

TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

19 March 2015

Speakers:

-Melaney Linton, *President & CEO, Planned Parenthood Gulf Coast* (“**PP**”)

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

frame counts are approximate

038600

Buyer: Hello. Which affiliate are you with?

PP: Hello. I’m with Gulf Coast.

Buyer: Oh really? Good, I’m Robert Sarkis, I’m the Procurement Manager with BioMax.

PP: Hi.

Buyer: We do fetal tissue collection.

PP: Oh good.

Buyer: For researchers.

PP: Hi, how are you?

Buyer: We spoke with Dr.—

PP: Dr. Fine?

Buyer: Dr. Fine, the Medical Directors’ Council a couple weeks ago, and met Tram Nguyen this morning.

PP: Mhm. Good.

Buyer: So you guys are very experienced with it, right?

PP: Yeah, we are. We’ve done this off and on for close to 20 years.

Buyer: Excellent. Yeah, yeah, and I hear that the volume in Texas is increasing, obviously, just because of the access issues.

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PP: Because two years ago we had 47 abortion clinics, and now we're down to 20, and we could be down to 8.

Buyer: Oh.

PP: It's horrible. It's horrible.

Buyer: Right. That's what Deborah was telling us, it's—

PP: Very heavy.

Buyer: Yeah, yeah.

PP: It's very heavy. But volume is good. And so what do you guys do? Are you, do you connect sites with research--

Buyer: Exactly, exactly. We're the middle people.

PP: Okay.

Buyer: Yeah, so what we would typically do is we would send one of our technicians, [Name]'s one of our techs, we have a few others, we would send a tech out to your clinic, they would consent the patients, they just need a little space in the path lab to receive the specimens—

PP: Oh really, you do the consenting also? Oh wow.

Buyer: Yeah.

PP: Yeah, yeah.

Buyer: The goal is to have as little impact on the affiliate as possible. Leave no footprints or anything.

PP: Okay.

Buyer: And we do return a portion of our researcher fees just as a thank you, to you guys, for giving us that kind of access.

PP: And did Paul and Tram think it sounded like an interesting conversation to continue?

Buyer: Yeah, Tram had said that probably a conference call with her and the Clinical Research Coordinator would probably be the next step, which I—

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PP: Yeah, Missy. Farrell.

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Buyer: Would be good. Yeah, do you have thoughts in terms of remuneration or compensation what you guys typically do or?

PPGC: No. Missy will. Melissa Farrell.

Buyer: Oh I see, Missy is what she goes by.

PPGC: Melissa Farrell will work on all of that with you. Good!

Buyer: Excellent.

PPGC: We are always looking for ways we can push the envelope. That's right. Our philosophy around research is that it's part of the legacy that we inherited from Margaret Sanger. You know, she fostered the development of the birth control pill, by bringing the philanthropists together with the researcher.

Buyer: Oh yeah, I saw the book about that, I wanted to get that. Yeah.

PP: To make, to develop the birth control pill. And so, our philosophy at Planned Parenthood Gulf Coast is that just like she did that, we need to always be pushing the envelope, of new, you know, whether it's new birth control methods, or new methods of sexually transmitted infection prevention and treatment—

Buyer: Stem cell research, regenerative medicine—

PP: Just, all of that. We can't do all of that ourselves, but we do have access to a patient population, and you know what, our patients love the notion that the services they come to get with us, that they can also be contributing to advancements in medical science. They really love that!

Buyer: Yeah, yeah, I think it's a great thing for patients, and for providers.

PP: Yeah.

Buyer: And of course for researchers, who—

PP: Yeah. We look at it as a win-win-win, so, good.

Buyer: Yeah. Absolutely. I'm glad that you guys see that, that you share that vision.

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PP: Um, it seems obvious to us, but I know it's not so obvious to everybody else. But you know what part of it is I think you have to have a Medical Director and a clinical team that have the capability and sophistication to take it on. And you know, and let's face it, it's complicated, and look, not ever affiliate is equipped to do it. Not everybody has the medical staff to do it, not everybody has a certified research coordinator, who can do it, and you don't want, I don't want anybody getting into this if they're not qualified to do it.

Buyer: Yeah, if they're not prepared to do it right, basically. It's kind of go big or go home.

PPGC: Yeah, otherwise, it can be a PR nightmare for all of us if people don't get it right. But good, I'm glad that we'll be continuing conversations with you guys.

Buyer: Excellent. And I'm just curious, as far as how things are going in Texas, do you see, in terms of the access issues and all of that—

PP: Well, 76 family planning clinics have closed in the last two years, and that's not just Planned Parenthood. So access to birth control's not gonna get any better, and we're gonna have fewer abortion clinics, which means abortion's gonna be tougher to access as well. And I don't see that situation getting better before it gets worse, unfortunately.

Buyer: So looking in your crystal ball, you're seeing storm clouds and—

PP: Yeah, it's been raining on women in Texas for several years now. But you know, we're still there. Because that's where the patients are and that's where we need to be. So you know, this is a hard schlog, and it's a long-term schlog, and that's just the reality. People need to not be, you know we had an election cycle that we got real excited about last year but everybody knew that was a long shot. It didn't, we didn't get this political situation overnight, and we're not gonna dig our way out of it overnight. But we're working on it. We're in it for the long term.

Buyer: Excellent.

PP: Nice to meet you.

Buyer: Really good to meet you.

PP: Thanks for being here. Look forward to seeing you again.