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6 BIOETHICS AND FETAL TISSUE

7 WEDNESDAY, MARCH 2, 2016

8 House of Representatives,

9 Select Investigative Panel,

10 Committee on Energy and Commerce,

11 Washington, D.C.

12

13

14

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

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

21 Staff present: March Bell, Staff Director; Mike Bloomquist,  
22 Deputy Staff Director; Karen Christian, General Counsel; Rachel  
23 Collins, Investigative Counsel and Clerk; Andy Duberstein, Press  
24 Secretary; Chuck Flint, Counsel; Theresa Gambo, Admin/Human

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25 Resources; Jay Gulshen, Staff Assistant; Mary Harned,  
26 Investigative Counsel; Peter Kielty, Deputy General Counsel;  
27 Graham Pittman, Legislative Clerk; Frank Scaturro, Special  
28 Counsel; Heidi Stirrup, Health Policy Coordinator; Matthew  
29 Tallmer, Investigator; Zachary Baron, Minority Senior Counsel;  
30 Paul Bell; Minority Communications Advisor; Jacquelyn Bolen,  
31 Minority Professional Staff Member; Vanessa Cramer, Minority  
32 Professional Staff Member; Matthew Henry, Minority Fellow; Karen  
33 Lightfoot, Minority Communications Director; and Heather Sawyer,  
34 Minority Staff Director.

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35 Mrs. Blackburn. The Select Investigative Panel will come  
36 to order and the chair recognizes herself for 5 minutes for an  
37 opening statement.

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

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

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

56 Like all revolutions, ethical questions and moral challenges  
57 can lag behind but the new information and knowledge in medical  
58 science raises important questions. What does it mean? What are

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59 the historic principles of do no harm? Promoting disinterested  
60 decisions by medical professionals and, very importantly,  
61 addressing the question of human dignity and personhood. Ours  
62 is not the first era to face such questions. The Nuremburg Code  
63 produced a human rights-based ethics statement after horrible  
64 information was revealed about experimenting on humans without  
65 permission. We learned, years after it was underway, about  
66 prisoners in China forced to donate organs or killed for their  
67 organs. We learned about the horrors of forced abortion and  
68 testing drugs on the poor and unaware after it happened. We all  
69 remember the horrible reports about the syphilis studies on  
70 African Americas or forced sterilization of the mentally  
71 challenged years or even decades after it happened.

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

77 This first hearing on ethics focuses our attention on  
78 procuring and transferring baby body parts and related matters.  
79 We will hear from professors who teach ethics, from medical  
80 practitioners, from those who do biomedical research, from those  
81 within America's faith traditions so that we as legislators might  
82 become informed about the ethical implications and issues for the

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83 woman who terminates a pregnancy, for the researcher, for the  
84 person who needs a cure, and for the baby.

85 This is then about bioethics. We did not invite our guests  
86 here to debate election year politics, or journalism ethics or  
87 whether this Select Panel should be funded. I ask my colleagues  
88 to join me in focusing on bioethics so that we might hear the best  
89 testimony our witnesses have to offer.

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

92 [The opening statement of Mrs. Blackburn follows:]

93

94 \*\*\*\*\*INSERT 1\*\*\*\*\*

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95 Mrs. Blackburn. At this time, I yield 5 minutes to the  
96 ranking member, Ms. Schakowsky of Illinois.

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

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

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

117 Over the repeated objection of the Democratic members of the  
118 panel, the chair has sent dozens of document requests to academic

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119 institutions, medical schools and healthcare providers across the  
120 country. She has already issued three unilateral subpoenas  
121 demanding the names of individual researchers, graduate students,  
122 medical students, doctors, and clinic personnel and is  
123 threatening to issue more. There are no rules in place to protect  
124 these names from public disclosures. In fact, the chair's staff  
125 has made it perfectly clear that any name turned over to the panel  
126 may be released to the public.

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

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

138 On the day after Thanksgiving, a gunman drove 60 miles to  
139 a Planned Parenthood clinic in Colorado Springs, killed three  
140 people, injured nine others, and terrorized doctors and patients.  
141 And when arrested, he uttered the words, "no more baby parts,"  
142 a phrase that many of my Republican colleagues have invoked both

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143 before and after these murders and in connection with this panel's  
144 investigation.

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

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

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

166 The unfortunate truth is that this partisan pursuit of the

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167 manufactured false allegations of anti-abortion extremists is  
168 putting Americans in harm's way and it must stop. It is time to  
169 turn our attention to ensuring, not attacking critical medical  
170 research and women's access to healthcare.

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

175 [The information follows:]

176

177 \*\*\*\*\*COMMITTEE INSERT 2\*\*\*\*\*

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178 Mrs. Blackburn. And your entry is made, without objection.

179 The gentlelady yields back her time.

180 Mr. Nadler. Madam Chairperson?

181 Mrs. Blackburn. The gentleman is recognized.

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

183 Mrs. Blackburn. Parliamentary inquiry. State your  
184 inquiry.

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

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

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

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

197 Mr. Nadler. Very well. Further parliamentary inquiry.

198 Mrs. Blackburn. The gentleman will state his inquiry.

199 Mr. Nadler. If we are under the Rules of the Committee on  
200 Energy and Commerce, Rule 16 of the Rules of the Energy and  
201 Commerce Committee requires that "The chair shall notify the

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202 ranking minority member prior to issuing any subpoena under such  
203 authority. To the extent practicable, the chair shall consult  
204 with the ranking minority member at least 72 hours in advance of  
205 a subpoena being issued under such authority. The chairman shall  
206 report to the members of the committee on the issuance of a  
207 subpoena as soon as practicable but in no event later than 1 week  
208 after issuance of such subpoena."

209 Those rules require three things, Madam Chair. They require  
210 you to notify the ranking member in advance; they require you to  
211 consult with the ranking member and to do so 72 hours before  
212 issuing a subpoena; and they require you to report within a week  
213 to the committee.

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

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

223 Mrs. Blackburn. Energy and Commerce Committee requires a  
224 conversation on the committee's plans, which I did. And I will  
225 remind the gentleman the resolution establishing this panel,

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226 House Resolution 461, stated that Rule 11 of the House of  
227 Representatives and the Rules of the Committee apply to this  
228 panel. Further, the Rules of the Committee on Energy and Commerce  
229 do not require subcommittees. And this panel, the functional  
230 equivalent of a subcommittee, are not required to first meet or  
231 organize before conducting business.

232 Mr. Nadler. Madam Chair, further parliamentary inquiry.

233 Mrs. Blackburn. State your inquiry.

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

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

246 Contrary to your public claims that these entities had not  
247 cooperated with the panel, they have in fact done so. They have  
248 turned over hundreds of document and to the extent there remains  
249 any disagreement, it appears to be over your demand that they turn

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250 over the names of students, researchers, doctors, and clinic  
251 personnel. To date, you have refused to explain how this  
252 information is pertinent to the investigation. The recipients  
253 of your demands are entitled to this information, as are your  
254 Democratic and Republican colleagues. It is incumbent on you,  
255 certainly prior to moving to issue or enforce a subpoena to show  
256 how the information you demand is pertinent to the matters we are  
257 investigating.

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

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

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

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

270 Mrs. Blackburn. State your inquiry.

271 Mr. Nadler. I will state at the outset I disagree with the  
272 assertion that we need to compile a database of names to get  
273 answers that we can easily get from institutional

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274 representatives, persons who are akin to 30(b)(6) witnesses under  
275 the Federal Rules of Civil Procedure. You have refused to inform  
276 the subcommittee, to consult with the subcommittee. You should  
277 drop the demand for names and adopt the rules that we have  
278 proposed, which will ensure a more balanced and a fair  
279 investigation. If not, we should at least -- if you will not  
280 change the rules, we should at least obey our current rules. We  
281 cannot proceed in flagrant violation of the rules, nor should we  
282 proceed with dangerous subpoenas that endanger the lives and  
283 physical safety of patients, providers, and researchers in a way  
284 that could make this committee complicit with any physical  
285 assaults on these people or any murders of these people.

286 I, therefore, move to quash the subpoenas.

287 Mr. Pitts. Madam Chair.

288 Mrs. Blackburn. The gentleman is recognized.

289 Mr. Pitts. I move to quash the motion.

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

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

296 All opposed say no.

297 The ayes have it.

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298 Mr. Nadler. Roll call vote.

299 Mr. Pitts. Roll call.

300 Mrs. Blackburn. Roll call is requested.

301 The Clerk. Mr. Pitts.

302 Mr. Pitts. Aye.

303 The Clerk. Mr. Pitts, aye.

304 Mrs. Black.

305 Mrs. Black. Aye.

306 The Clerk. Mrs. Black, aye.

307 Mr. Bucshon.

308 Mr. Bucshon. Aye.

309 The Clerk. Mr. Bucshon, aye.

310 Mr. Duffy.

311 Mr. Duffy. Aye.

312 The Clerk. Mr. Duffy, aye.

313 Mr. Harris.

314 Mr. Harris. Aye.

315 The Clerk. Mr. Harris, aye.

316 Mrs. Hartzler.

317 Mrs. Hartzler. Aye.

318 The Clerk. Mrs. Hartzler, aye.

319 Mrs. Love.

320 Mrs. Love. Aye.

321 The Clerk. Mrs. Love, aye.

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322 Ms. Schakowsky.

323 Ms. Schakowsky. No.

324 The Clerk. Ms. Schakowsky, no.

325 Mr. Nadler.

326 Mr. Nadler. No.

327 The Clerk. Mr. Nadler, no.

328 Ms. DeGette.

329 Ms. DeGette. No.

330 The Clerk. Ms. DeGette, no.

331 Ms. Speier.

332 Ms. Speier. No.

333 The Clerk. Ms. Speier, no.

334 Ms. DelBene.

335 Ms. DelBene. No.

336 The Clerk. Ms. DelBene, no.

337 Mrs. Watson Coleman.

338 Mrs. Watson Coleman. No.

339 The Clerk. Mrs. Watson Coleman, no.

340 Mrs. Blackburn.

341 Mrs. Blackburn. Aye.

342 The Clerk. Mrs. Blackburn, aye.

343 Mrs. Blackburn. The clerk will report.

344 The Clerk. Mrs. Chairman, on that vote there were eight ayes  
345 and six nays.



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

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

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

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

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

366 Do you have an objection to testifying under oath?

367 Dr. Donovan. No.

368 Mrs. Watson Coleman. No.

369 Ms. Charo. No.

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

374 Dr. Donovan. No.

375 Mrs. Watson Coleman. No.

376 Ms. Charo. No.

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

379 [Witnesses sworn.]

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

388 And Dr. Donovan, we will begin with you for your testimony.

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389 TESTIMONY OF GERALD KEVIN DONOVAN, M.D., M.A., DIRECTOR OF THE  
390 PELLEGRINO CENTER FOR CLINICAL BIOETHICS AND PROFESSOR OF  
391 PEDIATRICS AT GEORGETOWN; PAIGE COMSTOCK CUNNINGHAM, J.D.,  
392 EXECUTIVE DIRECTOR OF THE CENTER FOR BIOETHICS AND HUMAN DIGNITY;  
393 AND ROBIN ANNE (ALTA) CHARO, J.D., WARREN P. KNOWLES PROFESSOR  
394 OF LAW AND BIOETHICS, UNIVERSITY OF WISCONSIN AT MADISON.

395

396 TESTIMONY OF GERALD KEVIN DONOVAN

397 Dr. Donovan. Well, thank you. Chairman Blackburn and  
398 members of the panel, I am pleased to have the opportunity to  
399 present testimony regarding the bioethical considerations in the  
400 harvesting, transfer, and use of fetal tissue and organs.

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

408 Four years ago I was called by my mentor, Dr. Edmund Pellegrino, to take his place as Director of the Center for  
409 Clinical Bioethics at Georgetown University. Our duties include ethics education for medical students and resident  
410 physicians, ethics consultation for patients and doctors at the hospital, as well as the promulgation of scholarly papers and  
411 public speaking. We focus on both clinical ethics, that which directly involves the good of patients, as well as  
412 addressing normative questions, those which involve right and wrong.

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413           This is what we want young physicians to know: medicine is a moral enterprise. Our actions have  
414 consequences that can be good or bad for patients and we must always focus on the patient's good and avoid doing harm.  
415 So what does this mean for the topic at hand? We're talking about bioethics and the fetus. In order to make any  
416 moral judgments, we would have to be clear on the moral status of the fetus. Obviously, this is an area in which society  
417 has not reached a consensus, but that does not mean we cannot make sound judgments on the topic.

418           In a question of biomedical ethics, it is good to start with solid science. What do we know about the fetus  
419 with certainty? Well, first of all we know that it is alive, that it represents growing, developing, cells, tissues, and organs,  
420 all of which develop increasing complexity and biologic sophistication, resulting in an intact organism, a human baby.  
421 Of course, this growth and development does not cease with the production of the baby, but continues for many years  
422 afterwards. As can be seen by this description, the fetus is not only alive, but is demonstrably human. I'm not talking  
423 about a potential human in the way that some parents talk about their teenagers as potential adults. I am referring to  
424 the scientific fact that a fetus constitutes a live human, typically 46XX or 46XY, fully and genetically human. In fact, it is  
425 the irrefutable humanness of these tissues and organs that have made them be of interest to researchers and scientists.

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

428           In the past century, medicine has made incredible progress resulting from scientific studies involving human  
429 tissues and organs, resulting in the development of medications, vaccines, and the entire field of transplantation medicine.  
430 Is there any difference between these accomplishments and those that would require the harvesting of body parts and  
431 tissues from the fetus? First, we would have to admit that not all scientific experimentation has been praiseworthy.  
432 Studies done by Dr. Mengele in Germany and by American researchers in Guatemala and Tuskegee were morally  
433 abhorrent and any knowledge gleaned from these would be severely tainted. No one would want to associate our  
434 current scientific studies involving the human fetus with such egregious breaches of research ethics. All that it takes to  
435 avoid such a comparison is a consensus on the moral status of the fetus.

436           Those who have proceeded with experimentation and research on embryonic and fetal cells, tissues, and organs

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437 typically have obtained them as the result of an abortion. It is this stark fact that makes such scientific endeavors  
438 controversial, because they have proceeded without the aforementioned consensus on the moral status of the fetus.

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

444 In order to resolve such an ethical dilemma, the guiding principle is this: one is morally permitted to take such  
445 a life once you can demonstrate with moral certainty that the life is not fully human. It is a concept that can be  
446 exemplified by the situation faced by a hunter when he sees a bush shaking. He may sincerely believe that it is a deer in  
447 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  
448 well as legally, if he has in fact killed the farmer's cow, or worse yet, the farmer.

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

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

460 Moreover, the present practices of obtaining fetal tissues and organs would seem to go against the procedures

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461 that have been approved for others who harvest tissues and organs donated for transplantation. First, we follow a strict  
462 rule, the dead donor rule. It states that vital unpaired organs cannot be obtained unless the donor has died a natural  
463 death. This, obviously, is not the case in an induced abortion.

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

469 Finally, we are at a difficult time in our nation's history. We demonstrate much moral ambiguity in our  
470 approach to the human fetus. We have decided that we can legally abort the same fetus that might otherwise be a  
471 candidate for fetal surgery, even using the same indications as justification for acts that are diametrically opposed. We  
472 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  
473 same stage of gestation, when someone plans to keep it and bring it into their home.

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

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

481 Thank you.

482 [The prepared statement of Dr. Donovan follows:]

483

484 \*\*\*\*\*INSERT 3\*\*\*\*\*

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485

Mrs. Blackburn. Thank you.

486

Ms. Cunningham, you are recognized.

487 TESTIMONY OF PAIGE COMSTOCK CUNNINGHAM

488

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

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

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

502 And third, there are better, more ethical options.

503 First, at the core of our concern is the fundamentally  
504 important question: Who or what is the fetus? The biological  
505 facts are clear. The fetus is an organism in charge of her own  
506 integral organic functioning, enduring and developing over time,  
507 through all the stages of human existence. First, embryo, fetus,  
508 infant, adolescent, and adult. Rather than being a distinct and  
509 lesser form of human life, the fetus is a distinct human being  
510 at a particular stage of development. She is not a potential

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511 human being but an actual human being. No one has the right to  
512 take her life by force.

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

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

532 Some have argued that we all share a moral obligation to  
533 contribute our organs or bodies after death for the good of  
534 society. Others claim the principle of proximity, the view that

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535 we would want to help those most like us. In her analysis of fetal  
536 tissue transplantation, Kathleen Nolan elaborates on a problem  
537 with this view. And I quote, "In the setting of elective abortion  
538 a cruel irony thus emerges: fetuses that have been excluded from  
539 membership in the human community by a societally sanctioned  
540 maternal decision to abort now have obligations to that same  
541 community because of membership in it." We reject this cruel  
542 irony.

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

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

558 So, how is effective informed consent accomplished in the

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

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

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

579 A just society has no moral or other claim on electively  
580 aborted fetal bodies, organs, or tissues. Unborn children  
581 scheduled for termination by induced abortion are among, if not  
582 the most vulnerable members of the human family. As has been said

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583 by many leaders in many ways, a society will be judged by how we  
584 treat our weakest, most vulnerable members.

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

588 Thank you.

589 [The prepared statement of Ms. Cunningham follows:]

590

591 \*\*\*\*\*INSERT 4\*\*\*\*\*

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592

Mrs. Blackburn. Thank you, Ms. Cunningham.

593

Professor Charo, you are recognized for 8 minutes.

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594 TESTIMONY OF ROBIN ANNE (ALTA) CHARO

595

596 Ms. Charo. Thank you, Madam Chairman, Ranking Member  
597 Schakowsky, and members of the Selective Investigative Panel.  
598 Thank you for allowing me to address you today on the question  
599 of fetal tissue research.

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

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

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

617 In my view, supporting this research represents a

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618 commitment to helping today's patients and tomorrow's infants.  
619 I say this for three reasons. First, this research serves a  
620 compelling public health purpose. Second, it operates within  
621 a framework of state and federal law. And third, support for it  
622 need not depend on one's views about abortion.

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

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

641 And as of this year, Zika virus is also on that growing list.

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

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

661 Second, the use of fetal tissue in research has been ,  
662 specifically protected under American law for over 50 years,  
663 beginning in the 1960s with the Uniform Anatomical Gift Act, which  
664 was drafted specifically to include a provision allowing fetal  
665 tissue to be donated just as other cadaveric tissue is donated.

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666 And in 1974, President Ford had a commission that looked  
667 specifically at fetal tissue research and that commission also  
668 found that it is ethical.

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

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

689 Fetal tissue research is subject to local oversight

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690 committees, state law, laboratory, tissue bank regulations, and  
691 various federal laws addressing everything from the consent  
692 process, to collection and storage, to confidentiality of  
693 records.

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

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

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

711 In this country, women have a constitutionally-protected  
712 right to safe and legal abortion services. They make their  
713 decisions for their own reasons. And after that, some of them

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714 choose to donate the cadaveric fetal tissue to research. We gain  
715 nothing when we turn our back on the benefits of that research  
716 for people who are sick today, or will be sick tomorrow, to say  
717 nothing of the irony of halting research that improves our chance  
718 of preventing miscarriages, preventing birth defects, and of  
719 saving infant lives.

720 Thank you very much for your attention.

721 [The prepared statement of Ms. Charo follows:]

722

723 \*\*\*\*\*INSERT 5\*\*\*\*\*

724 Mrs. Blackburn. Thank you, Professor Charo.

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

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

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

734 Dr. Donovan. No.

735 Ms. Cunningham. I do not.

736 Mrs. Blackburn. Keep your mikes on, please.

737 Ms. Cunningham. I do not.

738 Ms. Charo. It is against the law.

739 Mrs. Blackburn. Thank you all.

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

742 Dr. Donovan. No.

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

745 Mrs. Blackburn. Okay.

746 Ms. Charo. I apologize but I am not sure I understand  
747 exactly what you mean by grown. Are you talking about getting

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748 pregnant deliberately in order to donate tissue? No, I would not  
749 think that that is appropriate. And in fact, the Reagan panel  
750 specifically worried about so-called directed donation and  
751 recommended that that be forbidden and it is, under the law.

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

758 Mrs. Blackburn. Okay, thank you.

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

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

764 Ms. Cunningham. I agree with Dr. Donovan.

765 Mrs. Blackburn. Okay.

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

771 Mrs. Blackburn. Okay.

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

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

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

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

788           Mrs. Blackburn. Thank you.

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

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

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796 or a no, was it?

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

799 Dr. Donovan. Thank you.

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

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

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

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

818 Dr. Donovan. Madam Chairman?

819 Mrs. Blackburn. Yes?

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

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

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

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

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

842 They still are quite in favor of other vaccinations.

843 Mrs. Blackburn. Thank you. My time has expired.

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844 At this time, I yield 5 minutes for questions to Ms.  
845 Schakowsky.

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

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

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

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

862 The United States health policy is directed at improving the  
863 quality of public health. It is considered a compelling purpose  
864 under every possible regime of both law, legislative and judicial.  
865 And in this particular instance, this research has proven itself  
866 capable of preventing millions of diseases and has shown  
867 tremendous promise across a range of illnesses.

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868 From my perspective, if we are dedicated to improving the  
869 health and welfare of our population, this means pursuing avenues  
870 of research that might improve our resistance to disease or our  
871 ability to manage or even cure diseases. Now, that is always  
872 balanced against other interests. And I understand and  
873 appreciate the depth of concerns about abortion that are expressed  
874 here at this table and by many other Americans. But because this  
875 research in no way affects the number of abortions, it seems to  
876 me that we are balancing a compelling public health need against  
877 what is simply a gesture of sentiment, respect, political  
878 position, or other kind of non-concrete affect against the  
879 possible cure for diseases.

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

890 If we don't do that, we are facing, as you said, a global  
891 emergency in which pregnant women will be forced to choose between

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892 risking the birth of a child with devastating effects or, in fact,  
893 terminating her pregnancy; irony being that the absence of this  
894 fetal tissue research might lead to more pregnancy terminations  
895 than anybody has ever contemplated up until now. I think we need  
896 to look very hard at the unintended effects of restricting this  
897 research.

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

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

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

910 Ms. Charo. The tissue is discarded. There are a variety  
911 of methods; some involve burial, others involve cremation. There  
912 are a few states that have very specific legislation about the  
913 management of fetal remains. But they are not used in any way  
914 that is helpful to anybody outside of the possibility of using  
915 them for this research.

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916 Ms. Schakowsky. And let me ask you a question. Since we  
917 are talking about ethics, is the fact that fetal tissue research  
918 is now under attack and at risk of being shut down warrant our  
919 moral outrage?

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

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

931 Ms. Schakowsky. I thank you so much.

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

936 [The information follows:]

937

938 \*\*\*\*\*COMMITTEE INSERT 6\*\*\*\*\*

939

940 Mrs. Blackburn. So ordered.

941 Ms. Schakowsky. Thank you.

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

944 Mr. Pitts. Thank you, Madam Chairman.

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

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

962 So, Dr. Donovan, looking at modern vaccines, do you see any

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963 need for use of fresh aborted fetal tissue for vaccine production?

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

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

976 Mr. Pitts. Thank you.

977 Dr. Donovan. Thank you.

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

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

985 Mr. Pitts. Well, let me go a little further. Is there a  
986 point in the baby's gestation at which researchers most want fetal

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987 tissue for research and why is this?

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

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

995 Dr. Donovan. I think the evidence for fetal pain is very  
996 strong and we are seeing good evidence at 18 to 20 weeks of  
997 gestation that fetuses can respond with pain responses. And I  
998 think no matter how you feel about a fetus, you can accept it is  
999 humanity, you can reject it is humanity, but we wouldn't allow  
1000 kittens and puppies to be harmed or put to sleep without keeping  
1001 them out of pain. I don't think we should do that for fetuses  
1002 either.

1003 Mr. Pitts. Ms. Cunningham, did you want to add something  
1004 to that?

1005 Ms. Cunningham. No, thank you.

1006 Mr. Pitts. All right. Well, I appreciate your testimony  
1007 about unborn children are the most vulnerable in the human family  
1008 and they are deserving of respect and protection. Yet, we see  
1009 they are legally -- they are destroyed in abortions and either  
1010 thrown away or traded like a commodity and it is our duty to protect

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1011 them, not facilitate the market for their case.

1012 My time has expired. Mrs. Chairman, I yield back.

1013 Mrs. Blackburn. And at this point, I yield 5 minutes to Ms.  
1014 DeGette for questions.

1015 Ms. DeGette. Thank you very much, Madam Chair.

1016 I want to thank all the members of the panel for coming and  
1017 presenting your different perspectives because I think talking  
1018 about ethics in these situations is important.

1019 Dr. Donovan, I believe you testified -- and I only have 5  
1020 minutes so yes or no will suffice most of the time -- I believe  
1021 you testified that you are not a research scientist. Is that  
1022 correct?

1023 Dr. Donovan. Although I have been --

1024 Ms. DeGette. No, a yes or no will work. You are not a  
1025 research scientist.

1026 Dr. Donovan. Yes.

1027 Ms. DeGette. Thank you.

1028 And Ms. Cunningham, you are an ethicist. Is that correct?

1029 Ms. Cunningham. Yes, in the most part.

1030 Ms. DeGette. Yes. Now, Dr. Donovan, I believe that you are  
1031 philosophically opposed to abortion. Is that correct?

1032 Dr. Donovan. Yes.

1033 Ms. DeGette. And Ms. Cunningham, you are also  
1034 philosophically opposed to abortion, right?

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1035 Ms. Cunningham. Yes.

1036 Ms. DeGette. Now, Dr. Donovan, do you believe that fetal  
1037 tissue research should be banned in this country? Yes or no?

1038 Dr. Donovan. It depends on where you get the tissue. No.

1039 Ms. DeGette. So, you don't believe it should be banned.

1040 Okay, what about you, Ms. Cunningham?

1041 Ms. Cunningham. I can't give a yes or no answer to that.  
1042 Some should be banned.

1043 Ms. DeGette. Some should. Well, which should be banned?

1044 Ms. Cunningham. That that is unethically derived -- that  
1045 uses unethically derived tissue.

1046 Ms. DeGette. Okay, tell me which fetal tissue research is  
1047 ethically derived.

1048 Ms. Cunningham. That which uses fetuses that are donated  
1049 after an ectopic pregnancy is removed or a stillbirth or a  
1050 miscarriage.

1051 Ms. DeGette. Okay. So do you think that fetal tissue  
1052 research from abortions should be banned?

1053 Ms. Cunningham. In its current practice, yes.

1054 Ms. DeGette. And Dr. Donovan, thank you for helping me  
1055 clarify. Do you think fetal tissue from abortions should be  
1056 banned?

1057 Dr. Donovan. Yes.

1058 Ms. DeGette. Thank you. Now, Dr. Donovan, you testified

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1059 that we have cell lines that have been developed over the last  
1060 50 years from fetal tissue research. Correct?

1061 Dr. Donovan. Correct.

1062 Ms. DeGette. Is it your position, since those cell lines  
1063 were developed from aborted fetal tissue 50 years ago, that since  
1064 it was so long ago, it is okay to use that research now? Is that  
1065 what you were trying to tell us?

1066 Dr. Donovan. In the absence of alternatives, then it can  
1067 be acceptable when it is far removed.

1068 Ms. DeGette. So, because the abortions were a long time ago,  
1069 it is okay that we use that tissue now. Correct?

1070 Dr. Donovan. It is a little more complex than that.

1071 Ms. DeGette. I see. Now, you also testified that -- well,  
1072 actually, I believe, yes it was you who talked about the Tuskegee  
1073 and the Mengele experiments. Do you make fetal tissue research  
1074 from abortions equal to those experiments?

1075 Dr. Donovan. I think that we need to be very careful that  
1076 we don't do that.

1077 Ms. DeGette. Do you think that they are equal? Yes or no?  
1078 Yes or no?

1079 Dr. Donovan. Maybe.

1080 Ms. DeGette. Thank you.

1081 Now, I want to talk with you, Ms. Charo, for a minute. You  
1082 testified about your view of the ethics of fetal tissue research

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1083 from abortions. You mentioned the NIH panel on human fetal  
1084 transportation research during the Reagan administration. Is  
1085 that correct?

1086 Ms. Charo. Yes, I believe it was HHS and not NIH  
1087 specifically, but yes.

1088 Ms. DeGette. Okay, HHS. And in fact, that Blue Ribbon  
1089 Panel unanimously endorsed the position that fetal tissue  
1090 research is not only ethical but should proceed. Is that correct?

1091 Ms. Charo. I believe the vote was 19 to zero.

1092 Ms. DeGette. Yes, it was unanimous. And the chair of that  
1093 commission was actually opposed to abortion. Is that correct?

1094 Ms. Charo. Yes.

1095 Ms. DeGette. And the reason was, as you testified a minute  
1096 ago, because abortion is legal in this country and so people  
1097 thought we should be able to give the opportunity to people who  
1098 had made that legal choice to have an abortion to then donate that  
1099 tissue to help save other lives. Is that correct?

1100 Ms. Charo. Yes.

1101 Ms. DeGette. Because as you testified, the alternative when  
1102 somebody chose to have an abortion, if they did not donate that  
1103 tissue, was the tissue would be destroyed as medical waste. Is  
1104 that correct?

1105 Ms. Charo. Yes, it is.

1106 Ms. DeGette. And that, in fact, is why many people do make

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1107 the ethical choice to donate the tissue. Is that right?

1108 Ms. Charo. I believe so.

1109 Ms. DeGette. Now, I wanted to ask you one more thing, which  
1110 is from an ethical standpoint, do you think that it makes any  
1111 difference when cell lines were developed, whether it was 50 years  
1112 ago or last year from tissue from abortions?

1113 Ms. Charo. In this circumstance, I do not think so because  
1114 the prospect of research in the future or the existence of research  
1115 in the past is equally indifferent to the question of whether a  
1116 woman would decide to have an abortion. That decision is not  
1117 affected by the research or the prospect of it.

1118 Ms. DeGette. Thank you. Thank you very much, Madam Chair.

1119 Mrs. Blackburn. The gentlelady yields back.

1120 At this time, I recognize Mrs. Black for 5 minutes.

1121 Mrs. Black. Thank you, Madam Chair and I want to thank all  
1122 the panelists for being here today.

1123 I want to begin by saying that I spent my entire career as  
1124 a nurse. I worked in the emergency room most of that time. And  
1125 it was my responsibility when I was in the emergency room, before  
1126 we had the organ procurement organizations, to come and talk with  
1127 the family members, it was my responsibility when someone was  
1128 deceased to look them in the eyes and ask them if they would  
1129 consider donating their family member for research or  
1130 transplantation. It was a very sensitive time. And I have got

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1131 to tell you that as I think about those times, I can actually see  
1132 the eyes and the people that I asked this of. And one of the things  
1133 that I will always remember is the dignity and the respect for  
1134 those family members.

1135 Families, actually, there was a report done in Office of  
1136 Inspector General and if I may, insert this into the record, that  
1137 looked at informed consent in tissue donation and what the  
1138 expectation and the realities were of these family members.

1139 [The information follows:]

1140

1141 \*\*\*\*\*COMMITTEE INSERT 7\*\*\*\*\*

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1142 Mrs. Black. And here are the things that were found in there  
1143 and I don't think it will surprise any of us because if we have  
1144 someone we love that dies either expectedly or unexpectedly, it  
1145 is a very traumatic thing: What organs will be procured? Will  
1146 the body be treated with respect? And special care to ensure that  
1147 the gift is used for the stated purpose. Those are the three main  
1148 things that were found in both this report and also my experiences.

1149 Very tender times and, as I say, a dignity of life and respect  
1150 for that. I am curious that we don't have that same dignity and  
1151 respect for the life of what we call tissue and fetus and embryo.  
1152 This is a baby. I think Ms. Charo mentioned these are the remains.  
1153 Tissue is discarded. This is not tissue. This is a baby. You  
1154 don't get a brain, a liver, a kidney, all of these organs from  
1155 a tissue. It is a baby. It is not a blob of tissue.

1156 Now, what I want to go to is if we could put up an Exhibit  
1157 F.

1158 In these documents, documents were produced to the panel by  
1159 a leading university to show that a researcher sought from a tissue  
1160 procurement business, quote a first trimester human embryo,  
1161 preferably around 8 and up to 10 weeks of gestation. And I think  
1162 you all may have that in front of you but the document is Exhibit  
1163 F and this is what it looks like. It actually says Doctor, and  
1164 the name of the doctor is blacked out, at the University of, would  
1165 request a first trimester human embryo, preferably 8 to 10 weeks

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1166 of gestation. We have ordered tissue before, so our information  
1167 should be on file. Please let us know if this tissue is available.

1168 This is not dignity. This is not dignity. This is not  
1169 respect for human life. I want to ask the panelists have we  
1170 reached a point in our society where there effectively is an  
1171 amazon.com for human parts, including entire babies. And I would  
1172 like to ask our panel for their opinion on this email and the notion  
1173 of obtaining potentially entire embryos on demand.

1174 Dr. Donovan, would you like to address this?

1175 Dr. Donovan. I, personally, find that it shocks my  
1176 conscience and I think it should shock the conscience of the  
1177 nation. I think you are absolutely right, we have commodified  
1178 what have been referred to the products of conception, meaning  
1179 babies and baby parts. And yes, they are for sale, supposedly  
1180 just to cover one's costs but those costs seem to be quite  
1181 variable. But even if they were given away free, it is shocking  
1182 to be ordering what you want. Can I have a boy fetus or a girl  
1183 fetus, or a brain, or a heart, or a liver? This is totally in  
1184 distinction to the honorable transplantation industry that is  
1185 lifesaving and shows great respect for the donors.

1186 Mrs. Black. Ms. Cunningham?

1187 Ms. Cunningham. I think what we need to pay attention to  
1188 here is not is this somehow increasing abortion. My concern is  
1189 that researchers have come to count on induced abortion for their

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1190 research. And one of the articles that I cited in my written  
1191 testimony shows that they say that liver from induced abortions  
1192 is widely available and is a promising source. What have we come  
1193 to where researchers need induced abortion to do their research?  
1194 Wouldn't it have been better if we had banned this at the beginning  
1195 and use the creative minds that we have to find ethical  
1196 alternatives?

1197 Mrs. Black. Ms. Cunningham, I hate to cut you off. Thank  
1198 you.

1199 And I just have one brief comment to make because my time  
1200 is going to end here in just a second. I believe that we should  
1201 give the same information and dignity to these young women that  
1202 are making these decisions and I believe that it should be a more  
1203 informed and educational decision that they are making and I don't  
1204 believe that is happening currently.

1205 I yield back the balance of my time.

1206 Mrs. Blackburn. The gentlelady yields back.

1207 Ms. Speier, you are recognized for 5 minutes.

1208 Ms. Speier. Thank you, Madam Chair and thank you all for  
1209 your participation today.

1210 You know today I feel like a time traveler, not a member of  
1211 Congress. Perhaps we have been transported back to 1692 to the  
1212 Salem witch trials, where fanatics persecuted and murdered  
1213 innocent people who had committed no offenses. Or maybe we have

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1214 been transported back to the Red Scare, where at least 10,000  
1215 Americans in many professions around this country lost their  
1216 livelihoods due to the reckless and disgraceful actions of the  
1217 House Un-American Activities Committee and the infamous Senator  
1218 Joseph McCarthy who eventually went after an Army General Counsel,  
1219 Mr. Welch. And Mr. Welch finally put down Senator McCarthy by  
1220 saying "Have you no decency?"

1221           Unfortunately, this time, those being burned at the stakes  
1222 are our scientists, who hold future medical breakthroughs in their  
1223 hands. They are joined by brave women's healthcare providers who  
1224 are simply trying to care for their patients. Meanwhile, David  
1225 Daleiden and his associate, Sandra Merritt, fraudulently created  
1226 the Center for Medical Progress and they were indicted in Texas  
1227 by a grand jury for actual illegal activities. They are the  
1228 reason why we are here today. Illegal conduct by two people, they  
1229 have now been indicted, and that has been the creation of this  
1230 committee.

1231           And I have here a poster that shows what they have been  
1232 indicted for. They have been indicted for two felonies for  
1233 tampering with government records. In California, they are being  
1234 investigated for any number of felonies, including  
1235 misrepresentation of one's company to the IRS, felonies for fraud  
1236 in creating fake drivers' licenses, and credit card fraud  
1237 identity. And a judge in California has made this statement in

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1238 granting a motion for a preliminary injunction by saying  
1239 defendants engaged in repeated instances of fraud, including the  
1240 manufacture of fake documents, the creation and registration with  
1241 the State of California of a fake company, and repeated false  
1242 statements in order to infiltrate and implement their Human  
1243 Capital Project. The products of that Project -- achieved in  
1244 large part from infiltration -- thus far have not been pieces of  
1245 journalistic integrity, but misleadingly edited videos and  
1246 unfounded assertions.

1247 So my question to you, Dr. Donovan is this. You are an expert  
1248 on ethics, as is Ms. Cunningham and Ms. Charo. Do you think it  
1249 is appropriate to conduct oneself in that manner? Is that  
1250 ethical? Is that moral? Yes or no?

1251 Dr. Donovan. Most ethical and moral questions are not yes  
1252 and no questions.

1253 Ms. Speier. Well, we have been asking yes and no questions  
1254 this morning.

1255 Dr. Donovan. I have noticed that. I have noticed that. It  
1256 doesn't always help one unpeel the onion in order to get to the  
1257 truth. So, if you want a yes or no, I am not quite sure how to  
1258 answer that as a yes or no.

1259 Where is the greater damage? I am not an expert on  
1260 journalistic ethics and I am certainly not an expert on the law.  
1261 I am glad that carrying a false driver's license isn't a felony

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1262 everywhere or many college students would end up in jail.

1263 Ms. Speier. Do you think committing fraud is ethical?

1264 Dr. Donovan. Of course, fraud is not ethical.

1265 Ms. Speier. All right.

1266 Dr. Donovan. Neither is what was being investigated.

1267 Ms. Speier. Ms. Cunningham.

1268 Ms. Cunningham. And the specific question?

1269 Ms. Speier. Is committing fraud ethical?

1270 Ms. Cunningham. As a broad statement, one would say it is  
1271 not ethical but I am not answering the specific question about  
1272 the conduct of David Daleiden.

1273 Ms. Speier. So, you think Mr. Daleiden is ethical?

1274 Ms. Cunningham. As Dr. Donovan said, that is a very broad  
1275 statement.

1276 Ms. Speier. All right, thank you.

1277 Ms. Cunningham. I can't answer it in the way that you are  
1278 asking.

1279 Ms. Speier. Professor Charo?

1280 Ms. Charo. I think the attempt to deliberately create  
1281 distorted videos for political purpose and to tarnish and  
1282 organization that helps millions of women was profoundly  
1283 unethical and destructive.

1284 Ms. Speier. I thank you and I yield back.

1285 Mrs. Blackburn. The gentlelady yields back.

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1286 At this time, Dr. Bucshon, you are recognized for 5 minutes.

1287 Mr. Bucshon. Thank you. First of all, I just want to say  
1288 I was a practicing cardiovascular and thoracic surgeon for 15  
1289 years prior to coming to Congress. And thank you, all the  
1290 witnesses, for being here.

1291 I also want to say it is totally appropriate to reevaluate  
1292 and examine ethical issues that have been examined in the past.  
1293 Times do change. And so I know some of the narrative has been  
1294 that in the past people have looked at these issues and come to  
1295 conclusions but in healthcare, particularly, I think, it is  
1296 important that we occasionally reexamine these issues.

1297 The other thing is, is based on some of the comments of my  
1298 Democratic colleagues, I am not sure what everyone is so afraid  
1299 of because this type of discussion about ethics is totally  
1300 appropriate and we don't have a preconceived outcome.

1301 And I would also just remind everyone in the crowd that  
1302 charges and indictments don't mean convictions and guilt.

1303 So, with that, I would like to go to Exhibit B-1 and go over  
1304 some emails and you may have those. And the first is a customer  
1305 -- this is between a tissue technician and a customer. I am going  
1306 to walk you through this.

1307 We are now ready to include the skull. So, if you would  
1308 please include that in our order for tomorrow, that would be great.  
1309 If there is a case tomorrow, could you please have someone contact

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1310 me with the condition of both the long bones and the calvarium,  
1311 which is the head, and I will be happy to let you know if we would  
1312 like one or both. Then 4 minutes later, the technician responds  
1313 I would be happy to do that.

1314 Exhibit B-2, the customer replied a day later: I just wanted  
1315 to check in and see if there were any cases within our gestational  
1316 range for today. The technician responded 4 minutes later:  
1317 There is one case currently in the room. I will let you know how  
1318 the limbs and calvarium look to see if they are able to take them,  
1319 which means they are discussing actively during the abortion  
1320 itself.

1321 Then 3 minutes later, the client said great, thank you so  
1322 much.

1323 Exhibit B-3, after the abortion is performed, the technician  
1324 tells the customer the calvarium, the head, is mostly intact with  
1325 a tear up the back suture line but all pieces look to be there.  
1326 The limbs, one upper and one lower are totally intact, with one  
1327 upper broken at the humerus, which is the upper arm bone, and one  
1328 lower limb broken above the knee. Please let me know if these  
1329 are acceptable. I will set them aside and will await for your  
1330 reply; 5 minutes later, the customer replies that sounds great.  
1331 We would like both of them. Please send them our way. Thanks  
1332 again.

1333 The technician says limbs and calvarium will be there at 3:30

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1334 to 4:00.

1335 And we will hear later in testimony and there is evidence  
1336 to show the technicians are partially paid by the number of body  
1337 parts that they could get.

1338 So, given that, do these emails raise any ethical issues?  
1339 And if so, what are they? Dr. Donovan.

1340 Dr. Donovan. Once again, I think that what we are seeing  
1341 is a total lack of respect for the dignity of the human body, in  
1342 this case, because as we have already pointed out, not only are  
1343 these humans but these are human body parts. Otherwise, no one  
1344 would be interested in them. But to order them piece by piece  
1345 like you would order a McDonald's hamburger, I find discouraging  
1346 and shocking.

1347 Mr. Bucshon. Ms. Cunningham?

1348 Ms. Cunningham. I do find a number of serious ethical  
1349 problems. One being, apart from the question of abortion itself,  
1350 I think this completely fails to isolate abortion from the  
1351 decision about the fetal tissue and consent to use the fetal  
1352 tissue. In what we see here, there is no indication of consent  
1353 prior to this procedure or for these specific parts to be excised.

1354 Mr. Bucshon. And in fairness, that could have occurred  
1355 earlier, I guess.

1356 Ms. Cunningham. It could. I just said there is nothing  
1357 here to indicate that.

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1358 Mr. Bucshon. Ms. Charo?

1359 Ms. Charo. I would just like to add a little bit of context  
1360 because exactly the same kind of language would be used if we were  
1361 talking about people ordering tissue from adults who had died and  
1362 were now having their bodies used for tissue and organ recovery.  
1363 It is the same kind of clinical dispassionate language that is  
1364 deeply upsetting to many of us who are not in that world and are  
1365 not familiar with that. As you, as a physician, have said, there  
1366 is a world of difference in how we talk about things. And --

1367 Mr. Bucshon. Okay, my time is running. I appreciate that.

1368 Ms. Charo. Yes, and there is a world of tissue  
1369 transplantation and tissue research with adult tissue out there  
1370 that is enormous and is very little different from what we are  
1371 seeing here. So, just a little context of how this all works.

1372 Mr. Bucshon. Sure. And I would like to say, as a physician,  
1373 during my training I spent a lot of time on transplantation both  
1374 talking to recipients and also family members of people who were  
1375 in an unfortunate situation making a decision on behalf of their  
1376 loved one to donate organs.

1377 But you know I think that talking about a human being like  
1378 this, just the mere fact that the arm was broke and the leg was  
1379 broke, and they are talking about the head separately of a human  
1380 being is something to me that is pretty hard to take, as a  
1381 physician.

1382 I yield back.

1383 Mrs. Blackburn. The gentleman yields back.

1384 Ms. DelBene, you are recognized for 5 minutes of questions.

1385 Ms. DelBene. Thank you, Madam Chair. And thank you to all  
1386 the witnesses for being with us today.

1387 I would like to start by dispelling any misconceptions about  
1388 this hearing and this committee's investigation. You know it is  
1389 definitely not objective or impartial in any way. This  
1390 taxpayer-funded committee was created by Republicans more than  
1391 4 months ago, after a group of anti-choice extremists made a series  
1392 of false, unsubstantiated allegations about Planned Parenthood.  
1393 Since that time, four different congressional committees and a  
1394 grand jury tried and failed to uncover any evidence of wrong-doing  
1395 and their anti-choice accusers have been indicted on felony  
1396 charges.

1397 Meanwhile, the majority has deliberately ignored this  
1398 growing body of evidence and has clearly decided to continue  
1399 spending taxpayer dollars to attack women's health and intimidate  
1400 healthcare providers across the country.

1401 Now, in the committee's first hearing, the majority would  
1402 like our constituents to believe we are conducting an objective  
1403 hearing on medical research and that couldn't be further from the  
1404 truth. What we are really doing is reopening a long-settled  
1405 debate about research to further a broader political agenda

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1406 against a woman's right to choose. And if their attacks on  
1407 science succeed, then we will all pay the price because nearly  
1408 every American has benefitted from research conducted with fetal  
1409 tissue. That is how we developed the first ever polio vaccine.  
1410 It is how we make vaccines for rubella, chicken pox, and shingles.  
1411 It is how scientists are pursuing new treatments for heartbreaking  
1412 diseases like Alzheimer's and HIV. And it is all done in full  
1413 compliance with the high ethical standards recommended by  
1414 President Reagan's Blue Ribbon Panel in 1998, which were passed  
1415 by Congress with broad bipartisan support.

1416 So, as someone, I started my career doing medical research  
1417 and I know that research using all human tissue is subject to  
1418 ethical and legal standards. Professor Charo, do you agree with  
1419 that?

1420 Ms. Charo. I do.

1421 Ms. DelBene. And Professor, do you think it is appropriate  
1422 to use ideology about women's rights to shape the roles that guide  
1423 scientific research? And why or why not?

1424 Ms. Charo. No, I am very, very unhappy at seeing a debate  
1425 around abortion turn into a debate around scientific research.  
1426 That is not to say I am happy about the debate about abortion either  
1427 because I also find it really offensive to imagine that women are  
1428 incapable of making their own decisions about whether to have  
1429 abortion and whether or not to donate the tissue.

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1430 But for sure, while that is going on, scientific research  
1431 ought not be halted or hindered simply as an attempt to demonstrate  
1432 one's opposition to abortion rights in an either political or  
1433 public relations manner. It doesn't change anything and I don't  
1434 think that the public should be made a victim of those abortion  
1435 wars.

1436 Ms. DelBene. Can you speak a little bit about the role of  
1437 Institutional Review Boards in providing oversight on the use of  
1438 human tissue in research? How do they help ensure that research  
1439 is compliant with ethical and legal standards?

1440 Ms. Charo. So, like Dr. Donovan, I have been a member of  
1441 an Institutional Review Board off and on for many years. And  
1442 those Boards look at a variety of things, starting with how it  
1443 is that people are first approached and asked about whether or  
1444 not they would like to participate in research or, in this case,  
1445 to donate materials. It looks at the nature of the conversation  
1446 that will be had, the documentation because of course what is on  
1447 paper is not the extent of the conversation, it is simply the  
1448 minimum number of items that need to be documented as far as the  
1449 consent form goes.

1450 It look at whether or not, in the end, there has been  
1451 compliance. There are often research monitors that will observe  
1452 a certain number of interactions in order to ensure compliance.  
1453 There is annual review that is required for each research protocol

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1454 and sometimes reviews are done more frequently, depending upon  
1455 the protocol.

1456 The Institutional Review Board is made up of a variety of  
1457 people from both scientific and clinical and non-medical  
1458 backgrounds, including law, ethics, religious studies, and  
1459 members of the community who can reflect the local community  
1460 culture in those discussions.

1461 Ms. DelBene. And that has been something that also the Blue  
1462 Ribbon Commission looked at and made sure that those boards were  
1463 appropriate and that was part of that debate that they had and  
1464 decision they had from the commission.

1465 Ms. Charo. Yes, Institutional Review Boards are actually  
1466 required by law. It begins with the use of federal funds that  
1467 will trigger such a requirement or the research and two things  
1468 that are regulated by the Food and Drug Administration but most  
1469 major research institutions now have extended that review beyond  
1470 the legal requirements in order to give what is called a  
1471 federal-wide assurance of all research at that institution,  
1472 complying with these same rules, even where not legally necessary.

1473 Ms. DelBene. Thank you so much. I yield back, Madam Chair.

1474 Mrs. Blackburn. The gentlelady yields back.

1475 Dr. Harris, you are recognized, 5 minutes.

1476 Mr. Harris. Thank you very much. You know I am a physician  
1477 and I was a physiology researcher. I actually did fetal research

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1478 but it was of fetal sheep of cerebral blood flow. And I also was  
1479 a human principle investigator who actually had to file IRB  
1480 applications.

1481 I don't intend to litigate the use of fetal tissue because  
1482 I suspect you all agree about this. And I am just going to, Dr.  
1483 Donovan and Ms. Cunningham, when you said the question about fetal  
1484 tissue, I assume you support fetal tissue research from  
1485 spontaneously aborted fetuses. Correct?

1486 Dr. Donovan. Correct.

1487 Mr. Harris. Correct?

1488 Ms. Cunningham. Yes.

1489 Mr. Harris. Okay, so we all agree. Let's all agree this  
1490 is not litigating fetal tissue research. We all agree it should  
1491 be done.

1492 Now, Dr. Donovan, let me just say I was fascinated by your  
1493 -- because what we are talking about here is consent and whether  
1494 IRB consent, and patient consent, whether that is all adequate.  
1495 The idea that when you are a guardian of someone that you are  
1496 qualified to give consent because you have the global best  
1497 interest of that person in mind has to be brought into question  
1498 when it is an elective abortion. I mean it just has to be.

1499 And with regards to the millions of people saved by fetal  
1500 tissue research, we are all talking about the back scenes, the  
1501 two cell lines. One cell line, interesting a female child aborted

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1502 because the family was too big. I would proffer that that mother,  
1503 that if you gave that child and that child could somehow give  
1504 consent, they would never consent to that abortion. The second  
1505 one is a male which was aborted for, quote, psychiatric reasons.  
1506 Now, when I had to get IRB approval on a patient, I had to be careful  
1507 about approaching a patient with psychiatric illness because a  
1508 lot of people feel they don't have the ability to give consent.  
1509 So, it was a very good point you made.

1510 Let me just talk a little bit about an IRB question,  
1511 specifically for you, Dr. Donovan. Is the source of fetal tissue  
1512 or how it is acquired a valid question that an IRB should have  
1513 answered before they approve a project?

1514 Dr. Donovan. It is not only a valid question it is asked  
1515 and has to be answered. Some institutions would absolutely  
1516 forbid its use.

1517 Mr. Harris. So, that if there were an instance where the  
1518 application was, let us say, massaged a little bit, so that it  
1519 was a little unclear what the source was, in an attempt to bypass  
1520 that, that would really bypass the intention of an IRB. Is that  
1521 right? For instance, if you didn't call it exactly what it was  
1522 or what could be readily identified as the source.

1523 Dr. Donovan. Yes, you clearly know what you are talking  
1524 about. And in fact, would that occur, the investigator would be  
1525 in trouble with the IRB. They would be called in an questioned

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1526 about it.

1527 Mr. Harris. Sure. Let's look at Exhibit A-3, which is a  
1528 commonly used form for fetal tissue donation that was uncovered  
1529 through discovery by the committee.

1530 Ms. Cunningham, when I had to get consent from patients  
1531 because we obtained human tissue at a cesarean section, human  
1532 uterine tissue, we normally exactly described the tissue and then  
1533 really kind of exactly described what it was going for. It could  
1534 be global. It could be okay, in this case, it was to study uterine  
1535 myocytes and their effect on preterm labor. Do you find anywhere  
1536 on that form where it -- I will tell you I don't see anywhere where  
1537 it asks specifically what tissue it is. In the case brought up  
1538 by Dr. Bucshon, I assume that in that abortion, they didn't go  
1539 to the mother before and say oh, by the way, we are going to collect  
1540 an arm and a leg and we are going to do it for this kind of research.  
1541 Is that something you think part of informed consent ought to be  
1542 that you actually know where this tissue is going and for what?

1543 Ms. Cunningham. Yes and I am not the only one. If you look  
1544 at elements of fetal tissue donation consent in other context,  
1545 it is quite specific on what is being discussed with the  
1546 prospective donor or their family.

1547 Mr. Harris. Absolutely.

1548 Ms. Charo?

1549 Ms. Charo. I --

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1550 Mr. Harris. You point to the gentlelady -- no, I have to  
1551 ask the question.

1552 Ms. Charo. Oh, I am sorry.

1553 Mr. Harris. To the point from the gentlelady from  
1554 Tennessee, when my wife passed away a year and a half ago, I got  
1555 a call from the Medical Examiner's Office requesting donation of  
1556 her brain. It was a tough call but they specified one tissue and  
1557 they specified what was going to be done with it.

1558 Now, you look at Exhibit A-3 and then you look at Exhibit  
1559 C-1 and C-2, which are actually what various anatomical donation  
1560 forms used by states, it is strikingly different, strikingly  
1561 different.

1562 Do you think that it really ought to be included when you  
1563 ask someone, a woman, to donate the fetal tissue that you perhaps  
1564 suggest specifically what it is going for and what the specific  
1565 tissues to be used are going to be, if the person knows or should  
1566 they make a best effort to know?

1567 Ms. Charo. I am not sure. I think --

1568 Mr. Harris. Thank you very much. I yield back.

1569 Mrs. Blackburn. The gentleman yields back.

1570 Mrs. Watson Coleman, you are recognized for 5 minutes for  
1571 questions.

1572 Mrs. Watson Coleman. Thank you, Madam Chairman. I have a  
1573 question for Dr. Donovan and for Ms. Cunningham and I would

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1574 appreciate yes or no.

1575 I need to understand. Are you suggesting that it is more  
1576 moral and more ethical to discard fetal tissue that is available  
1577 even after an abortion that a woman decided to have, rather than  
1578 use it for medical research purposes. Is that a yes or a no?

1579 Dr. Donovan. That is not a yes or a no.

1580 Mrs. Watson Coleman. Is that a yes or a no? Do you believe  
1581 that -- let me ask it this way. Do you believe that fetal tissue  
1582 that has been derived from a woman's decision to abort should be  
1583 used for medical purposes or not? Is that a yes or a no, sir?

1584 Dr. Donovan. That is not a yes or no question.

1585 Mrs. Watson Coleman. Ms. Cunningham, do you agree or  
1586 disagree that fetal tissue that is available as a result of a woman  
1587 deciding to have an abortion should be used or discarded; used  
1588 for medical research purposes or discarded?

1589 Ms. Cunningham. I am sorry, what am I --

1590 Mrs. Watson Coleman. What is it that you all don't  
1591 understand? I understand --

1592 Dr. Donovan. Would you like an answer to your question?

1593 Ms. Cunningham. Yes or no can't answer used or discarded.  
1594 I am sorry.

1595 Mrs. Watson Coleman. Used for medical research purposes or  
1596 discarded and not used for any purpose, eliminated, trashed,  
1597 thrown away, as opposed to used for medical research purpose to

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1598 find whether or not a cure could be found for Zika, a cure could  
1599 be found for some other disease. Do you believe that it is moral  
1600 to discard that tissue rather than use it? Is that a clear enough  
1601 question?

1602 Ms. Cunningham. Thank you. Because I am under oath, I  
1603 cannot answer yes or no question. What I can say is that it is  
1604 currently being practiced. I do not believe it is ethically  
1605 possible to do so.

1606 Mrs. Watson Coleman. Dr. Charo, may I please have your sort  
1607 of sense of what you just heard from both of these individuals  
1608 with regard to the use or discarding of fetal tissue that is a  
1609 result of a woman's decision to have an abortion?

1610 Ms. Charo. I will stand corrected because I am speaking for  
1611 other people but I think I heard that they are uncomfortable with  
1612 both outcomes. But given only those two choices, they would  
1613 discard rather than use for fetal tissue, for a variety of reasons  
1614 having to do with why they oppose fetal tissue research.

1615 But I have to say I have to yield to you to explain what it  
1616 is that you actually meant to say.

1617 Dr. Donovan. Thank you.

1618 Mrs. Watson Coleman. Well, I wouldn't mind hearing that,  
1619 if you could say it succinctly because I do have a number of  
1620 questions.

1621 Dr. Donovan. I am as succinct as I can be. You asked one

1622 of the most complex ethical questions. What do we do with the  
1623 information or products of medical research when we think the  
1624 research itself is tainted?

1625 Mrs. Watson Coleman. That is not what I asked.

1626 Dr. Donovan. That is what you asked, whether you realize  
1627 it or not.

1628 Mrs. Watson Coleman. I simply asked -- no, sir. No, I know  
1629 what I asked. I asked do you think that it is better to discard  
1630 the tissue that would result from an abortion that a woman made  
1631 a decision to abort as opposed to a spontaneous abortion, an  
1632 ectopic pregnancy aborted, do you think it is moral to throw it  
1633 away, rather than use it for purposes of discovering cures,  
1634 discovering treatments, et cetera? And if you can give me a yes  
1635 or no, I will take it. If not, I want to move on to the next  
1636 question.

1637 Dr. Donovan. Few questions, moral questions, are yes or no  
1638 questions. That one certainly is not.

1639 Mrs. Watson Coleman. Thank you very much.

1640 Professor Charo, we have heard about what has happened as  
1641 a result of those videos that had been released. We know what  
1642 has happened with regard to Daleiden and those videos. And we  
1643 know that it has created harassment and fear and whatnot.

1644 As a matter of fact, the dean of your school of medicine said  
1645 that his faculty has been compared to Nazi war criminals because

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1646 they use fetal tissue for research. Does it surprise you that  
1647 the researchers have come under attack and that healthcare  
1648 providers and doctors also were under attack? And could you give  
1649 me a close yes or no?

1650 Ms. Charo. It does not surprise me.

1651 Mrs. Watson Coleman. And what do you feel about that  
1652 comparison?

1653 Ms. Charo. Thank you for giving me the opportunity to say  
1654 something I have wanted very much to say. My family was  
1655 personally touched by the Holocaust. I lost a grandparent in the  
1656 camps. I grew up in a neighborhood where people wore tattoos on  
1657 their arms that represented the years in the camps. These were  
1658 people who were alive and were aware and were suffering for the  
1659 years that they were in those camps. I am profoundly, profoundly  
1660 distressed and, frankly, offended --

1661 Mrs. Watson Coleman. Thank you, Dr. Charo.

1662 Ms. Charo. -- at the thought of comparing that to the  
1663 experience of loss of an embryo or fetus.

1664 Mrs. Watson Coleman. Professor, I just thank you very much.  
1665 Madam Chair, may I have 30 seconds?

1666 Mrs. Blackburn. Yes.

1667 Mrs. Watson Coleman. Thank you very much. Because I simply  
1668 wanted to say, Madam Chair, that we believe your efforts compile  
1669 this database of names is very dangerous. We believe that linking

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1670 people to this investigation is very dangerous and we think that  
1671 the characterization of the unlawful sale of baby body parts is  
1672 very dangerous and we are disappointed that Republicans tabled  
1673 our motion and that you would not answer Mr. Nadler's question  
1674 when he asked you why you thought this was important. Thank you.

1675 Mrs. Blackburn. The gentlelady's time has expired.

1676 At this point, I recognize Ms. Hartzler for 5 minutes.

1677 Mrs. Hartzler. Thank you, Madam Chairman.

1678 I would just say, based on the comments that were just made  
1679 that just a reminder that babies who are aborted are normally  
1680 buried or cremated. It is not discarded. And so to follow this  
1681 premise, you would be saying that to bury a loved one, rather than  
1682 donating to science is immoral. And I clearly, clearly reject  
1683 -- that we have to treat these babies with the dignity that they  
1684 deserve -- and I think the logic is flawed to say just because  
1685 you don't donate a loved one to science it is immoral.

1686 But I want to talk a little bit about the consent. I was  
1687 a former teacher for many years, working with teenagers, some that  
1688 had a time in their life when they had an unexpected pregnancy  
1689 and these are very difficult issues. So, I would like to put up  
1690 Exhibit E -- excuse me, start with Exhibit D.

1691 And so this question will start off with Ms. Cunningham. The  
1692 Secretary of HHS issued the Belmont Report, which says that  
1693 consent is valid only if voluntarily given. And that,

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1694 "inducements that would ordinarily be acceptable may become undue  
1695 influences if the subject is especially vulnerable."

1696 So, if you could put up Exhibit A-3, the consent form that  
1697 is used in some of these clinics, I would like to ask you, in your  
1698 view, does this form violate our government's own guidance in its  
1699 inducement to women considering abortion, especially with the  
1700 promise and the statement in the very first opening of the consent  
1701 form says: "Research using the blood from pregnant women and  
1702 tissue that has been aborted has been used to treat and find a  
1703 cure for such diseases as diabetes, Parkinson's disease,  
1704 Alzheimer's disease, cancer, and AIDS?"

1705 I will say I lost my mother last year with Alzheimer's. I  
1706 am not aware that there is a cure out there. This was news to  
1707 me. So, Ms. Cunningham, do you think that this consent form  
1708 complies with HHS's mandate against inducement?

1709 Ms. Cunningham. It would be interesting to know from the  
1710 women's perspective if this does induce her to sign the form, this  
1711 idea of the promise of cures, which is a very powerful motivator.

1712 The concern I have is that the standards that we have  
1713 typically for fetal tissue donation are just absent here. And  
1714 so in addition to the voluntariness, there is just the  
1715 thoroughness of the consent seems to be missing in this form.

1716 Mrs. Hartzler. I would concur with the HHS informed consent  
1717 checklist itself that is online. A couple of other requirements

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1718 that are supposed to be of consents is a statement describing the  
1719 extent, if any, to which confidentiality of records identifying  
1720 the subject will be maintained. I see no such statement in this  
1721 exhibit. It also says that: "Research, Rights or Injury: An  
1722 explanation of whom to contact for answer to pertinent questions  
1723 about the research and research subjects' rights."

1724 If I was a teenage girl in a crisis situation there being  
1725 presented with this form, I don't see it there. Do you see it  
1726 on the form?

1727 Ms. Cunningham. I do not.

1728 Mrs. Hartzler. Okay, Ms. Charo, last August, speaking about  
1729 fetal tissue research while at a NARAL conference, you were quoted  
1730 as saying: "Now remember, this is not about using an actual  
1731 embryo or an actual fetus. This is leftover tissue after the  
1732 fetus is long-dead."

1733 Please put up Exhibit E. In this email, the tissue  
1734 procurement manager of a tissue business described to a university  
1735 research the immediacy of obtaining tissue from aborted fetuses.  
1736 The manger wrote that after, quote, the doctor determines the  
1737 abortion is complete, the procurement technician is allowed to  
1738 begin procurement. This take a couple of minutes.

1739 So, given these comments from the tissue procurer, how can  
1740 you contend that tissue procurement occurs "after the fetus is  
1741 long-dead?"

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1742 Ms. Charo. I don't recall speaking at a NARAL conference  
1743 last August but there was a conference I spoke at considerably  
1744 longer ago, speaking of length of time, and I believe that that  
1745 comment was being made in the context of the cell lines, which  
1746 really are from fetuses that were aborted a very, very long time  
1747 ago. But I don't have a transcript of my own remarks with me.  
1748 Thank you.

1749 Mrs. Hartzler. Okay. Dr. Donovan, isn't the tissue  
1750 harvested immediately after the cells -- are they still alive,  
1751 the cells are still alive?

1752 Dr. Donovan. Absolutely. They want fresh cells.

1753 Mrs. Hartzler. Okay, very good. I yield back. Thank you.

1754 Mrs. Blackburn. The gentlelady yields back.

1755 Mr. Nadler, you are recognized 5 minutes for questions.

1756 Mr. Nadler. Thank you, Madam Chair.

1757 Ms. Charo, I should first say that I find most of this  
1758 discussion irrelevant because it relates to the morality of  
1759 abortion. Opinions differ, obviously, on the morality of  
1760 abortion. I, for one, think abortions are perfectly moral but  
1761 that is not the question. Abortion is legal and, as a  
1762 consequence, safe for women in this country.

1763 The law already prohibits initiated a pregnancy for the  
1764 purpose of donating tissue. A hypothetical concern is we have  
1765 never heard of this actually happening. The question before is

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1766 about fetal tissue research. But if the abortion was going to  
1767 happen anyway -- now, Mr. Harris, or Dr. Harris pointed out, Dr.  
1768 Donovan agreed that we all agree that fetal tissue research is  
1769 valuable and the disagreement may be over the source. But if the  
1770 abortion was going to happen anyway, even if you don't like that  
1771 fact, how can it be immoral to save lives by use of fetal tissue  
1772 from an abortion that would have happened anyway, tissue that  
1773 would otherwise be thrown away? What makes the use to save lives  
1774 instead of throwing it away immoral, Ms. Charo?

1775 Ms. Charo. There has been a great deal of conversation about  
1776 the notion of complicity with an underlying act one considers to  
1777 be immoral and it is at this point, I think, it is helpful to take  
1778 an example of an act that I think is universally understood to  
1779 be immoral and not one that is debated, which is the case of  
1780 aborted. If we talk about the murder of an adult, which we all  
1781 consider to be immoral and is also a criminal act, so it is also  
1782 not legal, there is no question that we use those tissues and  
1783 organs from murder victims for organ transplantation, for tissue  
1784 transplantation, and for organ and tissue research without in any  
1785 sense feeling complicit. We don't encourage murder by virtue of  
1786 using those tissues. We may not condone it but we certainly don't  
1787 view it as something that should be abandoned because we don't  
1788 want any connection with an underlying act of which we disapprove.

1789 So, I find the arguments about complicity to be unpersuasive.

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1790 Mr. Nadler. So by the same logic, whether you think abortion  
1791 is immoral or not, use of fetal tissue that would be there in any  
1792 event for moral purposes is no more moral or immoral than use of  
1793 tissues from a murder victim?

1794 Ms. Charo. That was the reasoning of the panel that was led  
1795 by Judge Adams for President Reagan and that is a kind of reasoning  
1796 that does not appear to have been affected by events in the last  
1797 30 or 40 years. Science changes but that particular analysis  
1798 seems to have persisted.

1799 Mr. Nadler. Let me quote from Ms. Cunningham's testimony.  
1800 And she said, and this is a sub-quote from a book by Robert George  
1801 and Christopher Tollefsen. It is "morally impermissible to  
1802 engage in any research for any purpose that involves the  
1803 destruction of human beings at any stage of their lives, including  
1804 the embryonic stage, or in any condition however weak or  
1805 dependent."

1806 Ms. Cunningham continues: "Those who are responsible for  
1807 terminating the life of a fetus have failed to recognize this  
1808 fundamental principle of human dignity and, thus, have no moral  
1809 claim to be able donate or assign the body, organs, or tissues  
1810 of the fetus to others, regardless of the nobility of purpose."  
1811 Dr. Donovan said something to the same effect.

1812 In other words, Ms. Cunningham, Dr. Donovan, Mr. George who  
1813 wrote the article, believe that they have a superior moral claim

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1814 to that of the mother to make this decision. I find this  
1815 incredibly arrogant. Because of their view of the morality of  
1816 abortion, they would deprive the mother of her moral agency.  
1817 Having decided to have an abortion, which is her right under the  
1818 law, which some of regard as moral and some people regard as  
1819 immoral but it is her decision under the law, they would deprive  
1820 her, therefore, of the right to make a decision to use the fetal  
1821 tissue that would otherwise be thrown out for morally good  
1822 purposes to help save lives. And they would deprive the mother  
1823 of this moral right because they have a superior moral right.

1824 Would you comment on that, Ms. Charo?

1825 Ms. Charo. Yes, this was exactly the concern that was raised  
1826 again and again by the Reagan panel, which did a fairly thorough  
1827 report on a lot of these things. And they looked specifically  
1828 at whether there is anybody else who is in a superior position  
1829 to give consent. That could be scientists, it could be  
1830 physicians. It could be that the material is used without any  
1831 kind of consent at all and considered abandoned property. And  
1832 in the end, they concluded that there was no one and no entity  
1833 and no rule of law that had superior entitlement to make this  
1834 decision than the woman herself.

1835 Mr. Nadler. Thank you. I have one final question. Dr.  
1836 Bucshon noted that it is legitimate to reexamine these issues.  
1837 We had panels a couple of decades ago. We can reexamine the

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1838 issues. He is right, of course, on that. We can always reexamine  
1839 an issue. And he said what are we afraid of?

1840 Here is what we are afraid of. We also note that an employee  
1841 at one of the entities that the chair has subpoenaed, someone who  
1842 is also identified in connection with the deceptively edited and  
1843 false videos has been the victim of a death threat posted online,  
1844 suggesting that he or she should be hung by the neck using piano  
1845 wire and propped up on the law in the front of -- on the lawn,  
1846 I assume he meant, in the front of the building with a note  
1847 attached. That is what we are afraid of, that this kind of  
1848 proceeding that we are doing with the kinds of obnoxious and  
1849 illegal and, frankly, subpoenas I think designed to endanger the  
1850 lives of people who engage in abortions, that is the danger.

1851 Ms. Charo, would you comment on that? And that is my last  
1852 question.

1853 Ms. Charo. It is a documented danger. We also saw, as was  
1854 noted earlier on, the deaths in Colorado immediately following  
1855 some of these tapes being released. I can say from personal  
1856 experience not related to this topic but other topics I have  
1857 written on, I have also received threatening calls and it is  
1858 incredibly disturbing and it is a way to intimidate and chill  
1859 research in the United States.

1860 Mr. Nadler. And make this committee complicit in further  
1861 acts of violence, if they occur. Thank you very much.

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1862 Mrs. Blackburn. The gentleman's time has expired.

1863 Mrs. Love for 5 minutes.

1864 Mrs. Love. Thank you.

1865 Across the United States, current federal law prohibits  
1866 minors under the age of 18 from serving in the military, entering  
1867 into financially binding contracts, purchasing nicotine, being  
1868 tried as an adult, getting married, or voting. We have a number  
1869 of laws in place that protect our minors. This includes  
1870 prohibiting minors to go into certain movies without a guardian  
1871 or a parent being around. And all of this is to protect that minor  
1872 because their brains are not fully developed and they lack the  
1873 ability to fully comprehend long-term repercussions of their  
1874 decisions.

1875 So, my question, Ms. Cunningham, do you think that ethical  
1876 guidelines should be in place to protect a minor when they are  
1877 giving consent to a clinic to perform an abortion and what kind  
1878 of guidelines do you think should be in place?

1879 Ms. Cunningham. Are you thinking about the abortion  
1880 procedure itself or the specific issue of consent to donate?

1881 Mrs. Love. I am not talking about tissue donation. I am  
1882 talking about when they are going in and actually giving consent  
1883 to even have an abortion performed.

1884 Ms. Cunningham. Well I think, first of all, there should  
1885 be great care exercised because, as the United Kingdom Human Fetal

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1886 Tissue Authority noted that the time of deciding about abortion  
1887 is a very emotionally stressful time for a woman. And I have been  
1888 in a number of conversations with physicians involving informed  
1889 consent and it is really helpful to have the second person there  
1890 taking notes and really paying attention to what is said. My own  
1891 husband didn't remember what the oncologist said to him but I took  
1892 notes and I was able to help him go through the informed consent  
1893 process.

1894 So, I think great care would need to be taken in any kind  
1895 of informed consent proceeding but especially with a minor.

1896 Mrs. Love. Okay, Mr. Donovan, with all of this being said,  
1897 do you think it is important for us to have different consent forms  
1898 for minors versus adults?

1899 Dr. Donovan. Well, in fact, in medical research, children  
1900 cannot give consent. They are allowed to give what we refer to  
1901 as assent but they also require the permission of the parent  
1902 involved as well.

1903 Mrs. Love. Okay, given what we know today with current laws  
1904 governing consent from minors, what do you think would be an  
1905 appropriate age for someone to get an adult consent form as opposed  
1906 to a minor that is given consent for an abortion?

1907 Dr. Donovan. Well at least in research under the law, at  
1908 18 they can start signing a consent form, although human  
1909 development specialists suggest that maybe sometime around the

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1910 age of 24, teenagers actually do grow up.

1911 Mrs. Love. I want to actually concentrate a little bit now  
1912 on the tissue donation. I have a 14-year-old child. I am not  
1913 a physician. My expertise is in real life in the real-life  
1914 aspect. I have this 14-year-old, who is a straight A student and  
1915 makes decisions, great decisions, generally, most of the time and  
1916 under normal circumstances, I actually asked her to look at this  
1917 exhibit and try and figure out whether she can fill that form out.  
1918 My very smart child kept coming back to me asking for explanation,  
1919 clarification. And those are normal circumstances.

1920 So, let me ask you this question. What kind of emotional  
1921 duress do you think a minor is under in anticipation of an abortion  
1922 procedure? Just your thoughts. I mean I can imagine what I would  
1923 go through. Either one, Ms. Cunningham, this is a great question  
1924 for you. What kind of duress do you think a minor would be under  
1925 before, having to go under, having to have a procedure, an invasive  
1926 procedure like an abortion?

1927 Ms. Cunningham. Well having raised a daughter who has  
1928 survived adolescence but who has been with her in physician  
1929 consultations, there is stress over dealing with a sprained arm.  
1930 There is great stress over going through an x-ray, after she  
1931 fainted. There must be even greater stress in an event that she  
1932 may wishing to conceal from others.

1933 Mrs. Love. Okay. So, imagine that 14-year-old going into

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1934 a clinic to undergo a very invasive procedure without someone  
1935 there that she trusts to walk her through, to make sure that she  
1936 is not being taken advantage of, to make sure that she is making  
1937 the right decision. How can anyone be sure that that minor, under  
1938 difficult circumstances, fully understand the long-term  
1939 repercussions behind their decision when the current law wouldn't  
1940 even allow that minor to get behind the wheel of a vehicle?

1941 Dr. Donovan. You are pointing out a real discrepancy  
1942 between the way we deal with the teenagers in our country. I  
1943 wouldn't be able to take that child and do a procedure on them  
1944 without the mother or father being there and giving their consent  
1945 as well. If I did, that would be assault and battery.

1946 Mrs. Love. Thank you.

1947 Mrs. Blackburn. The gentlelady yields back. Mr. Duffy,  
1948 you are recognized for 5 minutes.

1949 Mr. Duffy. Thank you, Madam Chair and welcome, panel.

1950 I want to be clear, Ms. Charo, on your testimony and that  
1951 is that there is, I think you said there is a compelling public  
1952 interest in research on fetal tissue. Is that right?

1953 Ms. Charo. Yes, I said that.

1954 Mr. Duffy. And this is about saving lives, correct?

1955 Ms. Charo. That is what I said.

1956 Mr. Duffy. Okay, now I think I heard you correctly when the  
1957 chair asked you in the first round of questions about whether there

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1958 is any ethical violations in regard to using fetal tissue for taste  
1959 tests, cosmetics, or human and animal DNA testing. And I think  
1960 Mr. Donovan and Ms. Cunningham expressed concern but you did not.

1961 So, could you explain to me the compelling public interest  
1962 and the lifesaving research that takes place when we use fetal  
1963 tissue for taste tests and cosmetics?

1964 Ms. Charo. First, I am referring to the full range of uses,  
1965 which includes all of the basic science research that you hear  
1966 about --

1967 Mr. Duffy. No, no, no. I am reclaiming my time because this  
1968 was very specific.

1969 Ms. Charo. No actually the question was whether I thought  
1970 there was a compelling public interest.

1971 Mr. Duffy. I am reclaiming my time.

1972 Ms. Charo. And I am talking about the full range.

1973 Mr. Duffy. Ms. Charo, the question came specifically from  
1974 the chair about taste tests and cosmetics and human and animal  
1975 DNA testing. And you didn't express any concern.

1976 So, do you have a compelling public interest that saves lives  
1977 in regard to taste tests and cosmetic research using the fetal  
1978 tissue? Yes or no?

1979 Ms. Charo. I am going to take a page from you and say I can't  
1980 say yes or no because that is not actually what I said. I did  
1981 not express no concern. I said those are probably more frivolous

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1982 but they are among the many uses for tissue.

1983 Mr. Duffy. So, let me ask you this. Do you think there is  
1984 a compelling public interest in saving lives if we use fetal tissue  
1985 for taste tests and cosmetics?

1986 Ms. Charo. Believe it or not, for taste tests there might  
1987 be because it actually the loss of taste neurologically can  
1988 actually lead to devastating problems.

1989 Mr. Duffy. And how about cosmetics?

1990 Ms. Charo. It depends on which cosmetics you are talking  
1991 about. A lot of those skin grafts are considered aesthetic but  
1992 they are also very, very helpful.

1993 Mr. Duffy. Is there anything, any research that you think  
1994 is inappropriate using fetal tissue?

1995 Ms. Charo. Well, using any tissue, fetal or adult, I find  
1996 the cosmetic uses in Hollywood sometimes to be so frivolous, I  
1997 would be perfectly happy to see us abandon them.

1998 Mr. Duffy. I want to be clear because it seems that you are  
1999 here advocating, you are advocating on behalf of fetal tissue  
2000 research and stem cells, you have also consulted with companies  
2001 that are involved in those activities. And in the CV you provided  
2002 in preparation for your testimony, in 2002 you were on the  
2003 Scientific Advisory Board of WiCell. And in their Web site it  
2004 shows that it does stem cell research. In 2012, you were a  
2005 consultant to Cleveland BioLabs. And in their SEC filings,

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2006 Cleveland BioLabs says it uses proprietary stem cell lines in its  
2007 products. And in 2006, you were a consultant to Stem Cells, Inc.  
2008 That firm's Web site says that it uses "human neural stem cells"  
2009 in medicine. A leading university told the panel that it  
2010 "receives a proprietary stem cell line derived from fetal tissue  
2011 that was supplied by Stem Cell, Inc."

2012 So, you do have a vested financial interest in the boards  
2013 that you serve on the research of fetal tissue. Correct?

2014 Ms. Charo. I receive no funding from WiCell. I did receive  
2015 consulting funding from Cleveland and Stem Cell, Inc. Those were  
2016 not embryonic stem cells, by the way, that we were talking about.

2017 Mr. Duffy. So, you do have a financial interest in --

2018 Ms. Charo. Not at present, no.

2019 Mr. Duffy. But you have in the past?

2020 Ms. Charo. I have.

2021 Mr. Duffy. Okay.

2022 Ms. Charo. And by the way, every dollar of that was donated.

2023 You can look at my IRS tax returns.

2024 Mr. Duffy. Okay. So, I want to go to another few issues.  
2025 So, let us say, and if we could go to Exhibit A-1, if we have someone  
2026 who works for a tissue procurement business and they are  
2027 corresponding with an abortion clinic technician and they are  
2028 providing a wish list of items that they are going to want to  
2029 purchase, things like a liver, thymus, skin to be shipped by FedEx

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2030 overnight, whether to Harvard or UMass. So, you have a wish list,  
2031 a shopping list being sent from the tissue provider to the abortion  
2032 technician.

2033 And if we could also go to Exhibit A-2, here is a procurement  
2034 compensation schedule. So, we see the technician gets paid per  
2035 specimen. And the more specimens you provide, the more money you  
2036 make. And just a side note, I thought that there was no profit  
2037 motive here. I don't think that per specimen the cost goes up  
2038 but the more you provide, the more money you make above your hourly  
2039 wage, Exhibit 2-A.

2040 And then if you go to Exhibit A-3, you have a consent form  
2041 that the technician brings out to the mom to garner consent for  
2042 the abortion. I would just note that if the panel would just look  
2043 at their Exhibit A-3, anywhere in there does it say that the  
2044 technician has a financial interest where they obtained \$35 per  
2045 specimen up to 10 specimens and \$45 per specimen for those from  
2046 11 to 20? Does a financial incentive, is that shown in Exhibit  
2047 A-2 -- or I am sorry A-3, if you look at that quickly?

2048 Dr. Donovan. No, it is not there.

2049 Mr. Duffy. Okay. Does that concern you that we have the  
2050 technician who is receiving the shopping list from the business  
2051 and it is also the person that is going to go in and obtain consent  
2052 from the mom and the financial component to it? Mr. Donovan, does  
2053 that give you any pause or concern ethically?

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2054 Dr. Donovan. Well, I think that you have correctly shown  
2055 that this would never pass muster for an IRB.

2056 Mr. Duffy. Ms. Cunningham?

2057 Ms. Cunningham. Yes, it has ethical problems.

2058 Mrs. Blackburn. The gentleman's time has expired.

2059 Mr. Duffy. My time has expired. I am getting gaveled down.  
2060 I yield back.

2061 Mrs. Blackburn. I thank the gentleman. I want to thank our  
2062 first panel for being with us today.

2063 We are ready to move to our second panel. And as the first  
2064 panel departs, I want to provide unanimous consent, so ordered,  
2065 to Mrs. Black for her request to enter the Department of Health  
2066 and Human Services Office of Inspector General Report on Tissue  
2067 Donation into the record. So ordered.

2068 As our first panel leaves, we will introduce the second  
2069 panel, as they take their places, Dr. Lee, Dr. Schmainda and Dr.  
2070 Goldstein.

2071 And I would like to introduce the members of this panel, Dr.  
2072 Patrick Lee is the John N. and Jamie D. McAleer Professor of  
2073 Bioethics and the Director of the Center for Bioethics at  
2074 Franciscan University of Steubenville. Dr. Kathleen M.  
2075 Schmainda is Professor of Radiology and Professor of Biophysics  
2076 at the Center for Imaging Research at the Medical College of  
2077 Wisconsin. And Dr. Lawrence Goldstein is Distinguished

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2078 Professor, Department of Cellular and Molecular Medicine,  
2079 Department of Neurosciences at the University of California San  
2080 Diego School of Medicine.

2081 You are aware that the Select Investigative Panel is holding  
2082 an investigative hearing and will take your testimony under oath.  
2083 Do you have any objection to testifying under oath?

2084 The chair then advises you that under the rules of the House  
2085 Committee on Energy and Commerce, you are entitled to be advised  
2086 by counsel. Do you desire to be advised by counsel during your  
2087 testimony today?

2088 If you will stand to be sworn in.

2089 [Witnesses sworn.]

2090 Mrs. Blackburn. Thank you. You may be seated.

2091 You will each have 8 minutes for your opening statement. Dr.  
2092 Lee, you may proceed.

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2093 TESTIMONY OF PATRICK LEE, PH.D., JOHN N. AND JAMIE D. MCALEER  
2094 PROFESSOR OF BIOETHICS AND THE DIRECTOR OF THE CENTER FOR  
2095 BIOETHICS, FRANCISCAN UNIVERSITY OF STEUBENVILLE; KATHLEEN M.  
2096 SCHMAINDA, PH.D., PROFESSOR OF RADIOLOGY AND PROFESSOR OF  
2097 BIOPHYSICS, THE CENTER FOR IMAGING RESEARCH AT THE MEDICAL COLLEGE  
2098 OF WISCONSIN; AND LAWRENCE S.B. GOLDSTEIN, PH.D., DISTINGUISHED  
2099 PROFESSOR, DEPARTMENT OF CELLULAR AND MOLECULAR MEDICINE,  
2100 DEPARTMENT OF NEUROSCIENCES, UNIVERSITY OF CALIFORNIA SAN DIEGO  
2101 SCHOOL OF MEDICINE.

2102

2103 TESTIMONY OF PATRICK LEE

2104 Mr. Lee. Thank you, Chairman.

2105 Mrs. Blackburn. Microphone, please.

2106 Mr. Lee. Thank you, Madam Chairman Blackburn and thank you,  
2107 distinguished members of the committee. And thank you for this  
2108 opportunity for speaking on bioethics and fetal tissue.

2109 My name is Patrick Lee. I am a professor of bioethics at  
2110 Franciscan University of Steubenville and I have submitted my  
2111 written testimony. I will just give a brief summary of some of  
2112 the arguments there.

2113 In Roe v. Wade, Justice Blackmun claimed that the Court would  
2114 not settle the question of whether the fetus is a human being or  
2115 not. And yet, as a practical matter, the Court denied two human  
2116 fetuses the equal protection of the law and so treated them as,

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2117 in fact, outside the class of human beings.

2118 In fact, however, as the standard text of embryology,  
2119 developmental biology, and genetics assert, a human embryo or  
2120 fetus from conception on is a distinct whole human individual.  
2121 The evidence for this is quite clear. We know that a human embryo  
2122 or fetus is a human being, a human organism in basically the same  
2123 way we know the 6-week-old infant is a human organism. Looking  
2124 at a 6-week-old infant, we can see that, first, she is a distinct  
2125 being not a part of a larger organism. She is a complete being,  
2126 although at an immature level of development, since even though  
2127 she cannot now perform many of the actions that are typical of  
2128 human beings, she is growing. She is actively developing herself  
2129 to the point where she will do so.

2130 In a similar way, it is clear that a human embryo or a fetus  
2131 is a distinct being, since she grows in her own distinct direction.  
2132 She is, obviously, human, since she has the genetic structure that  
2133 is characteristic -- she has the genetic structure in her cells  
2134 that is characteristic of humans. And she is a whole human being,  
2135 as opposed to something that is functionally apart, such as a human  
2136 cell or human tissue. For, unlike a cell or a human tissue, she  
2137 has within her structure, within her genetic and epigenetic  
2138 structure all of the internal resources needed to actively develop  
2139 herself to the mature stage of a human being. This shows that  
2140 she already is a whole human organism only at the earliest stage

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2141 of development.

2142 So, the same kind of facts that show a 6-week-old infant is  
2143 a human being also show that a human embryo or fetus is a human  
2144 being, a human organism. And since what we are are human  
2145 organisms, bodily beings, it follows that she is the same kind  
2146 of being as you or me, only at an earlier stage of her lifecycle.  
2147 Just as you and I once were adolescents, and before that children,  
2148 and before that infants, so we once were fetuses and we once were  
2149 embryos.

2150 Moreover, since what makes you and me intrinsically valuable  
2151 as subjects of rights is what we are, our fundamental nature, it  
2152 is wrong intentionally to kill us and it would have been wrong  
2153 to kill us when we were embryos or fetuses. All human beings,  
2154 unborn as well as born, no matter at what age or size are created  
2155 equal and are endowed by their creator with fundamental  
2156 unalienable rights. Therefore, it is gravely unjust to provide  
2157 protection of the law to born human beings but to deny it to unborn  
2158 human beings.

2159 Since what is killed in abortion is a human being, the further  
2160 act of governmentally funding and endorsing abortion providers  
2161 is an additional injustice. By subsidizing abortion providers,  
2162 the government, unlike the Court in Roe v. Wade, cannot even make  
2163 a pretense of being neutral on the question of whether what is  
2164 killed in abortion is a human being. To subsidize and encourage

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2165 the killing of human fetuses is to presuppose in that act that  
2166 what is killed in abortion is not a human being.

2167           Furthermore, the donation of organs after death requires  
2168 prior authoritative consent from -- in general requires  
2169 authoritative consent from the person who dies or, if a minor,  
2170 from her parent. In the case of fetal organs or tissues, parental  
2171 consent would be required. This seems permissible in the case  
2172 of spontaneous miscarriages or ectopic pregnancies. However,  
2173 that is not the case with relying on the consent of the parent  
2174 of an elective abortion. Parental authority over children is  
2175 based on the special connection of parents to their children, a  
2176 connection that creates a special responsibility of parents to  
2177 their children, responsibility to care for them and to be devoted  
2178 to their well-being. Grave abuses of that relationship or  
2179 actions indicating that a parent no longer has the child's  
2180 interest at heart, cause the parent to lose that parental  
2181 authority. But the choice to have the child killed, even if done  
2182 in confusion and with mitigated responsibility, is incompatible  
2183 with a willingness to act in the true interest of the child. Thus,  
2184 the practice of allowing or encouraging the use of fetal tissue  
2185 obtained from elective abortions relying, as it does, on the  
2186 mother's consent, treats the bodily parts of the fetus as if they  
2187 were parts of the woman's body. The practice makes no sense,  
2188 unless the fetus is assumed to be something other than a human

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2189 being.

2190 Therefore, governmental funding of abortion providers and  
2191 the use of fetal tissue from elective abortions involve profound  
2192 dehumanization of unborn human beings and are grave injustices.

2193 Thank you.

2194 [The prepared statement of Mr. Lee follows:]

2195

2196 \*\*\*\*\*INSERT 8\*\*\*\*\*

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2197

Mrs. Blackburn. Thank you, Dr. Lee.

2198

Dr. Schmainda, you are recognized, 8 minutes.

2199 TESTIMONY OF KATHLEEN M. SCHMAINDA

2200

2201 Ms. Schmainda. Distinguished Chair Blackburn and honored  
2202 members of the panel, thank you for the opportunity to offer my  
2203 testimony in defense of infant lives and, specifically, in  
2204 opposition to research using fetal tissue derived from induced  
2205 abortions.

2206 As background, I was trained in the disciplines of  
2207 engineering and medicine, receiving a Ph.D. degree in medical  
2208 engineering jointly awarded by Harvard University and  
2209 Massachusetts Institute of Technology. I am currently a  
2210 Professor of Radiology and Biophysics, serving as Vice Chair of  
2211 Radiology Research at the Medical College of Wisconsin. I have  
2212 participated in medical research for nearly 25 years. I have  
2213 served on grant review panels for the National Institutes of  
2214 Health for nearly 15 years, including a 4-year term on the  
2215 developmental therapeutics study section.

2216 I serve on national advisory committees for clinical trials  
2217 and have founded two start-up companies. Most importantly, I am  
2218 a wife and a mother.

2219 The views expressed are my own and do not represent the  
2220 official views of the Medical College Wisconsin.

2221 I am firmly opposed to research using fetal or embryonic  
2222 tissue from induced abortions or procedures such as in vitro

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2223 fertilization. I am compelled to create awareness amongst the  
2224 community and my colleagues as to why the use of such tissue is  
2225 both unethical and unnecessary.

2226 Let me begin by defining terms. The terms embryo, fetus,  
2227 baby, or infant each refer to different stages in the continuum  
2228 of the developing child. When cells are extracted during the  
2229 earliest stages, these are typically human embryonic stem cells,  
2230 which are obtained by destruction of the human embryo. When I  
2231 speak of fetal tissue research, I am referring to cells, tissues,  
2232 or organs that are harvested from an aborted fetus. While this  
2233 is the focus of my testimony, my arguments apply to the continuum  
2234 of the developing child.

2235 Proponents of research using fetal tissue make several  
2236 claims. The first claim is that without fetal tissue, many of  
2237 the life-saving treatments we have today would not have been  
2238 possible. Second, it is argued that without continued access to  
2239 fetal tissue, we are preventing the discovery of new therapies.  
2240 And third, it is alleged that proper ethical guidelines are  
2241 already in place to avoid the connection between abortion and  
2242 fetal tissue research. I will speak to each of these claims.

2243 First, it needs to be made clear that there are no current  
2244 medical treatments today that have required use of fetal tissues  
2245 for their discovery or development. While the often-cited polio  
2246 vaccine was developed using fetal tissue cells, the developers

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2247 later testified that initial studies were also successful using  
2248 cells that were not of fetal origin. Though most vaccines today  
2249 offer ethical alternatives, not all are available in the U.S. and  
2250 some, such as chicken pox and Hepatitis A currently do not have  
2251 ethical alternatives. Yet, let me make it clear there have never  
2252 been a scientific reason requiring cell lines for vaccine  
2253 development.

2254 Testimony given to the FDA dated May 16, 2001 underscores  
2255 this point. The developer of two common fetal cell lines, HEK  
2256 293, human embryonic kidney, and Per C6, isolated retina from a  
2257 fetus, stated that his motivation for developing these cell lines  
2258 from aborted fetuses was simply to see if it could be done in  
2259 comparison to what had already been done with animal cells. Since  
2260 then, use of these cell lines has become widespread and the  
2261 manufacturers have no motivation to invest the time or money  
2262 necessary to produce ethical replacements.

2263 Due to lack of transparency, scientists can unknowingly  
2264 become entrenched in using these cell lines. For example, the  
2265 HEK 293 cell line is often offered as part of a standard kit  
2266 available from biotechnology companies and branded under various  
2267 names. Only upon specific request are alternatives provided.  
2268 This lack of transparency is devastating for scientists who have  
2269 ethical objections to use of this tissue and amounts to moral  
2270 coercion.

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2271           Second, I refute the claim that without continued access to  
2272 fetal tissue, the discovery of new therapies will be prevented.  
2273 The evidence is overwhelming to the contrary. For example,  
2274 insulin for diabetes is produced in bacteria. Chinese hamster  
2275 ovary cells have been used for the development of Herceptin for  
2276 breast cancer and TPA for heart attack and stroke. There are more  
2277 70 successful treatments developed using adult stem cell sources.  
2278 Over one million bone marrow transplants, which are essentially  
2279 adult stem cell transplants, have been performed to date.

2280           Still, some continue to claim that fetal cells unequivocally  
2281 provide the best option because they divide rapidly and adapt to  
2282 new environments easily. But, alternative tissue and cells  
2283 sources are available for research without ethical concerns and  
2284 are demonstrating more versatility than originally thought.  
2285 Examples include stem cells from bone marrow, circulating blood,  
2286 umbilical cord, and amniotic fluid, as well as induced pluripotent  
2287 stem cells and even neural stem cells from cadavers. Adult stem  
2288 cells have already been used for the development of new  
2289 treatments, have been proven in clinical trials, and resulted in  
2290 the formation of new companies, which have successfully brought  
2291 to market treatments that are routinely benefitting patients  
2292 today.

2293           There is still no viable medical use for embryonic stem  
2294 cells. Yet, the argument continues that keeping this avenue of

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2295 research open may someday offer the only hope for a child with  
2296 a devastating disease or a person with spinal cord injury.

2297 In 1997, in The New York Times, it was reported the nation's  
2298 first transplant of fetal tissue into a person with spinal cord  
2299 injury. The study required five to eight fetal spinal cords for  
2300 each adult recipient but showed no significant therapeutic  
2301 benefit. Many more studies followed with none showing  
2302 significant therapeutic benefit; yet, with each continuing to  
2303 claim great promise. The promise without benefit continues today  
2304 at the cost of many human lives.

2305 So, let me address this claim from another perspective.  
2306 Consider the possibility that a treatment is discovered using  
2307 fetal tissue transplants and it is the only option for a certain  
2308 disease. Consider just one disease, like Parkinson's, which  
2309 affects up to one million people in the U.S. alone. Based on a  
2310 clinical trial in Sweden, cells from at least three to four fetuses  
2311 are needed to treat each Parkinson's patient. So, four million  
2312 babies would need to be aborted to treat this one disease, not  
2313 to mention the number needed to treat patients worldwide.

2314 Imagine the magnitude of the demand for fetuses to cure yet  
2315 another disease like Alzheimer's, which affects 44 million people  
2316 worldwide. Do we really want a world where the most vulnerable,  
2317 those with no voice, are subject to the whims, desires, and  
2318 perceived needs of others? Clearly, we will have created

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2319 industrialized harvesting of pre-born babies, a crime against the  
2320 human race.

2321 Third, the repeated assurances that proper ethical  
2322 guidelines are in place to avoid the connection between abortion  
2323 and subsequent research are entirely inadequate. By purchasing  
2324 fetal tissue products, the researcher is not far removed from the  
2325 act of abortion. As recently described in the journal Nature,  
2326 one researcher continues to pay \$830 for each fetal liver sample,  
2327 a purchase he must repeatedly make. A few years ago, before the  
2328 recent media coverage, it was quite easy to go to the Web site  
2329 of a biotechnology company and put almost any fetal body part in  
2330 one's shopping cart and submit for a purchase.

2331 So, independent of whether a researcher is at the bedside  
2332 of the one choosing an abortion or using a fetal cell line created  
2333 decades prior, by purchasing these fetal tissue products,  
2334 scientists are helping to create a market that drives the  
2335 abortion-biotechnology industry complex.

2336 Mrs. Blackburn. Dr. Schmainda, please wrap up. Your time  
2337 has expired.

2338 Ms. Schmainda. So, finally, I conclude with what is first  
2339 and foremost. Each and every human life is sacred with the  
2340 fundamental dignity that does not depend on his or her development  
2341 stage or abilities. This value belongs to all, without  
2342 distinction from the first moment of existence. Each and every

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2343 human life is unique and unrepeatable, created by our loving God  
2344 in his loving image and likeness.

2345 Nothing, no person, no argument, not even a scientific  
2346 discovery or cure can diminish the fact that using human embryos  
2347 or fetuses as objects or means of experimentation constitutes an  
2348 assault against the dignity of human beings who have a right to  
2349 the same respect owed to every person.

2350 Thank you.

2351 [The prepared statement of Ms. Schmainda follows:]

2352

2353 \*\*\*\*\*INSERT 9\*\*\*\*\*

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2354

Mrs. Blackburn. I thank you. And Dr. Goldstein, you are

2355

recognized for 8 minutes for an opening statement.

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2356 TESTIMONY OF LAWRENCE S.B. GOLDSTEIN

2357

2358 Mr. Goldstein. Good morning -- actually, good afternoon,  
2359 Chairwoman Blackburn, Ranking Member Schakowsky, and other  
2360 members of the committee. Thank you for the opportunity to  
2361 testify before you this afternoon about the important and  
2362 potentially life-saving research being done with fetal cells and  
2363 fetal tissue. And I will give you three brief examples for the  
2364 potential impact of this work.

2365 My bio is in your written materials. I will just summarize  
2366 a few key points. My early faculty career was spent at Harvard  
2367 University, where I became a tenured professor. I then moved to  
2368 the University of California, San Diego in 1993 and I am currently  
2369 a distinguished professor in the Department of Cellular and  
2370 Molecular Medicine and the Department of Neuroscience there.

2371 I served as Director of the U.C. San Diego Stem Cell Program,  
2372 Scientific Director of the Sanford Consortium for Regenerative  
2373 Medicine and Director of the Sanford Stem Cell Clinical Center.  
2374 I have received numerous honors and awards for my work.

2375 I have been a practicing scientist for 40 years, most  
2376 recently using all types of stem cells to understand and treat  
2377 Alzheimer's Disease, spinal cord injury, ALS, and more recently,  
2378 kidney disease.

2379 Today, I represent myself and the International Society for

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2380 Stem Cell Research, the American Society for Cell Biology, and  
2381 the Coalition for Life Sciences, which together, represent in  
2382 excess of 60,000 practicing life scientists and physicians.

2383 My message is very simple. Fetal tissue and cells that would  
2384 otherwise be discarded play a vital role in modern, cutting-edge  
2385 biomedical research. These fetal tissues and cells cannot be  
2386 easily replaced by embryonic stem cells, reprogrammed stem cells,  
2387 or adult stem cells. Let me give you three examples.

2388 In the first example, we are using fetal astrocytes in the  
2389 study of Alzheimer's disease. This devastating disease affects  
2390 5.3 million Americans and costs us in excess of \$200 billion to  
2391 \$300 billion a year. It killed my own mother. This number  
2392 doesn't reflect the real and terrible hardship that families face.  
2393 We don't have a cure. No cure is obviously in sight and we really  
2394 do have to find a way to treat this terrible disorder.

2395 Now, in my own lab, the approach we are taking is to use  
2396 reprogrammed stem cells to make Alzheimer's-type brain cells in  
2397 the dish. That is, to generate Alzheimer's disease in a dish and  
2398 to try to understand what is going wrong and to develop drugs that  
2399 curtail the problems that happen biochemically.

2400 Now, a type of cell that is very valuable in this work is  
2401 called an astrocyte. And this is a type of cell that is a support  
2402 cell in the brain. We use fetal astrocytes, which are vital to  
2403 these investigations. These fetal astrocytes provide growth

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2404 factors that keep the nerve cells healthy, that help them  
2405 establish connections, and to be honest, they produce factors that  
2406 we do not yet have fully defined that help maintain the viability  
2407 of these cultures and are proving important to us to make new  
2408 discoveries.

2409 It is possible to make astrocytes from stem cells. And you  
2410 can write the label astrocytes on those stem cells but they are  
2411 not identical in their behavior and properties to fetal  
2412 astrocytes, which arguably remain the gold standard to which we  
2413 compare astrocytes made from stem cells. And we cannot yet use  
2414 astrocytes made from stem cells to replace fetal astrocytes.  
2415 These astrocytes are vital to our investigations and I remain  
2416 hopeful that they will help us conquer the scourge of this terrible  
2417 disease.

2418 In the second example, in the Center that I direct, the  
2419 Sanford Stem Cell Clinical Center, we are using fetal neural stem  
2420 cells in clinical trials for spinal cord injury in human patients.  
2421 In animal versions of spinal cord injury, these fetal neural stem  
2422 cells have previously been shown to have really remarkable  
2423 properties and animals so treated exhibit tremendously greater  
2424 performance after treatment than before. What seems to happen  
2425 is that these fetal neural stem cells, when implanted at the site  
2426 of the injury, make new neurons that form a relay across the site  
2427 of the injury, enabling these animals to regain function.

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2428           Now, as a result of the work in animals, we have FDA approval  
2429 to test these fetal stem cells in human patients. Physicians and  
2430 surgeons in my center have initiated an FDA-approved phase 1  
2431 clinical trials of these cells and have implanted them in four  
2432 patients within the past year. I will tell you that these  
2433 surgeries are very arduous and the human volunteers are courageous  
2434 in the face of uncertainty about their future. Thus far, the  
2435 trial is a success. We have learned that, at minimum, the surgery  
2436 is safe. The fetal cells are safe and we will be tracking these  
2437 patients over the next few years looking for signs of recovery,  
2438 as these cells are given the opportunity to develop and positively  
2439 impact the paralysis.

2440           We hope in the next year to begin transplanting patients with  
2441 cervical spinal cord injuries, which will give us a more sensitive  
2442 test bed, we think. This trial and others like it, this is not  
2443 the only such trial, others are pursuing analogous investigations  
2444 with different sorts of cells, but these trials are vital to  
2445 pushing medical science forward and to helping to rescue people  
2446 who are afflicted with spinal cord injuries, which is a terrible  
2447 affliction.

2448           I will just mention that these same fetal neural stem cells  
2449 that we are using for spinal cord injury are also being used in  
2450 phase 1 and soon-to-be phase 2 clinical investigations for ALS  
2451 or Lou Gehrig's disease at NIH-sponsored centers around the

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2452 country.

2453 In a third and final example, I chair the executive committee  
2454 of a group of NIH-funded scientists who are trying to learn whether  
2455 it is possible to build new kidneys from stem cells. This goal  
2456 is significant because we have 93,000 Americans on waiting lists  
2457 for kidney transplants and we recognize that the goal of building  
2458 a functional kidney is audacious but audacious goals build  
2459 audacious dreams and projects and progress and I believe that we  
2460 can attain these goals with hard work, determination and time.  
2461 It won't happen instantly, but it is something I think we can  
2462 achieve.

2463 Fetal tissue that would otherwise be discarded is vital to  
2464 the future of this investigation, as it is only by examining fetal  
2465 tissue that we are able to deduce and learn what the signals are  
2466 that cells use to tell each other which cells are going to become  
2467 kidney, which are going to become other parts of the body and so  
2468 on.

2469 So, our ability to examine the very earliest stages of human  
2470 development are ultimately vital to our understanding and our  
2471 ability to treat many diseases in the future, including diseases  
2472 of pregnancy, diseases of the placenta, and diseases of children  
2473 and adults. Development of many of these therapies depend upon  
2474 our learning what the normal signals are by studying the earliest  
2475 stages of development and without this type of research, we will

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2476 be dramatically slowed down and people who would have therapies  
2477 sooner will wait and suffer needlessly longer.

2478 So, let me close by stating once again, that in my opinion,  
2479 research with fetal tissue and cells that would otherwise be  
2480 discarded is ethical, valuable, and vital to ongoing biomedical  
2481 research projects.

2482 I want to thank the committee for your time and I am prepared  
2483 to answer questions that you may have.

2484 [The prepared statement of Mr. Goldstein follows:]

2485

2486 \*\*\*\*\*INSERT 10\*\*\*\*\*

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2487 Mrs. Blackburn. Thank you, Dr. Goldstein.

2488 We will move to questions. And on our side, I am going to  
2489 reserve my time and Joe Pitts, Chairman Pitts, will be recognized  
2490 for 5 minutes.

2491 Mr. Pitts. Thank you, Madam Chair. Thanks again to the  
2492 witnesses for coming today.

2493 Let me just say something for the record that wasn't covered  
2494 in the last panel. The issue of undercover journalism was raised  
2495 but I just want to put this quote on the record. The indictment  
2496 was alarming enough for two pro-abortion scholars at Cornell to  
2497 write an opinion piece defending undercover journalism.

2498 Professors Sherry Colb and Michael Dorf said: "We are  
2499 pro-choice, and we support the important work of Planned  
2500 Parenthood, but we find the prosecution of these citizen  
2501 journalists, however self-styled, deeply disturbing.  
2502 Undercover exposes play a vital role in informing the American  
2503 public of important facts that would otherwise remain hidden."

2504 We are all familiar with local TV station I-teams and  
2505 undercover exposes using hidden cameras, sometime false  
2506 narratives. Mike Wallace was -- famous journalists have gone  
2507 undercover to expose shoddy conditions at the VA hospitals. Nick  
2508 Kristof of The New York Times posed as a customer to reveal the  
2509 darkness of sex trafficking in Cambodia, and you can go on and  
2510 on. So, for the record, I will put that.

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2511 Now, let me go to this question. The gentleman mentioned  
2512 Harvard. I think using, whether fresh, fetal tissue is vital to  
2513 cures is an open question. Presently, Harvard has 8,000 medical  
2514 research projects underway, only 10 use fresh fetal tissues; 10  
2515 out of 8,000.

2516 Now, some defend the practice of defend the practice of fetal  
2517 tissue collection from aborted babies because the fetal tissue  
2518 supposedly contributes to life-saving research today. First,  
2519 can you tell us what deadly disease have been cured or can now  
2520 be treated thanks to modern day collection of human fetal body  
2521 parts, anyone? No?

2522 And secondly --

2523 Mr. Goldstein. No, I think --

2524 Mr. Pitts. I am sorry?

2525 Mr. Goldstein. I would like to respond because I think the  
2526 case of vaccines is appropriate. The fact is, that is how those  
2527 vaccines were developed.

2528 Mr. Pitts. Which vaccines?

2529 Mr. Goldstein. Polio and the other long list that Professor  
2530 Charo gave us. And it is so easy to look in the rearview mirror  
2531 at research and say well, now that we know everything we know,  
2532 it would have been so much easier to do it a different way. You  
2533 didn't have to do it this way but the fact is, as you well know,  
2534 research is a slow, tough, enterprise.

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2535 Mr. Pitts. Yes, reclaiming my time. The simple fact that  
2536 the vaccine for polio was developed using monkey tissue, not human  
2537 fetal tissue.

2538 Let me go on to my question and it has to do with conflict  
2539 of interest. Suppose a tissue procurement business makes  
2540 financial contributions to an abortion clinic from which the  
2541 company harvests tissue. What ethical issues exist if the clinic  
2542 notifies the company in advance that the clinic has particular  
2543 abortions scheduled that would be good for acquiring particular  
2544 organs or tissue? Dr. Lee.

2545 Mr. Lee. Can you help me with who is making the contribution  
2546 to whom again?

2547 Mr. Pitts. The procurement business --

2548 Mr. Lee. Is making the contribution to the abortion clinic?

2549 Mr. Pitts. Yes.

2550 Mr. Lee. Okay. Well, I think there is a conflict of  
2551 interest in that there is not the separation. I think in all of  
2552 these organ transplant cases, we want to have a different set of  
2553 team making the decisions about how to proceed, how to treat a  
2554 patient and then a different set of team from that on talking to  
2555 the family about whether to make a donation. And it seems to me  
2556 it is the same team here that is working on aborting this baby  
2557 that is also trying to get the consent from the woman, which I  
2558 think is questionable whether it has authority there, but getting

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2559 consent from that woman to use the fetal body parts.

2560 So, I think there is a conflict of interest there, yes.

2561 Mr. Pitts. Dr. Schmainda?

2562 Ms. Schmainda. Yes, there is definitely a conflict of  
2563 interest and I would like to also add with regard to the  
2564 procurement of tissue, I oversee a tissue bank for brain tumor  
2565 tissue and spinal cord tumor tissue. And our procedure is such  
2566 that we have to have someone constantly on-call with a pager and  
2567 they have to be there in the OR, ready to go 30 minutes from tissue  
2568 removal. And if you don't get that tissue within 30 minutes of  
2569 removal, it is no longer useful for research, especially the more  
2570 advanced research like genomics and proteomics.

2571 So, it is very difficult to see how there can be a separation  
2572 between the research and the requirements of the scientific  
2573 community and the act of procuring that tissue.

2574 Mr. Pitts. My time has expired. Thanks.

2575 Mrs. Blackburn. The gentleman's time has expired. Ms.  
2576 Schakowsky, you are recognized for 5 minutes for questions.

2577 Ms. Schakowsky. Thank you.

2578 Ms. Schmainda, you oppose the use of fetal tissue in  
2579 scientific research, right?

2580 Ms. Schmainda. Yes.

2581 Ms. Schakowsky. Is the position your university has?

2582 Ms. Schmainda. I represent my own views. I am not

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2583 representing my university.

2584 Ms. Schakowsky. In fact last September, Dr. John Raymond,  
2585 the President and CEO of your university testified in opposition  
2586 to a Wisconsin State Senate bill that would prohibit researchers  
2587 in the State from using fetal tissue in their research.

2588 Dr. Goldstein, so my colleagues have used documents, emails  
2589 from researchers seeking fetal tissue and I don't know, maybe it  
2590 is in an effort to shock us, but what is your feeling about asking  
2591 for, for example, it may not sound great, but a liver or a thymus,  
2592 that kind of thing, if you have specific research going on? Do  
2593 you see anything unethical about that?

2594 Ms. Schmainda. Absolutely.

2595 Ms. Schakowsky. No, I am asking Dr. Goldstein that.

2596 Ms. Schmainda. Oh, excuse me.

2597 Mr. Goldstein. No, I don't see anything unethical about  
2598 asking for specific regions. When we get brain tissue from our  
2599 Alzheimer's disease brain bank, we will request the hippocampus  
2600 or a part of the cortex, or a specific part of the brain as part  
2601 of the normal procedure for obtaining post-mortem tissue.

2602 Ms. Schakowsky. Thank you. So, I wanted to ask you, there  
2603 has been concerns about recent outbreak of Zika, of course, and  
2604 it had led to renewed focus on infectious diseases that have the  
2605 potential to rapidly spread. As you know, there seems to be a  
2606 strong link between Zika virus infection during pregnancy and the

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2607 congenital microcephaly, a devastating birth defect. And at this  
2608 point, there is no treatment or vaccine for Zika.

2609           Given the majority's insistence on calling this panel the  
2610 Select Investigative Panel on Infant Lives, it would seem  
2611 important to focus on potential ways to improve infant lives, like  
2612 finding a way to prevent or cure the Zika virus and the potential  
2613 for microcephaly. In fact, the CDC has recently released  
2614 guidance on the collection and submission of fetal tissue for Zika  
2615 virus testing. They recognize that the study of this tissue is  
2616 the means through which we can understand the virus.

2617           So, Dr. Goldstein, how are we expected to learn and  
2618 understand the implications of the Zika virus without studying  
2619 the fetal tissue?

2620           Mr. Goldstein. I think that if you want to understand the  
2621 Zika virus, the most efficient place to start is with the fetal  
2622 tissue that is infected. That just seems self-evident to me.

2623           Ms. Schakowsky. Isn't it imperative that researchers have  
2624 access to brain tissue to study the differences between the  
2625 healthy neurological cells and those potentially infected with  
2626 microcephaly?

2627           Mr. Goldstein. Well and in particular for figuring out  
2628 which cell types are infected. It is often forgotten that the  
2629 brain is made of dozens, if not more kinds of cells. We don't  
2630 know which cell type is being infected by the virus and it is only

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2631 by surveying the landscape that we will get any clues.

2632 Ms. Schakowsky. The World Health Organization has now  
2633 labeled the Zika virus as a public health emergency of  
2634 international concern. What is your view of preventing the use  
2635 of fetal tissue research to study and hopefully stop this growing  
2636 public health emergency?

2637 Mr. Goldstein. I think that would be sticking your head in  
2638 the sand.

2639 Ms. Schakowsky. Thank you. Would not having fetal tissue  
2640 as a resource in this study potentially delay finding a cure?

2641 Mr. Goldstein. It would absolutely delay it. I think you  
2642 have to go to the source if you want to understand what is going  
2643 wrong.

2644 Ms. Schakowsky. Going back to the name of this committee,  
2645 this type of research could lead to treatments and cures that  
2646 benefit infant lives, could it not?

2647 Mr. Goldstein. That would be the hope. You know there is  
2648 never any guarantee with research that we are going to get to where  
2649 we want to go, but we are going to give it a good solid try and  
2650 we have to have appropriate tools.

2651 Ms. Schakowsky. Beyond Zika virus, fetal tissue is  
2652 important for research and to other conditions that impact infant  
2653 and fetal development. Is that correct? And I am wondering if  
2654 you could name what else we might be investigating.

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2655 Mr. Goldstein. Well, another interest in my lab is in a  
2656 disorder called Niemann-Pick type C1, which is a devastating  
2657 cholesterol transport disorder that kills kids in their first or  
2658 second year of life. We use fetal astrocytes in our investigation  
2659 of that disorder as well. We have recently discovered what I hope  
2660 will be two drugs that may be effective. We need to get into  
2661 clinical trials to find out but it is the sort of thing that you  
2662 could imagine doing on multiple occasions down the line.

2663 Again, research is not a guarantee but we have to go through  
2664 the door and look in order to find out.

2665 Ms. Schakowsky. Thank you and I yield back.

2666 Mrs. Blackburn. Mrs. Black, you are recognized for 5  
2667 minutes.

2668 Mrs. Black. Thank you Madam Chair and I thank the panelists  
2669 for being here. I think it is really ironic that we sit here and  
2670 talk about how we will benefit children and at the same time, we  
2671 are talking about how it is okay to abort a baby and to dissect  
2672 it and take out its body parts and use that for research but at  
2673 the same time, we talk about how this will save babies. So, it  
2674 is very ironic. Do we want to save babies or do we not want to  
2675 save babies. But that is not my question.

2676 My question I want to go to are babies that are born alive  
2677 in these abortion clinics. And just last week, there was a  
2678 20-week-old child that was born alive in a Phoenix abortion

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2679 clinic. There was a fire department that was close and had to  
2680 transport the baby to the hospital.

2681 Since sometimes these children are born alive, either during  
2682 or right after the abortion, should abortion clinics have neonatal  
2683 care equipment in those clinics to help to save those babies? Dr.  
2684 Lee, do you have a thought on that?

2685 Mr. Lee. Yes, I mean I think that if we were treating someone  
2686 that we really genuinely recognized as a human being and as having  
2687 intrinsic dignity, we would say that we need to have available  
2688 the kind of care that is needed if something goes wrong. And we  
2689 would not fight every inch of the way when the government, whether  
2690 it is state or federal level, tries to require protection for  
2691 babies who are born alive.

2692 So, yes, I think neonatal care, access to ambulance care,  
2693 I think that is a minimum, I think.

2694 Mrs. Black. Dr. Schmainda, do you have a thought on that?

2695 Ms. Schmainda. I can't imagine it because when you have the  
2696 neonatal care unit, you are recognizing that this is a human  
2697 person. And I think absolutely it must be because it is a human  
2698 person, it would be wonderful if it existed.

2699 Mrs. Black. How about you, Dr. Goldstein, do you have a  
2700 thought on that?

2701 Mr. Goldstein. I am not an expert on the sort equipment that  
2702 should be present at an abortion clinic and it would be

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2703 inappropriate for me to speculate.

2704 Mrs. Black. Well, can I ask you do you think it is wrong  
2705 to let a child die that is born in an abortion clinic and needs  
2706 medical assistance?

2707 Mr. Goldstein. I think it is wrong to let a child die.

2708 Mrs. Black. Thank you.

2709 The second question that I have along these lines, should  
2710 the mother be told as a part of that consent form that there is  
2711 a chance that your baby will be born alive and that our clinic  
2712 will give you baby the best care? Ethically, what do you think  
2713 about that, Dr. Lee?

2714 Mr. Lee. Well, I think it is hard to say when you are talking  
2715 about percentages and it is a difficult question to answer because  
2716 the premise of it is that we are talking about asking someone full  
2717 consent for something that I think if they genuinely understood  
2718 and had a moral outlook, a just outlook, they would not really  
2719 want to consent to that.

2720 So, it is kind of a -- I find it difficult to answer that  
2721 question. But I would say that I think, in general, there is not  
2722 enough information given to the woman about the nature of what  
2723 it is that is being killed in an abortion. Sometimes it is even  
2724 hidden from her that anything is being killed, that there was even  
2725 something alive. So, if we could just get even just general  
2726 really good informed consent about the nature of that procedure

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2727 is that we are talking about, that would be a first step. And  
2728 then yes, I think the other things should be brought in, when you  
2729 are talking about the possibilities. Even if it is a remote  
2730 possibility, it is such a horrific possibility and it also, I  
2731 think, bears on the question that she should be asking about well  
2732 what kind of procedure is this.

2733 Mrs. Black. Thank you. With the little bit of time that  
2734 I have left, Madam Chairman, I am not so sure after we complete  
2735 our investigations and our information that we will receive as  
2736 a result of this committee that there shouldn't be another Blue  
2737 Ribbon Commission. We talked about this Blue Ribbon Commission  
2738 that was under President Reagan, it was done back in 1984. We  
2739 are 30 years down the road. There is so much medical science  
2740 advancement here, at that point, the viability, I was still young  
2741 out of nursing school, the viability was around 36 weeks. And  
2742 you know if we had a baby that was born at 36 weeks or less, we  
2743 really didn't have a lot of medical advancements for saving that  
2744 child. But I think that this whole issue really needs to be  
2745 revisited and, rather than going back and looking at a Blue Ribbon  
2746 Commission that was done some 30 years ago, that may be one of  
2747 the recommendations that we have.

2748 And I yield back the balance of my time.

2749 Mrs. Blackburn. The gentlelady yields back.

2750 Ms. DeGette, you are recognized for 5 minutes.

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2751 Ms. DeGette. Thank you, Madam Chair.

2752 As with the last panel, I would appreciate yes and no answers,  
2753 if possible.

2754 My first question, Dr. Lee, you are a professor, a doctor  
2755 of philosophy, correct?

2756 Mr. Lee. Right.

2757 Ms. DeGette. And Dr. Schmainda, you have a Ph.D. in medical  
2758 engineering. Correct?

2759 Ms. Schmainda. Correct.

2760 Ms. DeGette. And the first line of your biography on the  
2761 Medical College of Wisconsin's Web site says your primary focus  
2762 of your lab is the development of MRI methods to assess brain  
2763 tumors. Is that correct?

2764 Ms. Schmainda. That is definitely a focus, yes.

2765 Ms. DeGette. Now, Dr. Goldstein, you are an actual  
2766 cell-based researcher and you run a lab. Is that correct?

2767 Mr. Goldstein. Yes.

2768 Ms. DeGette. So, I am going to talk to you, since of all  
2769 the six witnesses we have had today, you seem to be the only one  
2770 with experience in being able to talk about fetal tissue research  
2771 and other types of cell-based research.

2772 The first question I want to ask you is Dr. Donovan said we  
2773 still have cell lines developed from fetal tissue from abortions  
2774 from before and from a long time ago, when they were used for

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2775 vaccines and other purposes; those should still be sufficient.

2776 Do you believe that existing fetal cell lines are sufficient or

2777 do you think it is important to develop new fetal cell lines?

2778 Mr. Goldstein. I think that as methods improve, you

2779 generally are going to want to revisit the question of developing

2780 new cell lines with superior methods.

2781 Ms. DeGette. Now in the three studies you talked about your

2782 in testimony, are you using new cell lines or some of the existing

2783 cell lines from before?

2784 Mr. Goldstein. The fetal neural stem cells, those are cell

2785 lines that have been in existence for some time and have been

2786 through substantial expansion. The fetal astrocytes are earlier

2787 stage primary cultures but they are also established.

2788 Ms. DeGette. Okay. And my next question and related to

2789 that is Dr. Schmainda said that there is no -- actually she said

2790 in her testimony it is clear that no current medical treatments

2791 exist that have required using fetal tissues for their discovery

2792 or development. Is that a correct statement, yes or no?

2793 Mr. Goldstein. I think that is an incorrect statement.

2794 Ms. DeGette. Okay. Now, there is a number of new research

2795 studies, including the ones that you and your facility are

2796 investigating that are using fetal cells. Is that correct?

2797 Mr. Goldstein. That is correct.

2798 Ms. DeGette. And several of the witnesses today have

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2799 testified that the cell lines are all interchangeable so that to  
2800 do your research and this other research, you would not need to  
2801 have fetal cells. Is that correct?

2802 Mr. Goldstein. I don't agree with that. In my experience,  
2803 cell lines are simply not interchangeable.

2804 Ms. DeGette. And I know there is a number of new types of  
2805 cell lines out there. I have done a lot of work, as you know,  
2806 on embryonic stem cell research but there is a lot of different  
2807 kinds of cells. There is iPS cells, there is human mesenchymal  
2808 stem cells, there are some nasal astrocytes that are being used  
2809 in other types. Can they all just be slotted in for each other  
2810 or do you need all different types of cells to do research?

2811 Mr. Goldstein. So, I will make two comments about that.  
2812 One is we need all different types of cells to do research because  
2813 we don't know what is best. And second, in order to find out what  
2814 is best, we have to do comparative studies and compare each against  
2815 the other to figure out what is actually going to turn out to be  
2816 superior for the medical application.

2817 Ms. DeGette. So, it is not like the iPS cells are the same  
2818 thing as these fetal tissue cells?

2819 Mr. Goldstein. No. No, no, they are different.

2820 Ms. DeGette. Okay. Now, there was also some testimony from  
2821 several different of the witnesses, none of them cell researchers  
2822 like you, that we don't need fetal tissue from induced abortions

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2823 because we can just use fetal tissue from miscarriages. Have you  
2824 heard testimony like that today and before?

2825 Mr. Goldstein. I have heard that statement made.

2826 Ms. DeGette. And are you familiar with the view that because  
2827 the timing of recognition of a spontaneous abortion or ectopic  
2828 pregnancy is unpredictable and both conditions may result in a  
2829 serious emergency for the woman, the fetal tissue collected under  
2830 these circumstances is often not suitable for research purposes?  
2831 Are you aware of that?

2832 Mr. Goldstein. I am aware of that.

2833 Ms. DeGette. And do you think that we can substitute the  
2834 tissue from spontaneous abortions or from ectopic pregnancies?

2835 Mr. Goldstein. I don't.

2836 Ms. DeGette. Why not?

2837 Mr. Goldstein. And I would add that frequently spontaneous  
2838 abortions have genetic abnormalities that render them unsuitable  
2839 for further downstream work.

2840 Ms. DeGette. Thank you. I have no further questions.

2841 Mrs. Blackburn. The gentlelady yields back.

2842 Dr. Bucshon, for 5 minutes.

2843 Mr. Bucshon. Thank you very much. Thank you to all the  
2844 witnesses for being here. By the way, I did my residency at the  
2845 Medical College of Wisconsin and I spent 7 years there. My wife  
2846 went to medical school there. Welcome, all of our witnesses.

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2847 Dr. Goldstein, in your testimony you failed to mention that  
2848 functional kidney organoids have already been grown using iPS  
2849 cells and adults stem cells. Is that true?

2850 Mr. Goldstein. It is true that organoids have been made.  
2851 And organoid is not the same as an organ. In fact, Dr. Little,  
2852 in whose lab that work was done is a member of our team --

2853 Mr. Bucshon. Okay. Now --

2854 Mr. Goldstein. -- trying to figure out how to harness  
2855 organoid technology to the development of an intact functional  
2856 kidney.

2857 Mr. Bucshon. That is fair enough. So, with fetal cells  
2858 then, you are trying to grow organs?

2859 Mr. Goldstein. Ultimately, the goal would be to figure out  
2860 whether using fetal cell lines, or embryonic cell lines, or  
2861 induced reprogrammed cell lines, whether it is possible to build  
2862 a functional kidney or not.

2863 Mr. Bucshon. Okay. And the same thing, if you have already  
2864 made it to organoids from iPS cells and adult stem cells, it seems  
2865 like you are actually further along in that area using those.

2866 Mr. Goldstein. I am not sure I agree with that. I think  
2867 that is conjecture.

2868 Mr. Bucshon. Okay, well that is your area. So, I can't  
2869 dispute that.

2870 You mentioned fetal cells related to spinal cord injuries.

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2871 Are there peer-reviewed journal studies about clinical cures of  
2872 spinal cord injuries from adult stem cells?

2873 Mr. Goldstein. There are published papers from a number of  
2874 labs around the world that claim to have seen dramatic results  
2875 with cells from adult sources in spinal cord injury. In a number  
2876 of cases, those studies have been discredited. In a number of  
2877 cases, we are just not sure and we need to have further  
2878 investigation to find out.

2879 Mr. Bucshon. Okay, thank you. And can I ask, where do you  
2880 guys get your fetal tissue?

2881 Mr. Goldstein. So, the fetal neural stem cells that we  
2882 obtain for our clinical trials come from our collaborating company  
2883 called Neuralstem, which expands them to a large number, literally  
2884 billions of cells.

2885 Mr. Bucshon. Okay, where do they get the tissue to start  
2886 their cell growth?

2887 Mr. Goldstein. I honestly don't know where they obtain  
2888 their tissue.

2889 Mr. Bucshon. Do they pay for it, do you know?

2890 Mr. Goldstein. I don't know but I presume that since it is  
2891 against the law for them to pay for it, that they do not pay for  
2892 it.

2893 Mr. Bucshon. Okay and so somebody made the point that since  
2894 tissue would otherwise be discarded -- I am just asking, this is

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2895 a philosophical question -- should anyone be paying for fetal  
2896 tissue or making a profit from it, since it was just going to be  
2897 quote, unquote, discarded anyway? The reason I ask that is  
2898 because we know there are agencies that have been making a lot  
2899 of money off of this tissue. So, just philosophically, would you  
2900 think that that would be the right thing, that money should be  
2901 exchanged? I mean I understand that the argument is that it takes  
2902 money to process the tissue.

2903 Mr. Goldstein. Right, exactly. So, I am comfortable with  
2904 the law of the land as it currently sits.

2905 Mr. Bucshon. Okay, Dr. Schmainda?

2906 Ms. Schmainda. Yes.

2907 Mr. Bucshon. That same question. If the tissue is just  
2908 discarded, I mean does it make any ethical sense that people would  
2909 be making a profit from it if it is just -- as has been quoted  
2910 by many people, a couple people in this hearing, if it is going  
2911 to be discarded anyway, what is the big deal? Then how come we  
2912 are selling it and making a profit from it?

2913 Ms. Schmainda. Right, the ends never justify the means.

2914 Mr. Bucshon. How come we are buying it?

2915 Ms. Schmainda. Exactly. So while the ends never justify  
2916 the means, supposedly, the guidelines are in place and so the  
2917 researchers are not connected with abortion. They clearly are  
2918 by creating the market that is driving the development of these

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2919 cell lines or the use of fetal cell tissues. The  
2920 biopharmaceutical company, there is a lot of areas where people  
2921 could be making a lot of money. So, it is clear that is a  
2922 money-making effort.

2923 And I also want to speak to the fact that if you don't mind,  
2924 there has been a lot of discussion of the 1988 Advisory Panel,  
2925 this Blue Ribbon Panel that people have been discussing. And I  
2926 want to clarify because in my reading of this panel, there is  
2927 actually 21 panel members and of the 21, there was two or three  
2928 that dissented from the majority opinion. Now, the majority  
2929 opinion itself basically was that we agreed that there is a moral  
2930 question here.

2931 Mr. Bucshon. Okay. I am going to have to move on because  
2932 I am running out of time.

2933 Ms. Schmainda. Okay.

2934 Mr. Bucshon. Dr. Lee, do you have any comments on that  
2935 question about -- I mean it is just like it makes no sense to me  
2936 that if there is no money in this, the tissue, and it is about  
2937 research -- and I support research. Don't get me wrong and Dr.  
2938 Harris addressed that in the last panel -- then why are there  
2939 organizations out there wanting to do this? If there is just no  
2940 money involved, it is going to be discarded anyway, what is the  
2941 big deal? We will just use it for research.

2942 Mr. Lee. Well my comment is if the argument that the fact

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2943 that these would be discarded anyway had any merit, it would prove  
2944 too much. It would prove that well, then, since it is going to  
2945 be discarded anyway, we might as well allow people to make money  
2946 off of this. In any situation where someone dies who did not  
2947 consent to have his body used for research, the same argument could  
2948 be made about that person's body and say well, look, yes, it is  
2949 true that person did not give consent --

2950 Mr. Bucshon. Understood. My time has expired. Thank you  
2951 very much.

2952 Mrs. Blackburn. I thank the gentleman.

2953 Ms. Speier, you are recognized for 5 minutes.

2954 Ms. Speier. Thank you all.

2955 Dr. Lee, again, you are not a researcher. Correct?

2956 Mr. Lee. Not in physical science.

2957 Ms. Speier. Not in physical science and yet this hearing  
2958 is about the use of fetal tissue in a scientific setting.

2959 Mr. Lee. Right, my area of study is bioethics.

2960 Ms. Speier. It is a little confusing to me as to why this  
2961 panel, which should be comprised of scientists doesn't have a  
2962 whole panel of scientists. But, you are an ethicist. So, let  
2963 me ask you this.

2964 One of the questions one of my colleagues asked was is it  
2965 unethical for a tissue procurement facility to contribute to an  
2966 abortion clinic and you gave an answer. Do you think it is ethical

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2967 for members of Congress to receive campaign contributions and then  
2968 vote for a specific bill from that institution or carry a bill  
2969 for that institution?

2970 Mr. Lee. I would have to get more specifics by meaning a  
2971 bill for that institution. I don't know. If it is a bill, yes,  
2972 I guess. If you are saying if the bill is precisely not for the  
2973 public good but for only this specific institution, yes, that  
2974 would be unethical. But then of course, that just raises the  
2975 question of whether we are talking about the public good or whether  
2976 we are trying to promote a specific institution. And I think that  
2977 --

2978 Ms. Speier. Well, thank you. Thank you for your comments.  
2979 This is kind of preposterous for us to sit up on this committee  
2980 and suggest about ethical behavior when we are in the business  
2981 of campaigning and raising money from individuals who are  
2982 interested in getting us to vote one way or another.

2983 Let me ask you, Dr. Goldstein, 41 academic institutions have  
2984 written a letter emphasizing the need for continued fetal tissue  
2985 research. In your own words, can you explain what is at stake  
2986 if this research is not permitted to continue?

2987 Mr. Goldstein. Predicting the future is a very dodgy  
2988 business and any of us who claim to predict the future have got  
2989 to do so cautiously but I think it is fair to say research into  
2990 deadly disease will slow down. And that is not virtual. If I

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2991 am 2 years later finding a therapy for a disorder, that is 2 years'  
2992 worth of people who will have developed that disorder and passed  
2993 away from it.

2994 I think back to Christopher Reeve, with whom I testified some  
2995 years ago in an embryonic stem cell hearing and we talked at that  
2996 time about what was at stake for people like Mr. Reeve. And the  
2997 fact was, time was at stake. So, he, sadly, did not live long  
2998 enough to see us putting an appropriate fetal neural stem cell  
2999 type into clinical trial. I am sorry about that because I think  
3000 he would have been really heartened to see that and he ran out  
3001 of time.

3002 Ms. Speier. I was very impressed by your work with spinal  
3003 cord injuries. There are many people who are paralyzed, whose  
3004 life, quality of life has diminished greatly. The work you are  
3005 doing right now where you are using fetal neural stem cells has  
3006 the potential, does it not, to create a means by which individuals  
3007 in the future who are living in a paralyzed state could in fact  
3008 have fuller function?

3009 Mr. Goldstein. That is the potential, if everything goes  
3010 according to plan.

3011 Ms. Speier. There was a reference made earlier about  
3012 reconstruct -- of cosmetic purposes that fetal tissue could be  
3013 used for. It was interesting that my colleague didn't reference  
3014 the word reconstructive and cosmetic purposes. And I think we

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3015 fail to appreciate that skin grafts are used in very important  
3016 reconstructive purposes. Persons who are burn victims benefit  
3017 by the use of skin grafts. I, personally, have a body that is  
3018 full of skin grafts due to an injury I received over 36 years ago.  
3019 So, let's not diminish or somehow dilute the importance of the  
3020 use of skin grafts in the effort to potentially improve people's  
3021 lives.

3022 I am also concerned -- and I have only got 20 second left,  
3023 so Dr. Goldstein, I am concerned about the chilling effect on  
3024 researchers who are now being called, much like the McCarthy  
3025 hearings of old to have their names associated with research they  
3026 are doing. Could you speak to that?

3027 Mr. Goldstein. I think the chilling effect of naming names  
3028 is always a danger of this sort of proceeding.

3029 Ms. Speier. Thank you. I yield back.

3030 Mrs. Blackburn. The gentlelady yields back. Dr. Harris is  
3031 recognized for 5 minutes.

3032 Mr. Harris. Thank you very much.

3033 Dr. Schmainda, let me just clarify because I think a question  
3034 was asked of you before, do you oppose tissue cell -- fetal tissue  
3035 research. But your summary says that you believe that we should  
3036 prohibit research using fetal tissue from induced abortion. Is  
3037 that the correct summary?

3038 Ms. Schmainda. Correct.



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3039 Mr. Harris. Okay because we are frequently painting with  
3040 a broad brush that somehow we all oppose this life-saving fetal  
3041 tissue. We are talking specifically --

3042 Ms. Schmainda. Yes.

3043 Mr. Harris. -- about induced abortions.

3044 Ms. Schmainda. Absolutely.

3045 Mr. Harris. So now, you have done medical research for 25  
3046 years and, although your qualifications have been questioned to  
3047 sit on this panel, since this panel is bioethical issues, I take  
3048 it you have filled out IRB consents before?

3049 Ms. Schmainda. Yes, all the time.

3050 Mr. Harris. Okay. And the purpose is to ethically protect  
3051 patients, right?

3052 Ms. Schmainda. Correct.

3053 Mr. Harris. So, I am going to ask Exhibit A-3 to be put up  
3054 again, which is the donation form that comes from a clinic where  
3055 this fetal tissue is obtained. And I will tell you -- and I am  
3056 sure when you have obtained consent for research you are careful  
3057 not to over-promise because that, of course, would induce a  
3058 patient to accept and consent to research.

3059 So, I am going to say read the first line. It says: "Research  
3060 using the blood from pregnant women and tissue that has been  
3061 aborted has been used to treat and find a cure for such diseases  
3062 as diabetes, Parkinson's disease, Alzheimer's disease, cancer,

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3063 and AIDS."

3064 And I am going to ask Dr. Goldstein in a second, we really  
3065 have found a cure using fetal tissue for diabetes, Parkinson's  
3066 disease, Alzheimer's disease, cancer, and AIDS? Because that is  
3067 exactly what this form says. And if I had made this promise to  
3068 a patient I was obtaining consent for, my IRB would never allow  
3069 me to say that what we are doing has found a cure. Is that what  
3070 your IRBs would do?

3071 Ms. Schmainda. Absolutely. Yes, we can --

3072 Mr. Harris. That is what I thought. Let me just keep going  
3073 because I have limited time and I do want to ask Dr. Goldstein  
3074 a few questions because I personally am not -- Dr. Goldstein, look,  
3075 thank you for your willingness over 40 years to look into these  
3076 diseases that affect human beings. No question about it. I was  
3077 medical research. You are medical research. Again, I am not  
3078 going to re-litigate use of fetal tissue because I think we have  
3079 a broad agreement that fetal tissue ethically obtained is  
3080 absolutely appropriate.

3081 First of all, you have suggested that anything that slows  
3082 this process down is a bad thing. You kind of suggested that.  
3083 You have an IRB. How long does it take your IRB to approve,  
3084 normally? Mine took months. I know exactly why you are  
3085 laughing. It can take months or even year, can't it?

3086 Mr. Goldstein. That is right.

3087 Mr. Harris. Okay, so --

3088 Mr. Goldstein. And if I might chip in here --

3089 Mr. Harris. No, you can't. I have got to keep going because  
3090 I have a bunch of questions. And I appreciate that you are totally  
3091 honest about that.

3092 So, we have already made the decision that it is all right  
3093 to slow down life-saving research when it involves humans for  
3094 ethical reasons because we have a national policy that you have  
3095 to have an IRB, which we know slows down life-saving research.

3096 So, the question is not whether it is all right to slow it  
3097 down. It is whether it is ethical to assure ethics.

3098 In an article in Nature magazine in December, I am sure you  
3099 know, you have said this, regarding aborted fetuses, you said:  
3100 "We are not happy about how the material became available but we  
3101 would not be willing to see it wasted and just thrown away." And  
3102 I am just going to concentrate on the quote: "We are not happy  
3103 about how the material became available." Why? Why are you not  
3104 happy about how that material became available? Is that an  
3105 accurate quote? I know sometimes the press misquotes us.

3106 Mr. Goldstein. It is an absolutely accurate quote and I  
3107 think probably the best way to think about it is I don't seek out  
3108 controversy. I am happier if my research just happened in a quiet  
3109 back room and I could get on with the business of looking for  
3110 therapies.

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3111 Mr. Harris. And that is every researcher I have known in  
3112 medicine has felt the same way. So, I absolutely understand that  
3113 opinion.

3114 I have got to tell you and, again, you have been brutally  
3115 honest with us, and I thank you for your honesty.

3116 It has been suggested that it is immoral for these tissues  
3117 to be discarded. Literally, I mean we can replay the transcript,  
3118 that it is immoral. Do you agree that if one of these patients  
3119 doesn't sign this form and that the tissue is discarded, that woman  
3120 is making an immoral decision?

3121 Mr. Goldstein. May I answer?

3122 Mr. Harris. Absolutely.

3123 Mr. Goldstein. It is up to the patient to make that  
3124 decision.

3125 Mr. Harris. But is it immoral if the woman chooses not to  
3126 make the donation?

3127 Mr. Goldstein. No, it is not immoral.

3128 Mr. Harris. Thank you. Thank you very, very much for that  
3129 honesty.

3130 And I am just going to ask Dr. Lee, because you are a  
3131 bioethicist, is that form ethical where you tell a patient that  
3132 diabetes, Parkinson's disease, Alzheimer's disease, cancer, and  
3133 AIDS, that this tissue has been used to find a cure? Past tense.  
3134 It is not we are going to use it to attempt to find a cure, it

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3135 has been used to find a cure. English has a very specific meaning.  
3136 Is that unethical to ask this woman at a time when she is making  
3137 a difficult decision to say that this tissue has been used to cure  
3138 diseases when it hasn't?

3139 Mr. Lee. No, in order to make a fully informed consent, you  
3140 have to be given accurate information.

3141 Mr. Harris. Thank you very much. I yield back.

3142 Mrs. Blackburn. The gentleman yields back.

3143 Ms. DelBene, you are recognized.

3144 Ms. DelBene. Thank you, Madam Chair.

3145 I think everyone agrees that medical research using human  
3146 tissue should adhere to ethical standards. There is no  
3147 disagreement. But as Dr. Goldstein and every researcher in  
3148 America knows, that is true for all human tissue. If I wanted  
3149 to donate tissue as part of a research study, the use of my tissue  
3150 would be overseen by an Institutional Review Board and subject  
3151 to strict ethical and legal rules. I am an organ donor. I assume  
3152 many people in this room are organ donors. And if an accident  
3153 took place and any of us were in a position where our organs would  
3154 be donated, the use of our organs to save someone else's right  
3155 would rightfully be subject to similar ethical guidelines. Rules  
3156 guiding scientific research should be crafted in a reasonable and  
3157 deliberate manner and they should be crafted by science, not by  
3158 ideology.

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3159 As Professor Charo pointed out, diseases also do not  
3160 discriminate. The majority's attacks on research are an attack  
3161 on all Americans because nearly everyone in this country has  
3162 benefitted from research involving fetal tissue.

3163 Dr. Goldstein, as you know, medical breakthroughs come after  
3164 years of incremental progress, often starting with very basic  
3165 research that was conducted sometimes for an entirely different  
3166 purpose and we learned something that was very relevant to move  
3167 forward in a different area. Our greatest discoveries might have  
3168 gone undiscovered if we cut off avenues of basic research that  
3169 didn't seem promising at the time. So, how would you respond to  
3170 claims that this research isn't useful or necessary anymore?

3171 Mr. Goldstein. Well, I don't disagree that it is not useful  
3172 or not necessary any longer. And the fact is, as you correctly  
3173 recognize, of 100 times that we start testing the therapy, 90 or  
3174 95 percent of the time it is a dry well. We fail more often than  
3175 we succeed but we persist. What we learn from the failures is  
3176 important to help us figure out how to be successful in the future.

3177 Ms. DelBene. So, to clarify, you do think that it is useful  
3178 and necessary to continue this type of research.

3179 Mr. Goldstein. Oh, absolutely, yes.

3180 Ms. DelBene. If republicans were successful in cutting off  
3181 this research, would potential for medical breakthroughs be  
3182 slowed or stopped altogether?

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3183 Mr. Goldstein. It would be slowed.

3184 Ms. DelBene. And could you speak about some of the work that  
3185 is going on right now, the ongoing research in this area?

3186 Mr. Goldstein. Well, I mean if our clinical trials with  
3187 fetal neural stem cells in spinal cord injury were halted, I think  
3188 that would be a terrible shame because I think it is one of our  
3189 most promising avenues. It is not just us that have seen these  
3190 properties with these cells. It has been repeated in other labs.  
3191 It looks like a very good, fertile ground and I would hate to see  
3192 it stalled. The same for our work on Alzheimer's.

3193 Ms. DelBene. Do you think there would be ethical  
3194 implications to not continuing that type of research?

3195 Mr. Goldstein. You know, we owe it to our descendants what  
3196 kind of world we give them. And I know that can be taken in a  
3197 variety of different ways but we are following the law. We are  
3198 doing work that has been deemed ethical by the mainstream  
3199 scientific community and it is work that looks as though it is  
3200 going to be very promising.

3201 I wonder if I might give you one comment. In Parkinson's  
3202 disease, fetal tissue research is sometimes pointed to as having  
3203 not been successful because it didn't yield, in and of itself,  
3204 a cure. The fact is, that fetal tissue research has taught us  
3205 what now to do with embryonic stem cells and perhaps with  
3206 reprogrammed stem cells. So, even in that case, we learned a lot

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3207 about how not to do things, how to avoid overdosing tissue, what  
3208 types of cells to make in the future.

3209 Ms. DelBene. I agree. I did medical research when I  
3210 started my career and sometimes the things that didn't go as you  
3211 anticipated actually yield the greatest learning.

3212 Mr. Goldstein. Yes.

3213 Ms. DelBene. Folks brought up earlier that there has been  
3214 a series of subpoenas and sweeping overbroad document requests  
3215 to many names of patients, doctors, medical students, all who are  
3216 involved in women's healthcare and vital medical research without  
3217 really any legitimate reason for doing so. I wondered if you  
3218 believe that that kind of environment is conducive to academic  
3219 freedom and scientific advancement.

3220 Mr. Goldstein. No, I think it is terrible when researchers  
3221 have to worry about their personal safety.

3222 Ms. DelBene. And do you think the political climate can have  
3223 a chilling effect on scientific research going forward if that  
3224 continues?

3225 Mr. Goldstein. It is already having it.

3226 Ms. DelBene. It is already having it. In what way are you  
3227 seeing that today?

3228 Mr. Goldstein. So, there is another project that I am  
3229 involved with that is basically seeing a supply of fetal material  
3230 dry up completely and it was a very promising therapy for MS.

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3231 Ms. DelBene. Thank you. My time has expired. I yield  
3232 back, Madam Chair.

3233 Mrs. Blackburn. I thank the gentlelady.

3234 Mrs. Hartzler for 5 minutes.

3235 Mrs. Hartzler. Thank you Madam Chairman.

3236 I just wanted to clarify that we don't have issues with  
3237 studying the babies who are stillborn or miscarried due to the  
3238 microcephaly and Zika and that is happening. But it is another  
3239 thing entirely to have parents abort and use the aborted babies  
3240 for research.

3241 So, Ms. Schmainda, can information about microcephaly  
3242 associated with Zika be obtained using fetal tissue from affected  
3243 babies that are miscarried or stillborn?

3244 Ms. Schmainda. Yes, absolutely. And I think when we speak  
3245 of abortions, induced abortions and the tissue we get from them  
3246 as a reference or as a gold standard, that is completely incorrect  
3247 because the identity, the genetic identity of these children are  
3248 not known.

3249 Mrs. Hartzler. Very good. I would like to carry on some  
3250 more questions with you.

3251 Could you describe in detail how the tissues procurement  
3252 process takes place, what personnel and equipment are involved?

3253 Ms. Schmainda. Absolutely. So, as I had mentioned briefly  
3254 before, we actually have a full-time person that oversees a tissue

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3255 bank. And they are on-call with a pager so they know when the  
3256 tissue is going to be removed at the time of surgery. So, they  
3257 have to be there within 30 minutes, carrying with them a liquid  
3258 nitrogen Dewar because the tissue has to be flash frozen in order  
3259 to maintain the quality of the research tissue. Otherwise, a lot  
3260 of the analysis, the advanced analysis like genetic and proteomic  
3261 analysis could not be performed with any reliability.

3262 Mrs. Hartzler. Are you familiar with how fetal tissue is  
3263 procured, though, and the process involved with that?

3264 Ms. Schmainda. I am not but I can't imagine it is any  
3265 different.

3266 Mrs. Hartzler. If we could put up Exhibit A-2, this is the  
3267 exact compensation chart for a procurement technician. And I  
3268 think America needs to be aware of this process. They are paid  
3269 \$10 per hour plus a per tissue or blood bonus as outlined in the  
3270 table below. The tissue is divided up into categories A, B, and  
3271 C. One to ten specimens, for instance, of category A is \$35 a  
3272 tissue and it goes up from there, \$45 to \$55, \$65, \$75 a tissue.  
3273 So, there is a financial incentive for them to take this money  
3274 -- to take this tissue and they are getting paid for that.

3275 And yet, if you could put up Exhibit A-3, we have, once again,  
3276 the consent form that is given to the woman who comes in to have  
3277 an abortion under a very, very stressful time in their life. We  
3278 have already discussed how this form is clearly unethical because

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3279 it makes promises to the woman saying that this going to result  
3280 in cures and has resulted in cures for AIDS, cancer, Alzheimer's,  
3281 et cetera, which is totally false. So, women are already being  
3282 told inaccurate information in order to induce them. And then  
3283 it also says I understand I will not be paid. So my question is,  
3284 how come the woman isn't paid for this?

3285 Ms. Schmainda. That is a good question because in all other  
3286 -- we look at coercion of the patient is a very, very severe, very  
3287 strict guideline when you are putting the IRB together. So, we  
3288 can never promise that there is any benefit to the patient when  
3289 they undergo an IRB-approved study. And so having this  
3290 information about diseases that is untrue and not talking about  
3291 what could happen as the possible risks is also completely  
3292 irregular, compared to --

3293 Mrs. Hartzler. Didn't you, in your testimony, give an  
3294 example of some money that was spent by a procurement company for  
3295 a sample? I am trying to find it. Do you remember it?

3296 Ms. Schmainda. Yes, \$830 per fetal liver tissue sample.

3297 Mrs. Hartzler. So, a woman is not giving any money for this.  
3298 She is being coerced to sign this under duress with inaccurate  
3299 information and yet the procurement company is getting up to 830  
3300 some dollars per liver, in addition to whatever else is in the  
3301 sample. It could be people are getting rich off of this and yet  
3302 the woman is getting nothing from it, other than having an

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3303 abortion.

3304 I think it is just unconscionable that we would accept, as  
3305 America, that this would continue on, when women are being taken  
3306 advantage of and money is being made off of them at the expense  
3307 of not only that woman but her aborted baby.

3308 I yield back.

3309 Mrs. Blackburn. The gentlelady yields back.

3310 Mrs. Watson Coleman, you are recognized for 5 minutes.

3311 Mrs. Watson Coleman. Thank you, Madam Chairman. I wanted  
3312 to ask Mr. Goldstein a couple of questions.

3313 Mr. Goldstein, you mentioned that some promising research  
3314 with regard to MS was stopped or has been negatively impacted.  
3315 Could you please elaborate a little bit on what you mean, and what  
3316 direction was it going into, and why it has not yielded that?

3317 Mr. Goldstein. It was getting close to the clinical trial  
3318 stage and then as a result of the political discussion and the  
3319 threats to abortion providers, it is believed that they stopped  
3320 being willing to provide tissue any longer.

3321 Mrs. Watson Coleman. Dr. Goldstein, have there been cures  
3322 to any diseases resulting from the research emanating from fetal  
3323 tissue? Have any cures been found of anything?

3324 Mr. Goldstein. I think we have gone back and forth on the  
3325 vaccine issue a number of times. So, I think we will leave that  
3326 one alone for the time-being.

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3327 I think I am in the business of moving forward. I look for  
3328 therapies for diseases where we don't yet have any. I am not aware  
3329 of any that have been definitely been solved using fetal tissue,  
3330 although, arguably, the development of treatments for HIV  
3331 depended a great deal on being able to develop humanized mice that  
3332 had a human immune system in animals and I think that was initiated  
3333 using fetal blood-forming stem cells.

3334 Mrs. Watson Coleman. Do you believe that anything on that  
3335 form is creating an undue hardship or an intimidation or a  
3336 misrepresentation to women who are being asked to consider whether  
3337 or not they will donate this tissue?

3338 Mr. Goldstein. I am sorry, which form?

3339 Mrs. Watson Coleman. The form that my colleagues keep  
3340 referring to that says that women who are under duress need to  
3341 sign in order to give their consent.

3342 Mr. Goldstein. So, if it is the form that says therapies  
3343 for diseases such as Alzheimer's disease and all the rest have  
3344 already been found, I agree, that is an inappropriate statement  
3345 and it should not have been made on that form. I don't know who  
3346 wrote it. That would not have made it past my IRB either.

3347 Mrs. Watson Coleman. It seems to me that this has been an  
3348 interesting day where we have had empirical evidence as to the  
3349 worthwhile use of fetal tissue research, that it has produced and  
3350 is producing results moving us in the right direction to be cures

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3351 and appropriate therapies and treatments for diseases and for  
3352 injuries that otherwise negatively impact the life and the quality  
3353 of life for individuals. It is also clear to me today that the  
3354 question before us is just really nothing more than a proxy for  
3355 getting at an attack on women's rights to what have already been  
3356 established as a safe abortion in this country. And it just  
3357 concerns me that we would have a panel of legislators sharing  
3358 misinformation and sharing information that isn't documented in  
3359 any way, shape, or form, indicating that people are making money  
3360 off of women's bodies and that there is something about people  
3361 becoming rich by engaging in fetal tissue research and leaving  
3362 it out there as if it is the truth when, in fact, we know it is  
3363 not.

3364 Mr. Goldstein, Dr. Goldstein, I know that you don't generally  
3365 handle that end of it but to your knowledge, is there an industry  
3366 that is getting rich and that is taking advantage of women's body  
3367 parts as a result of fetal tissue research?

3368 Mr. Goldstein. Not to my knowledge.

3369 Mrs. Watson Coleman. Thank you. I yield back.

3370 Mrs. Blackburn. The gentlelady yields back.

3371 Mrs. Love, you are recognized for 5 minutes.

3372 Mrs. Love. Thank you.

3373 Dr. Lee, can you explain to me how organ donations are done  
3374 at Georgetown Medical? What kind of codes of conduct must be

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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.

3399 Mrs. Love. Thank you. Is it possible for a minor  
3400 undergoing an abortion procedure to be faced with the decision  
3401 to donate tissue on the same day that she is receiving that  
3402 procedure?

3403 Ms. Schmainda. That is unconscionable, no. At that age,  
3404 no, that should never happen.

3405 Mrs. Love. Does that happen?

3406 Ms. Schmainda. I am not aware. I mean I am not in that  
3407 industry so, I am not aware of exactly the procedures followed.

3408 Mrs. Love. Does anyone know, on this panel, if that actually  
3409 happens the day that the minor is receiving or the day that anybody  
3410 is receiving the procedure that they are faced with donating the  
3411 tissue on that very day?

3412 Mr. Lee. I don't think so. I don't think so, except for  
3413 abortion, I think it is.

3414 Mrs. Love. Okay. So, from what I understand there are  
3415 strict codes of conduct and guidelines for adult organ donations  
3416 but there are little to no laws or guidelines protecting minors  
3417 when giving consent to perform an abortion or giving consent to  
3418 have a child's tissue donated. Again, I am coming at this looking  
3419 at my 14-year-old and seeing what it was like for her to have an  
3420 ACL surgery and how frightened she was. I couldn't imagine a  
3421 14-year-old going into a clinic without someone there that she  
3422 trusts, that is an advocate for her when she is faced with donating

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3423 tissue of an organ when she is going to be receiving these  
3424 procedures herself. I couldn't imagine doing that myself, let  
3425 alone a minor.

3426 I am trying to ask who is there to actually protect that minor  
3427 when they are going in to have those procedures. Who is there  
3428 on her side?

3429 The last thing I want to say is that there are times in our  
3430 history in this country that we thought the behavior and the  
3431 terrible treatment of some human beings were okay. Throughout  
3432 our history, we had the opportunity to look back and say we were  
3433 wrong. I am here because we have looked back at behavior that  
3434 we thought was unethical and we changed it. Boy, I hope that we  
3435 live in a country where we can look at the history and say the  
3436 treatment of an unborn child is unethical, the treatment of a minor  
3437 that is going in to receive some of these procedures should have  
3438 someone on their side, and I hope that we live in a country where  
3439 we can look back and we can change some of those things.

3440 I would not be here if we didn't have people making that  
3441 courageous decision. I hope that we, in this country, are able  
3442 to stand up and say the treatment is unethical; we are going to  
3443 change it.

3444 I yield back.

3445 Mrs. Blackburn. The gentlelady yields back.

3446 Mr. Nadler for 5 minutes.

3447 Mr. Nadler. Thank you, Madam Chair.

3448 Let me first make an observation. Dr. Lee, in his written  
3449 testimony, says there is a serious problem concerning the woman's  
3450 consent regarding the use of tissues and organs from the abortion  
3451 procedure. How can her consent have ethical or legal  
3452 significance, given her previous choice to abort? We went  
3453 through this in the first panel, too.

3454 He also said a little later, "Anyone with a just moral outlook  
3455 would not consent to an abortion." Anyone with a just a moral  
3456 outlook would not consent to an abortion; that is his opinion.  
3457 That is the opinion of a lot people in this room but it is not  
3458 the opinion of a lot of other people. How can her consent have  
3459 ethical or legal significance, given her previous choice to abort?  
3460 Maybe the choice to abort had more significant questions. Maybe  
3461 the fetus had Down Syndrome, for instance, and it is a less easy  
3462 question.

3463 There are plenty of religious leaders in this country who  
3464 disagree with your moral conclusion. This is a moral question.  
3465 It is a moral choice that is quite clearly debatable. It is not  
3466 self-evident. It is clearly debatable since we have been  
3467 debating it for the last 50 or 60 years without a conclusion. Even  
3468 if individuals, such as two of our panelists and some others on  
3469 this panel, may have moral opinions of which they are certain,  
3470 other people have contrary opinions of which they are certain.

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3471           So, to say that because the woman, the mother disagrees with  
3472 your personal conclusion or the personal moral view of some  
3473 church, therefore, you will take away -- we should take away her  
3474 moral right to make the choice on donation of fetal tissue, is  
3475 an assertion of absolute moral arrogance which you have no right  
3476 to make and we have no right to make. It is her decision, not  
3477 ours, and not yours. And it is her moral decision, not ours, and  
3478 not yours.

3479           Second, I would like to ask Dr. Schmainda, I hope is correct.  
3480 Ms. Schmainda. Schmainda.

3481           Mr. Nadler. Dr. Schmainda, you said that the use of -- we  
3482 have all agreed that the use of fetal tissue derived not from an  
3483 abortion is ethical. The question is is the use of fetal tissue  
3484 derived from an abortion. And you said that the use of such tissue  
3485 to cure, if it were possible, or perhaps when it is possible, to  
3486 cure Parkinson's or Alzheimer's, would create a market for lots  
3487 of fetal tissue, since a lot of fetal tissue would be necessary  
3488 to cure the Alzheimer's and the Parkinson's and, therefore, this  
3489 should be avoided. But it is true that abortions, in order to  
3490 generate fetal tissue, are absolutely illegal and no one has  
3491 suggested otherwise.

3492           So, I gather -- tell me if I am wrong -- that you would rather  
3493 have people suffer from curable diseases, you would rather have  
3494 people -- you think it is more moral to have people suffer from

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3495 Alzheimer's who could be cured, suffer from Parkinson's who could  
3496 be cured, rather than use fetal tissue from abortions that would  
3497 occur anyway, tissue that would otherwise be discarded. You  
3498 would make the moral choice and you would impose it on society  
3499 that those people should suffer from the diseases, if they were  
3500 curable. Am I correct?

3501 Ms. Schmainda. The ends never justifies the means. You  
3502 can't extinguish one life to save another.

3503 Mr. Nadler. So, the answer is yes, you would because the  
3504 ends don't justify the means. And the ends here, which is to cure  
3505 people diseases don't justify the moral wrong of using tissue from  
3506 an abortion that was not performed for this purpose but tissue  
3507 that would otherwise be thrown out and you would rather have people  
3508 suffering the disease. Okay, we have a disagreement and it is  
3509 a very clear moral disagreement. And I hope you will not try to  
3510 impose your moral view on the rest of us.

3511 Third, everyone -- I shouldn't say everyone. A number of  
3512 questions asked about the consent form to donate tissues. Are  
3513 any of you in clinic settings where such consents might be sought,  
3514 Dr. Lee, Dr. Schmainda, Dr. Goldstein?

3515 Ms. Schmainda. Yes.

3516 Mr. Nadler. You are?

3517 Mr. Lee. Which kind of consents are you talking about? You  
3518 mean for fetal tissue?

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3519 Mr. Nadler. Yes.

3520 Mr. Lee. Fetal tissue from abortions?

3521 Mr. Nadler. Yes, fetal tissue from a specific abortion to  
3522 be used for research or whatever.

3523 Ms. Schmainda. No, consents for research, for human  
3524 research.

3525 Mr. Lee. No.

3526 Mr. Nadler. You are not. Okay. So, you are not there.  
3527 You don't really see what is going on. Sort of a red herring  
3528 because what I think some of the members of this panel are really  
3529 concerned about is that the underlying abortion decision, not the  
3530 separate donation decision, I think you are concerned about that  
3531 because you said abortion is always morally wrong and the mother  
3532 should be -- any mother who is so morally depraved as to consent  
3533 to an abortion should be deprived of the right to consent to  
3534 donating fetal tissue.

3535 Mr. Lee. The basis for that -- my argument was not that she  
3536 was deprive because she was making a depraved decision --

3537 Mr. Nadler. Sure it was.

3538 Mr. Lee. -- but because she was -- no, that was not my  
3539 argument. My argument was that she lacks the authority to make  
3540 the decision because the authority to make a decision for your  
3541 child is based on the best your having the interest of that child  
3542 at heart. Mr. Nadler. Therefore, because of your --

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3543 Mr. Lee. Someone who chooses to have her aborted no longer  
3544 has --

3545 Mr. Nadler. Reclaiming my time which is going to run out.  
3546 Because of your moral decision, you would take that right away  
3547 from her for the reasons you or I stated in different form.

3548 And yet at Planned Parenthood, going back to my question,  
3549 I know that at Planned Parenthood, only after providing consent  
3550 for abortion is the patient given the option for tissue donation.  
3551 Tissue procurement personnel are trained to obtain informed  
3552 consent for tissue donation only after the patient has consented  
3553 to the abortion procedure. There is no evidence whatsoever --  
3554 is anybody aware of any evidence that any donors of fetal tissue  
3555 have ever felt coerced? That is my last question. Is anyone  
3556 aware of any such --

3557 Mrs. Blackburn. The gentleman's time has expired.

3558 Mr. Lee. I would say that the general knowledge that these  
3559 things are used for these could tilt the scale in favor of that  
3560 decision.

3561 Mr. Nadler. But you are aware of no coercion or --

3562 Mrs. Blackburn. The gentleman's time has expired.

3563 Mr. Nadler. Thank you.

3564 Mrs. Blackburn. Mr. Duffy for 5 minutes.

3565 Mr. Duffy. Thank you, Madam Chair. I want to ask to put  
3566 Exhibit A-1, -2, and -3 put up. And I want to go to Exhibit A-2

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3567 for the panel.

3568 And maybe before I get there, Dr. Goldstein, you have to  
3569 imagine what an aborted baby looks like when it comes out. Do you  
3570 know how long it takes to carve out a little baby heart, or a little  
3571 baby lung, or a little baby lung, or to take a little baby head?  
3572 Do you know how long it takes?

3573 Mr. Goldstein. I have no knowledge of that.

3574 Mr. Duffy. You are a doctor, though, correct?

3575 Mr. Goldstein. I am a Ph.D.

3576 Mr. Duffy. Ph.D., okay. Any --

3577 Mr. Goldstein. I am a scientist, not a physician.

3578 Mr. Duffy. Any idea? Well, to the panel, anyone know how  
3579 long that would take? No.

3580 From those I have asked, it doesn't take very long. It  
3581 happens pretty quickly.

3582 And so on the moral ethical conversation, usually as we look  
3583 at economies, the more you produce, the cheaper something becomes.  
3584 You become more proficient at it. But if you look at the pay scale  
3585 -- and by the way, let's be clear what this is. We have the  
3586 procurement business that sends in a technician, one of their  
3587 employees into the abortion facility, implanted, embedded in the  
3588 facility that is looking at women who are coming through the  
3589 facility and going out and getting consent to harvest these little  
3590 baby lungs, little baby hearts, little baby heads. Does it seem

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3591 odd to you that the cost of procurement when you go from 10 to  
3592 11, the cost doesn't get cheaper, the cost or the payment gets  
3593 more for the technician. The technician gets more money the more  
3594 that they produce. Does that seem odd to you if profit motive  
3595 is not an element of this business?

3596 Dr. Goldstein, does that seem strange?

3597 Mr. Goldstein. I have no basis on which to judge that. I  
3598 can barely see the exhibit.

3599 Mr. Duffy. Well, I think it is in front of you. Open up  
3600 your little packet. I think it is right there.

3601 Mr. Goldstein. Nope.

3602 Mr. Duffy. I am asking you to use your common sense. You  
3603 don't have to be a Ph.D.

3604 Mr. Goldstein. I am honestly -- I am not going to speculate  
3605 about something that I don't have firsthand knowledge.

3606 Mr. Duffy. Let's talk about firsthand knowledge because you  
3607 are obviously in the business and promoting the use of fetal  
3608 tissue. And I think you earlier indicated that you would agree  
3609 with the law that we shouldn't make a profit--profit shouldn't  
3610 be made off the sale of little baby body parts, right? Is that  
3611 your testimony?

3612 Mr. Goldstein. So, that has its roots, as I understand it,  
3613 in the Uniform Anatomical Gift Act.

3614 Mr. Duffy. Do you agree with it? Do you agree with the fact

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3615 that we shouldn't profit off of the sale of baby body parts?

3616 Mr. Goldstein. Yes.

3617 Mr. Duffy. Okay. And so what work have you done to make  
3618 sure, I think it was Neuralstem, doesn't make a profit off of the  
3619 baby body parts that they receive from clinics or they don't pay  
3620 clinics for the body parts that they receive? Do you do any  
3621 research into that?

3622 Mr. Goldstein. I have asked them if they complied with the  
3623 law. They have told me they complied with the law.

3624 Mr. Duffy. So, that is it?

3625 Mr. Goldstein. Just as you trust the man sitting next to  
3626 you to comply with the law --

3627 Mr. Duffy. I don't trust Mr. Harris.

3628 But that is all you have done. You haven't taken any further  
3629 steps?

3630 Mr. Goldstein. I am in no position to actually launch an  
3631 inquiry like that. I don't have investigative powers the way the  
3632 Congress does.

3633 Mr. Duffy. So, you would agree that Congress should use its  
3634 investigative powers to look into this issue.

3635 Mr. Goldstein. No, I don't. I honestly think that Congress  
3636 has better things to do with its time.

3637 Mr. Duffy. And we should just take on blind faith. You get  
3638 a specimen. How much do you pay for a specimen? A little line

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3639 what do you pay for it?

3640 Mr. Goldstein. The material we get from Neuralstem is  
3641 provided under a collaboration.

3642 Mr. Duffy. How much do you pay?

3643 Mr. Goldstein. We don't pay them anything for it.

3644 Mr. Duffy. They give it to you for free?

3645 Mr. Goldstein. It is part of the whole cost of doing the  
3646 clinical trial. So, we pick up part of the cost of the clinical  
3647 trial in doing the surgery; they pick up part of the cost; they  
3648 provide the cells.

3649 Mr. Duffy. So, there is no financial incentive. They are  
3650 just a pure middle man. They don't make any money on this. Is  
3651 that your position, Dr. Goldstein?

3652 Mr. Goldstein. I would be surprised if they didn't have a  
3653 financial incentive. They are a publicly held company. They are  
3654 required by law to have a profit motive. I don't know the details  
3655 of how they carve out, where they generate profit, where they  
3656 don't.

3657 Mr. Duffy. You just told me that you agree with the law that  
3658 they shouldn't make a profit but then you assume that they are  
3659 making a profit.

3660 Mr. Goldstein. They are growing cell lines, which are  
3661 derived from fetal origin. It is not the fetal tissue itself.  
3662 The NIH recognizes a distinction between established cell lines

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3663 and fetal tissue itself.

3664 Mr. Duffy. So, here we have an incentive to procure more  
3665 specimens and get more money for those specimens. I think that  
3666 calls into question a need to look a little deeper.

3667 Quickly, do you think, Dr. Goldstein, that we should be using  
3668 this research as Ms. Charo would say, for taste testing and  
3669 cosmetics?

3670 Mr. Goldstein. I think the issue of cosmetics was  
3671 adequately addressed by Representative Speier, I believe it was,  
3672 a few moments ago, where treatment for burns is an adequate and  
3673 appropriate cosmetic reason.

3674 Mr. Duffy. Don't you then think that in the sheet where we  
3675 are going to get consent that we should this is not life-saving,  
3676 this is for taste tests or this is for cosmetics?

3677 Mrs. Blackburn. The gentleman's time has expired.

3678 Mr. Duffy. I yield back.

3679 Mrs. Blackburn. The gentleman yields back.

3680 I will reclaim my 5 minutes and wrap this up. You all have  
3681 been patient with us.

3682 As we look at the bioethics of this situation, Dr. Schmainda,  
3683 what I have seen is a difference of opinion between some of those  
3684 on whether fetal tissue is necessary, it is a convenience, or it  
3685 is a cost-saving. So, can you kind of help us understand how that  
3686 difference of opinion exists?

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3687 Ms. Schmainda. Absolutely. I think the issue of  
3688 researchers using fetal tissue is largely over exaggerated.  
3689 There is \$76 million from the NIH given to those that use fetal  
3690 body parts for their research. That is out of an annual budget  
3691 of \$30 billion that amounts to 2.5 percent. Also, there is maybe  
3692 160 investigators funded by the NIH. There is 300,000  
3693 investigators, overall funded by the NIH. So, this is not going  
3694 to change the direction of science.

3695 Just 2 days ago, I looked at PubMed, which is the area you  
3696 look for the most recent scientific, or all the scientific  
3697 publications. There is over 32,000 articles on adult stem cell  
3698 therapy and rarely ever do you get to publish anything with a  
3699 negative result. I think that science will probably be better  
3700 without it because whenever we do have limitations on both sides  
3701 of the panel, we say when you have a problem you typically -- I  
3702 completely agree in the creativity of the scientific mind to  
3703 overcome these challenges. And I think we will -- I know we will  
3704 come up with alternatives.

3705 Mrs. Blackburn. Let me ask you one more thing. There has  
3706 been a question about the immunized mice. Can't that come from  
3707 adult stem cells?

3708 Ms. Schmainda. You know I can't speak to specific things  
3709 but what I know from colleagues of mine doing immunology research,  
3710 as they say, it is not essential. It has given them nothing more

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3711 than what they already get from adult stem cell models.

3712 Mrs. Blackburn. All right, I want to go back to -- and I  
3713 am going to come to you, Dr. Lee. Go back to Exhibit -3 but let's  
3714 go a little bit further down this permission form. Do you have  
3715 the permission form in front of you?

3716 Mr. Lee. I don't.

3717 Mrs. Blackburn. Okay. If someone will be sure that these  
3718 are at the desk or, Ms. Schmainda, if you have one, if you will  
3719 share.

3720 Mr. Lee. Okay.

3721 Mrs. Blackburn. As you look at Exhibit -3, and we have  
3722 talked about the statement at the top of that permission form that  
3723 is misleading. Go a little further down. It says: "I  
3724 understand I have no control over who will get the donated blood  
3725 and/or the tissue or what it can be used for." And then a little  
3726 further down, "I understand there will be no changes to how or  
3727 when my abortion is done in order to get my blood or the tissue."  
3728 And the next one: "I understand I will not be paid."

3729 Now, as we look at this, I would like to hear from you, Dr.  
3730 Lee, because we have heard about how quickly the tissue has to  
3731 be pulled. Dr. Schmainda talked about this of how they have  
3732 someone so close at hand within those first few minutes and then  
3733 the tissue is properly treated and moved on for the research that  
3734 they are going to go. Do you think this is a proper representation

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3735 to women who are going in for an abortion who don't understand  
3736 that there is a profit motive or a financial motive behind this  
3737 when you look at Form A-2 that shows what they are being paid and  
3738 then they are asked to say and agree that they have no control  
3739 over their donated blood or tissue and that there will be no  
3740 changes or manipulations on that abortion or how it is done and  
3741 the time that it is done. And that there is no financial  
3742 compensation to them.

3743 I would like to hear your take on the ethics of the situation  
3744 with these items on that form.

3745 Mr. Lee. Well, it seems to me that there is an effort to  
3746 present this in, I would say, a sanitized manner. It sounds like  
3747 everything is being done altruistically and that no one here is  
3748 making any money off of this. And I think when you talk about  
3749 someone who is there, working on-site who gets compensated more  
3750 the more parts are received, it makes it incredible to think that  
3751 no one is really profiting from these things or is getting paid.

3752 So, I think that raises questions about the accuracy of the  
3753 representation about this all being -- that there is no profit  
3754 motive involved, that there is no -- that it is always just  
3755 completely altruistic.

3756 Also, I think it is good to note that all of this is at a  
3757 time when presented to them when I think knowing that this is  
3758 something that might come up or that is done, that fetal tissue

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3759 is so-called donated, that can tilt the scale, I think in her  
3760 decision.

3761 So, I don't think it is credible to say that --

3762 Mrs. Blackburn. My time has expired and I would ask you to  
3763 wrap up. I thank you for the answer to the question.

3764 I would like to remind all members that they have 10 business  
3765 days to submit questions for the record and I ask the witnesses  
3766 to respond to the questions very promptly. I know we are all going  
3767 to have questions for writing. Members should submit those  
3768 questions by the close of business on March 16th.

3769 Mr. Harris. Madam Chair, I move to enter into the record  
3770 ten articles regarding non-fetal sources to treat some of the  
3771 neural and renal diseases we have discussed here today. The  
3772 minority has been provided with copies.

3773 [The information follows:]

3774

3775 \*\*\*\*\*COMMITTEE INSERT 11\*\*\*\*\*

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3776

Mrs. Blackburn. Without objection, so moved.

3777

Ms. Schakowsky. Madam Chair, I would like to have submitted

3778

to the record the documents that have already been approved by

3779

the majority.

3780

[The information follows:]

3781

3782

\*\*\*\*\*COMMITTEE INSERT 12\*\*\*\*\*



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3783 Mrs. Blackburn. Absolutely. So ordered.

3784 We thank our witnesses. And yes, we are going to submit for  
3785 the record the exhibits that we have used today. [The  
3786 information follows:]

3787

3788 \*\*\*\*\*INSERT 13\*\*\*\*\*

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3789

Mrs. Blackburn. Without objection, so ordered.

3790

And without objection, the subcommittee is adjourned.

3791

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

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