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Speakers:

-Jeneffer Russo, MD, *Medical Direcotr, Planned Parenthood of Orange & San Bernardino Counties* (“**PP**”)

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

frame counts are approximate

043500

Buyer: So, we’ve been trying to meet you actually.

PP: Oh. [laughter] Where are you?

Buyer: Sorry, Robert Sarkis, with BioMax. We do fetal tissue procurement.

PP: Oh okay.

Buyer: And so we’ve been talking with Deborah Nucatola for a long time, well not a long time, maybe like the past 6 months or so, and she had mentioned that in Orange County you guys are working with a biotech company or something in Irvine.

PP: Yeah.

Buyer: And so the difficulty--we’re a startup, we’re very new, just like--sorry, he keeps me polite, this is [Name], he’s one of our technicians.

Buyer: Hi, I’m [Name].

PP: Jen.

Buyer: Good to meet you, Jen.

Buyer: And so, the issue we’ve been having in the past year is that pretty much all the Planned Parenthood affiliates in California are already partnered up with somebody. So we’re in Long Beach, you guys are probably the closest affiliate to us.

045300 *[break in conversation]*

003900

Buyer: So the problem we've been having is that pretty much all of the California affiliates are already partnered up with a tissue procurement service.

PP: Okay.

Buyer: But so Deborah had said that you guys are working with a private biotech company in Irvine or something. Or I don't know—

PP: Yeah. It's—DaVinci, I think.

Buyer: DaVinci?

PP: Maybe it's not DaVinci? No, that's PPLA. I don't remember the name of the company.

Buyer: No, PPLA is Novogenix.

PP: Is it DaVinci?

Buyer: I've never heard of them.

PP: Okay. They're not--the thing that we don't want is, we don't want to "sell fetal tissue."

Buyer: Right.

PP: So, we--and actually, it would be good to talk, because, on many ways that they're marking, I'm noticing that they're saying they're not available, the patient wants to donate but they're not available to come pick it up. And they won't--they have lots of very strict specifications.

Buyer: Right, right.

PP: The thing that we don't want, is we don't agree with the selling of the tissue because that wouldn't be a good headline.

Buyer: Right. Right.

PP: You know, for us? And so we're happy to donate, so I don't know what your setup is.

Buyer: Right. So do you require, is there any kind of compensation or anything that--

PP: Nope. We just offer the patient the option and if they want to do it, they--

Buyer: So if we can come and get it, you'll just give it to us, is what you're saying?

PP: Yeah. But you're usually paying for it, right?

Buyer: Right. Most people, most people, I mean--

PP: Yeah.

Buyer: You're not joking? You're serious about this, that--

PP: Yeah. We think it's a conflict of--well, if you're paying the patient, then that's another story, but it's just such a murky area.

Buyer: It's touchy, yeah.

PP: And we just really think, marketing-wise and public affairs-wise, it doesn't really look good if we're selling fetal tissue. The antis, full-on, all they have to do is be like, "Planned Parenthood sells their dead babies," and--

Buyer: Yeah, it's touchy.

PP: So, you know, I'm happy to discuss if that would be--

Buyer: So, the company you're working with right now, they have very clear specifications, do they take the whole specimen though, or?

PP: Yeah. They take the whole specimen. And they, it's only certain gestations, no dig[oxin], only certain gestational ages, because of the dig I think.

Buyer: Yeah.

PP: And then, one day their staff will come get it. So we haven't looked at it in a long time, but I'm happy to look at it again. But the PPLA company was doing research on like organs and other really interesting stuff, and so I had brought it up at that time, it was a couple years ago, but I observed over there, and our CEO was like, "We're not gonna get into the selling the fetus, like, you know," so I was like, "Okay." So.

Buyer: Yeah, so, because usually what we say is you know we're happy to provide a portion of our researcher fees back to the clinics and medical offices that work with us, just because it's, you know, in recognition of your staff time and there's a potential for you know lost patient revenue, if things take longer, stuff like that.

PP: What do you require to be done?

Buyer: Well, so we are catering to researchers who have a specific protocol in place, a specific study that they're doing, and so there's particular tissues and organs that they're needing, a lot of it is liver, liver-thymus pairs a lot of the times because that's used in a lot of the humanized mouse models. Neural tissue is definitely in demand, but that's really difficult to get because you're looking for a very intact specimen at that point. So that's why I asked if DaVinci or whatever the company that you're working with right now--you don't know if it's DaVinci or--

PP: I don't know but I can go find out.

Buyer: If they, if they're just taking the whole specimen, and then just trying to figure out, they may not have as high of a quality requirement as we might, if we're trying to procure an actual specific tissue or specific organ. So that's another consideration.

PP: They take anything. They're--

Buyer: Huh?

PP: They will take anything.

Buyer: They'll take anything. Yeah. Are you the provider who does most of the cases, or is there--?

PP: I do about 10 percent of the cases, probably. We have another doctor, we have 2 health centers, so I do about a quarter of the cases in our Orange Health Center, but we have another facility in San Bernardino, so.

Buyer: Okay. Yeah. And when do you start using dig?

PP: Well, 20 weeks. But we don't dig right now because there's a shortage.

Buyer: Because of—?

PP: There's a nationwide shortage of dig.

Buyer: Really?

PP: Yeah. Where are you located?

Buyer: Long Beach.

PP: Oh, right. Sorry, you told me that.

Buyer: Yeah. So not very far away at all.

PP: Are you working with PPLA?

Buyer: We're, no, because PPLA is very very tight with Novogenix right now. So unfortunately, because we've been communicating with Deborah Nucatola, and she's very very conscientious about trying to facilitate the process, and even convert to breech on ultrasound to make sure we can get everything out in the right—

PP: Well we like to do that too.

Buyer: Oh you do?

PP: Yeah.

Buyer: Excellent, yeah.

PP: So, do you work with, do you work with some of the other providers in the area?

Buyer: So we've been communicating with providers in the southwest and also with Mary Gatter in Pasadena, and we're probably gonna do, we're probably gonna be doing site visits in the next couple of weeks there. There's a little bit of a question whether it's going to work out with their volume and the specimens and everything, but everybody wants it to work out so we're going to give it a try. We're gonna try, we're gonna see what we can make happen.

PP: And what gestational ages are you looking at?

Buyer: We're looking for pretty much 16 weeks and above, is kind of what we're looking at.

PP: But you're looking ideally for an intact specimen?

Buyer: As intact as possible is good, yeah. Just simply because it's not worth it to have our technician spending an hour playing like, "Find the liver!" when it's in like 8 pieces. And you know. So that's kind of the reasoning behind that.

PP: Have you worked with FPA at all?

Buyer: So, we tried to connect with FPA, and apparently FPA does not want to be involved in any kind of research, donation, anything like that. It's verboten for them. Which would be, I mean, they have a huge volume, so--

PP: They have their own independent path lab.

Buyer: Yeah.

PP: So, that might be why.

Buyer: They have their own what?

PP: Pathology lab. So they, I think they're billing MediCal for all of the TABs, and they have their own pathologist, so that's why. Yeah.

Buyer: Interesting. Yeah, some people had said it's also because they're a for-profit, and it would not look appropriate to be partnering with a for-profit company, I don't know.

PP: That might be the case.

Buyer: Apparently at the Planned Parenthood national meeting, next month, they're gonna do a whole session on tissue donation and all of that, so everybody will get to talk about the different issues, and how we're going to handle it, which is really good, I'm glad that that is going on.

PP: And our CEO will be there, if you want to try and touch base with him.

Buyer: Oh really! Yeah yeah yeah. Well I mean, if you guys are willing to donate it without, you know, no questions asked, no remuneration, nothing, you know—

PP: [laughter] Right, you're not gonna complain.

Buyer: It's like, we don't have to, we don't have to pay you $100 per specimen!

PP: [laughter]

Buyer: Like, if you want to waive that, we're cool—

PP: Well, let's—um, you know, I don't have my card with me, but I can give you my information and I can run it up the flagpole, I can talk with our CEO about it, I remember the discussion I had when I came from PPLA and they were doing all these cool things.

Buyer: Yeah, I mean for us the compensation is really about you know, securing the relationship.

PP: Mhm.

Buyer: Making sure it's worth it for you and it's worth it for us.

PP: Mhm.

Buyer: And you know, if there were to be a situation where like Novogenix from PPLA coming in, or StemExpress, or DaVinci or whoever the biotech company is, a way to ensure that we get priority and stuff like that. So that's where the money comes in with us.

PP: Yeah.

Buyer: Um.

PP: Do you have a card on you so I can follow up on that?

Buyer: I do actually. I have a card on me, I can go ahead and get--where is it. There we go. Robert Sarkis, Procurement Manager for BioMax.

PP: Thank you.

Buyer: Don't worry, we're still interested in Arizona!

PPAZ: I'm not jealous, it's okay.

PP: Where are you guys located in Long Beach?

Buyer: Yeah, we're in Long Beach.

PP: Where though?

Buyer: On Spring Street. By the 710. We operate drop-ship though at the clinics that we work with, it's very simple, just kind of a lean, mean operation. We've been having to in the past year or so, we've been looking kind of farther afield to Arizona and Colorado and other places to see where we could go, because like I said, pretty much all the providers in California are already partnered up with somebody. StemExpress has all of the north, there's ABR in San Diego, you guys have DaVinci, there's Novogenix in LA, so--

PP: How did you guys get started?

Buyer: Our, whoops--

PP: It happens.

Buyer: It happens, right? We've had a little--it's that time of night. So my boss is a woman named Susan Tennenbaum, she worked in clinics for many years in the 1980s, got out when it got kind of violent, very scary, but she did like

counseling for a number of years with, she was working in counseling in the clinics, there was like a chain or something in Los Angeles that she was part of, and she just a year ago, she had the idea, her niece, my friend Brianna, does research and is in the university system, and they kind of came up with the idea together that this is a bridge that they could make between the demand for researchers and the supply on the clinic side, where materials are just being thrown away all the time. And so my background is in biomedicine and they hired me as Procurement Manager about a year ago and it's incredible because we're all so used to the political controversy between embryonic and adult stem cell research, and fetal stem cells have gotten kind of lost in the mix, and people don't talk about that really, but that's where some of the most interesting research action is actually going on. And there's FDA clinical trials right now that are moving forward using fetal stem cell products, so. It's a really exciting field. It's a really exciting area.

PP: I agree.

Buyer: And what's interesting too is when I go to stem cell meetings, they have whole sessions on, "How do we talk about what we do?" for the public, and how do we deal with the misrepresentation, and the politicization, a lot of the same stigma issues that you talk about in the family planning community. Certainly not as intense with regenerative medicine, but there's still like an analog there, which is interesting to me.

PP: Yeah.

Buyer: Because you see too you guys have the supply, and we have the demand, but the communication isn't really really happening, in part because of the stigma, right?

PP: Right.

Buyer: Because we're all worried, right, what will happen if it's front page news, New York Times, all of that.

PP: Right. And it shouldn't even be an issue. 30% of, there's a million abortions happening every year, we could be using, solving, Parkinson's, and, it's very frustrating.

Buyer: Yeah, yep.

PP: My uncle just died of Parkinson's.

Buyer: Oh, I'm sorry.

PP: In fact, the treatment--my grandfather died from Parkinson's, and he died 30 years ago. There's not been huge differences there. There's improvement, but. I mean it's crazy. I'm on board, I just, we're very conscious of, we have, it's Orange County.

Buyer: I know, the Orange Veil, right, that covers everything.

PP: That's a huge part of it. I mean, it, it's so bizarre. Orange County, we're 20 miles from LA, but it's a, it's you know, whatever, the most conservative place you could possibly imagine, really.

Buyer: A little slice of Texas right here in California, right?

PP: Yeah, pretty much. It is.

Buyer: Pretty beaches, but--

PP: I moved from Long Beach, and I--

Buyer: I used to live in Orange. I bounce around between like Orange, Fullerton, I was in Anaheim Hills working for a while, seen 'em all!

PP: Conservative.

Buyer: Oh, definitely.

Buyer: Regressive.

PP: My husband was like, you can have friends over, but you're not allowed to have your friends outside in the backyard and have discussions about abortion. Because there's some crazy militia guy that's our neighbor--

Buyer: I believe it, there's always one of them in the neighborhood!

PP: It's crazy, like our next-door neighbor was like, "You know the illegals." I was like--

Buyer: Oh my gosh. I know, right? Because "You know those illegals--"

PP: [laughter]

Buyer: I know, right?

PP: Yeah, it's a crazy place. So that's part of what we're playing, we have to be really careful of that. Because, you know, the Orange County Register picks up on something and it's just--

Buyer: The Register just runs with anything that they've got, dude. It's crazy.

Buyer: He's been front-page news like every month--

Buyer: Maybe once or twice.

Buyer: Maybe. Discretion is an important part of everything.

PP: What's that?

Buyer: I said discretion is a very important part of everything.

PP: Yeah.

Buyer: Yeah.

PP: So, I will definitely think about it. I'll talk to our CEO.

Buyer: So, we were able to sit in on the cervical prep session earlier today, are, what's your protocol in Orange County?

PP: It's the usual stuff, so we do 2-day procedures over 18 weeks. And we do Dilapan mostly. And we do miso at about the 2nd trimester, so.

Buyer: Oh you do have miso on board.

PP: Yeah.

Buyer: So you guys are probably getting very good dilation. Mmm?

PP: It depends.

Buyer: It depends.

031800 *[break, podium speaker begins]*

040500

Buyer: So about your larger cases, you sometimes you're converting to breech beforehand and then, are those coming out fairly intact, or what is that--

PP: We usually do like a compress the calvarium, and then--

Buyer: But it is breech first? So you're getting like the whole thoracic cavity?

PP: That's pretty rare.

Buyer: Oh it's rare.

PP: We don't usually have that much dilation to be able to do that, but when we do, we do.

Buyer: When you can you do?

PP: Yeah.

Buyer: And when that happens, do you get a pretty intact specimen or what would you say?

PP: Yeah, but the calvarium is not intact.

Buyer: Is always, yeah. That's the tricky part is the calvarium. Have you met Dr. Harris from Michigan, Lisa Harris?

PP: Yeah

Buyer: You remind me very much of Lisa. I hope that's a good thing, depending on your--

PP: Yeah, she's one of my heroes.

Buyer: Yeah you remind me of like a younger version of Lisa.

PP: Yeah, she's amazing.

Buyer: Yeah, she sees the connection--when I was talking to her, in October, a couple months ago we were exhibiting in Miami, and what's really interesting, is researchers--stem cell researchers who are using fetal tissue, you know every scientific study that's published has a materials and methods section. And some researchers are very, very hesitant to say anything in detail at all about the materials and methods when it comes to the use of fetal tissue procured from elective procedures. But it's very relative to like replicating the research. Like you would want to see it in there. But they don't include it. And that's a function of stigma.

PP: Right.

Buyer: And we just kind of realized that. And so we all kind of realized that and we were like "Oh, wow!" It's--yeah.

PP: Yeah.

Buyer: It's everywhere, yeah. It's very interesting. So, just another thing. Yeah. That's what, Deborah had told us that sometimes that's something that can contribute a lot to getting more intact specimens, is if you're converting to breech beforehand and then you have dilation as the case goes on, and so then even in that case you can sometimes get an intact cal[varium] and everything.

PP: I think—most of us have trained to not have fully intact specimens.

Buyer: Oh. You're purposely trying like not to—

PP: Yeah. Even though we use dig, et cetera, but that's how we were trained. So. It happens sometimes, but it's pretty rare.

Buyer: Yeah. That's where it gets tricky.

PP: But, we try.

Buyer: You try.

PP: It's an easier procedure, yeah.

Buyer: Yeah, when you've got—

PP: Yeah.

Buyer: What is your volume you think for your 2nd, your later 2nd tri cases?

PP: We probably, I figured it out recently, I think we do about, I can't remember what we said. I believe it's right at, probably about maybe like 30, or 30 cases a month or so. No that's not right, It's probably like 25 a month.

Buyer: 25 a month?

PP: Yeah.

Buyer: So a little bit,

PP: Or maybe even less

Buyer: Yeah. So about a little bit less then 5 a week?

PP: Yeah.

Buyer: Probably 4 or 5 a week.

PP: Yeah. Maybe a little less than that.

Buyer: And none of those are getting dig now, because you're not using dig.

PP: Right now.

Buyer: Right now.

PP: I mean it's only been a few weeks, but, yeah.

Buyer: Wow. And is Da Vinci using most of those cases or are they, they're not-

PP: Not--yeah, I mean for the patients who say they want to donate tissue.

Buyer: Do they have a person on site or you guys have to do it?

PP: We just have them sign a tissue donation and then they, do that.

Buyer: Yeah. And then somebody comes and picks it up later? Or what do they do?

PP: Later.

Buyer: Well what we would envision doing is actually sending one of our technicians to the site and they can do the consenting, they would also use a small portion of the path lab to do the dissections and everything, and all that. And so it's maybe a little bit more of an impact on the affiliate but it's something if we could kind of figure out how that.

PP: Yeah, I mean we are in the process of trying to improve our surgical site productivity. So, anything that's going to impact that is gonna be a no-go, because we're dealing with patients who are in there for 6 hours, 7 hours, so.

Buyer: 6 hours to-

PP: Yeah, it's-

Buyer: And those are for two day procedures?

PP: Well, some, but some are for same day.

Buyer: Some.

PP: So, we're really trying to look at that right now. So anything that would potentially add time is less important. But I'll look into our current project.

Buyer: Yeah. How many surgical sites do you have?

PP: Two.

Buyer: Two. In Orange and--

PP: San Bernardino. But in Orange, San Bernadino our volume is slowly going up.

Buyer: And are you the physician who does the later cases, or that's somebody else?

PP: Me and there's some other nurses that help.

Buyer: Okay. So you will go all the way to 24 weeks, you personally do it.

PP: Yeah, yeah. So you know, we can talk, and I don't feel like it's likely but I can talk to our CEO.

Buyer: Yeah, so then the buck kind of stops with him I guess, he--

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PP: I'm not the decider. But, you know, like I said, the issue of the financial relationship, the potential impact on productivity is significant--

Buyer: Right, we want to try to find a way to compensate for your productivity but at the same time not exposing you to, you know, anything negative.

PP: Yeah.

Buyer: Yeah.

PP: Yeah. It's hard, I mean if anything, if I were going to have business designed for that business I would probably look for foundation support and more of a non-profit approach, given the political limit, I think it's a good thing, just our business is a political thing.

Buyer: Yeah, it's just delicate.

PP: Yeah.

Buyer: It has to be, everybody has to kind of go in with their eyes open,

PP: Yeah.

Buyer: And know, what's, what's going on. Yeah.

PP: Yeah.

Buyer: Sometimes people are a lot more open to it when you talk about the endgame. Or the end goal--in terms of the research that's actually being done, what these specimens will actually contribute to right here, right now. I don't know what Da Vinci is working on do you know what they're using for an--

PP: I don't know really know. Yeah. It's probably a good opportunity for me to look at and figure out what it's being used for, but yeah, you're right. It's just that where the money comes and where--

Buyer: It's all about the framing really--

PP: Yeah, yeah. We're just in a terrible situation with the political climate in the country at this point. I mean it's impacting everything.

Buyer: Yeah.

PP: It's making us, it's forcing all of us into positions that we don't necessarily agree with, but, you know, it's not about control.

Buyer: Right, because at the end of the day it's about protecting access, not just

PP: Right.

Buyer: Not just doing everything in the way you would want, in an ideal world, but it's about-

PP: Right which is sad. And it's bad for women's health. But that is the way it is.

Buyer: Yeah.

PP: I mean, in an ideal world we would have this relationship. It would be very [inaudible].

Buyer: Yeah. Where do you come down on, because I know there's kind of this discussion that's very current right now, where the question is, do we kind of, do we kind of pivot from what we do, and what we believe, or do we kind of more like what someone like Dr. Harris would say, kind of come out of the closet and be very open and proud about it? There's kind of a tension between these two positions, and we're trying to figure this out. Where do you come down on that spectrum?

PP: Well, I think that American women have come out of the closet. So, I came out of the closet as much as I want to but as long as our patients aren't coming of the closet, it doesn't matter what I say.

Buyer: Yeah, you're just one voice, yeah.

PP: I mean I'm not, I'm pretty open about what I do, but at the same time, I don't, you know, I think American women need to stand up and say I had an abortion. I think American women need to speak up and not take for granted that this is something they'll always have access to. Because it's not.

Buyer: Right.

PP: But I can't carry the weight of it, and I'm not doing that.

Buyer: Right, because can that come from the health center? I mean, can that. I don't know because that's one of the, that's one of the discussions a provider said, "I would tell all my patients you know, send a letter to your congressman, tell them what you just did," but I don't know if that's practical? It's kind of like, what do you do with that?

PP: Well, I mean technically we're not supposed to have those kinds of discussions so--

Buyer: Right, right.

PP: So how can we have that discussion in the framework of the saying, this is political work? You know, if the patient brings something up to me, I will discuss it with them, but I've had lots of patients say, well, I didn't know, I didn't realize that this was something I could possibly need. So it's terrible, you had a 24-hour consent law, and I had to tell them that the father could be responsible for the child, and you know, the things that were negative, and it's ridiculous that I have to tell you this, but I have to tell you this because it's the law. And they'd say, well that's crazy. And I'd say well if you think that's crazy, then you should go vote. And I could say, then you should vote for people who aren't going to make these laws and think about your experience. Of course, you know, so they have to speak up. And so, you know, it's very different from other issues, in that there's so much layers put on it, and it's considered a choice. I think that like the gay rights movement succeeded when it revealed that it's not a choice, that it's the way I am, that it's a characteristic of me. LIke race or gender. It's not like that. So.

Buyer: So maybe that's part of the pivot to the reproductive justice frame. It's not just about choice anymore, but it's about realities of what is and what we have to do.

PP: Right. Yeah, you're right. But it hasn't been framed that way at all.

Buyer: It hasn't what?

PP: It hasn't been framed that way at all. It's just a part of women's lives

Buyer: Yeah.

PP: You know, it's not, we've bought into the choice aspect. We use choice. You know, it's not, it's really not. But it's framed that way.

Buyer: That's interesting. It's a big question, like I said, the same discussions happen in the regenerative medicine community not certainly, I don't think the intensity is any- you know, no stem cell site is where I'm worried about getting shot, you know to be reali- it's not a thing.

PP: But you guys can be allies for us.

Buyer: Yeah.

PP: In speaking to people about it and talking to your work, getting on an airplane and sitting next to somebody

Buyer: Definitely.

PP: Yeah. I mean really, you know this what I do. I do research on this and it's really important. So, yeah.

Buyer: Yup. I'm going to have to use the restroom, excuse me.

PP: Yeah.

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