

314 W 19th  
Oshkosh WI  
54902

SB391

February 22, 2002

Dear Senate Committee for the bill of SB 391:  
(Senators Moen, Breske, Robson, Erpenback,  
Meyr, Roszweg, Cowles, Fitzgerald, Jajich)

I am writing because my husband and I are against requiring that emergency contraception be given to rape victims.

It is a tragic situation when some poor woman is raped but I'm afraid that destroying a pregnancy through contraception would further victimize her. Secondly it would negate another individual's ability to come into the world. My God is fully capable of turning around all things for His glory - and these children that are produced in a rape are not to be destroyed.

We pray for our Senators - God speed to you!

Respectfully  
- Shanah Zastava  
- Eugene Zastava  
Oshkosh, Wisconsin

Subj: **Re: SB 391**  
Date: 2/26/2002 6:48:09 PM Central Standard Time  
From: donwagener@hotmail.com (Don Wagener)  
To: Prolifewis@aol.com

<div style='background-color:'><DIV>

I oppose SB 391 requiring all Wisconsin hospitals to provide "emergency contraception," viz., "the morning after pill," for victims of sexual assault. It is probable that this pill acts as an abortifacient and not clearly as a contraceptive. As a Catholic seminarian, I am specially concerned about the effect of SB 391 on Catholic hospitals. In cases of rape, Catholic health care ethics permit treatment with medications that would prevent ovulation, sperm capacitation or fertilization. They do not permit treatments that have the purpose or direct effect of removing, destroying or interfering with the implantation of a fertilized ovum, which in all probability is the effect of the "morning after pill."

All human life, from the moment of fertilization--at which point benefit-of-the-doubt must presume personhood--deserves utmost respect and protection of the law.

Thank you for your consideration,

Donald J. Wagener, Ph.D

7335 S. Hwy. 100/ Hales Corners, WI 53130-0061

Written testimony opposing SB 391

February 26, 2002

We are unable to attend the Public Hearing tomorrow (Feb. 27). However, we wish to be registered against SB 391. We do not feel it is the Government's obligation to decide to give what could be abortifacients to victims of sexual assault. We would strongly object to a daughter or granddaughter of ours being prescribed something that could kill a child, no matter how the child were conceived, and no matter at what stage of pregnancy. Two wrongs don't make a right. And, what gives the government the authority to automatically do this? We hope that the Catholic hospitals are represented and speak out strongly against what could be another moral wrongdoing.

Glenn and Catherine Dashner  
6814 Johnson Court  
Wind Lake, WI 53185-2267  
Telephone: (262) 895-7393

Arnold and Rita Zimmer  
2620 108 St.  
Franksville, WI 53126  
Telephone: (262) 835-4193

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Thank you for your consideration,

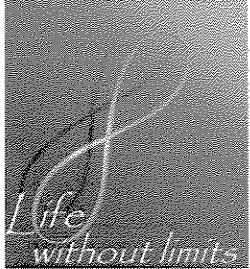
Donald J. Wagener, Ph.D

7335 S. Hwy. 100/ Hales Corners, WI 53130-0061

WISCONSIN

RIGHT TO LIFE

# Wisconsin Right to Life



State Affiliate of the  
National Right to Life Committee, Inc.,  
Washington, DC 20004-1193

February 26, 2002

**TO:** Members of the Senate Health, Utilities,  
Veterans and Military Affairs Committee

**FROM:** Susan Armacost, Legislative Director  
Wisconsin Right to Life

**RE: Senate Bill 391 violates the conscience rights of  
hospitals and health care professionals**

Wisconsin Right to Life takes no position regarding the use of contraceptives that truly prevent the creation of human life. However, we must state our strong opposition to SB 391, legislation that would force all hospitals to provide "alleged victims of sexual assault" with information regarding "emergency contraception" and to provide "emergency contraception immediately to her if she requests it."

Senate Bill 391 is deceptively worded to make it appear that drugs and devices that cause abortion are excluded. The "emergency contraception" mandated by the bill is a powerful drug that can work in one of two ways depending on where a woman is in her cycle.

Sometimes the drug works to prevent ovulation. In that case, no human life has been created and the drug, in that context, acts as a true contraceptive. However, the drug can also act to prevent the implantation of a newly created human life. In this context, the drug acts to kill the tiny human being. No one can predict in which way the drug will act when given to any particular woman.

The promoters of SB 391 are fully aware of the abortion aspects of "emergency contraceptives." Yet, they would force hospitals that want nothing to do with destroying human life to provide vulnerable women with a drug that could act as an abortifacient.

Senate Bill 391 is an assault on the conscience rights of hospitals and health care professionals who object to the taking of human life.

Wisconsin Right to Life urges you to reject AB 391.

Thank you.

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Wisconsin Right to Life, Inc.  
10625 W. North Ave., Suite LL  
Milwaukee, WI 53226-2331

Ph: 414-778-5780  
Fax: 414-778-5785  
Toll Free: 877-855-5007  
Home Page: [www.wrtl.org](http://www.wrtl.org)

848 Willow Drive  
Delafield, Wisconsin 53018

February 26, 2002

To: Senate Committee on Health, Utilities, Veterans and Military Affairs

Dear Honorable Senators:

As a physician who has worked in a number of Wisconsin Hospitals, including the University of Wisconsin Hospital and Clinics, I would like to comment on a proposed bill under consideration, SB 391, to require all Wisconsin hospitals to provide "emergency contraception".

Let's be very clear about what we are talking about. "Emergency contraception" is in actuality a chemical abortion, whereby the newly conceived child cannot implant and is aborted. In the event of rape or incest, abortions of this nature make the newly-conceived baby a second, innocent victim, furthering the injustice perpetrated.

In addition to producing an abortion, the "morning after pill" has a high complication rate; such that the producers, the Chinese, will not allow its use on its own populace, even though their population control policies are known to be severe. How have the sponsoring Senators determined that this method is safe enough to mandate its use in all Wisconsin hospitals? Furthermore, does the state wish to take on liability from complications resulting from such mandated treatment, which hospitals and physicians are loath to use voluntarily?

The legislature has no business mandating medical treatments and should leave decisions of patient care between the patient and her physician. On the contrary, Wisconsin law already protects the right of hospitals to refuse to participate in morally objectionable practices, such as abortion and sterilization.

Please vote "no" to SB 391.

Yours sincerely,



Franklin L. Smith, M.D.

To: Senator Rodney Moen, Chair of the Senate Committee on Health, Utilities,  
Veterans, and Military Affairs  
Members of Senate Committee on Health, Utilities, Veterans, and Military Affairs

From: Paige Shipman, Legislative Director

Re: Senate Bill 391, Emergency Contraception for Rape Survivors – SUPPORT

Date: February 27, 2002

Planned Parenthood Advocates of Wisconsin urges you to support Senate Bill 391. Survivors of sexual assault deserve immediate access to safe, effective methods of pregnancy prevention. Each year, over 300,000 women are raped, and 32,000 women become pregnant as a result.

This bill is very straightforward: it simply requires hospitals to give sexual assault survivors information about emergency contraception and offer them emergency contraception upon request. It will give rape survivors some peace of mind that the trauma they experienced as a result of sexual assault is not exacerbated by an unwanted pregnancy.

According to the American Medical Association's Strategies for the Treatment and Prevention of Sexual Assault, "physicians are obligated to ensure that sexual assault patients are properly informed of all risks and interventions to prevent conception as a result of the assault" and "help the patient decide whether she wishes to take a postcoital contraceptive medication."

Emergency contraception is a high concentration of birth control pills that prevents pregnancy when taken within seventy two hours after unprotected intercourse. Emergency contraception has no effect on a pregnancy that is already established (see FDA Docket No. 96N-0492). Emergency contraception is at least 75% effective when taken within the seventy two hour window and it is even more effective when taken sooner.

While little can be done to alleviate the trauma of rape, Planned Parenthood Advocates of Wisconsin encourages you to help rape victims so that they don't have to suffer the additional trauma of pregnancy. Please support this straightforward, compassionate bill. Thank you.



128 East Olin Avenue ■ Madison, Wisconsin 53713  
Administration 608-251-5126 ■ Crisis Line/Services 608-251-7273  
Fax 608-251-6229 ■ E-mail [rcc@itis.com](mailto:rcc@itis.com)

To: Senate Health Committee  
From: Mai Ensmann, Rape Crisis Center  
Date: February 27, 2002  
Re: Statement in Support of SB 391

Rape is one of the most traumatic crimes a person can face in their lives. Rape victims are often overwhelmed by feelings of confusion and despair, and have a great deal of fear and anxiety over consequences that may arise after a rape. One of those fears is becoming pregnant due to the rape. While the majority of victims will not become pregnant, many of them will have concerns about their risk of pregnancy. As rape crisis counselors our goal is to help reduce the victim's trauma. One of the ways we can do this is to allay their fears of their risk of pregnancy.

The Rape Crisis Center supports the Emergency Contraceptives for Sexual Assault Victims bill because it will ensure that victims are being presented with all of their medical options. Only by being provided with accurate medical information and options can a victim make a decision about what is right for her and reclaim her body.

Contact: Becky Westerfelt  
Executive Director

Mai Ensmann  
Campus Counselor/Advocate

Rape Crisis Center  
128 E. Olin Ave  
Madison, WI 53713

Phone: (608) 251-5126  
Fax: (608) 251-6229  
Email: [rcc@itis.com](mailto:rcc@itis.com)  
Web: [www.dancountyrcc.com](http://www.dancountyrcc.com)





128 East Olin Avenue ■ Madison, Wisconsin 53713  
 Administration 608-251-5126 ■ Crisis Line/Services 608-251-7273  
 Fax 608-251-6229 ■ E-mail rcc@itcs.com

**Sexual  
Assault  
Statistics**

- In 1990 rape rose faster than any other crime in the United States. The number of rapes reported to police exceeded 100,000 for the first time. It is estimated that the actual number of rapes was between 1.3 and 2 million, which makes the U.S. rape rate the world's highest. (Senate Judiciary Committee Study on Violence Against Women, March 1991)
- 83% of raped adolescents, 71.4% of raped young adults, and 68.4% of raped adults did not report their assaults to the police. (Kilpatrick, 1990)
- For years following rape, 60% of survivors experience Post-Traumatic Stress Disorder and 16% still suffer from emotional problems 15 years following the rape. (HRS Rape Awareness Program, Tallahassee, FL 1987)
- In Wisconsin, 5,881 sexual assaults were reported to law enforcement agencies in 1997. 84% of victims were female and 92% of offenders were male. (WI Office of Justice Assistance)

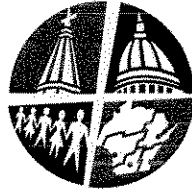
**RCC  
Statistics  
2000**

- In 2000, 1,172 individuals received services from RCC including counseling, crisis intervention, support groups, and information/referral.
- In 2000, the nighttime crisis line received 917 crisis calls.
- Educational workshops and presentations were made to 5,898 individuals in 2000. Rape Crisis Center staff provided training to 184 area professionals. Chimera Self-Defense was taught to 1,797 women and girls.
- 85% of assailants were known to the survivor.
- 50% of RCC clients were survivors of recent sexual assault, 22% were survivors of incest.
- Volunteers contributed over 4,639 hours in 2000 staffing the crisis line, facilitating support groups, and providing administrative & program support.

**RCC  
Support  
2000**

Support for the Rape Crisis Center comes from the following sources:

Government Grants (City, County, State)	\$400,660	77%
Donations & Community Support	93,000	18%
Program Revenue	27,340	5%
<b>TOTAL</b>	<b>\$521,000</b>	<b>100%</b>



## WISCONSIN CATHOLIC CONFERENCE

### Testimony on Senate Bill 391

Presented to the Senate Committee on Health, Utilities, Veterans and Military Affairs

By Kathy Markeland, Associate Director

February 27, 2002

Good afternoon and thank you for the opportunity to speak with you today regarding Senate Bill 391. My name is Kathy Markeland and I am the Associate Director for Respect Life and Health Care for the Wisconsin Catholic Conference, the public policy voice for the state's Roman Catholic bishops.

Catholic health care represents approximately one third of the hospitals in the state of Wisconsin today. Catholic hospitals have a long and proud history of providing compassionate and holistic health care to the citizens of our state.

As leaders of the five dioceses in Wisconsin, our bishops facilitate the important work of Catholic health care and seek to ensure respect for religious and ethical values in the delivery of health care services. On a national basis, these ethical and religious values are articulated through the Ethical and Religious Directives for Catholic Health Care (ERDs). 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." (ERDs, 2000)

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

Regarding appropriate treatment for rape victims, the ERDs provide first and foremost that "compassionate and understanding care should be given". 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)

The distinction between conception and implantation is key. "Emergency contraception" has two effects, one is to block ovulation and the other is to block the implantation of a fertilized ovum. It is the second effect that is of concern to Catholic health care.

When the effect is anti-ovulant, then emergency contraception can be administered under the ERD. If, however, ovulation has already occurred then the drug will be ineffective in stopping

fertilization from occurring and, by making the endometrium hostile to implantation, could result in an abortion of a newly formed human embryo.

Our belief in the dignity of human life from the moment of conception does not permit us in our capacity as health care providers to cooperate in the destruction of newly formed life.

Therefore, Catholic hospitals can and do provide emergency contraception to rape victims in many, but not all, instances.

In terms of providing information regarding emergency contraception, the ERDs state that, "Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information," and it is recommended that a Catholic hospital advise the patient of the ethical restrictions that prevent Catholic hospitals from using abortifacient procedures.

Wisconsin law recognizes the right of conscience for health care providers and hospitals. Wisconsin Statutes 253.09 (1) states, "No hospital shall be required to admit any patient or to allow the use of the hospital facilities for the purpose of performing a sterilization procedure or removing a human embryo or fetus."

In the relatively rare cases in which, as noted, above, emergency contraception can have an abortifacient effect, SB 391 will compel Catholic health facilities to violate our moral and ethical principles; moral and ethical principles that are recognized and protected under current law.

In addition to our moral and religious objections to SB 391, there is a case to be made in opposition to this proposal based upon concerns about mandating health care providers to provide a specific treatment to a patient. There are many questions that should be asked prior to administration of emergency contraception. When is the drug's use contraindicated? What is the victim's age? If she is a minor, have her parents been contacted about the patient's medical history?

In speaking with representatives from our various hospitals, it is clear that care provided to rape survivors requires a great deal of sensitivity and that when possible it is preferable for these cases to be handled by emergency personnel who are specially trained in rape treatment. Indeed the provision of emergency contraception is but one part of a scope of services that are required to address the medical, emotional and spiritual needs of the rape survivor and to meet the legal requirements for law enforcement purposes. Some Catholic hospitals have emergency staff with such specialized training and some rely on other local hospitals to provide those specialized services.

We recognize that there are those who differ in their beliefs regarding the stage at which human life begins and is deserving of recognition. But the state has long recognized and respected the rights of individual physicians and hospitals to practice medicine that is consistent with their belief regarding the value of human life at all stages from the moment of conception. SB 391 would erode those protections by mandating that a hospital provide a treatment regardless of the potential effect on a newly formed life.

In summary, Catholic hospitals across the state can and do provide emergency contraception to victims of rape when the effect of the treatment will be to prevent conception. We concur with the proponents of the bill that a woman who has been sexually assaulted should receive compassionate and understanding care to deal with the physical, emotional and spiritual trauma inflicted upon her. We believe that Catholic health care provides this level of care while adhering to the values upon which the Catholic health care ministry is built. In spite of the intent, SB 391 would compromise, not enhance the availability of those services.

Thank you for the opportunity to share our concerns regarding SB 391 and we respectfully request that the Committee not move forward with this proposal.



Wisconsin Coalition Against Sexual Assault  
600 Williamson Street  
Madison, WI 53703

Good afternoon Senator Moen and members of the Senate Committee on Health, Utilities, Veterans and Military Affairs. My name is Lisa Macaulay and I am the Policy Specialist for the Wisconsin Coalition Against Sexual Assault (WCASA). I am here to speak in support of Senate Bill 391, which would require a hospital to provide a victim of sexual assault with consent, information and emergency contraception. Thank you for holding a public hearing on this important piece of legislation.

We should make every effort to ensure that a sexual assault victim who has come in to a hospital is given every option available to them. Giving the victim or survivor the information on all of those options, stops the further victimization and trauma they experience.

We are well aware that this option is not going to be the option for every woman who is sexually assaulted, but we firmly believe that the information and medication be made available to every victim who does want it.

Victims are not able to decide where they are able to go for medical treatment. In fact, in many rural areas there is only one hospital emergency room, for them to go to. By not having this requirement in place it puts victims at the mercy of what information the hospital decides to make available. We allow, in fact, encourage patients to get second opinions, to seek out additional information from other doctors when serious diagnoses are made. We should not exclude victims of sexual assault from being able to obtain all the information that is available for the possible consequences of a sexual assault. This information must also be available at a crucial time after the assault.

We are seeing a rise in the mergers of secular and religious hospitals throughout the state and country. While respecting the religious beliefs of individuals we are concerned with the possibility

of an institution requiring those beliefs of all its patients. At the time of an assault, women should have the right to go to any emergency hospital room and receive information on all the health issues that may result from the sexual assault. We would not want information withheld from us by our doctors because there is treatment they disagree with. We would insist on receiving all of our options and choices for medical treatment. This legislation is putting victims of sexual assault who go to hospital emergency rooms in to that same category. Not every victim will decide this is the right method for her, but if it is she should have that information available to her.

I wish I could bring you the story of a woman who was denied this information. Unfortunately, many of those women who did not receive that information do not know they were entitled to it. It would require those who later found out to disclose that they had to have an abortion as the result of a sexual assault, that they had a child they did not want, that they had to go through a pregnancy that was a constant reminder of their assault. I can't image having to reveal that.

We ask that you support SB 391. The more information available the better decision a women can make.

**Phillips, Michael**

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**From:** Michael John Phillips [michaeljohnphillipsmd@hotmail.com]  
**Sent:** Wednesday, February 27, 2002 7:25 AM  
**To:** Phillips, Michael

February 27, 2002

Dear Members of the Senate Health Committee,

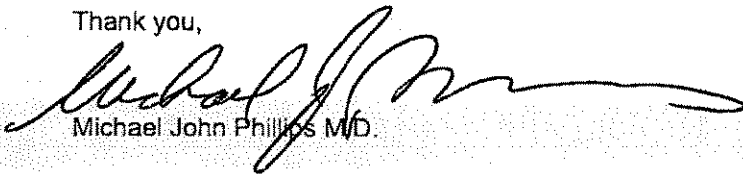
I urge your opposition to Senate Bill 391. I hate the misuse of women and love children. As a physician for over 25 years, all of my medical efforts are expended in the detection, cure and prevention of disease. Dear Senators, pregnancy is not a disease state. Rape is bad but children are good. This is from a father of four daughters, one of whom encountered an armed miscreant last year.

Your bill talks of "emergency contraception". This is an oxymoron. We have emergency explorations for surgical abdomens, emergency ruptured aneurysm repairs, emergency blood transfusion without crossmatch and so on. All of these real emergencies have to do with correcting emergently recognised disease. Contraception is not an emergency.

Unexpected pregnancy is not a disease and there is no such thing as an unwanted child. All children are wanted ... by someone. There are only unwanted parents. Our government and citizens used to recognise this.

Contraception is not "health care" as my pro-contraception, pro-abortion friends continually advocate. Fertility is a natural state without which no species can survive. There is no need to force our hospitals to begin practising what is not a medical necessity and which violates the Oath of Hippocrates as sworn for the previous 2,000 plus years (excepting current sterilized renditions).

Thank you,



Michael John Phillips MD

Chairman, Department of Pathology  
Oconomowoc Memorial Hospital  
Oconomowoc, Wisconsin

Assistant Clinical Professor, Department of Pathology  
Medical College of Wisconsin  
Milwaukee, Wisconsin

Home phone: 414-476-3927  
Office phone: 262-569-0619

February 27, 2002

Dear Chairman Moen and Members of the Committee,

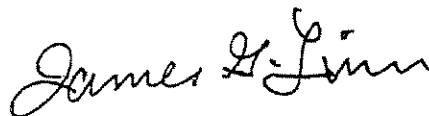
I want to be on record as opposing SB391 which would mandate that all Wisconsin hospitals dispense the so called "emergency contraception" or "morning after pill" to rape victims.

This medication would more correctly be called "emergency contraception/abortion" because one of the ways it works is to interfere with implantation of an already conceived embryo. Thus, it causes an abortion.

If such a bill were voted into law, Catholic hospitals and other institutions opposed to abortion on moral grounds would be forced into civil disobedience.

I strongly believe that institutions as well as individuals have the right to follow their consciences and not be forced by the state to provide abortions.

Sincerely,



James G. Linn, MD  
Associate Clinical Professor, Medical  
College of Wisconsin  
Chairman, Department of Obstetrics and  
Gynecology St. Mary's Hospital,  
Milwaukee



# Pro-Life Wisconsin



*Defending them all...*

P.O. Box 221, Brookfield, WI 53008-0221  
(262) 796-1111 Fax (262) 796-1115  
prolifewis@aol.com www.prolifewisconsin.org

Testimony of Peggy Hamill  
Pro-Life Wisconsin State Director

On Senate Bill 391  
before the Senate Committee on Health, Utilities, Veterans and Military Affairs

February 27, 2002

Senator Moen and Committee Members:

Good afternoon, and thank you for the opportunity to express our position on Senate Bill 391. As you know, this legislation is a mandate on hospitals requiring them to inform an alleged victim of sexual assault about so-called emergency contraception, and to offer it and provide it upon her request.

Our opposition to this legislation is based on the abortion causing action of so-called emergency contraception. Emergency contraception or EC, is basically two high doses of the birth control pill, taken within a 12-hour period. It works in three ways: to inhibit the movement of sperm, to suppress ovulation, and to alter the lining of the uterus so that a newly conceived child is unable to implant in the womb. This last action is chemical abortion.

Pro-Life Wisconsin sympathizes with victims of sexual assault who desire to prevent a pregnancy and would support compassionate treatments if proven to truly prevent conception. Still, it is exceedingly difficult to determine whether or not conception has occurred at the time that EC must be taken and if EC will act in an abortifacient manner. The situation can be likened to the hunter who sees something moving in the bushes and holds his fire until he is sure that it is not a person. We must act with the same restraint in protecting newly conceived human life.

Furthermore, Wisconsin law protects the right of hospitals to refuse to participate in morally objectionable practices such as abortion and sterilization. Because of the abortion-causing nature of EC, is it not possible that this bill is in conflict with current Wisconsin State Statute 253.09(1)?

Despite the horrific circumstance of conception, a child conceived in rape is no less a human being than you or I and deserves no less protection. Certainly, none of us can look around this room and know the circumstances of conception of another. The personhood of a child is not contingent on the circumstances surrounding his or her conception. Lets remember to offer compassion to all the innocent parties in a sexual assault. Please oppose SB 391.

Thank you.

Thank you for allowing me to testify against SB 391 .

I am against SB 391 / AB 724 because it mandates all Wisconsin hospitals to dispense the abortion-causing " morning after " pill for some situations. I'm a Roman Catholic so I'm against it because the mandate for all Wisconsin hospitals to dispense the " morning after " pill would seem to mandate that Catholic hospitals would be included. I'm also against other Wisconsin hospitals dispensing the " morning after " pill.

The reason for all my negativity towards the bill SB 391 is because it is in violation of the Law of God. If there was no God it would be just a matter of choice, but there is a God Who created all of us and placed a law over us that we are obliged to obey. The law permeates our existence on earth. When we have rampant disobedience of this law it affects all society, turning it into a cesspool for everyone. On the surface it seems mean spirited to oppose this bill , but the " morning after " pill is an abortifacient . As the old saying goes " two wrongs don't make a right " . So now the victim of the rape is again victimized by aiding her to participate in the murder of her child , the fertilized egg . ( By the way it also makes the medical personnel who assist into accomplices , as well as others . )

Now the victim will not only be faced with the psychological harm from the rape itself but will suffer the sorrow and guilt caused by the taking of the abortion causing pill . How humane is that ?

Thank you

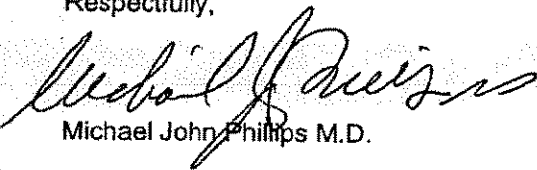
February 27, 2002

Dear Senator Moen and Members of the Senate Health Committee,

I oppose the Senate Bill 391 mandating that hospitals provide "emergency contraception" to alleged rape victims. Proponents of contraception/abortion are already providing these "resources". One can phone toll free numbers or click on web sites to locate local "providers" by zip code. Or, for the do-it-yourselfer there is the "planned parenthood" web site listing specific hormonal agents or birth control pills giving appropriate dosage schedule and even specifying the color of the appropriate pill.

You'll find the "emergency contraception" directory somewhere between VENEREAL WARTS (HPV) and SYPHILIS on the planned parenthood website. For those who want to see a "professional" they provide 800 and 888 numbers with catchy phrasing like "NOT 2 LATE". Taxpayers are forced to support these activities through the federal government's subsidizing of planned parenthood. We do not need the State of Wisconsin to force hospitals to engage in the same activity.

Respectfully,



Michael John Phillips M.D.

Chairman, Department of Pathology  
Oconomowoc Memorial Hospital

Assistant Clinical Professor, Department of Pathology  
Medical College of Wisconsin

Office phone 262-569-0619  
Home phone 414-476-3927

Written testimony in opposition to SB 391

February 27, 2002

Dear Senator Moen and Members of Senate Committee on Health, Utilities, Veterans and Military Affairs:

I am in total opposition to SB 391 requiring hospitals to dispense emergency contraception to victims of sexual assault. Two wrongs do not make a right and killing a child due to the wrong of another is not the way to handle it. God decides if that woman becomes pregnant or not. There are a lot of factors involved. Let Him be the one to decide. Not us. I work in a hospital and I would quit before someone made me do something which I consider so totally morally wrong. Keep your killing laws out of our hospitals. We are in the business of saving lives not ending them.

Kathleen Faron  
501 Weston St. Necedah, WI 54646

February 27<sup>th</sup>, 2002

Dear Chairman Moen and Members of the Committee,

As a college student I strongly oppose SB 391, which requires that hospitals give emergency contraception to victims of rape. Since SB 391 can terminate the life of newly formed embryo, it is destroying a precious life that God has created. The assaultant did not create the life, God did, and therefore, what right does anyone (including the woman) have to end an innocent life? Tragic as rape is, it is not the baby's fault, and therefore, why should he/she be punished with death? Abortion never calms a woman's distress, but only adds years and years of guilt and shame on account of the murder she has committed. I have read the accounts of numerous women who were raped but chose life for their babies. The stories are the same...the women write about how much they love their children, and how thankful they are that they did not abort. In addition, hospitals should try to save lives, not terminate them. If hospitals cannot be known to saves lives, why even go to them? Once again, institutions should not be forced to perform immoral acts such as abortion.

Sincerely,

Sarah Brooks

Sarah Brooks  
2495 Lakeridge Court  
Saukville, WI  
53080

## SENATE BILL 391 PUBLIC HEARING

February 27, 2002

Dear Chairman Moen and Members of the Committee on Health Utilities, Veterans and Military Affairs:

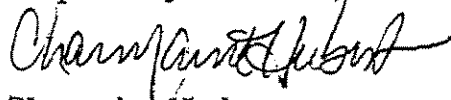
I am writing to you today as a concerned citizen of Wisconsin, and as a supporter of Pro-Life Wisconsin, to express my opposition to Senate Bill 391. I urge you to also take a stand to oppose this proposed legislation.

My main objections are very briefly summarized in the following points:

- 1) Hospitals *should not be required* to offer or to give a potentially abortion-inducing substance. In fact, state law protects the right of hospitals to refuse to participate in morally objectionable practices, such as abortion and sterilization.
- 2) SB 391 would only serve to create *more victims of violence* – the innocent and entirely defenseless very young babies in the womb. The child conceived by rape is not any different than any other newly formed child in his or her mother's womb.
- 3) God's laws clearly state that we are not to take another person's life. The so-called "emergency contraception" very often amounts to *chemical abortion*. Abortion of any kind is wrong – wrong in the eyes of the Lord our Creator, and in the eyes of so many Wisconsinites.
- 4) A woman has only to *claim to have been a victim*.

I also believe that this piece of legislation takes us *dangerously close* to what would be even *more* abhorrent than legalized abortion – mandated abortion!! I urge you to commit to life-affirming proposals, and oppose SB 391.

Respectfully submitted,



Charmaine Herbert  
1264 Creekside Ln.  
Grafton, WI 53024  
(262) 387-0587

# Vote Record

## Senate - Committee on Health, Utilities, Veterans and Military Affairs

Date: 3/5/02

Bill Number: SB 391

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Motion: Passage

### Committee Member

Sen. Rodney Moen, Chair

Aye

No

Absent Not Voting

Sen. Roger Breske

Sen. Judith Robson

Sen. Jon Erpenbach

Sen. Mark Meyer

Sen. Peggy Rosenzweig

Sen. Robert Cowles

Sen. Scott Fitzgerald

Sen. Mary Lazich

Totals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Motion Carried

Motion Failed

SB391



WISCONSIN STATE SENATE

**RODNEY C. MOEN**

SENATOR - 31ST DISTRICT

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State Capitol, P.O. Box 7882, Madison, Wisconsin 53707-7882 Phone: (608) 266-8546 Toll-free: 1-877-ROD-MOEN

**TO:** Members, Senate Committee on Health, Utilities and Veterans and Military Affairs

**FROM:** Senator Rod Moen, Chair

**RE:** Paper Ballot Motions

**DATE:** March 7, 2002

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Attached please find paper ballot motions for confirmation of the two appointees heard yesterday and passage of Senate Bill 391. Please return the paper ballots to my office by 4:00 today.

If you have any questions, please do not hesitate to contact me.



MOTION: SENATE BILL 391, RELATING TO REQUIRING A HOSPITAL TO PROVIDE TO AN ALLEGED VICTIM OF SEXUAL ASSAULT, WITH CONSENT, INFORMATION AND EMERGENCY CONTRACEPTION AND PROVIDING A PENALTY.

**Move adoption of the following motion:**

Moved: Passage of Senate Bill 391

Aye

No

Signature: Mark Meza

Date: 3/7/02

MOTION: SENATE BILL 391, RELATING TO REQUIRING A HOSPITAL TO PROVIDE TO AN ALLEGED VICTIM OF SEXUAL ASSAULT, WITH CONSENT, INFORMATION AND EMERGENCY CONTRACEPTION AND PROVIDING A PENALTY.

**Move adoption of the following motion:**

Moved: Passage of Senate Bill 391

Aye

No

Signature:

A handwritten signature in black ink, appearing to be "R. J. ...", written over a horizontal line.

Date:

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MOTION: SENATE BILL 391, RELATING TO REQUIRING A HOSPITAL TO PROVIDE TO AN ALLEGED VICTIM OF SEXUAL ASSAULT, WITH CONSENT, INFORMATION AND EMERGENCY CONTRACEPTION AND PROVIDING A PENALTY.

**Move adoption of the following motion:**

Moved: Passage of Senate Bill 391

Aye

No

Signature:

*Peggy Rosenzweig*

Date:

*March 7, 2002*

MOTION: SENATE BILL 391, RELATING TO REQUIRING A HOSPITAL TO PROVIDE TO AN ALLEGED VICTIM OF SEXUAL ASSAULT, WITH CONSENT, INFORMATION AND EMERGENCY CONTRACEPTION AND PROVIDING A PENALTY.

Move adoption of the following motion:

Moved: Passage of Senate Bill 391

Aye  
 No

Signature:

Roger Bush

Date:

3-7-02

MOTION: SENATE BILL 391, RELATING TO REQUIRING A HOSPITAL TO PROVIDE TO AN ALLEGED VICTIM OF SEXUAL ASSAULT, WITH CONSENT, INFORMATION AND EMERGENCY CONTRACEPTION AND PROVIDING A PENALTY.

**Move adoption of the following motion:**

Moved: Passage of Senate Bill 391

Aye

No

Signature:

May A Layich

Date:

3-7-02

MOTION: SENATE BILL 391, RELATING TO REQUIRING A HOSPITAL TO PROVIDE TO AN ALLEGED VICTIM OF SEXUAL ASSAULT, WITH CONSENT, INFORMATION AND EMERGENCY CONTRACEPTION AND PROVIDING A PENALTY.

**Move adoption of the following motion:**

Moved: Passage of Senate Bill 391

Aye

No

Signature: Don Fjinn

Date: 7 MAR 02

MOTION: SENATE BILL 391, RELATING TO REQUIRING A HOSPITAL TO PROVIDE TO AN ALLEGED VICTIM OF SEXUAL ASSAULT, WITH CONSENT, INFORMATION AND EMERGENCY CONTRACEPTION AND PROVIDING A PENALTY.

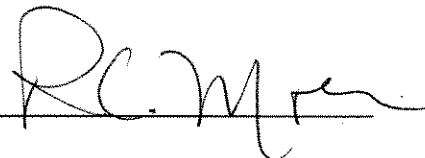
**Move adoption of the following motion:**

Moved: Passage of Senate Bill 391

Aye

No

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

MOTION: SENATE BILL 391, RELATING TO REQUIRING A HOSPITAL TO PROVIDE TO AN ALLEGED VICTIM OF SEXUAL ASSAULT, WITH CONSENT, INFORMATION AND EMERGENCY CONTRACEPTION AND PROVIDING A PENALTY.

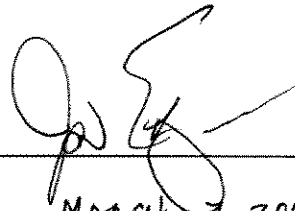
**Move adoption of the following motion:**

Moved: Passage of Senate Bill 391

**Aye**

**No**

Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to be "J. E. ...", written over a horizontal line.

Date: \_\_\_\_\_

MARCH 7, 2002



MOTION: SENATE BILL 391, RELATING TO REQUIRING A HOSPITAL TO PROVIDE TO AN ALLEGED VICTIM OF SEXUAL ASSAULT, WITH CONSENT, INFORMATION AND EMERGENCY CONTRACEPTION AND PROVIDING A PENALTY.

**Move adoption of the following motion:**

Moved: Passage of Senate Bill 391

Aye

No

Signature: \_\_\_\_\_

*Jason B. Nelson*

Date: \_\_\_\_\_

*3-17-02*