

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:

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MAJORITY EXECUTIVE DIRECTOR

MAUREEN BEREZNAK
MAJORITY RESEARCH ANALYST

LORI CLARK
MAJORITY ADMINISTRATIVE ASSISTANT II

ERIKA FRICKE
DEMOCRATIC EXECUTIVE DIRECTOR

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*Pennsylvania House Of Representatives
Commonwealth of Pennsylvania*

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P R O C E E D I N G S

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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.

1 REPRESENTATIVE OWLETT: Clint Owlett, Tioga
2 County, parts of Potter, and parts of Bradford County.

3 REPRESENTATIVE BENHAM: Jessica Benham, Allegheny
4 County.

5 REPRESENTATIVE SANCHEZ: Ben Sanchez, Montgomery
6 County.

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

9 (Indiscernible - recording malfunction).

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

14 Before we start with this issue, and I know it's
15 controversial, but I did want to read, from the Abortion
16 Control Act, the legislative intent. "It is the intention
17 of the General Assembly of the Commonwealth of Pennsylvania
18 to protect hereby the life and health of the woman subject
19 to abortion and to protect the life and health of the child
20 subject to abortion. It is the further intention of the
21 General Assembly to foster the development of standards of
22 professional conduct in a critical area of medical practice
23 and to provide for development of statistical data and to
24 protect the right of the minor woman voluntarily to decide
25 to submit to abortion or to carry her child to term. The

1 General Assembly finds as fact that the rights and
2 interests furthered by this Chapter are not secure in the
3 context in which abortion is presently performed."

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

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

8 DR. RICH: I am. Yes.

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

11 DR. RICH: Okay.

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

15 DR. RICH: Great.

16 MAJORITY CHAIRMAN RAPP: Okay.

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

19 (Oath administered.)

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

23 So at this time our first testifier is Dr. Kathi
24 Aultman, who is an OB/GYN, and she is with the Charlotte
25 Lozier Institute and is an Associate Scholar.

1 So Dr. Aultman, please proceed with your
2 testimony and then, if time allows us, we will have some
3 questions.

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

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

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

25 When I entered medical school, I believed that

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

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

25 Because of my training and conditioning, a human

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

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

17 I enjoyed the technical challenges of doing
18 abortions at later gestations and prided myself on being
19 excellent at what I did. Doing abortions at higher and
20 higher gestational ages became a challenge. The only time
21 I had any qualms about what I was doing was when I had my
22 neonatal care rotation and realized that I was trying to
23 save babies in the NICU that were the same age as babies I
24 was aborting. Still, I rationalized it and was able to
25 push the feelings to the back of my mind.

1 In my last year of residency, I became pregnant
2 but continued to do abortions without any reservations.
3 The first time I returned to the clinic after my delivery,
4 however, I was confronted with three cases that broke my
5 heart. I had finally made the connection between fetus and
6 baby. I realized that I could no longer kill babies just
7 because they weren't wanted.

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

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

22 I will never forget one woman who came to see me
23 for prolonged bleeding after an induction abortion. She
24 was still struggling with the horror of delivering her live
25 20-week-old baby into the toilet. Her baby brother had

1 drowned, and she couldn't forgive herself or get the image
2 out of her mind.

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

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

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

25 As medical doctors and as a society, we have

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

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

22 I first heard about the D&X procedure, later
23 known as partial-birth abortion or intact D&E, early in my
24 career when I was still very pro-abortion. I didn't
25 understand why those using the technique weren't arrested

1 for murder. After all, the baby was already in the birth
2 canal when they killed it. I wondered why they didn't just
3 wait a few more weeks and let the baby live. The mother
4 had gone through most of the pregnancy already and at that
5 point delivery would be the safest option.

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

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

23 For years, abortionists and prominent physicians
24 have argued that the fetus doesn't feel pain; however, the
25 evidence is now clear that newborn babies feel pain by 20

1 weeks gestation and possibly at much earlier gestations.
2 Although ACOG came out with a statement disputing that the
3 fetus feels pain, the main proponent and opponent of the
4 theory collaborated on a paper looking at the neuroscience
5 of fetal pain and concluded there is evidence that the
6 fetus can feel pain as early as 12 weeks. This is
7 corroborated by the fact that anesthesiologists routinely
8 administer anesthesia to the baby and the mother during
9 fetal surgery. This is done not only to keep the baby from
10 moving but also to provide pain relief since it improves
11 fetal outcomes.

12 Pennsylvanians were stunned when news broke about
13 the taxpayer-funded research at the University of
14 Pittsburgh involving grafting fetal scalps, back flesh, and
15 other tissue from aborted fetuses onto humanized mice and
16 rats to study the immune system when the skin is infected.
17 Studies involving grafting the fingers of aborted babies
18 onto humanized mice at Stanford University to regenerate
19 cartilage were also disturbing. What is particularly
20 upsetting is that these fetuses were aborted at 18 to 20
21 weeks gestation (indiscernible - recording malfunction) we
22 now have credible evidence that these babies feel pain.

23 Although digoxin or potassium chloride can be
24 administered to kill the fetus prior to the abortion, the
25 abortionist may choose not to administer them because

1 researchers need fresh tissue in order to do the kind of
2 (indiscernible - recording malfunction) April 16th, 2021,
3 HHS reversed its 2019 decision to review all grants and
4 contracts proposing the use of aborted fetal tissue by an
5 ethics board. The HHS secretary was quoted as saying, "We
6 believe that we have to do the research it takes to make
7 sure that we are appropriating innovation and getting all
8 of those types of treatments and therapies out there to the
9 American people. To paraphrase, the ends justify the
10 means.

11 Pennsylvanians cannot rely on the federal
12 government to stop these sorts of abuses. Please open your
13 hearts and minds to see what is really going on. You must
14 pass legislation to protect your unborn children from these
15 intolerable atrocities. If you don't, you are complicit
16 (indiscernible - recording malfunction) you will be judged
17 on how well you cared for the weakest of our members. And
18 I have to say that there was a time that I would have been
19 thrilled to be involved in those sorts of experiments
20 because I didn't see the fetus as a person, but now
21 30-some, 40 years later, knowing what I know now, I cannot
22 conscience these kinds of actions.

23 Thank you.

24 MAJORITY CHAIRMAN RAPP: Thank you, Doctor. And
25 you mentioned the turnaround and the difference between the

1 two administrations in Washington, and under the former
2 administration the funding for fetal experimentation was
3 cut; am I correct?

4 DR. AULTMAN: Yes.

5 MAJORITY CHAIRMAN RAPP: And under this current
6 administration, I have an article in front of me that says
7 that the current President gives the abortion industry
8 \$467.8 billion for fetal research. So I guess the
9 difference between the administrations is that the current
10 administration is encouraging more and more fetal
11 experimentation, and certainly they increase the funding
12 for that type of practice. I, like you, find it very
13 disturbing.

14 But I'm going to turn to the Members to see if
15 any of the Members have questions for you. We have about
16 10 minutes.

17 Chairman Frankel?

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

20 A couple of comments, really, and then a
21 question. First of all, I completely object to the
22 characterization of a safe, legal medical procedure that is
23 available to women seeking their reproductive healthcare
24 and exercising their rights, comparing it to the
25 extermination of the Jewish people during the Holocaust.

1 That is extraordinarily outrageous, and I take great
2 offense to such a characterization.

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

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

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

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

14 MINORITY CHAIRMAN FRANKEL: Thank you.

15 MAJORITY CHAIRMAN RAPP: Thank you, Chairman.
16 Representative Zimmerman.

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

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

24 DR. AULTMAN: Okay.

25 MAJORITY CHAIRMAN RAPP: Okay. I apologize for

1 that glitch, Doctor.

2 Representative Zimmerman.

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

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

17 REPRESENTATIVE ZIMMERMAN: Wow. Thank you.

18 Appreciate the comments.

19 Thank you, Madam Chair.

20 MAJORITY CHAIRMAN RAPP: Thank you,
21 Representative.

22 Representative Bonner?

23 REPRESENTATIVE BONNER: Thank you, Madam Chair.

24 Thank you, Dr. Aultman, for appearing today and
25 providing very important testimony. Unfortunately, when

1 you were talking about the administration of anesthesia in
2 prenatal care to the fetus, your statement was somewhat
3 garbled, and I was hoping that you could revisit that issue
4 and tell us particularly at what point in time that
5 anesthesia would be administered to the fetus in any
6 prenatal care for the mother?

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

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

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

23 REPRESENTATIVE BONNER: Yes.

24 DR. AULTMAN: The gestational age?

25 REPRESENTATIVE BONNER: Yes.

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

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

6 DR. AULTMAN: Thank you.

7 MAJORITY CHAIRMAN RAPP: Thank you,
8 Representative.

9 Representative Sanchez?

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

14 DR. AULTMAN: Yes. A couple of years.

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

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

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

23 DR. AULTMAN: The Institute will pay my travel
24 expenses if I go to testify and that kind of thing. I was
25 not compensated for what I'm doing today.

1 REPRESENTATIVE SANCHEZ: Have you been
2 compensated for your testimony over the years in courts and
3 the like and speaking engagements?

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

6 REPRESENTATIVE SANCHEZ: And was that your
7 primary occupation?

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

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

12 DR. AULTMAN: Let me see -- back in the late
13 '70s, early '80s.

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

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

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

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

24 REPRESENTATIVE SANCHEZ: Did you have a similar
25 experience with a federal judge in Iowa in 2002 refusing to

1 certify you as an expert in obstetrics or abortion?

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

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

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

9 REPRESENTATIVE SANCHEZ: Well --

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

12 REPRESENTATIVE SANCHEZ: I would think --

13 DR. AULTMAN: -- studied (indiscernible).

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

19 Thank you Madam Chair. No further questions.

20 MAJORITY CHAIRMAN RAPP: Thank you.

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

23 UNIDENTIFIED VOICE: (Indiscernible -
24 simultaneous speech).

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

1 Aultman.

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

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

12 DR. AULTMAN: Thank you. Thank you.

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

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

23 And again, thank you, Doctor, for being with us
24 today, and we truly do appreciate your testimony and your
25 very heartfelt statements.

1 So at this point, we will go to our next
2 presenter, who is Dr. Jeremy Rich, who is with the
3 University of Pittsburgh School of Medicine. And Doctor,
4 you may proceed with your testimony.

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

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

14 I completed medical school at Duke University in
15 1993. I then completed my residency at the Johns Hopkins
16 Hospital and then subsequently returned to Duke to complete
17 a neuro-oncology fellowship in the joint faculty, remaining
18 there until 2008, when I moved to Cleveland Clinic as the
19 Chair of the Department of Stem Cell Biology and
20 Regenerative Medicine. I also served at that time as the
21 Co-Director for the National Center for Regenerative
22 Medicine.

23 In 2017, I moved to the University of California
24 San Diego as a Professor of Medicine in the Division of
25 Regenerative Medicine, as well as serving as the leader of

1 the Brain Cancer Neuro-Oncology Group, as well as the Brain
2 Tumor Institute, and also a leader in the Cancer Center.

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

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

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

23 My group does not use fetal tissues but only
24 neural stem cells derived from embryonic stem cells, or
25 fetal stem cells, that will grow over the long term. My

1 group was the first group to develop brain tumor organoids,
2 commonly called mini-brains or (indiscernible) brain
3 tumors, which we've used to develop novel therapies and
4 approaches including showing the efficacy of a modified
5 Zika virus as a way to kill these cancer stem cells while
6 sparing normal brain. Like many viruses, Zika infects
7 human tissues very differently than other species and
8 therefore we have compared the effects of Zika that's been
9 modified against human brain tumor organoids and compare
10 those to human brain organoids.

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

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

1 remain simply parts of a complex system.

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

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

23 I'd like to call out the fact that through our
24 collective efforts in the medical field, the lifespan of
25 the United States residents has doubled in only 200 years,

1 but there are many issues that have not been solved to make
2 people live not only longer but better.

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

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

24 Yesterday, a video was released regarding Pitt
25 research. Unfortunately, there are errors in this video

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

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

1 diseases, including the neurologic diseases and cancer that
2 I treat.

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

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

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

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

25 I would just like to comment, Doctor, that even

1 funding from the NIH is supported by Pennsylvania taxpayer
2 dollars, so whether it's federal or whether it's state
3 dollars, if it's from the NIH or other entities that
4 receive Pennsylvania taxpayer dollars, it is
5 taxpayer-funded research. And many of us sitting here very
6 appreciate the University of Pittsburgh. However, I think
7 many of us disagree on this situation that we see going on
8 at Pitt.

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

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

14 MAJORITY CHAIRMAN RAPP: Okay.

15 DR. RICH: No.

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

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

22 MAJORITY CHAIRMAN RAPP: Mice -- rodents. Okay.

23 DR. RICH: Okay.

24 MAJORITY CHAIRMAN RAPP: We'll use the term
25 rodents.

1 DR. RICH: Great.

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

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

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

21 DR. RICH: Well, I don't have an aborted source.
22 So again, the UPMC service provides its tissues, and only
23 UPMC facilities provide tissues to Pitt researchers. So
24 there may be instances where qualified commercial vendors
25 can sometimes perhaps provide, but again , speaking from my

1 own experience, I don't use fetal tissues. I use fetal
2 cells that are commercially available and have been used
3 for many, many years -- decades.

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

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

15 MAJORITY CHAIRMAN RAPP: Thank you, Doctor.

16 I believe Representative Klunk has a question for
17 you.

18 DR. RICH: Thank you.

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

21 DR. RICH: Sure.

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

25 DR. RICH: No, no. That's not entirely correct.

1 So I don't use tissues. I use fetal cells.

2 REPRESENTATIVE KLUNK: Cells.

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

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

17 DR. RICH: I apologize.

18 REPRESENTATIVE KLUNK: Do you know?

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

1 speaking next, is a world expert on.

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

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

6 REPRESENTATIVE KLUNK: -- beforehand.

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

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

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

17 REPRESENTATIVE KLUNK: Okay.

18 DR. RICH: -- my area of expertise.

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

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

23 REPRESENTATIVE KLUNK: Okay. So then, once these
24 tissues are harvested, we have the tissue. Then the cells
25 are extracted. Then that's essentially where you come into

1 play through your type of research or for --

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

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

22 So again, I can't speak to you about the exact
23 hand off of tissues, but I can speak to you about how the
24 tissues are ultimately incredibly valuable because of their
25 complexity.

1 REPRESENTATIVE KLUNK: Okay. So I guess, one
2 last question. I guess you made mention of a cell
3 purification procedure?

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

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

9 DR. RICH: Okay. I apologize that I'm not being
10 clear. So I don't directly receive tissues or cells from
11 fetuses myself. There are a number of fetal-derived cells.
12 You probably have heard that most of what has been done,
13 for example, with the COVID-19 vaccines, has been at some
14 point in time used with different cell types, for example,
15 293 cells that are human embryonic kidney cells. But I
16 myself do not receive any fetal tissues directly from
17 abortions. So I'm afraid I can't tell you what specific
18 individuals do. I can just tell you my personal
19 experience.

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

24 DR. RICH: Sure.

25 REPRESENTATIVE KLUNK: -- who were involved with

1 some of these studies to be able to walk us through their
2 process.

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

4 REPRESENTATIVE KLUNK: I think that would be
5 helpful.

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

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

21 DR. RICH: My pleasure.

22 MAJORITY CHAIRMAN RAPP: Thank you,
23 Representative.

24 Representative Owlett.

25 REPRESENTATIVE OWLETT: Thank you, Madam Chair.

1 And thank you for the opportunity. Real
2 briefly -- I have to run off to another hearing where we're
3 talking about how the effects of drugs affect babies in the
4 womb next. So kind of interesting how these connect.

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

7 DR. RICH: The beginning of this year.

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

11 DR. RICH: Well, I --

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

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

23 REPRESENTATIVE OWLETT: Well, I'm not questioning
24 your qualifications in any way, shape, or form. I'm just
25 saying, we --

1 DR. RICH: I appreciate that.

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

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

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

12 REPRESENTATIVE OWLETT: Okay. The UPMC --

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

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

16 DR. RICH: Okay.

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

19 DR. RICH: I appreciate that.

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

22 DR. RICH: Well, I appreciate that.

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

25 DR. RICH: It is possible doctors make mistakes.

1 I'm just kidding.

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

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

7 REPRESENTATIVE OWLETT: Sorry. That Pitt
8 receives.

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

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

16 MAJORITY CHAIRMAN RAPP: Thank you.

17 DR. RICH: Thank you for your questions.

18 MAJORITY CHAIRMAN RAPP: Representative Frankel.

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

21 And thank you, Dr. Rich. I know this is a
22 difficult hearing and an unfortunate focus of where we're
23 headed with this. To be clear, the University of
24 Pittsburgh has a long history of excellence in biomedical
25 research, having cured polio, transplantation, and for the

1 research that you're engaged in. And we're grateful, and
2 it's transformed our community and our city and our state
3 in terms of the resources that we've been successful in
4 being able to access from the federal government and others
5 to do this research, this life-affirming research, and I
6 wish we were focused on those sorts of things as a health
7 committee because this is life-affirming work that you're
8 doing.

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

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

24 DR. RICH: Well, thank you. Well, you mentioned
25 polio, and polio's, obviously, one of those. I mean, so

1 one of the things to keep in mind is we do like to talk
2 cure, but we also need to talk improvements in terms of
3 both length of life and quality of life. So I'll give you
4 an example. I'm trained as a neurologist, and the sad
5 reality is that most neurologic diseases simply do not have
6 the ability to be even improved. So if we think about
7 patients, for example, with stroke or spinal cord
8 injuries -- that we simply do not have any research right
9 now that doesn't involve more advanced tissues that really
10 has shown any sort of promise.

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

16 We do also know that infectious diseases and
17 cancer have already -- so HIV, for example, some of the
18 treatments from HIV have been pioneered through the use of
19 what are called humanized mice. Unfortunately, mice have a
20 very different immune system -- completely different kind
21 of immune system than humans do. So I can cure lots of
22 brain cancers in mice, but what we realize is that these
23 kinds of models fail to replicate in human patients. So
24 the list is nearly limitless where we really need to have
25 more advanced understanding of the immune system and also

1 more (indiscernible - recording malfunction).

2 MINORITY CHAIRMAN FRANKEL: Thank you, Dr. Rich.

3 MAJORITY CHAIRMAN RAPP: Thank you,
4 Representative.

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

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

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

17 MAJORITY CHAIRMAN RAPP: Thank you.

18 Representative Schemel.

19 REPRESENTATIVE SCHEMEL: Thank you.

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

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

25 REPRESENTATIVE SCHEMEL: And do the two -- I

1 understand the two entities are organizationally
2 differentiated, but do they share facilities? Research
3 facilities, are they shared between the two?

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

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

14 DR. RICH: Well, so not just stem cells but
15 complex tissues. If there were a way, and so far there
16 isn't, to replicate the complexity -- the beauty of the
17 human tissues that occur, we simply have no ability to
18 replicate that using, for example, induced pluripotent stem
19 cells. Shinya Yamanaka won the Nobel Prize with that. But
20 those cells are just -- again, as I tried to mention
21 previously, if I handed you some bricks and asked you to
22 build a house, you wouldn't know exactly how to build a
23 full house from that. And unfortunately, that's the
24 reality of what we face (indiscernible - recording
25 malfunction).

1 REPRESENTATIVE SCHEMEL: Okay. So let's say that
2 the technology does arise, I mean, why would scientists
3 consider it preferable to utilize stem cells from some
4 method other than through aborted --

5 DR. RICH: Well, so --

6 REPRESENTATIVE SCHEMEL: -- fetuses?

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

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

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

22 REPRESENTATIVE SCHEMEL: Not so much the --

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

24 REPRESENTATIVE SCHEMEL: Yeah.

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

1 yeah.

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

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

19 Also, thinking about things like development, the
20 number of babies who are born severely compromised still
21 remains far too high in the United States. We have very
22 poor prenatal care in the United States, in general. And
23 that's one of the things that we as scientists would like
24 to help out, to make sure that the baby is born as healthy
25 as possible.

1 REPRESENTATIVE SCHEMEL: Okay. Thank you. I
2 don't have any other questions.

3 DR. RICH: Thank you.

4 MAJORITY CHAIRMAN RAPP: Thank you,
5 Representative.

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

10 DR. RICH: Sure.

11 MAJORITY CHAIRMAN RAPP: Okay.

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

24 So when we talk about fetal cells, that includes
25 both the fetal stem cells as well as what we call the

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

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

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

22 DR. RICH: Sadly, for all of us on this call who
23 are adults, we are what's called senescing, so our ability
24 to maintain the long-term growth is very limited. And so
25 in each of us -- if I took your stem cells, for example,

1 from your brain and tried to grow them over the long term,
2 they simple don't do it. And we've understood a lot about
3 aging and about what occurs with aging. We have not been
4 able to reverse the aging process. We really have a great
5 need in terms of understanding how aging works. But adult
6 stem cells simply have very limited utility in some
7 aspects. For example, in the heart or brain research,
8 adult stem cells are worthless.

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

19 DR. RICH: I'm afraid you've asked a question
20 that extends beyond my role. So I do not make policy for
21 the university. My own research, again, is focused on
22 brain cancer and brain tumors -- so the studies that you
23 mention. I will say there are, for example, studies
24 that -- again, not ones that I've been involved with but
25 you probably have heard about the polio virus studies for

1 the treatment of glioblastoma, and those require the
2 utilization of monkeys. Those are difficult studies, as
3 well. But I personally can't tell you that I've been
4 involved in any of the kind of research that you mention.

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

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

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

13 DR. RICH: Uh-huh (affirmative).

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

16 DR. RICH: From my personal research?

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

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

24 MAJORITY CHAIRMAN RAPP: Yes. Excuse me, Doctor,
25 I said using fetal cells.

1 DR. RICH: Well, actually some of those cells
2 that were used for some of the testing -- so almost every
3 single drug or treatment at some point uses, for example,
4 293 cells or other common cells that were developed from
5 fetal cells. So the number of drugs, treatments, genetic
6 tests that have at some point been touched by fetal cells
7 is nearly the entirety of medicine.

8 MAJORITY CHAIRMAN RAPP: Representative Bonner.

9 REPRESENTATIVE BONNER: Thank you, Madam Chair.

10 And thank you, Dr. Rich, for appearing here
11 today.

12 DR. RICH: My pleasure. Thank you.

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

16 DR. RICH: I can only report to you the
17 information that I've given to you. Again, UPMC was not
18 doing research in Italy. They had collaborators. So
19 again, one of the things that's very different in politics
20 than in science is that science is global. And so I have
21 collaborators around the world at this very moment because
22 we all share the same values, and that is to eliminate
23 human disease. And therefore, very often what will happen
24 is we can collaborate with people around the world because
25 we share those values.

1 So I do not believe UPMC was directly involved in
2 any way, shape, or form, in terms of performing -- and
3 again, I'm speaking from the University of Pittsburgh, so
4 I'm not here as a UPMC individual, but there was not UPMC
5 individuals doing some sort of research overseas; it was
6 collaborators (indiscernible).

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

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

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

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

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

24 DR. RICH: As I mentioned to you, I've been
25 assured that the research concluded in 2013. But again,

1 this is information I received from other individuals.

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

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

6 REPRESENTATIVE BONNER: All right. Thank you,
7 Doctor.

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

11 MAJORITY CHAIRMAN RAPP: Thank you,
12 Representative.

13 Thank you, Doctor.

14 I believe our last question will come from
15 Representative Keefer.

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

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

1 yes.

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

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

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

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

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

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

23 REPRESENTATIVE KEEFER: Okay. Thank you.

24 DR. RICH: You're welcome.

25 MAJORITY CHAIRMAN RAPP: Thank you,

1 Representative.

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

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

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

12 DR. RICH: Uh-huh (affirmative).

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

18 DR. RICH: So me personally, I can only speak to
19 my own situation. So I keep track of what's going on in my
20 team and with my collaborators. I personally don't have
21 collaborators within the state of Pennsylvania as of yet.
22 I mostly have worked with individuals outside of the state.

23 In terms of my role, we work in the cancer
24 center. It isn't likely that I could name you every single
25 person's activities within the hundreds of people who work

1 in the cancer center on a daily basis, but overall, we do
2 try and make sure that we have a good understanding of
3 collectively the effort.

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

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

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

16 DR. RICH: Okay. Thank you.

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

22 DR. RICH: Thank you.

23 MAJORITY CHAIRMAN RAPP: Our next testifier today
24 -- and I believe Professor Henry Greely is with us. He is
25 at Stanford University, Professor of Law and the Director,

1 Center for Law and Biosciences, Director of the Stanford
2 Program in Neuroscience and Society Chair, Steering
3 Committee of the Center for Biomedical Ethics.

4 Professor Greely, are you with us, sir?

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

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

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

11 MAJORITY CHAIRMAN RAPP: Okay.

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

14 MAJORITY CHAIRMAN RAPP: Okay.

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

18 MAJORITY CHAIRMAN RAPP: Okay.

19 MR. GREELY: -- might be a problem.

20 MAJORITY CHAIRMAN RAPP: All right.

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

25 MR. GREELY: I promise I'm doing that.

1 (Oath administered.)

2 MAJORITY CHAIRMAN RAPP: Thank you. And you may
3 proceed with your testimony.

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

8 I have been a Professor of Law at Stanford since
9 1985. My research focuses on ethical, legal, and social
10 implications of advances in the biosciences. I work mainly
11 on issues arising from genetics, neuroscience, human stem
12 cell research, assisted reproduction, human subjects
13 research ethics, and a wide variety of different issues.

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

22 What I thought I'd do is highlight some of the
23 ethical issues. I can't speak to the -- wait, there I am.
24 Good. You can see my cardinal -- Stanford cardinal-red
25 sweater vest. Can you see me now?

1 MAJORITY CHAIRMAN RAPP: Yes. We can.

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

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

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

21 We don't often think about that as an ethical
22 issue, but it is. I think, as Dr. Rich pointed out, it is
23 clear that at least as a broad category, research using
24 human fetal tissues and tissues derived in cells and other
25 tissues derived from human fetal tissues has, as a general

1 matter, produced treatments and knowledge that have reduced
2 human suffering, which is morally a good thing.

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

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

17 In 1993, Congress passed the NIH Revitalization
18 Act. This Act reversed the policies of President Reagan
19 and the first President Bush against using federal funds,
20 but it limited the ways federal funds could be used for
21 research using tissues or cells from aborted fetuses. It
22 says that human fetal tissue may be used only if the woman
23 who is providing the tissue -- the woman who is having an
24 abortion makes a statement in writing and signed by her
25 declaring that she donates the fetal tissue for use in

1 research, that the donation was made without any
2 restriction regarding who would be recipients of any
3 transplant of the tissue, and that she hasn't been informed
4 of the identity of any such individuals.

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

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

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

1 that's done with nonfederal funds.

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

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

19 But it does, I think, as good a job as one can do
20 in trying to separate the motive for the abortion from the
21 use of fetal tissue, and hence to try to separate the fetal
22 tissue from -- to make it as certain as possible, which is
23 not entirely certain, that the fetal tissue research will
24 not have led to more abortions, to abortions that wouldn't
25 otherwise have happened.

1 So if the research has good potential outcomes
2 and if it doesn't lead to an increase in abortions, what
3 should we think about it? There can be different ways of
4 approaching that or else this hearing wouldn't be held and
5 we wouldn't still be discussing this 32 years after I wrote
6 an article about it.

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

21 We don't think -- one can imagine a situation
22 where somebody was murdered in order to get the organs, and
23 there have been allegations that things like that have
24 happened in other countries. No such allegations here, and
25 it would, of course, be illegal. But if good can come from

1 this act, even if the act itself was bad, is there an
2 ethical problem with it? Many people, including me, would
3 say no, but not everyone would.

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

13 It is not, I think, a majority position because,
14 in fact, there are lots of things we do and use that are
15 the result, at least in part, of terrible actions that have
16 happened in the past. And when we enjoy the rights we have
17 under the 14th Amendment, we are enjoying something that
18 came about because of the Civil War, which killed hundreds
19 of thousands of Americans, particularly people from the
20 Commonwealth of Pennsylvania, whose most important battle
21 was fought in your Commonwealth, or at least one of the
22 most important battles. And it, in turn, was caused by the
23 horrors of slavery. Those were terrible things. They led
24 to the 14th Amendment. That doesn't make the 14th
25 Amendment, for most people, a terrible thing. I submit

1 that a similar analysis is for many people, though not for
2 all, convincing with respect to the use of fetal tissue in
3 abortion.

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

14 I think the argument for fetal tissue use, if
15 that tissue is obtained in a way that discourages as far as
16 possible any additional abortions, is a strong one. But I
17 don't expect everyone to be convinced by it. The political
18 process is what it is. We need to let it work its way out.
19 I can say that if Pennsylvania -- I hope Pennsylvania
20 continues to support research with these tissues and cells,
21 important research, and the Pennsylvania institutions
22 including Pitt, which is a great university with a medical
23 school that's been very important in advances in biomedical
24 science, continues to be able to do this. If the
25 Commonwealth decides that it shouldn't, that's the

1 Commonwealth's right. I will note that I think a number of
2 California universities would probably be happy to welcome
3 Pitt faculty who want to continue doing their important
4 research.

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

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

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

1 MR. GREELY: Yes.

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

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

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

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

20 I'm glad you mentioned the human-monkey chimera
21 story because I actually, along with my colleague from
22 Duke, Nita Farahany, published a very short commentary in
23 the same issue of the journal Cell, in which that article
24 came out. As we say in that short commentary, that
25 particular research seemed, to us at least, not to be

1 unethical because those embryos were never transferred into
2 a monkey uterus for possible implantation, gestation,
3 pregnancy, or birth. They couldn't become animals. They
4 couldn't survive more than 19 days. I think 20 days was
5 the longest any of them survived outside the womb. Given
6 that, it was research only on embryos that would never
7 become organisms.

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

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

1 MAJORITY CHAIRMAN RAPP: Understood. Thank you,
2 Professor.

3 Representative Schemel.

4 REPRESENTATIVE SCHEMEL: Thank you, Madam Chair.

5 And thank you, Professor. Professor, at the
6 beginning of your testimony you said that in evaluating the
7 ethical components to research, you should always look for
8 the potential benefits, and I certainly agree. If there's
9 no conceivable benefit, then it would seem to -- there
10 would seem to be multiple reasons why the research would be
11 inappropriate.

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

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

1 you for that.

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

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

25 Do you see a differentiation between those? Does

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

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

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

23 REPRESENTATIVE SCHEMEL: Actually, I agree that I
24 think harvesting of organs for transplants also raises
25 ethical questions, so I would agree on that.

1 One final question then. So you would certainly,
2 I'm sure, acknowledge that there are many Americans who
3 believe that abortion is the ending of an innocent human
4 life, even if you don't share that.

5 MR. GREELY: Yes.

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

11 MR. GREELY: So yes, I do acknowledge that many
12 people, including some of my friends and relatives, believe
13 that abortion is a completely abhorrent evil action. I
14 think that the best answer I can give is it's a political
15 process question where the political process does its work,
16 which is what you guys are in the middle of doing. I think
17 that that process should take into account how many people
18 hold that view, how strongly they hold it. If it's close
19 to 50/50, then that's one thing. If it's 5 percent versus
20 95 percent, that's a different kind of issue.

21 Although these numbers -- percentages aren't
22 necessarily going to be determinative. More likely, it's
23 15 percent care strongly one way, 5 percent care strongly
24 the other way, and 80 percent don't particularly care
25 strongly one way or the other.

1 Weighing those is difficult. There's no
2 particular science to it. But I think in the context of
3 use of tissue that is set up in a way that does not induce
4 additional abortions -- I think the percentage of people
5 who on reflection will think that is immoral because
6 involving complicity with abortion is certainly not zero,
7 but my own guess is that it's not going to be very high.
8 But you know Pennsylvania; I don't.

9 REPRESENTATIVE SCHEMEL: Very well. Thank you.

10 MAJORITY CHAIRMAN RAPP: Thank you,
11 Representative.

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

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

23 And at this time I want to just say to the
24 audience that we are joined by Representative Cephas,
25 Representative Krajewski, Representative Fiedler,

1 Representative Gaydos. So thank you for attending,
2 Representatives.

3 Did you have a question or comments,
4 Representative Frankel?

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

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

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

24 MAJORITY CHAIRMAN RAPP: Thank you, Professor.

25 We do have a question, I think, from

1 Representative Krajewski, that we will submit to you and if
2 you could get back to us at --

3 MR. GREELY: Sure.

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

5 MR. GREELY: Sure.

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

8 MR. GREELY: Sure. My email address --

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

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

14 MAJORITY CHAIRMAN RAPP: Thank you so much.

15 MR. GREELY: Bye.

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

19 David, welcome.

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

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

1 (Oath administered.)

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

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

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

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

1 surgical scissors. Dr. Gosnell sometimes kept the babies'
2 feet as souvenirs.

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

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

20 And so in a recent study, as we've heard, Pitt
21 scientists describe scalping five-month-old aborted babies
22 and grafting their scalps onto the backs of lab rats to
23 keep them growing -- yes, lab rats. If you actually look
24 at the published paper on the Nature scientific reports
25 website, they use both rats and mice in the study. In the

1 study, you can see the pictures of little baby scalps
2 growing tiny baby hairs on the backs of lab rats and lab
3 mice. Each one of those scalps growing baby hair on a rat
4 represents a little Pennsylvania baby who would have grown
5 those little hairs on their head if they had not been
6 killed by abortion for experiments with rodents.

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

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

25 Dr. Gerlach's team boasts in their published work

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

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

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

23 Experimenting on a living fetus or failing to
24 provide medical care to a born-alive infant, regardless of
25 prematurity, is a third-degree felony in the Commonwealth

1 of Pennsylvania. Sadly, live fetal experimentation has
2 been reported and documented at Pitt for decades
3 previously, and this legislative body has even heard
4 testimony previously about live fetal experimentation at
5 the University of Pittsburgh.

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

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

22 To give you just one example, if you recall the
23 southern California company that I mentioned, DaVinci
24 Biosciences, that was shut down because of my investigative
25 reporting, the Planned Parenthood medical director who was

1 supplying DaVinci, Dr. Jennefer Russo, did her abortion
2 training program at the University of Pittsburgh. Pitt is
3 not just exporting aborted baby body parts across the
4 country but they are also exporting the worst practices of
5 the abortion industry to other states.

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

18 So it all looks suspiciously like an illegal quid
19 pro quo for aborted fetal organs and tissues.

20 Pennsylvania's law against selling fetal tissue or organs
21 is actually even more strictly framed than the federal law
22 and prohibits any consideration whatsoever in exchange for
23 fetal tissue.

24 In conclusion, I think it's crucial for public
25 officials in the Commonwealth of Pennsylvania, including

1 the people's Representatives in this legislative body, to
2 exercise all of the oversight authority that is available
3 to you to ensure that the crimes of Kermit Gosnell are not
4 being perpetuated in Pennsylvania by an unaccountable
5 taxpayer-funded abortion industry.

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

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

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

24 Fortunately, this committee, chaired at that time
25 by Representative Matt Baker, was able to introduce the

1 Facilities Act and took a look at correcting actions so
2 that the Legislature was hoping that that would never
3 happen again in the state of Pennsylvania. So that is one
4 of the reasons, when we started hearing about what was
5 going on in Pittsburgh, to have the hearings.

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

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

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

25 And yet, somehow over the past couple of years

1 here, I and one of my undercover investigator colleagues
2 have become pretty inexplicably the first and only case of
3 a criminal prosecution of newsgathering under the
4 California video recording law to ever be brought in the
5 60-year history of that law in the state, even though we
6 recorded in crowded open places of public accommodation,
7 just like any local news reporter in California.

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

17 So it's a strange case and it's a disturbing case
18 for anyone who really cares about just being able to talk
19 openly about issues that matter to the public, like we're
20 doing at a hearing like this today. And the main
21 conversations and video recordings that we released from
22 California have actually been blessed by the judge in that
23 case and he made specific findings that these are places of
24 public accommodation and recording was entirely appropriate
25 there.

1 So we'll see where that goes in the next year or
2 so. At the end of the day, I think, based on the kind of
3 testimony that we've heard in this hearing today and
4 information that will continue to come out -- I think the
5 fact that the University of Pittsburgh sent the new guy
6 who's only been there for five months instead of sending
7 the actual scientists or sending the actual medical
8 directors who could really answer a lot of our questions
9 about these topics, it shows that, I think, some very
10 powerful people are very afraid of the truth and of the
11 facts being reported on the issues of fetal experimentation
12 and fetal trafficking.

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

21 So I hope that answers your question.

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

25 To your knowledge, are there other universities,

1 other research hospitals in Pennsylvania -- let's just talk
2 about Pennsylvania -- that are doing similar or the same
3 type of research as the University of Pittsburgh Medical
4 (indiscernible - recording malfunction)?

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

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

24 So if there was another location in the state
25 where investigators were going to start to dig or where

1 Commonwealth officials or where the Legislature wanted to
2 exercise more oversight authority, I think that would
3 probably be the next place.

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

6 Representative Frankel, did you have some
7 remarks, sir?

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

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

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

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

24 This all seems very familiar. Twenty-one years
25 ago, another man made a very shocking and disturbing

1 accusation about two companies involved in providing human
2 tissue for scientific research. The purported
3 whistleblower claimed that abortion providers trafficked
4 fetuses and altered abortion procedures to obtain tissue
5 specimens. Ultimately, the truth came out. The man
6 admitted under oath that he had lied. It became clear that
7 he had been well paid for it. Congress dropped its
8 inquiry. Newspapers reported that the accusations had been
9 recanted, and Republicans and Democrats both put the
10 disturbing episode behind them.

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

22 In fact, when a grand jury in Texas was given all
23 the evidence entirely to get to the bottom of accusations
24 against Planned Parenthood, it not only cleared the
25 abortion provider, it indicted Mr. Daleiden.

1 MAJORITY CHAIRMAN RAPP: [Dah-lay-den].

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

3 MAJORITY CHAIRMAN RAPP: [Dah-lie-den].

4 MINORITY CHAIRMAN FRANKEL: Daleiden -- sorry
5 about that.

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

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

21 And the University of Pittsburgh, which has been
22 basely attacked today, is one of the nation's top public
23 research universities, seventh in the nation for NIH
24 funding. Pitt people beat polio, pioneered TV, and turned
25 my city into the world's organ transplantation capital. If

1 any of your loved ones have suffered from breast cancer,
2 HIV, or diabetes, Pitt may well have played a role in
3 extending their lives.

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

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

13 Thank you, Madam Chair.

14 MAJORITY CHAIRMAN RAPP: Thank you,
15 Representative Frankel.

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

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

24 The first is Representative Frankel brought up
25 Planned Parenthood's lawsuit against myself and my

1 colleagues. And Representative Frankel described it as a
2 lawsuit where we were found liable for doctoring videos.
3 That's entirely false. Planned Parenthood brought no
4 defamation claim. They brought no slander or libel claim
5 whatsoever. They brought basically a fraud claim, saying
6 that they were defrauded because we didn't actually buy
7 body parts from them. I'm still trying to figure that one
8 out.

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

16 Additionally, it's simply not true that every
17 judge or every case where these issues -- and this has been
18 brought forward -- has found that there was no wrongdoing
19 in the fetal harvesting or nothing there. Two of Planned
20 Parenthood's oldest business partners in the sale of fetal
21 tissue, the DaVinci Bioscience companies, were shut down in
22 a \$7.8 million settlement by local law enforcement directly
23 as a result of my undercover reporting, and they were being
24 supplied by a Planned Parenthood official who was trained
25 at the University of Pittsburgh.

1 As far as where the current information comes
2 from about the scalping study and the other studies and the
3 other fetal experimentation projects being done at the
4 University of Pittsburgh, all of that is open-source
5 information. The video camera certainly doesn't lie, but
6 you don't even have to take the word of my video camera for
7 it. That comes directly from public NIH sources and from
8 the published words and the published work of Pitt
9 scientists themselves.

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

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

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

19 Let's see if we have any others.

20 Representative Owlett.

21 REPRESENTATIVE OWLETT: Thank you.

22 And thank you, David, for being here. You know,
23 you're a shining light in the dark places, and that can
24 make people uncomfortable at times, but I appreciate the
25 work that you're doing.

1 MR. DALEIDEN: Thank you.

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

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

17 MR. DALEIDEN: Definitely. So the liver
18 harvesting work that Dr. Gerlach and his colleagues did,
19 Pitt has tried to say so far that this only ever happened
20 in southern Italy and it ended years ago in 2013. That
21 seems very hard to believe, or -- to believe that or take
22 Pitt at their word on that because Dr. Gerlach and his
23 colleagues, the same ones who developed the labor induction
24 abortion and liver harvesting protocol and published about
25 it as an Italian thing, as recently as 2019, they have

1 published studies in the United States referencing whole
2 and complete fetal livers that they are getting from
3 abortions done in Pittsburgh. And they describe in these
4 studies from 2019 the massive number of stem cells that
5 they're able to extract from these fetal livers that
6 they're getting in Pittsburgh. And they're saying it's
7 getting up to 2 billion stem cells per fetal liver --
8 20-week aborted fetal liver that they're able to obtain.

9 And that was the whole point of the intact labor
10 induction of a living fetus, harvesting the liver as soon
11 as -- soon after as you cut the umbilical cord. The whole
12 point of that nightmarish protocol that they developed and
13 published on in 2012 was that they were able to obtain this
14 unprecedentedly huge number of stem cells, on the order of
15 2 billion stem cells, from the fetal liver if they did it
16 that way.

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

24 REPRESENTATIVE OWLETT: It's based on the
25 numbers, correct? I mean, the numbers -- obviously, the

1 numbers don't lie and the amount of stem cells. That's why
2 you're basing this, right?

3 MR. DALEIDEN: Yes. Exactly.

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

8 MR. DALEIDEN: Thank you.

9 MAJORITY CHAIRMAN RAPP: Thank you,
10 Representative.

11 Representative Zimmerman.

12 REPRESENTATIVE ZIMMERMAN: Thank you, Madam
13 Chair.

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

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

25 The first, as we've been talking about, is this

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

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

25 I think there's also serious cause for concern

1 about consideration on a quid pro quo basis being traded
2 between the abortion providers and the university, or
3 between the university and perhaps the NIH or others, due
4 especially to the market forces that seem to be coming into
5 play for the supply of fetal tissue and fetal organs at
6 Pitt.

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

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

23 And then the fourth big area of concern would
24 just be the consenting, in general, whether there's
25 actually valid and fully informed noncoercive patient

1 consent that's being obtained for these different research
2 projects. Certainly, I don't know that Pitt has ever
3 produced any copies of the consent forms actually being
4 used, but it's probably highly likely that they did not
5 tell them specifically that the scalps were going to be
6 stitched onto lab rodents to keep them growing. And that
7 seems like that would be a relevant material fact for a
8 pregnant couple or a pregnant woman to know when being
9 asked to donate so-called tissue for so-called research.

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

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

21 Thank you, Madam Chair.

22 MAJORITY CHAIRMAN RAPP: Thank you.

23 Representative Borowicz.

24 REPRESENTATIVE BOROWICZ: Thank you, Chairwoman.

25 Is he still there? Okay.

1 Thank you for being here. I appreciate your
2 work, what you're doing in revealing the darkness and --

3 MR. DALEIDEN: Sure.

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

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

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

23 So I think really following up with the
24 Department of Health and making sure that they are using
25 their oversight and enforcement authority in these areas is

1 I think really crucial. It might sadly be the case that
2 they may never have actually investigated fetal
3 experimentation or fetal tissue transfers in the state of
4 Pennsylvania, which would be pretty concerning.

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

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

22 REPRESENTATIVE BOROWICZ: Right. Thank you.

23 MAJORITY CHAIRMAN RAPP: David, I want to thank
24 you very much for being here. And I know it's
25 controversial, but that's a lot of what this Committee

1 does. And we've heard a lot of information since we've
2 done the hearings, and I truly appreciate your time.

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

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

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

23 MAJORITY CHAIRMAN RAPP: Thank you so much for
24 your time, and I know you're over on the West Coast. Thank
25 you for agreeing to be with us. I do know that you

1 released the video yesterday. I believe the Family
2 Institute has released that and shared that for anyone who
3 wants to view it further, what -- the experiments at
4 Pittsburgh. They are disturbing.

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

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

13 And thank you again, David.

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

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

18 Thank you staff --

19 MR. DALEIDEN: Thank you for the opportunity.

20 MAJORITY CHAIRMAN RAPP: -- for everything.

21 Thank you, David.

22 The hearing is adjourned.

23 (Hearing adjourned at 10:55 a.m.)
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C E R T I F I C A T E

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