

Good Morning, Madam Chairman, Ladies and Gentlemen of the Committee!

My name is Dr. W. A. Krotoski; I am a physician and retired medical scientist, and living 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 the principles of the Hippocratic Oath, the foundation of medical ethics. Although retired from active clinical practice, I continue to stay active in medicine by serving *pro bono* with several medical organizations, including on the research ethics board of Baton Rouge General Medical Center. I am testifying today *in favor* of Representative Crowe's HB 582 for three basic reasons:

First – 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, then throughout his or her developmental period in the womb. This has been known since long before the advent of microscopy in the 18th century, and modern advances have done nothing to dispel that concept. On the contrary, they have simply strengthened that awareness, as illustrated and *fully* supported by *in vitro* fertilization and DNA technologies, neither of which could function were that not so. (More obviously to anyone, no woman has ever given birth to a dog or cat, or any other animal!). The medical specialties of fetology and neonatology are also clear testimony that a physician attending a pregnant woman has responsibility for two patients – or more, in the case of twins, triplets, and so forth.

Second – We now know more than we ever knew before about human development in the womb. We know, for example, that development is a virtually seamless spectrum, one that we are able to divide only crudely into stages that we have had to name for purposes of communication and discussion. We know that some organ systems are developed only to produce others, then fade away when their jobs are done. We know that brain waves and heartbeat can be detected by the end of the 3rd week of gestation, sometimes even before the mother recognizes that she has missed a menstrual period. We know also that, *at least* by the 20th week after fertilization, an unborn child has the physical structures necessary to experience pain, and that he or she is able to react to stimuli outside the womb. This ranges from pushing back or kicking when pushed, among many others, to interaction with musical rhythms, in ways similar to those of an infant or even an adult. We also know that even at much earlier stages, this unborn child frantically avoids such noxious stimuli as a foreign object introduced into the womb, for instance a suction catheter which is about to dismember him or her in the process of an abortion. We know the last to be so, because modern technologies, e.g. real-time ultrasound videography, actually allow us to see that that is what happens. In short, we know that pain is a part of abortion, and by simple deduction, that that pain is both severe and prolonged. Imagine, if you will, someone amputating or tearing off a limb from your body without benefit of anesthesia – or burning off your most delicate skin surface with a caustic salt solution – or, as with RU-486 or mifepristone, withholding oxygen and nutrition! Frankly, we wouldn't treat a pet that way – there are laws against cruelty to animals – and we wouldn't even slaughter an animal for food without first making sure that it was dead or, at least, unconscious. Unfortunately, we *do* do that in the process of abortion. That is the gruesome reality of the business!

And finally, those who promote the freedom to choose will surely recognize that, to be genuinely free, a choice must be fully informed. This is also the essence of our medical and clinical research standard – that of thoroughly informed consent being obtained from a patient or experimental subject before proceeding. In the case of children, of course – for example those over 20 weeks of gestation, for whom anesthesia is given before any required surgery in the womb – such informed consent must be obtained from a parent, usually the mother – who is normally instinctively protective of her child. For many medical purposes, even the child has to provide some degree of consent after being informed of what is to be done, in a way that he or she can understand. Of course, in the case of a child about to be aborted, there is no such thing as his or her informed consent. Nevertheless, and particularly given the large amount of misinformation that has been sown over the last generation about life and development in the womb – especially among those promoting abortion – it is most important to provide truthful and accurate information about what is *really* going on, to the guardian of that unborn child, her or his mother. She must know what is *really* going to happen to what has been called that “blob of tissue” – which, after all, is *not* just a “blob” *at all*, but a growing, developing and maturing child. Accurately informed, the mother can make some degree of rational judgment and a well-founded decision about whether or not to kill this unquestionably human being inside her womb. We must also remember that abortion is severely harmful to a woman's health. The rate of suicide among women who have had an abortion is **seven times** that of women who have not, and other, physical damage can occur as well, including, among others, decreased or *infertility*, bowel perforation, and even death.

So, it is in this spirit of the right to know the genuine facts before making an informed decision that I urge your support and a favorable judgment on Representative Crowe's bill to tell the full truth to the mother who is deciding what to do with her unborn child.

Thank you for your attention, and please vote favorably on HB 582!