



## Hawaii Women's Coalition

**COMMITTEE ON JUDICIARY AND LABOR**  
**Senator Clayton Hee, Chair**  
**Senator Maile S.L. Shimabukuro, Vice Chair**

DATE: Thursday, March 28th, 2013  
TIME: 10:30 A.M.  
PLACE: Conference Room 016

### **STRONG SUPPORT FOR HB 411 – COMPASSIONATE CARE FOR RAPE VICTIMS**

Aloha Chair Hee, Vice Chair Shimabukuro and Members of the Committee,

The Hawai'i Women's Coalition is in strong support of this measure, which ensures compassionate care for sexual assault survivors in Hawai'i by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it. Emergency Contraception is NOT an abortion pill. It, in scientific fact, prevents ovulation thus preventing a rapist from impregnating his victim.

The opposition to this bill comes from the particular leadership of a particular religious organization. Yet, many of the religious hospitals of this organization, both nationally and internationally, do offer EC as a non-abortifacient standard of decent health care to rape victims who come to their emergency rooms. The arguments of this Hawaii-based religious organization therefore cannot be about protecting religious beliefs. They must in fact be motivated by a desire to discriminate against women who are victims of the heinous crime of rape.

It is a fact that traumatized rape victims are currently being denied their civil rights in emergency rooms throughout our state. When rape victims show up in the ER they may not get the complete information that they need for their mental and physical health. Providing EC in the ER is the accepted standard of medical care, yet there is no policy in place in many hospitals throughout our state. Hit or miss in the treatment of rape victims is simply unacceptable. We would suggest that it amounts to malpractice at worst and failure to provide informed consent at the least.

According to the Hawai'i Attorney General's Report Crime in Hawai'i, in 2011 there were 353 reported forcible rapes in Hawai'i. Major studies show that reporting rates for rape and sexual assault are approximately 40%.<sup>i</sup> Still some studies have shown that rate to be as low as 16%.<sup>ii</sup> Therefore, the rate of sexual assault in Hawai'i is likely much higher. Survivors find themselves dealing with a host of reproductive and sexual health issues, including pregnancy. Statistics vary, but indicate that approximately **5-8%** of all rapes result in pregnancy.

The American Medical Association's Guidelines for treating sexual assault victims states that victims should be informed about and provided EC.<sup>iii</sup> The American College of Obstetrics and Gynecology also supports this standard of care.<sup>iv</sup> Disturbingly, some hospitals in Hawai'i do not offer victims Emergency Contraception, or even provide information about it, leaving some victims at risk for pregnancy resulting from rape.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. We should never let a religious organization force their beliefs on everyone else as a matter of law. Therefore we urge the Committee to pass HB 411.

Mahalo nui loa,

Ann S. Freed  
Co-Chair, Hawai'i Women's Coalition  
Contact: [annsreed@gmail.com](mailto:annsreed@gmail.com)  
Phone: 808-623-5676

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<sup>1</sup> <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2011/crime-in-the-u.s.-2011/tables/table-5>

<sup>ii</sup> National Center for Victims of Crime & Crime Victims Research and Treatment Center, *Rape in American: A Report to the Nation*, (1992).

<sup>iii</sup> See, American Medical Association, *Strategies for the Treatment and Prevention of Sexual Assault* (1995).

<sup>iv</sup> American College of Obstetricians and Gynecologists, *Violence Against Women: Acute Care of Sexual Assault Victims* (2004), at [http://www.acog.org/departments/dept\\_notice.cfm?recno=17&bulletin=1625](http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=1625).

hee2 - Kathleen

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**From:** Planned Parenthood of Hawaii [contact@pphi.org] on behalf of Amy Monk [amymonk99@hotmail.com]  
**Sent:** Wednesday, March 27, 2013 10:36 PM  
**To:** JDLEstimony  
**Subject:** In Support of HB 411

Mar 28, 2013

Senate Judiciary and Labor Committee

Dear Members of the Senate Committee on Judiciary and Labor Committee,

I strongly support HB 411 HD2, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. HB 411 HD2 is a strong measure protecting Hawaii's women and girls.

I urge the Committee to pass this bill unchanged so that Compassionate Care can finally become law in our state. Thank you.

Sincerely,

Ms. Amy Monk  
7476 Kekaa St  
Honolulu, HI 96825-2809

hee2 - Kathleen

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**From:** Melinda Wood [mwood17@hawaii.rr.com]  
**Sent:** Wednesday, March 27, 2013 11:10 PM  
**To:** JDLTestimony  
**Subject:** HB 411

I strongly support the Compassionate Care for Victims of Sexual Assault bill and I urge you to pass it without amendments. It needs to pass in its current form to ensure that Hawaii's women are provided services that meet national standards of care regardless which hospital they may go to.

I am a board member of the Planned Parenthood of Hawaii Action Network and though I speak as a private citizen today, I am closely tracking the voting records of the JDL committee and I will certainly remember how the members voted during the next election cycle.

Melinda Wood  
1505 Alexander St.  
Honolulu 96822

hee2 - Kathleen

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**From:** Planned Parenthood of Hawaii [contact@pphi.org] on behalf of Sally Little  
[slittle@hawaii.rr.com]  
**Sent:** Wednesday, March 27, 2013 10:06 PM  
**To:** JDCTestimony  
**Subject:** In Support of HB 411

Mar 28, 2013

Senate Judiciary and Labor Committee

Dear Members of the Senate Committee on Judiciary and Labor Committee,

I strongly support HB 411 HD2, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. HB 411 HD2 is a strong measure protecting Hawaii's women and girls.

I urge the Committee to pass this bill unchanged so that Compassionate Care can finally become law in our state. Thank you.

Sincerely,

Sally Little  
94-160 Hokualea Pl  
Mililani, HI 96789-2324

hee2 - Kathleen

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, March 27, 2013 7:56 PM  
**To:** JDLEstimony  
**Cc:** marybarter@me.com  
**Subject:** \*Submitted testimony for HB411 on Mar 28, 2013 10:30AM\*

**HB411**

Submitted on: 3/27/2013

Testimony for JDL on Mar 28, 2013 10:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Mary M. Barter	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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## hee2 - Kathleen

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, March 28, 2013 6:40 AM  
**To:** JDLTestimony  
**Cc:** Patriciablaire@msn.com  
**Subject:** Submitted testimony for HB411 on Mar 28, 2013 10:30AM

### **HB411**

Submitted on: 3/28/2013

Testimony for JDL on Mar 28, 2013 10:30AM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patricia Blair	Individual	Support	No

Comments: Please pass!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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hee2 - Kathleen

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**From:** Planned Parenthood of Hawaii [contact@pphi.org] on behalf of leslie wilkins [lesliewilkins1@gmail.com]  
**Sent:** Thursday, March 28, 2013 7:12 AM  
**To:** JDLEstimony  
**Subject:** In Support of HB 411

Mar 28, 2013

Senate Judiciary and Labor Committee

Dear Members of the Senate Committee on Judiciary and Labor Committee,

I strongly support HB 411 HD2, which ensures compassionate care for sexual assault survivors in Hawaii by requiring that emergency departments throughout the state offer information about emergency contraception (EC) and dispense the medication when it is needed and the survivor requests it.

When a woman is sexually assaulted, she should be able to prevent pregnancy as the result of rape. EC prevents pregnancy and the best, compassionate care that survivors deserve.

Hawaii's most vulnerable patients deserve access to quality, compassionate care after a sexual assault, no matter which emergency room they arrive in. HB 411 HD2 is a strong measure protecting Hawaii's women and girls.

I urge the Committee to pass this bill unchanged so that Compassionate Care can finally become law in our state. Thank you.

Sincerely,

Ms. leslie wilkins  
508 Kulaiwi Dr  
Wailuku, HI 96793-1588  
(808) 280-0376



# LATE TESTIMONY

March 27, 2013

Alison Rowland-Ciszek  
Kailua, HI 96734

To: **Senate Committee on Health**  
The Hon. Clayton Hee, Chair  
The Hon. Maile Shimabukuro, Vice Chair

## **Testimony in strong support of HB 411 HD 1**

Aloha Chair Hee, Vice Chair Shimabukuro, members of the Committee.

The issue before you is one I feel you understand well. Many people have testified in support of this measure. In support of it you have the weight of medical science, as represented by the American Medical Association and the American College of Obstetricians and Gynecologists, joined by many experts and supporters of equal rights, women's rights, and victims' advocates. On the other side you have religious objections of the very few. I cannot think of any other example in which a hospital may choose to withhold the standard of care to a patient based on their religious sentiments. Any woman who wishes to refuse Emergency Contraception on religious grounds has that right. What no one should have is the right to refuse the victim of an assault all the tools in the standard of care.

This is a social justice issue. We are a nation of laws and our laws must apply to everyone. We ensure access to care through our system of emergency rooms, and those emergency rooms need to offer a nondiscriminatory level of care. It shouldn't matter when you've suffered an attack that the nearest hospital is run by a church.

In previous hearings of this bill, the point was made that the entire Catholic conference of Bishops in the nation of Germany as well as hundreds of Catholic hospitals on the mainland have accepted emergency contraception as the standard of care for female rape victims and offer it at their facilities. The response from the local church representatives was that they, and all Catholics in Hawaii, must abide by the guidance of one bishop. My question to you and to all of Hawaii is this: what would we as a society do if this one bishop decided that church doctrine no longer supported the use of x-ray technology, or ultrasounds, or antibiotics? Would we continue to view a facility run by that organization as a competent and legitimate provider of medical services? Or would we, as a society, tell them that they must provide the standard of care, to all patients in all instances, or get out of the business of saying they do so. We deserve better than opinions formed in the dark ages about women's rights and women's health. We deserve the standard of care no matter where we are taken for emergency care.

Please pass this measure and I thank you for the opportunity to testify.

**LATE TESTIMONY**

**ROBERT K. MATSUMOTO**  
Attorney at Law  
345 Queen St., Suite 701  
Honolulu, HI 96813  
Telephone: (808) 585-7244  
Facsimile: (808) 585-7284  
Email: [rkmbengoshi@hawaii.rr.com](mailto:rkmbengoshi@hawaii.rr.com)

No. of pages including this page: 4

DATE: March 27, 2013  
TO: Senator Clayton  
Chair, Senate Judiciary and Labor Committee  
FACSIMILE NO. (808) 586-7334  
RE: H.B. No. 411, HD2  
Date & Time of Hearing: March 28, 2013 @ 10:30 a.m.  
Senate Conference Room 016

Dear Senator Hee and Members of the Judiciary and Labor Committee:

I urge you and your committee members to vote NO, or in the alternative to defer H.B. No. 411, HD 2 in committee for compelling reasons, i.e., the bill as presently drafted is unconstitutional because there is no exemption for those who have religious or conscientious objections to the dispensing of the emergency contraceptive (EC) pill, a euphemism for an abortifacient. With no such exemption, the First Amendment free speech and/or free exercise of religious and/or conscientious rights will be transgressed.

- I. SECTION I OF THE BILL MISCHARACTERIZES THE EC PILL AS NOT BEING AN ABORTION PILL AND NOT CAUSING ABORTION TO TAKE PLACE.

I find it ironic that the preface to H.B. No. 411 is prefaced with the bold but untrue and misleading assertion that "Emergency contraception is not an abortion pill, nor does it cause any abortive process to take place."

In 1963, the U.S. Department of Health, Education, and Welfare (HEW) defined "abortion" as "all measures which impair the viability of the zygote at any time between the instant of fertilization and the completion of labor." The pro-abortion lobby succeeded over time to change the definition of pregnancy in order to make the EC pill, an abortifacient, more acceptable and to circumvent certain laws. "Pregnancy", which was defined from the moment of conception (union of spermatozoa with the ovum) was deliberately changed to "implantation" of the fertilized egg to accommodate the physical action of the EC pill and also to try to assuage the moral dilemma presented by "in vitro" fertilization where hundreds of thousands of "fertilized" eggs have been and/or are being discarded. In other words, over time the definition of "pregnancy" took on the meaning that if there is no implantation, there is no "pregnancy", and therefore, no abortion. By means of this clever deception, many fell for this statutory legerdemain which is "encapsulated" in HB 411, SD 2. No matter the semantic gymnastics, the EC pill is still an abortifacient, and does cause abortions.

Furthermore, two of the so called world's top authority, namely Dr. James Trussell, Director of Princeton's Office of Population Research and a senior fellow at the Guttmacher Institute and a board member of the NARAL Pro-Choice America Foundation, and Dr. Elizabeth G. Raymond emphatically reported,

"To make an informed choice, women must know that [emergency contraceptive pills]...prevent pregnancy primarily by delaying or inhibiting fertilization, but may at times inhibit implantation of a fertilized egg in the endometrium."

- II. ENACTMENT OF HB 411, HD2 IN ITS PRESENT FORM WOULD BE A CLEAR VIOLATION OF CONSTITUTIONAL RELIGIOUS, CIVIL, AND/OR CONSCIENTIOUS OBJECTORS' RIGHTS.

The American Center for Law and Justice, a national non-profit organization, with whom I have worked in the past, has instituted lawsuits in various parts of the country to protect the civil rights of employees not to force them to dispense EC pill or to make referrals to those who do. The gravamen of these lawsuits is that such compulsion violates the First Amendment rights of such employees. There have been other non-profit entities that have been successful in as well in vindicating the rights of individuals who chose not to be compelled to dispense the EC pill because of religious and/or conscientious beliefs. In that regard a recent case in Washington state saw a Washington law that requires pharmacists to dispense the morning after pill even when doing so would violate their religious beliefs struck down for constitutional reasons, i.e. the said law violates the First Amendment right to the free exercise of religion.

Therefore, any current employee of a hospital who for religious or conscientious reasons and who is otherwise compelled to violate his/her beliefs, chooses to bring a lawsuit against the State of Hawaii and prevails were HB 411, HD2 enacted in its present form, would be awarded in all probability all of his/her lost just compensation and/or attorney's fees because such an employee would have his/her civil rights abridged by the unconstitutionality of HB No. 411, HD2.

III. THERE IS A RESTRICTIVE COVENANT COVERING THE SALE OF ST FRANCIS WEST TO QUEEN'S HOSPITAL SUCH THAT IF THE HOSPITAL IS COMPELLED TO DISPENSE THE EC PILL, ST. FRANCIS HAS THE RIGHT TO TERMINATE THE SALE.

Finally, it goes without saying, any religious hospital, which, by its religious or doctrinal beliefs and creed, likewise chooses not to follow HB No. 411, HD2, that religious hospital should be afforded protection under the U.S. and Hawaii State constitutions. In that regard even though St. Francis West may have been sold to

Queen's Hospital, there is a clause in the contract requiring Queen's Hospital to conform with any restrictions of sale such as to respect the religious beliefs of the Roman Catholic Church, and in particular, the Diocese of Honolulu, headed by Bishop Larry Silva. One of the tenets of the Roman Catholic Church as enunciated by Bishop Silva is that NO ONE can dispense an abortifacient without transgressing the centuries held belief that it transgresses one of the commandments of God, and by extension a religious tenet of the Catholic Church. Therefore, such a restriction must be respected in view of the restrictive covenant and the protection afforded St. Francis Hospital by the US and State of Hawaii constitutions.

For the foregoing reasons, I urge you to vote NO, or in the alternative to defer HB 411 in committee without such an exemption protecting the constitutional, religious, civil and/or conscientious rights of and hospitals and/or employees of any hospitals affected by HB No. 411, HD 2.

Very truly yours,



Robert K. Matsumoto

SANDRA YOUNG  
Attorney at Law  
P.O. Box 2897  
Aiea, HI 96701  
Telephone: (808) 487-8464

**LATE TESTIMONY**

March 27, 2013

Sen. Clayton Hee, Chair  
Sen. Maile S.L. Shimabukuro, Vice-Chair  
Committee on Judiciary and Labor

Re: HB 411, HD2 – Opposition on issue of lack of religious conscience exemption provision

Dear Mr. Chair, Ms. Vice-Chair, and Members of the Committee on Judiciary and Labor:

Thank you for your efforts to protect our community, and in this particular case, the victims of sexual assault.

I oppose this bill as drafted because it does not contain a provision that allows religious employees to opt out of providing a service that violates his/her conscience. Religious freedom is fundamental to the foundations of our country and state, and thus I respectfully request that you include a provision that will allow employees to opt out of doing a task (such as providing an abortion pill to a patient) that violates his or her religious beliefs.

Again, thank you for your time and for considering the addition of a conscience clause to the bill.

Very truly yours,

SANDRA YOUNG

# LATE TESTIMONY

**March 28, 2013-Thursday**  
**State Capitol**

**To: Senators**

**From: Janet Burlingame**

**Re: HB 411, Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims**

**Position: Strongly Support**

Dear Senators:

I am writing in strongly support of HB 411, which ensures the provision of pregnancy prevention information and emergency contraception to victims of sexual assault in a timely manner.

Emergency contraception should be available in hospitals and facilities where victims of sexual assault at risk of pregnancy are treated. Although we believe that the majority of health providers at facilities where sexual assault victims are treated already discuss and provide emergency contraception, this law is needed so we can be assured that all Hawaii's sexual assault victims have timely access to emergency contraception regardless of the facility at which they are treated.

Information and timely access to emergency contraception has been supported by national organizations like the American College of Obstetricians and Gynecologists (ACOG) as well as by Hawaii ACOG.

Thank you for the opportunity to provide this testimony.

Sincerely  
Janet Burlingame



March 28, 2013

To: Hawaii State Senate Committee on Judiciary and Labor

From: Sue Felix

Re: **Strong Opposition** to HB 411 Relating to Hospital Emergency Compassionate Care for Sexual Assault Victims

Dear Chairperson Clayton Hee, Vice Chair Maile Shimabukuro, and members of the Committee on Judiciary and Labor

I know from firsthand experience how vital it is for women to receive compassionate and appropriate care when they are sexually assaulted.

Prior to my moving to Hawaii, I provided that compassionate care to rape victims, in my role as a crisis intervention counselor with a small non-profit organization. I provided a range of services for each woman I met with in the emergency room –including giving her emotional comfort, helping her to feel safe, explaining what she might expect from the police and from the medical staff, explaining the forensic exam, exploring options and answering her questions, staying with her during the rape exam if she wished, and helping her with her immediate needs. Women who have been sexually attacked or abused absolutely need and deserve appropriate assistance so they can begin to deal with their trauma and move on.

That being said, I ask this committee reject this bill.

Because of the language in House Bill 411, sexual assault victims would not in fact receive accurate and unbiased information about emergency contraception. This bill contains an outrageous lie, and if enacted, this legislation would be a grave disservice to women because of the false information, and lack of full disclosure, they would receive in a hospital emergency room. The bill states:

“Emergency contraception is not an abortion pill, nor does it cause any abortive process to take place. Emergency contraception is a safe and effective means of preventing pregnancy after a sexual assault.”

Birth control pills have three ingredients. When the two contraceptive components fail to either inhibit ovulation or inhibit fertilization, the third abortifacient hormone still has the capacity to prevent a fertilized egg from implanting on the mother's uterine wall, or to dislodge a growing embryo, thus ending the life of a unique, developing human being. That is abortion. This bill as written seems to be a deliberate attempt to deceive women who would not otherwise take a drug which could harm their baby, if they have become pregnant as a result of the sexual assault.

Some proponents of this legislation claim that there is no abortifacient component in the morning-after contraceptives. In fact, this has yet to be proven by research.

A 2011 study found that 62 of 87 women who took Plan B before ovulation still ovulated, but none of them became pregnant, thus indicating a post-ovulation effect, or in other words, preventing implantation and thus causing an abortion (“Do Morning-After Pills Count as Abortifacients?”, by B. Fraga, OSV Newsweekly, 7/8/2012, <http://www.osv.com/tabid/7621/itemid/9596/Do-morningafter-pills-count-as-abortifacients.aspx>).

In a recent report entitled “Abortifacient Potential of Emergency Contraceptives”, research analysts Lewis and Sullivan personally question the possibility of Emergency Contraception resulting in abortion, but they acknowledge that research is inconclusive. They state that “It would be an overstatement to claim that the abortifacient claim for EC is a demonstrably false belief.” And they remind us that “a possible post-fertilization effect for EC is still included in the FDA-approved package labeling for levonorgestrel” (Ethics and Medicine, Vol. 28:3 Fall 2012, <http://www.cedarville.edu/~media/Files/PDF/Center-for-Bioethics/abortifacientem.pdf>).

For a newly-conceived baby to survive, he or she must attach to the mother's uterine wall within a few days. Many proponents of this legislation acknowledge that Emergency Contraceptives does contain a hormone which alters the lining of the uterus, thus preventing implantation of the embryo onto the uterus. But these proponents, including many OB/gyns, claim that there is no baby to be aborted, because they purport that pregnancy, that a human life, does not begin until after the embryo attaches to the uterus.

It is only in recent decades that pregnancy has been politicized and redefined because of the moral and other objections related to abortion. One group of Ob/Gyn doctors voted that pregnancy begins when the fertilized egg implants in the uterine wall, and not at conception, as has been believed by most people. Too many government agencies have followed suit in redefining pregnancy. However, a recent survey shows that a majority of Ob/Gyns disagree with this unscientific decision: 57 percent of the Ob/Gyns who responded to a questionnaire said pregnancy starts at conception, 28 percent said pregnancy begins at implantation of the embryo on the uterine wall, and the remaining 15 percent said they were uncertain (American Journal of Obstetrics and Gynecology, Volume 204, Issue 2, February 2011).

I ask that our state legislators not presume to know any better than these doctors about when pregnancy begins. There is no universal agreement as to whether Emergency Contraception is a potential abortifacient. I ask that you refuse to codify by statute what is an unsettled medical issue. I ask that you respect that this is an important moral issue for a great many people.

It is expected that all health care professionals never violate the philosophy that they will "first, do no harm" to the patients they care for. This legislation potentially enables a secondary assault – a psychological assault -- on a woman who has been raped, when her moral concerns are disregarded and medically relevant information is not fully disclosed.

I would like you to consider the scenario involving a woman who believes that human life begins at fertilization rather than implantation, and because of her faith, believes that abortion in all circumstances is grievously immoral. She is raped, she seeks assistance at the hospital emergency room, and in the course of receiving compassionate care, she is informed that Emergency Contraception cannot cause an abortion. Imagine the emotional trauma this woman of faith might suffer at a later time, when she learns that that hospital personnel have misinformed her. Imagine her grief when she realizes that the drugs she accepted might have ended the life of a baby. She has been deprived her of her freedom of conscience, and choice to practice her faith. And she needs to deal with the process of healing from the rape, as well as from the emotional aftermath of being wrongly informed in the hospital emergency room, and that a baby might have died.

If this bill is passed, our state legislators would be blatantly disregarding the right of sexual assault victims to receive full and truthful information, actually requiring them to be misinformed, and it would be complicit in trampling on women's religious liberty rights if the woman believes pregnancy begins at conception. Why would any legislator wish to withhold appropriate informed consent and adequate counseling about the possible abortifacient effects of emergency contraceptives?

This legislation also potentially tramples upon the conscience rights of health care workers. It promotes an extremist position that health care workers must be willing to participate in procedures they consider immoral, in order to work in health care.

Because of the abortifacient components contained in emergency contraception, any legislation concerning emergency contraception must include a strong conscience clause to protect the right of health care workers and hospitals who refuse to provide emergency contraception if the sexual assault victim may be pregnant. No legislation should redefine pregnancy or abortion, and then force all health care personnel to adjust their consciences and act against their religious or moral beliefs. Please respect and protect the health care workers who are conscientiously opposed to providing these contraceptives when their effect might be abortifacient rather than contraceptive.

Most residents of Hawaii are not aware that this legislation is being considered. I imagine you will receive more testimony from proponents of this bill than opponents, because the proponents have been lobbying for this. I ask that you consider how important this issue is to many people who would object to the deceit in this bill.

Sincerely,

Susan M. Felix

Honolulu

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## **DO MORNING-AFTER PILLS COUNT AS ABORTIFACIENTS?**

By Brian Fraga

OSV Newsweekly, 7/8/2012

*Reports suggest that Plan B and Ella don't prevent implantation, but pro-life researchers doubt claims*

Catholic and pro-life medical researchers say that current scientific evidence fails to disprove that two leading emergency contraceptive pills are not abortifacients.

That position runs counter to recent statements from supporters of emergency contraception, including a New York Times story that cited studies and quoted scientific researchers, obstetricians-gynecologists and others to say that the moral debate over morning-after pills and abortion is "probably rooted in outdated or incorrect scientific guesses about how the pills work."

Not so, said Dr. Marie T. Hilliard, director of bioethics and public policy at the National Catholic Bioethics Center in Philadelphia.

The Times article is "incomplete and misleading at best," Hilliard told Our Sunday Visitor.

Dr. Donna Harrison, an OB-GYN and director of research and public policy for the American Association of Pro-Life Obstetricians and Gynecologists, also said the Times story convoluted facts, misquoted studies and lumped two very different drugs together.

"I don't think you can say there is a scientific consensus that these drugs do not have post-fertilization mechanisms," Harrison said.

### **How the pills work**

The question of whether emergency contraceptives such as Ella and Plan B One-Step — both are sometimes called the "morning-after pill" — work in part by preventing a fertilized egg from implanting on the uterine wall is an important issue for Catholics and others who believe life begins at conception.

It is accepted that both Ella and Plan B are designed to prevent pregnancy by blocking ovulation and thickening cervical mucus to limit sperm mobility.

The issue is whether the drugs' active ingredients also affect the uterine wall by making it hostile to implantation.

Some recent studies say that Plan B, which has levonorgestrel (LNG-EC) as its active ingredient, may not prevent an embryo from implanting, but some experts say that does not tell the whole story.

In March, the International Federation of Gynecology and Obstetrics issued a joint statement with the International Consortium for Emergency Contraception that claimed studies definitively prove that LNG-EC pills cannot prevent implantation of a fertilized egg. Dr. Petra M. Casey, an OB-GYN at the Mayo Clinic, told The New York Times that emergency contraceptive pills "don't act after fertilization."

However, Dr. Patrick J. Yeung, director of the St. Louis University Center for Endometriosis, told OSV that several studies on Plan B used flawed methodologies.

“Plan B does thin the lining of the uterus,” said Yeung. He noted that the U.S. Food and Drug Administration has refused to remove the possibility of a post-fertilization effect from Plan B’s package label.

Dr. Kathleen Raviele, an OB-GYN and former president of the Catholic Medical Association, said Plan B also has been shown not to always prevent sperm from penetrating the cervical mucus.

Supporters of emergency contraception point to two recent studies that seem to support their theory that Plan B is not an abortifacient.

In 2007, the Department of Obstetrics and Gynecology at the University of Sydney in Australia found that three of 17 women who had intercourse during their fertile cycles and took LNG-EC pills after ovulation still became pregnant, which the researchers suggested contradicted the theory that the pills worked after ovulation.

A 2011 study by the Instituto Chileno de Medicina Reproductiva in Chile reported that eight of 45 women who had intercourse during their fertile days still became pregnant when they took an LNG-EC pill after ovulating. The study’s authors said those findings are incompatible with the inhibition of implantation by LNG-EC in women.

But the same 2011 study also found that 62 of 87 women who took LNG-EC before ovulation still ovulated, but none of them became pregnant. “This clearly suggests a post-ovulation effect,” said Hilliard. She also said research has shown that LNG-EC’s restriction of sperm mobility does not act quickly enough to prevent sperm from reaching the fallopian tubes, which occurs within five minutes of intercourse.

Plan B’s active ingredient is essentially a large dose of a progestin, a synthetic form of progesterone, which is a hormone in a woman’s body that allows an embryo to implant and for placental connections to grow. Harrison said Plan B will not cause an abortion after the embryo has already attached, but the question is what effect the higher dose of progesterone has on the uterine wall. Harrison said studies have shown it causes the endometrium to not be prepared for implantation.

### **An embryo destroyer**

While some room remains for debate on Plan B’s post-fertilization effects, Catholic experts said there is no question about the abortifacient properties of Ella, which is chemically similar to RU-486, the so-called abortion pill that detaches an embryo from the endometrium.

“The dog in the fight really is Ella. What the culture of death is trying to do is use the lack of clarity of data on Plan B, which has less evidence of embryocidal effect than Ella, to make people assume that this lack of clarity applies to all ‘emergency contraceptives.’ Plan B is the bait-and-switch when Ella is clearly embryocidal. Ella is the same kind of drug as RU-486,” Harrison said.

Ella’s active ingredient, ulipristal, blocks progesterone in the ovaries and the endometrium, which destroys receptivity to embryonic implantation, Hilliard said. She pointed out that Ella is marketed to be used up to five days after intercourse.

“Clearly, it has abortifacient properties,” Hilliard said.

Erica V. Jefferson, a spokeswoman for the U.S. Food and Drug Administration, said “some data” suggests Ella does not inhibit implantation, she said less is known about that drug than Plan B.

James Trussell, a Princeton University economics professor, and Kelly Cleland, a staff researcher in the Office of Population Research at Princeton and the executive director of the American Society for Emergency Contraception, co-wrote a June 15 article in Science Friday saying that there is some evidence that Ella produces changes in the uterine lining, “but whether these changes would impair the implantation of a fertilized egg is unknown,” they wrote. They said that emergency contraceptives effectively delay ovulation if taken at the right time during a woman’s cycle.

Harrison said she attended an FDA Advisory Committee Hearing on Ella in 2010 at which data was presented that Ella is 95 percent effective at preventing a pregnancy.

She said that prompted committee members to point out to the manufacturers that Ella's effectiveness could not be explained solely by preventing ovulation.

However, Trussell and Cleland wrote that if emergency contraceptive pills were effective at preventing implantation, then their failure rates would be even lower than what they are, though the authors acknowledged that LNG-EC only fail about 2.2 percent of the time, while ulipristal acetate's failure rate is around 1.4 percent.

Harrison noted that Trussell has at times claimed an efficacy rate for Plan B of more than 90 percent, and at other times saying it is around 50 percent. When the post-fertilization method is debated, the 50 percent rate is mentioned, but when funding is the issue, Harrison said Trussell and like-minded researchers use Plan B's higher success rate.

"The other side keeps changing the numbers," she said.

Brian Fraga writes from Texas

**This article has been revised to reflect the following correction:**

Correction, July 5, 2012: An earlier version of this article said Plan B contains a large dose of progesterone, a natural hormone. Instead, Plan B contains a progestin, a synthetic version of the hormone.

<http://www.osv.com/tabid/7621/itemid/9596/Do-morningafter-pills-count-as-abortifacients.aspx>

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For additional information please read:

Getting It Right 'The Morning After'

>> [http://www.catholiceducation.org/articles/medical\\_ethics/me0179.htm](http://www.catholiceducation.org/articles/medical_ethics/me0179.htm)