

Pro-Life Wisconsin



Defending them all...

P.O. Box 221 Brookfield, WI 53008-0221
Phone (262) 796-1111 Fax (262) 796-1115
info@prolifewisconsin.org www.prolifewisconsin.org

Comprehensive Human Cloning Ban *QUESTION & ANSWER* (Assembly Bill 499 / Senate Bill 243)

Bill Summary:

AB 499 / SB 243 prohibit all human cloning in Wisconsin, whether “reproductive” or “therapeutic,” or through parthenogenesis. It also prohibits the transference or acquisition of a human embryo produced by human cloning or parthenogenesis, and the transference or acquisition of any embryo, cell, tissue, or product derived from a human embryo produced by human cloning or parthenogenesis. Violators would face stiff criminal penalties (imprisonment and fines) and would be subject to significant civil monetary penalties (forfeitures).

Lead Sponsors:

Representative Steve Kestell
Senator Joe Leibham

When does human life begin?

Before discussing the ethical and public policy issues surrounding the creation of human embryos through cloning, we must answer the *scientific* question of what these early human embryos are. *When does human life begin?** Human embryologists** – the real scientific experts in the area of human development – authoritatively conclude that a human embryo is a human being, immediately beginning at fertilization or cloning. At no other logical or scientifically sound point can we say that human life begins. From its inception, the embryo contains its entire genetic makeup and needs only time to grow and develop into a recognizable human person.

The embryo is not an organ or some pre-human cellular glob without purpose or plan. ***Embryologists categorically reject the notion of a “pre-embryo” or some form of evolving “human-being-on-the-way.”*** The term “pre-embryo” is contrived and meant to falsely convey that the product of fertilization or cloning is not yet a human being or embryo, and that therefore it is permissible to use it for biological research material or even cloning. It is an attempt to legislate a sub-category of human beings to be treated as mere commodities. Because the immediate product of human cloning *is* a human being, cloning uses that human being as a mere means to someone else's ends.

“At the moment the sperm cell of the human male meets the ovum of the female and the union results in a fertilized ovum (zygote), a new life has begun.” Considine, Douglas (ed.). *Van Nostrand's Scientific Encyclopedia*. 5th edition. New York: Van Nostrand Reinhold Company, 1976, p. 943.

Ronan O'Rahilly is one of the international “deans” of human embryology and the developer of the *“Carnegie Stages of Early Human Development,”* which classify human embryology. He sits on the international board (Nomina Embryologica**), which determines the terminology to be used in this field. In his book, the leading text on human embryology, he confirms that human life begins at fertilization and repudiates the term “pre-embryo” as scientifically ill-defined, equivocal, unjustified and politically motivated.

What is the difference between “reproductive” and “therapeutic” cloning?

The distinction between reproductive and therapeutic cloning is illusory, and it is intentionally misleading. ***Both involve the reproduction of a fully human life.*** Once the nucleus of a somatic (body) cell is injected into an empty egg and stimulated to begin development, it is a human embryo. The difference lies in the intended use of that human embryo – whether it is to be implanted in the womb and brought to birth (reproductive cloning) or whether it is to be destroyed by

extracting its stem cells (therapeutic cloning). Either intention is repugnant, in that the dignity and individuality of the human person is thoroughly disregarded.

Why is a ban on only “reproductive cloning” referred to as “clone to kill”?

“Reproductive cloning” refers to human cloning as a procedure that is intended to result in the birth of a human being. Banning only so-called “reproductive cloning” (where a cloned person is brought to birth) would allow “therapeutic cloning” (where a cloned person is killed through medical experimentation) to proceed with impunity. In fact, by prohibiting the placement of cloned human embryos in wombs (natural or artificial), a ban on only reproductive cloning would necessarily mandate that *all* cloned human embryos be destroyed. Such a ban would create a new crime: the crime of trying to “initiate a pregnancy” with a cloned human embryo. ***In sum, the only thing that an exclusive ban on reproductive cloning would ban is the survival of persons created by cloning.*** It is worse than doing nothing at all.

“Therapeutic cloning” will pave the way for reproductive cloning – thus realizing our worst fears. A ban only on “reproductive cloning” would permit the creation of human embryo farms. **President Bush** has warned that it will be next to impossible to prevent multitudes of cloned embryos from being implanted in wombs. According to the President, “Once cloned embryos (are) available, implantation would take place. Even the tightest regulations and strict policing would not prevent or detect the birth of cloned babies.” The **U.S. Department of Justice** has declared that a prohibition on transferring cloned human embryos into wombs would be unenforceable.

Is there a difference between somatic cell nuclear transfer (SCNT) and human cloning?

No. Some supporters of therapeutic or research cloning attempt to hide this reality by resorting to verbal games. They say they oppose “human cloning” but support “somatic cell nuclear transfer” or “SCNT,” hoping no one will understand that SCNT is simply the scientific name for the cloning procedure. They even say that they support cloning only to “produce stem cells,” evading the fact that they must create and then destroy fully human embryos to produce those stem cells.

How does cloning both physically harm and financially exploit women?

Allowing therapeutic or research cloning would negatively impact women’s health and dignity. It would require countless numbers of women to donate their eggs through a painful and dangerous extraction process, and it would turn women into human egg factories to be commercially exploited.

Concerning women’s health, the use of superovulatory drugs and the invasive egg extraction procedure are linked to grave health risks: severe pelvic pain, nausea, rupture of the ovaries, bleeding into the abdominal cavity, respiratory problems, liver dysfunction, blocking of blood vessels by blood clots, and on rare occasions surgery may be required which may leave a patient infertile. Lupron, one of the drugs used to cause hyper ovarian stimulation, has *never* been approved by the FDA for use in fertility treatment. (FDA TAP Holdings, September 12, 1996; September 4, 1997; “Lupron and Synarel Patient Information,” *Specialists in Reproductive Medicine and Surgery*, P.A., 2001; FDA, Review of Lupron 1999.)

Concerning women’s dignity, research cloning commodifies women by creating a massive market of female eggs that women would produce solely for monetary compensation. The trafficking of female body parts for cloning is a natural result, as is the victimization of marginalized women. Scientists have acknowledged that treating just one major disease, such as diabetes, would require up to 800 million eggs harvested from about 80 million women. Research cloning would undoubtedly initiate a new exploitation of women, especially those of low socioeconomic status.

Will a ban on human cloning shut down embryonic stem cell research currently taking place at the University of Wisconsin?

No. Unlike Stanford University, researchers at the University of Madison are not *creating* the human embryonic stem cells they are studying through therapeutic cloning. Rather, they are *using* embryonic stem cells cultured in UW-Madison labs and extracted from embryos originally obtained from in-vitro fertilization clinics. ***AB 499 / SB 243 would not affect this activity.***

AB 499 / SB 243 prohibit neither embryonic stem cell research nor adult stem cell research. What they do prohibit is somatic cell nuclear transfer, or SCNT, which is simply the scientific name for the human cloning procedure.

Are embryonic stems cells effective in treating disease?

No. Embryonic stem cells have *never* helped a human patient, and any claim that may do so is pure conjecture. Within the field of human embryonic stem cell research, “therapeutic cloning” is falling out of favor due to the astronomical expense, tissue rejection, and problems with gene expression in the cloned animal and human embryos. It has been unsuccessful in curing disease in animals and has produced serious genetic abnormalities.

“Therapeutic cloning” has also confronted numerous practical obstacles. The need for numerous eggs and the slow development of cloned stem cells make therapeutic cloning inefficient and unlikely to become a routine clinical process. The time, money and energy spent on therapeutic cloning are clearly a poor allocation of resources.

Will a ban on human cloning hinder lifesaving medical research?

No. The bill allows animal cloning and the promising medical research currently being done on adult stem cells. Ethically uncontroversial adult stem cells (which do NOT require the destruction of human embryos) have helped hundreds of thousands of patients, and new clinical uses expand almost weekly.

The clinical use of adult stem cells has helped human patients with the following conditions (among many others): breast cancer, ovarian cancer, brain tumors, spinal cord repair, anemia, stroke, immunodeficiencies, blood and liver diseases, cardiac repair after heart attack, Type I diabetes (not stem cells, but pancreatic islet cells from donors), corneal damage (full vision restored in most patients treated in clinical trials).

What is human parthenogenesis and why is it dangerous?

Parthenogenesis is a form of reproduction in which the ovum develops into a new individual without fertilization. Many insect species are known to reproduce by natural parthenogenesis. Artificial parthenogenesis involves mechanically or chemically stimulating an ovum to develop into a new individual (a human embryo) without fertilization.

Artificial parthenogenesis in animals typically results in incomplete and abnormal development. Experiments with human parthenogenesis can be expected to have similar results.