The panel met, pursuant to call, at 10:00 a.m., in Room HVC-210 House Visitors Center, Hon. Marsha Blackburn [chairman of the panel] presiding.

Members present: Representatives Blackburn, Pitts, Black, Bucshon, Duffy, Harris, Hartzler, Love, Schakowsky, Nadler, DeGette, Speier, DelBene, and Watson Coleman.

Staff present: March Bell, Staff Director; Mike Bloomquist, Deputy Staff Director; Karen Christian, General Counsel; Rachel Collins, Investigative Counsel and Clerk; Andy Duberstein, Press Secretary; Chuck Flint, Counsel; Theresa Gambo, Admin/Human
This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee’s website as soon as it is available.

Resources; Jay Gulshen, Staff Assistant; Mary Harned, Investigative Counsel; Peter Kielty, Deputy General Counsel; Graham Pittman, Legislative Clerk; Frank Scaturro, Special Counsel; Heidi Stirrup, Health Policy Coordinator; Matthew Tallmer, Investigator; Zachary Baron, Minority Senior Counsel; Paul Bell; Minority Communications Advisor; Jacquelyn Bolen, Minority Professional Staff Member; Vanessa Cramer, Minority Professional Staff Member; Matthew Henry, Minority Fellow; Karen Lightfoot, Minority Communications Director; and Heather Sawyer, Minority Staff Director.
Mrs. Blackburn. The Select Investigative Panel will come to order and the chair recognizes herself for 5 minutes for an opening statement.

I want to welcome to all the witnesses who are here today and I am going to introduce each of our witnesses in a moment. And I look forward to hearing the testimony from each of on Bioethics and Fetal Tissue.

The last decade has produced tremendous change in medical research and therapies. We are in the middle of a Biotechnology Revolution. Certainly, in my home of State of Tennessee, this is evident and even today we have members of BioTennessee who are on the Hill.

Each week an announcement from this industry presents a new therapy, or a new tool, or a new possibility in the search for lifesaving cures for diseases and afflictions that cause untold pain and suffering. New words have entered our vocabulary: three-parent children, chimeras, CRISPR gene editing, and bioinformatics. Words like organ transplant or tissue rejuvenation seem like ancient history in favor of regenerative medicine, which might eventually reconstitute entire organs from adult stem cells. In a word, things are moving quite quickly.

Like all revolutions, ethical questions and moral challenges can lag behind but the new information and knowledge in medical science raises important questions. What does it mean? What are
the historic principles of do no harm? Promoting disinterested
decisions by medical professionals and, very importantly,
addressing the question of human dignity and personhood. Ours
is not the first era to face such questions. The Nuremburg Code
produced a human rights-based ethics statement after horrible
information was revealed about experimenting on humans without
permission. We learned, years after it was underway, about
prisoners in China forced to donate organs or killed for their
organs. We learned about the horrors of forced abortion and
testing drugs on the poor and unaware after it happened. We all
remember the horrible reports about the syphilis studies on
African Americas or forced sterilization of the mentally
challenged years or even decades after it happened.

Last summer's videos revealed that something very troubling
that is going on related to fetal tissue and research. The weak,
the vulnerable, those with no voice harvested and sold. There
is something going on and something that deserves investigating
and it demands our best moral and ethical thinking.

This first hearing on ethics focuses our attention on
procuring and transferring baby body parts and related matters.
We will hear from professors who teach ethics, from medical
practitioners, from those who do biomedical research, from those
within America's faith traditions so that we as legislators might
become informed about the ethical implications and issues for the
This is then about bioethics. We did not invite our guests here to debate election year politics, or journalism ethics or whether this Select Panel should be funded. I ask my colleagues to join me in focusing on bioethics so that we might hear the best testimony our witnesses have to offer.

I welcome each and every one of you and I look forward to hearing from you.

[The opening statement of Mrs. Blackburn follows:]

**********INSERT 1**********
Mrs. Blackburn. At this time, I yield 5 minutes to the ranking member, Ms. Schakowsky of Illinois.

Ms. Schakowsky. Thank you, Madam Chair. I want to make two key points. First, fetal tissue research has saved millions of lives and has the potential for saving millions more. And that is why many Republicans have long supported and should continue to support the use of fetal tissue for research purposes.

Second, today's hearing is not part of a serious investigation into fetal tissue research or anything else. Twelve states, three congressional committees and a grand jury in Texas have already investigated and found no evidence that Planned Parenthood is seeking to profit from the sale of fetal tissue. Indeed, the only criminal acts uncovered in the course of these investigations have been those of anti-abortion extremist David Daleiden, who is now under indictment in Texas for his role in manufacturing the deceptively edited videos that have fueled the Republicans' latest attacks on women and their doctors.

Faced with these facts, the Select Panel should have disbanded. Instead, the chair has embarked on a partisan and dangerous witch hunt. Her actions are put into privacy and safety of Americans at risk.

Over the repeated objection of the Democratic members of the panel, the chair has sent dozens of document requests to academic
institutions, medical schools and healthcare providers across the country. She has already issued three unilateral subpoenas demanding the names of individual researchers, graduate students, medical students, doctors, and clinic personnel and is threatening to issue more. There are no rules in place to protect these names from public disclosures. In fact, the chair's staff has made it perfectly clear that any name turned over to the panel may be released to the public.

There is no reason to create such a database. And the chair's abuse of her position as chair to compel this information is, frankly, reminiscent of Senator Joe McCarthy's abusive tactics.

We live in a world where researchers who use fetal tissue are compared to Nazi war criminals and extremists have tried to burn clinics to the ground. We live in a world where women have to face a gauntlet of harassment to get healthcare and where there are threatening Web sites that identify reproductive healthcare providers, their families, and maps of the location to their clinics and homes.

On the day after Thanksgiving, a gunman drove 60 miles to a Planned Parenthood clinic in Colorado Springs, killed three people, injured nine others, and terrorized doctors and patients. And when arrested, he uttered the words, "no more baby parts," a phrase that many of my Republican colleagues have invoked both
before and after these murders and in connection with this panel's investigation.

Linking individual names to an investigation that the Republicans describe as examining, "the harvesting" of "baby body parts" and the "horrific" practice of abortion providers puts people in danger. Our words and our actions matter.

The chair has refused to explain why she needs a database of names. As the Washington Post Editorial Board asked just a few weeks ago, "How is the name of a graduate student who 5 years ago was an intern at a lab relevant to anything?" There is no apparent reason for this, other than harassment and intimidation. Republicans may not like the fact that abortion is legal and, therefore, safe for women in this country but that is no excuse for putting students, researchers, women and doctors at risk.

The Democratic members of this committee have repeatedly asked the chair to stop demanding that information. We have proposed reasonable rules that would prevent collection of certain information and otherwise protect the information that we do receive. So far, the chair has ignored our request. Nonetheless, I want to make this very clear to the entities that are under threat of subpoena or contempt from the chair and to every researcher, doctor, and woman in America, Democrats will continue to fight to keep them safe.

The unfortunate truth is that this partisan pursuit of the
manufactured false allegations of anti-abortion extremists is putting Americans in harm's way and it must stop. It is time to turn our attention to ensuring, not attacking critical medical research and women's access to healthcare.

With that, I request unanimous consent to enter into the record the February 21, 2015 Washington Post editorial, The Planned Parenthood Witch Hunt. And I yield back the balance of my time.

[The information follows:]

**********COMMITTEE INSERT 2**********
Mrs. Blackburn. And your entry is made, without objection.

The gentlelady yields back her time.

Mr. Nadler. Madam Chairperson?

Mrs. Blackburn. The gentleman is recognized.

Mr. Nadler. I have a parliamentary inquiry, Madam Chair.


Mr. Nadler. Madam Chair, my colleague, the ranking member, noted in her opening remarks our concerns about your dangerous and sweeping demands for the names of individual researchers, graduate and medical students, doctors, and clinic personnel. Can you explain what rules govern these demands?

Mrs. Blackburn. The answer to your inquiry, we are entitled to the information and we are going to take the necessary --

Mr. Nadler. Under what rules are you entitled to the information is my question?

Mrs. Blackburn. We are under the jurisdiction of the Rules of the House of Representatives and the Rules of the Committee on Energy and Commerce.

Mr. Nadler. Very well. Further parliamentary inquiry.

Mrs. Blackburn. The gentleman will state his inquiry.

Mr. Nadler. If we are under the Rules of the Committee on Energy and Commerce, Rule 16 of the Rules of the Energy and Commerce Committee requires that "The chair shall notify the
Those rules require three things, Madam Chair. They require you to notify the ranking member in advance; they require you to consult with the ranking member and to do so 72 hours before issuing a subpoena; and they require you to report within a week to the committee.

On Friday, February 12th, you told Ranking Member Schakowsky during votes on the House floor that you would be issuing subpoenas the next week. We immediately asked for a meeting to discuss this and for a copy of the subpoenas so that we could see what we were requesting. Those requests were refused. You then issued the subpoenas on the 16th of February, 4 days after that conversation, and have yet to report on their issuance.

Madam Chair, can you explain what constitutes consultation and reporting within the meaning of Energy and Commerce Rule 16?

Mrs. Blackburn. Energy and Commerce Committee requires a conversation on the committee's plans, which I did. And I will remind the gentleman the resolution establishing this panel,
House Resolution 461, stated that Rule 11 of the House of Representatives and the Rules of the Committee apply to this panel. Further, the Rules of the Committee on Energy and Commerce do not require subcommittees. And this panel, the functional equivalent of a subcommittee, are not required to first meet or organize before conducting business.

Mr. Nadler. Madam Chair, further parliamentary inquiry.

Mrs. Blackburn. State your inquiry.

Mr. Nadler. Whether what you have described is a long-standing practice, the fact is we made a direct -- the ranking member made a direct request to discuss these particular subpoenas and have a copy of them. The flat refusal even to communicate with Democratic members has unfortunately been commonplace since the outset of this investigation and violates the duty under the rule to consult.

With regard to reporting, we have yet to receive any report on the issuance of these subcommittees, including, and this is critically important, exactly what information entities are refusing to produce and how that information is pertinent to this investigation.

Contrary to your public claims that these entities had not cooperated with the panel, they have in fact done so. They have turned over hundreds of documents and to the extent there remains any disagreement, it appears to be over your demand that they turn
over the names of students, researchers, doctors, and clinic personnel. To date, you have refused to explain how this information is pertinent to the investigation. The recipients of your demands are entitled to this information, as are your Democratic and Republican colleagues. It is incumbent on you, certainly prior to moving to issue or enforce a subpoena to show how the information you demand is pertinent to the matters we are investigating.

Madam Chair, will you explain how the names of individual medical or graduate students, researchers, healthcare providers, and clinic personnel are pertinent to this investigation, please?

Mrs. Blackburn. No, sir, I am not going to do that. But I will let you know, Mr. Nadler, that copies of all the document requests have been made available to the minority. Copies of the subpoenas have been made available. And the requirements have been met.

And at this point, we are going to move on and introduce our first --

Mr. Nadler. No, Madam Chair, I have one further parliamentary inquiry, which I would --

Mrs. Blackburn. State your inquiry.

Mr. Nadler. I will state at the outset I disagree with the assertion that we need to compile a database of names to get answers that we can easily get from institutional
representatives, persons who are akin to 30(b)(6) witnesses under
the Federal Rules of Civil Procedure. You have refused to inform
the subcommittee, to consult with the subcommittee. You should
drop the demand for names and adopt the rules that we have
proposed, which will ensure a more balanced and a fair
investigation. If not, we should at least -- if you will not
change the rules, we should at least obey our current rules. We
cannot proceed in flagrant violation of the rules, nor should we
proceed with dangerous subpoenas that endanger the lives and
physical safety of patients, providers, and researchers in a way
that could make this committee complicit with any physical
assaults on these people or any murders of these people.

I, therefore, move to quash the subpoenas.

Mr. Pitts. Madam Chair.

Mrs. Blackburn. The gentleman is recognized.

Mr. Pitts. I move to quash the motion.

Mrs. Blackburn. The gentleman from Pennsylvania moves to
table the motion. The gentleman from Pennsylvania has moved to
table the motion. The question occurs on approving the motion
to table.

All those in favor of signifying to table the motion will
say aye.

All opposed say no.

The ayes have it.
Mr. Nadler. Roll call vote.

Mr. Pitts. Roll call.

Mrs. Blackburn. Roll call is requested.

The Clerk. Mr. Pitts.

Mr. Pitts. Aye.

The Clerk. Mr. Pitts, aye.

Mrs. Black.

Mrs. Black. Aye.

The Clerk. Mrs. Black, aye.

Mr. Bucshon.

Mr. Bucshon. Aye.

The Clerk. Mr. Bucshon, aye.

Mr. Duffy.

Mr. Duffy. Aye.

The Clerk. Mr. Duffy, aye.

Mr. Harris.

Mr. Harris. Aye.

The Clerk. Mr. Harris, aye.

Mrs. Hartzler.

Mrs. Hartzler. Aye.

The Clerk. Mrs. Hartzler, aye.

Mrs. Love.

Mrs. Love. Aye.

The Clerk. Mrs. Love, aye.
Ms. Schakowsky.

Ms. Schakowsky. No.

The Clerk. Ms. Schakowsky, no.

Mr. Nadler.

Mr. Nadler. No.

The Clerk. Mr. Nadler, no.

Ms. DeGette.

Ms. DeGette. No.

The Clerk. Ms. DeGette, no.

Ms. Speier.

Ms. Speier. No.

The Clerk. Ms. Speier, no.

Ms. DelBene.

Ms. DelBene. No.

The Clerk. Ms. DelBene, no.

Mrs. Watson Coleman.

Mrs. Watson Coleman. No.

The Clerk. Mrs. Watson Coleman, no.

Mrs. Blackburn.

Mrs. Blackburn. Aye.

The Clerk. Mrs. Blackburn, aye.

Mrs. Blackburn. The clerk will report.

The Clerk. Mrs. Chairman, on that vote there were eight ayes and six nays.
This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee’s website as soon as it is available.

Mrs. Blackburn. The motion is tabled. At this time, we will introduce our first panel. I will ask that our panelists please move to the table as they are called forward.

First, Ms. Paige Comstock Cunningham. She is the Executive Director of the Center for Bioethics and Human Dignity. She is a fellow at the Institute for Biotechnology and the Human Future and a trustee of Taylor University.

Dr. Gerald Donovan. Dr. Gerald Kevin Donovan is Senior Clinical Scholar at the Kennedy Institute of Ethics at Georgetown University. He is also Director of the Pellegrino Center for Clinical Bioethics and Professor of Pediatrics at Georgetown.

Professor Alta Charo. Professor Charo is the Warren P. Knowles Professor of Law and Bioethics at the University of Wisconsin at Madison, where she is on the faculty of the law school and the Department of Medical History and Bioethics at the Medical School.

I want to welcome each of you. And at this point, I would like to make certain that as you are here, you are aware that the Selective Investigative Panel is holding an investigative hearing and will take testimony under oath.

Do you have an objection to testifying under oath?

Dr. Donovan. No.

Mrs. Watson Coleman. No.

Ms. Charo. No.
Mrs. Blackburn. The chair then advises you that under the rules of the House Committee on Energy and Commerce, you are entitled to be advised by counsel. Do you desire to be advised by counsel during your testimony today?

Dr. Donovan. No.

Mrs. Watson Coleman. No.

Ms. Charo. No.

Mrs. Blackburn. Thank you. If each of you will stand to be sworn in for your testimony.

[Witnesses sworn.]

Mrs. Blackburn. You are now under oath and subject to the penalties set forth in Title 18, Section 1001 of the U.S. Code. You may have 8 minutes to make a written summary -- to provide a statement summary of your written testimony and we thank each of you for providing that. I am going to ask that you make sure that your mike is on before you give your testimony and then that you will turn the mike off when you finish, and you will turn it back on when we move to the question portion.

And Dr. Donovan, we will begin with you for your testimony.
Dr. Donovan. Well, thank you. Chairman Blackburn and members of the panel, I am pleased to have the opportunity to present testimony regarding the bioethical considerations in the harvesting, transfer, and use of fetal tissue and organs.

I am a physician trained in both pediatrics and clinical bioethics. I have spent my entire professional career caring for infants and children. It was this interest and concern that led me to further study in bioethics because I have always been concerned about the most vulnerable patients, those who need others to speak up for them, both at the beginning and at the end of life. I also have significant familiarity with research ethics, having spent 17 years as the chair of the IRB, although, I am, myself, not a research scientist. The IRB, as you know, is the board that monitors the rightness and the wrongness of medical research in order to protect human subjects. We took this aspect of our duties so seriously that I renamed our IRB the Institutional Research Ethics Board.

Four years ago I was called by my mentor, Dr. Edmund Pellegrino, to take his place as Director of the Center for Clinical Bioethics at Georgetown University. Our duties include ethics education for medical students and resident physicians, ethics consultation for patients and doctors at the hospital, as well as the promulgation of scholarly papers and public speaking. We focus on both clinical ethics, that which directly involves the good of patients, as well as addressing normative questions, those which involve right and wrong.
This is what we want young physicians to know: medicine is a moral enterprise. Our actions have consequences that can be good or bad for patients and we must always focus on the patient's good and avoid doing harm.

So what does this mean for the topic at hand? We're talking about bioethics and the fetus. In order to make any moral judgments, we would have to be clear on the moral status of the fetus. Obviously, this is an area in which society has not reached a consensus, but that does not mean we cannot make sound judgments on the topic.

In a question of biomedical ethics, it is good to start with solid science. What do we know about the fetus with certainty? Well, first of all we know that it is alive, that it represents growing, developing, cells, tissues, and organs, all of which develop increasing complexity and biologic sophistication, resulting in an intact organism, a human baby.

Of course, this growth and development does not cease with the production of the baby, but continues for many years afterwards. As can be seen by this description, the fetus is not only alive, but is demonstrably human. I'm not talking about a potential human in the way that some parents talk about their teenagers as potential adults. I am referring to the scientific fact that a fetus constitutes a live human, typically 46XX or 46XY, fully and genetically human. In fact, it is the irrefutable humanness of these tissues and organs that have made them be of interest to researchers and scientists.

So, if a fetus is clearly both alive and human, can we justify taking these tissues and organs for scientific experimentation? If so, under what circumstances and what sort of consent or authorization should be required?

In the past century, medicine has made incredible progress resulting from scientific studies involving human tissues and organs, resulting in the development of medications, vaccines, and the entire field of transplantation medicine. Is there any difference between these accomplishments and those that would require the harvesting of body parts and tissues from the fetus? First, we would have to admit that not all scientific experimentation has been praiseworthy.

Studies done by Dr. Mengele in Germany and by American researchers in Guatemala and Tuskegee were morally abhorrent and any knowledge gleaned from these would be severely tainted. No one would want to associate our current scientific studies involving the human fetus with such egregious breaches of research ethics. All that it takes to avoid such a comparison is a consensus on the moral status of the fetus.

Those who have proceeded with experimentation and research on embryonic and fetal cells, tissues, and organs...
typically have obtained them as the result of an abortion. It is this stark fact that makes such scientific endeavors controversial, because they have proceeded without the aforementioned consensus on the moral status of the fetus.

Because we know that the fetus is alive, and human, we must find some explanation for why it should not be treated with the same dignity that we accord all other human lives. The most frequent argument offered is that, although it is a human life, it is not a human person. Various criteria are offered for a definition of personhood but none have been found universally acceptable. We, thus, have a standoff between those who would protect this early vulnerable human life and those that would deny that it deserves protection.

In order to resolve such an ethical dilemma, the guiding principle is this: one is morally permitted to take such a life once you can demonstrate with moral certainty that the life is not fully human. It is a concept that can be exemplified by the situation faced by a hunter when he sees a bush shaking. He may sincerely believe that it is a deer in the bush but if he kills it, prior to determining with certainty what it is that he is killing, he will be morally responsible, as well as legally, if he has in fact killed the farmer’s cow, or worse yet, the farmer.

As we can see, two deeply held but opposing viewpoints need not be resolved unless someone intends to act upon them. Then, the one who intends to take the action resulting in the death of the disputed entity must not do so unless they can first show with moral certainty that their perception of its moral worth is irrefutable. Those who would not disturb the normal progression of its life bear no such burden.

It’s my contention that such proof does not exist and deliberate fetal destruction for scientific purposes should not proceed until it does. Moreover, without disputing the arguable necessity of research on fetal tissues, an arguable necessity, I would also point out that harvesting it in such a way is unnecessary. Not only do cell lines already exist that were produced in such a fashion, but new cell lines could be obtained from fetal tissues harvested from spontaneous miscarriages. This is not a theoretical alternative. Georgetown University has a professor who has patented a method of isolating, processing, and cryopreserving fetal cells from second semester, meaning 16- to 20-week gestation, miscarriages. These have already been obtained and are stored in Georgetown freezers.

Moreover, the present practices of obtaining fetal tissues and organs would seem to go against the procedures
that have been approved for others who harvest tissues and organs donated for transplantation. First, we follow a strict rule, the dead donor rule. It states that vital unpaired organs cannot be obtained unless the donor has died a natural death. This, obviously, is not the case in an induced abortion.

Moreover, such tissues or organs cannot be harvested without consent of the patient or their proper surrogate. In pediatrics, parents are considered the normal proper surrogate. However, this interpretation rests on the presumption that the parent is acting in the best interests of the individual child. It is difficult to sustain such an interpretation when it is the same parent who has just consented to the abortive destruction of that individual fetus from whom those tissues and organs would be obtained.

Finally, we are at a difficult time in our nation’s history. We demonstrate much moral ambiguity in our approach to the human fetus. We have decided that we can legally abort the same fetus that might otherwise be a candidate for fetal surgery, even using the same indications as justification for acts that are diametrically opposed. We call it the fetus if it is to be aborted and its tissues and organs transferred to a scientific lab. We call it a baby, even at the same stage of gestation, when someone plans to keep it and bring it into their home.

Language has consequences, but it can also reflect our conflicts. We are a nation justly proud of the progress and achievements of our biomedical research but lifesaving research cannot and should not require the destruction of life for it to go forward. If we cannot act with moral certainty regarding the appropriate respect and dignity of the fetus, we cannot morally justify its destruction. Alternatives clearly exist that are less controversial and moral arguments exist that support our natural abhorrence at the trafficking of human fetal parts.

Surely we can, and surely we must, find a better way.

Thank you.

[The prepared statement of Dr. Donovan follows:]

**********INSERT 3**********
Mrs. Blackburn. Thank you.

Ms. Cunningham, you are recognized.
Ms. Cunningham. Madam Chair Blackburn, Ranking Member Schakowsky, and members of the Select Investigative Panel, thank you for the opportunity to speak about the ethics surrounding the use of fetal tissue for research.

My argument, which is expanded in my written testimony is three-fold. First, respect the fetus. The fetus is a human being, who entitled to the protections of modern guidelines for medical research. The foundational principles of respect for persons should apply to unborn children without distinction.

Second, you cannot take a life and then give away the body. Participants in elective abortion, including the mother, are morally disqualified from consenting to donating the body, organs, or tissue of the now dead fetus for research purposes.

And third, there are better, more ethical options.

First, at the core of our concern is the fundamentally important question: Who or what is the fetus? The biological facts are clear. The fetus is an organism in charge of her own integral organic functioning, enduring and developing over time, through all the stages of human existence. First, embryo, fetus, infant, adolescent, and adult. Rather than being a distinct and lesser form of human life, the fetus is a distinct human being at a particular stage of development. She is not a potential
human being but an actual human being. No one has the right to take her life by force.

Those who are responsible for her death have failed to recognize the fundamental principle of human dignity. They have no moral claim to donate or assign her body, organs, or tissues to others. Even more, others should not profit from this wrongful act, whether for monetary gain, scientific reputation, better health, or even to claim these cures are so wonderful, how could anyone oppose this research.

The regulatory scheme of protection for human subjects of medical research has continued to expand protection for research subjects to ensure that their participation is voluntary and fully informed and that the research is for their benefit, or if not, causes no more than minimal harm and that they may have access to the benefits of the research. Protections have been explicitly extended to most vulnerable populations but not to the fetus to be aborted. If she were being treated in utero for her own benefit, the HHS Policy for Protection of Human Subjects provides heightened protection for her well-being. That same HHS policy also provides special protections for prisoners but not for the fetus to be aborted.

Some have argued that we all share a moral obligation to contribute our organs or bodies after death for the good of society. Others claim the principle of proximity, the view that
we would want to help those most like us. In her analysis of fetal tissue transplantation, Kathleen Nolan elaborates on a problem with this view. And I quote, "In the setting of elective abortion a cruel irony thus emerges: fetuses that have been excluded from membership in the human community by a societally sanctioned maternal decision to abort now have obligations to that same community because of membership in it." We reject this cruel irony.

Now, federal law does attempt to erect a barrier of sorts between the decision to abort and the decision to donate. For example, the procedure must not be altered in any way to accommodate researcher's needs. And elements of informed consent for tissue donations should include telling the donor's family if the tissue will be used outside the U.S.; whether it will be modified into a commercial product; the distinction between the for-profit and non-profit entities involved; and that she be given a copy of the form she signed.

Is the woman contemplating donation made aware of the specific body parts that will be harvested? The request may be for the unborn child's eyes, his brain, his kidneys that might be transplanted into a rat, his thymus, or pancreas. But the greatest demand might be for his liver. Women might find this factual information relevant to their decision.

So, how is effective informed consent accomplished in the
setting where there is no established institutional oversight to ensure compliance with this regulation, as the vast majority of abortions take place in clinics that are outside the ordinary system of healthcare and the accreditation requirements that exist in hospitals and ambulatory surgical centers? Further, abortion clinic owners vigorously resist health standards that are imposed on all other ambulatory surgical centers.

The history of the use of human bodies and parts in medical education and research reveals a disturbing pattern of first seeking access from the most disadvantaged in society. One national commission noted that there have been "instances of abuse in the area of fetal research and that the poor and minority groups may bear an inequitable burden as research subjects." It would be enlightening to know whether that abuse continues and the demographic profiles of women who are solicited to donate.

There is yet another reason to oppose the current practices of fetal tissue research. It is unnecessary. Alternative, ethically-derived sources of cells exist and they are working. My written testimony addresses this more fully and I will defer to other witnesses to speak to this more directly.

A just society has no moral or other claim on electively aborted fetal bodies, organs, or tissues. Unborn children scheduled for termination by induced abortion are among, if not the most vulnerable members of the human family. As has been said
by many leaders in many ways, a society will be judged by how we
treat our weakest, most vulnerable members.

Curbing the current practices of fetal tissue research would
be a small but very significant step toward honoring the dignity
of all our members.

Thank you.

[The prepared statement of Ms. Cunningham follows:]

**********INSERT 4**********
Mrs. Blackburn. Thank you, Ms. Cunningham.

Professor Charo, you are recognized for 8 minutes.
Ms. Charo. Thank you, Madam Chairman, Ranking Member Schakowsky, and members of the Selective Investigative Panel. Thank you for allowing me to address you today on the question of fetal tissue research.

My name is Alta Charo. I am a member of the National Academy of Medicine, and was a member of the National Bioethics Advisory Commission from 1996 to 2001.

At present, I am the Warren P. Knowles Professor of Law and Bioethics, on the faculties of both the Law School and the School of Medicine & Public Health at the University of Wisconsin. But I would like to note for the record that I am not here to represent the University of Wisconsin or any of its units and that I have used my own personal funds in order to attend the hearing.

Madam Chair, fetal tissue has been used in research in this country since the 1920s, and NIH has funded it since the 1950s. It has been deemed ethical by federal review bodies going back half a century, and has been specifically authorized for funding by Congress for funding for over a quarter-century precisely because it has saved the lives of countless people, including children and infants. It continues to be ethical and it will continue to save lives.

In my view, supporting this research represents a
commitment to helping today's patients and tomorrow's infants. I say this for three reasons. First, this research serves a compelling public health purpose. Second, it operates with in a framework of state and federal law. And third, support for it need not depend on one's views about abortion.

First, any discussion about fetal tissue must begin with its unimpeachable claim to have saved the lives and improved the health of millions of people. Indeed, almost every American has benefitted from this research in the form of vaccines for whooping cough, tetanus, chicken pox and German measles. Diseases do not discriminate, and the beneficiaries of this research come from every place on the political, religious, geographic and economic spectrum. You, yourselves, and those whom you love are undoubtedly among those who have benefitted from this research and whose lives have been made better.

When work began, nearly century ago, no one knew precisely where the research would lead but, over time, it led to a Nobel Prize for developing a polio vaccine using cell lines from fetal tissue. Today's scientists also cannot say precisely which disease will benefit or when but HHS says that fetal tissue continues to be a critical resource for developing vaccines against dengue fever, HIV and Ebola, and for research on devastating diseases such as Huntington's chorea and Alzheimer's.

And as of this year, Zika virus is also on that growing list.
I would note for your attention that the CDC has posted information on its Web site on how to provide fetal tissue, including neurological tissue, preferably with the architectural structure intact, specifically for the purpose of studying and managing the Zika virus to prevent devastating birth defects in tomorrow's infants. Now some people may find the dispassionate, technical language used by professionals to be startling but one should never mistake that for callousness, particularly when talking about men and women who have devoted their lives to improving all of our lives through medicine and science. And the use of cadaveric tissue and organs, ranging from mature hearts from adults to fetal tissue, can make some people uncomfortable about benefitting from material whose origins lie in complex situations but it does not prevent us from accepting this life-saving gift.

Critics have overwhelmingly partaken of the vaccines and treatments derived from fetal tissue and give no indication that they will foreswear further benefits. Fairness and reciprocity alone would suggest they should support the work or at least not thwart it.

Second, the use of fetal tissue in research has been, specifically protected under American law for over 50 years, beginning in the 1960s with the Uniform Anatomical Gift Act, which was drafted specifically to include a provision allowing fetal tissue to be donated just as other cadaveric tissue is donated.
And in 1974, President Ford had a commission that looked specifically at fetal tissue research and that commission also found that it is ethical.

In the 1980s, President Reagan created the Human Fetal Tissue Transplantation Research Panel, chaired by the late Arlin Adams, a Republican, a retired federal judge, an opponent of abortion rights, and the author of a book entitled A Nation Dedicated to Religious Liberty. Like the earlier Ford commission, the Reagan panel found the research to be ethical, declared there was no evidence that fetuses were ever killed for the purpose of obtaining tissue and no evidence that it ever had any effect on decision-making or on the number of abortions performed in this country.

However, to guard against even that hypothetical possibility, current practice follows those recommendations and discussion about donation takes place only after a woman has definitively decided to terminate her pregnancy. Indeed, the Reagan panel explicitly considered the question of whether the woman, herself, should be the one who gives consent and concluded that she was the party most interested in this topic and in this outcome and, therefore, she retained the moral authority to make this decision. They viewed any alternative to be even more problematic.

Fetal tissue research is subject to local oversight
committees, state law, laboratory, tissue bank regulations, and various federal laws addressing everything from the consent process, to collection and storage, to confidentiality of records.

Two separate GAO investigations have found no violations, and found no sale of tissue, but only legally permitted reimbursement for expenses and no violations have been found in any current investigations at either the federal or state level.

Third, support for fetal tissue transcends the debate about abortion rights. Federal review has repeatedly found that the option to donate tissue has no effect on whether a woman will choose to have an abortion. That is one reason why the Congress passed by overwhelming, bipartisan margins that codified the recommendations of the Ford and Reagan committees, authorization to fund this research in particular.

Some of the most passionate supporters of that research recognized the difference between opposition to abortion rights and opposition to research using fetal tissue. Senator John McCain, for example, was quoted as saying "My abhorrence for the practice of abortion is unquestionable. Yet, my abhorrence for these diseases and the suffering they cause is just as strong."

In this country, women have a constitutionally-protected right to safe and legal abortion services. They make their decisions for their own reasons. And after that, some of them
choose to donate the cadaveric fetal tissue to research. We gain nothing when we turn our back on the benefits of that research for people who are sick today, or will be sick tomorrow, to say nothing of the irony of halting research that improves our chance of preventing miscarriages, preventing birth defects, and of saving infant lives.

Thank you very much for your attention.

[The prepared statement of Ms. Charo follows:]

**********INSERT 5**********
Mrs. Blackburn. Thank you, Professor Charo.

And I will note that both of our female panelists came in with time to spare. And I think that is off to a great start.

I yield myself 5 minutes for questions, as we begin our question round. And again, I thank you all. I am kind of going to do a lightening round on questions, if you will. So, let us just, we will be, Dr. Donovan, with you in responses and then just go right down the line.

So, first question. Do you think any business or clinic should sell fetal tissue for a profit?

Dr. Donovan. No.

Ms. Cunningham. I do not.

Mrs. Blackburn. Keep your mikes on, please.

Ms. Cunningham. I do not.

Ms. Charo. It is against the law.

Mrs. Blackburn. Thank you all.

Number two, do you think that fetal organs should be grown and harvested for transplant?

Dr. Donovan. No.

Ms. Cunningham. If they can be grown ethically but not from the fetus itself.

Mrs. Blackburn. Okay.

Ms. Charo. I apologize but I am not sure I understand exactly what you mean by grown. Are you talking about getting
pregnant deliberately in order to donate tissue? No, I would not think that that is appropriate. And in fact, the Reagan panel specifically worried about so-called directed donation and recommended that that be forbidden and it is, under the law.

If you are talking about the creation of synthetic organs, which is currently under investigation and is something I believe my colleague Dr. Goldstein might even be talking about in the next panel, then I think that is something that needs a closer look and, without further information, I couldn't say but it is probably a very good alternative.

Mrs. Blackburn. Okay, thank you.

Question number three. Do you think fetal tissue should be used for cosmetics, cell lines to do taste tests for food, or for experiments that combine human and animal DNA?

Dr. Donovan. No matter how they are obtained, I would find these distasteful.

Ms. Cunningham. I agree with Dr. Donovan.

Mrs. Blackburn. Okay.

Ms. Charo. I think fetal tissue should be used in the same ways we use tissue from adults who have died and that includes a wide range of uses. Some of the ones you mentioned are certainly not the ones that are the most compelling but they are within the law at this time.

Mrs. Blackburn. Okay.
Number four, if an alternative source of tissue to form cell lines exist, such as spontaneous miscarriages, do you think that is a more ethical approach?

Dr. Donovan. It does exist and it is more ethical.

Ms. Cunningham. Yes, and panels have found that to be the case.

Ms. Charo. It can be used but it was found to be insufficient as a substitute for tissue from fetuses that were electively aborted. That was specifically considered by the Reagan panel and has been the subject of investigation since then, due to the kinds of causes that underlie miscarriages and often change the nature of the tissue. But certainly, it would be less controversial if one could find tissue that does not raise questions about the abortion debate. And avoiding controversy is preferable when it is possible but not simply in order to avoid controversy at the expense of public health.

Mrs. Blackburn. Thank you.

And the fifth question: If vaccines exist that do not rely upon fetal tissue or cell lines, should consumers be given a choice?

Dr. Donovan. Actually, for the most part, those vaccines do exist. There are a few still left over from the cell lines started in the '60s to which there is no alternative. Many people have asked that an alternative be developed. That wasn't a yes
or a no, was it?

Mrs. Blackburn. That is an answer and that is perfectly fine.

Dr. Donovan. Thank you.

Mrs. Blackburn. I appreciate that and I will take that elaboration.

Ms. Cunningham. I think parents and patients should be aware of the source of the vaccines they are using. At least, it should be available for their information for them to make their own choice about whether to use one that is derived ethically or unethically.

Ms. Charo. That information is available on the internet. I have no problem with the idea of saying that people have the right to have as much information as possible and to make choices for themselves.

I would note in passing that with regard to the vaccines that have no current alternatives, the Vatican has said specifically that although they would wish that there would be other alternatives available, that parents who wish to protect their children by using vaccines that were derived using fetal tissue should feel free to go ahead and do so and put their children's interests ahead of all other concerns.

Dr. Donovan. Madam Chairman?

Mrs. Blackburn. Yes?
Dr. Donovan. Could I offer a correction to that one? I hesitate to have Ms. Charo corrected on the interpretation of Vatican statements but, in fact, that isn't what the Vatican said. What they actually said was because the danger to pregnant women would be so great and their fetuses that children could be immunized with this; not so much for the protection of the children themselves from getting rubella but from spreading it to pregnant women and their babies.

Mrs. Blackburn. Okay. Professor Charo, did you have anything else to add?

Ms. Charo. No. I am happy to accept the notion that their concern was not for the child who is getting vaccinated but for the future children who might be affected when pregnant women get infected from the unvaccinated child.

Mrs. Blackburn. Okay. Dr. Donovan, anything else?

Dr. Donovan. It wasn't a lack of concern for children getting vaccinated. Vaccines, all us pediatricians think vaccines are wonderful things and everybody ought to get lots of them but, in fact, the reason that such a moral change could occur, such an exception could be offered was because it was truly life or death for the pregnant woman's baby and that is who needed the protection and, therefore, the exception could be made.

They still are quite in favor of other vaccinations.

Mrs. Blackburn. Thank you. My time has expired.
At this time, I yield 5 minutes for questions to Ms. Schakowsky.

Ms. Schakowsky. Thank you. The Los Angeles Times reporter and columnist Michael Hiltzik wrote in September of last year that, it "would be a moral outrage" if fetal tissue research became "collateral damage in the campaign against Planned Parenthood."

He also quotes you, Professor Charo, as saying "we have a duty to use fetal tissue for research and therapy and that duty includes taking advantage of avenues of hope for current and future patients, particularly if those avenues are being threatened by a purely political fight."

So, let me ask you, can you explain, Dr. Charo, the view that there actually is an affirmative duty to use available avenues of research. And if you could, please address how this might come into play with the Zika virus and research to understand and find a solution to what the World Health Organization has classified as a "public health emergency of international concern."

Ms. Charo. Thank you, Ms. Schakowsky, for the question.

The United States health policy is directed at improving the quality of public health. It is considered a compelling purpose under every possible regime of both law, legislative and judicial. And in this particular instance, this research has proven itself capable of preventing millions of diseases and has shown tremendous promise across a range of illnesses.
From my perspective, if we are dedicated to improving the health and welfare of our population, this means pursuing avenues of research that might improve our resistance to disease or our ability to manage or even cure diseases. Now, that is always balanced against other interests. And I understand and appreciate the depth of concerns about abortion that are expressed here at this table and by many other Americans. But because this research in no way affects the number of abortions, it seems to me that we are balancing a compelling public health need against what is simply a gesture of sentiment, respect, political position, or other kind of non-concrete affect against the possible cure for diseases.

Now with regard to Zika, I think it brings it really into focus because right now, we are struggling to understand exactly how the Zika virus operates, how it is that it can be transmitted through the placenta to the fetus, how it is that it can affect fetal development at different stages of gestation and how we can understand what kinds of outcomes it will have. For that, we need to actually look at the tissue available after every stage of gestation where there actually has been a termination of pregnancy, whether through miscarriage or through elective abortion.

If we don't do that, we are facing, as you said, a global emergency in which pregnant women will be forced to choose between
risking the birth of a child with devastating effects or, in fact, terminating her pregnancy; irony being that the absence of this fetal tissue research might lead to more pregnancy terminations than anybody has ever contemplated up until now. I think we need to look very hard at the unintended effects of restricting this research.

Ms. Schakowsky. So, are you saying then that without fetal tissue research we can't really understand the effect on fetuses?

Ms. Charo. Because I am not a research scientist, I don't want to answer definitively but I can say that looking at the NIH Web site, looking at the CDC Web site, and looking at the information put out by other national governments, it seems clear that there is a global consensus it is very important to study exactly how the virus operates, both at the earliest and latest stages of pregnancy in order to understand how we might either stop it or treat it.

Ms. Schakowsky. Let me also ask you if the remains of the fetus are not used for fetal tissue research, what happens to it?

Ms. Charo. The tissue is discarded. There are a variety of methods; some involve burial, others involve cremation. There are a few states that have very specific legislation about the management of fetal remains. But they are not used in any way that is helpful to anybody outside of the possibility of using them for this research.
Ms. Schakowsky. And let me ask you a question. Since we are talking about ethics, is the fact that fetal tissue research is now under attack and at risk of being shut down warrant our moral outrage?

Ms. Charo. I am outraged at the idea that we would sacrifice valuable research and that we would gamble with the lives of patients today and tomorrow, gamble with our own lives and gamble with the lives of the people in our family and in our communities because we are trying to fight a deeper battle about our common view on the moral and legal status of the fetus. Again, I can only say again and again the number of abortions in the United States will be unaffected by the outcome of this discussion about whether to use the remains for research.

The only thing we know is that we will lose the benefit of the research for people who do in fact get sick.

Ms. Schakowsky. I thank you so much.

And Madam Chair, I seek unanimous consent to enter into the record the Los Angeles Times article that I have been discussing titled Planned Parenthood and the Cynical Attack on Fetal Tissue Research.

[The information follows:]

**********COMMITTEE INSERT 6**********
Mrs. Blackburn. So ordered.

Ms. Schakowsky. Thank you.

Mrs. Blackburn. The gentlelady yields back. At this time, I recognize Chairman Pitts, 5 minutes.

Mr. Pitts. Thank you, Madam Chairman.

First of all, Dr. Charo's written statement that the success of fetal tissue is "unimpeachable" is not completely accurate. The Nobel Prize given to Enders, Weller, and Robbins in 1954 was for showing that polio virus could be grown in fetal tissue in the laboratory, not for developing the polio vaccine. In fact, the original Salk and Sabin vaccines were raised in monkey tissues, not human fetal tissue.

And she conflates the use of fresh aborted fetal tissue with the use of fetal cell lines. And while a few cell lines which did originate from an abortion were used in the past for production of some vaccines, only a few modern vaccines utilize these old fetal cell lines and none use fresh aborted fetal tissue. In fact, the CDC and other leading medical authorities have noted that "no new fetal tissue is needed to produce cell lines to make these vaccines now or in the future." The new successful vaccine against Ebola virus announced last summer was made using monkey tissue, not fetal tissue or fetal cell lines.

So, Dr. Donovan, looking at modern vaccines, do you see any
need for use of fresh aborted fetal tissue for vaccine production?

Dr. Donovan. I think your statement was absolutely accurate, that yes, these have been of use in the past. There are other cell lines. There are other means of producing vaccines. And so, there is no need to use fetal tissue to produce new cell lines for vaccine production.

Moreover, I think it may be a bit disingenuous to say that millions of lives have been saved because these vaccines were produced in the past. Millions of doses have been given and millions of infections have been prevented. Most of those, would not have resulted in serious injury to the person immunized or death, certainly. That doesn't mean we shouldn't still be immunizing.

Mr. Pitts. Thank you.

Dr. Donovan. Thank you.

Mr. Pitts. Thank you. At what point -- and you can continue, Dr. Donovan. At what point in human development does science show one is a human being and why is this?

Dr. Donovan. Well, we really have to go back to one's definition. If we are talking about is it human in terms of having a full complement of cells that develop continually into fully grown adults, that happens at the zygote stage.

Mr. Pitts. Well, let me go a little further. Is there a point in the baby's gestation at which researchers most want fetal
tissue for research and why is this?

Dr. Donovan. And that I am not sure that I can answer accurately. So, I won't.

Mr. Pitts. All right. Is there any scientific evidence that unborn babies at a later stage feel pain and should the knowledge of a baby's ability to feel pain by certain points in development affect the ethics surrounding fetal tissue collection from induced abortion?

Dr. Donovan. I think the evidence for fetal pain is very strong and we are seeing good evidence at 18 to 20 weeks of gestation that fetuses can respond with pain responses. And I think no matter how you feel about a fetus, you can accept it is humanity, you can reject it is humanity, but we wouldn't allow kittens and puppies to be harmed or put to sleep without keeping them out of pain. I don't think we should do that for fetuses either.

Mr. Pitts. Ms. Cunningham, did you want to add something to that?

Ms. Cunningham. No, thank you.

Mr. Pitts. All right. Well, I appreciate your testimony about unborn children are the most vulnerable in the human family and they are deserving of respect and protection. Yet, we see they are legally -- they are destroyed in abortions and either thrown away or traded like a commodity and it is our duty to protect
them, not facilitate the market for their case.

My time has expired. Mrs. Chairman, I yield back.

Mrs. Blackburn. And at this point, I yield 5 minutes to Ms. DeGette for questions.

Ms. DeGette. Thank you very much, Madam Chair.

I want to thank all the members of the panel for coming and presenting your different perspectives because I think talking about ethics in these situations is important.

Dr. Donovan, I believe you testified -- and I only have 5 minutes so yes or no will suffice most of the time -- I believe you testified that you are not a research scientist. Is that correct?

Dr. Donovan. Although I have been --

Ms. DeGette. No, a yes or no will work. You are not a research scientist.

Dr. Donovan. Yes.

Ms. DeGette. Thank you.

And Ms. Cunningham, you are an ethicist. Is that correct?

Ms. Cunningham. Yes, in the most part.

Ms. DeGette. Yes. Now, Dr. Donovan, I believe that you are philosophically opposed to abortion. Is that correct?

Dr. Donovan. Yes.

Ms. DeGette. And Ms. Cunningham, you are also philosophically opposed to abortion, right?
Ms. DeGette. Now, Dr. Donovan, do you believe that fetal tissue research should be banned in this country? Yes or no?

Dr. Donovan. It depends on where you get the tissue. No.

Ms. DeGette. So, you don't believe it should be banned.

Okay, what about you, Ms. Cunningham?

Ms. Cunningham. I can't give a yes or no answer to that.

Some should be banned.

Ms. DeGette. Some should. Well, which should be banned?

Ms. Cunningham. That that is unethically derived -- that uses unethically derived tissue.

Ms. DeGette. Okay, tell me which fetal tissue research is ethically derived.

Ms. Cunningham. That which uses fetuses that are donated after an ectopic pregnancy is removed or a stillbirth or a miscarriage.

Ms. DeGette. Okay. So do you think that fetal tissue research from abortions should be banned?

Ms. Cunningham. In its current practice, yes.

Ms. DeGette. And Dr. Donovan, thank you for helping me clarify. Do you think fetal tissue from abortions should be banned?

Dr. Donovan. Yes.

Ms. DeGette. Thank you. Now, Dr. Donovan, you testified
that we have cell lines that have been developed over the last 50 years from fetal tissue research. Correct?

Dr. Donovan. Correct.

Ms. DeGette. Is it your position, since those cell lines were developed from aborted fetal tissue 50 years ago, that since it was so long ago, it is okay to use that research now? Is that what you were trying to tell us?

Dr. Donovan. In the absence of alternatives, then it can be acceptable when it is far removed.

Ms. DeGette. So, because the abortions were a long time ago, it is okay that we use that tissue now. Correct?

Dr. Donovan. It is a little more complex than that.

Ms. DeGette. I see. Now, you also testified that -- well, actually, I believe, yes it was you who talked about the Tuskegee and the Mengele experiments. Do you make fetal tissue research from abortions equal to those experiments?

Dr. Donovan. I think that we need to be very careful that we don't do that.

Ms. DeGette. Do you think that they are equal? Yes or no?

Yes or no?

Dr. Donovan. Maybe.

Ms. DeGette. Thank you.

Now, I want to talk with you, Ms. Charo, for a minute. You testified about your view of the ethics of fetal tissue research
from abortions. You mentioned the NIH panel on human fetal transportation research during the Reagan administration. Is that correct?

Ms. Charo. Yes, I believe it was HHS and not NIH specifically, but yes.

Ms. DeGette. Okay, HHS. And in fact, that Blue Ribbon Panel unanimously endorsed the position that fetal tissue research is not only ethical but should proceed. Is that correct?

Ms. Charo. I believe the vote was 19 to zero.

Ms. DeGette. Yes, it was unanimous. And the chair of that commission was actually opposed to abortion. Is that correct?

Ms. Charo. Yes.

Ms. DeGette. And the reason was, as you testified a minute ago, because abortion is legal in this country and so people thought we should be able to give the opportunity to people who had made that legal choice to have an abortion to then donate that tissue to help save other lives. Is that correct?

Ms. Charo. Yes.

Ms. DeGette. Because as you testified, the alternative when somebody chose to have an abortion, if they did not donate that tissue, was the tissue would be destroyed as medical waste. Is that correct?

Ms. Charo. Yes, it is.

Ms. DeGette. And that, in fact, is why many people do make
the ethical choice to donate the tissue. Is that right?

Ms. Charo. I believe so.

Ms. DeGette. Now, I wanted to ask you one more thing, which is from an ethical standpoint, do you think that it makes any difference when cell lines were developed, whether it was 50 years ago or last year from tissue from abortions?

Ms. Charo. In this circumstance, I do not think so because the prospect of research in the future or the existence of research in the past is equally indifferent to the question of whether a woman would decide to have an abortion. That decision is not affected by the research or the prospect of it.

Ms. DeGette. Thank you. Thank you very much, Madam Chair.

Mrs. Blackburn. The gentlelady yields back.

At this time, I recognize Mrs. Black for 5 minutes.

Mrs. Black. Thank you, Madam Chair and I want to thank all the panelists for being here today.

I want to begin by saying that I spent my entire career as a nurse. I worked in the emergency room most of that time. And it was my responsibility when I was in the emergency room, before we had the organ procurement organizations, to come and talk with the family members, it was my responsibility when someone was deceased to look them in the eyes and ask them if they would consider donating their family member for research or transplantation. It was a very sensitive time. And I have got
to tell you that as I think about those times, I can actually see the eyes and the people that I asked this of. And one of the things that I will always remember is the dignity and the respect for those family members.

Families, actually, there was a report done in Office of Inspector General and if I may, insert this into the record, that looked at informed consent in tissue donation and what the expectation and the realities were of these family members.

[The information follows:]

**********COMMITTEE INSERT 7**********
Mrs. Black. And here are the things that were found in there and I don't think it will surprise any of us because if we have someone we love that dies either expectedly or unexpectedly, it is a very traumatic thing: What organs will be procured? Will the body be treated with respect? And special care to ensure that the gift is used for the stated purpose. Those are the three main things that were found in both this report and also my experiences. Very tender times and, as I say, a dignity of life and respect for that. I am curious that we don't have that same dignity and respect for the life of what we call tissue and fetus and embryo. This is a baby. I think Ms. Charo mentioned these are the remains. Tissue is discarded. This is not tissue. This is a baby. You don't get a brain, a liver, a kidney, all of these organs from a tissue. It is a baby. It is not a blob of tissue.

Now, what I want to go to is if we could put up an Exhibit F.

In these documents, documents were produced to the panel by a leading university to show that a researcher sought from a tissue procurement business, quote a first trimester human embryo, preferably around 8 and up to 10 weeks of gestation. And I think you all may have that in front of you but the document is Exhibit F and this is what it looks like. It actually says Doctor, and the name of the doctor is blacked out, at the University of, would request a first trimester human embryo, preferably 8 to 10 weeks
of gestation. We have ordered tissue before, so our information should be on file. Please let us know if this tissue is available.

This is not dignity. This is not dignity. This is not respect for human life. I want to ask the panelists have we reached a point in our society where there effectively is an amazon.com for human parts, including entire babies. And I would like to ask our panel for their opinion on this email and the notion of obtaining potentially entire embryos on demand.

Dr. Donovan, would you like to address this?

Dr. Donovan. I, personally, find that it shocks my conscience and I think it should shock the conscience of the nation. I think you are absolutely right, we have commodified what have been referred to the products of conception, meaning babies and baby parts. And yes, they are for sale, supposedly just to cover one's costs but those costs seem to be quite variable. But even if they were given away free, it is shocking to be ordering what you want. Can I have a boy fetus or a girl fetus, or a brain, or a heart, or a liver? This is totally in distinction to the honorable transplantation industry that is lifesaving and shows great respect for the donors.

Mrs. Black. Ms. Cunningham?

Ms. Cunningham. I think what we need to pay attention to here is not is this somehow increasing abortion. My concern is that researchers have come to count on induced abortion for their
research. And one of the articles that I cited in my written testimony shows that they say that liver from induced abortions is widely available and is a promising source. What have we come to where researchers need induced abortion to do their research? Wouldn't it have been better if we had banned this at the beginning and use the creative minds that we have to find ethical alternatives?

Mrs. Black. Ms. Cunningham, I hate to cut you off. Thank you.

And I just have one brief comment to make because my time is going to end here in just a second. I believe that we should give the same information and dignity to these young women that are making these decisions and I believe that it should be a more informed and educational decision that they are making and I don't believe that is happening currently.

I yield back the balance of my time.

Mrs. Blackburn. The gentlelady yields back.

Ms. Speier, you are recognized for 5 minutes.

Ms. Speier. Thank you, Madam Chair and thank you all for your participation today.

You know today I feel like a time traveler, not a member of Congress. Perhaps we have been transported back to 1692 to the Salem witch trials, where fanatics persecuted and murdered innocent people who had committed no offenses. Or maybe we have
been transported back to the Red Scare, where at least 10,000 Americans in many professions around this country lost their livelihoods due to the reckless and disgraceful actions of the House Un-American Activities Committee and the infamous Senator Joseph McCarthy who eventually went after an Army General Counsel, Mr. Welch. And Mr. Welch finally put down Senator McCarthy by saying "Have you no decency?"

Unfortunately, this time, those being burned at the stakes are our scientists, who hold future medical breakthroughs in their hands. They are joined by brave women's healthcare providers who are simply trying to care for their patients. Meanwhile, David Daleiden and his associate, Sandra Merritt, fraudulently created the Center for Medical Progress and they were indicted in Texas by a grand jury for actual illegal activities. They are the reason why we are here today. Illegal conduct by two people, they have now been indicted, and that has been the creation of this committee.

And I have here a poster that shows what they have been indicted for. They have been indicted for two felonies for tampering with government records. In California, they are being investigated for any number of felonies, including misrepresentation of one's company to the IRS, felonies for fraud in creating fake drivers' licenses, and credit card fraud identity. And a judge in California has made this statement in
granting a motion for a preliminary injunction by saying

defendants engaged in repeated instances of fraud, including the

manufacture of fake documents, the creation and registration with

the State of California of a fake company, and repeated false

statements in order to infiltrate and implement their Human

Capital Project. The products of that Project -- achieved in

large part from infiltration -- thus far have not been pieces of

journalistic integrity, but misleadingly edited videos and

unfounded assertions.

So my question to you, Dr. Donovan is this. You are an expert

on ethics, as is Ms. Cunningham and Ms. Charo. Do you think it

is appropriate to conduct oneself in that manner? Is that

ethical? Is that moral? Yes or no?

Dr. Donovan. Most ethical and moral questions are not yes

and no questions.

Ms. Speier. Well, we have been asking yes and no questions

this morning.

Dr. Donovan. I have noticed that. I have noticed that. It
doesn't always help one unpeel the onion in order to get to the

truth. So, if you want a yes or no, I am not quite sure how to

answer that as a yes or no.

Where is the greater damage? I am not an expert on

journalistic ethics and I am certainly not an expert on the law.

I am glad that carrying a false driver's license isn't a felony
everywhere or many college students would end up in jail.

Ms. Speier. Do you think committing fraud is ethical?

Dr. Donovan. Of course, fraud is not ethical.

Ms. Speier. All right.

Dr. Donovan. Neither is what was being investigated.

Ms. Speier. Ms. Cunningham.

Ms. Cunningham. And the specific question?

Ms. Speier. Is committing fraud ethical?

Ms. Cunningham. As a broad statement, one would say it is not ethical but I am not answering the specific question about the conduct of David Daleiden.

Ms. Speier. So, you think Mr. Daleiden is ethical?

Ms. Cunningham. As Dr. Donovan said, that is a very broad statement.

Ms. Speier. All right, thank you.

Ms. Cunningham. I can't answer it in the way that you are asking.

Ms. Speier. Professor Charo?

Ms. Charo. I think the attempt to deliberately create distorted videos for political purpose and to tarnish and organization that helps millions of women was profoundly unethical and destructive.

Ms. Speier. I thank you and I yield back.

Mrs. Blackburn. The gentlelady yields back.
At this time, Dr. Bucshon, you are recognized for 5 minutes.

Mr. Bucshon. Thank you. First of all, I just want to say I was a practicing cardiovascular and thoracic surgeon for 15 years prior to coming to Congress. And thank you, all the witnesses, for being here.

I also want to say it is totally appropriate to reevaluate and examine ethical issues that have been examined in the past. Times do change. And so I know some of the narrative has been that in the past people have looked at these issues and come to conclusions but in healthcare, particularly, I think, it is important that we occasionally reexamine these issues.

The other thing is, is based on some of the comments of my Democratic colleagues, I am not sure what everyone is so afraid of because this type of discussion about ethics is totally appropriate and we don't have a preconceived outcome.

And I would also just remind everyone in the crowd that charges and indictments don't mean convictions and guilt.

So, with that, I would like to go to Exhibit B-1 and go over some emails and you may have those. And the first is a customer -- this is between a tissue technician and a customer. I am going to walk you through this.

We are now ready to include the skull. So, if you would please include that in our order for tomorrow, that would be great. If there is a case tomorrow, could you please have someone contact
me with the condition of both the long bones and the calvarium, which is the head, and I will be happy to let you know if we would like one or both. Then 4 minutes later, the technician responds I would be happy to do that.

Exhibit B-2, the customer replied a day later: I just wanted to check in and see if there were any cases within our gestational range for today. The technician responded 4 minutes later: There is one case currently in the room. I will let you know how the limbs and calvarium look to see if they are able to take them, which means they are discussing actively during the abortion itself.

Then 3 minutes later, the client said great, thank you so much.

Exhibit B-3, after the abortion is performed, the technician tells the customer the calvarium, the head, is mostly intact with a tear up the back suture line but all pieces look to be there. The limbs, one upper and one lower are totally intact, with one upper broken at the humerus, which is the upper arm bone, and one lower limb broken above the knee. Please let me know if these are acceptable. I will set them aside and will await for your reply; 5 minutes later, the customer replies that sounds great. We would like both of them. Please send them our way. Thanks again.

The technician says limbs and calvarium will be there at 3:30
And we will hear later in testimony and there is evidence to show the technicians are partially paid by the number of body parts that they could get.

So, given that, do these emails raise any ethical issues? And if so, what are they? Dr. Donovan.

Dr. Donovan. Once again, I think that what we are seeing is a total lack of respect for the dignity of the human body, in this case, because as we have already pointed out, not only are these humans but these are human body parts. Otherwise, no one would be interested in them. But to order them piece by piece like you would order a McDonald's hamburger, I find discouraging and shocking.

Mr. Bucshon. Ms. Cunningham?

Ms. Cunningham. I do find a number of serious ethical problems. One being, apart from the question of abortion itself, I think this completely fails to isolate abortion from the decision about the fetal tissue and consent to use the fetal tissue. In what we see here, there is no indication of consent prior to this procedure or for these specific parts to be excised.

Mr. Bucshon. And in fairness, that could have occurred earlier, I guess.

Ms. Cunningham. It could. I just said there is nothing here to indicate that.
Mr. Bucshon. Ms. Charo?

Ms. Charo. I would just like to add a little bit of context because exactly the same kind of language would be used if we were talking about people ordering tissue from adults who had died and were now having their bodies used for tissue and organ recovery. It is the same kind of clinical dispassionate language that is deeply upsetting to many of us who are not in that world and are not familiar with that. As you, as a physician, have said, there is a world of difference in how we talk about things. And --

Mr. Bucshon. Okay, my time is running. I appreciate that.

Ms. Charo. Yes, and there is a world of tissue transplantation and tissue research with adult tissue out there that is enormous and is very little different from what we are seeing here. So, just a little context of how this all works.

Mr. Bucshon. Sure. And I would like to say, as a physician, during my training I spent a lot of time on transplantation both talking to recipients and also family members of people who were in an unfortunate situation making a decision on behalf of their loved one to donate organs.

But you know I think that talking about a human being like this, just the mere fact that the arm was broke and the leg was broke, and they are talking about the head separately of a human being is something to me that is pretty hard to take, as a physician.
I yield back.

Mrs. Blackburn. The gentleman yields back.

Ms. DelBene, you are recognized for 5 minutes of questions.

Ms. DelBene. Thank you, Madam Chair. And thank you to all the witnesses for being with us today.

I would like to start by dispelling any misconceptions about this hearing and this committee's investigation. You know it is definitely not objective or impartial in any way. This taxpayer-funded committee was created by Republicans more than 4 months ago, after a group of anti-choice extremists made a series of false, unsubstantiated allegations about Planned Parenthood. Since that time, four different congressional committees and a grand jury tried and failed to uncover any evidence of wrong-doing and their anti-choice accusers have been indicted on felony charges.

Meanwhile, the majority has deliberately ignored this growing body of evidence and has clearly decided to continue spending taxpayer dollars to attack women's health and intimidate healthcare providers across the country.

Now, in the committee's first hearing, the majority would like our constituents to believe we are conducting an objective hearing on medical research and that couldn't be further from the truth. What we are really doing is reopening a long-settled debate about research to further a broader political agenda.
against a woman's right to choose. And if their attacks on science succeed, then we will all pay the price because nearly every American has benefitted from research conducted with fetal tissue. That is how we developed the first ever polio vaccine. It is how we make vaccines for rubella, chicken pox, and shingles. It is how scientists are pursuing new treatments for heartbreaking diseases like Alzheimer's and HIV. And it is all done in full compliance with the high ethical standards recommended by President Reagan's Blue Ribbon Panel in 1998, which were passed by Congress with broad bipartisan support.

So, as someone, I started my career doing medical research and I know that research using all human tissue is subject to ethical and legal standards. Professor Charo, do you agree with that?

Ms. Charo. I do.

Ms. DelBene. And Professor, do you think it is appropriate to use ideology about women's rights to shape the roles that guide scientific research? And why or why not?

Ms. Charo. No, I am very, very unhappy at seeing a debate around abortion turn into a debate around scientific research. That is not to say I am happy about the debate about abortion either because I also find it really offensive to imagine that women are incapable of making their own decisions about whether to have abortion and whether or not to donate the tissue.
But for sure, while that is going on, scientific research ought not be halted or hindered simply as an attempt to demonstrate one's opposition to abortion rights in an either political or public relations manner. It doesn't change anything and I don't think that the public should be made a victim of those abortion wars.

Ms. DelBene. Can you speak a little bit about the role of Institutional Review Boards in providing oversight on the use of human tissue in research? How do they help ensure that research is compliant with ethical and legal standards?

Ms. Charo. So, like Dr. Donovan, I have been a member of an Institutional Review Board off and on for many years. And those Boards look at a variety of things, starting with how it is that people are first approached and asked about whether or not they would like to participate in research or, in this case, to donate materials. It looks at the nature of the conversation that will be had, the documentation because of course what is on paper is not the extent of the conversation, it is simply the minimum number of items that need to be documented as far as the consent form goes.

It look at whether or not, in the end, there has been compliance. There are often research monitors that will observe a certain number of interactions in order to ensure compliance. There is annual review that is required for each research protocol
and sometimes reviews are done more frequently, depending upon the protocol.

The Institutional Review Board is made up of a variety of people from both scientific and clinical and non-medical backgrounds, including law, ethics, religious studies, and members of the community who can reflect the local community culture in those discussions.

Ms. DelBene. And that has been something that also the Blue Ribbon Commission looked at and made sure that those boards were appropriate and that was part of that debate that they had and decision they had from the commission.

Ms. Charo. Yes, Institutional Review Boards are actually required by law. It begins with the use of federal funds that will trigger such a requirement or the research and two things that are regulated by the Food and Drug Administration but most major research institutions now have extended that review beyond the legal requirements in order to give what is called a federal-wide assurance of all research at that institution, complying with these same rules, even where not legally necessary.

Ms. DelBene. Thank you so much. I yield back, Madam Chair.

Mrs. Blackburn. The gentlelady yields back.

Dr. Harris, you are recognized, 5 minutes.

Mr. Harris. Thank you very much. You know I am a physician and I was a physiology researcher. I actually did fetal research
but it was of fetal sheep of cerebral blood flow. And I also was a human principle investigator who actually had to file IRB applications.

I don't intend to litigate the use of fetal tissue because I suspect you all agree about this. And I am just going to, Dr. Donovan and Ms. Cunningham, when you said the question about fetal tissue, I assume you support fetal tissue research from spontaneously aborted fetuses. Correct?

Dr. Donovan. Correct.

Mr. Harris. Correct?

Ms. Cunningham. Yes.

Mr. Harris. Okay, so we all agree. Let's all agree this is not litigating fetal tissue research. We all agree it should be done.

Now, Dr. Donovan, let me just say I was fascinated by your -- because what we are talking about here is consent and whether IRB consent, and patient consent, whether that is all adequate. The idea that when you are a guardian of someone that you are qualified to give consent because you have the global best interest of that person in mind has to be brought into question when it is an elective abortion. I mean it just has to be.

And with regards to the millions of people saved by fetal tissue research, we are all talking about the back scenes, the two cell lines. One cell line, interesting a female child aborted
because the family was too big. I would proffer that that mother, that if you gave that child and that child could somehow give consent, they would never consent to that abortion. The second one is a male which was aborted for, quote, psychiatric reasons. Now, when I had to get IRB approval on a patient, I had to be careful about approaching a patient with psychiatric illness because a lot of people feel they don't have the ability to give consent. So, it was a very good point you made.

Let me just talk a little bit about an IRB question, specifically for you, Dr. Donovan. Is the source of fetal tissue or how it is acquired a valid question that an IRB should have answered before they approve a project?

Dr. Donovan. It is not only a valid question it is asked and has to be answered. Some institutions would absolutely forbid its use.

Mr. Harris. So, that if there were an instance where the application was, let us say, massaged a little bit, so that it was a little unclear what the source was, in an attempt to bypass that, that would really bypass the intention of an IRB. Is that right? For instance, if you didn't call it exactly what it was or what could be readily identified as the source.

Dr. Donovan. Yes, you clearly know what you are talking about. And in fact, would that occur, the investigator would be in trouble with the IRB. They would be called in an questioned
Mr. Harris. Sure. Let's look at Exhibit A-3, which is a commonly used form for fetal tissue donation that was uncovered through discovery by the committee.

Ms. Cunningham, when I had to get consent from patients because we obtained human tissue at a cesarean section, human uterine tissue, we normally exactly described the tissue and then really kind of exactly described what it was going for. It could be global. It could be okay, in this case, it was to study uterine myocytes and their effect on preterm labor. Do you find anywhere on that form where it -- I will tell you I don't see anywhere where it asks specifically what tissue it is. In the case brought up by Dr. Buchsion, I assume that in that abortion, they didn't go to the mother before and say oh, by the way, we are going to collect an arm and a leg and we are going to do it for this kind of research. Is that something you think part of informed consent ought to be that you actually know where this tissue is going and for what?

Ms. Cunningham. Yes and I am not the only one. If you look at elements of fetal tissue donation consent in other context, it is quite specific on what is being discussed with the prospective donor or their family.

Mr. Harris. Absolutely.

Ms. Charo?

Ms. Charo. I --
Mr. Harris. You point to the gentlelady -- no, I have to ask the question.

Ms. Charo. Oh, I am sorry.

Mr. Harris. To the point from the gentlelady from Tennessee, when my wife passed away a year and a half ago, I got a call from the Medical Examiner's Office requesting donation of her brain. It was a tough call but they specified one tissue and they specified what was going to be done with it.

Now, you look at Exhibit A-3 and then you look at Exhibit C-1 and C-2, which are actually what various anatomical donation forms used by states, it is strikingly different, strikingly different.

Do you think that it really ought to be included when you ask someone, a woman, to donate the fetal tissue that you perhaps suggest specifically what it is going for and what the specific tissues to be used are going to be, if the person knows or should they make a best effort to know?

Ms. Charo. I am not sure. I think --

Mr. Harris. Thank you very much. I yield back.

Mrs. Blackburn. The gentleman yields back.

Mrs. Watson Coleman, you are recognized for 5 minutes for questions.

Mrs. Watson Coleman. Thank you, Madam Chairman. I have a question for Dr. Donovan and for Ms. Cunningham and I would
appreciate yes or no.

I need to understand. Are you suggesting that it is more moral and more ethical to discard fetal tissue that is available even after an abortion that a woman decided to have, rather than use it for medical research purposes. Is that a yes or a no?

Dr. Donovan. That is not a yes or a no.

Mrs. Watson Coleman. Is that a yes or a no? Do you believe that -- let me ask it this way. Do you believe that fetal tissue that has been derived from a woman's decision to abort should be used for medical purposes or not? Is that a year or a no, sir?

Dr. Donovan. That is not a yes or no question.

Mrs. Watson Coleman. Ms. Cunningham, do you agree or disagree that fetal tissue that is available as a result of a woman deciding to have an abortion should be used or discarded; used for medical research purposes or discarded?

Ms. Cunningham. I am sorry, what am I --

Mrs. Watson Coleman. What is it that you all don't understand? I understand --

Dr. Donovan. Would you like an answer to your question?

Ms. Cunningham. Yes or no can't answer used or discarded. I am sorry.

Mrs. Watson Coleman. Used for medical research purposes or discarded and not used for any purpose, eliminated, trashed, thrown away, as opposed to used for medical research purpose to
find whether or not a cure could be found for Zika, a cure could be found for some other disease. Do you believe that it is moral to discard that tissue rather than use it? Is that a clear enough question?

Ms. Cunningham. Thank you. Because I am under oath, I cannot answer yes or no question. What I can say is that it is currently being practiced. I do not believe it is ethically possible to do so.

Mrs. Watson Coleman. Dr. Charo, may I please have your sort of sense of what you just heard from both of these individuals with regard to the use or discarding of fetal tissue that is a result of a woman's decision to have an abortion?

Ms. Charo. I will stand corrected because I am speaking for other people but I think I heard that they are uncomfortable with both outcomes. But given only those two choices, they would discard rather than use for fetal tissue, for a variety of reasons having to do with why they oppose fetal tissue research.

But I have to say I have to yield to you to explain what it is that you actually meant to say.

Dr. Donovan. Thank you.

Mrs. Watson Coleman. Well, I wouldn't mind hearing that, if you could say it succinctly because I do have a number of questions.

Dr. Donovan. I am as succinct as I can be. You asked one
of the most complex ethical questions. What do we do with the information or products of medical research when we think the research itself is tainted?

Mrs. Watson Coleman. That is not what I asked.

Dr. Donovan. That is what you asked, whether you realize it or not.

Mrs. Watson Coleman. I simply asked -- no, sir. No, I know what I asked. I asked do you think that it is better to discard the tissue that would result from an abortion that a woman made a decision to abort as opposed to a spontaneous abortion, an ectopic pregnancy aborted, do you think it is moral to throw it away, rather than use it for purposes of discovering cures, discovering treatments, et cetera? And if you can give me a yes or no, I will take it. If not, I want to move on to the next question.

Dr. Donovan. Few questions, moral questions, are yes or no questions. That one certainly is not.

Mrs. Watson Coleman. Thank you very much.

Professor Charo, we have heard about what has happened as a result of those videos that had been released. We know what has happened with regard to Daleiden and those videos. And we know that it has created harassment and fear and whatnot.

As a matter of fact, the dean of your school of medicine said that his faculty has been compared to Nazi war criminals because
they use fetal tissue for research. Does it surprise you that the researchers have come under attack and that healthcare providers and doctors also were under attack? And could you give me a close yes or no?

Ms. Charo. It does not surprise me.

Mrs. Watson Coleman. And what do you feel about that comparison?

Ms. Charo. Thank you for giving me the opportunity to say something I have wanted very much to say. My family was personally touched by the Holocaust. I lost a grandparent in the camps. I grew up in a neighborhood where people wore tattoos on their arms that represented the years in the camps. These were people who were alive and were aware and were suffering for the years that they were in those camps. I am profoundly, profoundly distressed and, frankly, offended --

Mrs. Watson Coleman. Thank you, Dr. Charo.

Ms. Charo. -- at the thought of comparing that to the experience of loss of an embryo or fetus.

Mrs. Watson Coleman. Professor, I just thank you very much.

Madam Chair, may I have 30 seconds?

Mrs. Blackburn. Yes.

Mrs. Watson Coleman. Thank you very much. Because I simply wanted to say, Madam Chair, that we believe your efforts compile this database of names is very dangerous. We believe that linking
people to this investigation is very dangerous and we think that the characterization of the unlawful sale of baby body parts is very dangerous and we are disappointed that Republicans tabled our motion and that you would not answer Mr. Nadler's question when he asked you why you thought this was important. Thank you.

Mrs. Blackburn. The gentlelady's time has expired.

At this point, I recognize Ms. Hartzler for 5 minutes.

Mrs. Hartzler. Thank you, Madam Chairman.

I would just say, based on the comments that were just made that just a reminder that babies who are aborted are normally buried or cremated. It is not discarded. And so to follow this premise, you would be saying that to bury a loved one, rather than donating to science is immoral. And I clearly, clearly reject -- that we have to treat these babies with the dignity that they deserve -- and I think the logic is flawed to say just because you don't donate a loved one to science it is immoral.

But I want to talk a little bit about the consent. I was a former teacher for many years, working with teenagers, some that had a time in their life when they had an unexpected pregnancy and these are very difficult issues. So, I would like to put up Exhibit E -- excuse me, start with Exhibit D.

And so this question will start off with Ms. Cunningham. The Secretary of HHS issued the Belmont Report, which says that consent is valid only if voluntarily given. And that,
"inducements that would ordinarily be acceptable may become undue influences if the subject is especially vulnerable."

So, if you could put up Exhibit A-3, the consent form that is used in some of these clinics, I would like to ask you, in your view, does this form violate our government's own guidance in its inducement to women considering abortion, especially with the promise and the statement in the very first opening of the consent form says: "Research using the blood from pregnant women and tissue that has been aborted has been used to treat and find a cure for such diseases as diabetes, Parkinson's disease, Alzheimer's disease, cancer, and AIDS?"

I will say I lost my mother last year with Alzheimer's. I am not aware that there is a cure out there. This was news to me. So, Ms. Cunningham, do you think that this consent form complies with HHS's mandate against inducement?

Ms. Cunningham. It would be interesting to know from the women's perspective if this does induce her to sign the form, this idea of the promise of cures, which is a very powerful motivator.

The concern I have is that the standards that we have typically for fetal tissue donation are just absent here. And so in addition to the voluntariness, there is just the thoroughness of the consent seems to be missing in this form.

Mrs. Hartzler. I would concur with the HHS informed consent checklist itself that is online. A couple of other requirements
that are supposed to be of consents is a statement describing the 
extent, if any, to which confidentiality of records identifying 
the subject will be maintained. I see no such statement in this 
exhibit. It also says that: "Research, Rights or Injury: An 
explanation of whom to contact for answer to pertinent questions 
about the research and research subjects' rights."

If I was a teenage girl in a crisis situation there being 
presented with this form, I don't see it there. Do you see it on the form?

Ms. Cunningham. I do not.

Mrs. Hartzler. Okay, Ms. Charo, last August, speaking about 
fetal tissue research while at a NARAL conference, you were quoted 
as saying: "Now remember, this is not about using an actual 
embryo or an actual fetus. This is leftover tissue after the 
fetus is long-dead."

Please put up Exhibit E. In this email, the tissue 
procurement manager of a tissue business described to a university 
research the immediacy of obtaining tissue from aborted fetuses. 
The manger wrote that after, quote, the doctor determines the 
abortion is complete, the procurement technician is allowed to 
begin procurement. This take a couple of minutes.

So, given these comments from the tissue procurer, how can 
you contend that tissue procurement occurs "after the fetus is 
long-dead?"
Ms. Charo. I don't recall speaking at a NARAL conference
last August but there was a conference I spoke at considerably
longer ago, speaking of length of time, and I believe that that
comment was being made in the context of the cell lines, which
really are from fetuses that were aborted a very, very long time
ago. But I don't have a transcript of my own remarks with me.
Thank you.

Mrs. Hartzler. Okay. Dr. Donovan, isn't the tissue
harvested immediately after the cells -- are they still alive, the cells are still alive?

Dr. Donovan. Absolutely. They want fresh cells.

Mrs. Hartzler. Okay, very good. I yield back. Thank you.

Mrs. Blackburn. The gentlelady yields back.

Mr. Nadler, you are recognized 5 minutes for questions.

Mr. Nadler. Thank you, Madam Chair.

Ms. Charo, I should first say that I find most of this
discussion irrelevant because it relates to the morality of
abortion. Opinions differ, obviously, on the morality of
abortion. I, for one, think abortions are perfectly moral but
that is not the question. Abortion is legal and, as a
consequence, safe for women in this country.

The law already prohibits initiated a pregnancy for the
purpose of donating tissue. A hypothetical concern is we have
never heard of this actually happening. The question before is
about fetal tissue research. But if the abortion was going to happen anyway -- now, Mr. Harris, or Dr. Harris pointed out, Dr. Donovan agreed that we all agree that fetal tissue research is valuable and the disagreement may be over the source. But if the abortion was going to happen anyway, even if you don't like that fact, how can it be immoral to save lives by use of fetal tissue from an abortion that would have happened anyway, tissue that would otherwise be thrown away? What makes the use to save lives instead of throwing it away immoral, Ms. Charo?

Ms. Charo. There has been a great deal of conversation about the notion of complicity with an underlying act one considers to be immoral and it is at this point, I think, it is helpful to take an example of an act that I think is universally understood to be immoral and not one that is debated, which is the case of aborted. If we talk about the murder of an adult, which we all consider to be immoral and is also a criminal act, so it is also not legal, there is no question that we use those tissues and organs from murder victims for organ transplantation, for tissue transplantation, and for organ and tissue research without in any sense feeling complicit. We don't encourage murder by virtue of using those tissues. We may not condone it but we certainly don't view it as something that should be abandoned because we don't want any connection with an underlying act of which we disapprove.

So, I find the arguments about complicity to be unpersuasive.
Mr. Nadler. So by the same logic, whether you think abortion is immoral or not, use of fetal tissue that would be there in any event for moral purposes is no more moral or immoral than use of tissues from a murder victim?

Ms. Charo. That was the reasoning of the panel that was led by Judge Adams for President Reagan and that is a kind of reasoning that does not appear to have been affected by events in the last 30 or 40 years. Science changes but that particular analysis seems to have persisted.

Mr. Nadler. Let me quote from Ms. Cunningham's testimony. And she said, and this is a sub-quote from a book by Robert George and Christopher Tollefsen. It is "morally impermissible to engage in any research for any purpose that involves the destruction of human beings at any stage of their lives, including the embryonic stage, or in any condition however weak or dependent."

Ms. Cunningham continues: "Those who are responsible for terminating the life of a fetus have failed to recognize this fundamental principle of human dignity and, thus, have no moral claim to be able donate or assign the body, organs, or tissues of the fetus to others, regardless of the nobility of purpose."

Dr. Donovan said something to the same effect.

In other words, Ms. Cunningham, Dr. Donovan, Mr. George who wrote the article, believe that they have a superior moral claim
to that of the mother to make this decision. I find this incredibly arrogant. Because of their view of the morality of abortion, they would deprive the mother of her moral agency. Having decided to have an abortion, which is her right under the law, which some of regard as moral and some people regard as immoral but it is her decision under the law, they would deprive her, therefore, of the right to make a decision to use the fetal tissue that would otherwise be thrown out for morally good purposes to help save lives. And they would deprive the mother of this moral right because they have a superior moral right.

Would you comment on that, Ms. Charo?

Ms. Charo. Yes, this was exactly the concern that was raised again and again by the Reagan panel, which did a fairly thorough report on a lot of these things. And they looked specifically at whether there is anybody else who is in a superior position to give consent. That could be scientists, it could be physicians. It could be that the material is used without any kind of consent at all and considered abandoned property. And in the end, they concluded that there was no one and no entity and no rule of law that had superior entitlement to make this decision than the woman herself.

Mr. Nadler. Thank you. I have one final question. Dr. Bucshon noted that it is legitimate to reexamine these issues. We had panels a couple of decades ago. We can reexamine the
issues. He is right, of course, on that. We can always reexamine an issue. And he said what are we afraid of?

Here is what we are afraid of. We also note that an employee at one of the entities that the chair has subpoenaed, someone who is also identified in connection with the deceptively edited and false videos has been the victim of a death threat posted online, suggesting that he or she should be hung by the neck using piano wire and propped up on the law in the front of -- on the lawn, I assume he meant, in the front of the building with a note attached. That is what we are afraid of, that this kind of proceeding that we are doing with the kinds of obnoxious and illegal and, frankly, subpoenas I think designed to endanger the lives of people who engage in abortions, that is the danger.

Ms. Charo, would you comment on that? And that is my last question.

Ms. Charo. It is a documented danger. We also saw, as was noted earlier on, the deaths in Colorado immediately following some of these tapes being released. I can say from personal experience not related to this topic but other topics I have written on, I have also received threatening calls and it is incredibly disturbing and it is a way to intimidate and chill research in the United States.

Mr. Nadler. And make this committee complicit in further acts of violence, if they occur. Thank you very much.
Mrs. Blackburn. The gentleman’s time has expired.

Mrs. Love for 5 minutes.

Mrs. Love. Thank you.

Across the United States, current federal law prohibits minors under the age of 18 from serving in the military, entering into financially binding contracts, purchasing nicotine, being tried as an adult, getting married, or voting. We have a number of laws in place that protect our minors. This includes prohibiting minors to go into certain movies without a guardian or a parent being around. And all of this is to protect that minor because their brains are not fully developed and they lack the ability to fully comprehend long-term repercussions of their decisions. So, my question, Ms. Cunningham, do you think that ethical guidelines should be in place to protect a minor when they are actually giving consent to even have an abortion performed?

Ms. Cunningham. Well, I think, first of all, there should be great care exercised because, as the United Kingdom Human Fetal Tissue Donation Act, there is a process in place for tissue donation. I am not talking about the abortion procedure itself or the specific issue of consent to donate. I am talking about when they are going in and actually giving consent to a clinic to perform an abortion and what kind of guidelines do you think should be in place?

Ms. Love. I am not talking about tissue donation. I am thinking about the abortion procedure itself or the specific issue of consent to donate. So, for example, the United Kingdom Human Fetal Tissue Donation Act, there is a process in place for tissue donation. I am not talking about the abortion procedure itself or the specific issue of consent to donate. I am talking about when they are going in and actually giving consent to a clinic to perform an abortion and what kind of guidelines do you think should be in place?

Ms. Cunningham. Well, I think, first of all, there should be great care exercised because, as the United Kingdom Human Fetal Tissue Donation Act, there is a process in place for tissue donation. I am not talking about the abortion procedure itself or the specific issue of consent to donate. I am talking about when they are going in and actually giving consent to a clinic to perform an abortion and what kind of guidelines do you think should be in place?
Tissue Authority noted that the time of deciding about abortion is a very emotionally stressful time for a woman. And I have been in a number of conversations with physicians involving informed consent and it is really helpful to have the second person there taking notes and really paying attention to what is said. My own husband didn't remember what the oncologist said to him but I took notes and I was able to help him go through the informed consent process.

So, I think great care would need to be taken in any kind of informed consent proceeding but especially with a minor.

Mrs. Love. Okay, Mr. Donovan, with all of this being said, do you think it is important for us to have different consent forms for minors versus adults?

Dr. Donovan. Well, in fact, in medical research, children cannot give consent. They are allowed to give what we refer to as assent but they also require the permission of the parent involved as well.

Mrs. Love. Okay, given what we know today with current laws governing consent from minors, what do you think would be an appropriate age for someone to get an adult consent form as opposed to a minor that is given consent for an abortion?

Dr. Donovan. Well at least in research under the law, at 18 they can start signing a consent form, although human development specialists suggest that maybe sometime around the
age of 24, teenagers actually do grow up.

Mrs. Love. I want to actually concentrate a little bit now on the tissue donation. I have a 14-year-old child. I am not a physician. My expertise is in real life in the real-life aspect. I have this 14-year-old, who is a straight A student and makes decisions, great decisions, generally, most of the time and under normal circumstances, I actually asked her to look at this exhibit and try and figure out whether she can fill that form out. My very smart child kept coming back to me asking for explanation, clarification. And those are normal circumstances.

So, let me ask you this question. What kind of emotional duress do you think a minor is under in anticipation of an abortion procedure? Just your thoughts. I mean I can imagine what I would go through. Either one, Ms. Cunningham, this is a great question for you. What kind of duress do you think a minor would be under before, having to go under, having to have a procedure, an invasive procedure like an abortion?

Ms. Cunningham. Well having raised a daughter who has survived adolescence but who has been with her in physician consultations, there is stress over dealing with a sprained arm. There is great stress over going through an x-ray, after she fainted. There must be even greater stress in an event that she may wishing to conceal from others.

Mrs. Love. Okay. So, imagine that 14-year-old going into
a clinic to undergo a very invasive procedure without someone
there that she trusts to walk her through, to make sure that she
is not being taken advantage of, to make sure that she is making
the right decision. How can anyone be sure that that minor, under
difficult circumstances, fully understand the long-term
repercussions behind their decision when the current law wouldn't
even allow that minor to get behind the wheel of a vehicle?

Dr. Donovan. You are pointing out a real discrepancy
between the way we deal with the teenagers in our country. I
wouldn't be able to take that child and do a procedure on them
without the mother or father being there and giving their consent
as well. If I did, that would be assault and battery.

Mrs. Love. Thank you.

Mrs. Blackburn. The gentlelady yields back. Mr. Duffy,
you are recognized for 5 minutes.

Mr. Duffy. Thank you, Madam Chair and welcome, panel.

I want to be clear, Ms. Charo, on your testimony and that
is that there is, I think you said there is a compelling public
interest in research on fetal tissue. Is that right?

Ms. Charo. Yes, I said that.

Mr. Duffy. And this is about saving lives, correct?

Ms. Charo. That is what I said.

Mr. Duffy. Okay, now I think I heard you correctly when the
chair asked you in the first round of questions about whether there
is any ethical violations in regard to using fetal tissue for taste tests, cosmetics, or human and animal DNA testing. And I think Mr. Donovan and Ms. Cunningham expressed concern but you did not. So, could you explain to me the compelling public interest and the lifesaving research that takes place when we use fetal tissue for taste tests and cosmetics?

Ms. Charo. First, I am referring to the full range of uses, which includes all of the basic science research that you hear about --

Mr. Duffy. No, no, no. I am reclaiming my time because this was very specific.

Ms. Charo. No actually the question was whether I thought there was a compelling public interest.

Mr. Duffy. I am reclaiming my time.

Ms. Charo. And I am talking about the full range.

Mr. Duffy. Ms. Charo, the question came specifically from the chair about taste tests and cosmetics and human and animal DNA testing. And you didn't express any concern.

So, do you have a compelling public interest that saves lives in regard to taste tests and cosmetic research using the fetal tissue? Yes or no?

Ms. Charo. I am going to take a page from you and say I can't say yes or no because that is not actually what I said. I did not express no concern. I said those are probably more frivolous
Mr. Duffy. So, let me ask you this. Do you think there is a compelling public interest in saving lives if we use fetal tissue for taste tests and cosmetics?

Ms. Charo. Believe it or not, for taste tests there might be because it actually the loss of taste neurologically can actually lead to devastating problems.

Mr. Duffy. And how about cosmetics?

Ms. Charo. It depends on which cosmetics you are talking about. A lot of those skin grafts are considered aesthetic but they are also very, very helpful.

Mr. Duffy. Is there anything, any research that you think is inappropriate using fetal tissue?

Ms. Charo. Well, using any tissue, fetal or adult, I find the cosmetic uses in Hollywood sometimes to be so frivolous, I would be perfectly happy to see us abandon them.

Mr. Duffy. I want to be clear because it seems that you are here advocating, you are advocating on behalf of fetal tissue research and stem cells, you have also consulted with companies that are involved in those activities. And in the CV you provided in preparation for your testimony, in 2002 you were on the Scientific Advisory Board of WiCell. And in their Web site it shows that it does stem cell research. In 2012, you were a consultant to Cleveland BioLabs. And in their SEC filings,
Cleveland BioLabs says it uses proprietary stem cell lines in its products. And in 2006, you were a consultant to Stem Cells, Inc. That firm's Web site says that it uses "human neural stem cells" in medicine. A leading university told the panel that it "receives a proprietary stem cell line derived from fetal tissue that was supplied by Stem Cell, Inc."

So, you do have a vested financial interest in the boards that you serve on the research of fetal tissue. Correct?

Ms. Charo. I receive no funding from WiCell. I did receive consulting funding from Cleveland and Stem Cell, Inc. Those were not embryonic stem cells, by the way, that we were talking about.

Mr. Duffy. So, you do have a financial interest in --

Ms. Charo. Not at present, no.

Mr. Duffy. But you have in the past?

Ms. Charo. I have.

Mr. Duffy. Okay.

Ms. Charo. And by the way, every dollar of that was donated. You can look at my IRS tax returns.

Mr. Duffy. Okay. So, I want to go to another few issues. So, let us say, and if we could go to Exhibit A-1, if we have someone who works for a tissue procurement business and they are corresponding with an abortion clinic technician and they are providing a wish list of items that they are going to want to purchase, things like a liver, thymus, skin to be shipped by FedEx...
overnight, whether to Harvard or UMass. So, you have a wish list, a shopping list being sent from the tissue provider to the abortion technician.

And if we could also go to Exhibit A-2, here is a procurement compensation schedule. So, we see the technician gets paid per specimen. And the more specimens you provide, the more money you make. And just a side note, I thought that there was no profit motive here. I don't think that per specimen the cost goes up but the more you provide, the more money you make above your hourly wage, Exhibit 2-A.

And then if you go to Exhibit A-3, you have a consent form that the technician brings out to the mom to garner consent for the abortion. I would just note that if the panel would just look at their Exhibit A-3, anywhere in there does it say that the technician has a financial interest where they obtained $35 per specimen up to 10 specimens and $45 per specimen for those from 11 to 20? Does a financial incentive, is that shown in Exhibit A-2 -- or I am sorry A-3, if you look at that quickly?

Dr. Donovan. No, it is not there.

Mr. Duffy. Okay. Does that concern you that we have the technician who is receiving the shopping list from the business and it is also the person that is going to go in and obtain consent from the mom and the financial component to it? Mr. Donovan, does that give you any pause or concern ethically?
Dr. Donovan. Well, I think that you have correctly shown that this would never pass muster for an IRB.

Mr. Duffy. Ms. Cunningham?

Ms. Cunningham. Yes, it has ethical problems.

Mrs. Blackburn. The gentleman's time has expired.

Mr. Duffy. My time has expired. I am getting gavelled down. I yield back.

Mrs. Blackburn. I thank the gentleman. I want to thank our first panel for being with us today.

We are ready to move to our second panel. And as the first panel departs, I want to provide unanimous consent, so ordered, to Mrs. Black for her request to enter the Department of Health and Human Services Office of Inspector General Report on Tissue Donation into the record. So ordered.

As our first panel leaves, we will introduce the second panel, as they take their places, Dr. Lee, Dr. Schmainda and Dr. Goldstein.

And I would like to introduce the members of this panel, Dr. Patrick Lee is the John N. and Jamie D. McAleer Professor of Bioethics and the Director of the Center for Bioethics at Franciscan University of Steubenville. Dr. Kathleen M. Schmainda is Professor of Radiology and Professor of Biophysics at the Center for Imaging Research at the Medical College of Wisconsin. And Dr. Lawrence Goldstein is Distinguished...
Professor, Department of Cellular and Molecular Medicine, Department of Neurosciences at the University of California San Diego School of Medicine.

You are aware that the Select Investigative Panel is holding an investigative hearing and will take your testimony under oath. Do you have any objection to testifying under oath?

The chair then advises you that under the rules of the House Committee on Energy and Commerce, you are entitled to be advised by counsel. Do you desire to be advised by counsel during your testimony today?

If you will stand to be sworn in.

[Witnesses sworn.]

Mrs. Blackburn. Thank you. You may be seated.

You will each have 8 minutes for your opening statement. Dr. Lee, you may proceed.
Mr. Blackburn. Microphone, please.

Mr. Lee. Thank you, Madam Chairman Blackburn and thank you, distinguished members of the committee. And thank you for this opportunity for speaking on bioethics and fetal tissue.

My name is Patrick Lee. I am a professor of bioethics at Franciscan University of Steubenville and I have submitted my written testimony. I will just give a brief summary of some of the arguments there.

In Roe v. Wade, Justice Blackmun claimed that the Court would not settle the question of whether the fetus is a human being or not. And yet, as a practical matter, the Court denied two human fetuses the equal protection of the law and so treated them as,
in fact, outside the class of human beings.

In fact, however, as the standard text of embryology, developmental biology, and genetics assert, a human embryo or fetus from conception on is a distinct whole human individual. The evidence for this is quite clear. We know that a human embryo or fetus is a human being, a human organism in basically the same way we know the 6-week-old infant is a human organism. Looking at a 6-week-old infant, we can see that, first, she is a distinct being not a part of a larger organism. She is a complete being, although at an immature level of development, since even though she cannot now perform many of the actions that are typical of human beings, she is growing. She is actively developing herself to the point where she will do so.

In a similar way, it is clear that a human embryo or a fetus is a distinct being, since she grows in her own distinct direction. She is, obviously, human, since she has the genetic structure that is characteristic -- she has the genetic structure in her cells that is characteristic of humans. And she is a whole human being, as opposed to something that is functionally apart, such as a human cell or human tissue. For, unlike a cell or a human tissue, she has within her structure, within her genetic and epigenetic structure all of the internal resources needed to actively develop herself to the mature stage of a human being. This shows that she already is a whole human organism only at the earliest stage
So, the same kind of facts that show a 6-week-old infant is a human being also show that a human embryo or fetus is a human being, a human organism. And since what we are are human organisms, bodily beings, it follows that she is the same kind of being as you or me, only at an earlier stage of her lifecycle. Just as you and I once were adolescents, and before that children, and before that infants, so we once were fetuses and we once were embryos.

Moreover, since what makes you and me intrinsically valuable as subjects of rights is what we are, our fundamental nature, it is wrong intentionally to kill us and it would have been wrong to kill us when we were embryos or fetuses. All human beings, unborn as well as born, no matter at what age or size are created equal and are endowed by their creator with fundamental unalienable rights. Therefore, it is gravely unjust to provide protection of the law to born human beings but to deny it to unborn human beings.

Since what is killed in abortion is a human being, the further act of governmentally funding and endorsing abortion providers is an additional injustice. By subsidizing abortion providers, the government, unlike the Court in Roe v. Wade, cannot even make a pretense of being neutral on the question of whether what is killed in abortion is a human being. To subsidize and encourage
the killing of human fetuses is to presuppose in that act that what is killed in abortion is not a human being.

Furthermore, the donation of organs after death requires prior authoritative consent from -- in general requires authoritative consent from the person who dies or, if a minor, from her parent. In the case of fetal organs or tissues, parental consent would be required. This seems permissible in the case of spontaneous miscarriages or ectopic pregnancies. However, that is not the case with relying on the consent of the parent of an elective abortion. Parental authority over children is based on the special connection of parents to their children, a connection that creates a special responsibility of parents to their children, responsibility to care for them and to be devoted to their well-being. Grave abuses of that relationship or actions indicating that a parent no longer has the child's interest at heart, cause the parent to lose that parental authority. But the choice to have the child killed, even if done in confusion and with mitigated responsibility, is incompatible with a willingness to act in the true interest of the child. Thus, the practice of allowing or encouraging the use of fetal tissue obtained from elective abortions relying, as it does, on the mother's consent, treats the bodily parts of the fetus as if they were parts of the woman's body. The practice makes no sense, unless the fetus is assumed to be something other than a human
Therefore, governmental funding of abortion providers and the use of fetal tissue from elective abortions involve profound dehumanization of unborn human beings and are grave injustices.

Thank you.

[The prepared statement of Mr. Lee follows:]

**********INSERT 8**********
Mrs. Blackburn. Thank you, Dr. Lee.

Dr. Schmainda, you are recognized, 8 minutes.
TESTIMONY OF KATHLEEN M. SCHMAINDA

Ms. Schmainda. Distinguished Chair Blackburn and honored members of the panel, thank you for the opportunity to offer my testimony in defense of infant lives and, specifically, in opposition to research using fetal tissue derived from induced abortions.

As background, I was trained in the disciplines of engineering and medicine, receiving a Ph.D. degree in medical engineering jointly awarded by Harvard University and Massachusetts Institute of Technology. I am currently a Professor of Radiology and Biophysics, serving as Vice Chair of Radiology Research at the Medical College of Wisconsin. I have participated in medical research for nearly 25 years. I have served on grant review panels for the National Institutes of Health for nearly 15 years, including a 4-year term on the developmental therapeutics study section.

I serve on national advisory committees for clinical trials and have founded two start-up companies. Most importantly, I am a wife and a mother.

The views expressed are my own and do not represent the official views of the Medical College Wisconsin.

I am firmly opposed to research using fetal or embryonic tissue from induced abortions or procedures such as in vitro
fertilization. I am compelled to create awareness amongst the community and my colleagues as to why the use of such tissue is both unethical and unnecessary.

Let me begin by defining terms. The terms embryo, fetus, baby, or infant each refer to different stages in the continuum of the developing child. When cells are extracted during the earliest stages, these are typically human embryonic stem cells, which are obtained by destruction of the human embryo. When I speak of fetal tissue research, I am referring to cells, tissues, or organs that are harvested from an aborted fetus. While this is the focus of my testimony, my arguments apply to the continuum of the developing child.

Proponents of research using fetal tissue make several claims. The first claim is that without fetal tissue, many of the life-saving treatments we have today would not have been possible. Second, it is argued that without continued access to fetal tissue, we are preventing the discovery of new therapies. And third, it is alleged that proper ethical guidelines are already in place to avoid the connection between abortion and fetal tissue research. I will speak to each of these claims.

First, it needs to be made clear that there are no current medical treatments today that have required use of fetal tissues for their discovery or development. While the often-cited polio vaccine was developed using fetal tissue cells, the developers
later testified that initial studies were also successful using cells that were not of fetal origin. Though most vaccines today offer ethical alternatives, not all are available in the U.S. and some, such as chicken pox and Hepatitis A currently do not have ethical alternatives. Yet, let me make it clear there have never been a scientific reason requiring cell lines for vaccine development.

Testimony given to the FDA dated May 16, 2001 underscores this point. The developer of two common fetal cell lines, HEK 293, human embryonic kidney, and Per C6, isolated retina from a fetus, stated that his motivation for developing these cell lines from aborted fetuses was simply to see if it could be done in comparison to what had already been done with animal cells. Since then, use of these cell lines has become widespread and the manufacturers have no motivation to invest the time or money necessary to produce ethical replacements.

Due to lack of transparency, scientists can unknowingly become entrenched in using these cell lines. For example, the HEK 293 cell line is often offered as part of a standard kit available from biotechnology companies and branded under various names. Only upon specific request are alternatives provided. This lack of transparency is devastating for scientists who have ethical objections to use of this tissue and amounts to moral coercion.
Second, I refute the claim that without continued access to fetal tissue, the discovery of new therapies will be prevented. The evidence is overwhelming to the contrary. For example, insulin for diabetes is produced in bacteria. Chinese hamster ovary cells have been used for the development of Herceptin for breast cancer and TPA for heart attack and stroke. There are more 70 successful treatments developed using adult stem cell sources. Over one million bone marrow transplants, which are essentially adult stem cell transplants, have been performed to date.

Still, some continue to claim that fetal cells unequivocally provide the best option because they divide rapidly and adapt to new environments easily. But, alternative tissue and cells sources are available for research without ethical concerns and are demonstrating more versatility than originally thought. Examples include stem cells from bone marrow, circulating blood, umbilical cord, and amniotic fluid, as well as induced pluripotent stem cells and even neural stem cells from cadavers. Adult stem cells have already been used for the development of new treatments, have been proven in clinical trials, and resulted in the formation of new companies, which have successfully brought to market treatments that are routinely benefitting patients today.

There is still no viable medical use for embryonic stem cells. Yet, the argument continues that keeping this avenue of
research open may someday offer the only hope for a child with a devastating disease or a person with spinal cord injury.

In 1997, in The New York Times, it was reported the nation's first transplant of fetal tissue into a person with spinal cord injury. The study required five to eight fetal spinal cords for each adult recipient but showed no significant therapeutic benefit. Many more studies followed with none showing significant therapeutic benefit; yet, with each continuing to claim great promise. The promise without benefit continues today at the cost of many human lives.

So, let me address this claim from another perspective. Consider the possibility that a treatment is discovered using fetal tissue transplants and it is the only option for a certain disease. Consider just one disease, like Parkinson's, which affects up to one million people in the U.S. alone. Based on a clinical trial in Sweden, cells from at least three to four fetuses are needed to treat each Parkinson's patient. So, four million babies would need to be aborted to treat this one disease, not to mention the number needed to treat patients worldwide.

Imagine the magnitude of the demand for fetuses to cure yet another disease like Alzheimer's, which affects 44 million people worldwide. Do we really want a world where the most vulnerable, those with no voice, are subject to the whims, desires, and perceived needs of others? Clearly, we will have created
Third, the repeated assurances that proper ethical guidelines are in place to avoid the connection between abortion and subsequent research are entirely inadequate. By purchasing fetal tissue products, the researcher is not far removed from the act of abortion. As recently described in the journal Nature, one researcher continues to pay $830 for each fetal liver sample, a purchase he must repeatedly make. A few years ago, before the recent media coverage, it was quite easy to go to the Web site of a biotechnology company and put almost any fetal body part in one’s shopping cart and submit for a purchase.

So, independent of whether a researcher is at the bedside of the one choosing an abortion or using a fetal cell line created decades prior, by purchasing these fetal tissue products, scientists are helping to create a market that drives the abortion-biotechnology industry complex.

Mrs. Blackburn. Dr. Schmainda, please wrap up. Your time has expired.

Ms. Schmainda. So, finally, I conclude with what is first and foremost. Each and every human life is sacred with the fundamental dignity that does not depend on his or her development stage or abilities. This value belongs to all, without distinction from the first moment of existence. Each and every
human life is unique and unrepeatable, created by our loving God in his loving image and likeness.

Nothing, no person, no argument, not even a scientific discovery or cure can diminish the fact that using human embryos or fetuses as objects or means of experimentation constitutes an assault against the dignity of human beings who have a right to the same respect owed to every person.

Thank you.

[The prepared statement of Ms. Schmainda follows:]

**********INSERT 9**********
Mrs. Blackburn. I thank you. And Dr. Goldstein, you are recognized for 8 minutes for an opening statement.
Mr. Goldstein. Good morning -- actually, good afternoon, Chairwoman Blackburn, Ranking Member Schakowsky, and other members of the committee. Thank you for the opportunity to testify before you this afternoon about the important and potentially life-saving research being done with fetal cells and fetal tissue. And I will give you three brief examples for the potential impact of this work.

My bio is in your written materials. I will just summarize a few key points. My early faculty career was spent at Harvard University, where I became a tenured professor. I then moved to the University of California, San Diego in 1993 and I am currently a distinguished professor in the Department of Cellular and Molecular Medicine and the Department of Neuroscience there.

I served as Director of the U.C. San Diego Stem Cell Program, Scientific Director of the Sanford Consortium for Regenerative Medicine and Director of the Sanford Stem Cell Clinical Center. I have received numerous honors and awards for my work.

I have been a practicing scientist for 40 years, most recently using all types of stem cells to understand and treat Alzheimer's Disease, spinal cord injury, ALS, and more recently, kidney disease.

Today, I represent myself and the International Society for
Stem Cell Research, the American Society for Cell Biology, and the Coalition for Life Sciences, which together, represent in excess of 60,000 practicing life scientists and physicians.

My message is very simple. Fetal tissue and cells that would otherwise be discarded play a vital role in modern, cutting-edge biomedical research. These fetal tissues and cells cannot be easily replaced by embryonic stem cells, reprogrammed stem cells, or adult stem cells. Let me give you three examples.

In the first example, we are using fetal astrocytes in the study of Alzheimer's disease. This devastating disease affects 5.3 million Americans and costs us in excess of $200 billion to $300 billion a year. It killed my own mother. This number doesn't reflect the real and terrible hardship that families face. We don't have a cure. No cure is obviously in sight and we really do have to find a way to treat this terrible disorder.

Now, in my own lab, the approach we are taking is to use reprogrammed stem cells to make Alzheimer's-type brain cells in the dish. That is, to generate Alzheimer's disease in a dish and to try to understand what is going wrong and to develop drugs that curtail the problems that happen biochemically.

Now, a type of cell that is very valuable in this work is called an astrocyte. And this is a type of cell that is a support cell in the brain. We use fetal astrocytes, which are vital to these investigations. These fetal astrocytes provide growth
factors that keep the nerve cells healthy, that help them establish connections, and to be honest, they produce factors that we do not yet have fully defined that help maintain the viability of these cultures and are proving important to us to make new discoveries.

It is possible to make astrocytes from stem cells. And you can write the label astrocytes on those stem cells but they are not identical in their behavior and properties to fetal astrocytes, which arguably remain the gold standard to which we compare astrocytes made from stem cells. And we cannot yet use astrocytes made from stem cells to replace fetal astrocytes. These astrocytes are vital to our investigations and I remain hopeful that they will help us conquer the scourge of this terrible disease.

In the second example, in the Center that I direct, the Sanford Stem Cell Clinical Center, we are using fetal neural stem cells in clinical trials for spinal cord injury in human patients. In animal versions of spinal cord injury, these fetal neural stem cells have previously been shown to have really remarkable properties and animals so treated exhibit tremendously greater performance after treatment than before. What seems to happen is that these fetal neural stem cells, when implanted at the site of the injury, make new neurons that form a relay across the site of the injury, enabling these animals to regain function.
Now, as a result of the work in animals, we have FDA approval to test these fetal stem cells in human patients. Physicians and surgeons in my center have initiated an FDA-approved phase 1 clinical trials of these cells and have implanted them in four patients within the past year. I will tell you that these surgeries are very arduous and the human volunteers are courageous in the face of uncertainty about their future. Thus far, the trial is a success. We have learned that, at minimum, the surgery is safe. The fetal cells are safe and we will be tracking these patients over the next few years looking for signs of recovery, as these cells are given the opportunity to develop and positively impact the paralysis.

We hope in the next year to begin transplanting patients with cervical spinal cord injuries, which will give us a more sensitive test bed, we think. This trial and others like it, this is not the only such trial, others are pursuing analogous investigations with different sorts of cells, but these trials are vital to pushing medical science forward and to helping to rescue people who are afflicted with spinal cord injuries, which is a terrible affliction.

I will just mention that these same fetal neural stem cells that we are using for spinal cord injury are also being used in phase 1 and soon-to-be phase 2 clinical investigations for ALS or Lou Gehrig's disease at NIH-sponsored centers around the
This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee’s website as soon as it is available.

In a third and final example, I chair the executive committee of a group of NIH-funded scientists who are trying to learn whether it is possible to build new kidneys from stem cells. This goal is significant because we have 93,000 Americans on waiting lists for kidney transplants and we recognize that the goal of building a functional kidney is audacious but audacious goals build audacious dreams and projects and progress and I believe that we can attain these goals with hard work, determination and time. It won't happen instantly, but it is something I think we can achieve.

Fetal tissue that would otherwise be discarded is vital to the future of this investigation, as it is only by examining fetal tissue that we are able to deduce and learn what the signals are that cells use to tell each other which cells are going to become kidney, which are going to become other parts of the body and so on.

So, our ability to examine the very earliest stages of human development are ultimately vital to our understanding and our ability to treat many diseases in the future, including diseases of pregnancy, diseases of the placenta, and diseases of children and adults. Development of many of these therapies depend upon our learning what the normal signals are by studying the earliest stages of development and without this type of research, we will
be dramatically slowed down and people who would have therapies sooner will wait and suffer needlessly longer.

So, let me close by stating once again, that in my opinion, research with fetal tissue and cells that would otherwise be discarded is ethical, valuable, and vital to ongoing biomedical research projects.

I want to thank the committee for your time and I am prepared to answer questions that you may have.

[The prepared statement of Mr. Goldstein follows:]

**********INSERT 10**********
Mrs. Blackburn. Thank you, Dr. Goldstein.

We will move to questions. And on our side, I am going to reserve my time and Joe Pitts, Chairman Pitts, will be recognized for 5 minutes.

Mr. Pitts. Thank you, Madam Chair. Thanks again to the witnesses for coming today.

Let me just say something for the record that wasn't covered in the last panel. The issue of undercover journalism was raised but I just want to put this quote on the record. The indictment was alarming enough for two pro-abortion scholars at Cornell to write an opinion piece defending undercover journalism.

Professors Sherry Colb and Michael Dorf said: "We are pro-choice, and we support the important work of Planned Parenthood, but we find the prosecution of these citizen journalists, however self-styled, deeply disturbing. Undercover exposes play a vital role in informing the American public of important facts that would otherwise remain hidden."

We are all familiar with local TV station I-teams and undercover exposes using hidden cameras, sometime false narratives. Mike Wallace was -- famous journalists have gone undercover to expose shoddy conditions at the VA hospitals. Nick Kristof of The New York Times posed as a customer to reveal the darkness of sex trafficking in Cambodia, and you can go on and on. So, for the record, I will put that.
Now, let me go to this question. The gentleman mentioned Harvard. I think using, whether fresh, fetal tissue is vital to cures is an open question. Presently, Harvard has 8,000 medical research projects underway, only 10 use fresh fetal tissues; 10 out of 8,000.

Now, some defend the practice of fetal tissue collection from aborted babies because the fetal tissue supposedly contributes to life-saving research today. First, can you tell us what deadly disease have been cured or can now be treated thanks to modern day collection of human fetal body parts, anyone? No?

And secondly --

Mr. Goldstein. No, I think --

Mr. Pitts. I am sorry?

Mr. Goldstein. I would like to respond because I think the case of vaccines is appropriate. The fact is, that is how those vaccines were developed.

Mr. Pitts. Which vaccines?

Mr. Goldstein. Polio and the other long list that Professor Charo gave us. And it is so easy to look in the rearview mirror at research and say well, now that we know everything we know, it would have been so much easier to do it a different way. You didn't have to do it this way but the fact is, as you well know, research is a slow, tough, enterprise.
Mr. Pitts. Yes, reclaiming my time. The simple fact that the vaccine for polio was developed using monkey tissue, not human fetal tissue.

Let me go on to my question and it has to do with conflict of interest. Suppose a tissue procurement business makes financial contributions to an abortion clinic from which the company harvests tissue. What ethical issues exist if the clinic notifies the company in advance that the clinic has particular abortions scheduled that would be good for acquiring particular organs or tissue? Dr. Lee.

Mr. Lee. Can you help me with who is making the contribution to whom again?

Mr. Pitts. The procurement business --

Mr. Lee. Is making the contribution to the abortion clinic?

Mr. Pitts. Yes.

Mr. Lee. Okay. Well, I think there is a conflict of interest in that there is not the separation. I think in all of these organ transplant cases, we want to have a different set of team making the decisions about how to proceed, how to treat a patient and then a different set of team from that on talking to the family about whether to make a donation. And it seems to me it is the same team here that is working on aborting this baby that is also trying to get the consent from the woman, which I think is questionable whether it has authority there, but getting
2559 consent from that woman to use the fetal body parts.
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2561 So, I think there is a conflict of interest there, yes.
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2563 Mr. Pitts. Dr. Schmainda?
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2565 Ms. Schmainda. Yes, there is definitely a conflict of interest and I would like to also add with regard to the procurement of tissue, I oversee a tissue bank for brain tumor tissue and spinal cord tumor tissue. And our procedure is such that we have to have someone constantly on-call with a pager and they have to be there in the OR, ready to go 30 minutes from tissue removal. And if you don't get that tissue within 30 minutes of removal, it is no longer useful for research, especially the more advanced research like genomics and proteomics.
2566
2567 So, it is very difficult to see how there can be a separation between the research and the requirements of the scientific community and the act of procuring that tissue.
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2569 Mr. Pitts. My time has expired. Thanks.
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2571 Mrs. Blackburn. The gentleman's time has expired. Ms. Schakowsky, you are recognized for 5 minutes for questions.
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2573 Ms. Schakowsky. Thank you.
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2575 Ms. Schmainda, you oppose the use of fetal tissue in scientific research, right?
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2577 Ms. Schmainda. Yes.
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2579 Ms. Schakowsky. Is the position your university has?
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2581 Ms. Schmainda. I represent my own views. I am not
representing my university.

Ms. Schakowsky. In fact last September, Dr. John Raymond, the President and CEO of your university testified in opposition to a Wisconsin State Senate bill that would prohibit researchers in the State from using fetal tissue in their research.

Dr. Goldstein, so my colleagues have used documents, emails from researchers seeking fetal tissue and I don't know, maybe it is in an effort to shock us, but what is your feeling about asking for, for example, it may not sound great, but a liver or a thymus, that kind of thing, if you have specific research going on? Do you see anything unethical about that?

Ms. Schmainda. Absolutely.

Ms. Schakowsky. No, I am asking Dr. Goldstein that.

Ms. Schmainda. Oh, excuse me.

Mr. Goldstein. No, I don't see anything unethical about asking for specific regions. When we get brain tissue from our Alzheimer's disease brain bank, we will request the hippocampus or a part of the cortex, or a specific part of the brain as part of the normal procedure for obtaining post-mortem tissue.

Ms. Schakowsky. Thank you. So, I wanted to ask you, there has been concerns about recent outbreak of Zika, of course, and it had led to renewed focus on infectious diseases that have the potential to rapidly spread. As you know, there seems to be a strong link between Zika virus infection during pregnancy and the
congenital microcephaly, a devastating birth defect. And at this point, there is no treatment or vaccine for Zika.

Given the majority's insistence on calling this panel the Select Investigative Panel on Infant Lives, it would seem important to focus on potential ways to improve infant lives, like finding a way to prevent or cure the Zika virus and the potential for microcephaly. In fact, the CDC has recently released guidance on the collection and submission of fetal tissue for Zika virus testing. They recognize that the study of this tissue is the means through which we can understand the virus.

So, Dr. Goldstein, how are we expected to learn and understand the implications of the Zika virus without studying the fetal tissue?

Mr. Goldstein. I think that if you want to understand the Zika virus, the most efficient place to start is with the fetal tissue that is infected. That just seems self-evident to me.

Ms. Schakowsky. Isn't it imperative that researchers have access to brain tissue to study the differences between the healthy neurological cells and those potentially infected with microcephaly?

Mr. Goldstein. Well and in particular for figuring out which cell types are infected. It is often forgotten that the brain is made of dozens, if not more kinds of cells. We don't know which cell type is being infected by the virus and it is only
by surveying the landscape that we will get any clues.

Ms. Schakowsky. The World Health Organization has now labeled the Zika virus as a public health emergency of international concern. What is your view of preventing the use of fetal tissue research to study and hopefully stop this growing public health emergency?

Mr. Goldstein. I think that would be sticking your head in the sand.

Ms. Schakowsky. Thank you. Would not having fetal tissue as a resource in this study potentially delay finding a cure?

Mr. Goldstein. It would absolutely delay it. I think you have to go to the source if you want to understand what is going wrong.

Ms. Schakowsky. Going back to the name of this committee, this type of research could lead to treatments and cures that benefit infant lives, could it not?

Mr. Goldstein. That would be the hope. You know there is never any guarantee with research that we are going to get to where we want to go, but we are going to give it a good solid try and we have to have appropriate tools.

Ms. Schakowsky. Beyond Zika virus, fetal tissue is important for research and to other conditions that impact infant and fetal development. Is that correct? And I am wondering if you could name what else we might be investigating.
Mr. Goldstein. Well, another interest in my lab is in a disorder called Niemann-Pick type C1, which is a devastating cholesterol transport disorder that kills kids in their first or second year of life. We use fetal astrocytes in our investigation of that disorder as well. We have recently discovered what I hope will be two drugs that may be effective. We need to get into clinical trials to find out but it is the sort of thing that you could imagine doing on multiple occasions down the line.

Again, research is not a guarantee but we have to go through the door and look in order to find out.

Ms. Schakowsky. Thank you and I yield back.

Mrs. Blackburn. Mrs. Black, you are recognized for 5 minutes.

Mrs. Black. Thank you Madam Chair and I thank the panelists for being here. I think it is really ironic that we sit here and talk about how we will benefit children and at the same time, we are talking about how it is okay to abort a baby and to dissect it and take out its body parts and use that for research but at the same time, we talk about how this will save babies. So, it is very ironic. Do we want to save babies or do we not want to save babies. But that is not my question.

My question I want to go to are babies that are born alive in these abortion clinics. And just last week, there was a 20-week-old child that was born alive in a Phoenix abortion
clinic. There was a fire department that was close and had to
transport the baby to the hospital.

Since sometimes these children are born alive, either during
or right after the abortion, should abortion clinics have neonatal
care equipment in those clinics to help to save those babies? Dr.
Lee, do you have a thought on that?

Mr. Lee. Yes, I mean I think that if we were treating someone
that we really genuinely recognized as a human being and as having
intrinsic dignity, we would say that we need to have available
the kind of care that is needed if something goes wrong. And we
would not fight every inch of the way when the government, whether
it is state or federal level, tries to require protection for
babies who are born alive.

So, yes, I think neonatal care, access to ambulance care,
I think that is a minimum, I think.

Mrs. Black. Dr. Schmainda, do you have a thought on that?

Ms. Schmainda. I can't imagine it because when you have the
neonatal care unit, you are recognizing that this is a human
person. And I think absolutely it must be because it is a human
person, it would be wonderful if it existed.

Mrs. Black. How about you, Dr. Goldstein, do you have a
thought on that?

Mr. Goldstein. I am not an expert on the sort equipment that
should be present at an abortion clinic and it would be
inappropriate for me to speculate.

Mrs. Black. Well, can I ask you do you think it is wrong to let a child die that is born in an abortion clinic and needs medical assistance?

Mr. Goldstein. I think it is wrong to let a child die.

Mrs. Black. Thank you.

The second question that I have along these lines, should the mother be told as a part of that consent form that there is a chance that your baby will be born alive and that our clinic will give you baby the best care? Ethically, what do you think about that, Dr. Lee?

Mr. Lee. Well, I think it is hard to say when you are talking about percentages and it is a difficult question to answer because the premise of it is that we are talking about asking someone full consent for something that I think if they genuinely understood and had a moral outlook, a just outlook, they would not really want to consent to that.

So, it is kind of a -- I find it difficult to answer that question. But I would say that I think, in general, there is not enough information given to the woman about the nature of what it is that is being killed in an abortion. Sometimes it is even hidden from her that anything is being killed, that there was even something alive. So, if we could just get even just general really good informed consent about the nature of that procedure
is that we are talking about, that would be a first step. And then yes, I think the other things should be brought in, when you are talking about the possibilities. Even if it is a remote possibility, it is such a horrific possibility and it also, I think, bears on the question that she should be asking about well what kind of procedure is this.

Mrs. Black. Thank you. With the little bit of time that I have left, Madam Chairman, I am not so sure after we complete our investigations and our information that we will receive as a result of this committee that there shouldn't be another Blue Ribbon Commission. We talked about this Blue Ribbon Commission that was under President Reagan, it was done back in 1984. We are 30 years down the road. There is so much medical science advancement here, at that point, the viability, I was still young out of nursing school, the viability was around 36 weeks. And you know if we had a baby that was born at 36 weeks or less, we really didn't have a lot of medical advancements for saving that child. But I think that this whole issue really needs to be revisited and, rather than going back and looking at a Blue Ribbon Commission that was done some 30 years ago, that may be one of the recommendations that we have.

And I yield back the balance of my time.

Mrs. Blackburn. The gentlelady yields back.

Ms. DeGette, you are recognized for 5 minutes.
Ms. DeGette. Thank you, Madam Chair.

As with the last panel, I would appreciate yes and no answers, if possible.

My first question, Dr. Lee, you are a professor, a doctor of philosophy, correct?

Mr. Lee. Right.

Ms. DeGette. And Dr. Schmainda, you have a Ph.D. in medical engineering. Correct?

Ms. Schmainda. Correct.

Ms. DeGette. And the first line of your biography on the Medical College of Wisconsin's Web site says your primary focus of your lab is the development of MRI methods to assess brain tumors. Is that correct?

Ms. Schmainda. That is definitely a focus, yes.

Ms. DeGette. Now, Dr. Goldstein, you are an actual cell-based researcher and you run a lab. Is that correct?

Mr. Goldstein. Yes.

Ms. DeGette. So, I am going to talk to you, since of all the six witnesses we have had today, you seem to be the only one with experience in being able to talk about fetal tissue research and other types of cell-based research.

The first question I want to ask you is Dr. Donovan said we still have cell lines developed from fetal tissue from abortions from before and from a long time ago, when they were used for
vaccines and other purposes; those should still be sufficient. Do you believe that existing fetal cell lines are sufficient or do you think it is important to develop new fetal cell lines?

Mr. Goldstein. I think that as methods improve, you generally are going to want to revisit the question of developing new cell lines with superior methods.

Ms. DeGette. Now in the three studies you talked about your in testimony, are you using new cell lines or some of the existing cell lines from before?

Mr. Goldstein. The fetal neural stem cells, those are cell lines that have been in existence for some time and have been through substantial expansion. The fetal astrocytes are earlier stage primary cultures but they are also established.

Ms. DeGette. Okay. And my next question and related to that is Dr. Schmainda said that there is no -- actually she said in her testimony it is clear that no current medical treatments exist that have required using fetal tissues for their discovery or development. Is that a correct statement, yes or no?

Mr. Goldstein. I think that is an incorrect statement.

Ms. DeGette. Okay. Now, there is a number of new research studies, including the ones that you and your facility are investigating that are using fetal cells. Is that correct?

Mr. Goldstein. That is correct.

Ms. DeGette. And several of the witnesses today have
testified that the cell lines are all interchangeable so that to
do your research and this other research, you would not need to
have fetal cells. Is that correct?

Mr. Goldstein. I don't agree with that. In my experience,
cell lines are simply not interchangeable.

Ms. DeGette. And I know there is a number of new types of
cell lines out there. I have done a lot of work, as you know,
on embryonic stem cell research but there is a lot of different
kinds of cells. There is iPS cells, there is human mesenchymal
stem cells, there are some nasal astrocytes that are being used
in other types. Can they all just be slotted in for each other
or do you need all different types of cells to do research?

Mr. Goldstein. So, I will make two comments about that.
One is we need all different types of cells to do research because
we don't know what is best. And second, in order to find out what
is best, we have to do comparative studies and compare each against
the other to figure out what is actually going to turn out to be
superior for the medical application.

Ms. DeGette. So, it is not like the iPS cells are the same
thing as these fetal tissue cells?

Mr. Goldstein. No. No, no, they are different.

Ms. DeGette. Okay. Now, there was also some testimony from
several different of the witnesses, none of them cell researchers
like you, that we don't need fetal tissue from induced abortions
because we can just use fetal tissue from miscarriages. Have you heard testimony like that today and before?

Mr. Goldstein. I have heard that statement made.

Ms. DeGette. And are you familiar with the view that because the timing of recognition of a spontaneous abortion or ectopic pregnancy is unpredictable and both conditions may result in a serious emergency for the woman, the fetal tissue collected under these circumstances is often not suitable for research purposes? Are you aware of that?

Mr. Goldstein. I am aware of that.

Ms. DeGette. And do you think that we can substitute the tissue from spontaneous abortions or from ectopic pregnancies?

Mr. Goldstein. I don't.

Ms. DeGette. Why not?

Mr. Goldstein. And I would add that frequently spontaneous abortions have genetic abnormalities that render them unsuitable for further downstream work.

Ms. DeGette. Thank you. I have no further questions.

Mrs. Blackburn. The gentlelady yields back.

Dr. Bucshon, for 5 minutes.

Mr. Bucshon. Thank you very much. Thank you to all the witnesses for being here. By the way, I did my residency at the Medical College of Wisconsin and I spent 7 years there. My wife went to medical school there. Welcome, all of our witnesses.
Dr. Goldstein, in your testimony you failed to mention that functional kidney organoids have already been grown using iPS cells and adults stem cells. Is that true?

Mr. Goldstein. It is true that organoids have been made. And organoid is not the same as an organ. In fact, Dr. Little, in whose lab that work was done is a member of our team --

Mr. Bucshon. Okay. Now --

Mr. Goldstein. -- trying to figure out how to harness organoid technology to the development of an intact functional kidney.

Mr. Bucshon. That is fair enough. So, with fetal cells then, you are trying to grow organs?

Mr. Goldstein. Ultimately, the goal would be to figure out whether using fetal cell lines, or embryonic cell lines, or induced reprogrammed cell lines, whether it is possible to build a functional kidney or not.

Mr. Bucshon. Okay. And the same thing, if you have already made it to organoids from iPS cells and adult stem cells, it seems like you are actually further along in that area using those.

Mr. Goldstein. I am not sure I agree with that. I think that is conjecture.

Mr. Bucshon. Okay, well that is your area. So, I can't dispute that.

You mentioned fetal cells related to spinal cord injuries.
Are there peer-reviewed journal studies about clinical cures of spinal cord injuries from adult stem cells?

Mr. Goldstein. There are published papers from a number of labs around the world that claim to have seen dramatic results with cells from adult sources in spinal cord injury. In a number of cases, those studies have been discredited. In a number of cases, we are just not sure and we need to have further investigation to find out.

Mr. Bucshon. Okay, thank you. And can I ask, where do you guys get your fetal tissue?

Mr. Goldstein. So, the fetal neural stem cells that we obtain for our clinical trials come from our collaborating company called Neuralstem, which expands them to a large number, literally billions of cells.

Mr. Bucshon. Okay, where do they get the tissue to start their cell growth?

Mr. Goldstein. I honestly don't know where they obtain their tissue.

Mr. Bucshon. Do they pay for it, do you know?

Mr. Goldstein. I don't know but I presume that since it is against the law for them to pay for it, that they do not pay for it.

Mr. Bucshon. Okay and so somebody made the point that since tissue would otherwise be discarded -- I am just asking, this is...
a philosophical question -- should anyone be paying for fetal
tissue or making a profit from it, since it was just going to be
quote, unquote, discarded anyway? The reason I ask that is
because we know there are agencies that have been making a lot
of money off of this tissue. So, just philosophically, would you
think that that would be the right thing, that money should be
exchanged? I mean I understand that the argument is that it takes
money to process the tissue.

Mr. Goldstein. Right, exactly. So, I am comfortable with
the law of the land as it currently sits.

Mr. Bucshon. Okay, Dr. Schmainda?

Ms. Schmainda. Yes.

Mr. Bucshon. That same question. If the tissue is just
discarded, I mean does it make any ethical sense that people would
be making a profit from it if it is just -- as has been quoted
by many people, a couple people in this hearing, if it is going
to be discarded anyway, what is the big deal? Then how come we
are selling it and making a profit from it?

Ms. Schmainda. Right, the ends never justify the means.

Mr. Bucshon. How come we are buying it?

Ms. Schmainda. Exactly. So while the ends never justify
the means, supposedly, the guidelines are in place and so the
researchers are not connected with abortion. They clearly are
by creating the market that is driving the development of these
cell lines or the use of fetal cell tissues. The
biopharmaceutical company, there is a lot of areas where people
could be making a lot of money. So, it is clear that is a
money-making effort.

And I also want to speak to the fact that if you don't mind,
there has been a lot of discussion of the 1988 Advisory Panel,
this Blue Ribbon Panel that people have been discussing. And I
want to clarify because in my reading of this panel, there is
actually 21 panel members and of the 21, there was two or three
that dissented from the majority opinion. Now, the majority
opinion itself basically was that we agreed that there is a moral
question here.

Mr. Bucshon. Okay. I am going to have to move on because
I am running out of time.

Ms. Schmainda. Okay.

Mr. Bucshon. Dr. Lee, do you have any comments on that
question about -- I mean it is just like it makes no sense to me
that if there is no money in this, the tissue, and it is about
research -- and I support research. Don't get me wrong and Dr.
Harris addressed that in the last panel -- then why are there
organizations out there wanting to do this? If there is just no
money involved, it is going to be discarded anyway, what is the
big deal? We will just use it for research.

Mr. Lee. Well my comment is if the argument that the fact
that these would be discarded anyway had any merit, it would prove too much. It would prove that well, then, since it is going to be discarded anyway, we might as well allow people to make money off of this. In any situation where someone dies who did not consent to have his body used for research, the same argument could be made about that person's body and say well, look, yes, it is true that person did not give consent --

Mr. Bucshon. Understood. My time has expired. Thank you very much.

Mrs. Blackburn. I thank the gentleman.

Ms. Speier, you are recognized for 5 minutes.

Ms. Speier. Thank you all.

Dr. Lee, again, you are not a researcher. Correct?

Mr. Lee. Not in physical science.

Ms. Speier. Not in physical science and yet this hearing is about the use of fetal tissue in a scientific setting.

Mr. Lee. Right, my area of study is bioethics.

Ms. Speier. It is a little confusing to me as to why this panel, which should be comprised of scientists doesn't have a whole panel of scientists. But, you are an ethicist. So, let me ask you this.

One of the questions one of my colleagues asked was is it unethical for a tissue procurement facility to contribute to an abortion clinic and you gave an answer. Do you think it is ethical
for members of Congress to receive campaign contributions and then vote for a specific bill from that institution or carry a bill for that institution?

Mr. Lee. I would have to get more specifics by meaning a bill for that institution. I don't know. If it is a bill, yes, I guess. If you are saying if the bill is precisely not for the public good but for only this specific institution, yes, that would be unethical. But then of course, that just raises the question of whether we are talking about the public good or whether we are trying to promote a specific institution. And I think that --

Ms. Speier. Well, thank you. Thank you for your comments. This is kind of preposterous for us to sit up on this committee and suggest about ethical behavior when we are in the business of campaigning and raising money from individuals who are interested in getting us to vote one way or another.

Let me ask you, Dr. Goldstein, 41 academic institutions have written a letter emphasizing the need for continued fetal tissue research. In your own words, can you explain what is at stake if this research is not permitted to continue?

Mr. Goldstein. Predicting the future is a very dodgy business and any of us who claim to predict the future have got to do so cautiously but I think it is fair to say research into deadly disease will slow down. And that is not virtual. If I
am 2 years later finding a therapy for a disorder, that is 2 years' worth of people who will have developed that disorder and passed away from it.

I think back to Christopher Reeve, with whom I testified some years ago in an embryonic stem cell hearing and we talked at that time about what was at stake for people like Mr. Reeve. And the fact was, time was at stake. So, he, sadly, did not live long enough to see us putting an appropriate fetal neural stem cell type into clinical trial. I am sorry about that because I think he would have been really heartened to see that and he ran out of time.

Ms. Speier. I was very impressed by your work with spinal cord injuries. There are many people who are paralyzed, whose life, quality of life has diminished greatly. The work you are doing right now where you are using fetal neural stem cells has the potential, does it not, to create a means by which individuals in the future who are living in a paralyzed state could in fact have fuller function?

Mr. Goldstein. That is the potential, if everything goes according to plan.

Ms. Speier. There was a reference made earlier about reconstruct -- of cosmetic purposes that fetal tissue could be used for. It was interesting that my colleague didn't reference the word reconstructive and cosmetic purposes. And I think we
fail to appreciate that skin grafts are used in very important reconstructive purposes. Persons who are burn victims benefit by the use of skin grafts. I, personally, have a body that is full of skin grafts due to an injury I received over 36 years ago. So, let's not diminish or somehow dilute the importance of the use of skin grafts in the effort to potentially improve people's lives.

I am also concerned -- and I have only got 20 second left, so Dr. Goldstein, I am concerned about the chilling effect on researchers who are now being called, much like the McCarthy hearings of old to have their names associated with research they are doing. Could you speak to that?

Mr. Goldstein. I think the chilling effect of naming names is always a danger of this sort of proceeding.

Ms. Speier. Thank you. I yield back.

Mrs. Blackburn. The gentlelady yields back. Dr. Harris is recognized for 5 minutes.

Mr. Harris. Thank you very much.

Dr. Schmainda, let me just clarify because I think a question was asked of you before, do you oppose tissue cell -- fetal tissue research. But your summary says that you believe that we should prohibit research using fetal tissue from induced abortion. Is that the correct summary?

Ms. Schmainda. Correct.
Mr. Harris. Okay because we are frequently painting with a broad brush that somehow we all oppose this life-saving fetal tissue. We are talking specifically --

Ms. Schmainda. Yes.

Mr. Harris. -- about induced abortions.

Ms. Schmainda. Absolutely.

Mr. Harris. So now, you have done medical research for 25 years and, although your qualifications have been questioned to sit on this panel, since this panel is bioethical issues, I take it you have filled out IRB consents before?

Ms. Schmainda. Yes, all the time.

Mr. Harris. Okay. And the purpose is to ethically protect patients, right?

Ms. Schmainda. Correct.

Mr. Harris. So, I am going to ask Exhibit A-3 to be put up again, which is the donation form that comes from a clinic where this fetal tissue is obtained. And I will tell you -- and I am sure when you have obtained consent for research you are careful not to over-promise because that, of course, would induce a patient to accept and consent to research.

So, I am going to say read the first line. It says: "Research using the blood from pregnant women and tissue that has been aborted has been used to treat and find a cure for such diseases as diabetes, Parkinson's disease, Alzheimer's disease, cancer,
And I am going to ask Dr. Goldstein in a second, we really have found a cure using fetal tissue for diabetes, Parkinson's disease, Alzheimer's disease, cancer, and AIDS? Because that is exactly what this form says. And if I had made this promise to a patient I was obtaining consent for, my IRB would never allow me to say that what we are doing has found a cure. Is that what your IRBs would do?

Ms. Schmainda. Absolutely. Yes, we can --

Mr. Harris. That is what I thought. Let me just keep going because I have limited time and I do want to ask Dr. Goldstein a few questions because I personally am not -- Dr. Goldstein, look, thank you for your willingness over 40 years to look into these diseases that affect human beings. No question about it. I was medical research. You are medical research. Again, I am not going to re-litigate use of fetal tissue because I think we have a broad agreement that fetal tissue ethically obtained is absolutely appropriate.

First of all, you have suggested that anything that slows this process down is a bad thing. You kind of suggested that. You have an IRB. How long does it take your IRB to approve, normally? Mine took months. I know exactly why you are laughing. It can take months or even year, can't it?

Mr. Goldstein. That is right.
Mr. Harris. Okay, so --

Mr. Goldstein. And if I might chip in here --

Mr. Harris. No, you can't. I have got to keep going because I have a bunch of questions. And I appreciate that you are totally honest about that.

So, we have already made the decision that it is all right to slow down life-saving research when it involves humans for ethical reasons because we have a national policy that you have to have an IRB, which we know slows down life-saving research. So, the question is not whether it is all right to slow it down. It is whether it is ethical to assure ethics.

In an article in Nature magazine in December, I am sure you know, you have said this, regarding aborted fetuses, you said: "We are not happy about how the material became available but we would not be willing to see it wasted and just thrown away." And I am just going to concentrate on the quote: "We are not happy about how the material became available." Why? Why are you not happy about how that material became available? Is that an accurate quote? I know sometimes the press misquotes us.

Mr. Goldstein. It is an absolutely accurate quote and I think probably the best way to think about it is I don't seek out controversy. I am happier if my research just happened in a quiet back room and I could get on with the business of looking for therapies.
Mr. Harris. And that is every researcher I have known in medicine has felt the same way. So, I absolutely understand that opinion.

I have got to tell you and, again, you have been brutally honest with us, and I thank you for your honesty.

It has been suggested that it is immoral for these tissues to be discarded. Literally, I mean we can replay the transcript, that it is immoral. Do you agree that if one of these patients doesn't sign this form and that the tissue is discarded, that woman is making an immoral decision?

Mr. Goldstein. May I answer?

Mr. Harris. Absolutely.

Mr. Goldstein. It is up to the patient to make that decision.

Mr. Harris. But is it immoral if the woman chooses not to make the donation?

Mr. Goldstein. No, it is not immoral.

Mr. Harris. Thank you. Thank you very, very much for that honesty.

And I am just going to ask Dr. Lee, because you are a bioethicist, is that form ethical where you tell a patient that diabetes, Parkinson's disease, Alzheimer's disease, cancer, and AIDS, that this tissue has been used to find a cure? Past tense. It is not we are going to use it to attempt to find a cure, it
This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee’s website as soon as it is available.

has been used to find a cure. English has a very specific meaning.
Is that unethical to ask this woman at a time when she is making a difficult decision to say that this tissue has been used to cure diseases when it hasn't?

Mr. Lee. No, in order to make a fully informed consent, you have to be given accurate information.

Mr. Harris. Thank you very much. I yield back.

Mrs. Blackburn. The gentleman yields back.

Ms. DelBene, you are recognized.

Ms. DelBene. Thank you, Madam Chair.

I think everyone agrees that medical research using human tissue should adhere to ethical standards. There is no disagreement. But as Dr. Goldstein and every researcher in America knows, that is true for all human tissue. If I wanted to donate tissue as part of a research study, the use of my tissue would be overseen by an Institutional Review Board and subject to strict ethical and legal rules. I am an organ donor. I assume many people in this room are organ donors. And if an accident took place and any of us were in a position where our organs would be donated, the use of our organs to save someone else's right would rightfully be subject to similar ethical guidelines. Rules guiding scientific research should be crafted in a reasonable and deliberate manner and they should be crafted by science, not by ideology.
As Professor Charo pointed out, diseases also do not discriminate. The majority's attacks on research are an attack on all Americans because nearly everyone in this country has benefitted from research involving fetal tissue.

Dr. Goldstein, as you know, medical breakthroughs come after years of incremental progress, often starting with very basic research that was conducted sometimes for an entirely different purpose and we learned something that was very relevant to move forward in a different area. Our greatest discoveries might have gone undiscovered if we cut off avenues of basic research that didn't seem promising at the time. So, how would you respond to claims that this research isn't useful or necessary anymore?

Mr. Goldstein. Well, I don't disagree that it is not useful or not necessary any longer. And the fact is, as you correctly recognize, of 100 times that we start testing the therapy, 90 or 95 percent of the time it is a dry well. We fail more often than we succeed but we persist. What we learn from the failures is important to help us figure out how to be successful in the future.

Ms. DelBene. So, to clarify, you do think that it is useful and necessary to continue this type of research.

Mr. Goldstein. Oh, absolutely, yes.

Ms. DelBene. If republicans were successful in cutting off this research, would potential for medical breakthroughs be slowed or stopped altogether?
Mr. Goldstein.  It would be slowed.

Ms. DelBene.  And could you speak about some of the work that is going on right now, the ongoing research in this area?

Mr. Goldstein.  Well, I mean if our clinical trials with fetal neural stem cells in spinal cord injury were halted, I think that would be a terrible shame because I think it is one of our most promising avenues.  It is not just us that have seen these properties with these cells.  It has been repeated in other labs.  It looks like a very good, fertile ground and I would hate to see it stalled.  The same for our work on Alzheimer's.

Ms. DelBene.  Do you think there would be ethical implications to not continuing that type of research?

Mr. Goldstein.  You know, we owe it to our descendants what kind of world we give them.  And I know that can be taken in a variety of different ways but we are following the law.  We are doing work that has been deemed ethical by the mainstream scientific community and it is work that looks as though it is going to be very promising.

I wonder if I might give you one comment.  In Parkinson's disease, fetal tissue research is sometimes pointed to as having not been successful because it didn't yield, in and of itself, a cure.  The fact is, that fetal tissue research has taught us what now to do with embryonic stem cells and perhaps with reprogrammed stem cells.  So, even in that case, we learned a lot
about how not to do things, how to avoid overdosing tissue, what
types of cells to make in the future.

Ms. DelBene. I agree. I did medical research when I
started my career and sometimes the things that didn't go as you
anticipated actually yield the greatest learning.

Mr. Goldstein. Yes.

Ms. DelBene. Folks brought up earlier that there has been
a series of subpoenas and sweeping overbroad document requests
to many names of patients, doctors, medical students, all who are
involved in women's healthcare and vital medical research without
really any legitimate reason for doing so. I wondered if you
believe that that kind of environment is conductive to academic
freedom and scientific advancement.

Mr. Goldstein. No, I think it is terrible when researchers
have to worry about their personal safety.

Ms. DelBene. And do you think the political climate can have
a chilling effect on scientific research going forward if that
continues?

Mr. Goldstein. It is already having it.

Ms. DelBene. It is already having it. In what way are you
seeing that today?

Mr. Goldstein. So, there is another project that I am
involved with that is basically seeing a supply of fetal material
dry up completely and it was a very promising therapy for MS.
Ms. DelBene. Thank you. My time has expired. I yield back, Madam Chair.

Mrs. Blackburn. I thank the gentlelady.

Mrs. Hartzler for 5 minutes.

Mrs. Hartzler. Thank you Madam Chairman.

I just wanted to clarify that we don't have issues with studying the babies who are stillborn or miscarried due to the microcephaly and Zika and that is happening. But it is another thing entirely to have parents abort and use the aborted babies for research.

So, Ms. Schmainda, can information about microcephaly associated with Zika be obtained using fetal tissue from affected babies that are miscarried or stillborn?

Ms. Schmainda. Yes, absolutely. And I think when we speak of abortions, induced abortions and the tissue we get from them as a reference or as a gold standard, that is completely incorrect because the identity, the genetic identity of these children are not known.

Mrs. Hartzler. Very good. I would like to carry on some more questions with you.

Could you describe in detail how the tissues procurement process takes place, what personnel and equipment are involved?

Ms. Schmainda. Absolutely. So, as I had mentioned briefly before, we actually have a full-time person that oversees a tissue
bank. And they are on-call with a pager so they know when the tissue is going to be removed at the time of surgery. So, they have to be there within 30 minutes, carrying with them a liquid nitrogen Dewar because the tissue has be flash frozen in order to maintain the quality of the research tissue. Otherwise, a lot of the analysis, the advanced analysis like genetic and proteomic analysis could not be performed with any reliability.

Mrs. Hartzler. Are you familiar with how fetal tissue is procured, though, and the process involved with that?

Ms. Schmainda. I am not but I can't imagine it is any different.

Mrs. Hartzler. If we could put up Exhibit A-2, this is the exact compensation chart for a procurement technician. And I think America needs to be aware of this process. They are paid $10 per hour plus a per tissue or blood bonus as outlined in the table below. The tissue is divided up into categories A, B, and C. One to ten specimens, for instance, of category A is $35 a tissue and it goes up from there, $45 to $55, $65, $75 a tissue. So, there is a financial incentive for them to take this money -- to take this tissue and they are getting paid for that.

And yet, if you could put up Exhibit A-3, we have, once again, the consent form that is given to the woman who comes in to have an abortion under a very, very stressful time in their life. We have already discussed how this form is clearly unethical because
it makes promises to the woman saying that this going to result in cures and has resulted in cures for AIDS, cancer, Alzheimer's, et cetera, which is totally false. So, women are already being told inaccurate information in order to induce them. And then it also says I understand I will not be paid. So my question is, how come the woman isn't paid for this?

Ms. Schmainda. That is a good question because in all other -- we look at coercion of the patient is a very, very severe, very strict guideline when you are putting the IRB together. So, we can never promise that there is any benefit to the patient when they undergo an IRB-approved study. And so having this information about diseases that is untrue and not talking about what could happen as the possible risks is also completely irregular, compared to --

Mrs. Hartzler. Didn't you, in your testimony, give an example of some money that was spent by a procurement company for a sample? I am trying to find it. Do you remember it?

Ms. Schmainda. Yes, $830 per fetal liver tissue sample.

Mrs. Hartzler. So, a woman is not giving any money for this. She is being coerced to sign this under duress with inaccurate information and yet the procurement company is getting up to 830 some dollars per liver, in addition to whatever else is in the sample. It could be people are getting rich off this and yet the woman is getting nothing from it, other than having an
I think it is just unconscionable that we would accept, as America, that this would continue on, when women are being taken advantage of and money is being made off of them at the expense of not only that woman but her aborted baby.

I yield back.

Mrs. Blackburn. The gentlelady yields back.

Mrs. Watson Coleman, you are recognized for 5 minutes.

Mrs. Watson Coleman. Thank you, Madam Chairman. I wanted to ask Mr. Goldstein a couple of questions.

Mr. Goldstein, you mentioned that some promising research with regard to MS was stopped or has been negatively impacted. Could you please elaborate a little bit on what you mean, and what direction was it going into, and why it has not yielded that?

Mr. Goldstein. It was getting close to the clinical trial stage and then as a result of the political discussion and the threats to abortion providers, it is believed that they stopped being willing to provide tissue any longer.

Mrs. Watson Coleman. Dr. Goldstein, have there been cures to any diseases resulting from the research emanating from fetal tissue? Have any cures been found of anything?

Mr. Goldstein. I think we have gone back and forth on the vaccine issue a number of times. So, I think we will leave that one alone for the time-being.
I think I am in the business of moving forward. I look for therapies for diseases where we don't yet have any. I am not aware of any that have been definitely been solved using fetal tissue, although, arguably, the development of treatments for HIV depended a great deal on being able to develop humanized mice that had a human immune system in animals and I think that was initiated using fetal blood-forming stem cells.

Mrs. Watson Coleman. Do you believe that anything on that form is creating an undue hardship or an intimidation or a misrepresentation to women who are being asked to consider whether or not they will donate this tissue?

Mr. Goldstein. I am sorry, which form?

Mrs. Watson Coleman. The form that my colleagues keep referring to that says that women who are under duress need to sign in order to give their consent.

Mr. Goldstein. So, if it is the form that says therapies for diseases such as Alzheimer's disease and all the rest have already been found, I agree, that is an inappropriate statement and it should not have been made on that form. I don't know who wrote it. That would not have made it past my IRB either.

Mrs. Watson Coleman. It seems to me that this has been an interesting day where we have had empirical evidence as to the worthwhile use of fetal tissue research, that it has produced and is producing results moving us in the right direction to be cures.
and appropriate therapies and treatments for diseases and for injuries that otherwise negatively impact the life and the quality of life for individuals. It is also clear to me today that the question before us is just really nothing more than a proxy for getting at an attack on women's rights to what have already been established as a safe abortion in this country. And it just concerns me that we would have a panel of legislators sharing misinformation and sharing information that isn't documented in any way, shape, or form, indicating that people are making money off of women's bodies and that there is something about people becoming rich by engaging in fetal tissue research and leaving it out there as if it is the truth when, in fact, we know it is not.

Mr. Goldstein, Dr. Goldstein, I know that you don't generally handle that end of it but to your knowledge, is there an industry that is getting rich and that is taking advantage of women's body parts as a result of fetal tissue research?

Mr. Goldstein. Not to my knowledge.

Mrs. Watson Coleman. Thank you. I yield back.

Mrs. Blackburn. The gentlelady yields back.

Mrs. Love, you are recognized for 5 minutes.

Mrs. Love. Thank you.

Dr. Lee, can you explain to me how organ donations are done at Georgetown Medical? What kind of codes of conduct must be
3375 followed in order to get consent for organ donation?

3376 Mr. Lee. Well, I am not at Georgetown but at Mercy Hospital
3377 in Pittsburgh, there is a consent form that is very detailed and
3378 the donation team is separate from any of the doctors who treat
3379 the patient and there has to be a fully-informed consent there.
3380 And that complete separation, the doctors say well, the team will
3381 come in and they want to talk to you but they won't. The doctors
3382 who are treating the patient will not bring it up with the
3383 families.

3384 Mrs. Love. Okay. So, is there any contact between the
3385 person giving consent, the recipient of the organ, the technician
3386 that is transferring the organ, or the physician that is procuring
3387 the organ during or before the forms are signed or consent is
3388 given?

3389 Mr. Lee. There is not direct -- there might be -- there is
3390 contact between the team that mediates between the procurement.

3391 Mrs. Love. So, there is a mediator.

3392 Mr. Lee. Yes and that team is the one that speaks to the
3393 family members and patients. But there is always that
3394 go-between, that mediation.

3395 Mrs. Love. Great. I want to focus, again, on trying to
3396 protect the minor.

3397 Is it possible, Dr. Schmainda -- did I get that --

3398 Ms. Schmainda. Schmainda.
Mrs. Love. Thank you. Is it possible for a minor undergoing an abortion procedure to be faced with the decision to donate tissue on the same day that she is receiving that procedure?

Ms. Schmainda. That is unconscionable, no. At that age, no, that should never happen.

Mrs. Love. Does that happen?

Ms. Schmainda. I am not aware. I mean I am not in that industry so, I am not aware of exactly the procedures followed.

Mrs. Love. Does anyone know, on this panel, if that actually happens the day that the minor is receiving or the day that anybody is receiving the procedure that they are faced with donating the tissue on that very day?

Mr. Lee. I don't think so. I don't think so, except for abortion, I think it is.

Mrs. Love. Okay. So, from what I understand there are strict codes of conduct and guidelines for adult organ donations but there are little to no laws or guidelines protecting minors when giving consent to perform an abortion or giving consent to have a child's tissue donated. Again, I am coming at this looking at my 14-year-old and seeing what it was like for her to have an ACL surgery and how frightened she was. I couldn't imagine a 14-year-old going into a clinic without someone there that she trusts, that is an advocate for her when she is faced with donating
tissue of an organ when she is going to be receiving these procedures herself. I couldn't imagine doing that myself, let alone a minor.

I am trying to ask who is there to actually protect that minor when they are going in to have those procedures. Who is there on her side?

The last thing I want to say is that there are times in our history in this country that we thought the behavior and the terrible treatment of some human beings were okay. Throughout our history, we had the opportunity to look back and say we were wrong. I am here because we have looked back at behavior that we thought was unethical and we changed it. Boy, I hope that we live in a country where we can look at the history and say the treatment of an unborn child is unethical, the treatment of a minor that is going in to receive some of these procedures should have someone on their side, and I hope that we live in a country where we can look back and we can change some of those things.

I would not be here if we didn't have people making that courageous decision. I hope that we, in this country, are able to stand up and say the treatment is unethical; we are going to change it.

I yield back.

Mrs. Blackburn. The gentlelady yields back.

Mr. Nadler for 5 minutes.
Mr. Nadler. Thank you, Madam Chair.

Let me first make an observation. Dr. Lee, in his written testimony, says there is a serious problem concerning the woman's consent regarding the use of tissues and organs from the abortion procedure. How can her consent have ethical or legal significance, given her previous choice to abort? We went through this in the first panel, too.

He also said a little later, "Anyone with a just moral outlook would not consent to an abortion." Anyone with a just a moral outlook would not consent to an abortion; that is his opinion. That is the opinion of a lot people in this room but it is not the opinion of a lot of other people. How can her consent have ethical or legal significance, given her previous choice to abort? Maybe the choice to abort had more significant questions. Maybe the fetus had Down Syndrome, for instance, and it is a less easy question.

There are plenty of religious leaders in this country who disagree with your moral conclusion. This is a moral question. It is a moral choice that is quite clearly debatable. It is not self-evident. It is clearly debatable since we have been debating it for the last 50 or 60 years without a conclusion. Even if individuals, such as two of our panelists and some others on this panel, may have moral opinions of which they are certain, other people have contrary opinions of which they are certain.
So, to say that because the woman, the mother disagrees with your personal conclusion or the personal moral view of some church, therefore, you will take away -- we should take away her moral right to make the choice on donation of fetal tissue, is an assertion of absolute moral arrogance which you have no right to make and we have no right to make. It is her decision, not ours, and not yours. And it is her moral decision, not ours, and not yours.

Second, I would like to ask Dr. Schmainda, I hope is correct. Ms. Schmainda. Schmainda.

Mr. Nadler. Dr. Schmainda, you said that the use of -- we have all agreed that the use of fetal tissue derived not from an abortion is ethical. The question is is the use of fetal tissue derived from an abortion. And you said that the use of such tissue to cure, if it were possible, or perhaps when it is possible, to cure Parkinson's or Alzheimer's, would create a market for lots of fetal tissue, since a lot of fetal tissue would be necessary to cure the Alzheimer's and the Parkinson's and, therefore, this should be avoided. But it is true that abortions, in order to generate fetal tissue, are absolutely illegal and no one has suggested otherwise.

So, I gather -- tell me if I am wrong -- that you would rather have people suffer from curable diseases, you would rather have people -- you think it is more moral to have people suffer from
Alzheimer's who could be cured, suffer from Parkinson's who could be cured, rather than use fetal tissue from abortions that would occur anyway, tissue that would otherwise be discarded. You would make the moral choice and you would impose it on society that those people should suffer from the diseases, if they were curable. Am I correct?

Ms. Schmainda. The ends never justifies the means. You can't extinguish one life to save another.

Mr. Nadler. So, the answer is yes, you would because the ends don't justify the means. And the ends here, which is to cure people diseases don't justify the moral wrong of using tissue from an abortion that was not performed for this purpose but tissue that would otherwise be thrown out and you would rather have people suffering the disease. Okay, we have a disagreement and it is a very clear moral disagreement. And I hope you will not try to impose your moral view on the rest of us.

Third, everyone -- I shouldn't say everyone. A number of questions asked about the consent form to donate tissues. Are any of you in clinic settings where such consents might be sought, Dr. Lee, Dr. Schmainda, Dr. Goldstein?

Ms. Schmainda. Yes.

Mr. Nadler. You are?

Mr. Lee. Which kind of consents are you talking about? You mean for fetal tissue?
Mr. Nadler. Yes.

Mr. Lee. Fetal tissue from abortions?

Mr. Nadler. Yes, fetal tissue from a specific abortion to be used for research or whatever.

Ms. Schmainda. No, consents for research, for human research.

Mr. Lee. No.

Mr. Nadler. You are not. Okay. So, you are not there. You don't really see what is going on. Sort of a red herring because what I think some of the members of this panel are really concerned about is that the underlying abortion decision, not the separate donation decision, I think you are concerned about that because you said abortion is always morally wrong and the mother should be -- any mother who is so morally depraved as to consent to an abortion should be deprived of the right to consent to donating fetal tissue.

Mr. Lee. The basis for that -- my argument was not that she was deprive because she was making a depraved decision --

Mr. Nadler. Sure it was.

Mr. Lee. -- but because she was -- no, that was not my argument. My argument was that she lacks the authority to make the decision because the authority to make a decision for your child is based on the best your having the interest of that child at heart. Mr. Nadler. Therefore, because of your --
Mr. Nadler. Reclaiming my time which is going to run out. Because of your moral decision, you would take that right away from her for the reasons you or I stated in different form.

And yet at Planned Parenthood, going back to my question, I know that at Planned Parenthood, only after providing consent for abortion is the patient given the option for tissue donation. Tissue procurement personnel are trained to obtain informed consent for tissue donation only after the patient has consented to the abortion procedure. There is no evidence whatsoever -- is anybody aware of any evidence that any donors of fetal tissue have ever felt coerced? That is my last question. Is anyone aware of any such --

Mrs. Blackburn. The gentleman's time has expired.

Mr. Lee. I would say that the general knowledge that these things are used for these could tilt the scale in favor of that decision.

Mr. Nadler. But you are aware of no coercion or --

Mrs. Blackburn. The gentleman's time has expired.

Mr. Nadler. Thank you.

Mrs. Blackburn. Mr. Duffy for 5 minutes.

Mr. Duffy. Thank you, Madam Chair. I want to ask to put Exhibit A-1, -2, and -3 put up. And I want to go to Exhibit A-2
And maybe before I get there, Dr. Goldstein, you have to imagine what an aborted baby looks like when it comes out. Do you know how long it takes to carve out a little baby heart, or a little baby lung, or a little baby lung, or to take a little baby head? Do you know how long it takes?

Mr. Goldstein. I have no knowledge of that.

Mr. Duffy. You are a doctor, though, correct?

Mr. Goldstein. I am a Ph.D.

Mr. Duffy. Ph.D., okay. Any--

Mr. Goldstein. I am a scientist, not a physician.

Mr. Duffy. Any idea? Well, to the panel, anyone know how long that would take? No.

From those I have asked, it doesn't take very long. It happens pretty quickly.

And so on the moral ethical conversation, usually as we look at economies, the more you produce, the cheaper something becomes. You become more proficient at it. But if you look at the pay scale-- and by the way, let's be clear what this is. We have the procurement business that sends in a technician, one of their employees into the abortion facility, implanted, embedded in the facility that is looking at women who are coming through the facility and going out and getting consent to harvest these little baby lungs, little baby hearts, little baby heads. Does it seem
odd to you that the cost of procurement when you go from 10 to
11, the cost doesn't get cheaper, the cost or the payment gets
more for the technician. The technician gets more money the more
that they produce. Does that seem odd to you if profit motive
is not an element of this business?

Dr. Goldstein, does that seem strange?

Mr. Goldstein. I have no basis on which to judge that. I
can barely see the exhibit.

Mr. Duffy. Well, I think it is in front of you. Open up
your little packet. I think it is right there.

Mr. Goldstein. Nope.

Mr. Duffy. I am asking you to use your common sense. You
don't have to be a Ph.D.

Mr. Goldstein. I am honestly -- I am not going to speculate
about something that I don't have firsthand knowledge.

Mr. Duffy. Let's talk about firsthand knowledge because you
are obviously in the business and promoting the use of fetal
tissue. And I think you earlier indicated that you would agree
with the law that we shouldn't make a profit--profit shouldn't
be made off the sale of little baby body parts, right? Is that
your testimony?

Mr. Goldstein. So, that has its roots, as I understand it,
in the Uniform Anatomical Gift Act.

Mr. Duffy. Do you agree with it? Do you agree with the fact
that we shouldn't profit off of the sale of baby body parts?

Mr. Goldstein. Yes.

Mr. Duffy. Okay. And so what work have you done to make sure, I think it was Neuralstem, doesn't make a profit off of the baby body parts that they receive from clinics or they don't pay clinics for the body parts that they receive? Do you do any research into that?

Mr. Goldstein. I have asked them if they complied with the law. They have told me they complied with the law.

Mr. Duffy. So, that is it?

Mr. Goldstein. Just as you trust the man sitting next to you to comply with the law --

Mr. Duffy. I don't trust Mr. Harris.

But that is all you have done. You haven't taken any further steps?

Mr. Goldstein. I am in no position to actually launch an inquiry like that. I don't have investigative powers the way the Congress does.

Mr. Duffy. So, you would agree that Congress should use its investigative powers to look into this issue.

Mr. Goldstein. No, I don't. I honestly think that Congress has better things to do with its time.

Mr. Duffy. And we should just take on blind faith. You get a specimen. How much do you pay for a specimen? A little line
what do you pay for it?

Mr. Goldstein. The material we get from Neuralstem is provided under a collaboration.

Mr. Duffy. How much do you pay?

Mr. Goldstein. We don't pay them anything for it.

Mr. Duffy. They give it to you for free?

Mr. Goldstein. It is part of the whole cost of doing the clinical trial. So, we pick up part of the cost of the clinical trial in doing the surgery; they pick up part of the cost; they provide the cells.

Mr. Duffy. So, there is no financial incentive. They are just a pure middle man. They don't make any money on this. Is that your position, Dr. Goldstein?

Mr. Goldstein. I would be surprised if they didn't have a financial incentive. They are a publicly held company. They are required by law to have a profit motive. I don't know the details of how they carve out, where they generate profit, where they don't.

Mr. Duffy. You just told me that you agree with the law that they shouldn't make a profit but then you assume that they are making a profit.

Mr. Goldstein. They are growing cell lines, which are derived from fetal origin. It is not the fetal tissue itself. The NIH recognizes a distinction between established cell lines...
and fetal tissue itself.

Mr. Duffy. So, here we have an incentive to procure more specimens and get more money for those specimens. I think that calls into question a need to look a little deeper.

Quickly, do you think, Dr. Goldstein, that we should be using this research as Ms. Charo would say, for taste testing and cosmetics?

Mr. Goldstein. I think the issue of cosmetics was adequately addressed by Representative Speier, I believe it was, a few moments ago, where treatment for burns is an adequate and appropriate cosmetic reason.

Mr. Duffy. Don't you then think that in the sheet where we are going to get consent that we should this is not life-saving, this is for taste tests or this is for cosmetics?

Mrs. Blackburn. The gentleman's time has expired.

Mr. Duffy. I yield back.

Mrs. Blackburn. The gentleman yields back.

I will reclaim my 5 minutes and wrap this up. You all have been patient with us.

As we look at the bioethics of this situation, Dr. Schmainda, what I have seen is a difference of opinion between some of those on whether fetal tissue is necessary, it is a convenience, or it is a cost-saving. So, can you kind of help us understand how that difference of opinion exists?
Ms. Schmainda. Absolutely. I think the issue of researchers using fetal tissue is largely over exaggerated. There is $76 million from the NIH given to those that use fetal body parts for their research. That is out of an annual budget of $30 billion that amounts to 2.5 percent. Also, there is maybe 160 investigators funded by the NIH. There is 300,000 investigators, overall funded by the NIH. So, this is not going to change the direction of science.

Just 2 days ago, I looked at PubMed, which is the area you look for the most recent scientific, or all the scientific publications. There is over 32,000 articles on adult stem cell therapy and rarely ever do you get to publish anything with a negative result. I think that science will probably be better without it because whenever we do have limitations on both sides of the panel, we say when you have a problem you typically -- I completely agree in the creativity of the scientific mind to overcome these challenges. And I think we will -- I know we will come up with alternatives.

Mrs. Blackburn. Let me ask you one more thing. There has been a question about the immunized mice. Can't that come from adult stem cells?

Ms. Schmainda. You know I can't speak to specific things but what I know from colleagues of mine doing immunology research, as they say, it is not essential. It has given them nothing more
than what they already get from adult stem cell models.

Mrs. Blackburn. All right, I want to go back to -- and I am going to come to you, Dr. Lee. Go back to Exhibit -3 but let's go a little bit further down this permission form. Do you have the permission form in front of you?

Mr. Lee. I don't.

Mrs. Blackburn. Okay. If someone will be sure that these are at the desk or, Ms. Schmainda, if you have one, if you will share.

Mr. Lee. Okay.

Mrs. Blackburn. As you look at Exhibit -3, and we have talked about the statement at the top of that permission form that is misleading. Go a little further down. It says: "I understand I have no control over who will get the donated blood and/or the tissue or what it can be used for." And then a little further down, "I understand there will be no changes to how or when my abortion is done in order to get my blood or the tissue."

And the next one: "I understand I will not be paid."

Now, as we look at this, I would like to hear from you, Dr. Lee, because we have heard about how quickly the tissue has to be pulled. Dr. Schmainda talked about this of how they have someone so close at hand within those first few minutes and then the tissue is properly treated and moved on for the research that they are going to go. Do you think this is a proper representation
to women who are going in for an abortion who don't understand
that there is a profit motive or a financial motive behind this
when you look at Form A-2 that shows what they are being paid and
then they are asked to say and agree that they have no control
over their donated blood or tissue and that there will be no
changes or manipulations on that abortion or how it is done and
the time that it is done. And that there is no financial
compensation to them.

I would like to hear your take on the ethics of the situation
with these items on that form.

Mr. Lee. Well, it seems to me that there is an effort to
present this in, I would say, a sanitized manner. It sounds like
everything is being done altruistically and that no one here is
making any money off of this. And I think when you talk about
someone who is there, working on-site who gets compensated more
the more parts are received, it makes it incredible to think that
no one is really profiting from these things or is getting paid.

So, I think that raises questions about the accuracy of the
representation about this all being -- that there is no profit
motive involved, that there is no -- that it is always just
completely altruistic.

Also, I think it is good to note that all of this is at a
time when presented to them when I think knowing that this is
something that might come up or that is done, that fetal tissue
is so-called donated, that can tilt the scale, I think in her
decision.

So, I don't think it is credible to say that --

Mrs. Blackburn. My time has expired and I would ask you to
wrap up. I thank you for the answer to the question.

I would like to remind all members that they have 10 business
days to submit questions for the record and I ask the witnesses
to respond to the questions very promptly. I know we are all going
to have questions for writing. Members should submit those
questions by the close of business on March 16th.

Mr. Harris. Madam Chair, I move to enter into the record
ten articles regarding non-fetal sources to treat some of the
neural and renal diseases we have discussed here today. The
minority has been provided with copies.

[The information follows:]

**********COMMITTEE INSERT 11**********
Mrs. Blackburn. Without objection, so moved.

Ms. Schakowsky. Madam Chair, I would like to have submitted to the record the documents that have already been approved by the majority.

[The information follows:]
Mrs. Blackburn. Absolutely. So ordered.

We thank our witnesses. And yes, we are going to submit for the record the exhibits that we have used today. [The information follows:]

**********INSERT 13**********
Mrs. Blackburn. Without objection, so ordered.

And without objection, the subcommittee is adjourned.

[Whereupon, at 1:43 p.m., the panel was adjourned.]