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Stem cell research: what's working and what's not

By Congressman Joe Pitts

In recent weeks, the issue of stem cell research has twice found its way back into the news. This shouldn't necessarily come as a surprise, given that the field of stem cell research plays so prominently in current medical and scientific endeavors.

It is what these two seemingly unrelated stories have in common, however, that make them worth noting.

The first story, appearing in the final days of 2005, delivered tremendously positive news about a major advancement for adult stem cell research.

In late December, both chambers of Congress were busy wrapping up legislative business for the year. In this year-end atmosphere on Capitol Hill, many of the bills that are able to reach final passage are the result of negotiations that have been ongoing for months.

One such bill that Congress passed during this time was the Stem Cell Therapeutic Research Act of 2005. This is truly a landmark piece of legislation for the medical community.

By creating a national databank of umbilical cord blood and placentas rich in adult stem cells, this legislation will revolutionize patients' access to potentially life-saving treatments derived from adult stem cells. In fact, adult stem cells have already been proven effective in successfully treating nearly 70 diseases, from Parkinson's to sickle cell anemia.

But just as important as the successful treatments these adult stem cells provide is the fact that they do so without destroying nascent human life in the embryonic stage of development. By taking stem cells from umbilical cord blood and placentas, this adult stem cell research truly allows doctors to turn medical waste into medical miracles.

As one of this bill's strongest supporters in the House of Representatives, I was thrilled to see it pass after years of negotiation and legislative wrangling. This bill delivers results while avoiding ethical controversy, and it is well deserving of the attention it has received in recent weeks.

Unfortunately, the other stem cell story we've read about in recent days and weeks has not been so positive. In fact, it has shaken the very foundations of embryonic stem cell research.

There is arguably no greater star within the field of human embryonic stem cell research – the form of stem cell research requiring the destruction of human embryos – than Dr. Hwang Woo Suk of Seoul National University in South Korea.

Dr. Hwang was widely celebrated in the research community last year when he claimed, in a paper published in the respected journal *Science*, to be the first to have successfully cloned human embryos for the purpose of extracting stem cells for treating human patients.

But after a full review of Dr. Hwang's research by an investigative panel at his university, it has been revealed that the research supporting these celebrated accomplishments was completely faked by Dr. Hwang and his team.

Many of those involved in the stem cell research debate, myself included, find this human embryo-destroying research morally and ethically wrong in the first place, regardless of promised results. It is doubly outrageous, however, to see a leading scientist in the field intentionally mislead the public and the scientific community about this controversial research.

Even the editorial board of the *New York Times*, a proponent of embryonic stem cell research, has denounced Dr. Hwang's fabrications as "a black mark for the whole field of stem cell research and therapeutic cloning."

So what is the common thread between these seemingly unrelated stem cell stories?

I would argue that both stories re-emphasize what is already known to be working and not working in the field of stem cell research.

While Dr. Hwang's fabricated research is certainly cause for outrage, it also serves to underscore the utter lack of progress that has been made in embryonic stem cell research. While ethically non-controversial adult stem cells are being used today to cure real diseases in real patients, morally objectionable embryonic stem cell research can only offer vague hopes of possible treatments sometime in the future.

As the debate over this issue continues into 2006, we would do well to keep the lessons learned from these stories in mind.

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