

TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

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Speakers:

-Amna Dermish, MD, *2nd-Trimester Abortion Provider, Planned Parenthood of Greater Texas* (“**PP**”)

-Andrea Ferrigno, *Corporate Vice President, Whole Woman’s Health* (“**WWH**”)

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

Frame counts are approximate

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Buyer: Excuse me, are y’all with Planned Parenthood in Texas? Did I hear that correctly?

PP: I’m with Planned Parenthood Texas, she’s with Whole Woman’s Health.

Buyer: Oh, with Whole Woman’s Health. Okay, gotcha. So, my name’s Robert Sarkis, I’m with a company called BioMax—

WWH: Hi.

Buyer: We do fetal tissue procurement, like for stem cell researchers, things like that.

PP: Cool.

Buyer: And we’ve been in contact with Dr. Nucatola the past couple months—

PP: Okay.

Buyer: Just talking about you know, who, which affiliates would be good to partner with, and all that, and she actually mentioned both of your organizations simply because the volume in Texas, at least at these few clinics that remain is just skyrocketing right now.

PP: Right.

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Buyer: And volume is important for us because even if somebody is doing like 20 procedures a day, obviously you're probably doing more than 20 procedures a day, but out of every 20 we can probably procure only a handful of those,

PP: Uhuh.

Buyer: Simply because of how intact the specimen is, and all the different specifications and all of that.

PP: Okay.

Buyer: So we were looking forward to meeting your medical directors

PP: Yeah.

Buyer: And whoever would be here, so I just wanted to make sure, when I saw you I could introduce myself.

PP: Yeah, absolutely.

Buyer: Is your medical director here?

PP: He is here. And I'm gonna be seeing him this afternoon, so I can send him over to the table.

Buyer: Yeah. Let me go ahead and give you some of our stuff here. This is our brochure.

WWH: Yeah, ours is not but I could definitely, yeah.

Buyer: I think actually Amy Miller, yeah, is the owner or director of all of your clinics.

WWH: Yeah, Amy Hagstrom Miller.

Buyer: And I think that we met her at NAF a couple months ago. I know that, I think she said that she was familiar with it, but I can't remember--

WWH: Well we do some of it in our Twin Cities clinic, but with ABR.

Buyer: Oh yeah, with ABR.

WWH: But I, well we have never done it in Texas because you know, well, it's Texas.

Buyer: Oh.

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WWH: So I don't really know what the specifications would be for us to do that. Do you know?

PP: Yeah do you know if there are any legal--

Buyer: Yeah, to my knowledge no, I mean there's plenty of researchers in Texas that are actively using fetal material, so I would be surprised--this is [Name], one of our procurement techs, by the way.

PP: Hi, nice to meet you.

Tech: Good to meet you.

Buyer: Yeah, so there's researchers who are actively using fetal tissue products in Texas.

WWH: We would be more than happy to, I mean we do it in our other clinics. In Baltimore and in Twin Cities.

Buyer: Oh you do it in Baltimore as well.

WWH: I believe so.

Buyer: Is it ABR as well, or is it--

WWH: Yeah, with ABR, yeah. And so Texas, I think it would work, we just don't know what that process is. And so we're always under unwanted attention--

Buyer: Yeah, we just have to see how we can make sure that we could do it in a functional, safe way for everybody.

WWH: Yeah.

Buyer: Yeah, it's just, patients, both patients and providers seem to really like it because it--

PP: Patients--

Buyer: And we just, I, and Susan Tennenbaum, who is my boss, when she and I were sitting with Deb a couple months ago talking about this we were thinking you know, just the way that everything is in Texas now, with all the oppression and all of the stigma, it might be kind of a welcome business partnership.

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WWH: Yeah, they're very appreciative, it's been our experiences at least in Twin Cities where I've been more involved, they're very appreciative of like they're paying it forward, there's something positive out of the experience.

Buyer: Exactly. Yeah. There's a greater good even though it's a difficult situation. Do you know, how long have you guys been working with ABR?

WWH: At least 3 years.

Buyer: 3 years?

WWH: Mhmm.

Buyer: And is that an exclusive contract by any chance, or is there room for another organization?

WWH: I don't think so, I have no idea. I don't know. I mean, I don't think it's anything exclusive. And I have to double-check with Baltimore. Because I think it's with them but I'm not sure. But yeah, it's worth looking into. And for Texas also which we just need to figure out, but I think--

Buyer: Yeah.

PP: Better make sure we don't get any more attention that we don't want to.

Buyer: Oh yeah, I mean it's very discreet, we don't advertise this like--

WWH: Yeah, and so how would it work, would it like--we ship?

Buyer: We send a technician out to your site, there's a designated procurement day, you know, one of our procedure days, basically.

PP: Right.

Buyer: So the procurement tech shows up first thing in the morning, has the list from me of what all the different research clients are looking for, and they just need a little space in the path lab in the back to receive the specimens, do the dissections, and then just package it up in media and ship it off straight from there.

PP: Okay.

WWH: They come out then, we don't have to do anything.

Buyer: No, no You guys literally don't have to do anything.

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Tech: I would literally do all the work, super inconspicuous, not to interrupt your flow at all..

Buyer: We do the consenting and everything.

Tech: I can be like a floater if you guys need it. Whatever you need really.

PP: Okay. So you would consent each individual client for the--

Tech: Absolutely.

Buyer: Yeah definitely.

WWH: That makes it easier.

Buyer: Yeah, and we do return a portion of our researcher fees to the clinics that work with us, so.

PP: Okay.

Tech: Just so it's worthwhile for everybody.

PP: Yeah, yeah.

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Buyer: I think that ABR is doing \$50 per specimen right now, what I least heard. We could do \$60.

PP: [Nodding] Ok.

Buyer: Not that we have to fight over it, we could come in on the next day, we're happy to do that too.

WWH: I'm sure there won't be a problem with volume. Because of the unfortunate situation the state's in.

Buyer: Yeah. What is your clinic volume right now, how many procedures per week?

WWH: Well, I mean it's changing now because the law went into effect last week, where like the rest of the clinics in the state closed so there's just 8 that are open.

Buyer: Right.

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WWH: So it's hard to predict what it's going to be, but 80,000 abortions happen in the state, and so we have, divide that by 8.

PP: Yeah, we were scheduling 25 procedures a day, 3 days, well, 10 days a month, is when we do procedures. We were scheduling 25, we're gonna be increasing it to 30. I'm the only provider so there's only so much.

Buyer: Oh, you're one of the providers! Oh, I didn't realize.

PP: Yeah, sorry that's okay. I'm the provider at our Austin clinic. So, yeah, but we're at, right now, of course we don't know what we have because--

Buyer: How far do you go at the Austin clinic?

PP: 21.6 [weeks].

Buyer: 21.6. And do you dig?

PP: Um, I use dig after 20 [weeks].

Buyer: After 20. Okay.

PP: Yes. So you guys can't take dig'ed specimens?

Buyer: Yeah, dig nukes the stem cells so it's just no longer useful.

PP: Yeah, okay.

Buyer: So, we're typically looking for later gestations.

PP: Yeah.

Buyer: Because that just happens to be the sweet spot with how the cells differentiate and everything.

PP: Yeah. Okay.

WWH: I think, we go to 22 [weeks], I mean, again, because of the ban, we can't go farther. But definitely dig at that point.

Buyer: Right. And they need to be pretty intact as well, with the body cavity not too torn up, we don't want to be playing, "Find the liver!" "Oh, it's in 8 pieces!" things like that.

PP: Oh, okay. Right right right. Okay. So I mean we do, I do 2-day cervical prep—

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Buyer: Oh good.

PP: So it's not like I'm doing the same-day cervical prep, so I can usually get good dilation, so my aim is usually to get the specimens out pretty intact.

WWH: Like an induction type of thing?

PP: Well no, I just do, I do laminaria. But leaving them in for 24 hours, I can usually get 3 to 4 centimeters of dilation, which usually allows me to get, to extract it more intact. I do that starting at 18 weeks. The 16 to 18 weeks I do a same-day prep, so that's just sort of, you know—r

Buyer: Do you use ultrasound guidance?

PP: Ultrasound guidance, yeah.

Buyer: So can you convert to breech?

PP: I can. If I need to, and if it's—I generally don't have to do that, I don't usually do that in the 16 to 18 weeks 'cause I don't usually need to, but but with the further gestation I will sometimes do that if it's a cephalic presentation, just 'cause it's easier to get, so—

Buyer: Right, yeah, that's what Deb [Nucatola] was telling us, was really it makes a difference for tissue collection at PPLA—

PP: It's really nice when it's, yeah—I trained with her.

Buyer: Yeah she said if you convert to breech—

PP: Convert to breech!

Buyer: At the start, you get—

PP: Grab the spine.

Buyer: Yeah she said you get increased dilation as the case goes on—

PP: Right.

Buyer: And then she said at the very end, you can even evacuate the entire calvarium [head] intact if you need to.

PP: Yeah, yeah.

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Buyer: Which you do if there's a request for fetal brain, they're always wanting both hemispheres, and so, yeah.

PP: Yeah, I haven't been able to do that yet. The intact calvarium.

Buyer: Oh to get the calvarium?

PP: To get the calvarium intact, yeah.

Buyer: [laughs] Well maybe next time, right?

PP: Well this will give me something to strive for! [laughs]

Buyer: Exactly!

PP: But yeah, I don't routinely convert to breech, but I will if I need to.

Buyer: But you're not the medical director for-

PP: I am not the medical director. Our medical director is Darrel Jordan, and he's based out of Dallas. He goes up to 17.6. So I'm the only Planned Parenthood of Greater Texas clinic that goes up to 21.6.

Buyer: Oh wow your's is the one we'd want to work with then. For example like last week how many 20 week cases did you have?

PP: It varies, like last week I think we only had 2, and I think this week we have 4 on this coming week we have 4 on the schedule, plus I'll be doing ultrasounds, so we might get more.

Buyer: You might get more.

PP: Yeah, we usually have at least 2, sometimes we'll do 6 in a week, but again our second trimester volume has been slowly increasing, they're showing up later,

Buyer: Right, and it'll probably massively increase now because

PP: Right, I guess it's just taking them longer to get to us.

WWH: How many days a week are you doing surgery?

PP: I do 2 to 3 days, I work every other Saturday, and then Thursday, Friday are procedure days, and then sometimes we'll add on another procedure day when we're starting to get backed up.

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Buyer: And so of those two 20-week cases last week, for example, what was the intactness of the specimen like?

PP: It was trunk intact, so usually what I do, if it's a breech presentation, I'll remove the extremities first, the lower extremities, and then go for the spine and sort of bring it down that way, and then—

Buyer: You said if that's a breech presentation?

PP: If it's a breech presentation, yeah, yeah. And if it's cephalic I'll try and get the cal[varium] first, but if I'm struggling getting the cal, usually it's a function of how good my dilation is, often times it's hard to get around the cal. Especially the 20 weekers are a lot harder versus the 18-weekers, so at that point I'll switch to breech, so.

Buyer: Good. I was just curious what we might be working with.

PP: I always try and keep the trunk intact just by function of always trying to aim for the spine to bring it down.

Buyer: Oh interesting, so that's what you can grasp.

PP: Right, it's easier, exactly, and so you keep it all in alignment and it just makes the procedure easier.

Buyer: Yeah.

PP: Every once in a while if the dilation's bad you just do, I do whatever I can

Buyer: Yeah, you just got to change your game up.

PP: And that's like a function of location and characteristics.

Buyer: Right, right yeah. It's, liver is in huge demand right now.

PP: Is it really?

Buyer: Yeah, liver, there's been an uptick recently in request like heart valves.

PP: Really?

Buyer: Yeah, intact hearts, intact livers. Yeah, livers are used in all kind of like mouse modeling of like different diseases, they're implanted into immunodeficient mouse and you can regenerate a human immune system in the mouse model and you can do drug testing and HIV testing, and all kinds of stuff.

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PP: One of our POC persons is really into organ development.

Buyer: Oh really?

PP: Yeah, she'll pull out like kidneys, and heart and like heart we frequently see at 9 weeks and she always looks for it.

Buyer: Just like for fun.

WWH: Well it's cute. It is cute.

PP: It's amazing, it's sort of I have so much respect for development, it's just incredible. So she always at 10, 11, 12 weeks she's like trying to find the kidneys, and any of the organs of that gestation.

Buyer: Yeah, have you guys provided any specimens for research ever?

PP: No--I mean, I don't know if it's ever happened, I've been working with Planned Parenthood just for a little over a year.

Buyer: Okay.

PP: So, I don't know what they did before.

Buyer: Because I've been told that Gulf Coast does provide specimens,

PP: Oh do they?

Buyer: Yeah, just out of their own research department apparently, it's just something that they do.

PP: Oh, okay, yeah.

Buyer: But if they're like we said you know, we try to do everything for you in that within that space so if they're kind of sick of it like-

PP: Yeah, I'll talk to Darrel, also

Buyer: Yeah, send them by, we'll be here all day, all day tomorrow, definitely.

PP: Great, good to meet you two, thank you.