



WISCONSIN CATHOLIC CONFERENCE

TESTIMONY ON ASSEMBLY BILLS 179 to 183

Presented to the Assembly Committee on Health

By Barbara Sella, Associate Director

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The Wisconsin Catholic Conference (WCC), the public policy voice of the Catholic bishops of Wisconsin, urges you to support the five abortion-related bills before your committee today: Assembly Bills 179, 180, 181, 182, and 183. The Catholic Church has always held that induced abortion is both immoral and cruel, because it treats some human lives as completely disposable. These five bills seek to inform women and the public about the value of all human life.

Assembly Bill 179, “Born Alive Protection Act”

Assembly Bill 179 does three very simple, yet necessary things. First, it establishes a standard of care for infants who survive an induced abortion. It does this by requiring that health care providers “exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care provider would render to any other child born alive at the same gestational age.” And it ensures “that the child born alive is immediately transported and admitted to a hospital.”

Second, it sends a message to the medical profession and to the public at large that even though abortion may still be legal, for children outside of the womb, intentional neglect causing death is murder.

Third, it makes health care providers or employees mandatory reporters when violations occur.

Some have argued that this legislation is not necessary in Wisconsin. However, so long as there are those who advocate for abortion, who debase and devalue those who are vulnerable and who face challenges in life, there is a need to provide certainty that all born in Wisconsin have a right to life.

We must remember that the law is a teacher. It represents the collective conscience of the citizenry. The Born Alive Protection Act upholds the essential principle that every human life has dignity and should be treated equally by those to whom it is entrusted.

Finally, it is important to be specific about the number of lives that could be affected by this law. According to Wisconsin’s Department of Health Services (DHS), which provides an annual report on the number of induced abortions in the state, Wisconsin in 2017 reported 5,640 induced abortions. Of these, 52 (or less than 1 percent) were performed on children at or over 20 weeks

gestation.¹ It is these children who are the ones who might survive an attempted abortion, because an increasing number of children are viable even as early as 20 weeks. For example, a 2019 study has found that in Sweden, where neonatal care is more advanced than in the U.S., “For infants younger than 22 weeks, the survival rate has improved from 3.6 percent to 20 percent over the last decade, and for those born at 26 weeks, eight in 10 survive.”²

While the WCC supports this bill, there are ways in which it could be improved. First, since most late-term abortions are of children who are thought to have little chance of surviving more than a few days, weeks, or months, we believe that more information should be given to the birth parents regarding their options. They should be informed about advancements in maternal health and premature treatments and survival rates. Parents should have the option of utilizing perinatal hospice. This type of hospice cares for infants and their families when death may be imminent. Wisconsin is fortunate to have some excellent perinatal hospice programs. Too few parents, however, are aware of the support they could receive there.

Birth parents should also be informed about the demand for adoption of children with Down Syndrome and other serious, but not life-threatening, conditions. Finally, the State should require abortion providers to provide additional data on the complications related to abortion procedures, as well as the options provided to parents, so that lawmakers and citizens can have a better idea of what the abortion industry is doing.

Assembly Bill 180, “A Woman’s Right to Know Act”

Assembly Bill 180 requires that a woman seeking an abortion via medication be informed that she may be able to continue her pregnancy if she seeks immediate medical assistance to counteract the effects of the first administration of the abortion drug.

The bill updates Wisconsin’s informed consent laws in light of new medical practices. In the case of a medication abortion, there is growing evidence that it may be possible for a woman to reverse the effect of the first drug, mifepristone, by getting an injection of progesterone. Critics of this procedure say that it has not been scientifically proven to work. While more study may be needed to improve outcomes and better understand long-term impacts, the fact is that there are children alive in the world today because their mothers utilized this treatment option.

AB 180 also requires that abortion providers report additional information to the DHS. Much of the discussion surrounding the legislation before this Committee would have been better served by greater access to data and information. By knowing how and why women seek abortions, we can learn more about the emotional, economic, social, psychological, and physical challenges women, parents, families, and children face in our society. Without data to track trends, how can we accurately assess whether women and families are truly being provided with all options? Abortion supporters herald the benefits of abortion. Surely then, they cannot object to the further

¹ <https://www.dhs.wisconsin.gov/publications/p45360-17.pdf>, p. 14.

² Cited in <https://medicalxpress.com/news/2019-03-sweden-world-extremely-preterm-babies.html>. The 2019 study: <https://jamanetwork.com/journals/jama/article-abstract/2728924>

gathering of evidence and information on how it is practiced. Women and the public have a right to know.

Assembly Bill 182, Selective Abortions

Assembly Bill 182 prohibits abortions solely because of race, color, national origin, ancestry, sex, or disability.

In 2012, the Guttmacher Policy Review issued a paper on sex-selective abortions, which recognized the widespread use of such abortions in Asian countries.³ The paper concluded that the real way to stop sex-selection abortions is not to prohibit such abortions, but to address the underlying conditions that can lead to them, namely an end to poverty and violence, and an increase in access to health care and education for women.

We agree that there is much work to be done on these underlying issues. The Catholic Church runs charities, hospitals, schools, and prison ministries precisely to assist the most vulnerable. Here in Wisconsin, the bishops have long supported efforts to expand educational opportunities, increase access to health care, improve wages and employment, increase housing, reform criminal justice, and welcome immigrants.

But serving the needs of the poor – as vital as it is – is not enough to halt the spread of selective abortions or abortion in general. For that to happen, a cultural shift must take place and the law can play an important part in that shift. The law signals what is and is not acceptable behavior. Choosing to abort based on sex, race, or disability is simply wrong.

True freedom is not absolute choice – a choice without limits. True freedom involves living in such a way that one does not deny freedom to others. AB 182 forces us to confront once again the question of what truly furthers respect for women: absolute freedom that would deny the right to life to a girl because she is not a boy, or an affirmation that her life is worthy of respect both inside and outside the womb.

Assembly Bills 181 & 183, Medical Assistance Certification

Assembly Bills 181 and 183 prohibit the DHS from certifying a private abortion services provider or affiliate under the Medical Assistance program. AB 183 provides an exemption for facilities that perform abortions in order to save the life of the mother, to prevent grave, long-lasting damage to her health due to a prior medical condition, or when the pregnancy is the result of rape or incest.

Both bills have a clear and straightforward objective: they affirm that funds held by public authorities are prohibited from being used to subsidize the performance of abortions. Since 1919, the bishops of the United States have been vocal advocates of the idea that all Americans should enjoy access to affordable health care, especially those who are vulnerable or of limited

³ <https://www.guttmacher.org/gpr/2012/05/problem-and-solution-mismatch-son-preference-and-sex-selective-abortion-bans>

means. As the U.S. bishops stated in 1993, “Health care is more than a commodity; it is a basic human right, an essential safeguard of human life and dignity.” We affirm that Wisconsin must continue to seek improved access to comprehensive health care services for those in need, especially women.

However, abortion and those entities that facilitate abortion do not reflect the respect for human dignity that should be at the core of all health care institutions. By prioritizing funding for those state and public health entities that do not perform abortions or are affiliated with such entities, Assembly Bills 181 and 183 ensure that women’s health care is devoted to prevention, diagnosis, and care, not termination of life. The WCC prefers a comprehensive prohibition on facilities that provide for abortion as outlined in AB 181. The WCC can also support more incremental measures like AB 183.

Conclusion

These five bills defend children, before and after birth, educate women and the public, and make certain the State of Wisconsin does not support elective abortion. We urge you to consider further improvements to these bills as outlined in this testimony and we urge you to support their passage.

Thank you for the opportunity to testify today.