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before the

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Good afternoon Chairman Dean, Vice Chairman McDonald, and Honored Members of the Committee. Thank you for the opportunity to present testimony in support of HB 2865, to make Minnesota a leader in biomedical research using noncontroversial sources for human fetal tissue.

As background, I received my PhD in Pharmaceutical Chemistry from The University of Kansas. I am currently studying diabetes as a Research Associate at the Medical College of Wisconsin. I am testifying in my personal capacity as a scientist, and my views do not represent the official position of the Medical College of Wisconsin.

I became a scientist to serve humanity, to study the natural world in order to improve the human condition. In order to serve humanity, we must work in a way that preserves and promotes the dignity of each and every member of the human race, without discrimination on the basis of age, ability, developmental stage, or level of dependence. And so, HB 2865 is very much a pro-science bill. It promotes the highest goals of science and of medical research.

I believe in the power of scientists to overcome the many limitations that are constantly in our path to greater knowledge and to helping patients. We are confined by the available technology, the inherent limitations of each methodology and model system we employ, the expense of certain materials and equipment, and sometimes even by the immense volume of data we can produce in a single experiment, testing the limits of bioinformatics capabilities.

And, thankfully, we are limited by ethical considerations, most of which have been put in place in response to great tragedies of the 20th century, such as the Tuskegee syphilis trials, experiments on prisoners of Nazi concentration camps, and the hepatitis experiments performed on disabled children at Willowbrook State School in New York. Today, we have Institutional Review Boards to protect human subjects, Institutional Animal Care and Use Committees to oversee research with animals, and Departments of Environmental Health and Safety to protect personal and public safety and our environment.

When scientists come up against limitations, we answer with innovation, creativity, and resourcefulness. This is where we make breakthroughs, overcoming limitations and obstacles to move our fields forward. I have confidence in the brilliance of scientists to rise to this challenge, to find a way forward that adheres to the highest possible ethical and moral standards, beyond reproach and above the political fray. HB 2865 initiates such a path by establishing a fetal tissue research center dedicated to providing tissues only obtained following the natural death of the fetus.

Why should we be concerned if this bill does not pass?

- History is repeating itself as we exploit one group of human beings, the preborn, for the benefit of another group. In cases of induced abortion, it is impossible to obtain valid informed consent from the fetus or from a guardian acting in the best interest of the fetus.
- I am concerned for the mother considering an abortion, who is in a vulnerable position and given false hope that her act of abortion will help cure disease. For example, a Planned Parenthood consent form for donating aborted tissue makes false claims that "tissue that has been aborted has been used to treat and find a cure for such diseases as diabetes, Parkinson's disease, Alzheimer's disease, cancer, and AIDS". This is coercion because no such cures exist that depend on fetal tissues. Instead, this helps to further legitimize the mother's choice to have an abortion.
- My final concern is that certain abortion-derived materials have become so widespread throughout biomedical research that it's difficult to avoid them. And if we continue to use tissues from today's induced abortions, this problem will only become worse. We are already forcing out scientists who have conscientious objections to this practice and leaving patients with few or no options if they wish to refuse treatments developed using abortion-derived fetal tissues. I also note that a market exists for abortion-derived materials, which can be requested or ordered from government-sanctioned repositories and private companies, with costs often listed directly on their websites. Every request for and purchase of these products by scientists creates incentives (financial and otherwise) for greater cooperation between tissue procurement organizations and abortion providers. Therefore, I believe it is impossible to sever the connection between use of abortion-derived materials in research and the act of abortion itself.

In contrast, HB 2865 could put Minnesota at the forefront of providing non-controversial sources of fetal tissue. Anywhere that legal restrictions go into place or researchers wish to avoid controversial materials, they will seek out the alternatives available at the University of Minnesota, and institutions will want to model their tissue banks after the high ethical standards set here. In keeping with the University of Minnesota's mission, be "Driven to Discover℠" what is possible when we work on common ground. Be "Driven to Discover℠" the best practices in tissue banking with donated miscarriage tissues. Lead the way. **Be the gold standard.**

Science has only scratched the surface of what is possible with tissue from fetuses who have died of natural causes. Very few researchers have invested time and resources in this area, and yet one team of investigators has already found ways to significantly improve viable tissue recovery[1]. Imagine what is possible if we commit to moving forward on this common ground.

[1] Michejda, M. "Spontaneous miscarriages as sources of fetal stem cells," *The National Catholic Bioethics Quarterly* 2(2002): 401.