

RESOURCE ROUNDUP

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The Hippocratic Resource

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"I will give no deadly medicine to anyone if asked ... I will not give to a woman an instrument to produce an abortion"

Dear Colleague:

We would like to begin by extending to one and all our best wishes for a very

BLESSED AND HAPPY EASTER SEASON! ...

and to our Jewish brethren, a **BLESSED PASSOVER!**

March this year began with a significant bang for *The Resource*. Although, Senator Sharon Broome's "Women's Ovarian Health Task Force" has now concluded its meetings (it is unclear at this point whether or not a bill will emerge for legislative action), we also attended a Pennington Center meeting of Rep. Gary Beard's "House Special Committee on Cellular Technology, Cellular Regeneration, and Somatic Cell Nuclear Transfer," then a meeting of the Louisiana Family Forum's Capitol Coalition, and a statewide retreat sponsored by the Louisiana Catholic Conference for the purpose of reconciling sometimes divergent views on the weight of abortion among other social justice issues. Our greater activity underlines the need to increase our membership, and we will include a stapled "packet" for passing on to our as-yet non-member colleagues in our next mailing. Do, please, look for it then, and use it where it will do the most good among any of our fellow health professionals! **Our most current roster is enclosed. Please let us know if any changes or additions are necessary, including, particularly, if you know any of the addresses or other contact information for our "Lost" members.**

A new, but important issue of concern for *The Resource* arose with the mandate issued by the Governor of Texas for HPV vaccination of schoolgirls as young as 11. Although doubtless well meaning, this mandate has raised much concern for a number of reasons. In addition to parental prerogatives, the fact that the vaccine is effective against HPV strains involved in only 70% of cervical cancers, yet does nothing to prevent the other numerous sexually transmitted diseases (STDs), whereas it is being very aggressively marketed by its manufacturer (who stands to make a huge profit from such a mandate), are only some of the concerns. **We are including a hard copy of a well-thought-out position paper on the HPV vaccine issue, and would encourage you to let your legislators know your own stand on the matter – it is quite likely that a bill parallel to the Texas mandate could be introduced in our own legislature in the forthcoming session.**

As has been the case for several years now, the ethical import of human embryonic stem cell- and cloning research has preoccupied us and, perhaps to a lesser extent, our legislators [see website]. A brief summary update on the use of these technologies is included below. We do not yet have any organized listing of what we can expect on the Legislature's plate this year: this is a fiscal-only session, and each legislator can introduce only five (5) bills that are not directly related to fiscal issues. When we have concrete information, we will let you know by FAX or e-mail, and, if consonant with legislative timing, by surface mail. E-mail is the fastest, easiest and cheapest, followed by FAX, so if you have not yet provided us with your FAX number and/or e-mail, please do so as soon as possible. An update on *federal* legislative issues is provided below.

Our delayed annual report for 2006 is appended. Your comments, as always, will be greatly appreciated!

Finally, we discovered that our website "click" contact address was apparently not serving its purpose, i.e. to make contact with us by e-mail. We have now revised it, and it works! Now, clicking where indicated does connect to one of us, so please use this method if you are on the website and wish to follow up on something (including your valuable comments!!).

-- W. "Al" Krotoski, M.D., etc. and Francis Rinaudo, Jr., D.D.S.

WELCOME TO NEW MEMBER:

[Information deleted to preserve promised non-disclosure of personal information]

→→ **N.B. ALERT ON FEDERAL EMBRYONIC STEM CELL RESEARCH, S. 5, ON NEXT PAGE** ←←

Human Stem Cells used for research toward regenerative medicine or the treatment of chronic diseases are of two, fundamental types/sources: **adult, placental/umbilical and amniotic** on the one hand, and **embryonic** on the other. The former are derived from mature tissues, and are without a potential for development to produce a whole human being, whereas the latter are derived from living, developing human embryos (either natural or clone) of approximately 15 days of age and 100 cells of development. “Harvesting” of *embryonic* stem cells from the latter results in the death of the embryo. [see pertinent sections at www.LaDocs4Life.org]. It is the death/destruction/mutilation of human embryos that renders such research morally and ethically improper. To put the issue in simple terms, each and every human being alive today, including you and I, was once an embryo; we were never a sperm or an *ovum*, which have very finite, haploid “lives” of 1-3 days, but we were unique, diploid embryos, with a life potential of about 125 years. And that commonality of origin allows us to make the reasoned judgment that killing of human embryos is wrong, just as it would be to kill an innocent, older human being at, for example the baby stage (prenatal or postnatal), the adolescent stage, or the adult or senescent stages of human life.

A huge amount of hype has been used to try to sell the putative advantages of “totipotent” human *embryonic* stem cells over those of “pluripotent” adult/placental/umbilical/amniotic stem cells. So much so, that the state of California has put itself into a \$3 billion hock over this (as just one example), and, as was the case with the emperor’s new clothes, people are refusing to see the cold facts. These are that, despite all the money spent and research done thus far, *there is not a single clinical treatment* using *embryonic* stem cells on the horizon, whereas there are almost four score such treatments derived from adult/placental/umbilical/amniotic stem cells in clinical trials; this, despite the somewhat greater difficulty of obtaining the latter in adequate concentrations for therapeutic use. Furthermore, the very significant potential of (especially) *embryo*-derived stem cells for malignant change is generally ignored, as are issues of possible immune incompatibilities.

Given the above, as well as the potential for fraud of the Huang Woo-Suk type (based on the huge pressure to be the first to succeed), it would be far more rational to forego the destruction of embryonic human beings for the sake of an ephemeral notoriety, and to concentrate, instead, on a direction that is showing so much more promise, e.g. adult/placental/umbilical/amniotic stem cell research.

→→→ ALERT! According to an e-mail just received from the National Right to Life Committee, on April 11, the U.S. Senate is scheduled to vote on legislation (S. 5) mandating federal funding of stem cell research that requires the killing of human embryos. An alternative bill (S. 30) to find non-lethal ways to obtain stem cells for research is also scheduled for a vote on April 11. Additional information on these bills and issues can be found at www.stemcellresearch.org. Please make known your opposition to S. 5, and your support for S. 30, by FAX, to Senators David Vitter [(202) 228-5061] and Mary Landrieu [(202) 224-9735]. Important! Thank you!! ←←←

Additional Legislative Update

Currently, there are 18 bills of Hippocratic interest in the U.S. Senate or House. In the last “Roundup” issue, and in a later FAXed/e-mailed “Alert,” we brought two to your attention, as having been introduced by Sen. Vitter: **S. 350, *Abortion Non-Discrimination Act*, would prohibit health care providers from being penalized for declining to participate in abortions.** [In the countries of the European Union, it is not possible to study to become a gynecologist without having to perform abortions. ***Let us pray*** that such an overt situation does not come to the U.S.A.!]. S. 351, *Title X Family Planning Act*, would prohibit Title X funding from going to abortion providers. Both have attracted co-sponsors (although not Sen. Landrieu), and are before the Senate committee on health. Other bills still before that committee include: S. 356 (Brownback), *Unborn Child Pain Awareness Act*, to provide fetal pain information to prospective abortees; and S. 1036 (Brownback-Landrieu), *Human Cloning Prohibition Act*, to ban all forms of human cloning. House bill H.R.322 (Bartlett), *Alternative Pluripotent Stem Cell Therapies Act*, is very similar to S. 30 [box, above]. **All fully deserve our support.** Another Senate bill, S. 812 (Hatch-Feinstein), a clone-and-kill bill, deserves condemnation. Please contact your legislators!

Other

On March 22, 2007, Mississippi’s Gov. Haley Barbour signed a bill to require an abortionist to perform ultrasound imaging, and to give the mother an opportunity to see her unborn child prior to any abortion.