DUEY STROEBEL
STATE SENATOR • 20TH DISTRICT

Testimony on SB 260

The purpose of SB 260 is simple – to ensure research in Wisconsin continues with the highest ethical standards in mind. As a society, one based on a respect for all human life, we must determine the type of standards which we will abide by, in particular as they relate to research and the treatment of the most innocent among us. What type of standards do we want to set for both our researches today as well as those who will follow in their footsteps? The possible treatments and cures which have yet to be discovered are boundless, but so also are the pitfalls which will ensnare our researchers if we callously ignore the need to set reasonable ethical boundaries. There must be a limit to the bounds of research, lest as a society we pass a point to which there is no turning back. This bill represents a reasonable "line in the sand" that balances the needs of future medical research with a collective refusal to allow the grotesque harvesting of fetal body parts.

While recently amended, the general intent of this bill – preventing the harvesting of fetal body parts – has been an effort led by several pro-life champions over the past four years. In particular, Representatives Jacque and Kleefisch have been outspoken advocates for the unborn. To be sure, the Planned Parenthood videos released over the last several months exposed the practices and techniques which the group has implemented to better harvest body parts. I find it nearly impossible for one not to be repulsed at the often callous conversations, in particular those centered on altering abortion techniques so as not to "crush" valuable and desired organs. But the drive to ensure ethical research and the respect for life long preceded these videos. A respect and appreciation for life is a principle that has long set us apart from other nations. And it is a principle I will never abandon.

Like most important policy decisions, this bill has generated debate across the political spectrum. A healthy and vibrant debate is certainly a good thing. However, it's important that as we debate this important policy decision, we remain focused on the actual language of the bill and not rhetoric and hyperbole. Let's be clear, this bill does not end medical research. To imply or expressly make such a statement ignores the clear language of the bill.

First, the bill only places limitations on the use of fetal body parts which result from an induced abortion. Spontaneous abortions, i.e. those circumstances where a baby's life is prematurely ended, such as in the case of a miscarriage, remain viable alternative sources for research purposes. Second, "fetal body part" only includes a cell, tissue, organ or other part of an unborn child that is aborted *after* January 1, 2015. While those of us who would hope to protect all human life at every stage do not condone the way in which such "fetal body parts" were presumably derived, we have made the important decision to prospectively provide guidance to the research community and not interfere with the fetal body parts already in the possession of researchers. This is an important concession that must be recognized by the bill's opponents. Third, we have recognized the need

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for families to request certain tests. The bill does not apply to the use of fetal body parts for diagnostic or remedial tests, procedures, or observations which have the sole purpose of determining the life or health of the unborn child or in order to provide that information to the mother. Finally, this bill only applies to a person, researcher or otherwise, who *knowingly* acquires, provides, receives, or uses a fetal body part. Contrary to critics' claims that the bill will turn all researchers into felons, it only applies to one who knowingly ignores the law. A clear definition of "knowing" is provided in Chapter 939 of the Wisconsin statutes.

Today, you will hear, either personally or by way of written testimony, from some of Wisconsin's preeminent ethicists. Their testimony is essential and proves that Wisconsin can continue being a leader in medical research while at the same time upholding ethical standards. According to the written testimony of Dr. Prentice, the results from fetal tissue transplantation have been underwhelming. Among other sources, he notes a New York Times report which described various results as "absolutely devastating", "tragic, catastrophic", and "a real nightmare". Dr. Prentice's report also discusses in detail the various vaccine developments. Of specific interest, he notes the recent vaccine developed to address Ebola. The July field trial establishes the success of the vaccine, which is developed using Vero, a monkey cell line. Finally, he notes the various alternatives for purposes of basic biological research. This includes iPS ("induced pluripotent stem cells"), stem cells from umbilical cord blood, and adult peripheral blood stem cell and immune cells. It's also important to note that many of the older cell lines that entities such as the Medical College of Wisconsin rely on, such as WI-38, MRC-5, and HEK293, all are excluded because of the January 1, 2015 grandfathering language.

Finally, a word regarding research at the University of Wisconsin. Much has been (and presumably will be) stated regarding the economic impact to the institution. Unfortunately, as was abundantly made clear in many of the Planned Parenthood videos, too often this important debate, a debate which should focus on moral and ethical standards, turns instead to cold hard dollars. But even on this point, the criticism espoused by critics does not square with reality. According to a Gannett Newspaper report detailing the use of fetal tissue at UW, in 2014 about $76 million in research involved fetal tissue. This accounted for about .2% of its total research budget of $27.8 billion. Since 2008, the NIH has identified about $4.7 million in grants at UW and $1.9 million in grants at the Medical College. While not an insignificant number, the $4.7 million at the UW pales in comparison to the overall $258 million in NIH grants it receives. I'm confident in these institutions' ability to find creative solutions to what would be relatively small reductions in funding.

As you listen to and consider today's testimony, please keep in mind the responsibility we all have to uphold the highest ethical standards, not only in research, but in the policy we set. I'm hopeful that we can all agree that preventing the harvesting of baby body parts is a policy worth fighting for.

ANDRÉ JACQUE

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TO: **Members of the Senate Committee on Health and Human Services**

FROM: **Representative André Jacque**

DATE: **September 22, 2015**

RE: **Senate Bill 260**

Chairwoman Vukmir and Senate Health and Human Services Committee members:

Thank you for the opportunity to testify before you today in support of Senate Bill 260, and thank you Senator Stroebel for joining me in this effort.

Respect for human dignity is essential in the performance of scientific research. As a UW-Madison undergraduate in the Medical Scholars Program, I heard a declaration from more than one professor that ethical questions about experimentation could be "set aside and dealt with later" as long as there was great "potential" for medical breakthroughs. (I remember that one of those professors later had his lab suspended because of unauthorized experiments with the bacterial infectant brucellosis). Unfortunately, such a philosophy can, and has been, used throughout history to justify a great number of atrocities in the name of 'research'. It was shortly after a professor related how the remains of dead children killed by the local abortionist were being regularly shuttled over to the UW for experimentation that I began to rethink medical research as a career.

Recently released undercover videos have exposed senior Planned Parenthood officials bargaining for maximum profit from aborted children's organs and degrading the victims' human dignity in the most callous and gruesome ways imaginable during their dismemberment, like cutting through still-living aborted children's faces to harvest their brains. In one of the videos, the CEO of a company that harvests organs from children mere minutes after they were aborted discusses the demands by many researchers to "make it so we don't know what it is" with requests like "we need limbs, but no hands and feet need to be attached" to dull their conscience. This footage has raised awareness of legislation that I have introduced each session that I have been in the Assembly, which will ban the sale, trafficking and use of tissue from aborted children. Senate Bill 260 will establish high ethical standards for human tissue research by prohibiting the sale or use of aborted fetal tissue for experimentation or other purposes. Contrary to common perception, the sale of aborted babies' body parts is not already outlawed in Wisconsin unless it takes place across state lines. 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 and repeatedly promises "profits" in exchange for aborted baby body parts in flyers sent to Planned Parenthood affiliates. Even microbiologist Nathalia Holt, in writing a New York Times essay condoning experimentation on aborted children, openly acknowledges that harvesting human fetal organs is part of widespread and lucrative business, noting "There are profits to be made by such middlemen in what critics call the abortion industry. A fetus runs upward of $850, not including testing, cleaning, or shipping charges, while a vial packed with pure stem cells can fetch more than $20,000." A former tissue procurement specialist will be sharing his own experiences while testifying later today in support of SB 260.

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 and 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 as UW officials sought to open a late-term abortion clinic at the UW Surgery Center, the spokeswoman for UW Health 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- that MOU was signed by Dr. Robert Golden, the Dean of the UW Medical School.

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, formerly served on the Planned Parenthood Federation's national medical advisory board and previously headlined an event for the National Abortion Rights Action League.

The day after the hearing on the Assembly companion to SB 260, I was contacted by Rob Gundermann, the longtime Public Policy Director of the Wisconsin Alzheimers and Dementia Alliance. Mr. Gundermann was, in his words, "shocked" by the repeated assertions of the UW's Dr. Robert Golden at the hearing that aborted children's tissue likely held the key to finding a cure to Alzheimer's, and informed me that the Alzheimer's research center at UW-Madison is not doing anything with stem cells. Addressing the issue of aborted tissue research over the weekend on WKOW's Capitol City Sunday, Mr. Gundermann stated, "I have never in my 17 years had a researcher tell me that this was a viable path to a cure. So I don't think that's where it's going to come from… I have talked to researchers across the country for almost two decades, and I have asked this question, and I've never had one say "Oh yes, I think this is a viable path to a cure"- in fact I've heard them say the opposite: they don't believe this is a viable path to a cure

for Alzheimers. This is confirmed by the national Alzheimer's Association, which says it supports any legitimate avenue of research that offers hope of a cure, but has not even received a request to fund a project involving fetal tissue in seven years, according to the association's chief scientific officer, who stated, "That tells us the field has really moved to the newer reprogrammed cells."

The increasingly discredited Dean of the UW Medical School also claimed a few weeks ago that the UW needed to acquire tissue from aborted children specifically to develop a vaccine for the Ebola virus. In reality, a successful new vaccine against Ebola, rVSV-ZEBOV, had already been broadly tested and found 100% effective- but it was developed using vero, a monkey cell line, not aborted human tissue.

During the previous hearing, Dr. Golden was specifically asked if any of the tissues used by the UW come from Stem Express or ABR, which are featured as the tissue procurement entities in the Planned Parenthood exposés. His answer was, "I have no way of knowing." Following the hearing, however, the finally UW acknowledged using ABR repeatedly and as one of their current suppliers.

Planned Parenthood of Wisconsin has now stated that they do not offer tissue donation services. And at that Assembly hearing, Dr. Golden also stated, "we do not receive our tissues from abortion clinics." What he didn't say, though, and what the UW Health spokeswoman has already acknowledged, is that the UW has received tissue directly from Planned Parenthood of Wisconsin, at least as recently as 2011. In fact, it has surfaced that organs from many aborted babies were apparently harvested by UW faculty at the Madison Planned Parenthood abortion clinic between 2009 and 2011- this time in a UW-Madison study by eleven faculty members published just last year which details experimentation on fourteen hearts and ten brains of aborted children. The paper "gratefully acknowledged" four UW faculty, two of whom also worked as abortionists at the Madison Planned Parenthood, "for their support with tissue collection and processing".

A recent report by the Gannett Newspaper groups' Investigative Team also did a great service to readers in identifying that widespread research alternatives have come to dominate the field and discrediting the wildly inflated economic impact claims made to lawmakers by the UW with actual, accurate figures, pointing out little research is actually done with fetal tissue at UW-Madison:

The NIH categorized about $76 million in research as involving human fetal tissue in 2014, or about .2 percent of its total research budget of $27.8 billion. Since 2008, the NIH has categorized about $4.7 million in grants at UW-Madison and $1.9 million in grants at the Medical College of Wisconsin as involving human fetal tissue. If those figures were accurate, it would indicate that little research at either school typically involves fetal tissue. In 2014 alone, UW-Madison researchers received about $258 million in NIH grants, according to public disclosures on the federal agency's website.

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. For example, I read in the Sacramento Business Journal last month 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 Nolta, 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, an adjunct professor at a Washington, D.C. university and Advisory Board Member for the Midwest Stem Cell Therapy Center who previously spent almost 20 years as Professor of Life Sciences at Indiana State University and who 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 SB 260, "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 SB 260 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 concludes, "In summary, continued use of fetal tissue presents no advantage to medical research, and raises grave ethical concerns."

Dr. Maureen Condic, associate professor of neurobiology and anatomy at the University of Utah School of Medicine, writes, *"A search of the NIH-administered database of clinical trials for the*

terms "fetal stem cell" returns only 21 currently funded human trials (only two of which actually involve transplantation of fetal stem cells), compared with 5,072 trials using non-fetal cells. Science has indeed spoken — but not in support of fetal-stem-cell research." Similarly, an August 3, 2015 Reuters article reports that at the Harvard-affiliated Massachusetts General Hospital in Boston, for instance, only about 10 out of 8,000 active research protocols involve fetal tissue.

Dr. Michelle Cretella, president of the American College of Pediatricians, writes, "Fetal tissue research, like embryonic stem cell research, has failed to produce a single successful treatment for human disease, and both have been associated with significant side-effects including overgrowth of cells and the need for immunosuppressive chemotherapy. Adult stem cell research, in contrast, has yielded treatments for 73 different diseases including several forms of cancer, diabetes, Parkinson's, cardiac disease, autoimmune illnesses and more. Adult stem cells do not overgrow or require immunosuppression, and most importantly, they do not require the killing of innocent human life. Each dollar spent on fetal tissue transplants from aborted babies and embryonic stem cell research is a dollar not spent on expanding the success of adult stem cell therapies."

I am also pleased that several distinguished researchers from the Medical College of Wisconsin are here today to testify in support of SB 260.

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

The first two principles of the Nuremberg Code, established after the atrocities in experimentation of World War II, make clear that the voluntary consent of human subjects used in research is essential and irreplaceable, and that the results of the experiment should be unprocurable by other methods or means of study. 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.

I'd like to close with this statement from a UW researcher to a UW administrator that was lobbying him to oppose this bill: "As a member of the UW-Madison community for a number of decades, I would hope that press releases and announcements you put out in the name of this community will reflect that there are many here at UW who see a great moral problem here. Ends do not justify means. If having Bucky-branded merchandise made in sweat-shops with bad working conditions is to be considered too utilitarian and too immoral for the UW to be involved without being concerned about those conditions, then depending on human

vivisection or de facto murder to supply human "materials" for research is even more so. We will have to face the music, and hang our heads in shame for letting this go on for so long."

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 SB 260.

HWH

Heal Without Harm Coalition

To Members of the Wisconsin State Legislature:

We urge the passage of AB 305/SB 260 to uphold the integrity of medical research, which is intended to heal without harm, for the following reasons:

- Ethical, effective alternatives to abortion-derived fetal tissue exist and more will be discovered if researchers strive to heal without harm.
- The dependence of fetal tissue research on the abortion industry helps to legitimize abortion and further embed it in our educational and medical institutions.
- An aborted unborn child did not consent to his or her destruction. Full respect for our aborted brothers and sisters demands that they receive a proper burial, not dissection and experimentation.
- Human beings must never be treated as a means to an end, however noble.
- Wisconsin has an extraordinary opportunity with AB 305/SB 260 to lead the nation by championing research that is ethical, innovative, and effective. Such a commitment to heal without harm would truly uphold our state's proud tradition of social justice and respect for human life.

Respectfully,

Heal Without Harm Coalition

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Heal Without Harm Coalition

Abortion-Derived Fetal Tissue Research: Questions and Answers

What do Assembly Bill 305 and Senate Bill 260 seek to accomplish?
These companion bills seek to protect the exploitation of unborn human life by outlawing the use of fetal body parts from induced abortions (i.e., where the child is directly and deliberately killed), regardless of whether any financial payments are involved. The bills mandate that those who perform an abortion ensure that the body is laid to rest by means of "burial, interment, entombment, cremation, or incineration." The penalty for violating the ban is a fine not to exceed $50,000, imprisonment not to exceed six years, or both. This penalty is the same as the one for trafficking in human organs.

Why prohibit the use of fetal tissue from induced abortions?
The unborn fetus is a human being with a right to life. To directly terminate her life by means of an induced abortion is unjust. To view her as useful only for her body parts further degrades and dehumanizes her.

Second, the dependence of fetal tissue research on the abortion industry helps to legitimize abortion and to further embed it in our educational and medical institutions. Fetal tissue from abortions gives these institutions a vested interest in ensuring that abortions do not decline, let alone disappear.

Does this mean that all fetal tissue research in Wisconsin will be suddenly outlawed if the bills become law?
No. Existing fetal tissue obtained prior to January 1, 2015, can still be used by Wisconsin researchers and the use of fetal tissue obtained from miscarriages and still births will continue to be legal.

But weren't vaccines to prevent polio and other diseases derived from aborted fetuses?
Yes, but the fact that important discoveries in the past were made in an unethical manner does not mean that we have to continue to do so today, especially when ethical alternatives exist. In the mid-twentieth century, U.S. researchers made scientific advances by experimenting on children with disabilities. Today those experiments are universally regarded as unethical.

Science could discover all kinds of things and with much greater speed if there were no ethical limits on human experimentation, but ethical limits exist to make certain that vulnerable members of the human family are not exploited.

Aren't opponents of this research imposing their religion or ethics on medical researchers?
No. Our human reason and our Constitution teach us that every human being has an inalienable right to life, from which all other rights flow. Human reason also tells us that it is wrong to intentionally kill innocent human beings. The human fetus is an innocent member of our human family. To destroy a child and then use him for scientific experimentation is to deny him the full respect he deserves.

But researchers say that they follow strict ethical guidelines in obtaining fetal tissue, including ensuring that they have the consent of the women who are obtaining abortions.
It is very difficult to ensure that current guidelines are truly being followed. First, because recent undercover videos reveal that 1) abortion techniques are sometimes altered to produce the most desirable fetal specimens; and 2) some women are allegedly being coerced into giving their consent or are not fully informed about what will be done with their children's remains.

Second, an aborted unborn child did not consent to his or her destruction. Full respect for our aborted brothers and sisters demands that they receive a proper burial, not dissection and experimentation.

If abortion is legal and if the aborted fetus will be discarded anyway, isn't it better to use it to find life-saving cures for others?
It is never right to commit evil, even if good can come out of it. You cannot take one life in order to save another. Human beings must never be treated as a means to an end, however noble. Even today, reputable scientists refuse to use the data collected by Nazi experimenters out of respect for their victims.

Why are politicians interfering in what is essentially an ethical and scientific issue? Isn't the scientific community self-regulated?
If one looks at the history of scientific experimentation in the U.S., it is evident that self-regulation within the scientific community did not always adequately protect vulnerable populations. Instead, public outrage demanded and obtained legislative action. For example, the researchers who conducted the infamous Tuskegee Syphilis Study and the hepatitis study at the Willowbrook State School strongly defended their actions and denied they were acting unethically. However, public pressure halted the studies and spurred Congress to pass legislation protecting human subjects in medical research and granting civil rights to people with disabilities.

Won't restrictions on this research result in lost jobs and a weaker Wisconsin economy?
It is true that Wisconsin's biotech industry and the University of Wisconsin-Madison are both invested in this type of research, but this is not a sufficient reason to allow it to continue. No one really knows if significant job losses will truly come to pass, especially since AB 305 and SB 260 allow use of existing fetal tissues, giving researchers time to develop ethical alternatives.

Furthermore, if enacted, the new law will no doubt lead to new discoveries and attract new researchers and biotech firms. Indeed, the 2007 creation of induced pluripotent stem cells (iPS) at the UW-Madison and the University of Kyoto was made possible in part because of the desire to find ethical alternatives to human embryonic stem cells. Today the iPS industry is worth millions of dollars.

Finally, as a group of Wisconsin researchers point out, the use of abortion-derived fetal tissues and human embryonic stem cells in many Wisconsin laboratories is driving away students who wish to pursue ethical research.

What is gained if some of our best researchers leave Wisconsin and continue this research in other states or countries?
Just because unethical research may continue elsewhere does not justify doing it here. We don't condone medical experimentation on prisoners just because other countries are doing it.

Today, Wisconsin has an extraordinary opportunity to lead the nation by championing research that is ethical, innovative, and effective. Such a commitment to heal without harm would truly uphold our state's proud tradition of social justice and respect for human life.

ASPRO THE ACADEMIC STAFF PROFESSIONALS REPRESENTATION ORGANIZATION
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MEMORANDUM

DATE: September 22, 2015

TO: Members of the Senate Committee on Health and Human Services
Senator Leah Vukmir, Chair

FROM: ASPRO Board of Directors

RE: Oppose Senate Bill 260

The Academic Staff Professionals Representation Organization (ASPRO) is a UW system-wide, non-profit, professional organization representing the UW System academic staff and their interests. Academic staff are the professionals at the UW campuses who work collaboratively with their tenure-track faculty. Academic staff teach, conduct research, and manage and coordinate academic departments and all student services.

ASPRO opposes Senate Bill 260, which would limit the use of fetal tissues and cell lines in medical research. This legislation as introduced would slow or halt the life-saving medical research conducted at UW-Madison and other UW System campuses.

Academic staff and faculty researchers at UW institutions adhere to the highest ethical standards and federal regulations in regard to research involving fetal tissue. This research has led to treatments and cures for deadly and debilitating diseases and illnesses that have saved countless lives.

ASPRO urges the Committee to oppose Senate Bill 260. We encourage the Committee to amend SB 260 by removing language that prohibits the use of fetal tissue in research and criminalizes research which utilizes fetal tissue.

Thank you for your consideration.

Testimony / Senate Bill 260: Prohibiting the Sale and Use of Aborted Fetal Body Parts
Senate Committee on Health and Human Services
By Dan Miller, State Director, Pro-Life Wisconsin

September 22, 2015

Good morning Chairwoman Vukmir and committee members. My name is Dan Miller and I serve as State Director of Pro-Life Wisconsin. Thank you for this opportunity to express Pro-Life Wisconsin's support for Senate Bill (SB) 260, 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 German government. In the 1945 Nuremburg Trials – one of the 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 German 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

(over)

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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!

BIOforward
wisconsin's independent voice for bioscience

MEMORANDUM

TO: Members of the Senate Committee on Health and Human Services

FROM: Lisa Johnson, CEO, BioForward, Inc.

DATE: September 22, 2015

RE: **BioForward's Opposition to 2015 SB 260 (LRB 3119/1)**

On behalf of BioForward, I urge you to oppose 2015 Senate Bill 260 (LRB 3119/1), 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 <u>the link</u> 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.

- 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. The largest contributors to our sector are medical device companies.
- Annually, bioscience companies pay $6.5 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
wisconsin's independent voice for bioscience

BioForward opposes this legislation as it is currently drafted. SB 260 prohibits a person from knowingly and for valuable consideration acquiring, providing, receiving or using a fetal body part in this state.

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), after January 1, 2015." 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.

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 and fetal tissues for research under all circumstances if those cells originally came from an aborted fetus after January 1, 2015.** That means that in Wisconsin, we are closing the door any use for research of these cells, cell lines and tissues. New cells could no longer be used for the development of vaccines, therapies and other medical innovations. That would be a felony.

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.

Support the continuance of life-saving research in Wisconsin.

OPPOSE SB 260

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

ASPRO THE ACADEMIC STAFF PROFESSIONALS REPRESENTATION ORGANIZATION
10 E. Doty St. • Suite 519 • Madison, WI 53703 • Phone: (608) 286-9599 • www.aspro.net

MEMORANDUM

DATE: September 22, 2015

TO: Members of the Senate Committee on Health and Human Services
Senator Leah Vukmir, Chair

FROM: ASPRO Board of Directors

RE: Oppose Senate Bill 260

The Academic Staff Professionals Representation Organization (ASPRO) is a UW system-wide, non-profit, professional organization representing the UW System academic staff and their interests. Academic staff are the professionals at the UW campuses who work collaboratively with their tenure-track faculty. Academic staff teach, conduct research, and manage and coordinate academic departments and all student services.

ASPRO opposes Senate Bill 260, which would limit the use of fetal tissues and cell lines in medical research. This legislation as introduced would slow or halt the life-saving medical research conducted at UW-Madison and other UW System campuses.

Academic staff and faculty researchers at UW institutions adhere to the highest ethical standards and federal regulations in regard to research involving fetal tissue. This research has led to treatments and cures for deadly and debilitating diseases and illnesses that have saved countless lives.

ASPRO urges the Committee to oppose Senate Bill 260. We encourage the Committee to amend SB 260 by removing language that prohibits the use of fetal tissue in research and criminalizes research which utilizes fetal tissue.

Thank you for your consideration.

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 Senate Committee on Health and Human Services
22 September 2015

To the Distinguished Chair and Honored Members of the Committees.

Thank you for the opportunity to offer written testimony IN SUPPORT of SB 260, 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 SB 260 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 modern, 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/history-of-fetal-tissue-research-and-transplants/

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 trial[11] (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."

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[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 feto-umani nel cancro e nel diabete, *Tumoi* 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,

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[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] Indeed, studies using "humanized mice", where the immune system is reconstituted with human cells for studies of viral (including HIV) and other infections, immune rejection, and basic immunity, need not use fetal tissue but rather have shown success using human umbilical cord blood stem cells[30] as well as adult peripheral blood stem cell and immune cells, or mice genetically engineered to express human immune system genes.[31]

The proposed legislation also excludes older cell lines and tissues (e.g., WI-38, MRC-5, HEK293), commonly used in some laboratories for production of viral vectors for genetic transfers, or for a few virus production schemes (though newer, better cell lines are now used in modern virus production, as discussed above.) The focus of this legislation is prohibition of use of fresh harvested fetal tissue; this is

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[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

[30] See, *e.g.*, McDermott SP et al., Comparison of human cord blood engraftment between immunocompromised mouse strains, *Blood* 116, 193, 2010

[31] Shultz LD et al., Humanized mice in translational biomedical research, *Nature Reviews Immunology* 7, 118, 2007

in keeping with the principle of removing ethical complicity for an ethically questionable act, in this case the continued trafficking of fresh aborted human tissue.

Use of fresh harvested human fetal tissue is an antiquated and dying scientific practice. The NIH allocated only $76 million for this area in FY2014, out of a total NIH budget of over $30 billion. Only one Wisconsin project using fresh human fetal tissue is funded, at $257,579 for the fiscal year.[32]

In summary, continued use of fetal tissue presents no advantage to medical research, and raises grave ethical concerns. I urge you to pass SB 260, and I thank you for the opportunity to present evidence to the committee.

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[32] NIH Fetal Tissue Research funding, accessed 19 Sept 2015 at:
http://report.nih.gov/categorical_spending_project_listing.aspx?FY=2014&ARRA=N&DCat=Human+Fetal+Tissue

Heather Weininger, Executive Director, Wisconsin Right to Life

Senate Committee on Health and Human Services

SB 260, *relating to: sale and use of fetal body parts and providing a criminal penalty*

Tuesday, Sept. 22nd, 2015

Distinguished members of the Senate Health and Human Services Committee, thank you for allowing me to testify in favor of AB 260 today. My name is Heather Weininger, and I am the Executive Director of Wisconsin Right to Life.

As more and more videos are released by the Center for Medical Progress, the prohibition of the sale of aborted baby parts is a critical issue for Wisconsin, and for the nation. Now is the time to end the victimization of the unborn for profit, especially when they are dismembered in the womb for the harvesting of their organs.

Legislation to prohibit the sale or use of body parts of aborted unborn babies for research has once again raised the typical arguments from some researchers that claim that any limit to what they do with baby body parts will make them leave the state, and create a "black hole" in the Wisconsin economy. Each time this legislation has been introduced, these individuals in the research community of Wisconsin have led this chant, drowning out the voices of the many researchers who work with ethical alternatives to aborted baby body parts.

Is this purported catastrophe claimed by particular researchers even real? SB 260 only limits research using the body parts of unborn children who were aborted. It does not prohibit use of tissue donated from miscarried or stillborn babies who die a natural death. Additionally, there are many ethical alternatives to fetal tissue found in amniotic fluid, umbilical cord blood, and placental tissue that researchers are successfully using. Decades ago, it was believed that only "young" tissues would exhibit long-term growth lines helpful to research, yet now adult tissues are found to be far more effective than ever initially believed. So there are alternatives – and very good ones.

This "sky is falling" attitude from certain researchers is grossly overstated. If only eight researchers out of hundreds are using fetal tissue from aborted babies, does prohibiting the sale or use of fetal body parts truly and substantially halt research? Especially when ethical, and effective, alternatives are available?

It is already terribly unfortunate that every day, all around the nation, an unborn child can be aborted for almost any reason. Vulnerable women already receive implicit and explicit pressures from boyfriends, spouses, family, and friends to abort when facing a crisis pregnancy. And now, the fetal tissue research industry has added their profit margin to the mix, adding more pressure on a vulnerable woman faced with an unexpected pregnancy to abort. Does the fetal tissue research industry's potential to profit help incentivize the dismemberment of unborn children for their organs? Is a woman getting an abortion properly informed about what will happen to her child if she chooses to donate his or her organs "for science"?

History has shown us that when we dehumanize a member of the human family, any abuse is possible. Today, the unborn child is the least protected member of the human family, and is treated as a mere product by the fetal tissue research industry. We should allow researchers the freedom to explore all avenues to improve the human condition - so long that it is not at the expense of another member of the human family.

Thank you for your time,

Heather Weininger

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 Senate Committee on Health and Human Services
22 September 2015

To the Distinguished Chair and Honored Members of the Committees.

Thank you for the opportunity to offer written testimony IN SUPPORT of SB 260, 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 SB 260 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 modern, ethically-derived alternatives exist and are coming to dominate the field.

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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.

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In 2001, the first report of a full clinical trial[11] (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."

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[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 feto-umani nel cancro e nel diabete, *Tumoi* 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,

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[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] Indeed, studies using "humanized mice", where the immune system is reconstituted with human cells for studies of viral (including HIV) and other infections, immune rejection, and basic immunity, need not use fetal tissue but rather have shown success using human umbilical cord blood stem cells[30] as well as adult peripheral blood stem cell and immune cells, or mice genetically engineered to express human immune system genes.[31]

The proposed legislation also excludes older cell lines and tissues (e.g., WI-38, MRC-5, HEK293), commonly used in some laboratories for production of viral vectors for genetic transfers, or for a few virus production schemes (though newer, better cell lines are now used in modern virus production, as discussed above.) The focus of this legislation is prohibition of use of fresh harvested fetal tissue; this is

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[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

[30] See, *e.g.,* McDermott SP et al., Comparison of human cord blood engraftment between immunocompromised mouse strains, *Blood* 116, 193, 2010

[31] Shultz LD et al., Humanized mice in translational biomedical research, *Nature Reviews Immunology* 7, 118, 2007

in keeping with the principle of removing ethical complicity for an ethically questionable act, in this case the continued trafficking of fresh aborted human tissue.

Use of fresh harvested human fetal tissue is an antiquated and dying scientific practice. The NIH allocated only $76 million for this area in FY2014, out of a total NIH budget of over $30 billion. Only one Wisconsin project using fresh human fetal tissue is funded, at $257,579 for the fiscal year.[32]

In summary, continued use of fetal tissue presents no advantage to medical research, and raises grave ethical concerns. I urge you to pass SB 260, and I thank you for the opportunity to present evidence to the committee.

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[32] NIH Fetal Tissue Research funding, accessed 19 Sept 2015 at:
http://report.nih.gov/categorical_spending_project_listing.aspx?FY=2014&ARRA=N&DCat=Human+Fetal+Tissue

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

Senate Committee on Health and Human Services

SB 260, *relating to: sale and use of fetal body parts and providing a criminal penalty*

Tuesday, Sept. 22nd, 2015

Distinguished members of the Senate Health and Human Services Committee, thank you for allowing me to testify in favor of AB 260 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 barters off their organs.

This is why SB 260 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,

Chelsea Shields

AB305/SB 260 Support

We, the members of the Milwaukee Guild of the Catholic Medical Association, support AB 305/SB 260 which would ban the sale and use of aborted human fetal body parts.

Those who oppose this bill say that this will limit future research and is therefore against science. There are those who support this bill who say that this will not limit. Nevertheless, we place limitations on scientific research on humans beings on a regular basis. When a patient declines to be part of a research project, we lose potential information that could save lives. Yet, no one advocates ending informed consent.

They say that the mother has given consent. But can we say she is really looking out for the best interest of that human life she has chosen to end? Especially since, on the one hand, this is just a "blob of tissue". Yet this "blob" has a heart, liver, brain, etc that we just have to have for research.

They say that this research has the potential to save lives. But even there, we limit that potential. For example, think of the number of lives we could save if we just took one of you senators and drained out all your blood. At 5-6 pints/person and 3 people saved per pint, that comes to 15-18 lives saved. Then if we take your kidneys, liver, heart, etc, that would mean more lives would be saved. Some people would even save, no matter who got picked, that by doing so, you would probably do more good to more people than you have since you were elected.

Lastly, there is the argument that these human beings are just going into the trash or tossed into ovens to be incinerated. We might as well get some use out of them. Which is what the Chinese said when they took the organs from their prisoners facing the death penalty.

The fact is that these are human beings. Yes, the Supreme Court has declared that before we are born, we are non-persons, just as the government has declared in the past that slaves were "three-fifths" of a person, that laws declared that women were not persons in their own right. But those of us who defend human beings who are not yet born, declare that all human beings, from our genetic beginning at fertilization to natural death, have an inherent value. We will not sit idly by while the powerful determine which humans are commodities who can be bought, sold or torn apart.

Cynthia Jones-Nosacek, MD

President Milwaukee Guild of the Catholic Medical Association

WISCONSIN CATHOLIC MEDICAL GUILDS

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

September 22, 2015

To: Members, Senate Committee on Health and Human Services

FROM: Robin Goldsmith, MD, President, Wisconsin Catholic Medical Guilds

RE: Senate Bill 260 / Ban on the Sale and Use of Aborted Human Fetal Body Parts

The Wisconsin Catholic Medical Guilds (WCMG) strongly support Senate Bill (SB) 260 which would ban the sale and use of aborted human fetal body parts within the State of Wisconsin.

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. Further, those same guardians may well be enticed to proceed with an abortion due to solicitations for use of their aborted baby for research, possibly for financial gain.

Research and medical practice should not be countenanced just because it is possible. Participating with evil 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 and those who will consume its fruits at varying levels of cooperation with evil and will challenge their consciences accordingly.

Thank you for your attention to this critical legislation.

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

September 22, 2015

The Honorable Members of the Senate
Committee on Health and Human Services
Wisconsin State Capital
2 East Main St.
Madison, Wisconsin

RE: Senate Bill 260

Dear Members of the Committee:

The opinions expressed here are our own and may not represent those of the Medical College of Wisconsin.

As scientists and researchers, we stand together in strong support Assembly Bill 305 and Senate Bill 260 in the Wisconsin legislature that would restrict the use of abortion-derived fetal tissue for research. We do not agree that research using human fetal or embryonic tissue from abortions or procedures such as IVF is ethical or a requisite approach for advancing scientific inquiry or preventing suffering.

The argument that fetal-derived tissues must be used in research to develop medical treatments is false. Many therapies have been developed using cell lines not of fetal origin, including insulin for diabetes (produced in bacteria), Herceptin for breast cancer and tissue plasminogen activator for heart attack, stroke, and pulmonary embolism (both developed in Chinese hamster ovary cells). Other successes include five new FDA-approved drugs (as of 2011) developed using the (chemical) glutamine synthetase system and more than 70 successful treatments developed using adult stem cell sources. Even though the often-cited polio vaccine was developed using fetal tissue cells, the developers of the vaccine later testified that initial studies were also successful using cells that were not of fetal origin. Therefore, it is misleading to suggest that important medical advances would not have been possible without using cells of fetal origin.

Our colleagues that oppose the bill claim, "...in some instances, fetal tissues unequivocally provide the best option". They provide examples for the use of fetal tissues in research of immune response to pathogens, Type 1 diabetes, and spinal cord injury. We respect our colleagues and do not question their dedication to science and humankind. Nor are we advocating for their criminalization. However, each one of their examples involves the *hope* that fetal tissues will provide life-saving treatments. Their argument substantiates our stance that no current treatments or therapies exist that necessitates the use of fetal tissues in research. Therefore, an effort should be made to move away from the use of these fetal tissues.

There exist several viable alternative tissue sources from which to develop new cell lines and model systems for research, which would circumvent their harvest from abortion-derived tissues. Examples include (1) discarded tissue from surgical procedures and biopsies of living individuals, (2) miscarriages and autopsy tissue, (3) human umbilical vein and cord blood, peripheral blood samples, or induced pluripotent stem (iPS) cells derived from adult cells. Indeed human cadavers represent a unique and potential valuable source of stem cells, including those from bone marrow, brain, eyes, and heart that can be isolated post mortem up to several weeks after death. In another example, and I quote from Rosner et al in Stem Cells Translational Medicine 2014 "human amniotic fluid stem cells represent a natural occurring stem cell entity that can be grown under standard cell culture conditions without the ethical concerns or legal restrictions of human embryonic stem cells" (end of quote). In comparing human amniotic fluid stem cells to human embryonic stem cells, they meet every requirement of a stem cell without the risk for triggering tumor growth or acquiring other aberrations during culturing. So in fact, human amniotic fluid appears to be a better source than fetal tissues for research.

There are other disadvantages to using fetal tissues. The inadequate records kept on the origin of many fetal-derived cell lines are highly problematic. For example, since the parents (of the aborted fetus) are essentially unknown (genetically and otherwise), there is much about these cell lines, even the most common, that can never be known. These "unknowns" can be highly problematic for scientific research and the conclusions derived or for the vaccines developed. This lack of transparency has even led many researchers to use them unknowingly. This revelation is devastating for scientists who have ethical objections to these practices and amounts to moral coercion. *As scientists who believe in the sanctity of human life, we want careful documentation of the origin of all cell lines, with full disclosure, so we can avoid using abortion-derived materials. We also advocate for a serious and concerted effort to implement ethical alternatives.*

To the claim that restricting the use of abortion-derived fetal tissue will cause research to come to a halt and an exodus of research talent from the state, we answer that we have experienced the opposite. Students and researchers have left science altogether after failing to find research laboratories that did not use abortion-derived or human embryonic

tissues. Thus, the continued pursuit of these unethical avenues of research may cause us to lose brilliant minds, research grants, and possibly the talent needed to discover cures to deadly diseases.

Finally, repeated assurances that 'proper *ethical* guidelines are in place' to avoid the connection between abortion and subsequent research are entirely inadequate. By purchasing these 'products,' scientists are creating a market that drives the abortion–biotechnology industry complex. Moreover, the timing of fetal tissue collection, as well as the procedures used to terminate the pregnancy, *are* critical to obtaining research-quality tissue. So, effectively, no separation exists between the use of fetal tissue by the researcher and the act of abortion. This also raises important concerns about whether the health of the mother is appropriately prioritized.

Ultimately, what matters most is that we cannot support the exploitation of one group of human beings (the preborn) for the benefit of another group. We became scientists and physicians to serve humanity and to study the natural world in order to improve the human condition. Compromising these ethical standards undermines our work and taints future discoveries. Nothing can diminish the fact that using human embryos or fetuses as objects or means of experimentation constitutes an assault against their dignity as human beings, who have a right to the same respect owed to every person, regardless of developmental stage. We firmly believe that life begins at the moment of conception and that we are created by a sovereign God. We cannot turn our back on the unborn for the sake of science—they need to have a voice.

Jacklin Lee

Katie M Schraufnagel

Maria B. Feeney

Bryan D. Johnson

September 22, 2015

The Honorable Members of the Senate
Committee on Health and Human Services
Wisconsin State Capital
2 East Main St.
Madison, Wisconsin

RE: Senate Bill 260

Dear Members of the Committee:

I would like to bring up another perspective on this discussion. Much of the debate has focused on whether or not access to fetal tissue is necessary for scientific exploration and the discovery of life saving cures. As mentioned there are many examples of medicines developed that did not require fetal tissue. Yet scientists can go back and forth on this endlessly claiming one type of tissue is better than the other.

However, what if some day a cure for a common disease such as Parkinson's or Alzheimers is found and it is determined that use of fetal tissue is the *only* avenue for the cure. Are we ready for what follows? Are we ready for the millions upon millions of fetus's that may be needed to cure our aging population? Basically are we ready for a world of cannibalism?

Though this may seem far-fetched let us learn from our history. As you are probably well aware, in 1988 there was a federal commission convened to address this very issue - of whether it should be permitted to use fetal tissue derived from abortions in research. The pane of 21 experts concluded that with proper ethical guidelines in place it was possible to completely isolate the researcher from the abortion, that use of this tissue for research would in no way interfere with or dictate any aspect of the abortion procedure. Of significance, this conclusion was refuted by two on the committee who wrote a 36 page dissenting opinion. Some years ago while researching this issue I was able to obtain the dissenting opinion form the attorney, Mr James Bopp, who was an author. He clearly outlined that a separation between the abortion and research was *not possible* and gave many very gruesome examples of what had and could continue to happen if this practice were allowed. Those who read the opinion thought the examples given were extreme - to far fetched, that such things could never happen...Yet, everything stated in that dissenting opinion, written 27 years ago, has taken place as graphically depicted in the recently released Planned Parenthood videos.

Therefore we need to question the impact that a cure solely produced with fetal tissue would have on our society. Imagine the number of fetuses needed to cure just one disease like Alzheimers that today affects 55 million people worldwide. Are we ready for that? Do we really want such a world were the most vulnerable, with no voice are subject to the whims and desires of others? We really need to more carefully consider what we are doing now and how it will affect future generations. Nothing, not even science should be allowed to do all it can because it can at whatever costs. No other segment of society has such freedom. For the good of society neither should science.

Sincerely,

Kathleen M. Schmainda, PhD

Madam Chair and members of the Senate Committee on Health and Human Services, my name is Mary Jo Gordon. I am a resident of Seymour, Wisconsin.

I am testifying in opposition to Wisconsin Senate Bill 260 as a sister, an aunt, a daughter, a cousin, a patient, and a patient advocate.

My family and I have an inherited heart rhythm disorder called Long QT Syndrome. This disorder can disrupt normal function of heart cells and cause sudden cardiac arrest primarily in children, teens, and young adults.

In 1979, my youngest sister suffered sudden cardiac arrest. Her heart stopped beating due to Long QT. As a result, she was left profoundly brain damaged. She was only 17 years old.

Two-years later, another sister suffered cardiac arrest and my parents had to perform CPR on her.

In 1993, my 11-year-old nephew suffered two cardiac arrests, and his dad performed CPR to revive him.

Imagine the horror of having to perform CPR on you own child.

In 2007, even though I was on what was considered optimal medical treatment, I, too, suffered cardiac arrest, was resuscitated, and now have a very costly and complicated defibrillator/pacemaker implanted in my chest. This device will hopefully restart my heart should I have another cardiac arrest.

So how has fetal tissue research already helped my family and others with Long QT?

I submit this document from a website called Credible Meds listing nearly 200 common drugs that are extremely dangerous if taken by people with inherited Long QT.

Though it is not well known, many drugs available in the United States can also CAUSE QT prolongation in otherwise healthy people.

- Would it be fair to say that most everyone in this room has at one time taken an antibiotic?
- How about using an antihistamine for a cold?
- Or an inhaler for asthma?
- Now IMAGINE that any of these common medications could put you risk for sudden death.

A few decades ago the medical community began learning this when people started dying from drugs already on the market.

Today our Food and Drug Administration requires safety testing before allowing ANY new drug on the market in the United States.

The Credible Meds list and pre-market approval research is quite literally a lifesaver. However, we would not have this list without biomedical research using fetal tissue samples.

In the 35 years since my sister's cardiac arrest, I have heard the tragic stories of hundreds of patients and families affected by Long QT Syndrome.

- There was the mom who gave her 5-year-old son an antibiotic for his ear infection, and while playing hide and seek, she surprised him and he dropped dead in front of her eyes;
- There was the 33-year-old mother who died on the operating room table, leaving 4 young children, including a 7 month old, because she was given one of the most common anesthesia drug propofol, which is now on the list.

Patients with Long QT Syndrome need drug safety testing to know what medications are safe and what can potentially kill us.

We also need HOPE for more effective therapies.

I am very grateful for my implanted defibrillator. However, why should I have to wait for my heart to stop beating again, and hope that my device will restart it?

What about the 3-month-old baby boy with Long QT Syndrome who wouldn't be alive without his implanted defibrillator? Shouldn't we be trying to save HIS life with a cure for Long QT Syndrome?

Pioneering work is being done here in Wisconsin to discover better treatments and possibly even cures for our genetic disorders.

By banning the use of fetal tissue research, you are:

- Putting our health and safety at risk,
- Taking away our hope for more effective therapies,
- And halting the possibility of a cure to a disorder that puts my nieces and nephews, and their children at risk for sudden death.

- On behalf of my family and the thousands of patients and families with Long QT Syndrome, I beg you not to ban our chance for life.

Thank you for your time and consideration.

DRUGS TO BE AVOIDED BY CONGENITAL LONG QT PATIENTS

CREDIBLEMEDS®

Crediblemeds.org is your trusted partner providing reliable information on medicines. If at all possible, medications on this list should be avoided for use in patients with diagnosed or suspected Congenital Long QT Syndrome.

Generic Name	Brand Name
Albuterol (salbutamol)	Proventil® and others
Alfuzosin	Uroxatral®
Amantadine	Symmetrel® and others
Amiodarone	Cordarone® and others
Amisulpride	Solian® and others
Amitriptyline	Elavil® (Discontinued 6/13) and others
Amphetamine	Adderal-XR® and others
Anagrelide	Agrylin® and others
Apomorphine	Apokyn® and others
Arformoterol	Brovana®
Aripiprazole	Abilify® and others
Arsenic trioxide	Trisenox®
Artenimol+piperaquine	Eurartesim®
Astemizole	Hismanal®
Atazanavir	Reyataz®
Atomoxetine	Strattera®
Azithromycin	Zithromax® and others
Bedaquiline	Sirturo®
Bepridil	Vascor®
Bortezomib	Velcade® and others
Bosutinib	Bosulif®
Ceritinib	Zykadia®
Chloral hydrate	Aquachloral® and others
Chloroquine	Aralen®
Chlorpromazine	Thorazine® and others
Cilostazol	Pletal®
Ciprofloxacin	Cipro® and others
Cisapride	Propulsid®
Citalopram	Celexa® and others
Clarithromycin	Biaxin® and others

Generic Name	Brand Name
Clomipramine	Anafranil®
Clozapine	Clozaril® and others
Cocaine	Cocaine
Crizotinib	Xalkori®
Dabrafenib	Tafinlar®
Dasatinib	Sprycel®
Degarelix	Firmagon®
Desipramine	Pertofrane® and others
Dexmedetomidine	Precedex® and others
Dexmethylphenidate	Focalin® and others
Dextroamphetamine (d-Amphetamine)	Dexedrine® and others
Diphenhydramine	Benadryl® and others
Disopyramide	Norpace®
Dobutamine	Dobutrex®
Dofetilide	Tikosyn®
Dolasetron	Anzemet®
Domperidone	Motilium® and others
Donepezil	Aricept®
Dopamine	Intropine®
Doxepin	Sinequan® and others
Dronedarone	Multaq®
Droperidol	Inapsine® and others
Ephedrine	Rynatuss® and others
Epinephrine (Adrenaline)	Primatene® and others
Eribulin mesylate	Halaven®
Erythromycin	E.E.S.® and others
Escitalopram	Cipralex® and others
Famotidine	Pepcid® and others
Felbamate	Felbatol®
Fenfluramine	Pondimin® and others

Generic Name	Brand Name
Fingolimod	Gilenya®
Flecainide	Tambocor® and others
Fluconazole	Diflucan® and others
Fluoxetine	Prozac® and others
Formoterol	Foradil® and others
Foscarnet	Foscavir®
Furosemide (Frusemide)	Lasix® and others
Galantamine	Reminyl® and others
Gatifloxacin	Tequin®
Gemifloxacin	Factive®
Granisetron	Kytril® and others
Grepafloxacin	Raxar®
Halofantrine	Halfan®
Haloperidol	Haldol® (US & UK) and others
Hydrochlorothiazide	Apo-Hydro® and others
Hydroxychloroquine	Plaquenil® and others
Hydroxyzine	Atarax® and others
Ibutilide	Corvert®
Iloperidone	Fanapt® and others
Imipramine (melipramine)	Tofranil®
Indapamide	Lozol® and others
Isoproterenol	Medihaler-Iso® and others
Isradipine	Dynacirc®
Itraconazole	Sporanox® and others
Ivabradine	Procoralan® and others
Ketoconazole	Nizoral® and others
Lapatinib	Tykerb® and others
Leuprolide (Leuprorelin)	Lupron® and others
Levalbuterol (levsalbutamol)	Xopenex® and others
Levofloxacin	Levaquin® and others

If list is printed, check website for updates: www.crediblemeds.org •Please see Disclaimer and list continued

Generic Name	Brand Name
Levomethadyl	Orlaam®
Mesoridazine	Serentil®
Methamphetamine (methamfetamine)	Desoxyn® and others
Metronidazole	Flagyl® and many others
Mirabegron	Myrbetriq®
Moxifloxacin	Avelox® and others
Nilotinib	Tasigna®
Nortriptyline	Pamelor® and others
Ondansetron	Zofran® and others
Panobinostat	Farydak®
Pasireotide	Signifor®
Perflutren lipid microspheres	Definity®
Phenylpropanolamine	Acutrim® and others
Posaconazole	Noxafil® and others
Promethazine	Phenergan®
Quetiapine	Seroquel®
Ranolazine	Ranexa® and others
Ritodrine	Yutopar®
Salmeterol	Serevent® and others
Sertraline	Zoloft® and others
Solifenacin	VESIcare®
Sparfloxacin	Zagam®
Tacrolimus	Prograf® and others
Telavancin	Vibativ®
Terfenadine	Seldane®
Tizanidine	Zanaflex® and others
Torsemide (Torasemide)	Demadex® and others
Trimipramine	Surmontil® and others
Vardenafil	Levitra®
Voriconazole	VFend®

Generic Name	Brand Name
Lisdexamfetamine	Vyvanse®
Metaproterenol	Metaprel® and others
Methylphenidate	Ritalin® and others
Midodrine	ProAmatine® and others
Mirtazapine	Remeron
Nelfinavir	Viracept®
Norepinephrine (noradrenaline)	Levophed®
Ofloxacin	Floxin®
Oxytocin	Pitocin® and others
Pantoprazole	Protonix® and others
Pazopanib	Votrient®
Phentermine	Adipex P® and others
Pimozide	Orap®
Probucol	Lorelco®
Propofol	Diprivan® and others
Quinidine	Quinaglute® and others
Rilpivirine	Edurant® and others
Ritonavir	Norvir®
Saquinavir	Invirase®(combo)
Sevoflurane	Ulane® and others
Sorafenib	Nexavar®
Sulpiride	Dogmatil® and others
Tamoxifen	Nolvadex®(discontinued 6/13) and others
Telithromycin	Ketek®
Tetrabenazine	Nitoman® and others
Tolterodine	Detrol® and others
Trazodone	Desyrel® (discontinued 6/13) and others
Tropisetron	Navoban® and others
Vemurafenib	Zelboraf®
Vorinostat	Zolinza®

Generic Name	Brand Name
Lithium	Eskalith® and others
Methadone	Dolophine® and others
Metoclopramide	Reglan® and others
Mifepristone	Korlym® and others
Moexipril/HCTZ	Uniretic® and others
Nicardipine	Cardene®
Norfloxacin	Noroxin® and others
Olanzapine	Zyprexa® and others
Paliperidone	Invega® and others
Paroxetine	Paxil® and others
Pentamidine	Pentam®
Phenylephrine	Neosynephrine®
Pipamperone	Dipiperon (E.U) and others
Procainamide	Pronestyl® and others
Pseudoephedrine	PediaCare® and others
Quinine sulfate	Qualaquin®
Risperidone	Risperdal®
Roxithromycin	Rulide® and others
Sertindole	Serdolect® and others
Sibutramine	Meridia®
Sotalol	Betapace® and others
Sunitinib	Sutent®
Telaprevir	Incivek® and others
Terbutaline	Brethine® and others
Thioridazine	Mellaril® and others
Toremifene	Fareston®
Trimethoprim-Sulfamethoxazole	Septra® and others
Vandetanib	Caprelsa®
Venlafaxine	Effexor® and others
Ziprasidone	Geodon® and others

Note: Medicines on this list are reviewed on an ongoing basis to assure that the available evidence supports their continued placement on this list. The list changes regularly and we recommend checking the website at crediblemeds.org for the most up-to-date information. There may be many additional brand names that are not listed on this form.

Generated: September 20, 2015. List last revised: September 15, 2015

September 22, 2015

To Whom It May Concern:

I am submitting this written testimony from my perspective as 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. A shot that 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.

Thank you for your time,

Jason Miller

Green Bay, WI

Testimony / Senate Bill 260: Prohibiting the Sale and Use of Aborted Fetal Body Parts
Senate Committee on Health and Human Services
By Matt Sande, Director of Legislation, Pro-Life Wisconsin

September 22, 2015

Good morning Chairwoman Vukmir 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 Senate Bill (SB) 260, legislation that would prohibit the sale and use of aborted human fetal body parts.

The last two months have seen Americans react 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 Representative Jacque and Senator Stroebel for their timely reintroduction of this critical legislation and urge a concerted effort by the full legislature to finally pass it.

Senate Bill 260 bans persons from knowingly acquiring, providing, receiving, or using a fetal body part, regardless of whether the acquisition, provision, receipt, or use is for valuable consideration. 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 after January 1, 2015. The legislation provides an exception for diagnostic tests and procedures the sole purpose of which is to determine the life or health of the unborn child in order to provide that information to the mother or preserve the life or health of the child, unborn child, or the child's mother. The bill requires the abortionist to arrange for the final disposition of fetal body parts resulting from an induced abortion. Final disposition is defined to mean burial, interment, entombment, cremation, or incineration. Any person who violates the provisions of SB 260 is guilty of a Class H felony and a fine of up to $50,000.

Wisconsin's abortion industry has engaged in the provision of fetal body parts to medical researchers for some time. 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." 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

(over)

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of intrauterine pregnancies" to study neurological disorders. The study acknowledged former Madison abortionist Dr. Dennis Christenson for his "assistance in this project."

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. A 2014 UW-Madison fetal heart development study, authored by J.I. Iruretagoyena in the Division of Maternal Fetal Medicine, used fourteen fetal hearts from human fetuses between 10 and 18 weeks gestational age. Another 2014 UW-Madison study on fetal brain development by the same author used ten fetal brains between 10 and 18 weeks gestational age. The latter study "gratefully acknowledged" four UW faculty members "for their support with tissue collection and processing." Two of the four faculty members were Planned Parenthood of Madison abortionists at the time.

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.

The pro-life community IS pro-medical research. We want to see medical research progress toward the treatment of debilitating diseases, and we can move forward ethically so long as we do not kill and degrade human life in order to potentially save it. 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. While the UW readily admits to the success of adult type stem cells, and while they acknowledge that stillborn and miscarried babies are a fetal tissue source, they simply reject ANY ethical parameters placed on their research. They just have a fundamentally different notion of human dignity than that of the pro-life movement.

<u>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</u>.

Again, Pro-Life Wisconsin thanks Representative Jacque and Senator Stroebel for introducing Senate Bill 260 and defending the human dignity of our aborted brothers and sisters. We urge committee members to recommend this bill to the full Senate for prompt debate and passage.

Thank you for your consideration.

WISCONSIN FAMILY ACTION
Marriage|Family|Life|Liberty

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Testimony in favor of Senate Bill 260
Senate Committee on Health and Human Services
Public Hearing, September 22, 2015
Julaine Appling
President of Wisconsin Family Action

Chairwoman Vukmir 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 SB 260, the Aborted Fetal Body Parts bill. It is almost impossible for me to overstate how much our organization is in favor of this bill. And we believe that the Assembly Substitute Amendment appropriately strengthens the 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? I cannot understand this thinking. While under the Assembly Substitute Amendment to this bill, it is quite clear that Professor Kiessling would be able to continue to use the cell line derived from aborted fetal tissue; her attitude toward the use of aborted fetal tissue cell lines highlights the need for this bill.

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 death[3]—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 and uphold the ethical, dignified, humanitarian procurement and transfer of donated organs and tissues from preborn babies.

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[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

PROFS

Representing UW-Madison Faculty.
Strengthening Wisconsin.

Testimony to the Senate Committee on Health and Human Services

Senate Bill 260 Would Have Devastating Impact on Potentially Life-Saving Biomedical Research

September 22, 2015

Senate Bill 260 would have a devastating impact on biomedical research in Wisconsin, telling patients and their families that their hopes for cures of serious illnesses are not important to the state. This proposed legislation has already sent a chilling message to biomedical scientists here at the UW and elsewhere around the state by putting their research programs in serious danger and encouraging them to move their laboratories elsewhere.

The losers will only be the people of Wisconsin, in terms of the hollowing out of our world-renowned reputation in this area of science and slowing down progress toward the discovery of new cures for a number of our most serious diseases. Instead of putting roadblocks in the way of research like this, we would think the Legislature would want to do everything it could to encourage it.

The UW-Madison faculty encourage legislators to consider just how devastating this legislation would be. It would freeze research and the prospects for future cures to diseases that affect every family in Wisconsin. 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 one way or the other. What this legislation will do is turn Wisconsin into an anti-research island among the states.

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.

Public Representation Organization of the Faculty Senate University of Wisconsin–Madison
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WISCONSIN CATHOLIC CONFERENCE

TESTIMONY ON SENATE BILL 260: SALE OF FETAL BODY PARTS

Presented to the Senate Committee on Health and Human Services
By Barbara Sella, Associate Director
September 22, 2015

The Wisconsin Catholic Conference, the public policy voice of the state's Catholic bishops, strongly supports Senate Bill 260, 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*:

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> [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?"

SB 260 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.

Mary Anne Urlakis, M.A., Ph.D.
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22 September 2015

In RE: Senate Bill 260 – Testimony before Assembly Committee on Criminal Justice and Public Safety

Thank you Chairperson Vukmir, Vice Chairman, Senator Moulton, distinguished Senators and legal counsel for the opportunity to address you today regarding my support for Senate Bill 260. My name is Mary Anne Urlakis, I have been a Bioethicist for over two decades, 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 the 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 it 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 Antiquity, the First Principle of Ethics has been recognized as: "*Primum non Nocre*,"- "at the very least, do no harm." The harvesting, trafficking, sale, and usage of organs and tissue from post-abortive fetuses *does* indeed cause harm.

- Firstly, to those children who are sacrificed for the sum of their parts.
- Secondly, to society itself as the value of life is cheapened and humanity is reduced to the monetary value of our constituent biological components.
- Thridly, to those vulnerable women who are misled into believing that a greater good will unequivocally result from their "donation." At an emotionally charged moment in their lives these women are routinely coerced by grandiose promises of cures and great scientific gains. However, those who agree to have their unborn child dismembered for research are not routinely told that it is as likely as not that the child's organs or tissue will be used in a failed or harmful study, as one which yields a miracle cure. No one informs them of the monumental biomedical failures, like the contaminated supply of Factor VIII in the 1980's that resulted in the inadvertent transmission of HIV/AIDS to tens of thousands of hemophiliacs world-wide who trusted their supply of necessary biomedical product. Truly informed consent would demand that these women are given complete information when contemplating the possibility of "donation." Like we in the hearing, these women are not told that the average time for new drug from bench to production is 15 years, and that the industry itself [via PhRMA the Pharmaceutical industry's own advocacy group) cites a figure of 1.3 billion dollars to bring a single new drug to market. There are a lot of failures – truth be told, there are more failures than successes. If these women are not told that their child's organs and tissue are just as likely to be used in failed or dead-end research, or research that is more aimed at technology transfer for basic household products and industrial agents rather than for "life-saving-cutting-edge 'cures,'" then these women are not being told the whole story. Their consent is not free, but rather coerced; and their right to autonomous decision making is being manipulated by an industry that itself claims to spend $1.3 billion to bring a single drug from bench to bedside.

Those who so ardently fight against reasonable ethical safeguards, like SB260, are quick to state 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 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, as well as the prestige and technology dollars which accompany it, has a tendency to conflict with sound practice and ethical principles.

Likewise there is a significant amount of scientific data in the last few decades which points to the real potential of latent harm. The 1980's experience with Factor VIII, Hemophilia and HIV/AIDS – and the fact that companies continued to sell HIV contaminated products to particularly vulnerable markets for years after the mechanism of infection became known comes to mind. It is estimated that in the US alone, between six and ten thousand hemophiliacs became infected with HIV because of contaminated plasmas products manufactured and sold as safe – meeting the best practice standards- throughout the 1980's and 90's. There is a similar story for rates of Hepatitis C infections and biomedical products. The National Hemophilia Foundation reports that as many as 90% of those patients treated with Factor VIII plasma products prior to 1992 inadvertently developed Hepatitis C. Might our lax standards with regard to the harvesting, selling, and use of fetal tissue from abortion usher in the next such catastrophe? Is this fresh human tissue tested for highly infectious diseases like Ebola, or the newly emerging and elusive prion diseases? We've seen the videos of fresh human fetal tissue being walked of clinics in lunch-box-type coolers. If one of these "donors" were infected with Ebola, can you imagine what the potential for harm would be?

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. Since the inception of the Office of Human Research Protections (OHRP) the legal and ethical standard of informed consent has been a basic component of valid studies involving human subjects. As outlined in the Belmont Report, the threshold for certainty of informed consent needs to be higher in studies that deal with: children, pregnancy, lucrative gain, or undue risk. When we look at the provisions of SB 260, 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, a warped application of utilitarian principles based upon grandiose, fallacious, and unsubstantiated promises of some nebulous "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 SB260 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. Their arguments are based upon hyperbole, slippery-slope arguments, speculation, and unrealistic grandiose promises. On the contrary, SB260 is a well-structured piece of legislation, which strengthens necessary ethical safeguards, and ensures the safety and well-being of all Wisconsin residents.

Thank you for your time and consideration,

Respectfully,

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As leading academic medical centers where medical scientists conduct life-saving research, we have grave concerns about legislative proposals, such as the one being considered by the Wisconsin state legislature, to restrict the use of fetal tissue for research.

From therapies for end-stage breast cancer, diabetes, and Parkinson's disease to a promising vaccine for Ebola, vital medical research depends on continued use of fetal tissue under current laws and regulations. Fetal tissue continues to be an important resource for biomedical research. Fetal tissue is used when scientists need a cellular system that is less differentiated than adult cells. According to the U.S. Department of Health and Human Services, "fetal tissue continues to be a critical resource for important efforts such as research on degenerative eye disease, human development disorders such as Down syndrome, and infectious diseases, among a host of other diseases." Since the 1930's, fetal tissue has been used in a broad range of research that has led to lifesaving discoveries. In the past, human fetal tissue research has been critical in establishing permanent cell lines for use in vaccine research for diseases such as polio, hepatitis A, measles, mumps, rubella, chickenpox, and rabies. These established cell lines are currently being used to develop an Ebola vaccine.

Legislative proposals that halt research from cells already developed from fetal tissue and/or restrict scientists' access to new tissue or cell lines would have serious downstream consequences:

- They would limit new research on vaccines not yet developed, for treatments not yet discovered, for causes of diseases not yet understood.
- Some research questions cannot be answered using previous cell lines that have been immortalized; such proposals would prevent research that requires tissue that has been obtained more recently.
- Such proposals would restrict research only to organs or tissues for which cell lines currently exist, preventing new avenues of research exploring differences between tissue types.
- Such proposals would restrict access to new tissue necessary for the development and validation of novel research tools and technologies – essential to cutting-edge research.
- Organs and tissues are not just composed of a single type of cell, but rather an environment of multiple cell types; proposed restrictions would prevent scientists from studying the behavior of cells as they exist in our bodies.

As a prominent bioethicist has observed, the legal and ethical rules enforced for fetal tissue donation are similar in many respects to the ethics of organ donation. The ability to donate fetal tissue for medical research is not linked to an increase in the number of abortions practiced. Nor can we reasonably expect that the Wisconsin bill will reduce the number of abortions. Rather, it will prevent the use of tissue that would otherwise be destroyed, hindering efforts to better understand, diagnose, and treat diseases.

We understand and share some of the concerns that have been raised in response to recent headlines, and our institutions endorse strong ethical practices that will address these concerns without shutting down vital research. We oppose any efforts to profit from the sale or distribution of human fetal tissue. Additionally, we embrace the best ethical practices that separate the decision to have an abortion from the decision to donate tissue for research.

As physicians and scientists, we work every day to save and improve lives. We urge lawmakers to support our ability to continue this important work by rejecting any proposals that restrict access to fetal tissue for research that has the potential to save countless lives.

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