

# Pro-Life Wisconsin



*Defending them all...*

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

## Testimony in Opposition to Assembly Bill 458: Providing Instruction in Human Growth and Development Assembly Education Committee By Matt Sande, Director of Legislation

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Good morning Chairwoman Pope-Roberts. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to express our opposition to Assembly Bill (AB) 458, legislation restructuring Wisconsin's K-12 instruction in human growth and development.

Assembly Bill 458 would effectively prohibit local school districts from adopting "abstinence-only" human growth and development programs – a freedom and flexibility they now enjoy under current law. The language of the bill itself requires the instruction to "stress the value of abstinence as the most reliable way to prevent pregnancy and sexually transmitted infections." **If the authors therefore agree that abstinence is the most effective method of protecting our youth from underage pregnancies and the ravages of sexually transmitted diseases (STDs), then why not allow a school district to make abstinence its sole focus?** This heavy-handed bill ties the hands of local human growth and development advisory committees – a violation of the principle of local control.

Proponents of AB 458 emphasize the reduction of "risky sexual behaviors" among our youth as the primary aim of the legislation. If that is the goal, forcing contraception education into the curriculum is not the answer. In fact, it is ineffective and dangerous. **Government-funded birth control, whether provided directly or promoted educationally, encourages sexual promiscuity and with it a host of social pathologies including underage pregnancies, chemical and surgical abortions, and STDs.**

Hormonal contraceptives including the Pill, the Morning-After Pill, and the Patch provide no protection from any of the 25 known sexually transmitted diseases, including HIV, human papillomavirus, chlamydia, herpes, gonorrhea, genital warts, syphilis and hepatitis B. Human papillomavirus (HPV) infection is currently the most prevalent sexually-transmitted disease. "High risk" subtypes of sexually-transmitted HPV (such as HPV-16 and HPV-18) cause 70 percent of cervical cancer in women, genital and anal cancers in men. The only way you can prevent getting an HPV infection is to avoid direct contact with the virus. **Research studies have not confirmed that male latex condoms prevent transmission of HPV, so even a curriculum's emphasis on barrier methods is irresponsible.**

With over thirty viruses today compared to only two in 1960, STDs among our teens have become a full-blown epidemic. Every day, 8,000 teens become infected with an STD – a direct result of our overemphasis on birth control and our culture's "sex-with-no-consequences" mindset. After twenty years crusading for safe sex by dispensing condoms and the Pill to adolescent patients, Dr. Meg Meeker, M.D., as described in her book [Epidemic – How Teen Sex is Killing Our Kids](#), realized she was horribly mistaken when her teen patients began marching in with dangerous STDs. She now counsels teens and parents on the *medical* importance of abstinence.

Assembly Bill 458, the so-called *Healthy Youth Act*, forces contraception education into our school-based curriculums. Yet hormonal contraceptives have been proven dangerous to women's health. Users of the pill and the morning-after pill have an increased risk of blood clotting and ectopic pregnancy, both of which can be fatal. The Ortho Evra patch is being blamed for a number of deaths due to blood clots, heart attacks and strokes. The Associated Press analyzed 16,000 reports of adverse events filed with the Food and Drug Administration, finding the risk of death from a blood clot is three times higher for women using the patch. How do these powerful, steroidal drug regimens improve our children's health?

Assembly Bill 458 stresses the importance of "medically accurate information." **Will such information include the medical fact that most if not all hormonal birth control drugs and devices cause early chemical abortions?** The morning-after pill (a high dosage of the birth control pill), the intrauterine device (IUD), Depo Provera, the Patch, and the Pill can act to *terminate* a pregnancy by chemically altering the lining of the uterus (endometrium) so that a newly conceived child is unable to implant in the womb, thus starving and dying. This mechanism of action is termed a pre-implantation chemical abortion.

One need only explore the websites of individual abortifacient brand-name drugs to verify their abortion causing effect. The most commonly used emergency contraceptive pill package is Plan B. The website for this drug regimen clearly indicates that it can work to prevent a fertilized egg (a human embryo) from implanting in the uterine wall:

Source: [www.planbonestep.com](http://www.planbonestep.com). Click on *Pharmacists*, then click on *How Plan B® One-Step Works*: Plan B® One-Step works primarily by preventing ovulation, possibly preventing fertilization by altering tubal transport of sperm and/or egg, and **altering the endometrium, which may inhibit implantation**. Plan B® One-Step is not effective once the process of implantation has begun. It will not affect an existing pregnancy or harm a developing fetus. (emphasis added)

The package insert of Lo/OVRAL-28, a standard birth control pill manufactured by Wyeth Laboratories, also describes the mechanism of the drug:

Lo/OVRAL-28: Combination oral contraceptives act by suppression of gonadotropins. Although the primary mechanism of this action is inhibition of ovulation, other alterations include **changes in the cervical mucus** (which increase the difficulty of sperm entry into the uterus) and **the endometrium (which reduce the likelihood of implantation)**. (emphasis added).

While admitting that hormonal birth control can inhibit the implantation of a fertilized egg, the makers of these drugs claim that they do not cause an abortion. For example, they argue that emergency contraception "prevents pregnancy" or "will not affect an existing pregnancy." However, they intentionally define the term "pregnancy" as **implantation** of a fertilized egg in the lining of a woman's uterus, as opposed to "pregnancy" beginning at **fertilization**.

Whether one understands pregnancy as beginning at "implantation" or "fertilization," the heart of the matter is when human life begins. Embryological science has clearly determined that human life begins at fertilization – the fusion of an egg and sperm immediately resulting in a new, genetically distinct human being. Accordingly, any artificial action that works to destroy a fertilized egg (human embryo) is abortifacient in nature.

Young women have a right to know the abortion-causing effects of hormonal contraceptives so that they may make informed decisions that respect the lives of human beings, even in their earliest stages.

Concerning the *Volunteer Health Care Provider Program*, Pro-Life Wisconsin strongly opposes removing the current law provision that prohibits a school-based health volunteer from providing human growth and development instruction in the areas of human sexuality, reproduction and family planning. Sexual and

reproductive “health” issues are not properly under the purview of a school health room physician or nurse. Five years ago, our organization made a good faith compromise with Representative Richards guaranteeing this limitation on human growth and development instruction by a volunteer provider. Section 10 of AB 458 strikes this common sense restriction from current law therefore abrogating this compromise.

The *Volunteer Health Care Provider Program* confers legal protection to a health care volunteer by treating the volunteer as an agent of the state under the Department of Health Services. Therefore, if a civil lawsuit were to be brought against the health care volunteer as the result of services provided through the program, the state of Wisconsin would assume legal liability.

AB 458 as currently drafted would permit contraceptive or abortion education by a Planned Parenthood volunteer health provider. This could involve a referral to the nearest Planned Parenthood clinic where a child could be given contraceptive drugs and devices or directly referred to one of Planned Parenthood’s abortion clinics. Wisconsin taxpayers should not be assuming legal costs for a civil action brought by the parents of a student who has been referred by a health volunteer to a local Planned Parenthood clinic and there given birth control drugs such as the “morning-after-pill” or referred for an abortion.

**Pro-Life Wisconsin opposes the sexualization of our children.** With his reports on the Sexuality and the Human Male (1948) and Sexuality and the Human Female (1953), zoologist Alfred Kinsey ushered in the sexual revolution. He argued that children are sexual from birth and that deviant sexual activity is natural and normal and ought not to be stifled or repressed.

According to *Concerned Women for America*,\* “Fifty years of his deception have moved our culture into a world of sexual and moral relativity. With this, we now have epidemic levels of rape, sexually transmitted diseases, illegitimacy, child molestation, promiscuity, pornography, and broken lives. America has bought into the Kinsey lie far too long. As parents, educators, and concerned citizens, we need to stand up to this assault on our children.”<sup>1</sup>

<sup>1</sup>(Contraception or Deception? by Elizabeth Bossom, 8/22/02, updated 3/8/06, Concerned Women for America)

The sexualization of our children is not without harmful consequence. Sigmund Freud contended that the period of life from 6 to 12 years was, normally, a “sexual latency” period where a child suppresses sexual interest and develops other important behavioral capabilities. Freud, in fact, stated that an undue dwelling on sexual matters during this time of life would hinder a person’s normal development.

Why is it, then, that some adults see fit to thwart the normal development of a child – to in fact sexualize a child – who has no natural interest in such a topic? Is this not contrary to our goal of educating well rounded, happy, complex free kids who can integrate the virtue of chastity into their lives – along with the virtues of self-discipline and responsibility?

I’d like to close with a thought on this topic from Mahatma Gandhi. Gandhi, India’s “Great Soul,” often spoke on sexual morality, and frequently emphasized the importance of sex education. He defined the fundamental difference between comprehensive sex education and chastity education as follows:

*Sexual science is of two kinds, that which is used for controlling or overcoming the sexual passion, and that which is used to stimulate and feed it. Instruction in the former is as necessary a part of a child's education, as the latter is harmful and dangerous, and fit, therefore, only to be shunned.*

*The sex education that I stand for must have for its object the conquest and*

*sublimation of the sex passion. Such education should automatically serve to bring home to children the essential distinction between man and brute, to make them realize that it is man's special privilege and pride to be gifted with the faculties of head and heart both, that he is a thinking no less than feeling animal, and to renounce the sovereignty of reason over the blind instincts is, therefore, to renounce a man's estate.*<sup>2</sup>

Mohatma Ghandi: a legacy of peace, non-violence, religious and ethnic tolerance, greater rights for women, and the search for truth.

Alfred Kinsey: a legacy of sexual license, promiscuity, epidemic levels of rape, sexually transmitted diseases, illegitimacy, child molestation, pornography, and broken lives.

What legacy shall we leave *our* children?

Thank you for your consideration, and I would be happy to answer any questions committee members may have for me.

<sup>2</sup>(Fr. A.S. Antonisamy. *Wisdom for All Times: Mahatma Gandhi and Pope Paul VI on Birth Regulation*. Family Life Service Centre, Archbishop's House, Pondicherry 605001 India, June 1978.)

## CASE STUDIES

Compelling data indicates that broad contraceptive availability may actually work to *increase* underage pregnancy and abortion by encouraging sexual promiscuity, debunking Planned Parenthood's theory that the provision of contraceptives to teens will reduce underage pregnancies.

A March 2002 study published in the *Journal of Health Economics* investigated the impact of family planning on teenage conceptions and abortions by testing data from 16 United Kingdom regions over a 14-year period.\* **The author of the study concluded that "the overall effect of expanding family planning services for under-16s has been to increase pregnancies and abortion."**

\*("The Economics of Family Planning and Underage Conceptions," Dr. David Paton, Nottingham University Business School)

The morning-after pill is available without a prescription in Great Britain. In an attempt to reduce the teen birthrate, Britain used taxpayer funds to enable women under age twenty to pick up free doses of the morning-after pill at local pharmacies. As this was going on, *The London Times* reported an epidemic of STDs among British teenagers with skyrocketing diagnoses of the diseases among teens over a five-year period.\* The experiment was a total failure. Promotion, public funding and liberal distribution of the morning-after pill among Great Britain's teen population had the opposite effect of increasing sexual promiscuity and STD rates.

\* ("The Price of Casual Sex," Carol Midgley, *The London Times*, January 29, 2002)

An April 2003 study published in the journal *Adolescent and Family Health* found that increased abstinence, not contraception, was the major cause of declining birth and pregnancy rates among single teenage girls.\* It overturns Planned Parenthood's claim that 75 percent of the decline in the pregnancy rate is due to contraceptive use and 25 percent to abstinence. The authors compared the drop in the birth and pregnancy rates between 1991 and 1995. **Among unmarried teens aged 15 to 19, abstinence accounted for 67 percent of the decrease in the pregnancy rate.** Similarly, a 51 percent drop in the birth rate for single teens

aged 15 to19 was attributed to abstinence.

\*("An Analysis of the Causes of the Decline in Non-marital Birth and Pregnancy Rates for Teens from 1991 to 1995," Joanna K. Mohn, MD, Lynne R. Tingle, Ph.D., Reginald Finger, MD, MPH)