

(ORAL) TESTIMONY REGARDING HB 614 (Beard & Scalise),
Senate Judiciary A Committee, 6/19/07

Good Morning, Mr. Chairman and Committee Members!

My name is Dr. W.A. Krotoski; I am a physician and retired medical scientist; I have lived in Louisiana since 1974, and in Baton Rouge since 1982. I serve on the Medical Research Ethics Board of Baton Rouge General Medical center, and am currently representing *The Hippocratic Resource*, a Louisiana-wide organization of physicians and other health professionals who have committed to practicing and promoting the principles of the Hippocratic Oath, the foundation of medical ethics. I am testifying today *in favor* of Representatives Beard and Scalise's HB 614 for several reasons:

First – There is absolutely *no* rational, scientific, medical or ethical reason to think that the unborn child is anything but human throughout his or her 9-month developmental period in the womb. This is *fully* supported by the relatively new medical specialty of fetal medicine that treats babies even before birth. Moreover obstetricians are taught that, when attending a pregnant woman, they have responsibility for two patients – or more, in the case of twins or triplets, etc. With all of this, **the initial legalization of abortion at any stage was effected, simply said, through many deliberate misrepresentations of the biologic facts regarding early human life and its development in the womb.** Many of the same, false reasons are still used to support it today.

Second – Partial-birth abortion involves the brutal killing of the child during delivery, while he or she is still in the birth canal. This has already been described by Representative Scalise, so I will not repeat it, although I invite your attention to the *verbatim* copies of the Supreme Court findings, including the description of the process by the abortionist. Suffice it to say that, **not surprisingly, the procedure was labeled “gruesome, brutal, barbaric, and uncivilized” by a federal judge in New York, and as “4/5 infanticide, 1/5 abortion,” by the National Conference of Catholic Bishops, even before constitutional challenges to a federal ban on the procedure were overruled by the U.S. Supreme Court on April 18th of this year.**

Third – The partial-birth abortion procedure was declared “never necessary” by the American Medical Association, and is certainly never justified to preserve a woman's health. In fact, it can be distinctly harmful to the mother, causing her significant health problems. The principal ones of these are trauma to the interior of the uterus, production of an incompetent cervix – with a resultant doubling of premature deliveries of babies conceived later – and a risk of severe bleeding. And these are *in addition* to all the other harmful consequences of abortion, which include both mental and physical problems, and even death. The suicide rate alone is at least 6 times greater in women who are aborted, compared to women in similar circumstances who choose to deliver their babies alive.

Fourth, this type of procedure is clearly against the Hippocratic Oath, the basis of medical ethics. I would like to quote pertinent fragments from just two versions of that Oath:

The National Catholic Bioethics Center's 1995 version stated

“I will maintain the utmost respect for every human life from fertilization to natural death, and reject abortion that deliberately takes a unique human life.”

The Louisiana Medical Society's current version states:

“To please no one will I prescribe a deadly drug, nor give advice which may cause death. Nor will I give a woman a[n instrument] to produce abortion.”

In the case of partial-birth abortion, not only is the mother's health put at risk, but the child being born is most brutally put to death by the procedure. **This makes the licensed abortionist an unethical physician, at the very best.**

Finally, due to poor abortion reporting in our state, it is unclear exactly how many are done by the partial-birth method. However, according to official Louisiana Department of Health and Hospital statistics, during the 4-year period from 2001 through 2004, 3,116 unborn children over 4 months of gestational age were aborted. Among these, 1,265 were over 5 months' gestational age, i.e. after “quickening” or when the baby has started to kick, and when the partial-birth method becomes the most *convenient* for the abortionist to use. A total of at least 1,037 Louisiana children were aborted by the “Dilatation and Evacuation” or “D & E” procedure, of which one variant is partial-birth abortion. At current abortion prices at one abortion facility in Metairie, of \$750 for a 16-17 week-old unborn child, through \$1,680 for one over 23 weeks, it can be estimated that over \$3,000,000 changed hands for these 3,116 deaths, of the order of \$1,500,000 of which was for partial-birth abortion. This paid brutality should be completely unacceptable in our State!

On the basis of all the above, we thank you for your attention, and urge a strong vote *in favor* of HB 614.

W. A. Krotoski, M.D., Ph.D., M.P.H., Co-founder
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What the U.S. Supreme Court banned is described in the following verbatim extracts from its *Gonzales vs. Carhart* decision of April 18, 2007:

*“ In the usual intact D&E the fetus’ head lodges in the cervix, and dilation is insufficient to allow it to pass. ... Haskell explained the next step as follows: “At this point, the right-handed surgeon slides the fingers of the left [hand] along the back of the fetus and “hooks” the shoulders of the fetus with the index and ring fingers (palm down). “While maintaining this tension, lifting the cervix and applying traction to the shoulders with the fingers of the left hand, the surgeon takes a pair of blunt curved Metzenbaum scissors in the right hand. He carefully advances the tip, curved down, along the spine and under his middle finger until he feels it contact the base of the skull under the tip of his middle finger.” [T]he surgeon then forces the scissors into the base of the skull or into the foramen magnum. Having safely entered the skull, he spreads the scissors to enlarge the opening. “The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents. With the catheter still in place, he applies traction to the fetus, removing it completely from the patient.” H. R. Rep. No. 108–58, p. 3 (2003). **The above is an abortion[ist’s]...clinical description.***

Here is an immediately-following description from a nurse who witnessed the same method performed on a 26½-week fetus, and who testified before the U.S. Senate Judiciary Committee [also a verbatim excerpt from *Gonzales vs. Carhart*]:

“Dr. Haskell went in with forceps and grabbed the baby’s legs and pulled them down into the birth canal. Then he delivered the baby’s body and the arms—everything but the head. The doctor kept the head right inside the uterus.... “The baby’s little fingers were clasping and unclasping, and his little feet were kicking. Then the doctor stuck the scissors in the back of his head, and the baby’s arms jerked out, like a startle reaction, like a flinch, like a baby does when he thinks he is going to fall. “The doctor opened up the scissors, stuck a high-powered suction tube into the opening, and sucked the baby’s brains out. Now the baby went completely limp.... “He cut the umbilical cord and delivered the placenta. He threw the baby in a pan, along with the placenta and the instruments he had just used.”

TESTIMONY REGARDING HB 25 (Crowe), Senate Health & Welfare Committee, 6/13/07

Good Morning, Mr. Chairman, and Ladies and Gentlemen of the Committee!

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 Crowe's HB 25 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, and throughout his or her 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 that awareness, as illustrated and fully supported by *in vitro* fertilization and DNA technologies, neither of which could function were that not so. The medical specialties of fetology and neonatology are also clear testimony that a physician attending a pregnant woman has responsibility for at least two patients – more, in the case of twins, triplets, etc.

Second – We now know more than we ever knew 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 medical science has 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 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. 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 cutting suction catheter that is about to dismember him or her in the process of an abortion. We know the last to be so, because modern technologies – for instance real-time ultrasound videography – actually allow us to see that that is what happens. In short, we know by simple deduction that pain is a part of abortion, and 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! 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 the very least, unconscious. Unfortunately, that is **not** what is done in the process of abortion. That is part of 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 standard – that of thoroughly informed consent being obtained from a patient or experimental subject before proceeding. In the case of children, of course, such informed consent must be obtained from a parent, usually the mother – who normally is instinctively protective of her child. And for many medical purposes, even the born 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, before surgery on an unborn child in the womb – which is being done with increasing frequency due to the development of new technologies – anesthesia is given for those over 20 weeks of gestational age, because of the recognition that pain is produced by the stretching, cutting, suturing and other manipulations required. Given the large amount of misinformation that has been sown over the last generation about life and development in the womb – particularly by those promoting abortion – it is most important to provide truthful information to the primary guardian of that unborn child, i.e. to her or his mother, about what is going to be done. She has to be thoroughly informed about what is really going to happen to her growing, developing and maturing child. Written information about pain, and, even more, an obstetrical ultrasound (which is now so readily available that it comes in a portable version), are clearly in order. Only in this way can we ensure that the mother can make some degree of rational judgment and a reasoned 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 **at least six times** that of women who have not, and other, physical damage can occur as well, including, among others things, retained parts of the child, uterine bleeding, bowel perforation, reduced- or infertility, and even death.

Therefore, Mr. Chairman and Committee Members, in the spirit of the right to know the genuine facts before making an informed decision, I urge your support and a favorable judgment on Representative Crowe's HB 25, to tell the full truth to the mother who is deciding what to do with her unborn child. Thank you, also, for your attention to the *addendum* on the reverse of the written transcript of my testimony provided you!

W. A. Krotoski, M.D., Ph.D., M.P.H.
Co-founder, *The Hippocratic Resource*

ADDENDUM:

One of the more recent articlesⁱ on the subject of fetal pain – and one cited by opponents of this type of legislation to provide full, informed consent to a woman intent on abortion – appeared in the Journal of the American Medical Association in January of 2005. Authored by an attorney with four physician co-authors, this article concluded that a fetus younger than 23 weeks of gestation could not feel pain, because the group was unable to identify visible microscopic nerve connections between thinking and pain-processing centers prior to that age. *However*, in follow-up published responses, this conclusion was roundly criticized, as hormonal stress levels can be observed in the human fetus as early as 18 weeks of age,ⁱⁱ and hormonal measures of pain stress show activity in the thinking parts of the brain much earlier than the 29-30 weeks proposed by the attorney’s articleⁱⁱⁱ for conscious pain. Two quotes from the critiques are in order here:

(1) Dr. Laura Myers and her three colleagues from the Children’s Hospital, Boston, asserted^{iv} that, although “[w]e do not know for certain [the full capacity of the fetus to feel pain] ... we as clinicians should focus on methods to deliver effective anesthesia and analgesia safely. Better to err on the safe side from mid-gestation [18-20 weeks].” This group “routinely provide[s] anesthesia and analgesia to fetuses as early as 19 weeks gestation for certain [surgical] procedures.” Another,

(2) by Dr. Brian Sites of the Department of Anesthesiology at the Dartmouth-Hitchcock Medical Center in New Hampshire, cited the original articleⁱ as “inaccurate and ethically disturbing,” indicating that those authors had chosen the upper (latest established) rather than the lower limit of brain connections identified, and that the fetus could be experiencing pain as early as 21 weeks (by data from *that same study*)^v.

To re-iterate, from a clinical point of view, it is “better to err on the safe side!”

ⁱ S. Lee *et al.*, *JAMA*. 294:947-954 (2005)

ⁱⁱ X. Giannakoulopoulos *et al.*, *Lancet* 344:77-81 (1994)

ⁱⁱⁱ R. Slater *et al.*, *J. Neuroscience* 26:3662-3666 (2006)

^{iv} L. Myers *et al.*, *JAMA*. 295:159 (2006)

^v B. D. Sites, *JAMA*. 295:159-160 (2006)