This week the Senate will consider expanding federal funding of human embryo-destructive research.

Proponents of human embryonic stem-cell research have organized an impressive campaign to solicit taxpayer funding. This campaign has enlisted the help of popular celebrities. It has utilized the emotional appeal of young boys and girls with Type-I Diabetes. And it has already generated billions of taxpayer dollars for research through initiatives like California’s Proposition 71, which allows scientists to do as they wish with state taxpayer funds — no strings attached.

The star-power of this campaign is enviable, and the campaign’s promise of cures appeals to both our sensitivities and our fears. In focusing on pie-in-the-sky cures, however, this campaign raises hopes, but cruelly disappoints the gravely ill. It glosses over the fact that not one person has ever been treated through human embryonic stem-cell research. It ignores the 58 peer-reviewed treatments using non-controversial, ethical adult stem cells. These 58 treatments range from neural diseases such as Parkinson’s to blood diseases such as sickle cell disease.

Embryonic stem-cell research has been conducted for over 20 years, without yielding a single treatment in humans. Even some scientists who are proponents of destructive human embryo research and human cloning now admit that no cures with human embryos are in sight. The May 19 issue of Science included an article by such proponents. They acknowledged:

“... It is nearly certain that the clinical benefits of the research are years or maybe decades away. This is a message that desperate families and patients will not want to hear.

“... We [cannot] say with any certainty that ‘cell therapy’ is in the near future.”

In its rush to pass legislation authorizing experimentation on human embryos, the Congress is being led by emotion and hype. Unfortunately, scientific fact is languishing by the wayside.

We have seen this before. It was only a decade ago that the issue of fetal tissue research came before the Senate. Some of my colleagues in the Senate were enthusiastic proponents of the research, and made some claims that since have proven false. For instance, on Feb. 16, 1993, my distinguished colleague Sen. Russ Feingold said:

“The provisions of the bill lifting the ban on fetal tissue transplantation research ... will also result in an expansion of research into promising new areas, not only for Alzheimer’s victims, but also for those suffering from Parkinson’s disease, Huntington’s disease, diabetes, leukemia, epilepsy and many other devastating chronic disorders. There is substantial evidence that this research will offer a new hope of prolonged life, greater quality of life, and perhaps one day even a cure for many of these diseases at a tremendous economic and social cost-saving to the country.”

However, on March 8, 2001, the lead paragraphs of a front page New York Times article reported:

“A carefully controlled study that tried to treat Parkinson’s disease by implanting cells from aborted fetuses into patients’ brains not only failed to show an overall benefit but also revealed a disastrous side effect, scientists report.
"In about 15 percent of patients, the cells apparently grew too well, churning out so much of a chemical that controls movement that the patients writhed and jerked uncontrollably."

Congress passed fetal-tissue research on hype and promise, and some Americans, who had been promised treatments and cures, had their health worsened. Through this debate on human embryos, Congress runs the risk of repeating the mistakes of the past.

While I believe that funding disease research is an appropriate use of taxpayer dollars, I also believe it is our duty to channel this finite resource toward research that is both ethical and supported by scientific fact.

We should be channeling finite funds toward the work of scientists like Denise Faustman at Harvard Medical School. Through her diabetes research, Dr. Faustman has developed a promising technique, using ethically-sound non-embryonic sources, that regenerates the diabetic pancreas, showing "permanent disease reversal." Dr. Faustman’s work has already won FDA approval for limited testing of this technique on people.

Despite claims by proponents of embryo experimentation that the United States is falling behind the world in research, the truth is that the NIH spent a total of $552.5 million on stem-cell research, including $113.6 million alone on embryonic stem-cell research in fiscal 2004, whereas the United Kingdom, which has a much more liberal human embryo-destructive research policy will spend only about $50 million per year on all stem-cell research. Additionally, the U.S. figure does not include what the private sector spends — and there is no limit to what the private sector can spend on stem-cell research.

When human life begins is a scientific question, and we know the answer to that question: Human life begins with the one-celled embryo, known as a zygote. Whether or not we respect human life is an ethical question, and I believe the great moral question of our age. If we respect human life, then we must strive to cherish and protect it, and a proper respect for human life mandates that we pursue cures through ethical research — research that treats all humans as ends in themselves.

We have a duty and responsibility to look out for those who have no voice. While I oppose destructive embryonic stem-cell research because it results in the taking of a young human life, I strongly believe that we should shift finite taxpayer funds to areas of research, such as adult stem-cell research, which is ethically sound and holds the most promise for alleviating suffering. This is something we can all support.

**Sen. Sam Brownback (R-Kan.) is a member of the Judiciary Committee.**