

INTRODUCTION OF THE VACCINES  
FOR CHILDREN LEGISLATION**HON. JANE HARMAN**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, August 1, 2001*

Ms. HARMAN. Mr. Speaker, I am pleased to be joined by many of my colleagues in introducing legislation today to improve children's access to immunization. Our bill will correct a technicality that now denies children enrolled in some State Children's Health Insurance Programs (SCHIP) free vaccines through the Vaccines for Children Program.

Today is a fitting day to introduce this bill because it is the first day of "National Immunization Awareness Month." Immunization is the first stage in a lifetime of good health. Diseases such as polio, measles, and whooping cough have been virtually eradicated in the United States through widespread immunization. But access to needed vaccines can be severely constrained by the cost of \$600 per child for the recommended schedule of immunizations. Federal programs such as Vaccines for Children were created to help ease the financial burden of vaccinations on poor families—we need to make sure that these vaccines continue to go to those who need them most.

The Vaccines for Children and the SCHIP were both designed to improve the health of children—we must now guarantee that they work well together. Because of a ruling by the Department of Health and Human Services in 1998, in states that chose to offer children insurance through non-Medicaid programs, children enrolled in SCHIP lost their eligibility for free vaccines. In California, this affected almost 580,000 children, and it costs the state \$18 million a year to fill the gap left by the lack of coordination between these two programs. Children in 32 other states are similarly affected.

Our legislation would add children enrolled in State Children's Health Insurance Programs to the list of children eligible for Vaccines for Children, regardless of the way SCHIP is delivered in their state. These children received free vaccines when they were uninsured, and would receive vaccines were they enrolled in a Medicaid SCHIP program in another state. We must now fill the promise of better health care that came with the passage of SCHIP in 1997, and include these children in Vaccines for Children as well.

HUMAN CLONING PROHIBITION  
ACT OF 2001

SPEECH OF

**HON. PETE SESSIONS**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 31, 2001*

Mr. SESSIONS. Mr. Speaker, I would like to submit the article entitled, "Cloning's Big Test" for the RECORD.

## EXTENSIONS OF REMARKS

[From the New Republic, Aug. 6, 2001]

CLONING'S BIG TEST

(By Leon R. Kass and Daniel Callahan)

Everyone has been arguing for weeks about whether President Bush should authorize funding for research on human embryonic stem cells. But few have noticed the much more momentous decision now before us: whether to permit the cloning of human beings. At issue in the first debate is the morality of using and destroying human embryos. At issue in the second is the morality of designing human children.

The day of human cloning is near. Reputable physicians have announced plans to produce a cloned child within the year. One biotech company (Advanced Cell Technology) just announced its intention to start producing embryonic human clones for research purposes. Recognizing the urgent need for action, Congress is considering legislation that would ban human cloning. Last Tuesday the House Judiciary Committee approved a tough anti-cloning bill, H.R. 2505, the Human Cloning Prohibition Act of 2001. Introduced by Republican Dave Weldon of Florida and Democrat Bart Stupak of Michigan, and co-sponsored by more than 120 members from both parties, the bill is scheduled for a vote on the House floor as early as this week. But the House is also considering a much weaker "compromise" bill that would ban reproductive cloning but permit cloning for research. It is terribly important that the former, and not the latter, passes. First, because cloning is unethical, both in itself and in what it surely leads to. Second, because the Weldon-Stupak bill offers our best—indeed, our only—hope of preventing it from happening.

The vast majority of Americans object to human cloning. And they object on multiple grounds: It constitutes unethical experimentation on the child-to-be, subjecting him or her to enormous risks of bodily and developmental abnormalities. It threatens individuality, deliberately saddling the clone with a genotype that has already lived and to whose previous life its life will always be compared. It confuses identity by denying the clone two biological parents and by making it both twin and offspring of its older copy. Cloning also represents a giant step toward turning procreation into manufacture; it is the harbinger of much grizzlier eugenic manipulations to come. Permitting human cloning means condoning a despotic principle: that we are entitled to design the genetic makeup of our children (see "Preventing a Brave New World," by Leon R. Kass, *TNR*, May 21).

So how do we stop it? The biotech industry proposes banning only so-called reproductive cloning by prohibiting the transfer of a cloned embryo to a woman to initiate a pregnancy. But this approach will fail. The only way to effectively ban reproductive cloning is to stop the process from the beginning, at the stage where the human somatic cell nucleus is introduced into the egg to produce the embryo clone. That is, to effectively ban any cloning, we need to ban all human cloning.

Here is why: Once cloned embryos exist, it will be virtually impossible to control what is done with them. Created in commercial laboratories, hidden from public view, stockpiles of cloned human embryos could be produced, bought, and sold without anyone knowing it. As we have seen with in vitro embryos created to treat infertility, embryos produced for one reason can be used for another: Today, "spare embryos" created to begin a pregnancy are used—by someone else—in research; and tomorrow, clones cre-

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ated for research will be used—by someone else—to begin a pregnancy. Efforts at clonal baby-making (like all assisted reproduction) would take place within the privacy of a doctor-patient relationship, making outside scrutiny extremely difficult.

Worst of all, a ban only on reproductive cloning will be unenforceable. Should the illegal practice be detected, governmental attempts to enforce the ban would run into a swarm of practical and legal challenges. Should an "illicit clonal pregnancy" be discovered, no government agency is going to compel a woman to abort the clone, and there would be understandable outrage were she fined or jailed before or after she gave birth. For all these reasons, the only practically effective and legally sound approach is to block human cloning at the start—at producing the embryonic clone.

The Weldon-Stupak bill does exactly that. It precisely and narrowly describes the specific deed that it outlaws (human somatic cell nuclear transfer to an egg). It requires no difficult determinations of the perpetrator's intent or knowledge. It introduces substantial criminal and monetary penalties, which will deter renegade doctors or scientists as well as clients who would bear cloned children. Carefully drafted and limited in scope, the bill makes very clear that there is to be no interference with the scientifically and medically useful practices of animal cloning or the equally valuable cloning of human DNA fragments, the duplication of somatic cells, or stem cells in tissue culture. And the bill steers clear of the current stem-cell debate, limiting neither research with embryonic stem cells derived from non-cloned embryos nor even the creation of research embryos by ordinary in vitro fertilization. If enacted, the law would bring the United States into line with many other nations.

Unfortunately, the House is also considering the biotech industry's favored alternative: H.R. 2608, introduced by Republican Jim Greenwood of Pennsylvania and Democrat Peter Deutsch of Florida. It explicitly permits the creation of cloned embryos for research while attempting to ban only reproductive cloning. But that's not something it is likely to achieve. It licenses companies to manufacture embryo clones, as long as they say they won't use them to initiate a pregnancy or ship them knowing that they will be so used. It therefore guarantees that there will be clonal embryo-farming and trafficking in clones, with many opportunities for reproductive efforts unintended by their original makers. And the bill's proposed ban on initiating pregnancy is, as already argued, virtually impossible to enforce.

There are further difficulties. The acts the Greenwood-Deutsch bill bans turn largely on intent and knowledge—hard matters to discern and verify. The confidentiality of the called-for Food and Drug Administration registration of embryos-cloning means that the public will remain in the dark about who is producing the embryo clones, where they are bought and sold, and who is doing what with them. A provision preempting state law would make it impossible for any state to enact any other—and more restrictive—legislation. A sunset clause dissolving the prohibition after ten years would leave us with no ban at all, not even on reproductive cloning. Most radically, the bill would create two highly disturbing innovations in federal law: It would license for the first time the creation of living human embryos solely for research purposes, and it would make it a felony not to ultimately exploit and destroy