

Testimony of Kathleen M. Schmainda, PhD.  
Professor of Radiology & Biophysics  
Vice-Chair of Research, Department of Radiology  
Medical College of Wisconsin\*

Committee on Energy and Commerce  
Select Investigative Panel on Infant Lives  
"Bioethics and Fetal Tissue"  
2 March 2016

Distinguished Chair and Honored Members of the Panel,

Thank you for the opportunity to offer my testimony in defense of infant lives and specifically in opposition to research using fetal tissue derived from induced abortions.

As background, I was trained in the disciplines of engineering and medicine receiving a PhD degree in medical engineering jointly awarded by Harvard University and Massachusetts Institute of Technology. I am currently a Professor of Radiology and Biophysics, serving as Vice Chair of Radiology Research at the Medical College of Wisconsin. I have participated in medical research for nearly 25 years. I have served on grant review panels for the National Institutes of Health (NIH) for over 15 years, including a four-year term on the Developmental Therapeutics study section. I serve on national advisory committees for clinical trials, and have founded two start-up companies. Most importantly, I am a wife and a mother.

*\*The views expressed are my own and do not represent the official views of the Medical College of Wisconsin.*

I am firmly opposed to research using human fetal or embryonic tissue from induced abortions or procedures such as in vitro fertilization (IVF). I am compelled to create awareness amongst the community and my colleagues as to why the use of such tissue is both unethical and unnecessary.

Let me begin by defining terms. The terms embryo, fetus, baby or infant each refer to different stages in the continuum of the developing child. When cells are extracted during the earliest stages these are typically human embryonic stem cells (HESC), which are obtained by destruction of the human embryo. When I speak of fetal tissue research I am referring to cells, tissues or organs that are harvested from an aborted fetus. While this is the focus of my testimony my arguments apply to the continuum of the developing child.

Proponents of research using fetal tissue make several claims. The first claim is that without fetal tissue many of the life-saving treatments we have today would not have been possible. Second, it is argued that without continued access to fetal tissue, we are preventing the discovery of new therapies. And third, it is alleged that 'proper *ethical* guidelines are already in place' to avoid the connection between abortion and fetal tissue research. I will speak to each of these claims.

**First, it needs to be made clear that no current medical treatments exist that have required using fetal tissues for their discovery or development.** While the often-cited polio vaccine was developed using fetal tissue cells, the developers later testified that initial studies were also successful using cells that were not of fetal origin. Though most vaccines today offer ethical alternatives, not all are available in the U.S., and some, such as chicken pox and Hepatitis A, currently do not have ethical alternatives [1]. *Yet there has never been a scientific reason requiring fetal cell lines for vaccine development.*

Testimony given to the FDA (US Food and Drug Administration (FDA), Center for Biologics Evaluation and Research) dated May 16, 2001, underscores this point. The developer of two common fetal cell lines (HEK 293 (human embryonic kidney) and Per C6 (isolated retina from a fetus)) stated that his motivation for developing these cell lines from aborted fetuses was simply to see 'if it could be done' in comparison to what had already been done with animal cells. Since

then, use of these cell lines has become widespread, and the manufacturers have no motivation to invest the time or money necessary to produce ethical replacements.

Due to lack of transparency, scientists can unknowingly become entrenched in using these cell lines. For example, the HEK 293 cell line is often offered as part of a standard kit available from biotechnology companies and branded under various names. Only upon specific request are alternatives provided. This lack of transparency is devastating for scientists who have ethical objections to use of this tissue and amounts to moral coercion.

**Second, I refute the claim that that without continued access to fetal tissue, the discovery of new therapies will be prevented.** The evidence is overwhelming to the contrary. For example, insulin for diabetes is produced in bacteria [2]. Chinese hamster ovary (CHO) cells have been used for the development of Herceptin for breast cancer [3] and TPA for heart attack and stroke. There are more than 70 successful treatments developed using adult stem cell sources [4]. Over over 1 million bone marrow transplants, which are essentially adult stem cell transplants, have been performed to date [5].

Still some continue to claim that fetal cells unequivocally provide the best option, because they divide rapidly and adapt to new environments easily. But alternative tissue and cell sources are available for research without ethical concerns and are demonstrating more versatility than originally thought [6]. Examples include stem cells from bone marrow, circulating blood [7], umbilical cord [8], and amniotic fluid [9] as well as induced pluripotent stem cells (iPSCs) and even neural stem cells from cadavers [10]. Adult stem cells have already been used for the development of new treatments, have been proven in clinical trials and resulted in the formation of new companies [11] that have successfully brought to market treatments that are routinely benefitting patients today. There is still no viable medical use for embryonic stem cells.



Yet the argument continues that keeping this avenue of research open may some day offer the *only hope* for a child, with a devastating disease or a person with spinal cord injury. In 1997, *The New York Times* reported the nation's first transplant of fetal tissue into a person with spinal cord injury [12]. The study required five to eight fetal spinal cords for each adult recipient but showed no significant therapeutic benefit [13, 14]. Many more studies followed with none showing significant therapeutic benefit yet with each continuing to claim *great promise*. This *promise without benefit* continues today at the cost of many human lives.

So let me address this claim from another perspective. Consider the possibility that a treatment *is* discovered using fetal tissue transplants, and it is the *only option* for a certain disease. Consider just one disease like Parkinson's, which affects up to 1 million people in the US alone. Based on a clinical trial in Sweden, cells from at least 3-4 fetuses are needed to treat each Parkinson's patient [15, 16]. So, 4 million babies would *need* to be aborted to treat this one disease, not to mention the number needed to treat patients worldwide. Imagine the magnitude of the demand for fetuses to cure yet another disease like Alzheimer's, which affects 44 million persons worldwide? Do we really want a world where the most vulnerable, those with no voice, are subject to the whims, desires and perceived needs of others? Clearly we will have created industrialized harvesting of preborn babies, a crime against the human race.

**Third, the repeated assurances that 'proper *ethical* guidelines are in place' to avoid the connection between abortion and subsequent research are entirely inadequate.** By purchasing fetal tissue products the researcher is not far removed from the act of abortion. As recently described in the journal *Nature* [17] one researcher continues to pay \$830 for each fetal liver sample, a purchase he must repeatedly make. A few years ago, before the recent media coverage, it was quite easy to go to the website of a biotechnology company and put almost any fetal body part in ones "shopping cart" and submit for a purchase. So independent of whether a

researcher is at the bedside of the one choosing an abortion, or using a fetal cell line created decades prior, by purchasing these fetal tissue products scientists are helping to create a market that drives the abortion–biotechnology industry complex [18].

Moreover, the demands of research do directly influence the procurement of fetal tissue. The timing of fetal tissue collection, as well as the procedures used to terminate the pregnancy *are* critical to obtaining research-quality tissue and at the right stage of fetal development according to the scientific need. This raises important concerns about whether the health of the mother is appropriately prioritized.

In summary I suggest consideration of the following:

- 1. Prohibit research using fetal tissue from induced abortions** but provide the support and resources necessary to aid scientists or biopharmaceutical companies to make transitions to ethical tissue sources.
- 2. Support the creation and continued success of institutions or efforts that undertake research using only ethical sources of tissue.** Institutions such as the Midwest Stem Cell Therapy Center come to mind. During my years as a grant reviewer for the NIH, I have been continually inspired by the brilliance and innovation of my scientific colleagues. Applying this brilliance in the context of ethical avenues of research should be encouraged and is sure to result in amazing discoveries that prove best for society.
- 3. Mandate transparency in labeling of all scientific materials, drugs and cosmetic products regarding the source of material used for development or manufacture.** This will raise awareness and protect the rights of conscience for scientists, patients, and consumers who do not want to be corrupted by such practices.

Finally, I conclude with what is first and foremost. Each and every human life is sacred, with a fundamental dignity that does not depend on his or her developmental stage or abilities. This

value belongs to all without distinction from the first moment of existence. Each and every human life is unique and unrepeatable, created by our loving God in His image and likeness. Nothing, no person, no argument and not even a scientific discovery or cure, 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 [19].

Respectfully,

Kathleen M. Schmainda PhD



## Bibliography

1. *Vaccines using aborted fetal cell lines*. Children of God for Life November 2015; Available from: <https://cogforlife.org/wp-content/uploads/vaccineListOrigFormat.pdf>.
2. Agrawal, V. and M. Bal, *Strategies for Rapid Production of Therapeutic Proteins in Mammalian Cells*. BioProcessTechnical, 2012. **10**(4): p. 32-48.
3. Li, F., et al., *Cell culture processes for monoclonal antibody production*. MAbs, 2010. **2**(5): p. 466-79.
4. *Stem Cell Research Facts*. 2016; Available from: <http://www.stemcellresearchfacts.org/treatment-list/>.
5. Gratwohl, A., et al., *One million haemopoietic stem-cell transplants: a retrospective observational study*. Lancet Haematol, 2015. **2**(3): p. e91-e100.
6. Halleux, C., et al., *Multi-lineage potential of human mesenchymal stem cells following clonal expansion*. J Musculoskelet Neuronal Interact, 2001. **2**(1): p. 71-6.
7. *Boston Childrens Hospital Adult Stem Cells 101: Where do we get adult stem cells?* 2016; Available from: <http://stemcell.childrenshospital.org/about-stem-cells/adult-somatic-stem-cells-101/where-do-we-get-adult-stem-cells/>.
8. Pineault, N. and A. Abu-Khader, *Advances in umbilical cord blood stem cell expansion and clinical translation*. Exp Hematol, 2015. **43**(7): p. 498-513.
9. Rosner, M., K. Schipany, and M. Hengstschlager, *The decision on the "optimal" human pluripotent stem cell*. Stem Cells Transl Med, 2014. **3**(5): p. 553-9.
10. Hodgetts, S.I., et al., *Long live the stem cell: the use of stem cells isolated from post mortem tissues for translational strategies*. Int J Biochem Cell Biol, 2014. **56**: p. 74-81.
11. *Genzyme and Osiris Partner to Develop and Commercialize First-In-Class Adult Stem Cell Products*. 2008; Available from: <http://investor.osiris.com/releasedetail.cfm?releaseid=345147>.
12. Leary, W.E., *Fetal Tissue Injected into Injured Spinal Cord*, in *The New York Times*. July 12, 1997, The New York Times Company: New York.
13. Thompson, F.J., et al., *Neurophysiological assessment of the feasibility and safety of neural tissue transplantation in patients with syringomyelia*. J Neurotrauma, 2001. **18**(9): p. 931-45.
14. Wirth, E.D., 3rd, et al., *Feasibility and safety of neural tissue transplantation in patients with syringomyelia*. J Neurotrauma, 2001. **18**(9): p. 911-29.
15. Kolata, F., *Fetal Tissue Seems to Aid Parkinson Patient*, in *The New York Times*. February 2, 1990.
16. Lindvall, O., et al., *Neural transplantation in Parkinson's disease: the Swedish experience*. Prog Brain Res, 1990. **82**: p. 729-34.
17. Wadman, M., *The truth about fetal tissue research*. Nature, 2015. **528**(7581): p. 178-81.
18. Wong, A., *The ethics of HEK 293*. Natl Cathol Bioeth Q, 2006. **6**(3): p. 473-95.
19. Il, J.P., *The Gospel of Life: Evangelium Vitae*. 1995: Pauline Books and Media. 176.

**Testimony in Opposition to SB 1404**  
**Hannah Brass Greer, J.D. – Legislative Director**  
**House State Affairs Committee**  
**March 24, 2016**

Mr. Chairman, members of the committee, my name is Hannah Brass Greer, I'm the Legislative Director for Planned Parenthood in Idaho. I stand in opposition to SB 1404 as amended.

I appreciate all of the work by a number of legislators, including some in this committee, over the last month to make changes to this legislation. Unfortunately, even after a month of work on this bill, significant problems remain. The language continues to be vague and internally inconsistent – which is what often happens when the legislature attempts to direct the way that licensed health providers practice medicine.

Like all healthcare providers, we handle tissue in a sensitive and professional manner in accordance with medical standards and regulations. This bill, however, would actually force providers caring for a woman who has miscarried to deviate from safe tissue handling practices and would force them to violate current guidelines and regulations.

Proposed § 39-9304 requires that, in the case of miscarriage, at the request of the woman, providers must release the remains to the woman “for final disposition *in accordance with applicable law*” (emphasis added). Under current state and federal regulations, providers are not permitted to release fetal tissue to the woman upon her request, yet the language of this section directs providers to do just that while also complying with all applicable laws. These internal inconsistencies render this section unworkable. Doctors must be able to determine what actually constitutes a violation of the law, particularly when they are subject to criminal penalties. Because this section provides conflicting direction to doctors, under which they may comply with one legal requirement only at the expense of another, it is impossible for them to know what is expected





Planned Parenthood Votes Northwest and Hawaii

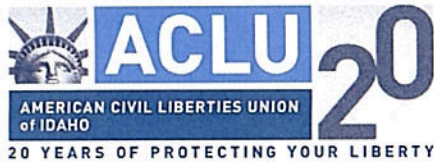
of them under the proposed language and impossible to comply with all applicable laws.

I would like to make it very clear that Planned Parenthood does not facilitate fetal tissue donation in the state of Idaho, despite the fact that it is life-saving. Although opponents of safe and legal abortion have attempted to use heavily manipulated and doctored videos to show Planned Parenthood engaging in illegal activity, those efforts have failed. Planned Parenthood has been cleared of all wrongdoing in every investigation launched in 13 states in response to these videos. As you know, Governor Otter declined to investigate even after continued pressure, because there was nothing to investigate. In fact, the only people indicted for criminal activity are the individuals who created the fraudulent videos.

Even in light of these facts, the legislature insists on pushing this legislation where no problem has been shown to exist. The legislative findings in this bill state, "It is contrary to the public policy of the state of Idaho for an individual to become pregnant for the purpose of aborting an unborn infant and thereafter selling, transferring, distributing or donating the unborn infant's bodily remains". This does not happen here in Idaho or anywhere else in the country. Women who make the decision to terminate a pregnancy do so after careful consideration in consultation with their doctor, their family and their faith. Women do not terminate pregnancies for any profit or gain and to suggest it is insulting to women across the state who face their own pregnancy decisions.

This bill leaves many unanswered questions for providers who want to care for their patients and comply with the law. It forces doctors to decide between two conflicting laws while risking felony charges for following existing regulations. Furthermore, this bill insults the women of Idaho who may be faced with the constitutionally protected decision to terminate a pregnancy. Instead of quickly pushing this deeply flawed legislation through in the last days of the session while ignoring the health problems that actually exist in this state, like a lack of birth control access and a lack of healthcare coverage for the 78,000 Idahoans in the healthcare gap, we urge you to hold this bill in committee.

Thank you.



ACLU of Idaho  
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**Testimony of Kathy Griesmyer  
SB 1404 – Fetal Rights Bill  
Before House State Affairs Committee  
Thursday, March 23, 2016**

The ACLU of Idaho stands before you today in opposition to SB 1404.

Simply put, this bill is a solution in search for a problem. No one is buying or selling fetal tissue in the state of Idaho. SB 1404 is part of a nationwide attack on Planned Parenthood and other abortion providers despite the fact that no state that has investigated this issue has found any wrongdoing. Idaho's own Governor Otter refused to investigate Planned Parenthood because there is, and remains, no evidence of any criminal wrong doing. And there is no medical need to impose additional, onerous burdens specifically on those who provide abortion care.

There is already existing federal law governing this issue. 42 U.S.C. 289g-2 states "It shall be unlawful for any person to knowingly acquire, receive or otherwise transfer fetal tissue for valuable consideration." Valuable consideration "does not include reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue."

Medical clinics currently handle embryonic or fetal tissue in accordance with Idaho state law, to ensure that it is safe and appropriate – just as there are laws that regulate disposal by other health care providers.

This legislation also contains vague language definitions that could jeopardize medical clinics or facilities in the final disposition of fetal tissue and the manner in which they legally dispose of medical waste. Section 39-9306 prohibits the transfer of embryonic or fetal tissue, which is directly contradicted in section in 39-9304 which requires institutions to "make arrangements for the release of bodily remains to the mother or her authorized representative for final disposition in accordance with applicable law." Also, the word "institution" is not defined, potentially implicating non-medical facilities to comply with the provisions of this law.

Every woman makes the decision to have an abortion for her own reasons and we cannot know her own personal experiences. Instead of passing laws that further complicates a woman's experience and forcing her to consider burial services or death certificates as outlined in sections in 39-9304 and 39-9305 respectively, we should focus on making sure that she is supported and respected in her decision.



Finally, donated fetal tissue has produced incredibly valuable strides in medical research. According to the Guttmacher Institute, fetal tissue “has been used to develop vaccines that have saved and improved the lives of billions of people worldwide.”<sup>1</sup> Research on degenerative eye disease, human development disorders such as Down Syndrome and early brain development permitting an understanding of the causes of autism and schizophrenia all are highly dependent on fetal tissue research, according to the U.S. Department of Health.

Instead of focusing on these intrusive mandates that threaten women’s health care, lawmakers need to focus on supporting women and their families. SB 1404 is unnecessary and based on a mistaken assumption about the practices in place in Idaho medical facilities. For these reasons, we urge you to vote no and hold SB 1404 in committee.

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<sup>1</sup> Boonstra, Heather. “Fetal Tissue Research: A Weapon and a Casualty in the War Against Abortion,” Guttmacher Policy Review, Volume 19, 2016. Available online: <https://www.guttmacher.org/pubs/gpr/19/1/gpr1900916.pdf>





March 17, 2016

To whom it may concern:

Consistent with U.S. Supreme Court precedent and good public policy, the *Idaho Unborn Infants Dignity Act*, Senate Bill 1404, provides guidance as to what happens to the bodily remains of an unborn infant after death; protects the personal right of a mother to receive and dispose of her unborn child's bodily remains; and prevents the undignified treatment or commodification of the child's bodily remains.

The bodies of deceased infants, like other deceased human bodies, are not egg, sperm, or mere tissue, and they are not part of another person's body. In *Gonzales v. Carhart*, the U.S. Supreme Court held that "by common understanding and scientific terminology, a fetus is a living organism while within the womb, whether or not it is viable outside the womb."<sup>1</sup>

A state's decision to treat the body of a miscarried, stillborn, or aborted infant with the same respect due any deceased person is consistent with Supreme Court precedent. Specifically, the Court "has recognized the legitimate interest of states and municipalities in regulating the disposal of fetal remains from abortions and miscarriages."<sup>2</sup> In *City of Akron v. Akron Ctr. for Reprod. Health, Inc.*, while striking down a particular fetal disposition law as unconstitutionally vague the Court held that a city or state "remains free, of course, to enact more carefully drawn regulations that further its legitimate interest in proper disposal of fetal remains."<sup>3</sup>

Prohibiting the use of aborted infants' bodily remains for experimentation or transplantation is good public policy and far from a novel concept.

The State has a recognized interest in protecting the integrity of the medical profession and scientific research. In *Gonzales v. Carhart*, the Court reaffirmed the principle that "the State has a significant role to play in regulating the medical profession,"<sup>4</sup> and held that "[t]here can be no doubt the government 'has an interest 'in protecting the integrity and ethics of the medical profession.'"<sup>5</sup>

The official notes of the *Uniform Anatomical Gift Act* (UAGA), adopted in some form in every state, acknowledge that states may choose to treat aborted fetuses differently, given the

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<sup>1</sup> 550 U.S. 124, 147 (2007).

<sup>2</sup> *Planned Parenthood v. Minnesota*, 910 F.2d 479, 481 (8<sup>th</sup> Cir. 1990) (citing *City of Akron v. Akron Ctr. for Reprod. Health Inc.*, 462 U.S. 416, 451-52 nn. 44, 45 (1983); *Planned Parenthood Ass'n v. Fitzpatrick*, 401 F. Supp. 554, 573 (E.D. Penn. 1975), *aff'd, without opin. sub nom., Franklin v. Fitzpatrick*, 428 U.S. 901 (1976)).

<sup>3</sup> 462 U.S. 416, 452 n. 45 (1983).

<sup>4</sup> 550 U.S. 124, 156-157.

<sup>5</sup> *Id.* (citing *Washington v. Glucksberg*, 521 U.S. 702, 731 (1997)).

“complicated legal, scientific, moral, and ethical issues which may arise.”<sup>6</sup> Five states—Indiana,<sup>7</sup> North Dakota,<sup>8</sup> Ohio,<sup>9</sup> Oklahoma<sup>10</sup> and South Dakota<sup>11</sup>—have laws reflecting a policy determination that aborted infants should not be exploited for scientific and/or pecuniary gain.

In contrast to some state laws prohibiting research on the bodily remains of aborted infants that have been found unconstitutionally vague,<sup>12</sup> the *Idaho Unborn Infants Dignity Act* defines important terms, providing “constructive notice” and giving “police, prosecutors, juries and judges [] standards to focus the statute’s reach.”<sup>13</sup>

The *Idaho Unborn Infants Dignity Act* does not place an “undue burden” on a woman seeking an abortion; it neither proscribes any abortion nor prevents or hinders a woman from obtaining an abortion. Rather, in furtherance of recognized legitimate state interests, Senate Bill 1404 recognizes the humanity of the aborted infant by requiring that his or her bodily remains receive dignified treatment after an abortion is completed.

The *Idaho Unborn Infants Dignity Act* promotes both a respect for the lives of unborn infants and the State’s interest in promoting ethical medical and scientific research. These interests are long-recognized and exist within and outside the context of abortion.

Sincerely,

Anna Paprocki  
Staff Counsel  
Americans United for Life

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<sup>6</sup> *Revised Uniform Anatomical Gift Act*, p. 14 (2006) (Last Revised or Amended in 2009), drafted by the National Conference of Commissioners on Uniform State Laws, available at [http://www.uniformlaws.org/shared/docs/anatomical\\_gift/uaga\\_final\\_aug09.pdf](http://www.uniformlaws.org/shared/docs/anatomical_gift/uaga_final_aug09.pdf) (last visited Mar. 17, 2016).

<sup>7</sup> Ind. Code § 16-34-2-6 (prohibiting experimentation on an aborted fetus).

<sup>8</sup> N.D. Cent. Code § 14-02.2-01 and N.D. Cent. Code § 14-02.2-02 (prohibiting use of aborted fetus for research or experimentation).

<sup>9</sup> Ohio Rev. Code § 2919.14 (prohibiting sale or experimentation on aborted fetus).

<sup>10</sup> Okla. Stat. tit. 63, §1-735 (prohibiting sale or experimentation on aborted fetus).

<sup>11</sup> S.D. Codified Laws § 34023A-17 (prohibiting use of aborted fetuses in research or transplantation).

<sup>12</sup> See *Forbes v. Napolitano*, 236 F.3d 1009, 1013 (9<sup>th</sup> Cir. 2000) (holding “The dearth of notice and standards for enforcement arising from the ambiguity of the words “experimentation,” “investigation,” and “routine” thus renders the statute unconstitutionally vague.”); and *Margaret S. v. Edwards*, 794 F.2d 994, 999 (5<sup>th</sup> Cir. 1986) (“Our holding is based solely on our conclusion that the use of the terms “experiment” and “experimentation” makes the statute impermissibly vague.”).

<sup>13</sup> *Forbes v. Napolitano*, 236 F.3d at 1013.





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DATE: January 20, 2016

TO: Idaho State Legislators

FROM: David Stevens, MD, M.A. (Ethics)  
CEO, Christian Medical & Dental Associations

**REF: Support for the Idaho Unborn Infants Dignity Act**

I'm writing on behalf of the 15,000 members of the Christian Medical & Dental Associations to express their support of the Idaho Unborn Infants Dignity Act for the following reasons.

- It is wrong to incentivize abortions. Whatever ones personal beliefs on the morality of elective abortions, most agree it would better if they were safe and seldom.
  - Using them as a means to harvest fetal tissue can cause the abortionists to alter and modify the procedure to a less safe surgical alternatives to insure valuable intact organ harvesting.
  - Obtaining consent to use fetal tissues can in itself influence women to choose abortion when they are told "some good" can come from their heart rending decision to end the life of their child.
- Harvesting fetal tissues or cells through abortions in unnecessary.
  - There are plenty of fetal tissues available for research from spontaneous miscarriages. One in four pregnancies end in a miscarriage each year. That is over 500,000 spontaneous miscarriages a year.
- Financially incentivizing abortion providers likely increases the number of abortions.
  - Despite a nearly 20 percent decline in the number of abortions in the country between 2000 and 2011, the number of abortions Planned Parenthood performed during that time increased from 197,070 to 333,964 through marketing and expansion. They are the largest single abortion provider in the USA.
  - They had total revenues of \$1.145 million dollars in 2013-14 and \$528 million of this came from government sources and could not be used to perform abortions though it could be used to counsel a woman to have an abortion.
  - Of the remaining \$603 million dollars of non-government revenue, \$263 million (43%) to \$491 million (81%) came from abortion. That wide range is based on the unrevealed percentage of income that came from chemical abortions costing up to \$800 and surgical abortions costing up to \$1,500 (Planned Parenthood's figures) each multiplied against the 333,964

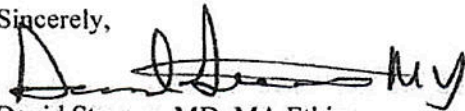


abortions done in 2011.

- Adding \$50 to over \$1,000 (for a intact brain) **per organ** harvested markedly increases income when you consider that multiple organs and tissues can be harvested for “handling fees” from one fetus. This provides a perverse incentive to encourage women to have an abortion and to ask them to let their baby’s organs and tissues is harvested.

As a bioethicist, physician and on behalf of our members, I ask you as a legislator to pass the sensible legislation of the **Idaho Unborn Infants Dignity Act**.

Sincerely,

A handwritten signature in black ink, appearing to read "David Stevens", written over a horizontal line.

David Stevens, MD, MA Ethics  
CEO – Christian Medical & Dental Associations.



March 11, 2016

Mr. David Ripley  
Idaho Chooses Life  
P.O. Box 8172  
Boise, Idaho 83707

RE: IDAHO UNBORN INFANT DIGNITY ACT

Dear Mr. Ripley:

We write to offer our support for the Idaho Unborn Infant Dignity Act (SB 1349). This is a comprehensive approach to upholding the dignity of human life in our state.

As with most Idahoans, we were greatly disturbed to see the videos released last summer and fall regarding the horrific trafficking in baby parts and tissue collected from vulnerable babies lost to abortion. It is just shocking to realize that this is going on in America.

Those videos highlight the corrosive effect legalized abortion is having upon our society.

It is imperative that our Legislature take a stand to prohibit the scandalous use of aborted babies as some sort of commodity. In our view, it is simply immoral to treat these victims as mere means to an end – however noble that justification might appear. We are confident that important medical research can continue using tissue donated from morally licit sources. It is not necessary for Idaho to lose its moral compass in the quest to treat disease.

We are also gratified to see that the proposed legislation would help provide comfort to families who lose babies to miscarriage. The provision of Fetal Death Certificates would, in many cases, be a great blessing to grieving parents. In our view, such a recognition by the State of Idaho would be a simple act of kindness, while simultaneously affirming the dignity of each human being as a gift from God.

Thank you for your work on this important legislation, and please communicate our sincere support to members of the Idaho Legislature. If we can be of further assistance, please do not hesitate to call.

Sincerely,

PASTOR TIM REMINGTON  
Altar Church/ Coeur d'Alene

PASTOR DAVE MCGARRAH  
Deer Flat Church / Caldwell

PASTOR PAUL D. VAN NOY  
Candlelight Church / Coeur d'Alene

PASTOR MATT DEMPSTER  
Riverside Community Church / CdA

*Pastoral Letter, Page 2*  
*March 11, 2016*

PASTOR RICK DEMICHELE  
Treasure Valley Baptist

PASTOR DAVE SNYDER  
268 Church / Meridian

PASTOR RICK KAHLBAU  
Calvary Chapel/ Coeur d'Alene

PASTOR PAUL PEABODY  
Grace Bible Church / Coeur d'Alene

PASTOR TREVOR ESTES  
Vineyard Church / Boise

PASTOR RALPH LOWE  
Legacy Church / Boise

PASTOR MARK COFFIN  
Riverside Community Church / Meridian

PASTOR ROD ENOS  
Southside Christian Center

PASTOR MARK POST  
Eagle Christian Church

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Central Valley Baptist

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Trinity Church

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PASTOR JIM HALBERT  
Crossroads Community Church/Nampa

PASTOR GREG HARDY  
Troy Church of the Nazarene

REV. BILL ROSCOE  
Boise Rescue Mission

PASTOR JIM WILLIAMS  
Emmanuel Baptist Church

PASTOR JOHN HOUSER  
The Crossing Ministries

PASTORS TIM & JENNIFER WANGLER  
Crossroads Genesis