

TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

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Speakers:

-Dr. Suzie Prabhakaran, *Vice President of Medical Affairs, Planned Parenthood of Southwest and Central Florida* (“**PP**”)

-Two actors posing as a Fetal Organ and Tissue Procurement Company (“**Buyer**” and “**Tech**”)

frame counts are approximate

006150

PP: Are you in line?

Tech: Yeah. Do you want me to ask for something for you?

PP: No that’s fine.

Tech: I will. I don’t mind, I’ll do it.

PP: You’re very nice. I don’t know that we met, I’m Suzie.

Tech: I’m [Name]. Good to meet you. I’m with BioMax. Who are you here with?

PP: I’m the medical director on the west coast of Florida. So, Southwest and Central Florida, so Tampa and Sarasota, that area.

Tech: Okay, cool. Well I’m with BioMax, we’re a tissue procurement service. So we’re just here to make connections, and, seeing who we can meet.

PP: Oh, okay, okay.

Tech: Are you enjoying yourself so far?

PP: Yeah, it’s a nice meeting, yeah.

Tech: It’s pretty cool, right?

PP: Yeah.

Tech: I was, we were at the uh, one in Miami, in October, it was massive. Did you go that one?

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PP: Oh, you mean the medical director meeting? Yeah, yeah I went there.

Tech: Yeah, I was there.

PP: Yes, yeah.

Tech: How's your night going so far?

PP: Good, good. So where, are you based in Florida, or no?

Tech: No, we're based out of California, but the thing is like everyone in California is kind of already partnered up with a service. So we just kind of have to expand a little bit.

PP: Okay. Okay. So tissue procurement means what?

Tech: Well, basically we--

PP: Hi. [ordering drinks at open bar]

Tech: Hi, can I just get two Heineken's? So fetal tissue procurement is basically we provide the fetal tissue for research, for medical research.

PP: Oh.

Tech: So we've been doing a lot of that. We've also been doing a lot of adipose, we're still pretty new--

PP: Okay.

Tech: So mainly we've been doing a lot of adipose tissue, but we're here to make the connections with a lot of the providers.

PP: So, it's good you're here, because we have patients who ask about it in our health center.

Tech: About donations?

PP: Yeah. And we don't do it, but I think that our patients may actually be interested in it.

Tech: Trade you spots. Thank you sir. Thank you miss. So, yeah it's really like a silver lining with everything that goes on, you know what I mean?

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PP: It sounds like something we would be really glad to do. So like how does it work?

Tech: Well, we're definitely, there's only like a couple things involved--we're looking for definitely later-end gestations,

PP: Okay.

Tech: Typically like 16 [weeks] and up.

PP: Oh, okay.

Tech: And, you know, just free of digoxin, and, have you worked with a tissue procurement service before?

PP: No, no, and our affiliate goes to 16 weeks, so we're not quite at the point where it could be--

Tech: Do you have a minute? I'll introduce you to my boss.

PP: Yeah, yeah.

Tech: I'm still in school and stuff like that, you know what I mean?

PP: Oh, so you're just learning.

Tech: I just work here, as I say, I like to say that, I just work here.

PP: Okay.

Tech: But here, I'll introduce you to my boss. I'm actually a tech, I go in and collect the samples myself. Here ya go, boss. Yeah so we're just really interested in reaching out with the different providers, so just trying to make the connections, so you guys go to 16 up? Up to 16.

PP: We just do 16, right now. But, that said, we'll probably go further, and so--

Tech: Yeah? What's your volume like?

PP: Probably not high enough for you guys. That's the thing. I think our 2nd-tri volume--you know who you guys should talk to though, is the Orlando medical director. So they're about to be--

Tech: What's his name?

PP: Her name.

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Tech: Oh her name sorry.

PP: But they're about to be, we're, so our affiliate is about to merge with their affiliate, probably, we'll see, we're in a management contract with them, but they go up to 22 [weeks] 6 [days].

Tech: Oh, great.

PP: And they have decent volume, so that, let me, I'll connect you with her, because that would be really good, because I think our patients, they just ask about it, and I've never really met, so what, like--

Tech: So in my experience, like when I, what we do is we operate drop-ship, so that makes it, like I said we have to cast our gaze a little further than LA and stuff, but so what we do is we send a tech out, usually myself or [Name], and you know we kind of float in the clinic, help out whatever way we can, consenting, and in my experience, talking to them is like, we do get those questions, like, "Well actually I was wondering about that, like, how can I--?" and it just becomes the little good thing out of this. And so--

PP: Mhm. Yeah, yeah.

Tech: Yeah, it's a cool thing. Hey Robert, I have somebody to introduce you to.

Buyer: Robert Sarkis.

PP: Hi. Hey Robert, I'm Suzie.

Buyer: What affiliate are you with?

PP: I'm with Southwest and Central Florida.

Buyer: Okay.

PP: Which is the west coast of Florida.

Buyer: Okay.

PP: And then I was--

Tech: [Name]

Buyer: Do you work with the guy with the ponytail, or--?

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PP: No, so he's the other guy. He's on the other side of Florida. So our affiliate is the west coast of Florida, but we're about to merge with, there's probably going to be two affiliates in Florida, so ours will be the one on the west coast--

Buyer: So some of them are getting merged together, so like--

PP: Yeah. And I was talking to [Name], our affiliate right now goes up to 16 weeks.

Buyer: Okay.

PP: But the affiliate that we're about to merge with in Orlando goes up to 22 [weeks] 6 [days].

Buyer: Okay.

PP: So they may be, and they actually do a decent volume. So they might be one.

Buyer: Yeah. You guys aren't high volume, or?

PP: We only go up to 16 weeks. We do 5,000 [abortion] procedures [per year] in our affiliate but we have 5 health centers.

Buyer: Ahuh.

PP: So it's over those 5. So it's about 1,000.

Buyer: Oh okay. In a given week, how many 16-weekers do you think you do?

PP: Uh, not many.

Buyer: Oh, you don't--

PP: Probably like one.

Buyer: Oh okay, yeah. So it's not--

PP: Yeah, not many. Not enough to make it worthwhile. But they, Orlando has maybe two--I think next week they're doing like 18 2nd-tri[mester] procedures. So this is--

Buyer: Oh wow.

PP: This is 18 [weeks] and above, so--

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Buyer: Yeah.

PP: Those are, they're all cervical prep. So that's who you should be talking to.

Buyer: Do you know when they start to dig? What age do they use digoxin?

PP: I don't think she dig's at all actually.

Buyer: They don't use dig at all?

PP: No, I don't think that she does.

Buyer: And they go up to 22 [weeks]?

PP: Yeah.

Tech: Because cell viability for us is the most important thing.

PP: Yeah. No, I don't think she does dig at all. She trained like I did, which is like, not dig.

Buyer: Right.

PP: Just document, and you're fine. So, let me, so.

Buyer: Can you explain to me about the documentation? Because I, people have talked about that before, and we, because it's an issue. Just a document--

PP: So, so there's--the reason people do digoxin at all is for one of two reasons.

Buyer: Right.

PP: One is to comply with the Partial-Birth Abortion Ban,

Buyer: Right.

PP: So that's why. Or that they--and/or, they think that digoxin makes the procedure easier--

Buyer: Right.

PP: So some people train to just document that like, you know to comply with the Partial-Birth Abortion Ban, you basically have to say, "I intend to utilize dismemberment techniques for this procedure," which is what we do always,

Buyer: Right.

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PP: Like if you do this procedure with suction, that's how you do it.

Buyer: Right.

PP: So if you document that, then you can just, some people just don't do dig.

Buyer: Right.

PP: Because that's how they comply with the ban.

Buyer: Right, right, so it's just like an affidavit that they sign, or what does it look like?

PP: It's not an affidavit. It's just clinical documentation.

Buyer: Ahuh.

PP: If this was your intent, that's how you did the procedure, and then you're done. And you don't do dig.

Buyer: It's just a standard form that the provider signs every time, or what does it look like?

PP: It's in each--so every time you do a procedure, that's how you document. So, like, there's like a checkbox that says, "I intend to u"--so it would be before the procedure, you do your evaluation, you write, "I intend to utilize dismemberment techniques for this procedure."

Buyer: Does it actually say dismemberment in there?

PP: It does, yes. Because that's how you comply.

Buyer: Mhm, interesting.

PP: And then, when you document--

Buyer: The stigma is everywhere, right?

PP: Well that's just how you document, whatever. And then, when you document, and you use forceps you say that you used forceps and extract--or you say that you used suction, in which case you can't, you can't suction the entire pregnancy in one take. So that's how you--

Buyer: Right.

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PP: So you either use suction or you document that if you use parts--you use--suction--

Buyer: Forceps.

PP: Or that you use forceps that you used to extract the fetus into multiple parts. And that's how you comply. Or you do dig, and stop the cardiac activity before the procedure.

Buyer: Got it.

PP: So I trained to just do the documentation and not do digoxin.

Buyer: Excellent. And how far--

PP: And I think that Mary also does it that way.

Buyer: And how far do--you go up to 16 weeks, personally?

PP: Our affiliate goes to 16, but the affiliate we're about to merge with, which is Orlando, goes up to 22.6.

Buyer: Yeah. And so if you have that documentation, you can convert to breach beforehand, and all of that and still--

PP: You don't really convert to breach.

Buyer: Okay.

PP: I mean you just do the procedure. Like it's not--and this is the thing. Like so you know, I trained with somebody who just was like, I'm not doing digoxin, and we're just going to document and there's never been a problem. So that's just how we do it, you know, because that's just how I learned. So and that's--I don't, I don't think Mary does dig, I'm like 90--yeah, I'm--she doesn't, I don't think she does. So that's just it. It's just a training thing, and like how you're, what you're comfortable with, and some people say that dig makes the procedure easier. So, if you haven't trained with it, and that's what you're used to, so.

Buyer: Ah, okay.

PP: Who has the--

Buyer: So it's just like, what your familiarity is, what you know.

PP: It's just what, I don't know, I've never done a procedure with dig, so I don't know, maybe it's like 20 times easier, but that's just never what I've done. So--

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Tech: Ah, no, I see what you're--here, let me give you these.

PP: Okay.

Tech: This is his card, and then here's mine. I'm the tech.

PP: Okay.

Tech: Do you have one that we can get?

PP: I, you know what? I didn't bring my card, that's not really smart. But um, let me--I'll introduce you to Mary, our medical director here.

Buyer: That would be excellent.

PP: So what do you guys do? So you take the tissue and then what do you do?

Buyer: So we would, yeah, we would send a technician out to your site,

PP: Okay.

Buyer: They would kind of set up in the path lab, and just need a little space to--

PP: In Florida, right? Like in Orlando. Okay.

Buyer: Yeah, to receive the specimens. And then they do their dissections, package it up, ship it off to the researcher,

PP: Okay.

Buyer: It's very simple. It sounds complicated, but it's really very simple.

PP: Okay.

Tech: Yeah, so on my end, just like I was telling you, like I go in there, I do the consenting. I act as a floater, and then you know, do my thing and just get out of your hair.

PP: Okay.

Tech: So we would just try to be as easy and discreet as possible.

PP: Okay. So you talk with the patients about donating tissue?

Buyer: Absolutely, yes.

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PP: Okay.

Buyer: And then, [Name], she's our founder and CEO.

PP: Okay.

Tech: [Coughs] Excuse me. So, relatively painless for the most part.

PP: Okay. Yeah I know, but patients ask us about it, and I, so, the other question is like, are there, is it legal in Florida? Do you know? I mean, it's probably fine, but you'd want to check.

Buyer: I would--yeah. I would assume that it's, yeah. I would assume that it's governed under the Anatomic Gift--the standard Anatomic Gift law which is standard in every state. So--

PP: Okay. Which is Federal and not State?

Buyer: That's what we operate under, yeah.

PP: Okay, okay. Because that's the only other thing.

Buyer: Yeah.

PP: Alright, well, I'll tell Mary, and she'll make sure to come to you. Because I mean it's definitely, again, patients ask, so it would be nice to be able to say, yes, you could do that if you want to. So.

Buyer: Do you have any pulse on kind of what the affiliate would expect in terms of compensation or anything like that?

PP: I, you know, I'm the Medical Director, so it's probably better to talk to CEOs. But um, I, so that's what I was going to ask, is what happens, like how does that work even, or you know, so I probably would need to like bring back something.

Buyer: We start at like \$100 per specimen. I actually--you can continue--Dr., Dr. Ball--

Tech: Yeah, as far as remuneration goes, we propose like \$100 a specimen.

PP: Okay.

Tech: Per specimen.

PP: Ahuh.

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Tech: And you know, just to make, like, return a portion of our funds to the research [site], so,

PP: Yeah.

Tech: That's what we talk about, that's what we propose, but definitely open to whatever works best.

PP: Okay.

Tech: Because just talking here, like with some of the directors, and just like, it's necessary, you know, to some of them, some of the clinics, especially the independent ones do find that necessary and helpful to be remunerated for it.

PP: Yeah.

Tech: So we're definitely open.

PP: Okay.

Tech: One of the competitive edges like I said we have is to operate drop ship. So it can be expensive but it does save costs by not opening a facility in every single state.

PP: Yeah, yeah.

Tech: Right on. So,--

PP: Okay. Well yeah, so I mean that's helpful for me to have a good idea so I can talk to our CEO. And you know the reality is right now, that tissue is going to a--it's going to Stericycle.

Tech: Right.

PP: So, it's not like-- Like no good is coming of it, really.

Tech: Absolutely.

PP: So, you know. So let me talk to her, and let me--I'll get her to--but either way, I mean I'm about to be the Medical Director of that affiliate in addition to ours, so on some level I'll be able to see what we have to do--

Tech: Well, congratulations.

PP: So, oh yeah! I'm like--

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Tech: That's a big, that's kind of a big thing!

PP: It's great, it's good. It's a lot of extra work, so.

Tech: It's heavy, I bet.

PP: So good, but, but it's all good.

Tech: Well cheers to you Suzie.

PP: It's good for our--yes, thanks. Good to meet you, and yeah I'll, we'll be in touch.

Tech: You as well. Absolutely, see you soon.