19 April 2015

Speakers:

- -Connie Cantrell, Cedar River Clinics, National Abortion Federation ("NAF")
- -CMP undercover reporter ("Buyer")

16:04:22 to 16:05:09

Buyer: So, I'm not, I'm not afraid of undercutting the competition.

NAF: [laughter] Well, I just went into this, and it's been very good. And now we've gone through our first year, I mean, I was looking at numbers of, you know, \$250,000 a year.

Buyer: I'm sorry say that again?

NAF: I mean, originally I was looking at numbers of about \$250,000 a year. Last year I did \$100,000. And so, and I know what's happening. When they don't have, you know, it's like if they don't have the research to get it, then they don't—it's the same with ABR, same with you guys probably. You have to have the connections. So.

Buyer: Okay, well, we'll talk.

NAF: Okay.

20 April 2015

Speakers:

- -Dr. Ann Schutt-Aine, Chief Medical Officer, Planned Parenthood Gulf Coast ("PPGC")
- -Tram Nguyen, RN, VP Abortion Access, Planned Parenthood Gulf Coast ("PPGC VP")
- -CMP undercover reporter ("Buyer")

frame counts are approximate

028900 to 030840

PPGC: It's funny because ever since, I think I remember, it was like six months or a year ago you told me about the proposition, and so now every time I do a D&E, I'm like oh, there's some lungs, there's some kidneys

Buyer: Yeah, you already know, huh?

PPGC VP: We can do this [Name], I'm telling you.

Buyer: I'm down, no I'm excited.

PPGC VP: We can totally do this. I was like, where's [Name]. I was like, where is this guy? Where's my guy who can play with the tissue? 'Cause they're like concerned, I'm like picking up, and they're like, "Well can you show us a sample from today?" And I'm like, this is a really bad day for us, there was only one sample.

PPGC: You'll be desensitized for playing with the tissue. I know it seems morbid.

Buyer: I remember you mentioned that, there was one that day.

PPGC VP: And it was like one bad sample, it was like a 16 year old kid, so we just had to hurry up whereas like other days it's like more intact where it's like maybe only like an arm that's disarticulated—

PPGC: I would imagine between most weeks, Thursday, Friday, Saturday, we get anywhere between 5 and 10 samples a week. I mean just between Thursday, Friday, Saturday, typical. Typical.

PPGC VP: And that's what I was telling you and [Name] and [Name], we like, 30 to 50, is like a good number for the month, easy.

035200 to 035680

PPGC VP: We're a little bit different from other providers.

Buyer: Different is good. I hate mainstream, it just seems so disingenuous like why am I wasting my time.

PPGC VP: I'm like yeah, I have like a leg for you! I'm like, oh sh** if other people were to hear me they'd be like you are f***ing evil.

20 April 2015

Speakers:

- -Dr. Ann Schutt-Aine, Chief Medical Officer, Planned Parenthood Gulf Coast ("PPGC")
- -Tram Nguyen, RN, VP Abortion Access, Planned Parenthood Gulf Coast ("PPGC VP")

-CMP undercover reporter ("Buyer")

16:00:45 to 16:02:26

PPGC: I would much rather do 3 or 4 passes, than 15.

Buyer: Yeah, yeah. Right.

PPGC: Picking, picking, picking.

Buyer: Is that your average, like 3 to 4 passes to remove everything?

PPGC: I think so.

Buyer: Tram's listening in. She's like—you take notes, and keep track of—yeah. You

probably do actually, yeah.

PPGC: It really, it depends, I mean—

PPGC VP: There are some that are like, "I need to make one more pass, one more

pass."

PPGC: To avoid PBA [partial-birth abortion].

PPGC VP: Yeah. I was like, "Uh, a little bit—getting too close!"

Buyer: Oh, to avoid the ban, the federal law.

PPGC VP: Too close, too close! Too close.

Buyer: Oh so you're sitting there like coaching her, like watching how—

PPGC: No no no. But I mean, we know, right? Like if I'm doing a procedure, and I'm seeing that I'm in fear that it's about to come to the umbilicus [navel], I might ask for a second set of forceps to hold the body at the cervix, and pull off a leg or two, so it's not

PBA.

Buyer: See, so that's where, though, if you've got it coming out to the umbilicus, and that torso area is also intact, that's when I start to get excited because that's like all the

organs in there that we need are right there.

PPGC: But I mean, I find that even if I can't get it out intact, I can still get you a good sample.

Buyer: Right. Now if you just do a disarticulation though, while it's sitting there, so you just, you know, pop a leg off, or whatever—

PPGC: Right.

Buyer: Then you're free, right, it counts?

PPGC: Correct.

Buyer: And so then you can just bring the rest of it through, all in one—

PPGC: Correct. If it hasn't got the umbilicus. Correct.

Buyer: However, all in one piece, because you've already done a disarticulation.

PPGC: Correct. And usually at that point—yeah. Yeah.

Buyer: And obviously, you probably do the whole intent statement thing, and all of

that—

PPGC: Yeah. Exactly.

21 April 2015

Speakers:

-Dr. Stacy De-Lin, Abortion Services Director, Planned Parenthood New York City ("PPNYC")

-CMP undercover reporter ("**Buyer**")

08:02:04 to 08:02:30

Buyer: I mean, we could pay you \$1,000, up to \$1,500 for a liver.

PPNYC: Yeah.

Buyer: Because that's just in such high demand from our—

PPNYC: How interesting. Okay.

Buyer: Yeah.

PPNYC: Okay, yeah, that's great. And I think that the fact there's like a, like for me, just like somebody would take it would be great, but I think a financial incentive from you guys is going to be like, to the people we have to get this approved from, will be very happy about it, so—

Buyer: Right, the financial incentive would make people happy.

PPNYC: Yeah, exactly.

Buyer: Is that what I'm hearing you say?

PPNYC: Yes, absolutely! Yeah.

Buyer: Okay, perfect.

PPNYC: Yeah, yeah.

7 April 2014

Speakers:

-Dr. Uta Landy, National Director, Ryan Residency Training Program/Fellowship in Complex Family Planning, Planned Parenthood Federation of America

frame counts are approximate

016050 to 017600

"My coping mechanism is to focus on the baby/fetus. Reverence for something that was once alive, and now it's not. That's the hard part about this stigma."

"I have an issue with patient pain, it makes me feel like I'm a bad person, inflicting pain. I take that home with me and I have a really hard time with it."

Another:

"An eyeball just fell down into my lap, and that is gross." [audience laughter] "But, I'm saying to myself, this abortion is going well, and it's going safely, so I'm fine." [audience laughter, applause]