

TESTIMONY for HB 587 (Revised) (LaBruzzo)
(To Revise the Human Life Protection Act)
House Health & Welfare Committee, May 24, 2011

Good Morning, Madam Chairman and Members of the Committee!

Thank you for allowing me to speak again so soon!

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. Today, I am again representing *The Hippocratic Resource*, a Louisiana-wide organization of physicians and other health professionals committed to promoting medical truth and an unconditional respect for life from fertilization until natural death. For several years, I taught at both LSU and Tulane Schools of Medicine and Public Health, and, although now retired from active clinical practice and research, I continue to serve with several medical organizations, including on the medical research ethics board of Baton Rouge General Medical Center. I am also a past-president of, and currently Medical Advisor to the Louisiana Right to Life Federation.

I am testifying today *in favor* of Representative LaBruzzo's HB 587 for several reasons, on which, I propose to touch very briefly, for about six minutes, if the Chair allows.

To begin, virtually everything I wish to discuss in this short time has been recognized for well over a century among the medical profession, although generally ignored or deliberately *mis*-stated by those who promote abortion, especially since the *Roe v. Wade* decision of 1973. As I testified two weeks ago, modern advances, such as direct microscopic visualization of a human being's earliest beginnings, DNA technology, and *in vitro* fertilization, among others, have done *nothing* to dispel the fact that, from the moment of fertilization, we have all been human. Simply stated, we are *all* in a virtually seamless process of growth and development; and we are each truly unique, possessing individually-specific DNA – and personhood. One measure of that uniqueness is seen in the individual odds against forensic misidentification, which, under ideal circumstances of testing, are of the order of one in a trillion.

Second, each of us was a unique, separate individual for about five days *before* becoming intimately involved with our mothers' tissues. That is how long it usually takes for the unique, new, early human to travel – as a free-floating, unconnected *individual* – to a woman's uterus or womb, in the meantime undergoing multiple cell divisions and growth before arrival there, a hundred-fold bigger, as a blastocyst. This new embryonic human does not actively implant in the mother's womb lining or endometrium until then. Furthermore, it is that very young human's hormones – *not* the mother's – that will maintain the uterine lining to support him (or her), and that young human who will create an umbilical cord and placenta as a conduit for oxygen and nutrition, *not* the mother. It is also through cooperation between the developing child and her (or his) mother that another ovum is not subsequently released, thus preventing a new, delayed fertilization. Only later do pregnancy-mobilized maternal hormones cause breast development and lactation. None of these processes can go forward without both mother and child being present, unless a pathologic state exists, or exogenous hormones are supplied to the mother.

Finally, in the natural state, it is *not* the mother or *her* body that decides that birth labor is to begin. It is largely the child within her whose hormonal signals tell the mother's womb to begin the contractions that will result in his (or her) birth. In sum, the child, interacting – as an individual – with her (or his) mother, is not just a part of his (or her) mother's body at all, but is an active, independent *collaborator* during the whole process.

Two weeks ago, while testifying for another bill, I tried to provide anatomical, physiologic and behavioral criteria, such as pain perception, response to auditory or musical stimuli, pressure, etc. as evidence of the *child*-hood of what is technically called the fetus or “young one.” For those who would argue against the *person*-hood of the unborn child on the basis of the latter's profound dependence on her (or his) mother before birth, I would suggest that a *born* child is equally dependent on his (or her) mother after birth; maybe not for oxygen, but, certainly for nutrition, plus all the other maternal characteristics we recognize. I would also submit, however, that the unborn child, while not necessarily looking exactly like one already born, is no less human as a consequence. After all, babies do not look exactly like adults, nor even like infants or adolescents. Nevertheless, we easily recognize them as human persons.

Today, I have tried to add another dimension, by focusing attention on the initial, five-day bodily independence of each and every young human being as a separate individual; a physical independence that actually *precedes* his (or her) later *interdependence* with the mother. Surely, all this indicates the personhood of the unborn child from fertilization, something that is clearly also supported by IVF – no less than the personhood of a baby after birth, who is no less dependent on her (or his) mother for sustenance and life. Aborting – or brutally killing – the unborn child is really not at all different from doing the same to one who has already been born.

Members of the Committee: on the basis of its simply representing the biologic reality of the situation, I ask that you report HB 587 favorably. Thank you very much for your attention!

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