



WISCONSIN CATHOLIC CONFERENCE

TESTIMONY REGARDING ASSEMBLY BILL 377 AND SENATE BILL 129 Presented to the Assembly Committee on Judiciary and Ethics September 6, 2007

Good morning. My name is Kim Wadas and I am Associate Director for the Wisconsin Catholic Conference testifying for information on AB 377 and SB 129.

Catholic agencies or religious orders sponsor approximately one-third of the hospitals in the state of Wisconsin today. From our perspective, we believe this legislation is not necessary as Catholic health care already provides victims of sexual assault with appropriate and compassionate medical care.

Catholics regard health care as a healing ministry, grounded in our religious and moral values. On a national basis, these ethical and religious values are articulated through the Ethical and Religious Directives for Catholic Health Care Services (ERDs, United States Conference of Catholic Bishops, 2001).

The purpose of the ERDs is twofold: "first, to reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today."

Some perceive that our moral and ethical principles, led by these directives, preclude Catholic health facilities from making contraception available to rape victims. This is not the case.

Regarding appropriate treatment for rape victims, ERD no. 36 provides, first and foremost, that "compassionate and understanding care should be given to a person who is a victim of sexual assault." Within the context of that care,

"...A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum." (ERD #36)

Under this directive, therefore, Catholic hospitals in Wisconsin can and do treat victims with emergency contraception.

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When ministering to victims of sexual assault, Catholic institutions have a duty to ensure that treatment does not take the life of an unborn child. To guard against this, Catholic hospitals routinely test for pregnancy, and sometimes, ovulation. Some people of good will believe Catholic facilities should not be allowed to perform testing. Others of good will think Catholic facilities should never provide emergency contraception. The bishops of Wisconsin, along with bishops throughout the United States, believe that our current approach is a prudent one that allows for humane, compassionate treatment consistent with our moral values.

As regards AB 377 and SB 129, it must be understood that our lack of opposition is contingent upon two points. First, the language exempting hospitals from providing emergency contraception to a victim known to be pregnant shall be interpreted as allowing Catholic hospitals the flexibility to follow testing protocols that establish with moral certitude that a pregnancy has not occurred. Science is providing medicine with new tools everyday and our Catholic hospitals must retain the freedom to use the latest technology to ensure that treatment does not result in the taking of a human life.

Second, we understand that this legislation will not affect the rights that hospitals and staff enjoy under current Wisconsin law, namely to refrain from participating in procedures that destroy a human embryo or fetus.

If either of these interpretations regarding AB 377 and SB 129 were erroneous, then we would have to reconsider our position on this legislation.

I hope these insights are useful as you review these bills and I thank you for the opportunity to offer them.