TRANSCRIPT BY THE CENTER FOR MEDICAL PROGRESS

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Speakers:

-Dr. Deborah Nucatola, *Senior Director of Medical Services, Planned Parenthood Federation of America* ("**PPFA**")

-Dr. DeShawn Taylor, *Medical Director emerita, Planned Parenthood of Arizona; Supervising Physician, Planned Parenthood Mar Monte* ("**PP**")

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

frame counts are approximate

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Staff: Do you want it to play through the end.

PPFA: Oh there's hours, yeah, you can let it play through the end and then take it when you need to take it.

Buyer: So [Dr.] Virginia [Siegfried, medical director of Planned Parenthood California Central Coast] is telling us that Phoenix is where we need to go.

PPFA: Okay, I can introduce you to--

Buyer: She said it's a new medical director, didn't know her name--

PPFA: Laura Dalton. She's here. Wanna meet her? She's gorgeous too.

Buyer: Totally. Yeah. [laughter]

PPFA: I need to stay on a high perch because if I go down there I'm not gonna see anything.

Buyer: I know [laughter]

PPFA: We'll find Laura Dalton.

Buyer: Laura Dalton.

PPFA: The other thing is, there's a person who runs a private clinic now in Arizona, her name is DeShawn Taylor, and I think I saw her over here. So let's introduce you to both of them.

Buyer: Yeah yeah yeah.

PPFA: Follow me while I--

Buyer: Alright.

PPFA: Callie! How are you? Do you want to know something? That was an emergency, neither of us was supposed to go up there.

Attendee: Oh. You were perfect.

PPFA: So we improvised.

Attendee: [inaudible]

PPFA: Alright. I will tell you, Laura Dalton has very long blonde hair. And she has like a little Marilyn Monroe birthmark. And DeShawn Taylor is a black woman with a blonde, short haircut. So they're both very easy to identify. Let's, let's enter through here.

Buyer: Alright.

PPFA: Now you see how difficult my job is.

Buyer: I know.

PPFA: Okay, so we'll try up there. And if we don't see them, I'll be sure to definitely bring them by your booth.

Buyer: Definitely. Yeah.

PPFA: I found one of them!

Buyer: Oh!

Dr. Willie Parker: Hey there, how are you?

PPFA: Good, good to see you.

Buyer: Robert Sarkis, with BioMax Procurement Services.

Parker: Willie Parker.

Buyer: We do fetal tissue collection, for stem cell research.

Parker: Oh! Okay.

Buyer: This is [Name], one of our procurement techs.

Parker: Willie Parker, nice to meet you.

PP: I have an abortion clinic in Arizona.

PPFA: Which is exactly why I brought these two gentlemen over.

PP: Oh ok

Buyer: Robert Sarkis, with Biomax Procurement Services.

PP: Okay.

Buyer: We do tissue collection.

PP: Oh sweet.

PPFA: And they're looking towards Arizona as an area where they might be able to collaborate.

PP: Oh, cool.

Buyer: We're based out of the Los Angeles area. Like Norwalk, Long Beach, that kind of area.

PP: Okay.

Buyer: And unfortunately most of the providers in California are just saturated right now, there's already other TPOs working with them.

PP: Mhm.

Buyer: So, Phoenix-area, Arizona, seems to be like an excellent second choice because it's literally just an hour plane flight away.

PP: Yeah.

Buyer: So Deb had mentioned you, as well as I guess the Planned Parenthood affiliate in Arizona as well as good connections to make.

PP: Yeah, absolutely. It's been on my mind because, I used to work at Planned Parenthood Los Angeles, and we used to have-

Buyer: Oh okay. Novegenix I think is the the one that comes in to do it there.

PP: Yeah.

Buyer: Yeah, yeah, yeah. So you have experience for providing material for research purposes.

PP: Yeah.

Buyer: Yeah yeah yeah. Do you do it in Arizona at all right now?

PP: Well right now no. And so my office I've only been open for a year now.

Buyer: Mhm.

PP: So, we're pretty well established at this point and actually, due to some things going on at Planned Parenthood, I get a lot of referrals from Planned Parenthood, so.

Buyer: Interesting, why is that? That they just can't handle the volume, or what is--?

PP: Well I used to work for them, and then I left them, and so they're still recovering. [laughter]

Buyer: What's the nature of the relationship?

PP: Well I mean we're, it's a decent relationship. But yeah, I used to be Medical Director at Planned Parenthood Arizona. That's how I ended up in Arizona.

Buyer: Oh okay.

PP: See that's how I ended up in Arizona because I went to work for Planned Parenthood. Because I was with Planned Parenthood Los Angeles, and also I had an academic position at USC. That's how I know Deb Nucatola, 'cause she trained me as a Fellow.

Buyer: Oh, okay.

PP: So I have a very good affinity for the idea of tissue collection and research.

Buyer: Right.

PP: I actually tried to pair with a company when I was at USC to try to do research, because they wanted to do stem cells.

Buyer: Right.

PP: But I couldn't get it through our IRB.

Buyer: Oh, no. The USC IRB?

PP: Yeah, I could not get it through USC IRB.

Buyer: Really? Don't they have--I thought they had a stem cell program though.

PP: It was, right, because it was abortion-related, was the problem I think.

Buyer: Oh.

PP: It's so frustrating how those politics get involved.

Buyer: That's what I heard, yeah, surprisingly especially in academia.

PP: Yeah.

Buyer: You know, on the one hand it's supportive, but we heard at NAF, so many people would say, you know, good luck trying to practice abortion care at a university hospital. Or any hospital setting.

PP: Yeah. So I know that I have a lot more opportunity.

Buyer: Right.

PP: Now that I have the private practice.

Buyer: Yeah, because you're not responsive to an IRB at this point.

PP: So as long as something's already IRB-approved, then it's just a matter of working out the logistics, right, to be able to do it, and so the way that my office is set up is every day of the week--so I'm an integrated practice with abortion and gynecology. So every day of the week, a patient could either be in the office for a medical or a surgical abortion or a well-woman or whatever. There's not concentrated days that are just abortion--

Buyer: Oh you don't have procedure days--

PP: Well except for Saturdays. Saturday is just procedure day.

Buyer: That is a procedure day.

PP: Overall, throughout the week, we're collecting. So it would just be a matter of, um, whatever the protocol would be, for securing the tissue and I know that there's some time limits, so probably the day that we have multiple cases scheduled in one day, 'cause I know storage and transport is an issue. So.

Buyer: Exactly. What is your procedure volume like right now, total?

PP: We probably do, and also too this is the time of year when things start to pick up and then we keep climbing in the spring like around May, so right now the average, probably about 30 a week.

Buyer: 30 a week.

PP: And then I would suspect that it may get to 50 or 60 by peak season, which is like April, May.

Buyer: April and May. Interesting.

PP: Yeah.

Buyer: A provider from Ohio made that same comment to us when we were at NAF, although she said that, I feel like she said that the fall was peak season for her, because she said that--or no, maybe it was spring, because she said people kind of get together during the winter--

PP: Yeah.

Buyer: When it's cold and dark and lonely, and then--

PP: Absolutely. Absolutely.

Buyer: Yeah, yeah.

PP: And then, you get spring break and it kind of--so yeah. But um--and, it's really by design, because I'm not, I'm a general, I'm like an all-inclusive GYN clinic, so I'm not just an abortion clinic. There are other providers who, their volume is higher. And so I mean, you definitely might want to--

Buyer: What is your 2nd-trimester volume like?

PP: I probably do, so are you talking like, beyond 20 weeks, or just outside of 12 weeks?

Buyer: Yeah, outside of 12 weeks. It's good to know that someone is kind of consistently going up to 20 to 24 weeks, because especially, when someone wants neural tissue [brain],

PP: Ahuh.

Buyer: They're wanting, to you know, they want fetal brain, they want both hemispheres,

PP: Ahuh.

Buyer: And for whatever reason like the sweet spot tends to be 18 to 22 weeks.

PP: Okay. Well I go up to 24 weeks--there is, there is a practice that kind of preferentially gets the anomaly referrals. You want anomaly referrals?

Buyer: Right, no, we want healthy tissue, healthy, normative, yeah--

PP: Oh okay, so yeah. Most of my, most of the patients that come to me are elective. They present themselves.

Buyer: Ahuh okay. And you go electively up to?

PP: 24 weeks.

Buyer: Okay.

PP: So, I would say probably for those beyond 20 weeks, it kind of comes in waves, but I would say I average about one or two per month. But then there'll be a time when I'll have like multiple in one month. So.

Buyer: And what about, like--

PP: I generally do, I would probably say between 13 to 16 weeks, I probably, maybe like 15, 20%, and then the 16 weeks and up are probably about 10% of the practice.

Buyer: So of the--

PP: But then I get referrals, because Planned Parenthood has provider shortage, so depending on how many they get and whether they have a provider then I get referred theirs, direct referral from them, so.

Buyer: So for example, like last week, how many cases did you have over 14 weeks, let's say?

PP: So last week, over 14 weeks, there were two.

Buyer: Oh, only two.

PP: Only two. And then this week--

Buyer: And were those literally 14 weeks, or 15 weeks?

PP: Yeah, they were 15 weeks. They were two that were 15 weeks. This week coming up I have a 15-weeker on Tuesday, so far. I have a 20-weeker starting on Thursday so far, this week coming up when I get back.

Buyer: And you're doing two-day procedures for 20 weeks?

PP: Yeah, so I start the two-day procedure at 16 weeks, and I do a one-day procedure up to 16 weeks, and then I start a two-day procedure after 16 weeks.

Buyer: Ahuh, yeah. Because I mean obviously, some of the parameters that we're working within, tissue needs to be pretty much, you know, pretty intact

PP: Mhm.

Buyer: Because the more physically traumatized it gets, the more the stem cells get kind of mashed up and aren't available for collection.

PP: Mhm, yeah, yeah. Mhm. Now the thing is I don't do inductions so, like my technique is, a disarticulation technique so, there would have to, you know we'd have to like talk about exactly what it is that you were needing, because--

Buyer: Right, right. Breech position [feet first] is great. I'll just throw that out there right--

PP: Because part of the issue is, it's not a matter of how I feel about it coming out intact,

Buyer: Ahuh

PP: But I got to worry about my staff, and people's feelings about it coming out looking like a baby. [laughter]

Tech: There's a lot of variables going in. Ahuh

PP: So, I don't, so yeah, that becomes an issue. So.

Buyer: Yeah. That's interesting that there's kind of an issue with the staff, to have to kind of protect their comfort level, to--

PP: Yeah.

Buyer: It's so interesting. Do you ever find yourself in a situation where it would be easier, this case kind of wants to come out intact, but you're kind of like, you have to make sure it doesn't so the staff doesn't freak out?

PP: Well I mean, that's one, and another issue is, Arizona is so conservative, I just don't even want to send a full fetus to, for cremation or any of that.

Tech: Absolutely, it's asking for trouble.

PP: It is just, yes.

Buyer: Right, they call her, the governor out there, the Wicked Witch of the West!

PP: Yeah, it is, it gets, we have the people who do the fetal death certificate- they email us calling them babies. Baby this, baby that, baby so and so. And I'm like, that's creepy!

Tech: Yeah, you know your environment just so well.

PP: It's creepy. So I mean there are a lot of variables that come into play. Now, for example, if we have a patient who signs the consent, then we can have a conversation about, when, you know, we're gonna do some additional preparation to try to have a certain thing occur. Right? But, so I mean, there is some flexibility in it, if we're preparing, and we know, and the patient wants to be a part of it, then we do things accordingly, right?

Tech: Absolutely.

PP: Um, so.

Buyer: Is this something you've done a few times already, or?

PP: Well, I've done, I mean I've done like procedures for anomaly, you just need a bit more dilation, and they kind of have to get into labor, so the patient has to understand--

Buyer: Oh, okay, so the intact cases you've done have been for fetal anomaly where they want to be able to take pictures and footprints and--

PP: Well, we want to make sure that we can provide some decent tissue for analysis, or it's a case of like rape or something, and we're trying to get tissue to provide for evidence, so, I don't routinely do induction-type procedures for

bonding and that type of thing. You know, sometimes too, the patient, just, the way they respond to the medication things happen quicker than usual.

Buyer: It just happens, yeah.

PP: Yeah, so that happens. Sh**-- [laughter]

Buyer: Do you dig [use digoxin]?

PP: Yeah.

Buyer: Starting when?

PP: Uh, 20 weeks.

Buyer: Starting at 20 weeks.

PP: Yeah.

Buyer: Cause that's the other thing, cause dig kind of rules out-

Tech: It ruins the integrity of the specimen.

PP: Oh.

Buyer: It kills the stem cells.

PP: Oh, I mean so the thing is it's really, and then that really presents an issue because in Arizona, if the fetus is del--comes out with any signs of life we're supposed to transport it.

Buyer: Ahuh.

PP: To the hospital

Buyer: At any gestational age?

PP: Any gestational age.

Buyer: Mhm.

PP: Yeah.

Buyer: Is there any standard procedure for verifying signs of life?

PP: Well the thing is--

Buyer: That doesn't go in a chart?

PP: I mean the key is, you need to pitch who's in the room, right? Because the thing is the law states that you're not supposed to do any maneuvers after the fact to try to cause demise so it's really tricky.

Tech: Yeah it sounds like it's real hard to navigate that bad boy.

PP: Yeah. It's really tricky so, most of the time we do dig, and it usually works. And then we don't have to worry about that because Arizona state law says if there's signs of life, then we're supposed to transport them. To the hospital. [laughter]

Buyer: Yeah.

PP: Yeah, it's a mess, it's a mess.

Buyer: Yeah. Gosh.

PP: So, now I do know that there--but again, the other providers are generally doing anomaly cases, not really purely elective. I think a lot of the elective cases go through Planned Parenthood, and then the other private clinic. But the other provider doesn't start dig till 22 weeks, I mean again there's some flexibility, I mean I don't have a board to report to--

Tech: Yeah, explain yourself too

[camera changes recording files]

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PP: --someone who is wanting to participate, then you know, we work through it. But I mean, research shows that dig doesn't make the procedure easier in someone who is well-trained. But I can tell you anecdotally, my biceps appreciate when the dig works. [laughter]

Buyer: Really? It's in the biceps that when you doing the D&E?

PP: So--it does not take me any longer to complete the procedure but it is, takes more force.

Buyer: Really? What does it- so when you're doing a non-dig D&E, it's that's where the--

PP: It takes a bit more, it takes a bit more, yeah.

Buyer: Wow.

PP: Yeah, yeah, yeah. So I remember when I was a Fellow, and I was training, I was like, oh I have to do the gym for this. [laughter] I have to hit the gym.

Buyer: You have to go to the gym in order to do a D&E.

PP: Yeah.

Buyer: What age, when it does it start? What gestation does it start getting really difficult like you need a workout?

PP: At 20 weeks.

Buyer: At 20.

PP: Yeah, yeah. It can get difficult. Now, ideally, you want to have the best amount of dilation as possible, so I think again it kind of comes to in someone who's choosing to participate, we might just take a little extra time, you know to make sure that we have good dilation.

Buyer: Right.

PP: And spend a little more time on the front-end for you know, a little easier procedure on the back-end.

Buyer: Right.

PP: If I'm not going to be doing disarticulation, which I would normally do, you know, so. Breech makes it a lot easier 'cause then you know--but the thing is, there's still going to have to be some decompression of calvarium for it to come out, so.

Buyer: Interesting, because Deb had mentioned to me that if you're doing, there's dilation that happens as the case goes on if you're extracting from breech

PP: Mhm.

Buyer: And then at the end that if there's, you know you do it enough,

PP: Well see a lot of times what will happen is--

Buyer: And so then the calvarium can come out intact.

PP: It requires a--especially in further along it requires a good amount of dilation.

Buyer: Ahuh.

PP: And so, you know for the most part, you know we're going to start the procedure before we get to that point. So it's really like, in order to get you an intact calvarium, the patient's really going to have to go into labor.

Buyer: Oh it's going to have to be essentially a D&E, or essentially an induction.

PP: Yeah. Because, generally, you know, especially in a breech presentation, everything's going to come out and then the head's going to get trapped.

Buyer: Ahuh.

PP: That's usually what's going to happen.

Buyer: Ahuh.

PP: So generally, you know, then we just take forceps, and you know, do the rest. So, ideally, you know the patient would have dilated in the E-phase enough that it's all just going to come out.

Buyer: Right, I mean that's what, what Deb had said to me was that if you, if you've got it starting from breech, that there's increasing dilation, as, as the whole extraction's going on-

PP: Potentially.

Buyer: So that by the end of it, you can evacuate an intact calvarium.

PP: Potentially.

Buyer: But it's, but it's, I'm sure, I mean every woman is different obviously.

PP: Yeah.

Buyer: Every patient's different, so.

PP: I mean, for the most part, in general, unless there's like complete dilation that's going to allow the head to come out, there's going to be some level of decompression on the way out. Even if I have not completely, I might use my instrument to try to do that. But again, in a, in a patient who you know, is consenting to that, then, you know, then you know it might take a little bit longer.

Buyer: Right, right, to an induction there is a little bit, yeah.

PP: The, yeah so I mean, I think it's worthwhile to explore.

Buyer: Yeah definitely.

PP: I mean, yeah.

Buyer: Do you, I mean, so we return a portion of our researcher fees to the clinics

PP: Mhm.

Buyer: And private practices that work with us.

PP: Mhm.

Buyer: Just cause, you know if we're going to come in and do all that, we want to make it worthwhile for you,

PP: Mhm.

Buyer: and make sure that it's a partnership that benefits everybody.

PP: Yeah.

Buyer: So that's all stuff to talk about, kind of how to fit all the pieces together, but I mean it sounds like--

PP: Yeah, I'm definitely interested. So that's what you guys are interested in is the later, or are you doing 1st-tri--

Buyer: Definitely. You know, every research project is a little different, I mean there's, there are, I know stem cell scientists who use 1st-trimester fetal brain.

PP: Mhm.

Buyer: And that happens to be what their protocols call for. But typically, if they're getting neural progenitors, they want from later in the 2nd trimester. Liver is--

PP: I remember one that I was doing where they really wanted as best as possible to get an intact fetus--

Buyer: Oh a whole intact fetus? They wanted the whole cadaver. [laughter]

PP: Well, but this study that I was trying to get through, they wanted 1st trimester, but they wanted intact, so I was like--it's gonna be--

Buyer: Yeah. Every--

Tech: Research needs vary, I mean--

Buyer: Everybody's got, you know, a different experiment that they're doing and so the custom requests are just so highly varied. And so that's why really, from our perspective, what we're looking for is somebody who has the capability of, that they regularly practice up to 20 to 24 weeks and so that way we know that we've got that range of gestations available to fulfill whatever the orders are.

PP: Yeah.

Buyer: Now, are you friends with Dr. Laura Dalton?

PP: Yeah.

Buyer: Really, because that's the other one, Deb had mentioned, that we're trying to--

PP: Yeah, so basically, so she's the Medical Director of Planned Parenthood of Arizona, and so there are windows of time where they have provider availability to do the later cases. When they don't have the provider then, they refer them to me.

Buyer: They send them all over to you. Gotcha.

PP: Mhm. And so there's some patients who will present there and then get referred to me, then there are the patients who will come directly to me.

Buyer: Yeah, so then I feel like what we're maybe looking at with Arizona is, I feel like you guys are a package deal maybe.

PP: Pretty much.

Tech: Yeah absolutely like if you guys have that partnership already--

PP: Yeah, I mean, well--I don't get along with the CEO. That's why I'm not there anymore, but.

Buyer: Oh, really.

PP: I think on a clinical level, there's, you know, most patients that they have, most patients get referred to me for whatever reason, because they have come since I was their medical director, so there's that relationship, it's not a formal relationship--

Buyer: Right, but it's a practical one, which would be ours as well.

PP: Yeah. So, yeah, I think, yeah. If it is that you're looking for non-anomalous, it's gonna be Planned Parenthood and me probably. I mean just for completeness, just for altruism in research, there is another provider who goes up to 22 weeks, and she does by induction.

Buyer: In Arizona?

PP: Yeah. She just increased her gestational age to 22 weeks, and she tells me she's doing it by induction. Because she's a family medical doctor, so.

Buyer: So is it not an outpatient clinic though, or--

PP: It is. Yeah, so, she's at Camelback Family Planning.

Buyer: Is it in Phoenix--Camelback. Okay.

PP: So, you might want to reach out to her.

Buyer: Are they here at this meeting?

PP: No, 'cause she doesn't have a Planned Parenthood or an academic affiliation at all, so.

Buyer: Oh okay, gotcha.

PP: Just for completeness of touching bases for you, so.

Buyer: Yeah. Let me be sure to, let me give you one of my cards right now.

PP: I changed purses so I don't have mine--

Buyer: Okay. Yeah, so we're at Booth #207, we'll be there all of tomorrow and the next day.

PP: Okay.

Buyer: You don't happen to see Laura around here, do you?

PP: I saw her earlier, I was over on that side, and I saw her. I don't know if she's moved. You said Booth 207?

Buyer: Yeah, 207, if there's a pen I'll write it on the back for you. It sounds like the Exhibit Hall is not too big this year so I think we'll be easy to find.

PP: Yeah. Here we go. Okay, so. But yeah, I feel pretty good, I mean, my market share of the abortion services- it continues to increase, so.

Buyer: Interesting.

PP: It is very interesting to see how it all plays out.

Buyer: And is Camelback, are they located in Phoenix as well? Wow, so--

PP: Yeah, she's been in business--I don't know how long she's been in business, I would say probably 7 or 8 years, maybe.

Buyer: And you're Desert Star Family Planning is the name of your practice, okay.

Tech: Desert Star.

Buyer: Yeah, I mean, so I'm feeling like Arizona could be really good--

Tech: Absolutely

Buyer: [Name], one of our procurement techs, we have a few techs as well that are part time, so what we would do is fly one of them out there for half the week, you know to Phoenix, and they could hit Planned Parenthood one day, Camelback the next day, your clinic on Saturday, and then--

PP: Mhm. It used to be, 'cause I was talking to Laura today, and it used to be actually you know what, it still might be, because she was telling me that in Phoenix, they pretty much this point schedule the patients like one day a month for those cases, for the 20-week plus--

Buyer: At Planned Parenthood? Interesting.

PP: Ahuh. Yeah.

Buyer: So we'd just want to figure out what that day is and make sure that that's our procurement day.

PP: So we should know what that day is, yeah.

Buyer: And realistically, that's an even better use of our time then because we know, we're gonna get 20 cases that day of exactly what we want. So.

PP: I don't know what the volume is at this point. Because like for me, there is a window that generally I do these cases, I generally start Thursday and finish Friday because of my schedule.

Tech: Okay.

PP: So, but I don't know what their schedule is. So.

Buyer: Yeah.

PP: So, it could be possible that you could come hang out and be able to hit both places, but it could be hard to say.

Buyer: Yeah.

Tech: Well like you said, it's worth looking at all the details.

PP: Yeah.

Buyer: I'm excited.

PP: And you know, in abortion patients--I have found, I've done research with abortion patients in my Fellowship, and they have this level of kind of altruism to know that, yeah they're having the abortion, they feel some kind of weight about it, but then to know that there's some other benefit that comes out of it, a lot of them do choose to participate.

Buyer: There's a greater good that can come out of that. Yeah. I mean, it's all about, I think the framing is very important, and very hopeful, I think.

PP: Yeah, so I will come by there, and I'll have cards.

Tech: Well definitely come by, we'll see you later.

Buyer: Yeah, very good to meet you and we'll speak more the future. Thank you so much, we'll see you.