body parts derived from an unborn child whose life is terminated by an induced abortion.

The two pillars of Catholic social teaching that support every position we take are 1) that human life is sacred and 2) that human life is social.

However, these are not simply religious principles. Rather, as the Founders asserted in the Declaration of Independence, these are self-evident truths. Life is sacred not because it is a choice made for us by others, but because it is an endowment from the Creator. And because all of us are connected by our common humanity and all of us are created equal, when the rights of one are trampled, the rights of all are threatened. That is why the Founders asserted that government exists to secure these rights.

The practice of selling human tissue, especially when it is procured by the willful destruction of a developing human life, is an assault on both those principles. This practice is wrong not only because it violates the teaching of various religious traditions, but also because it rejects the values enshrined in the Declaration of Independence itself.

Human life is not a commodity to be bought and sold or otherwise diminished for the gain of others. A civilized society treats every human being as an end, not as a means to an end. A human being must never be seen as a collection of spare body parts. The sale of fetal tissue and organs is one more example of what Pope Francis has called the "throwaway culture, which has today enslaved the hearts and minds of so many."

Research involving the use of human tissue and organs offers exciting possibilities for the prevention and treatment of diseases and disabilities. We all long for the day when cancer, Parkinson's, and Alzheimer's can be cured or prevented entirely. But the manner in which this research is conducted is as important as the cure. Medical progress must always be accompanied by moral progress. Medical progress must always be measured in light of its impact on the human person.

As the bishops wrote in their 2008 pastoral letter, *Serving All and Sacrificing None: Ethical Stem Cell Research*:

[R]aising moral concerns is essential for genuine scientific progress. Consider the infamous biomedical case of the Tuskegee Syphilis Study. Even after penicillin was discovered in 1947, medical researchers working for the U.S. Public Health Service in Tuskegee, Alabama, deliberately withheld the drug from infected African-American men—impoverished and mostly illiterate—without their consent, so that they could study the full progression of the disease. Today, no one would dispute that ethical standards were sorely lacking in the Tuskegee Study and that true scientific progress can be made only when those standards are securely in place.

The Catholic Church firmly believes that medical progress can be made without selling human body parts as if they were mere commodities. Today when medical experimentation on animals is falling out of favor with the general public and with many in the scientific community, we need to insist that scientists find other ways to cure diseases without sacrificing human lives. We are confident that if the sale of aborted fetal body parts is prohibited, human ingenuity will find other, moral means of conquering diseases. The many cures made possible by the use of adult stem cells is proof of this.

Finally, we are very concerned that the trade in fetal body parts depends on providing false or misleading information to young and vulnerable women about what will happen to their aborted children. How many of these women are truly consenting to what has become a lucrative trade? We see parallels here with the practice of harvesting adult organs from the poor in developing countries for the benefit of wealthier persons in the developed world. We must not allow this to continue.

I would like to close with another quote from the bishops' stem cell pastoral:

Many scientists are people of deep faith and moral conviction. They recognize that faith and science, far from being mutually exclusive, in fact complement one another. Instead of asking, "Will we be religious, or will we be scientific?" they ask, "How can our scientific research best serve humanity? How can we best respect our human subjects in our research?"

AB 305 affirms the dignity of the most vulnerable human life, both mother and child. It affirms ethical scientific progress. We strongly urge you to support it.

HALDOL

YERVOY

PANCRECARB

OFLOXACIN

CALCITRIOL

RANEXA

IDAMYCIN

SANDOSTATIN

YOHIMBINE

August 11, 2015

To Whom It May Concern:

I am here today to talk to you about something that might not get mentioned today and that is the perspective of a disabled person. I hear a lot of conversation about how if this bill gets through there won't be anything else to study, to make folks like me or others walk. With my disability, which is Osteogenesis Imperfecta, which means, brittle bones, it has been brought to my attention that using this type of research and others, will bring a cure for my disability. I have to be honest I have been hearing this for as long as I can remember. Five years away Jason, five more, five more, five more, five more and five more years. Creeping on 40, I am hopeful that those people who said a cure is coming would now just stop and say, okay, here's the deal you are actually going to be like that for the rest of your life, there is not a shot that is going to strengthen or fix my body. I can be okay with that. Those who say they will cure spinal cord injuries, birth defects and other debilitating diseases are in my opinion, fooling themselves and giving false hope to those who suffer from those disabilities. I am not saying it can't happen, please note that I would LOVE a cure. And then not to mention our families who hear about different drugs that are out there that can make my bones stronger, or an injection that could help a paralyzed buddy walk, again false hope. That shot might help his bladder for a week or two, maybe a month if he's lucky but at the end of the day, he still has to use a catheter. If there was a magical button why not, but to what extent? If the medical profession/research institutes would spend as much time doing and less time talking about how they might have a cure, I believe we can come up with a cure. However, what I can't be okay with, is how they get to that point. I, personally would rather stay disabled than be cured by anything you get from those little babies who didn't have a choice if they would live or die.

I am saying all this with three kids, one biological and twins that we adopted from Ethiopia. We could not have any more kids biologically due to complications my wife had giving birth to our biological son. Having my disability it was a 50-50 chance that my biological son would have the same thing I do. We did ultrasounds to monitor his growth and to see if we were going to be

blessed with a healthy baby or blessed with a baby that was going to need our support like my mom gave to me growing up. We don't have to worry about that as he is now a thriving 12 year old that is as healthy as a horse and eats like one, and is playing football and wrestles for his 7th grade middle school teams. I would love to run with them, climb trees, and jump fences but I am realistic. If there is a cure for me, it will be long after my fence jumping days.

My life since birth has been hard, over three hundred broken bones, multiple surgeries and other complications that make me wonder just how much more can the good Lord put on my plate, but I look at this way, my struggles are no more or no less than yours, I just live my life from a wheelchair, and to be honest I don't think most people could deal with it and that's why GOD gave it to me and not you.

I have many friends who have birth defects and not one that I talk to, would want a cure the way it could be done with these little lives that "no one cares about." What I find weird is those who do this gross and horrendous act of aborting these babies, and sell their parts, are all about abortion and call it a fetus, won't call it a baby but at the same time, as they pick through a dish that is filled with the horribleness of an abortion, recognize each little part by its name, there's an arm, oh look a leg, spinal cord, is it intact, and a head, oh are the eyes good. As far as I know those are parts of a baby not a make believe thing inside a woman's body.

If you have any questions please ask them.

Thank you for your time,

Jason Miller

Green Bay, WI



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Testimony in favor of Assembly Bill 305
Assembly Committee on Criminal Justice and Public Safety
Public Hearing, August 11, 2015
Julaine Appling, President of Wisconsin Family Action

Chairman Kleefisch and members of the committee: thank you for holding a public hearing on this important bill, and for the opportunity to speak to you today. On behalf of Wisconsin Family Action, I am here to speak in favor of AB 305, the Aborted Fetal Body Parts bill. It is almost impossible for me to overstate how much our organization is in favor of this bill.

Let me begin by addressing the concerns UW-Madison scientists have raised about the use of existing cells lines derived from the tissue of aborted babies for research here in Wisconsin. Human organ and tissue donation is fraught with such potential ethical and human dignity concerns that as a state we have enacted extensive laws covering the donation of human organs and tissue to ensure the ethical, dignified, humanitarian transfer of organs for life-saving and research purposes. According to the U.S. Department of Health & Human Services, “The field of organ and tissue donation...is one of the most regulated areas of health care today.”¹

Ladies and gentlemen, with the exception of the federal law prohibiting transfer for valuable consideration, we have no such laws covering the use of aborted fetal tissue. And we have great need to address this issue. While you and I may find the trafficking of organs and tissue ripped from a living baby in the womb absolutely abhorrent, some have no qualms.

To quote from a UW-Madison chemistry professor, Laura Kiessling, as reported in the *Wisconsin State Journal*, “telling scientists they couldn’t use the [cells derived from aborted fetal tissue] ‘would be like all of a sudden telling people that microwaves can’t be used to cook things anymore.’”² Cooking food in a microwave is the moral equivalent of using cells derived from an aborted baby? In fairness, I suspect Professor Kiessling was trying to communicate that from her perspective this is established science and shouldn’t be questioned any more than someone would question microwaving as an established and accepted method of cooking. Even giving her this benefit of the doubt, this is a crass comparison and portrays the very cavalier way far too many today view human life. It is my understanding that Professor Kiessling would be able to continue to use the cell line already derived from aborted fetal tissue under this bill, but her attitude toward the use of aborted fetal tissue cell lines certainly highlights the need for this bill.

Simply stated, aborted babies are not commodities to be transferred on the open market, even for scientific purposes. Some important research may require the use of fetal tissue. Very well. Researchers can use the donated tissue of babies lost through stillbirth—where we actually have a certificate of death³—or miscarriage. And they can acquire it the same way they would the tissue of an adult or minor donor on the other side of the womb. We have laws for these things for a purpose. The trafficking of aborted fetal body parts has fallen under the radar of those laws, and it is high time that we correct that loophole.

Assembly Bill 305 is straightforward. It is not complex or convoluted. It does what we need it to do: respect the humanity and dignity of preborn human babies. It is a bill whose time has come. Wisconsin Family Action urges you to support this bill and to move it quickly to the full Assembly for a vote. Thank you for your time today. I am happy to answer questions.

¹ *Legislation and Policy* page, U.S. Department of Health & Human Services, <http://organdonor.gov/legislation/>.

² *Fetal tissue ban could impact medical research in Wisconsin*, David Wahlberg, *Wisconsin State Journal*, August 10, 2015.

³ Wisconsin Statute 69.145

Statement in Support of Assembly Bill 305

By: Joanne Laufenberg (Oconomowoc, WI)

Dear Criminal Justice Committee,

In January of 2011 we were told Klarisa Rose Laufenberg had Trisomy 18, Spina Bifida, "multiple severe deformities" and probably wouldn't survive more than 5 years. It was heartbreaking. We were numb and not sure what to do with this information. My knee jerk reaction was whether it was wise to continue with the pregnancy, because I didn't want my little girl to suffer and I'm completely against abortion. They told me they could induce labor and she simply wouldn't survive outside the womb.

Nevertheless, I'm so glad I had read the entire Bible a few times by then. I couldn't remember it saying anywhere in it (even remotely) that the length of her life was my decision. In fact it said the Lord giveth and taketh away, that her days have been numbered since the beginning of time, He knows the number of hairs on her head AND in this world we will have troubles, but take heart He has overcome the world.

So I apologized to God and my husband for entertaining the idea of inducing labor prematurely and proceeded to pray a ton. We had faith that she could be miraculously healed, while remaining fully aware that she might not. Then the decision was between palliative care and fighting for her life (even though the doctors didn't have a game plan for us). They didn't have a cure or treatment for the Trisomy 18 and weren't certain how severe the Spina Bifida or deformities were. We chose palliative care, because we did not want her to suffer and knew she would go to heaven.

After all was said and done her 32 hour long life was a huge blessing to us. We will never forget watching her nearly pass away, but then open her eyes really wide and give her Dad the sweetest smile I have ever seen. After closing her eyes for the last time, she lasted another hour or so. It was the most incredible experience I've ever had. Even though I had moments of confusion over the comfort care decision, in the end we knew it was best. They didn't know how to help her and now she lives where there's no sin, sorrow or disease. We have peace in the knowledge that she's in the best hands possible.

All of this talk about selling body parts of aborted fetuses is just complete insanity. What are people thinking? So many parents are trying to adopt babies. The solution seems so obvious. All I can do is shake my head and wonder...

Dear Committee Members,

In the early days of 2006 my husband and I were confronted with the devastating reality that life is short and uncontrollable. As we were busily moving on with the excitement of building our first home together, my 18 month old daughter my constant companion as we moved through the stressful excitement of custom building we received the news that my husband's best friend, a man that was closer to me than my own brother was going to lose the battle for his life. In April of that year we gathered at his bedside and prayed over him as his closest friends and family said goodbye. It was a moment that forever changed our lives. He was 34. He had what one day I hope can be a treatable disease, something that perhaps the research being done right now can be benefited from.

However, he, like my husband and I was staunchly pro-life and never would have accepted anything from a child that was so cruelly ripped from what should be the safest place on this earth, his mother's womb.

Later that same year, my husband and I suffered another unimaginable loss. I suffered a devastating miscarriage. In the moments I felt my child leave my body, knowing that this child would not survive I called upon my friend to give me the strength to carry on. How can I let him go? I begged God to stop it from happening. He wasn't ready, he needed me, I'm his mother. I want him. He is loved. He is needed. He is mine and I don't want it to be over. But just like that my baby was gone. He was called home by our maker to live with our treasured loved ones that went before, and after him. In the years that have passed I have often dreamed of him. Wondering what my 9 year old child would be like, would he be rugged and handsome like his father? Would he have my brown eyes and dimples like my 3 living children do? Would he melt my heart with a simple flick of his hair like it does when my young son brushes his hair off his forehead. Sometimes I see him on the swingset with his brother and sisters playing, or taking his seat at the table anxiously awaiting another family game night. Running in the ocean and building sand castles with his siblings... He is always there, always. Then, one day just a few short weeks ago my heart was ripped from my chest once again when I turned on the news and learned of the horror of selling aborted babies body parts. Unborn children forcefully ripped from their mothers' wombs, torn limb from limb and then sold. My God, I never thought I could imagine anything worse than a mother murdering her own child I thought to myself, and I just did. And I could not help but wonder if children were conceived and then aborted for this very reason. For profit.

It is my understanding that once upon a time, before the abortion industry started selling the remains of the dead that parents of miscarried, still born and children that lived mere hours outside of the womb were afforded the opportunity to donate their child to science. If I understood correctly, there was federal funding for this. If my husband and I would have done this is not the point, the point is we never were given the opportunity to try and allow our glorious child's life to be dedicated to research - to finding a cure to cancer, or alcoholism, or HIV or autism or obesity - anything. Wouldn't it be more humane to allow a grieving parent the option to do something with their dead child's life than let an abortionist and the big money corporations they work for continue to make money off of a life they terminated?

Alexandra Schweitzer
Oconomowoc, WI

Sent: Monday, August 10, 2015 3:40 PM

Never since I read the first stories in early 50's about Auschwitz and talked to my cousin who liberated some of the camps in Germany have I heard of anything so ghoulish. People are actually defending the dismemberment of human beings and selling them for parts. Next they will read Dr. Mengele's book on how best to disassemble people.

The inhuman things people do to each other reaches its zenith when it comes to babies.

I understand that they are selling whole babies? How do they do that unless they deliver them alive and then whack them?

Worst it is mostly black babies, just as Margaret Sanger wanted them to do. Chop up black babies for parts? Is that what we have come to?

As for research? 20 years ago we were arguing about stem cells, then they found out that there were stem cells everywhere. We do not need baby tissue for research, we have plenty of everything. Lastly we do not want to have women selling baby parts like they do their hair, and their blood. A new industry?

How can we critique ISIS for chopping up people when we are doing it? We are slaughtering children too.

Gruesome business that no civilized country, or state, should tolerate.

Sincerely yours,

Bob Dohnal, RPh
Pharmacist
1124 W. Potter Rd.
Wauwatosa, Wi. 53226-3407
Rdohnal@earthlink.net
414-258-1719

Dear Committee Members:

In response to strong outrage elicited by the recent undercover sting videos showing Planned Parenthood officials discussing the sale of body parts from aborted children and the gruesome dissection of children in Planned Parenthood laboratories, Wisconsin's pro-life champion Rep. André Jacque (R-De Pere) authored three new bills that ban the sale/transfer of baby body parts **AND defund Planned Parenthood**.

LRB 1645, authored by Reps. Jacque and Kleefisch, bans the sale or use and the experimentation on the body parts of aborted babies.

LRB 2674, authored by Rep. Jacque, ends Planned Parenthood of Wisconsin's overbilling of Medicaid.

LRB 2675, authored by Rep. Jacque, redirects the federal Title X money to other agencies and service providers than Planned Parenthood of Wisconsin, who is currently the only recipient of these funds.

In light of recent revelations showing Planned Parenthood's illegal trafficking in the body parts of aborted babies, it is time to put a clear ban on such activities in The Badger State. It is also time that we make significant headway in stopping the flow of taxpayer money to this organization.

Thank you for your careful consideration of this request.

Robert L. Hehn
306 LaBelle St
Boscobel, WI 53805

Grant County

A handwritten signature in black ink, appearing to read "Robert L. Hehn", written over a horizontal line.

Dear Committee Members:

In response to strong outrage elicited by the recent undercover sting videos showing Planned Parenthood officials discussing the sale of body parts from aborted children and the gruesome dissection of children in Planned Parenthood laboratories, Wisconsin's pro-life champion Rep. André Jacque (R-De Pere) authored three new bills that ban the sale/transfer of baby body parts AND **defund Planned Parenthood**.

Planned Parenthood received over \$500 million in *forced taxpayer* funding last year. The nation's largest abortion corporation has now been caught on tape negotiating prices for the organs of aborted preborn children.

Planned Parenthood is intensely focused on its abortion business. Its facilities have abortion quotas.

This corporation routinely puts women's lives at risk, disregards abuse victims, ignores women in need and denies the humanity of the unborn – all of these things just to increase the bottom line – **profit**.

Planned Parenthood staffers, nurses and managers have been documented coaching and covering for sex-traffickers, ignoring the sexual abuse of young girls, and putting women's lives at risk. The corporation is awash in deaths, injuries, and allegations of settlements paid for massive fraud.

No one should ever be forced to give his or her tax dollars to an organization that endangers women and children. I stand with my fellow Americans in a nationwide call to immediately stop taxpayer funding of Planned Parenthood.

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Jody L. Hehn
306 LaBelle St
Boscobel, WI 53805



Assembly Committee on Criminal Justice and Public Safety

RE: AB 305, relating to: sale and use of fetal body parts and providing a criminal penalty

August 11, 2015

Testimony of Chelsea Shields, Legislative/PAC Director, Wisconsin Right to Life

Distinguished members of the Assembly Criminal Justice and Public Safety Committee, thank you for allowing me to testify in favor of AB 305 today. My name is Chelsea Shields, and I am the Legislative/PAC Director of Wisconsin Right to Life.

The recent videos released by the Center for Medical Progress truly shocked the conscience of the nation, and the state of Wisconsin. To know that Planned Parenthood facilities were not only dismembering unborn babies, but also trafficking their body parts, opened many eyes to the reality of Planned Parenthood's business – profit.

Nationally, Planned Parenthood performs over 330,000 abortions a year. These children were sons, daughters, nephews, nieces, cousins. They come from our own neighborhoods here in Wisconsin. They could have been friends, co-workers, leaders.

Yet, as we saw in the videos by the Center for Medical Progress, these children are torn apart – limb from limb – then their little hands, feet, and organs are haggled over.

In one particular video that stood out to me, Planned Parenthood workers look over a torn apart little child and exclaim that this child, whose organs are soon to be trafficked, is “another boy!”

I have to tell you, in that moment, I couldn't help but wonder, what if that child had been one of my best friends? One of my cousins? My own brother?

I cannot imagine a society that dismembers these unborn babies, then barter off their organs.

This is why AB 305 is so necessary. We must prevent *any* occasion for the body parts of little, vulnerable unborn babies to be sold off for the profit of the abortion industry.

And, I hope someday soon, we can prevent unborn babies from ever being dismembered in the first place.

Thank you for your time.