COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

HEALTH COMMITTEE
PUBLIC HEARING

STATE CAPITOL
HARRISBURG, PENNSYLVANIA

IRVIS OFFICE BUILDING
HEARING ROOM G-50

TUESDAY, MAY 4, 2021
8:30 A.M.

PRESENTATION ON
PRO-LIFE/ABORTION,
PART IV - FETAL EXPERIMENTATION

BEFORE:
HONORABLE KATHY L. RAPP, HOUSE MAJORITY CHAIRMAN
HONORABLE DAN FRANKEL, HOUSE MINORITY CHAIRMAN
HONORABLE TIMOTHY R. BONNER
HONORABLE STEPHANIE BOROWICZ
HONORABLE JIM COX (VIRTUAL)
HONORABLE VALERIE S. GAYDOS
HONORABLE JOHNATHAN D. HERSHEY
HONORABLE DAWN W. KEEFER
HONORABLE KATE A. KLUNK
HONORABLE ANDREW LEWIS (VIRTUAL)
HONORABLE CLINT OWLETT
HONORABLE BRAD ROAE (VIRTUAL)
HONORABLE PAUL SCHEMEL
HONORABLE TIM TWARDZIK
HONORABLE DAVID H. ZIMMERMAN
HONORABLE JESSICA BENHAM
HONORABLE MORGAN CEPHAS
HONORABLE ELIZABETH FIEDLER
HONORABLE STEPHEN KINSEY
HONORABLE BRIDGET M. KOSIEROWSKI
HONORABLE RICK KRAJEWSKI
HONORABLE BENJAMIN V. SANCHEZ
HOUSE COMMITTEE STAFF PRESENT:

WHITNEY METZLER
  MAJORITY EXECUTIVE DIRECTOR

MAUREEN BEREZNAK
  MAJORITY RESEARCH ANALYST

LORI CLARK
  MAJORITY ADMINISTRATIVE ASSISTANT II

ERIKA FRICKE
  DEMOCRATIC EXECUTIVE DIRECTOR

* * * * *

Pennsylvania House Of Representatives
Commonwealth of Pennsylvania
## INDEX

### TESTIFIERS

* * *

<table>
<thead>
<tr>
<th>NAME</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>KATHY AULTMAN, ASSOCIATE SCHOLAR, CHARLOTTE LOZIER INSTITUTE</td>
<td>7</td>
</tr>
<tr>
<td>JEREMY RICH, M.D., UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE</td>
<td>24</td>
</tr>
<tr>
<td>HENRY T. GREELY, PROFESSOR OF LAW, STANFORD UNIVERSITY; DIRECTOR, CENTER FOR LAW AND THE BIOSCIENCES; DIRECTOR, STANFORD PROGRAM IN NEUROSCIENCE AND SOCIETY; CHAIR OF THE STEERING COMMITTEE, CENTER FOR BIOMEDICAL ETHICS</td>
<td>59</td>
</tr>
<tr>
<td>DAVID DALEIDEN, FOUNDER, CENTER FOR MEDICAL PROGRESS</td>
<td>77</td>
</tr>
</tbody>
</table>

* * *

### SUBMITTED WRITTEN TESTIMONY

* * *

(See submitted written testimony and handouts online.)
MAJORITY CHAIRMAN RAPP: Good morning Members.
This is the House Committee Hearing of
Pro-Life/Pro-Abortion Issues. Today we will be addressing
fetal experimentation, and we have four testifiers. I
would like to say that we will adhere strictly to the time
frame, so if you have a question and you don't have the
opportunity to ask it because of the time frame, you can
always submit it and we will try and get an answer for you
from the testifiers.

So at this time if we could quickly go around the
room and introduce ourselves. I am Kathy Rapp. I am from
Warren County, and I am the Majority Chairman of the Health
Committee.

Representative Frankel.

MINORITY CHAIRMAN FRANKEL: Representative Dan
Frankel, Allegheny County, Minority Chairman of the Health
Committee.

REPRESENTATIVE TWARDZIK: Tim Twardzik, the
123rd, Schuylkill County.

REPRESENTATIVE SCHEMEL: Paul Schemel, portions
of Franklin County.

REPRESENTATIVE BONNER: Tim Bonner, portions of
Mercer and Butler Counties.
REPRESENTATIVE OWLETT: Clint Owlett, Tioga County, parts of Potter, and parts of Bradford County.

REPRESENTATIVE BENHAM: Jessica Benham, Allegheny County.

REPRESENTATIVE SANCHEZ: Ben Sanchez, Montgomery County.

REPRESENTATIVE HERSHEY: John Hershey, Juniata, Mifflin, and Franklin Counties.

(Indiscernible - recording malfunction).

MAJORITY CHAIRMAN RAPP: Thank you, Members. I don't think at this time we have any Members online. I have reminded the Members that we will adhere to the time frame.

Before we start with this issue, and I know it's controversial, but I did want to read, from the Abortion Control Act, the legislative intent. "It is the intention of the General Assembly of the Commonwealth of Pennsylvania to protect hereby the life and health of the woman subject to abortion and to protect the life and health of the child subject to abortion. It is the further intention of the General Assembly to foster the development of standards of professional conduct in a critical area of medical practice and to provide for development of statistical data and to protect the right of the minor woman voluntarily to decide to submit to abortion or to carry her child to term. The
General Assembly finds as fact that the rights and interests furthered by this Chapter are not secure in the context in which abortion is presently performed."

So at this time, Dr. Aultman, I thank you for being here.

And I think Dr. Rich is also on the line. Dr. Rich, under the --

DR. RICH: I am. Yes.

MAJORITY CHAIRMAN RAPP: -- under the rules of the House, I will be swearing you in. If --

DR. RICH: Okay.

MAJORITY CHAIRMAN RAPP: I see that you're there. We don't have your video but I have your initials up on the screen. So --

DR. RICH: Great.

MAJORITY CHAIRMAN RAPP: Okay.

So if you could both please raise your right hand to be sworn in.

(Oath administered.)

MAJORITY CHAIRMAN RAPP: Okay. Thank you. And we truly appreciate your willingness to be here to provide testimony today to the Committee.

So at this time our first testifier is Dr. Kathi Aultman, who is an OB/GYN, and she is with the Charlotte Lozier Institute and is an Associate Scholar.
So Dr. Aultman, please proceed with your testimony and then, if time allows us, we will have some questions.

DR. AULTMAN: Okay. Thank you. It's a real honor to be here. I'm actually retired now. I was a board-certified OB/GYN and a former abortionist. I'm currently a Life Fellow with the American College of Obstetricians and Gynecologists, and I belong to the American Association of Pro-Life Obstetricians and Gynecologists and the Christian Medical and Dental Associations.

I've testified on issues related to abortion in state courts and legislatures and before Congress. Although I now reside in Florida, I was born in Scranton, Pennsylvania. I've spent my entire career as a woman's advocate. I have had an abortion and two vaginal births. I have done first and second trimester abortions, and I've treated women with the medical and psychological complications of abortion.

I've cared for women and their babies throughout normal pregnancies, medically complicated ones, and those with fetal anomalies. I've taken care of women who decided to keep their unplanned pregnancies and those who aborted them. Also, I have a cousin who survived an abortion.

When I entered medical school, I believed that
the availability of abortion on demand was an issue of women's rights, the right to choose. I felt that a woman should have control over her body and not be forced to bear a child she didn't want. My commitment to women's issues was strengthened as I was exposed to the discrimination inherent in medical school and residency and the plight of the impoverished women we served in our program. I also believed it was wrong to bring unwanted children into an overpopulated world where they might be neglected or abused.

During my residency, I was trained in first-trimester abortions using the D&C with a suction technique now called aspiration. I then sought special training on second-trimester D&E procedures during which the fetus is removed in pieces with special forceps. This is now called a dismemberment procedure. After each procedure, I scrutinized the tissue to account for all the body parts to ensure that nothing was left to cause infection or bleeding. The products of conception were sent to pathology to document the presence of the fetus and the placenta. I was fascinated by the tiny but perfectly formed intestines, kidneys, and other organs, and I enjoyed looking at their incredible cellular detail under the microscope.

Because of my training and conditioning, a human
fetus seemed no different than the chick embryos I
dissected in college. I could view them with strictly
scientific interest, devoid of the emotions which I would
normally view a baby. I wasn't heartless. I just had been
trained to compartmentalize these things. If a woman came
in with a wanted pregnancy and had a miscarriage or a
stillbirth, I felt her pain. The difference in my mind was
whether the baby was wanted or not.

After my first year of training, I got my medical
license and was able to get a job moonlighting at a women's
clinic in Gainesville, Florida, doing abortions. I
reasoned that although the need for abortion was
unfortunate, it was the lesser of two evils, and I was
doing something for the well-being of women. I could also
make a lot more money doing abortions than I could working
in an emergency room.

I enjoyed the technical challenges of doing
abortions at later gestations and prided myself on being
excellent at what I did. Doing abortions at higher and
higher gestational ages became a challenge. The only time
I had any qualms about what I was doing was when I had my
neonatal care rotation and realized that I was trying to
save babies in the NICU that were the same age as babies I
was aborting. Still, I rationalized it and was able to
push the feelings to the back of my mind.
In my last year of residency, I became pregnant but continued to do abortions without any reservations. The first time I returned to the clinic after my delivery, however, I was confronted with three cases that broke my heart. I had finally made the connection between fetus and baby. I realized that I could no longer kill babies just because they weren't wanted.

Few doctors continue to do abortions for very long. OB/GYNs often experience a conflict of interest because they are usually concerned about the welfare of both their patients, but in abortion they're killing one of them. Although many seeking abortions see the pregnancy as just a blob of tissue, the abortionist knows precisely what they are doing because they must count the body parts after each procedure. Eventually, the truth sinks in.

Even though I couldn't stomach doing abortions myself anymore, I continued to be a staunch supporter of abortion rights. My views changed as I saw women in my practice do exceptionally well after keeping their unplanned pregnancies contrasted with those struggling with the emotional aftermath of abortion.

I will never forget one woman who came to see me for prolonged bleeding after an induction abortion. She was still struggling with the horror of delivering her live 20-week-old baby into the toilet. Her baby brother had
drowned, and she couldn't forgive herself or get the image out of her mind.

It wasn't until I read an article that compared abortion to the Holocaust that I completely changed my opinion. The article resonated with me because during World War II, my father was present when the first concentration camp was liberated. I grew up with those stories and pictures. I always wondered how the German doctors could do what they did.

As I thought about my previous actions and behaviors, I understand how the Nazis could exterminate so many people and physicians could justify the cruel experiments they performed in the name of science. Just as I did not consider fetuses as humans, they did not consider the Jews as human. Imagine the horror I felt when I realized that I was no better than they were and for the first time saw myself as a mass murderer.

Everything about abortion has become so distorted that the truth is no longer recognizable. Abortion is big money, and those who profit from it lobby to prevent any restriction on it. The language concerning abortion has become sanitized. We don't speak about the baby but instead talk about the fetus. The abortionist terminates the pregnancy rather than kills the baby.

As medical doctors and as a society, we have
moved away from the idea that life is precious and closer to the utilitarian attitude of German physicians during World War II. We have shifted our priorities from fundamental human rights to women's rights and have taught our young women that nothing should interfere with her right to do what she wants with her body, especially when it comes to pregnancy. Some even feel that a woman should have three months after the birth to decide if she wants to euthanize her baby since some defects may not be evident at birth.

When I did abortions, my colleagues and I used every available loophole to make abortion available to anyone for any reason. Although our standard line was our concern for the mother's health, our real goal was to get rid of the baby. When I did obstetrics, however, I did everything I could to safeguard the health of both the baby and the mother. I never had a case where I had to choose between saving the mother's life or the life of the baby. Doing an abortion late in pregnancy took too long and was riskier than inducing the baby early or doing a C-section if the mother's health was at stake.

I first heard about the D&X procedure, later known as partial-birth abortion or intact D&E, early in my career when I was still very pro-abortion. I didn't understand why those using the technique weren't arrested
for murder. After all, the baby was already in the birth canal when they killed it. I wondered why they didn't just wait a few more weeks and let the baby live. The mother had gone through most of the pregnancy already and at that point delivery would be the safest option.

I realized that D&X was the perfect technique for harvesting organs and worried it would become a driving factor for late abortions. Although my concerns were discounted at the time, we now have video evidence and sworn testimony that this technique is being used by those who provide fetal organs for research. If the abortionist over-dilates the cervix prior to the abortion, it is possible for the fetus to be accidentally delivered intact. Since the fetus has not been dismembered, it is also possible for the fetus to be born alive.

According to sworn testimony and video evidence, those who procure fetal tissue and organs for research need the tissue to be fresh. They don't want the abortionist to administer digoxin to cause fetal death because it damages the tissue. Instances where organs were harvested from babies while their hearts were still beating have been documented.

For years, abortionists and prominent physicians have argued that the fetus doesn't feel pain; however, the evidence is now clear that newborn babies feel pain by 20
weeks gestation and possibly at much earlier gestations. Although ACOG came out with a statement disputing that the fetus feels pain, the main proponent and opponent of the theory collaborated on a paper looking at the neuroscience of fetal pain and concluded there is evidence that the fetus can feel pain as early as 12 weeks. This is corroborated by the fact that anesthesiologists routinely administer anesthesia to the baby and the mother during fetal surgery. This is done not only to keep the baby from moving but also to provide pain relief since it improves fetal outcomes.

   Pennsylvanians were stunned when news broke about the taxpayer-funded research at the University of Pittsburgh involving grafting fetal scalps, back flesh, and other tissue from aborted fetuses onto humanized mice and rats to study the immune system when the skin is infected. Studies involving grafting the fingers of aborted babies onto humanized mice at Stanford University to regenerate cartilage were also disturbing. What is particularly upsetting is that these fetuses were aborted at 18 to 20 weeks gestation (indiscernible - recording malfunction) we now have credible evidence that these babies feel pain. Although digoxin or potassium chloride can be administered to kill the fetus prior to the abortion, the abortionist may choose not to administer them because
researchers need fresh tissue in order to do the kind of (indiscernible - recording malfunction) April 16th, 2021, HHS reversed its 2019 decision to review all grants and contracts proposing the use of aborted fetal tissue by an ethics board. The HHS secretary was quoted as saying, "We believe that we have to do the research it takes to make sure that we are appropriating innovation and getting all of those types of treatments and therapies out there to the American people. To paraphrase, the ends justify the means.

Pennsylvanians cannot rely on the federal government to stop these sorts of abuses. Please open your hearts and minds to see what is really going on. You must pass legislation to protect your unborn children from these intolerable atrocities. If you don't, you are complicit (indiscernible - recording malfunction) you will be judged on how well you cared for the weakest of our members. And I have to say that there was a time that I would have been thrilled to be involved in those sorts of experiments because I didn't see the fetus as a person, but now 30-some, 40 years later, knowing what I know now, I cannot conscience these kinds of actions.

Thank you.

MAJORITY CHAIRMAN RAPP: Thank you, Doctor. And you mentioned the turnaround and the difference between the
two administrations in Washington, and under the former administration the funding for fetal experimentation was cut; am I correct?

DR. AULTMAN: Yes.

MAJORITY CHAIRMAN RAPP: And under this current administration, I have an article in front of me that says that the current President gives the abortion industry $467.8 billion for fetal research. So I guess the difference between the administrations is that the current administration is encouraging more and more fetal experimentation, and certainly they increase the funding for that type of practice. I, like you, find it very disturbing.

But I'm going to turn to the Members to see if any of the Members have questions for you. We have about 10 minutes.

Chairman Frankel?

MINORITY CHAIRMAN FRANKEL: Thank you. Thank you, Madam Chair.

A couple of comments, really, and then a question. First of all, I completely object to the characterization of a safe, legal medical procedure that is available to women seeking their reproductive healthcare and exercising their rights, comparing it to the extermination of the Jewish people during the Holocaust.
That is extraordinarily outrageous, and I take great
offense to such a characterization.

You are under oath, and you're making very
extreme statements. And I'd like a yes or no answer to
this. Do you have any proof that doctors are choosing
procedures based on fetal tissue or is that just
speculation?

DR. AULTMAN: I think there's been sworn
testimony to that fact.

MINORITY CHAIRMAN FRANKEL: So you're saying yes,
you have proof?

DR. AULTMAN: I don't have proof, but there is
proof.

MINORITY CHAIRMAN FRANKEL: Thank you.

MAJORITY CHAIRMAN RAPP: Thank you, Chairman.

Representative Zimmerman.

DR. AULTMAN: Is it possible that I can -- you
can see me, but I can't see anyone. Is it possible for me
to see the video of the committee room?

UNIDENTIFIED VOICE: I believe your video has
frozen so you would have to log out and log back in. But I
haven't asked you to do so because we only have about 10
minutes left with you.

DR. AULTMAN: Okay.

MAJORITY CHAIRMAN RAPP: Okay. I apologize for
that glitch, Doctor.

Representative Zimmerman.

REPRESENTATIVE ZIMMERMAN: Thank you, Dr. Aultman, for your testimony. Very, very compelling. Just one question. When you were involved, you had mentioned the dismemberment abortion methods. Are they, in your -- from your knowledge, are they still pretty much the very same practices that you were involved in today or has that changed? Do you know?

DR. AULTMAN: The procedure really hasn't changed. You basically reach in with a forceps after the cervix is dilated and pull out whatever you can, usually arms and legs. Then you try to crush the head and then crush the thorax to bring him out. But if you dilate the cervix enough, you can get away without crushing the thorax possibly and sometimes even you can pull it out intact.

REPRESENTATIVE ZIMMERMAN: Wow. Thank you. Appreciate the comments.

Thank you, Madam Chair.

MAJORITY CHAIRMAN RAPP: Thank you, Representative.

Representative Bonner?

REPRESENTATIVE BONNER: Thank you, Madam Chair. Thank you, Dr. Aultman, for appearing today and providing very important testimony. Unfortunately, when
you were talking about the administration of anesthesia in prenatal care to the fetus, your statement was somewhat garbled, and I was hoping that you could revisit that issue and tell us particularly at what point in time that anesthesia would be administered to the fetus in any prenatal care for the mother?

DR. AULTMAN: Well, it's not so much in the prenatal care of the mother but we now can do amazing things and can operate on babies in utero, and those -- initially they were not given anesthesia, but they found that they had to give anesthesia or the babies didn't do well. And so not only were they given anesthesia in order to keep the baby still so the surgeon can operate on them but also to provide analgesia because the outcomes were much better. The heart rates, the blood pressure, and everything were much more stable if they gave actual analgesia to the fetus.

REPRESENTATIVE BONNER: And what point in time would the anesthesia be administered to the fetus -- how early in the birth process?

DR. AULTMAN: Well, they're not being born at this time, but are you talking about how old they were?

REPRESENTATIVE BONNER: Yes.

DR. AULTMAN: The gestational age?

REPRESENTATIVE BONNER: Yes.
DR. AULTMAN: Well, I know at least 20 weeks, and I'd have to look it up now to see what the latest recommendations are.

REPRESENTATIVE BONNER: Okay. Thank you, Doctor. Appreciate your time and your testimony.

DR. AULTMAN: Thank you.

MAJORITY CHAIRMAN RAPP: Thank you, Representative.

Representative Sanchez?

REPRESENTATIVE SANCHEZ: Good morning, Doctor. You mentioned that you were retired and you had spent a number of years working for the Charlotte Lozier Institute; is that correct?

DR. AULTMAN: Yes. A couple of years.

REPRESENTATIVE SANCHEZ: And their mission statement is to ensure that the "scourge of abortion will be diminished and ultimately overcome." Is that correct?

DR. AULTMAN: Well, you know, I'm not familiar with that. I know that they're -- you know, they're a research and education group.

REPRESENTATIVE SANCHEZ: Okay. Were you compensated for your role at the Institute?

DR. AULTMAN: The Institute will pay my travel expenses if I go to testify and that kind of thing. I was not compensated for what I'm doing today.
REPRESENTATIVE SANCHEZ: Have you been compensated for your testimony over the years in courts and the like and speaking engagements?

DR. AULTMAN: I have been at times, not always, but I have at times.

REPRESENTATIVE SANCHEZ: And was that your primary occupation?

DR. AULTMAN: Well, I'm retired. And so it's something that I have done since I've been retired.

REPRESENTATIVE SANCHEZ: Okay. And when was the last abortion procedure you performed?

DR. AULTMAN: Let me see -- back in the late '70s, early '80s.

REPRESENTATIVE SANCHEZ: Thank you. And in your appearances before courts, have you been qualified as an expert?

DR. AULTMAN: I have been qualified as an expert.

REPRESENTATIVE SANCHEZ: Have you ever not been qualified as an expert?

DR. AULTMAN: Yes. One time in Florida, my home state, the judge decided that my experience was too old, which is interesting because of the fact that the procedure has not really changed.

REPRESENTATIVE SANCHEZ: Did you have a similar experience with a federal judge in Iowa in 2002 refusing to
certify you as an expert in obstetrics or abortion?

DR. AULTMAN: I actually don't remember that.

REPRESENTATIVE SANCHEZ: Okay. And did you concede before a congressional hearing that you're not an expert in fetal pain -- during a 2002 congressional hearing?

DR. AULTMAN: I may have said I was not an expert, but I can read as well as anyone else --

REPRESENTATIVE SANCHEZ: Well --

DR. AULTMAN: -- in this area, and I certainly have --

REPRESENTATIVE SANCHEZ: I would think --

DR. AULTMAN: -- studied (indiscernible).

REPRESENTATIVE SANCHEZ: Sorry. I didn't mean to interrupt you. It was glitching there. But I would think an expert would have a higher level of expertise than the average person. That's actually the very definition of an expert. But I'll leave it at that.

Thank you Madam Chair. No further questions.

MAJORITY CHAIRMAN RAPP: Thank you.

Representative Benham? And we have two minutes before we move on.

UNIDENTIFIED VOICE: (Indiscernible - simultaneous speech).

MAJORITY CHAIRMAN RAPP: Okay. Thank you, Dr.
Aultman.

And Representative, you may submit your question, and we'll try and --

I also want to point out that Dr. Aultman is an OB/GYN physician, did perform abortions, did deliver babies. So maybe in some people's opinion, Doctor, you're not an expert on a civil witness stand but you've certainly been called to testify, I believe, for Congress, and like you said, for states, including this hearing. And we value your opinion and your input. And I thank you very much for being with us today. Thank you.

DR. AULTMAN: Thank you. Thank you.

MAJORITY CHAIRMAN RAPP: Since we have a couple minutes, I'll acknowledge that State Representative Kinsey is with us; Representative Dawn Keefer; Representative Eric Nelson who is not on the Committee, but we appreciate you attending the Health Committee; Representative Mary Jo Daley, who also is not a member of the Committee but chose to come to hear testimony.

And three online is Representative Andrew Lewis, and Representative Jim Cox, and Kate Klunk. So thank you, Members, for joining us.

And again, thank you, Doctor, for being with us today, and we truly do appreciate your testimony and your very heartfelt statements.
So at this point, we will go to our next presenter, who is Dr. Jeremy Rich, who is with the University of Pittsburgh School of Medicine. And Doctor, you may proceed with your testimony.

DR. RICH: Thank you. Good morning, Majority Chair Rapp and Minority Chair Frankel and other Members of the Committee. I appreciate the opportunity to testify before you this morning about the important lifesaving research being done with fetal cells and fetal tissue.

As a way of background, I'm a neuro-oncologist. I treat patients afflicted with brain and spinal cord tumors. I currently serve as Professor of Neurology and Deputy Director for Research of the Hillman Cancer Center.

I completed medical school at Duke University in 1993. I then completed my residency at the Johns Hopkins Hospital and then subsequently returned to Duke to complete a neuro-oncology fellowship in the joint faculty, remaining there until 2008, when I moved to Cleveland Clinic as the Chair of the Department of Stem Cell Biology and Regenerative Medicine. I also served at that time as the Co-Director for the National Center for Regenerative Medicine.

In 2017, I moved to the University of California San Diego as a Professor of Medicine in the Division of Regenerative Medicine, as well as serving as the leader of
the Brain Cancer Neuro-Oncology Group, as well as the Brain Tumor Institute, and also a leader in the Cancer Center.

In January of this year, I joined the University of Pittsburgh. I'm proud to say that collectively the work that I've done has been recognized as being highly impactful, and I rank among the top one percent of scientists in terms of citations worldwide.

I'm honored to speak today, as I recognize that we all serve our communities in different ways but share the goal of improving the lives of the people we serve. Today, I hope to provide you with information so that we can collectively find some common ground to advance medical science within a strong ethical framework.

Sadly, nearly all of my patients die from their disease, and there have been almost no effective therapies developed in decades. Over time, I have focused my efforts on developing new treatments against the most resistant tumor cell population that displays similarities to stem cells, specifically neural stem cells derived from the brain. To develop ways of targeting these cancer stem cells, as we call them, we have to develop therapies that kill these cells but not normal brain stem cells.

My group does not use fetal tissues but only neural stem cells derived from embryonic stem cells, or fetal stem cells, that will grow over the long term. My
group was the first group to develop brain tumor organoids, commonly called mini-brains or (indiscernible) brain tumors, which we've used to develop novel therapies and approaches including showing the efficacy of a modified Zika virus as a way to kill these cancer stem cells while sparing normal brain. Like many viruses, Zika infects human tissues very differently than other species and therefore we have compared the effects of Zika that's been modified against human brain tumor organoids and compare those to human brain organoids.

It is my privilege now to provide you with an up-to-date and state-of-the-art information about the important value of fetal tissue in cell research. My message is simple. Fetal tissue and cells cannot be replaced by embryonic stem cells, reprogrammed stem cells, or adult stem cells. Frankly, these other cell types do not produce cells with identical properties as those from fetal sources.

As many of you know, fetal tissues have been instrumental in the development of a number of therapies -- for example, infectious diseases like HIV/AIDS, cancer, and many neurologic diseases which I've been involved with. While many of us in the stem cell field have been very excited about the advances in generating specific cell types from a variety of new technologies, these parts
remain simply parts of a complex system.

For example, when we can develop certain cell types, this would be equivalent to handing someone a steering wheel, an engine, and a few other parts and ask them to build a car. The beauty of development requires a complicated and sustained dance that still elude us. We are not able to generate the kinds of tissues that are complex that are seen in development. The generation of new systems, like induced pluripotent stem cells, organoids, and directed differentiation led to new understanding, but these methods are far away from the complex tissues that are only found in whole organisms.

You may have heard we should be able to use (indiscernible - recording malfunction) computers to solve these issues. I can assure you that every scientist would rejoice if we had true replacements for these tissues. Unfortunately, to quote Donald Rumsfeld, "There are some things we do not know, but there are also unknown unknowns." We, frankly, just are not capable right now of understanding how to really replace the full tissues that are important in terms of human (indiscernible - telephonic speech).

I'd like to call out the fact that through our collective efforts in the medical field, the lifespan of the United States residents has doubled in only 200 years,
but there are many issues that have not been solved to make people live not only longer but better.

My time in Pitt has been relatively brief, but I can assure you that rigorous laws, regulations, and guidelines are being followed by scientists at Pitt and elsewhere to use the fetal tissue to construct models to study HIV/AIDS and cancer and test drugs for these conditions for safety and efficacy. By using fetal tissue in research, Pitt scientists have helped protect mothers and babies by improving understanding of how the placenta protects fetuses against viral infections.

To address some confusion or errors that may have been communicated or will be communicated, I would like to note a few of the following issues. The Pitt Biospecimen Core does not obtain tissue from Planned Parenthood or any other source other than UPMC facilities. In cases where fetal tissue is being donated by someone receiving an induced abortion, consent for donation is always discussed and obtained only after the patient's consent for abortion. In other words, only after the patient has consented to the abortion is donation of fetal tissue even discussed. No patient is ever approached for fetal tissue donation before the decision to terminate the pregnancy is made.

Yesterday, a video was released regarding Pitt research. Unfortunately, there are errors in this video
that I hope to address briefly. The video of liver cultures from fetal tissue is incorrectly attributed to Pitt researchers. The research on human fetal cell isolation was conducted only in Parma, Italy. No work was done in the United States and no U.S. federal research dollars were used for the work. Rather, the research on culturing of liver cells was supported by a grant from UPMC. This was a process of development of good manufacturing practice, and the video that was presented is incorrectly attributed to the University of Pittsburgh research. I will further note that these studies are no longer being done and have been completed in 2013.

The skin studies that have been mentioned already this morning were designed to address improved vaccination. As we recognize only too well today, vaccinations represents one of the greatest advances in medical care, but despite these challenges, safe and effective vaccines are a challenge. I will tell you that the vaccinations for smallpox were administered in the skin, and the goal here was that Pitt researchers would be able to improve vaccinations from the skin. No state appropriation goes to funding any of this research. The university receives federal funding, which is strictly regulated. Fetal tissue has saved thousands of lives and plays a critical role in combatting and curing many of our most devastating
diseases, including the neurologic diseases and cancer that
I treat.

I'd like to conclude by saying that I'm pleased that this Committee has great passion to support outstanding medical research in the state of Pennsylvania, and we must always challenge ourselves to adhere to the highest ethical standards. Many thoughtful efforts have confirmed that research with fetal tissue and cells that would be otherwise discarded is ethical, valuable, and vital to ongoing biomedical projects. If we do not continue to use this tissue that is destined to be discarded, we forego the opportunity for research to continue to make timely and significant progress in mitigating, if not eliminating, devastating diseases like Alzheimer's disease, cancer, and virus diseases.

I'd like to thank the Committee for allowing me this opportunity to share a researcher's perspective on the importance of fetal tissue and cells in biomedical research.

Chairwoman Rapp, I'd be pleased to respond to any questions you or the other Members of the Committee might have regarding my research. Thank you.

MAJORITY CHAIRMAN RAPP: Thank you, Doctor. And thank you for your willingness to appear before us today.

I would just like to comment, Doctor, that even...
funding from the NIH is supported by Pennsylvania taxpayer dollars, so whether it's federal or whether it's state dollars, if it's from the NIH or other entities that receive Pennsylvania taxpayer dollars, it is taxpayer-funded research. And many of us sitting here very appreciate the University of Pittsburgh. However, I think many of us disagree on this situation that we see going on at Pitt.

Are you familiar that there was a letter or an article written by a Ben Zeisloft, who is the Pennsylvania senior campus correspondent to the University? Are you familiar --

DR. RICH: I'm afraid I'm not.

MAJORITY CHAIRMAN RAPP: Okay.

DR. RICH: No.

MAJORITY CHAIRMAN RAPP: It is an article regarding the coengraftment of human skin on the mice and rats at the university where the scalps are removed from the aborted babies and sewn onto the rats. And I --

DR. RICH: They're mice, actually. They're not rats.

MAJORITY CHAIRMAN RAPP: Mice -- rodents. Okay.

DR. RICH: Okay.

MAJORITY CHAIRMAN RAPP: We'll use the term rodents.
DR. RICH: Great.

MAJORITY CHAIRMAN RAPP: So yes, this letter was written by Mr. Zeisloft, and it was actually published on January 11th, 2021, so it's recent. But when you said that the doctor who performed the experiments in Sicily is no longer with you --

DR. RICH: (Indiscernible) -- just as a correction -- and I'm sorry. So the person who did the actual studies is in the United States. They are not the ones who did the abortion-related procedures. What they were doing is the cell purification procedures, so there are two -- you know, so research, in general, is performed as a team approach, much like what you do. And so there can be different tasks that are performed by different individuals. So the activities by the University of Pittsburgh researcher were performed separate -- they were simply performed on liver tissue, not anything to do directly with any kind of aborted fetus.

MAJORITY CHAIRMAN RAPP: Okay. So what is your source then of aborted fetus?

DR. RICH: Well, I don't have an aborted source. So again, the UPMC service provides its tissues, and only UPMC facilities provide tissues to Pitt researchers. So there may be instances where qualified commercial venders can sometimes perhaps provide, but again, speaking from my
own experience, I don't use fetal tissues. I use fetal cells that are commercially available and have been used for many, many years -- decades.

MAJORITY CHAIRMAN RAPP: So you have not been directly involved in this particular research that I've referenced?

DR. RICH: That is correct. First off, I'm relatively new to the state of Pennsylvania, and I appreciate the opportunity to join you today from Pennsylvania, but I personally have not done these fetal tissue research. I have gained benefit in terms of the knowledge from the work that's being done, but my work, again, is -- I'm a neuro-oncologist, so I compare brain cancer and normal brain tissues.

MAJORITY CHAIRMAN RAPP: Thank you, Doctor.

I believe Representative Klunk has a question for you.

DR. RICH: Thank you.

REPRESENTATIVE KLUNK: Thank you so much, Doctor, for joining us today. I have a couple of questions.

DR. RICH: Sure.

REPRESENTATIVE KLUNK: And I guess, so you just mentioned that you don't really operate in the fetal cell experimentation area; is that correct?

DR. RICH: No, no. That's not entirely correct.
So I don't use tissues. I use fetal cells.

REPRESENTATIVE KLUNK: Cells.

DR. RICH: So yeah. So that seems like a minor distinction, but it is important because tissues have three-dimensional structure and complexity. So I myself don't use tissues that are fully formed, but we do use cells that are from previous -- either fetuses or embryonic stem cells.

REPRESENTATIVE KLUNK: Okay. So and maybe you can't do this because of your practice area, but could you walk us through from start to finish -- from when the mom comes in, she decides to have an abortion. What is the process then -- once that woman decides that she's going to have an abortion, what is the discussion that takes place about donating of the baby and the tissue? What type of a discussion is had?

DR. RICH: I apologize.

REPRESENTATIVE KLUNK: Do you know?

DR. RICH: I apologize. I mean, I think that you can talk to the Magee-Womens health group. I mean, I was called to testify about the use of fetal tissue -- the actual research part, so I apologize. I can say that I do consent patients with brain cancer for tissue utilization, and I'm likely similar in my approach that we make sure that there is an informed consent, which Dr. Greely, who is
speaking next, is a world expert on.

REPRESENTATIVE KLUNK: Okay. I just wanted to -- as a legislator, understanding what that process is of what information is (indiscernible - simultaneous speech) --

DR. RICH: Yeah. I think, if --

REPRESENTATIVE KLUNK: -- beforehand.

DR. RICH: If you'd like to submit a question, I'm sure that we can find an individual within the UPMC System to answer those questions. I'd be happy to help with that.

REPRESENTATIVE KLUNK: That would be great. And maybe you can't answer this follow-up. So once that patient consents to the donation of the tissue, what happens then? So the abortion happens, and then where does the tissue go from there?

DR. RICH: I apologize. This is not --

REPRESENTATIVE KLUNK: Okay.

DR. RICH: -- my area of expertise.

REPRESENTATIVE KLUNK: Okay. Thank you. I'm just trying to kind of walk through the process here.

DR. RICH: No. I totally understand. It's an appropriate question, and I'm sorry that I can't answer.

REPRESENTATIVE KLUNK: Okay. So then, once these tissues are harvested, we have the tissue. Then the cells are extracted. Then that's essentially where you come into
play through your type of research or for --

DR. RICH: Well, again, I mean, my colleagues would come into play. So again, one of the things, and I realize -- I mean, one of the challenges is these are very complex issues. And the last individual mentioned, for example, having practiced in the 1970s and '80s. And I'll tell you, from my own experience, the degree of change that has occurred in our understanding and science is dramatic and occurs within the matter of months. And so frankly, one of the things that's happened is that there's been an evolving change in both of our understanding of what the tissues are.

So again, it's like if I handed you a bunch of bricks, those are the cells that make up a house. But if I handed you a bunch of bricks, you're not going to understand how to build a house. And so one of the things that the tissue is used for is that three-dimensional incredible complexity that occurs. And I myself, as I mentioned previously, am an expert in building organoids, and those are trying to get towards those more complex systems, but we still remain quite far off from that.

So again, I can't speak to you about the exact hand off of tissues, but I can speak to you about how the tissues are ultimately incredibly valuable because of their complexity.
REPRESENTATIVE KLUNK: Okay. So I guess, one last question. I guess you made mention of a cell purification procedure?

DR. RICH: I don't believe I made any reference to cell purification.

REPRESENTATIVE KLUNK: Okay. So I guess, my question is then, so when the cells come to you, what exactly do you do next with them?

DR. RICH: Okay. I apologize that I'm not being clear. So I don't directly receive tissues or cells from fetuses myself. There are a number of fetal-derived cells. You probably have heard that most of what has been done, for example, with the COVID-19 vaccines, has been at some point in time used with different cell types, for example, 293 cells that are human embryonic kidney cells. But I myself do not receive any fetal tissues directly from abortions. So I'm afraid I can't tell you what specific individuals do. I can just tell you my personal experience.

REPRESENTATIVE KLUNK: Well, Doctor, thank you for what you have been able to answer. I know I would, and I'm sure the Committee Members would love follow-up with an individual, maybe one of the researchers at Pitt --

DR. RICH: Sure.

REPRESENTATIVE KLUNK: -- who were involved with
some of these studies to be able to walk us through their process.

DR. RICH: Yes. No, I would just --

REPRESENTATIVE KLUNK: I think that would be helpful.

DR. RICH: I apologize for interrupting. So what I would just say is -- just to clarify, so the individuals who would be involved in actual consenting for the procedure, as well as the subsequent (indiscernible), there's going to be three or four different ends involved in that. So it's not as if the researchers themselves have anything at all -- they have no contact whatsoever with the woman involved or directly in terms of processing the initial tissue. So it's not a single individual. It's a whole series of individuals who would be involved.

REPRESENTATIVE KLUNK: Okay. Thank you so much for that. And we look forward to continued conversations with some of these researchers to truly better understand how this whole process unfolds. But thank you so much for what you have been able to offer.

DR. RICH: My pleasure.

MAJORITY CHAIRMAN RAPP: Thank you, Representative.

Representative Owlett.

REPRESENTATIVE OWLETT: Thank you, Madam Chair.
And thank you for the opportunity. Real briefly -- I have to run off to another hearing where we're talking about how the effects of drugs affect babies in the womb next. So kind of interesting how these connect.

When did you start at Pitt, did you say? Was it January?

DR. RICH: The beginning of this year.

REPRESENTATIVE OWLETT: So I find it interesting that Pitt decided to send somebody that's been there for a few months when we're asking questions about --

DR. RICH: Well, I --

REPRESENTATIVE OWLETT: -- projects that have been going on since 2013. But --

DR. RICH: Yeah. So just to address things. Thank you for that question. So I would just say to you that I do have ample experience in the stem cell biology field. I'm a recognized expert. I would note that, again, I'm one of the world's experts in my field. I have had the pleasure of serving as the Co-Director for the National Center for Regenerative Medicine. I was also the chair of one of the only stem cell biology departments in the United States.

REPRESENTATIVE OWLETT: Well, I'm not questioning your qualifications in any way, shape, or form. I'm just saying, we --
DR. RICH: I appreciate that.

REPRESENTATIVE OWLETT: -- we have specific questions around a lot of the research that's been going on for years at the university that you're working for.

So you did say cell purification at one point in your testimony. And we can go back --

DR. RICH: Okay. Well, I might have mentioned that the cell -- so that's not with regard with my own research, but there was purification that was done in Italy -- or in conjunction with the Italian studies, but it was purification from liver tissue, so.

REPRESENTATIVE OWLETT: Okay. The UPMC --

DR. RICH: So I don't work on the liver, so.

REPRESENTATIVE OWLETT: Okay. I just wanted to make that clear. Representative Klunk --

DR. RICH: Okay.

REPRESENTATIVE OWLETT: -- asked about that and you definitely did mention it.

DR. RICH: I appreciate that.

REPRESENTATIVE OWLETT: I wrote it down. So because I wanted to -- I was curious what --

DR. RICH: Well, I appreciate that.

REPRESENTATIVE OWLETT: -- that meant. I'd never heard of it, so.

DR. RICH: It is possible doctors make mistakes.
I'm just kidding.

REPRESENTATIVE OWLETT: Yeah. No. So is there a contract with UPMC for the tissues that you receive?

DR. RICH: Again, I apologize. I'm going to have to correct you again. I do not directly receive tissues from fetal abortions.

REPRESENTATIVE OWLETT: Sorry. That Pitt receives.

DR. RICH: You know, you'd have to ask an administrator from them. Again, if you'd like to submit questions, I'd be pleased to help in making sure that the information's transmitted. I'm here to discuss research, not that procedure, so.

REPRESENTATIVE OWLETT: Okay. That's all I have, Madam Chair. And I appreciate the opportunity. Thank you.

MAJORITY CHAIRMAN RAPP: Thank you.

DR. RICH: Thank you for your questions.

MAJORITY CHAIRMAN RAPP: Representative Frankel.

MINORITY CHAIRMAN FRANKEL: Thank you, Madam Chair.

And thank you, Dr. Rich. I know this is a difficult hearing and an unfortunate focus of where we're headed with this. To be clear, the University of Pittsburgh has a long history of excellence in biomedical research, having cured polio, transplantation, and for the
research that you're engaged in. And we're grateful, and it's transformed our community and our city and our state in terms of the resources that we've been successful in being able to access from the federal government and others to do this research, this life-affirming research, and I wish we were focused on those sorts of things as a health committee because this is life-affirming work that you're doing.

And also to my colleagues, to be clear, since there are questions here about consent, we did speak to a patient, which we would have liked to have had testify and who was willing to testify, who talked about how affirming her experience was and how grateful she was for the opportunity to make a donation, and that is clearly what takes place here. These are informed consent donations by women, and they are critical to helping cure diseases that have long plagued our constituents.

So let me ask you just one question, Dr. Rich. Can you maybe talk about -- I don't know if you can do this -- but what lifesaving treatment would we not have without consensually donated tissue? What might we lose in the future if we didn't have the ability to utilize this tissue?

DR. RICH: Well, thank you. Well, you mentioned polio, and polio's, obviously, one of those. I mean, so
one of the things to keep in mind is we do like to talk
cure, but we also need to talk improvements in terms of
both length of life and quality of life. So I'll give you
an example. I'm trained as a neurologist, and the sad
reality is that most neurologic diseases simply do not have
the ability to be even improved. So if we think about
patients, for example, with stroke or spinal cord
injuries -- that we simply do not have any research right
now that doesn't involve more advanced tissues that really
has shown any sort of promise.

And so the fact is that if we're going to get
people with spinal cord injuries to walk again, we know
that just putting cells in the spinal cord, which we've
tried many times, will not be sufficient. We need more
advanced tissues.

We do also know that infectious diseases and
cancer have already -- so HIV, for example, some of the
treatments from HIV have been pioneered through the use of
what are called humanized mice. Unfortunately, mice have a
very different immune system -- completely different kind
of immune system than humans do. So I can cure lots of
brain cancers in mice, but what we realize is that these
kinds of models fail to replicate in human patients. So
the list is nearly limitless where we really need to have
more advanced understanding of the immune system and also
MINORITY CHAIRMAN FRANKEL: Thank you, Dr. Rich.

MAJORITY CHAIRMAN RAPP: Thank you, Representative.

And certainly, under the Abortion Control Act, it does allow for fetal experimentation as long as there is a consent form after the woman has made her decision regarding the abortion. We're not disputing the fact that it is allowed under the Abortion Control Act.

I think what we're trying to look at today is the pretty disturbing -- and even though, Doctor, you say you're not involved, I believe you are Deputy Director for Research at Pitt?

DR. RICH: They haven't given me that much authority that I oversee all research. It's just the cancer center -- Hillman Cancer Center.

MAJORITY CHAIRMAN RAPP: Thank you.

Representative Schemel.

REPRESENTATIVE SCHEMEL: Thank you.

And thank you, Doctor, for testifying today. Do you work for the University of Pittsburgh or for UPMC?

DR. RICH: I am a physician. Therefore, I actually have a dual role, but I'm here today as the representative for University of Pittsburgh.

REPRESENTATIVE SCHEMEL: And do the two -- I
understand the two entities are organizationally
differentiated, but do they share facilities? Research
facilities, are they shared between the two?

DR. RICH: The answer is yes. That's a complex
question. There are research facilities that have both
UPMC and Pitt researchers in them.

REPRESENTATIVE SCHEMEL: Okay. Thanks. You
explained in your testimony, you said scientists would be
overjoyed to obtain stem cells, such as the ones you've
used, through other methods. Do you mean that scientists
would be overjoyed to be able to obtain stem cells through
methods other than through abortion; is that what you meant
by that?

DR. RICH: Well, so not just stem cells but
complex tissues. If there were a way, and so far there
isn't, to replicate the complexity -- the beauty of the
human tissues that occur, we simply have no ability to
replicate that using, for example, induced pluripotent stem
cells. Shinya Yamanaka won the Nobel Prize with that. But
those cells are just -- again, as I tried to mention
previously, if I handed you some bricks and asked you to
build a house, you wouldn't know exactly how to build a
full house from that. And unfortunately, that's the
reality of what we face (indiscernible - recording
malfunction).
REPRESENTATIVE SCHEMEL: Okay. So let's say that the technology does arise, I mean, why would scientists consider it preferable to utilize stem cells from some method other than through aborted --

DR. RICH: Well, so --

REPRESENTATIVE SCHEMEL: -- fetuses?

DR. RICH: -- so actually, one of the main issues is it would give the fact that we would have an understanding of how to reproduce these complex tissues. And the fact is that we are definitely improving in our understanding, but we are very far off from understanding how this complex dance of development occurs, and so that's one issue. I mean, obviously, we'd like to make as reproducible a system as possible as well. And so if we had a system that we could say here's the recipe -- here we can build whatever we're looking for, that would be very valuable.

REPRESENTATIVE SCHEMEL: So it's the knowledge itself of how those stem cells would be replicable -- maybe that's not a scientific term.

DR. RICH: That's okay. I understand --

REPRESENTATIVE SCHEMEL: Not so much the --

DR. RICH: -- what you're trying to say.

REPRESENTATIVE SCHEMEL: Yeah.

DR. RICH: So that's one component of it. So
yeah.

REPRESENTATIVE SCHEMEL: Okay. Would a component of it as well be that scientists are troubled by abortion or they're troubled by the trouble that abortion brings with it?

DR. RICH: I would say that the passion on both sides of the issue -- what we're trying to focus on is -- scientists, by their very nature, are cautious individuals. We go through a lengthy training process. Every time we publish a paper, it goes through a lengthy peer-review process. If we get a grant, it goes through a complex peer-review process. And certainly, people don't embrace the challenges when it comes to emotional issues. But certainly I think that everybody would like it that we could focus on the science and really make a difference in a positive constructive way to make human life -- to allow us to have all people not have diseases and not suffer negative consequences.

Also, thinking about things like development, the number of babies who are born severely compromised still remains far too high in the United States. We have very poor prenatal care in the United States, in general. And that's one of the things that we as scientists would like to help out, to make sure that the baby is born as healthy as possible.
REPRESENTATIVE SCHEMEL: Okay. Thank you. I don't have any other questions.

DR. RICH: Thank you.

MAJORITY CHAIRMAN RAPP: Thank you, Representative.

I have a couple questions. You made the distinction between the fetal tissue and fetal stem cells. Can you please explain the difference and the ways fetal stem cells can be obtained -- our fetal stem cells?

DR. RICH: Sure.

MAJORITY CHAIRMAN RAPP: Okay.

DR. RICH: Yeah, so. Yeah. I'd be pleased. So there are a number of different -- so I'm going to take a step back. And there's not just fetal stem cells but they're fetal cells, in general. So I'd like to -- you know, stem cells, there are different kinds of stem cells and there's often a confusion that occurs. So for example, an embryonic stem cell has the capability of becoming any cell in the body. There are what are called tissue-specific stem cells. So again, like what I work on, neural stem cells can become any cell type within the nervous system or the brain, the spinal cord. And then we also have more differentiated cells.

So when we talk about fetal cells, that includes both the fetal stem cells as well as what we call the
differentiated progeny. So one of the complexities is that we're still learning how to take a specific cell type, even a stem cell, and make it do what we want it to do. So when we're talking about cell-based therapies -- so for example, a bone marrow transplant is a stem cell transplant. What ends up happening is you put a cell in the body -- or cells, plural, and it's those stem cells that repopulate.

So the nice thing about hematopoietic stem cells is they know what to do without very much education. Unfortunately though, solid tissues, that's not the case. So we see that a lot of -- again, I mentioned 293 cells. These are cells that you can buy from the American Type Culture Consortium, so that's ATCC. We know that there are other cell types that are also available. For example, there are commercial vendors for neural stem cells that are derived either from embryonic stem cells (indiscernible - recording malfunction), so those are the kinds of cells that I personally have used in my research group.

MAJORITY CHAIRMAN RAPP: Thank you, Doctor. What would be the difference between using the fetal cells versus the adult stem cells?

DR. RICH: Sadly, for all of us on this call who are adults, we are what's called senescing, so our ability to maintain the long-term growth is very limited. And so in each of us -- if I took your stem cells, for example,
from your brain and tried to grow them over the long term, they simply don't do it. And we've understood a lot about aging and about what occurs with aging. We have not been able to reverse the aging process. We really have a great need in terms of understanding how aging works. But adult stem cells simply have very limited utility in some aspects. For example, in the heart or brain research, adult stem cells are worthless.

MAJORITY CHAIRMAN RAPP: Thank you, Doctor. A lot of us read about the experiment with the -- I'm not sure, I believe it was -- well, I'm not going to say even a nationality of the scientists, but there was a recent article regarding the combining of human cells with monkey -- or primate cells. Is there a point in your research where -- or the University of Pitt that would draw a line and say this is something that we ethically would not do, as far as research or experimentation using any type of cells?

DR. RICH: I'm afraid you've asked a question that extends beyond my role. So I do not make policy for the university. My own research, again, is focused on brain cancer and brain tumors -- so the studies that you mention. I will say there are, for example, studies that -- again, not ones that I've been involved with but you probably have heard about the polio virus studies for
the treatment of glioblastoma, and those require the utilization of monkeys. Those are difficult studies, as well. But I personally can't tell you that I've been involved in any of the kind of research that you mention.

MAJORITY CHAIRMAN RAPP: How many of your research -- I'm going to use the word experiments. I don't want to offend you for using that word.

DR. RICH: No, no. That's okay.

MAJORITY CHAIRMAN RAPP: How many of them would you deem to be successful in the way that they have actually -- I'm talking about your -- and recently. Let's just say within the last 15 years using fetal cells.

DR. RICH: Uh-huh (affirmative).

MAJORITY CHAIRMAN RAPP: What has been created as far as treatments and cures in the last 15 years?

DR. RICH: From my personal research?

MAJORITY CHAIRMAN RAPP: From any research that you've read about in the last 15 years?

DR. RICH: Well, that's a very long list about what I read. For example, I mean, hepatitis C has been cured with drugs. I mean, I have to tell you, hepatitis C wasn't even something we understood when I went through medical school, and --

MAJORITY CHAIRMAN RAPP: Yes. Excuse me, Doctor, I said using fetal cells.
DR. RICH: Well, actually some of those cells that were used for some of the testing -- so almost every single drug or treatment at some point uses, for example, 293 cells or other common cells that were developed from fetal cells. So the number of drugs, treatments, genetic tests that have at some point been touched by fetal cells is nearly the entirety of medicine.

MAJORITY CHAIRMAN RAPP: Representative Bonner.

REPRESENTATIVE BONNER: Thank you, Madam Chair. And thank you, Dr. Rich, for appearing here today.

DR. RICH: My pleasure. Thank you.

REPRESENTATIVE BONNER: Dr. Rich, do you know what fetal research UPMC was doing in Italy that could not be done in Pennsylvania?

DR. RICH: I can only report to you the information that I've given to you. Again, UPMC was not doing research in Italy. They had collaborators. So again, one of the things that's very different in politics than in science is that science is global. And so I have collaborators around the world at this very moment because we all share the same values, and that is to eliminate human disease. And therefore, very often what will happen is we can collaborate with people around the world because we share those values.
So I do not believe UPMC was directly involved in any way, shape, or form, in terms of performing -- and again, I'm speaking from the University of Pittsburgh, so I'm not here as a UPMC individual, but there was not UPMC individuals doing some sort of research overseas; it was collaborators (indiscernible).

REPRESENTATIVE BONNER: Those were not UPMC-paid physicians, then, in Italy?

DR. RICH: The research itself, they were not UPMC individuals, I believe. So again, this is -- I'm not the individual overseeing those individuals involved, but I believe that they were individuals in Italy who -- I can read to you, but they -- it was purely Italian funding for those individuals, I believe.

REPRESENTATIVE BONNER: Was it being done at a UPMC medical facility?

DR. RICH: Again, you're -- I apologize. I was not involved in that directly. I wouldn't want to mislead you. If you'd like to submit that question, I'd be happy to make sure somebody who's familiar with those exact questions can answer them.

REPRESENTATIVE BONNER: Do you know if the research has concluded?

DR. RICH: As I mentioned to you, I've been assured that the research concluded in 2013. But again,
this is information I received from other individuals.

REPRESENTATIVE BONNER: Surely. Do you know why it was concluded in 2013?

DR. RICH: You have been the recipient of as much information as I am aware of, I'm afraid.

REPRESENTATIVE BONNER: All right. Thank you, Doctor.

DR. RICH: My pleasure. You know, I just would like to say that projects end all the time, so it's -- we pursue new lines of inquiry all the time, so.

MAJORITY CHAIRMAN RAPP: Thank you, Representative.

Thank you, Doctor.

I believe our last question will come from Representative Keefer.

REPRESENTATIVE KEEFER: Thank you, Dr. Rich. I'm just trying to -- I'm going to piggyback on Representative Bonner just to get a better understanding. As you're aware, there was a lot of discussion regarding the Sicily experiments. And so you -- I thought you explained it well where you said it was a team approach. That's how you guys go at it. And so the part of those experiments that University of Pitt was involved with was the cell purification on liver tissue; is that correct?

DR. RICH: I believe that is what I've been told,
yes.

REPRESENTATIVE KEEFER: Do you know where those liver -- was that liver tissue -- was that fetal liver tissue?

DR. RICH: The exact specifics -- again, I would encourage you if you'd like to submit a question. I'd be happy to pass it on to the individuals involved directly.

REPRESENTATIVE KEEFER: Okay. And so in that team approach, do you know if everybody, whether they were University of Pitt employees or scientists were aware of what everybody was doing on this team approach -- on all of the experiments that were going on?

DR. RICH: Again, this is a set of individuals that does not include me. So it would purely be speculation on my part.

REPRESENTATIVE KEEFER: Okay. So I didn't know what would be documented since it concluded in 2013, if you had -- what that team approach was and what that report may have been?

DR. RICH: Yeah. Yeah. Again, I'm happy, if you'd like to submit a question, to submit it to those individuals directly involved.

REPRESENTATIVE KEEFER: Okay. Thank you.

DR. RICH: You're welcome.

MAJORITY CHAIRMAN RAPP: Thank you,
Representative.

And Doctor, I do have one last question. You say you work with a team approach. And are you familiar what all those teams' research projects are? And are there other research hospitals across the state of Pennsylvania that you work with doing the same type of research?

DR. RICH: Forgive me for -- so are you asking whether I know what every single person I ever collaborated with does?

MAJORITY CHAIRMAN RAPP: No. Your project research teams at the --

DR. RICH: Uh-huh (affirmative).

MAJORITY CHAIRMAN RAPP: -- university, do you keep tabs on what projects they are researching and the progress of those research projects, and do you collaborate with other research hospitals across the state of Pennsylvania?

DR. RICH: So me personally, I can only speak to my own situation. So I keep track of what's going on in my team and with my collaborators. I personally don't have collaborators within the state of Pennsylvania as of yet. I mostly have worked with individuals outside of the state. In terms of my role, we work in the cancer center. It isn't likely that I could name you every single person's activities within the hundreds of people who work
in the cancer center on a daily basis, but overall, we do try and make sure that we have a good understanding of collectively the effort.

Again, within the cancer centers, which is where I'm housed, I would say that the number of exciting work, experiments that are being done, are very complex. I doubt that any single person -- much like you probably don't know what every single person in the Pennsylvania government is doing, I doubt that any single person knows everything in the Pittsburgh system, so.

MAJORITY CHAIRMAN RAPP: I was just kind of inquiring if you had any timely reports or anything like that.

But I want to thank you, Doctor, for being here. We are out of time for your testimony.

DR. RICH: Okay. Thank you.

MAJORITY CHAIRMAN RAPP: Truly appreciate you taking the time to be with us today, and if Members do have further questions, we will make sure that they are submitted to you for a response. So thank you so very much.

DR. RICH: Thank you.

MAJORITY CHAIRMAN RAPP: Our next testifier today -- and I believe Professor Henry Greely is with us. He is at Stanford University, Professor of Law and the Director,
Center for Law and Biosciences, Director of the Stanford Program in Neuroscience and Society Chair, Steering Committee of the Center for Biomedical Ethics.

Professor Greely, are you with us, sir?

MR. GREELY: I am, at least I hope so.

MAJORITY CHAIRMAN RAPP: Okay. I don't see you on video. I don't know if --

MR. GREELY: You know, my camera is turned on. I don't see me on video either. Given my pandemic haircut, that might be a good thing, but --

MAJORITY CHAIRMAN RAPP: Okay.

MR. GREELY: -- as far as I can tell from my side, my camera should be on.

MAJORITY CHAIRMAN RAPP: Okay.

MR. GREELY: This is a format that I'm not -- I'm more accustomed to Zoom than to this Microsoft format, so that --

MAJORITY CHAIRMAN RAPP: Okay.

MR. GREELY: -- might be a problem.

MAJORITY CHAIRMAN RAPP: All right.

Well, Professor, if you could please, under House rules, raise your right hand to be sworn in, and even though we can't see you, we'd still like you to raise your right hand.

MR. GREELY: I promise I'm doing that.
MAJORITY CHAIRMAN RAPP: Thank you. And you may proceed with your testimony.

MR. GREELY: Good morning. And here in California, it is finally beginning to be morning. I hope I'm cogent. I've had a couple cups of coffee, but it's a little early in the day for me.

I have been a Professor of Law at Stanford since 1985. My research focuses on ethical, legal, and social implications of advances in the biosciences. I work mainly on issues arising from genetics, neuroscience, human stem cell research, assisted reproduction, human subjects research ethics, and a wide variety of different issues.

Kind of interestingly to me, the very first paper I ever published in the bioethics field was about the question that has brought this hearing into being. It was in 1989 in the New England Journal of Medicine. I was the lead author of the committee paper on the ethical use of human fetal tissue in medicine. So it's interesting to me that 32 years later we're still talking about some of the same things.

What I thought I'd do is highlight some of the ethical issues. I can't speak to the -- wait, there I am. Good. You can see my cardinal -- Stanford cardinal-red sweater vest. Can you see me now?
MAJORITY CHAIRMAN RAPP: Yes. We can.

MR. GREELY: Okay. Good. And you can see my pandemic haircut, as well -- or lack thereof.

So what I thought I'd do is highlight some of the ethical issues. These are not definitive ethical answers. There are not, for most interesting questions, definitive ethical answers, but I think this is one approach to asking -- to try to focus on some of the questions that are most relevant ethically about human fetal tissue -- about research with human fetal tissue.

So first, it is always important to look at the potential benefits of the research, not just to say, oh, look at all the wonderful things this can do, but to ask, is this research actually likely to lead to anything good? Research that can't lead to any useful findings is almost by its nature unethical research. It's using human cells. It's using human subjects. It's using nonhuman animals. At the very least, it's using people's time and money, and if it's doing it without any reasonable chance of advancing human knowledge or doing other good things, it's unethical.

We don't often think about that as an ethical issue, but it is. I think, as Dr. Rich pointed out, it is clear that at least as a broad category, research using human fetal tissues and tissues derived in cells and other tissues derived from human fetal tissues has, as a general
matter, produced treatments and knowledge that have reduced human suffering, which is morally a good thing.

That certainly doesn't mean that all such research does that. And the research needs to be examined both at the high general level -- does this, generally, do anything useful -- as well as each individual research project needs to be interrogated, probably not by state legislatures but by officials in institutional review boards, the ethics committees, at the NIH, at individual medical centers, and so on, asking is this research that can lead to something useful or not?

If the answer to that is yes, then there's a question of the use of fetal tissue or cells derived from fetal tissue, and there, I think, it's really important to look at how that tissue, by law, has to be obtained and the limitations on obtaining it.

In 1993, Congress passed the NIH Revitalization Act. This Act reversed the policies of President Reagan and the first President Bush against using federal funds, but it limited the ways federal funds could be used for research using tissues or cells from aborted fetuses. It says that human fetal tissue may be used only if the woman who is providing the tissue -- the woman who is having an abortion makes a statement in writing and signed by her declaring that she donates the fetal tissue for use in
research, that the donation was made without any
restriction regarding who would be recipients of any
transplant of the tissue, and that she hasn't been informed
of the identity of any such individuals.

It can be used only if the attending physician,
with respect to obtaining the tissue, makes a statement in
writing and signed by the doctor declaring that, in the
case of the tissue obtained pursuant to an induced
abortion, the consent of the woman for the abortion was
obtained prior to requesting or obtaining consent for a
donation of the tissue for use in such research. No
alteration in the timing, method, or procedures used to
terminate the pregnancy was made solely for the purposes of
obtaining the tissue, and the abortion was performed in
accordance with applicable state law.

That same federal statute makes it a crime to
violate those conditions and a crime to buy or sell for
valuable consideration of human fetal tissue.

So that's the federal framework. It's a
framework that affects what research can be done with NIH
funding. That kind of position certainly applies as a
matter of federal law to all NIH funds, and the vast
majority of research in American medical institutions,
including, I'm sure UPMC, is done with NIH funds. But the
same policy is often adopted by universities for research
that's done with nonfederal funds.

So the idea behind those restrictions was to do as good a job as possible of saying no abortions take place because the woman wants to participate in research. She has to have made the decision before she's even asked about research. She can't say, yes, I'm going to have the abortion and that tissue should be used to help my sister, my mother, my husband. It's tried to separate the decision to have the abortion as much as humanly possible from any incentives about donating tissue for research.

Can it be 100 percent effective? No. Nothing we humans do could ever be 100 percent effective. Murder's been illegal for a long time; it still happens from time to time. It may be the case that there is some woman on the fence about having an abortion who says, well, you know, I've heard that there's useful research that can be done. I guess that's the feather that's going to push me over in one direction or in the other.

But it does, I think, as good a job as one can do in trying to separate the motive for the abortion from the use of fetal tissue, and hence to try to separate the fetal tissue from -- to make it as certain as possible, which is not entirely certain, that the fetal tissue research will not have led to more abortions, to abortions that wouldn't otherwise have happened.
So if the research has good potential outcomes and if it doesn't lead to an increase in abortions, what should we think about it? There can be different ways of approaching that or else this hearing wouldn't be held and we wouldn't still be discussing this 32 years after I wrote an article about it.

If abortion is not viewed as a bad thing, then the argument's pretty straightforward. Even if one believes that abortion is a bad thing, and it's a very bad thing, the argument against the use of this tissue becomes somewhat difficult and limited. It's kind of like an issue with organ transplantation. And let's say, and I'm not -- I want to be clear, I don't believe that abortion is murder but I'm going to use this analogy anyway -- if somebody is murdered, should we not use, with appropriate consent from the next of kin or advanced consent from the deceased -- should we not use their tissues for -- their organs for organ transplantation -- kidneys, heart, liver, lungs to save other lives? The murder was bad. The use of the organs to save lives is good.

We don't think -- one can imagine a situation where somebody was murdered in order to get the organs, and there have been allegations that things like that have happened in other countries. No such allegations here, and it would, of course, be illegal. But if good can come from
this act, even if the act itself was bad, is there an
ethical problem with it? Many people, including me, would
say no, but not everyone would.

There are people who believe that the use of this
tissue entails a complicity, a sharing of guilt in the
deply wrong act of abortion such that it should not be
used -- shouldn't because by using it you are becoming
complicit in, you are accepting, you are to some extent
endorsing this original evil act of abortion. That is an
internally consistent ethical position. It is one that
some people, including some people I know and respect,
hold.

It is not, I think, a majority position because,
in fact, there are lots of things we do and use that are
the result, at least in part, of terrible actions that have
happened in the past. And when we enjoy the rights we have
under the 14th Amendment, we are enjoying something that
came about because of the Civil War, which killed hundreds
of thousands of Americans, particularly people from the
Commonwealth of Pennsylvania, whose most important battle
was fought in your Commonwealth, or at least one of the
most important battles. And it, in turn, was caused by the
horrors of slavery. Those were terrible things. They led
to the 14th Amendment. That doesn't make the 14th
Amendment, for most people, a terrible thing. I submit
that a similar analysis is for many people, though not for all, convincing with respect to the use of fetal tissue in abortion.

So there are disagreements on whether this is ethical or appropriate or not. What do we do with disagreements? Well, we turn to the political process. We turn to you. This is, at least for the Commonwealth of Pennsylvania, your job to sort out these political disagreements, bearing in mind the wishes indirectly expressed of your constituents, as well as what you think is good policy and bad policy, and the constraints of your own conscience, because legislators, I think, need to be allowed to exercise their own consciences, as well.

I think the argument for fetal tissue use, if that tissue is obtained in a way that discourages as far as possible any additional abortions, is a strong one. But I don't expect everyone to be convinced by it. The political process is what it is. We need to let it work its way out. I can say that if Pennsylvania -- I hope Pennsylvania continues to support research with these tissues and cells, important research, and the Pennsylvania institutions including Pitt, which is a great university with a medical school that's been very important in advances in biomedical science, continues to be able to do this. If the Commonwealth decides that it shouldn't, that's the
Commonwealth's right. I will note that I think a number of California universities would probably be happy to welcome Pitt faculty who want to continue doing their important research.

I think that's what I want to say as an opening statement. I'm happy to try to answer any questions.

MAJORITY CHAIRMAN RAPP: Thank you, Professor. I thank you for being honest and direct, and our Abortion Control Act in the state of Pennsylvania does cover many issues of what you stated. We certainly have the consent forms in our Abortion Control Act, and our Abortion Control Act has withstood a challenge in the U.S. Supreme Court.

But I guess the issue before us regarding some of the experiments that we see does go to ethics. And as a professor and someone who studied law in this area -- in biosciences, is there a point and is there an ethical line that you believe should not be crossed as far as fetal experimentation or is there a line -- the doctor from Pitt I asked about the article that was recently published regarding the cells of the monkey and the human embryos. Does that go beyond what you think would be ethical? Or in your field -- and we certainly saw experiments in the past on people that other people in the world saw as very unethical. So is there a point where we say, this is not ethical, that --
MR. GREELY: Yes.

MAJORITY CHAIRMAN RAPP: -- society should not be saying this?

MR. GREELY: Yes. Of course there is. We've seen it in the past. It continues in the present. There is research that is illegal in the United States, as well as in various states.

In 1948, in Nuremberg, 12 German physicians were hanged by the neck until dead for doing research that were crimes against humanity, such as intentionally freezing to death Polish prisoners of war in icy water to see how long they could survive, and hence see how long they had to pick up German pilots who were downed in the North Sea.

The Tuskegee Study, where hundreds of men were kept untreated for syphilis, even when penicillin had been developed and was available as an easy cure and treatment for syphilis, they continued to be untreated for syphilis on purpose for 25 years. That's not ethical. There are things that are unethical.

I'm glad you mentioned the human-monkey chimera story because I actually, along with my colleague from Duke, Nita Farahany, published a very short commentary in the same issue of the journal Cell, in which that article came out. As we say in that short commentary, that particular research seemed, to us at least, not to be
unethical because those embryos were never transferred into a monkey uterus for possible implantation, gestation, pregnancy, or birth. They couldn't become animals. They couldn't survive more than 19 days. I think 20 days was the longest any of them survived outside the womb. Given that, it was research only on embryos that would never become organisms.

But as we note in that paper, there are people who will disagree with that, who think any kind of mixing of human and nonhuman cells is a bad idea. Difficult to tell that to people, for example, who've got heart valves from pigs that are keeping them alive in their hearts. But there are strong views about that.

We also said in that short commentary that if these embryos were to be transferred into a uterus for possible implantation and possible birth as an organism, then there would be serious ethical issues, and we called in our paper for those ethical issues to begin to be explored. I don't know what my answer is yet as to whether that research would cross the line. I need to think about it some more. But yes, clearly there is research that crosses ethical lines. There's research that is also clearly ethical. One of the things that makes life difficult, but also interesting, is the lines often are fuzzy areas and not necessarily nice, sharp straight lines.
MAJORITY CHAIRMAN RAPP: Understood. Thank you, Professor.

Representative Schemel.

REPRESENTATIVE SCHEMEL: Thank you, Madam Chair. And thank you, Professor. Professor, at the beginning of your testimony you said that in evaluating the ethical components to research, you should always look for the potential benefits, and I certainly agree. If there's no conceivable benefit, then it would seem to -- there would seem to be multiple reasons why the research would be inappropriate.

But in weighing the benefits, are you sort of talking about to serve classic consequentialism? I mean, where do you ascertain the benefits outweigh what you think to be the downsides or, in this case, the potential ethical qualms or problems of some?

MR. GREELY: Right. So this is part of why there is no universal agreement on ethics and hasn't been in the last 3,000 years in which we've been discussing it. My own perspective is largely, but not entirely, consequentialist. So I do look at the consequences as important, although I don't view them as necessarily determinative. If I could save five lives by right now, in the most horrific and painful way, killing you, a consequentialist might say, go ahead and do it. I wouldn't, with all due respect, kill
you for that.

So minus a modified, limited form of consequentialism, how one weighs benefits is always tricky. I was fortunate enough to clerk for Justice Potter Stewart on the Supreme Court, whose favorite colleague was Justice Powell, but Justice Stewart would from time to time express frustration. Justice Powell liked seven-part balancing tests so he gave you the seven factors but he never really told you how much they weighed and how to balance them. I'm afraid that in a lot of ethical issues -- in a lot of issues, ethical and otherwise, we're in that kind of situation, and we do what we as moral actors do. We do the best we can.

REPRESENTATIVE SCHEMEL: In your explanation, you gave an example of harvesting organs, or other tissue for research, from the victim of a murder. However, it strikes me that the situation that we are examining is different. This is a very systematized process whereby abortions occur, the tissue is harvested in a very mechanized manner so that it is maximized for the use in the research, and then it is handed over to the researchers to do the research. So this is a very contrived cycle of how this is done, unlike a murder where you have the unfortunate victim and the one good that can come is different.

Do you see a differentiation between those? Does
it, do you believe, raise any additional ethical qualms that there's actually a system? And this goes into what you acknowledge to be some of your colleagues who would say complicity in evil -- or I would say participation in evil. Do you believe that that's a factor, and if so how?

MR. GREELY: So first, you may not be surprised to hear that I do agree with you that the situations are not the same, but for me that's because I don't believe that abortion is an evil along the lines of murder. The issue of the process -- the regularization and almost bureaucratization of the process of obtaining tissue, I think you will find, in fact, is not that different when it comes to issues of organ transplantation. What gets somebody in the hospital declared dead and available as an organ transplant is the murder, which is not planned, just as the abortion was not planned by the researchers.

But once that person is declared brain dead in the hospital, a very complicated system and very heavily regulated and bureaucratized system swings into force to try to get organs that will be useful to save lives. So I'm not sure that, in fact, it's as different as you think it is.

REPRESENTATIVE SCHEMEL: Actually, I agree that I think harvesting of organs for transplants also raises ethical questions, so I would agree on that.
One final question then. So you would certainly, I'm sure, acknowledge that there are many Americans who believe that abortion is the ending of an innocent human life, even if you don't share that.

MR. GREELY: Yes.

REPRESENTATIVE SCHEMEL: As an ethicist, how do you believe that that should factor into the determination of how to expend public monies when you have a significant portion of the population who does believe that actually this is a morally evil act that is murder in their minds?

MR. GREELY: So yes, I do acknowledge that many people, including some of my friends and relatives, believe that abortion is a completely abhorrent evil action. I think that the best answer I can give is it's a political process question where the political process does its work, which is what you guys are in the middle of doing. I think that that process should take into account how many people hold that view, how strongly they hold it. If it's close to 50/50, then that's one thing. If it's 5 percent versus 95 percent, that's a different kind of issue.

Although these numbers -- percentages aren't necessarily going to be determinative. More likely, it's 15 percent care strongly one way, 5 percent care strongly the other way, and 80 percent don't particularly care strongly one way or the other.
Weighing those is difficult. There's no particular science to it. But I think in the context of use of tissue that is set up in a way that does not induce additional abortions -- I think the percentage of people who on reflection will think that is immoral because involving complicity with abortion is certainly not zero, but my own guess is that it's not going to be very high. But you know Pennsylvania; I don't.

REPRESENTATIVE SCHEMEL: Very well. Thank you.

MAJORITY CHAIRMAN RAPP: Thank you, Representative.

Professor, we only have two more minutes, and I definitely want to thank you for being with us today. I'd like to tell the audience that as of today we've -- in this nation since 1973, we've seen 61 million abortions which, when Roe versus Wade passed it was said that they would be rare, safe, and legal. They are safe and -- most of the time they are safe. They are legal. But today, they are definitely not rare.

But I do want to thank you so very much for your time. I know there's a big time change between us and you, so I want to thank you very much.

And at this time I want to just say to the audience that we are joined by Representative Cephas, Representative Krajewski, Representative Fiedler,
Representative Gaydos. So thank you for attending, Representatives.

Did you have a question or comments, Representative Frankel?

MINORITY CHAIRMAN FRANKEL: First of all, I thought this was a very helpful discussion. And Professor Greely, we are very indebted to you for getting up early this morning on very, very short notice to provide this testimony.

And I think you drew some really interesting parallels here. I mean, there is no hard line here. Part of what we're trying to do here -- or what my colleagues in the majority party are trying to do here is to draw that hard line. And I think the ethical issues are complicated. I thank you for shedding light on it and really appreciate your participation this morning. Thank you.

MR. GREELY: Well, I'd like to thank the Committee for giving me the opportunity to participate in the democratic, and this is with the little d, democratic process. I think what you do is important, and the more we can think through these issues, my hope is we come out better overall as a result. So thanks for giving me the opportunity to talk.

MAJORITY CHAIRMAN RAPP: Thank you, Professor. We do have a question, I think, from
Representative Krajewski, that we will submit to you and if
you could get back to us at --

MR. GREELY: Sure.

MAJORITY CHAIRMAN RAPP: -- your -- in a --

MR. GREELY: Sure.

MAJORITY CHAIRMAN RAPP: -- timely fashion, we'd
truly appreciate it. Thank you very much --

MR. GREELY: Sure. My email address --

MAJORITY CHAIRMAN RAPP: -- for being with us
today.

MR. GREELY: -- for anyone is hgreely,
G-R-E-E-L-Y, @stanford.edu, and I promise to try to respond
to any emails that get sent to me.

MAJORITY CHAIRMAN RAPP: Thank you so much.

MR. GREELY: Bye.

MAJORITY CHAIRMAN RAPP: At this time, our last
presenter, testifier for the day, is David Daleiden. I
believe David is on the screen.

David, welcome.

And David is with the Center for Medical
Progress. Some of you might be familiar with his name.
Some of you not.

David, at this time it is under House rules that
you swear that you would tell the truth, so if you would
please raise your right hand to be sworn in.
(Oath administered.)

MAJORITY CHAIRMAN RAPP: Thank you. And you may proceed.

MR. DALEIDEN: Madam Chair, Ranking Member Frankel, distinguished Committee Members, thank you for the opportunity to testify before you this morning. I'm David Daleiden, and I'm the head of the Center for Medical Progress, which is a citizen journalism organization that monitors and reports on bioethical issues that impact human dignity.

We're especially concerned about the exploitation of the vulnerable and government-sponsored experiments on human fetuses and human infants and their parents who are vulnerable to abortion. Under my leadership, CMP conducted a multi-year undercover video investigation of the illegal trafficking of aborted fetuses and sale of their body parts, and we began releasing the results of that in 2015.

Our reporting shut down two companies that admitted illegally selling body parts from abortions at Planned Parenthood in southern California, and the local district attorney thanked us for prompting that successful case. It's been 10 years now since the horrific crimes of Dr. Kermit Gosnell were revealed in Philadelphia, Pennsylvania, where Dr. Gosnell was delivering late-term fetuses alive and killing them by snipping their necks with
surgical scissors. Dr. Gosnell sometimes kept the babies' feet as souvenirs.

The horrors of the Kermit Gosnell case were able to take place and continue for so long because they were enabled by Commonwealth officials who preferred secrecy to public accountability in Pennsylvania's abortion industry. Sadly, as we've heard through some of the testimony already this morning, it's a matter of public record that there are horrific abuses of aborted infants taking place on the other side of Pennsylvania through the extensive fetal experimentation programs at the taxpayer-funded University of Pittsburgh.

There were a lot of obfuscations and misrepresentations from the Pitt testimony earlier today, which I think is something you would expect when they send a new guy who's only been there for five months to talk about research that he's not actually involved in, so I'm going to try to address some of those and correct the record a little bit.

And so in a recent study, as we've heard, Pitt scientists describe scalping five-month-old aborted babies and grafting their scalps onto the backs of lab rats to keep them growing -- yes, lab rats. If you actually look at the published paper on the Nature scientific reports website, they use both rats and mice in the study. In the
study, you can see the pictures of little baby scalps growing tiny baby hairs on the backs of lab rats and lab mice. Each one of those scalps growing baby hair on a rat represents a little Pennsylvania baby who would have grown those little hairs on their head if they had not been killed by abortion for experiments with rodents.

Starting in 2016, Pitt received a $1.4 million grant from the NIH to become the distribution hub for aborted fetal kidneys and bladders and other organs in the NIH's GenitoUrinary Development mapping Atlas Program. Pitt's grant application for this grant from the NIH states that the university has a unique access to a large number of high-quality aborted fetuses and can, "ramp up delivery" of aborted fetal body parts across the country.

And two years ago, I published an op-ed exposing the live fetal liver harvesting of Pitt's Dr. Jorg Gerlach, a stem cell scientist in Pitt's McGowan Regenerative Medicine Institute. Dr. Gerlach's protocol calls for aborting five-month-old fetuses alive via labor induction in order to deliver the baby whole, then wash the baby, place the baby on a surgical tray, and cut the baby open to harvest his or her liver as fresh and clean as possible. This is not just for liver cultures. This is for liver transplants.

Dr. Gerlach's team boasts in their published work
that this way they can harvest an unprecedentedly massive number of stem cells from the fetal liver for use in experimental transplants into adults. Dr. Gerlach's protocol describes this liver harvesting as a "in vivo procedure," meaning in the living body and requires the harvesting to take place immediately after the baby's umbilical cord has been cut.

Pitt has tried to say that this is over, that it was only going on in Italy, not in the United States. There's serious reasons to doubt the veracity of those statements from the University of Pittsburgh and reasons to be very concerned that it's still going on in the United States.

Dr. Gerlach and his team published a study as recently as 2019, where they described obtaining whole livers in Pittsburgh from Pittsburgh abortion providers, and they described obtaining that same unprecedentedly large number of stem cells, about 2 billion liver cells per individual fetal liver. They described getting the same amount that they were saying in years prior they were solely able to get because of this special live-induction labor-harvesting procedure that they were publishing on.

Experimenting on a living fetus or failing to provide medical care to a born-alive infant, regardless of prematurity, is a third-degree felony in the Commonwealth
of Pennsylvania. Sadly, live fetal experimentation has been reported and documented at Pitt for decades previously, and this legislative body has even heard testimony previously about live fetal experimentation at the University of Pittsburgh.

During my undercover work several years ago, I met a group of abortion providers from Planned Parenthood of Western Pennsylvania who were also faculty members at the University of Pittsburgh. The Planned Parenthood abortion providers told me on undercover video that they supply the university's tissue bank from the abortions that they perform. Yet astoundingly, the University of Pittsburgh has issued statements to the media and statements to this legislative body, including renewing it earlier this morning, that "there is no procurement relationship for tissue with Planned Parenthood."

It seems clear to me why the university is lying to you. Since 2005, Pitt has been a major site for Planned Parenthood's abortion training programs. Some of the worst violators in Planned Parenthood's abortion and fetal research practice were trained at Pitt.

To give you just one example, if you recall the southern California company that I mentioned, DaVinci Biosciences, that was shut down because of my investigative reporting, the Planned Parenthood medical director who was
supplying DaVinci, Dr. Jennefer Russo, did her abortion training program at the University of Pittsburgh. Pitt is not just exporting aborted baby body parts across the country but they are also exporting the worst practices of the abortion industry to other states.

Today, Planned Parenthood of Western Pennsylvania's medical director still runs the abortion training program at Pitt, and Planned Parenthood Western Pennsylvania itself is a contracted care site for the University of Pittsburgh and thus receives access to the university's systems provider infrastructure, patient population, and medical students and residents. And in fact, the current medical director of Planned Parenthood Western Pennsylvania who runs the abortion training program at Pitt also sits on the institutional review board at Pitt that is in charge of approving fetal experimentation projects at the university as ethical or not.

So it all looks suspiciously like an illegal quid pro quo for aborted fetal organs and tissues. Pennsylvania's law against selling fetal tissue or organs is actually even more strictly framed than the federal law and prohibits any consideration whatsoever in exchange for fetal tissue.

In conclusion, I think it's crucial for public officials in the Commonwealth of Pennsylvania, including
the people's Representatives in this legislative body, to
exercise all of the oversight authority that is available
to you to ensure that the crimes of Kermit Gosnell are not
being perpetuated in Pennsylvania by an unaccountable
taxpayer-funded abortion industry.

Thank you for listening. I'm open to taking your
questions now for the remaining time that we have.

MAJORITY CHAIRMAN RAPP: Thank you, David, for
being here. Thank you for bringing up Gosnell, which is
the case that I brought up when I decided to have these
hearings. It certainly is a black mark on the state of
Pennsylvania. Any citizen can download the Gosnell grand
jury report from your internet, and it really is a horror
story. I asked several questions about crossing the
ethical line. And Gosnell didn't just cross the ethical
line; he crossed the legal line.

So the report is very gruesome to read, talking
about babies born alive and then Dr. Gosnell snipping the
backs of their necks to cause their demise, and we don't
know, really, how many babies that involved but we know
from the testimony during the trial that it was many, and
this happened in Philadelphia, in the state of
Pennsylvania, and not that long ago.

Fortunately, this committee, chaired at that time
by Representative Matt Baker, was able to introduce the
Facilities Act and took a look at correcting actions so that the Legislature was hoping that that would never happen again in the state of Pennsylvania. So that is one of the reasons, when we started hearing about what was going on in Pittsburgh, to have the hearings.

Plus, when we run pro-life bills, we've always been told we never have hearings. This was a chance to have hearings and try to air out as much as possible in committee meetings so that when we get on the floor legislators can say we flushed all this out during our hearings.

But I do appreciate you being here. And maybe we should acknowledge, David, the state of California did not look too kindly in some of your investigative reporting, and so there has been some action taken against you. Could you just air that for us, please, so we're out in the open about this, sir?

MR. DALEIDEN: Sure. Sure. Thank you. So undercover reporting is widely practiced and legal in the state of California. Local TV news reporters in California, as well as many other states, routinely do undercover video investigations and record it and publish it in the state of California. And that is normally a regular part of California advocacy and journalism.

And yet, somehow over the past couple of years
here, I and one of my undercover investigator colleagues have become pretty inexplicably the first and only case of a criminal prosecution of newsgathering under the California video recording law to ever be brought in the 60-year history of that law in the state, even though we recorded in crowded open places of public accommodation, just like any local news reporter in California.

If you do that kind of undercover journalism in California about animal welfare or factory farming or exposing unlicensed marijuana dealerships, unlicensed marijuana dispensaries, that seems to be permitted and even welcomed by the law enforcement in the state, but if you do it to expose the abuse of patients or the abuse of human fetuses in the state of California, that apparently is a message that is criminal and has to be canceled and suppressed by the state.

So it's a strange case and it's a disturbing case for anyone who really cares about just being able to talk openly about issues that matter to the public, like we're doing at a hearing like this today. And the main conversations and video recordings that we released from California have actually been blessed by the judge in that case and he made specific findings that these are places of public accommodation and recording was entirely appropriate there.
So we'll see where that goes in the next year or so. At the end of the day, I think, based on the kind of testimony that we've heard in this hearing today and information that will continue to come out -- I think the fact that the University of Pittsburgh sent the new guy who's only been there for five months instead of sending the actual scientists or sending the actual medical directors who could really answer a lot of our questions about these topics, it shows that, I think, some very powerful people are very afraid of the truth and of the facts being reported on the issues of fetal experimentation and fetal trafficking.

And that's why the law in places like California is being twisted to silence discussion of these topics, and I think that's why the people who really know don't want to necessarily come out into the light and out into the open in hearings like this to really talk about and put the facts on the record. Because if the facts are really put on the record, I think that that will be a monumental reckoning for the country.

So I hope that answers your question.

MAJORITY CHAIRMAN RAPP: Thank you, David. I just thought we should get that out in the open so we're not blindsided here after the fact.

To your knowledge, are there other universities,
other research hospitals in Pennsylvania -- let's just talk
about Pennsylvania -- that are doing similar or the same
type of research as the University of Pittsburgh Medical
(indiscernible - recording malfunction)?

MR. DALEIDEN: Yeah. Certainly. So what we know
from the publicly available sources right now, some of the
reporting that the NIH does do about the fetal
experimentation grants that they issue, there's definitely
been several large NIH grants over the past several years
to researchers at both Pennsylvania University -- or
University of Pennsylvania at Penn, and also at Temple
University, and a handful of other locations that I'm not
as familiar about.

Based on the fact pattern that we see with the
University of Pittsburgh, I right now would be the most
concerned about what's going on at Penn because Penn has
had sort of the highest volume of fetal experimentation
grants from the NIH over the past several years here. Penn
also hosts an abortion training program similar to what
Pitt does with Planned Parenthood of Western Pennsylvania.
Penn has the same kind of relationship with Planned
Parenthood of Southeastern Pennsylvania and Philadelphia,
so the fact pattern starts to look a little similar.

So if there was another location in the state
where investigators were going to start to dig or where
Commonwealth officials or where the Legislature wanted to exercise more oversight authority, I think that would probably be the next place.

MAJORITY CHAIRMAN RAPP: Thank you. Let's see if any of the Members have a question for you, David.

Representative Frankel, did you have some remarks, sir?

MINORITY CHAIRMAN FRANKEL: Thank you, Madam Chair.

A couple of things, just for the record. Fetal experimentation is the process in Pennsylvania of gaining consent -- donation consent. The science is actually research utilizing fetal tissue that has been donated according to ethical standards and legal standards.

With respect to Gosnell, that was a horrific abomination that everybody can agree on, but it was a rare thing. It's not something that typically takes place, and utilizing that as an example that compares in any way with the ethical biomedical research that takes place at our universities is really unacceptable.

I would point out also that Mr. Daleiden not only has legal action in California, but he has been found civilly liable for doctoring videos.

This all seems very familiar. Twenty-one years ago, another man made a very shocking and disturbing
accusation about two companies involved in providing human tissue for scientific research. The purported whistleblower claimed that abortion providers trafficked fetuses and altered abortion procedures to obtain tissue specimens. Ultimately, the truth came out. The man admitted under oath that he had lied. It became clear that he had been well paid for it. Congress dropped its inquiry. Newspapers reported that the accusations had been recanted, and Republicans and Democrats both put the disturbing episode behind them.

But we now live in a time where lies and distortion simply travel faster than truth. Hearings like this one provide a platform and give a veneer of credibility to fantasies developed in the minds of people who want one thing and one thing alone, to block access to abortion. Every time a judge or jury has looked at this preposterous set of accusations the answer has been same. Planned Parenthood is cleared of wrongdoing, and Mr. Daleiden and his organization have been revealed as having repeatedly broken the law in an effort to trick us into believing in a taxpayer-funded black market for body parts.

In fact, when a grand jury in Texas was given all the evidence entirely to get to the bottom of accusations against Planned Parenthood, it not only cleared the abortion provider, it indicted Mr. Daleiden.
MAJORITY CHAIRMAN RAPP: [Dah-lay-den].

MINORITY CHAIRMAN FRANKEL: [Dah-lay-den].

MAJORITY CHAIRMAN RAPP: [Dah-lee-den].

MINORITY CHAIRMAN FRANKEL: Daleiden -- sorry about that.

In the six years since Mr. Daleiden has been releasing his heavily-doctored hoax videos, he has been handed legal defeat after legal defeat. But unlike 21 years ago, when folks could gather around the TV or read the newspaper to hear all the facts, the damage has been done. With social media, the discredited videos move light-years faster than the truth, confirming the fears and suspicions of those who have been primed to put their faith in shadowy conspiracies instead of evidence and facts.

But we know better, and we can stay on the side of truth. The accusations discussed today are abhorrent, and fortunately they are untrue. Tissue donation is carefully regulated and the process is entirely set up to improve and protect human life. If an organization breaks the rules, there are appropriately consequences in place.

And the University of Pittsburgh, which has been basely attacked today, is one of the nation's top public research universities, seventh in the nation for NIH funding. Pitt people beat polio, pioneered TV, and turned my city into the world's organ transplantation capital. If
any of your loved ones have suffered from breast cancer, HIV, or diabetes, Pitt may well have played a role in extending their lives.

Scientific advancements to combat our most cruel diseases, like ALS, Parkinson's, and HIV, depend on the study of human tissue and fetal tissue. Attacks on that research and those who perform it are simply not compatible with the protection of life. To value and protect life is to support and celebrate the work of our scientists and medical experts.

I hope that we in this Committee can work together to get this conversation back on track.

Thank you, Madam Chair.

MAJORITY CHAIRMAN RAPP: Thank you, Representative Frankel.

David, would you like to respond to that and would you like to respond as to how you came about receiving the information regarding the current research that has been publicized regarding removing the babies' scalps and being sewed on the rodents? How did you obtain that information, sir?

MR. DALEIDEN: Sure. So there's maybe three things there that I would like to address, if I could.

The first is Representative Frankel brought up Planned Parenthood's lawsuit against myself and my
colleagues. And Representative Frankel described it as a lawsuit where we were found liable for doctoring videos. That's entirely false. Planned Parenthood brought no defamation claim. They brought no slander or libel claim whatsoever. They brought basically a fraud claim, saying that they were defrauded because we didn't actually buy body parts from them. I'm still trying to figure that one out.

But the veracity of that footage was never questioned in the forensic process of that case. And in fact, the Planned Parenthood officials themselves admitted and stipulated that they spoke the exact words that they're shown speaking on my undercover footage, and it's available in all of its forensic validity at the California Attorney General's Office now too.

Additionally, it's simply not true that every judge or every case where these issues -- and this has been brought forward -- has found that there was no wrongdoing in the fetal harvesting or nothing there. Two of Planned Parenthood's oldest business partners in the sale of fetal tissue, the DaVinci Bioscience companies, were shut down in a $7.8 million settlement by local law enforcement directly as a result of my undercover reporting, and they were being supplied by a Planned Parenthood official who was trained at the University of Pittsburgh.
As far as where the current information comes from about the scalping study and the other studies and the other fetal experimentation projects being done at the University of Pittsburgh, all of that is open-source information. The video camera certainly doesn't lie, but you don't even have to take the word of my video camera for it. That comes directly from public NIH sources and from the published words and the published work of Pitt scientists themselves.

MAJORITY CHAIRMAN RAPP: Thank you. So the photos that we would have in front of us, those are in published journals, just like the information of the research that was done in Sicily -- or Italy. That was published as well by Dr. Gerlach?

MR. DALEIDEN: Yes. All of that's been published.

MAJORITY CHAIRMAN RAPP: By himself. So thank you for that.

Let's see if we have any others.

Representative Owlett.

REPRESENTATIVE OWLETT: Thank you. And thank you, David, for being here. You know, you're a shining light in the dark places, and that can make people uncomfortable at times, but I appreciate the work that you're doing.
MR. DALEIDEN: Thank you.

REPRESENTATIVE OWLETT: I'm holding in my hand a Representative Matt Baker pen, which I find ironic as we're talking about the Abortion Control Act and some of the great work that he did while he was here. I actually serve in his former district. And a lot of the regulations that came about because of the Gosnell stuff, they were voted on and there were people that voted against those regulations that call that work horrific now. But I think that's worth pointing out.

Talking about the liver studies and the harvesting and the experiments, what evidence is there that this practice is still happening or happened here in Pennsylvania? You touched briefly on that in your testimony. Could you go into that a little bit more in depth, please? Thank you.

MR. DALEIDEN: Definitely. So the liver harvesting work that Dr. Gerlach and his colleagues did, Pitt has tried to say so far that this only ever happened in southern Italy and it ended years ago in 2013. That seems very hard to believe, or -- to believe that or take Pitt at their word on that because Dr. Gerlach and his colleagues, the same ones who developed the labor induction abortion and liver harvesting protocol and published about it as an Italian thing, as recently as 2019, they have
published studies in the United States referencing whole and complete fetal livers that they are getting from abortions done in Pittsburgh. And they describe in these studies from 2019 the massive number of stem cells that they're able to extract from these fetal livers that they're getting in Pittsburgh. And they're saying it's getting up to 2 billion stem cells per fetal liver -- 20-week aborted fetal liver that they're able to obtain.

And that was the whole point of the intact labor induction of a living fetus, harvesting the liver as soon as -- soon after as you cut the umbilical cord. The whole point of that nightmarish protocol that they developed and published on in 2012 was that they were able to obtain this unprecedentedly huge number of stem cells, on the order of 2 billion stem cells, from the fetal liver if they did it that way.

And so now, six, seven years later in 2019, they're describing getting that same unprecedentedly high number of stem cells from intact fetal livers harvested in Pittsburgh and the United States. So to me, that's a clear indication that they are practicing the same technique here in America that they publicly described as going on in Italy.

REPRESENTATIVE OWLETT: It's based on the numbers, correct? I mean, the numbers -- obviously, the
numbers don't lie and the amount of stem cells. That's why you're basing this, right?

MR. DALEIDEN: Yes. Exactly.

REPRESENTATIVE OWLETT: Okay. Well, thank you for being here. Thank you for taking the time to be here today. Appreciate what you're doing and the work that you're doing, and thank you for your testimony.

MR. DALEIDEN: Thank you.

MAJORITY CHAIRMAN RAPP: Thank you, Representative.

REPRESENTATIVE ZIMMERMAN: Thank you, Madam Chair.

And thank you, Mr. Daleiden, for your testimony and joining us here today. So Pitt says that their fetal tissue research is in compliance with all state and federal laws and regulations. So apart from the gruesomeness of this taxpayer-funded work, are there reasons to be concerned whether these experiments violate the law, and if so, what would some of those be?

MR. DALEIDEN: Yeah. Definitely. So there's about three or four areas of concern that I would encourage the committee to look at with the fetal experimentation projects going on at the University of Pittsburgh.

The first, as we've been talking about, is this
liver harvesting protocol that clearly is going to involve infants being delivered alive, specifically for organ harvesting. Even if there is some way that perhaps they never put in their published work and they've been kind of keeping secret from everybody for a couple of years now that somehow those are not infants actually being born alive or not surviving after a birth, the protocol itself would still -- still indicates that this is basically an experimental protocol being carried out on fetuses that are still alive, either while they're in the womb or while they're being born. And so that's a third-degree felony under the Abortion Control Act -- is experimentation on a living fetus, whether before the abortion or being born alive through the abortion. That's one big area of concern.

Another big area of concern is, in the scalping study, specifically, the fact that fetal scalps were being used in that study, that means that the fetal heads would have needed to be intact enough to obtain the scalps off of them, which would be an indication, like Dr. Aultman was testifying about earlier this morning, that those might be partial birth abortion cases in order to get an intact fetal skull out of the patient in one of those later second trimester procedures.

I think there's also serious cause for concern
about consideration on a quid pro quo basis being traded
between the abortion providers and the university, or
between the university and perhaps the NIH or others, due
especially to the market forces that seem to be coming into
play for the supply of fetal tissue and fetal organs at
Pitt.

I point especially to the grant application from
Pitt for the GUDMAP project where they're advertising
explicitly the availability of the numbers and the volume
numbers that they have from abortion providers in
Pittsburgh and describing how they're disappointed that
they only got a certain number of fetuses in the prior
year, presumably because that's the only amount of consents
they were able to get from pregnant patients.

But they want to "ramp it up" to try to meet the
demand, and they're looking at their total patient volume
and trying to see how much more can they pound the pavement
in the operating room to try to get as many more fetal
specimens for transfer as possible. So the serious use
demand that's present there, to me, is an indication that
there's valuable consideration or a quid pro quo situation
going on explicitly for fetal tissue.

And then the fourth big area of concern would
just be the consenting, in general, whether there's
actually valid and fully informed noncoercive patient
consent that's being obtained for these different research projects. Certainly, I don't know that Pitt has ever produced any copies of the consent forms actually being used, but it's probably highly likely that they did not tell them specifically that the scalps were going to be stitched onto lab rodents to keep them growing. And that seems like that would be a relevant material fact for a pregnant couple or a pregnant woman to know when being asked to donate so-called tissue for so-called research.

So those are probably the four big areas of legal or regulatory concern with fetal experimentation at Pitt: born alive infants, partial birth abortions and changing the abortion practice, quid pro quo exchanges of consideration, explicitly tying the exchange to a specific fetal product to be produced, and then the validity of the consent for the patients.

REPRESENTATIVE ZIMMERMAN: Yeah. Thank you for that. Very troubling in light of -- you know, as legislators, we do fund Pitt and others, and so very concerning. But appreciate the comments. Thank you.

Thank you, Madam Chair.

MAJORITY CHAIRMAN RAPP: Thank you.

Representative Borowicz.

REPRESENTATIVE BOROWICZ: Thank you, Chairwoman.

Is he still there? Okay.
Thank you for being here. I appreciate your work, what you're doing in revealing the darkness and --

MR. DALEIDEN: Sure.

REPRESENTATIVE BOROWICZ: -- obviously, they don't want that seen what you're doing, so I appreciate it. So keep going, doing what you're doing.

My question would be, what would you recommend in next steps for appropriate oversight by officials in Pennsylvania?

MR. DALEIDEN: Thank you. So one thing that I notice looking at the Abortion Control Act is that as far as enforcement over quid pro quo sales of fetal tissue, exchanges of consideration or valuable consideration, sale of aborted fetal body parts, enforcement for those rules and those laws falls under the purview of the Pennsylvania Department of Health, which as we know from the Kermit Gosnell case, a lot of the outrages that we saw in the Gosnell case were due directly to a lack of the Department of Health actually exercising their full oversight, following up on very serious and very troubling allegations that for years were being lodged with them about Dr. Gosnell's practice, and yet they did nothing.

So I think really following up with the Department of Health and making sure that they are using their oversight and enforcement authority in these areas is
I think really crucial. It might sadly be the case that they may never have actually investigated fetal experimentation or fetal tissue transfers in the state of Pennsylvania, which would be pretty concerning.

And also, for legislative bodies like this one, or other committees in the Commonwealth that have subpoena power or have the ability to make actual document requests or actual specific witness requests of Pitt and abortion providers like Planned Parenthood Western Pennsylvania in the Commonwealth, I think it's -- you know, entities like Pitt can send the new guy who's been there for five months to testify about something that he says he's not involved in. You know, they can do that for a long time and it doesn't really move the conversation forward.

So I think it's really crucial for the entities and the bodies of officials like this one that have either subpoena power or document request authority to actually get some real information and real evidence to back up the talking points that are being spread by lobbyists for organizations like that. So those would be my big recommendations right now.

REPRESENTATIVE BOROWICZ: Right. Thank you.

MAJORITY CHAIRMAN RAPP: David, I want to thank you very much for being here. And I know it's controversial, but that's a lot of what this Committee
does. And we've heard a lot of information since we've done the hearings, and I truly appreciate your time.

You did mention -- I think we have time for just -- you did mention the University of Penn and alluded to their -- that they host abortion training. Anything else regarding any of the -- any more in-depth regarding the University of Penn or any of our other universities or research facilities?

MR. DALEIDEN: Yeah. I think this Committee actually heard testimony from one of the abortion providers at Penn, who is part of the abortion training program at Penn, that fetal tissue and organ harvesting is something that they do in the abortion program at Penn.

So it's not just that there are scientists at Penn who are doing fetal tissue projects with NIH funding, but they're getting some of those fetuses apparently from abortion providers who are part of that abortion training program at Penn that is done in partnership with the local Planned Parenthood affiliate over in Philadelphia. So it's a fact pattern that starts to look kind of like a mirror image of what's going on in Pittsburgh. So I think that's something that deserves further scrutiny.

MAJORITY CHAIRMAN RAPP: Thank you so much for your time, and I know you're over on the West Coast. Thank you for agreeing to be with us. I do know that you
released the video yesterday. I believe the Family Institute has released that and shared that for anyone who wants to view it further, what -- the experiments at Pittsburgh. They are disturbing.

But I truly appreciate your forthrightness and your honesty and being here. You've certainly been through a lot.

And I want to thank the Members. I had asked from the very beginning that we would all be respectful through all of this, that you would have time to answer your questions, and I do appreciate the respectfulness of the committee to our testifiers.

And thank you again, David.

And with that, I believe we will adjourn. We are in session at 11:00.

So thank you very much, David, for being with us today.

Thank you staff --

MR. DALEIDEN: Thank you for the opportunity.

MAJORITY CHAIRMAN RAPP: -- for everything.

Thank you, David.

The hearing is adjourned.

(Hearing adjourned at 10:55 a.m.)
CERTIFICATE

I hereby certify that the foregoing proceedings are a true and accurate transcription produced from audio on the said proceedings and that this is a correct transcript of the same.

TERRY RUBINO
Transcriptionist
Opti-Script, Inc.