

TESTIMONY REGARDING HB 379 (Hardy)
"Provides for the Final Disposition of Fetal Remains"
House Committee on Health & Welfare, May 12, 2011

Good Morning, Madam Chairman, and Members of the Committee!

Thank you for allowing me to speak!

My name is Dr. W. A. Krotoski; I am a physician and retired medical scientist, living in Louisiana since 1974 and in Baton Rouge since 1982. I represent *The Hippocratic Resource*, a Louisiana-wide organization of physicians and other health professionals who have committed to promoting medical truth and the principles of the Hippocratic Oath, the foundation of medical ethics. Although retired from active clinical practice, I continue to serve with several medical organizations, including on the medical research ethics board of Baton Rouge General Medical Center.

I am testifying today *in favor* of Representative Hardy's HB 379.

Although a physician, I am not an obstetrician; even so, I have delivered babies in hospitals both in the U.S. and abroad, even under primitive field conditions. Thus, I am reasonably well aware of maternal issues and hospital practices – and also of the biology of human beginnings and early development.

To begin, there is absolutely *no* rational, scientific, medical or ethical reason to think that the unborn child is anything but *human* from the moment of fertilization and throughout his or her normal 9-month developmental period in the womb. This has been recognized since long before the advent of effective microscopy in the late 17th century, and modern advances have done nothing to dispel that concept. On the contrary, they have simply strengthened it, as illustrated and *fully* supported by, for example, both *in vitro* fertilization and DNA technologies, neither of which could function were the earliest stages of an individual human being not human. We now know more than we ever knew about human development in the womb, including that it is a virtually seamless spectrum from its beginnings at fertilization until birth.

Second, we know that brain waves and heartbeat can be detected by the end of the 3rd week after fertilization, sometimes even before the mother recognizes that she has missed a menstrual period. We know also that, by the 20th week of gestation, an unborn child has the necessary physical structures to experience pain, and that he or she is able to react to stimuli outside the womb. These responses range from pushing back or kicking when pushed, to interaction with musical rhythms – among many other behaviors – in ways similar to those of an infant or even an adult.

Third, we all know, through either personal contact or through friends, that a mother, who has started on the anticipated 9-month road to delivery, is usually overjoyed by that fact, as is her husband – or, if unmarried, frequently even her boyfriend – because she (and they) recognize that they are harboring a new human life, one most closely an expression of themselves. Should a miscarriage occur, the parents – most especially the mother – are often devastated, regardless of the duration of the pregnancy or their baby's gestational age, as their anticipation, hopes and plans are dashed. Nevertheless, instinctively recognizing the humanity of their child – and abetted by sudden hormonal changes – many mothers will grieve as for the demise of a born child, especially if they have already come up with a name for her or him, and would like to remember and acknowledge him or her as a member of their family by a burial or cremation. In fact, by far the greatest number of miscarriages occurs within the first 12 weeks or first trimester; so the greatest number of grieving mothers can actually be found during this time. However, many obstetricians, in trying to save the mother's feelings of loss, will not "surrender" a gestationally young fetus for purposes of burial, dismissing it as "just tissue." Given, that at 8 weeks the fetus is only 1¼ inches long – 2¾ inches at 10 weeks, and not quite 4 inches at 12 weeks – while surrounded by membranes, umbilical cord and placenta that are significantly greater in mass in early development, this is not surprising. However, many women cannot get true closure to their losses without a formal ritual of burial or similar disposition.

On the basis of such a setting, Representative Hardy's HB 379 would provide to a mother a choice of obtaining – or not obtaining – the remains of an early lost child for disposition in a manner in keeping with his or her humanity. The only thing this bill would require, at its bottom line, is that the woman be made aware of this option, and be given that choice – which she would confirm, in writing, on a standard form. The amount of difficulty that this could pose to a busy obstetrician or hospital is not so great that the favorable outcome for a choosing mother and/or father of a miscarried child wouldn't be worth it. On the other hand, insofar as abortion is concerned, this bill would cause the abortionist and the woman seeking an abortion, to reflect on the humanity of the unborn child, given that it would provide an option to act in a manner in keeping with that humanity, at least insofar as the final disposition of these human remains is concerned.

Members of the Committee, I ask that you report this bill favorably for further action on the House floor. Thank you very much for your attention!

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