

**FETAL TISSUE: IS IT BEING SOLD IN VIOLATION
OF FEDERAL LAW?**

HEARING
BEFORE THE
SUBCOMMITTEE ON
HEALTH AND ENVIRONMENT
OF THE
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HOUSE OF REPRESENTATIVES
ONE HUNDRED SIXTH CONGRESS

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FETAL TISSUE: IS IT BEING SOLD IN VIOLATION OF FEDERAL LAW?

THURSDAY, MARCH 9, 2000

HOUSE OF REPRESENTATIVES,
COMMITTEE ON COMMERCE,
SUBCOMMITTEE ON HEALTH AND ENVIRONMENT,
Washington, DC.

The subcommittee met, pursuant to notice, at 2 p.m. in room 2322, Rayburn House Office Building, Hon. Michael Bilirakis (chairman) presiding.

Members present: Representatives Bilirakis, Upton, Stearns, Greenwood, Deal, Burr, Bilbray, Whitfield, Ganske, Norwood, Coburn, Lazio, Cubin, Pickering, Bryant, Bliley (ex officio), Brown, Waxman, Deutsch, Stupak, Green, Strickland, DeGette, Barrett, Capps, Hall, Towns, and Eshoo.

Also present: Representative Largent.

Staff present: Brent DelMonte, majority counsel; Marc Wheat, majority counsel; Amy Davidge, legislative clerk; John Ford, minority counsel; and Edith Holleman, minority counsel.

Mr. BILIRAKIS. The hearing will come to order.

Before the Chair gives his opening statement, the Chair calls upon the chairman of the full Commerce Committee, Mr. Bliley, for his opening statement.

Chairman BLILEY. Thank you, Mr. Chairman, and thank you very much for holding this hearing today, which will consider whether human fetal tissue is being bought and sold in America in violation of Federal law.

In 1993, Congress made it illegal to buy and sell human fetal tissue for valuable consideration. Federal regulations also prohibit anyone from altering the timing, method, or procedures of abortion solely for the purpose of obtaining human fetal tissue and require a woman's informed consent before fetal tissue can be used for research purposes.

While these latter restrictions are limited to federally funded transplantation research only, many independent researchers have adopted similar guidelines because of the ethical and patient safety issues involved in such matters.

Congress' objectives in this area were threefold: to ensure that fetal tissue could be made available for valuable research purposes, while at the same time preventing the development of a market for such tissue and ensuring that the health of women undergoing abortions would not be put at risk simply to acquire the tissue. Yet, over the last 7 years, since this bill became law of the land, there

has been no government oversight of any type concerning whether this important law is being followed.

We contacted the National Institutes of Health, and it informed us that since the law was passed the agency has not reviewed at all whether the law is being complied with.

We contacted the Department of Justice, and their representatives told us the same thing, even though the 1993 law is a criminal statute with criminal enforcement provisions.

Today, I am glad to say that this governmental neglect ends.

In explaining the meaning of the law that is the focus of the hearing today, our colleague from California, Congressman Waxman, once said, "It would be abhorrent to allow for the sale of fetal tissue and a market to be created for that sale."

Just recently, Congressman Waxman reinforced these comments by saying that companies that sell this tissue, "Should be prosecuted. Any price is unreasonable and illegal." I wholeheartedly agree.

The clear intent of the statute was to permit donations of fetal tissue, with those involved in acquiring or providing the tissue being permitted to recoup their reasonable costs. But I am saddened to report to the committee and to the American people that there does appear to be evidence that, in fact, a market has been created for the sale of human fetuses and fetal body parts.

We also will hear today about how this growing market for fetal tissue may be influencing the manner in which abortions are being performed, with potential risks to the health of the mother.

Before the "20/20" piece ran last night on ABC, which I hope all were able to see, I had the opportunity to view and comment upon the undercover hidden camera interview that producers conducted with Dr. Miles Jones of Opening Lines, a fetal tissue broker who was subpoenaed to attend today's hearing. In seeing the interview, I heard Dr. Jones assert that during some weeks he could make up to \$50,000 in profit from buying and selling fetal tissue and body parts.

He clearly stated on several occasions that market force determines the price at which he sells fetal body parts. "It is what you can sell it for," he said in response to a question about how much a brain or kidney goes for. He also made clear the cost of procuring the fetus "is the same whether you get one kidney or two kidneys, a lung, a brain, a heart." The rest he agreed was just money in the bank.

I was absolutely shocked and sickened at what I heard, and I know the vast majority of Americans would be, as well.

Let us be clear. Today's hearing is not about whether fetal tissue research is a good or bad thing, and it is definitely not about whether a woman should have a right to choose to have an abortion, which is the law of the land. Rather, we are here today to gather information about whether fetal tissue brokers and others involved in this industry are complying with Federal law.

Whether we are pro life, pro choice, Republican, Democrat, or Independent, I think and hope that we can all agree that present Federal law which allows for this research should be both respected and enforced.

I thank you, Mr. Chairman, and yield back the balance of my time.

Mr. BILIRAKIS. I thank the gentleman.

Ms. DeGette for an opening statement.

Ms. DEGETTE. Thank you, Mr. Chairman.

Mr. Chairman, initially I understand there are members of the full committee who do not serve on this subcommittee but wish to join us here today, and so, as you know, it is a longstanding custom of the committee to allow them to participate.

I make a unanimous consent request right now that you would extend to any full committee members on either side of the aisle this courtesy.

Mr. WHITFIELD. Reserving the right to object.

Mr. BILIRAKIS. The gentleman reserves the right to object.

Mr. WHITFIELD. Just to clarify, the procedure that we have followed in the past, and I presume we will follow today, the members of the subcommittee will have the first opportunities for questioning the witnesses. I do not know if you even want to open up the questioning by members who are not on the subcommittee, by the times we have allowed them to make statements and not to engage in questions, but certainly the members of the subcommittee ought to have the first opportunity for questions.

Mr. BILIRAKIS. Is there an objection to the unanimous consent request?

Mr. STEARNS. Reserving the right to object, Mr. Chairman.

Mr. BILIRAKIS. The gentleman is recognized.

Mr. STEARNS. I think the purpose of the hearing is to hear from the witnesses, and you and I have been in these hearings where we have a series of opening statements and it consumes a lot of time.

It seems to me that members who are not on this subcommittee could submit their questions for the record and they do not necessarily need to have an opening statement or have the opportunity to ask questions, and so, in the spirit of trying to get maximum effect from the witnesses, my concern is, if we open it up to non-members of the committee, that we not only lengthen the process, dilute the process, but we take time away from the witnesses.

So I would reserve.

Mr. BILIRAKIS. You are still reserved, but you have not objected at this point?

Mr. STEARNS. Well, I would object.

Mr. BILIRAKIS. You would object?

Mr. STEARNS. I would object.

Mr. BILIRAKIS. All right. Objection has been heard.

Ms. DEGETTE. Thank you.

Mr. Chairman, in addition, I hope maybe we can get some consent for this, that members not present be allowed to submit their opening statements.

Mr. BILIRAKIS. Without objection, that is always the case, and it will be the case today.

Ms. DEGETTE. Thank you, Mr. Chairman.

Like everybody in this room, I was shocked at the taped statements I saw last night on ABC's "20/20." Dr. Miles Jones, the owner of Opening Lines, essentially stated that he profited from

the illegal sale of fetal tissue, in direct contravention of both medical ethics and Federal law.

Dr. Jones' statements were incriminating, to say the least, and he must be investigated by Federal authorities immediately.

I was almost as shocked, frankly, when I learned that, despite the majority's apparent knowledge of these facts since last November, no one has made a formal request to the Department of Justice to investigate Dr. Jones and his company.

Last November, my colleague from Colorado introduced a resolution condemning the illegal sale of fetal tissue and calling on this committee to hold a hearing, which I agreed with. So here we are today, almost 5 months later.

During all of this time, despite the horrific nature of the allegations against Dr. Jones and his company, no one has made a formal attempt to stop him, his business practices, or his company.

So what are we really up to here? Are we trying to stop an operator who is likely engaging in criminal activity, or is there a larger agenda?

Frankly, because of our shock after watching the ABC news program last night, my Democratic colleagues and I have sent the Department of Justice a letter requesting that an investigation begin immediately. Mr. Chairman, I would like to submit that for the record.

Mr. BILIRAKIS. Without objection, that will be the case.

Ms. DEGETTE. Thank you.

[The information referred to follows:]

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON COMMERCE
March 9, 2000

The Honorable JANET RENO
Attorney General
Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

The Honorable LOUIS FREEH
Director
Federal Bureau of Investigation
J. Edgar Hoover Building
935 Pennsylvania Avenue, S.W.
Washington, D.C. 20535

DEAR ATTORNEY GENERAL RENO AND DIRECTOR FREEH: Last night on the ABC News show "20/20", allegations were made that Opening Lines, a company that provides fetal tissue to researchers, was illegally profiting from the sale of this tissue by charging researchers a fee that includes more than Opening Lines' cost of providing the tissue.

Section 498B of the Public Health Service Act (42 U.S.C. 289g-2) states that it is a felony to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if this transfer affects interstate commerce. Valuable consideration does not include "reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue."

Although allegations of obtaining illegal consideration for human fetal tissue by Opening Lines have been made by various parties for many months, it is our understanding that none of those making the allegations have ever referred this matter and their documentation or other evidence of criminal activity to the Justice Department for investigation.

Therefore, by this letter, we are requesting that the Justice Department and the Federal Bureau of Investigation conduct a full investigation of Opening Lines, its

principals and its current and former employees to determine if violations of Section 498B have occurred, and take appropriate enforcement action.

Sincerely,

JOHN D. DINGELL
Ranking Member, Committee on Commerce
SHERROD BROWN
Ranking Member, Subcommittee on Health and Environment
RON KLINK
Ranking Member, Subcommittee on Oversight and Investigations
HENRY A. WAXMAN
Member, Subcommittee on Health and Environment
DIANA DEGETTE
Member, Subcommittee on Health and Environment
BART STUPAK
Member, Subcommittee on Health and Environment
FRED UPTON
Member, Subcommittee on Health and Environment

Ms. DEGETTE. Dr. Miles Jones made very incriminating statements during a hidden camera interview on the program that indicates he may have profited from the illegal sale of fetal tissue. The authorities must investigate these statements.

I also just saw a letter that the chairman showed me from the Department of Justice to Mr. Upton. Apparently, Mr. Upton had contacted the Justice Department and was sent a letter, which I would also ask unanimous consent to include in the record, that they are reviewing the information obtained by 20/20.

[The information referred to follows:]

U.S. DEPARTMENT OF JUSTICE
OFFICE OF LEGISLATIVE AFFAIRS
March 9, 2000

The Honorable FRED UPTON
U.S. House of Representatives
Washington, DC 20515

DEAR REPRESENTATIVE UPTON: This responds to your telephone conversation this morning with Deputy Attorney General Eric Holder and your subsequent letter regarding the Department's efforts in enforcing the ban on the sale of fetal tissue for profit, especially in light of the information obtained by 20/20 on this issue, and your request to open an investigation on this matter.

As you know, recently there have been many troubling but unsubstantiated allegations in the media regarding the sale of fetal tissue for profit. However, based upon a preliminary review of our records, it appears that the Department has not received any information meeting our standards for triggering a formal investigation that fetal tissue has been sold for a profit. We are still reviewing our records for receipt of information. Further, three weeks ago, the National Institutes of Health and the Department of Health and Human Services informed the Department that they also had not received information of this kind. In addition, a 1997 study conducted by the General Accounting Office failed to turn up any reported violations of the ban by federally funded researchers covered by the study. See GAO, NIH-Funded Research: Therapeutic Human Fetal Tissue Transplantation Projects Meet Federal Requirements 3 (1997).

We are currently reviewing the information obtained by 20/20 to determine whether specific allegations raised by 20/20 warrant the opening of an investigation by the Department or a referral to another agency for investigation.

In the event that the Department receives specific information that a violation of federal law has occurred, we will investigate the matter to determine if there is sufficient evidence to support a prosecution or, where appropriate, refer the information to the proper agency for investigation.

Please do not hesitate to contact my office if we can be of further assistance.

Sincerely,

ROBERT RABEN
Assistant Attorney General

Ms. DEGETTE. So the good news, I hope, is that we will have an investigation by the Department of Justice into these allegations.

One thing I noticed about the report last night was that there was no evidence of widespread criminal activity in fetal tissue sales. That report and the witnesses listed for this hearing today point to one offender. We need to take measures to stop him immediately, while at the same time preserving the important medical research that proper fetal tissue protocols afford us.

Mr. Chairman, 16 million people have diabetes in the United States, 4 million Americans have Alzheimer's, 1.5 million people suffer from Parkinson's disease, 30 million Americans have an autoimmune-related disease, 10 million women have been diagnosed with osteoporosis, 8.2 million Americans suffer from cancer, 450,000 Americans are paralyzed or have spinal cord injury, and 150,000 children are born with birth defects each year.

Mr. Chairman, I could go down this list for my entire opening statement and still not identify the millions of Americans who could and may benefit from fetal tissue research.

This research has already resulted in significant advances in the treatment of many diseases, such as Parkinson's, and it offers extraordinary promise in the search for many other diseases. The scientific community is ecstatic about the promise of fetal tissue research and its derivatives, like stem cells.

As the co-chair of the House Diabetes Caucus, but, more importantly, as the mother of a 6-year-old child who was diagnosed with diabetes 2 years ago, I am hopeful about the promise of fetal tissue research.

Because of the extraordinary promises—

Mr. BILIRAKIS. Would the gentlelady please summarize?

Ms. DEGETTE. Mr. Chairman, I believe that you generally give the ranking member some comity in opening statements.

Mr. BILIRAKIS. All right. The gentlelady is already at 6½ minutes.

Ms. DEGETTE. I am almost done. Thank you.

Because of the extraordinary promise this science holds for millions of people, I want to ensure—and I know my colleagues on this committee and in this body want to ensure—that the research is conducted ethically. Any violators of the Federal laws and protocols must be prosecuted to the fullest extent of the law.

As I said before, the House majority has been investigating these allegations, I hope, since November of last year, yet, to my knowledge, no criminal investigation has been initiated. The majority's investigators have not even subpoenaed the financial records of the company that purportedly violated the Federal statute that prohibits profiting from fetal tissue.

I would urge the majority to tone down the nature of this investigation and to really find out if there is a violator and, if so, they need to be prosecuted.

Again, if this hearing or any subsequent investigations uncover evidence of wrongdoing or abuse, it is imperative that violators must be prosecuted and punished to the fullest extent of the law. However, we cannot jeopardize legitimate and ethical fetal tissue research. Too many millions of Americans' lives are at stake.

Thank you, Mr. Chairman.

[The prepared statement of Hon. Diana DeGette follows:]

PREPARED STATEMENT OF HON. DIANA DEGETTE, A REPRESENTATIVE IN CONGRESS
FROM THE STATE OF COLORADO

Thank you Mr. Chairman. I understand there are members of the Full Committee who do not serve on this Subcommittee but may wish to join us today. As you know Mr. Chairman, it is a long-standing custom of this Committee to allow them to participate. I would hope he would extend any Full Committee Members this courtesy.

Like everyone this room, I was shocked at the taped statements I saw last night on ABC's 20/20. Dr. Miles Jones, the owner of Opening Lines, essentially stated that he profited from the illegal sale of fetal tissue, in direct contravention of both medical ethics and federal law. Dr. Jones' statements were incriminating, to say the least, and must be investigated by federal authorities immediately.

I was almost as shocked when I learned that, despite the Majority's apparent knowledge of these facts since last November, no one has made a request to the Department of Justice to investigate Dr. Jones and his company. Last November, my colleague from Colorado introduced a resolution condemning the illegal sale of fetal tissue and calling on this committee to hold a hearing. So here we are today, almost five months later. During all this time, despite the horrific nature of the allegations against Dr. Jones and his company, no one has made any attempt to stop him, his business practices or his company. So what are we really up to here? Are we trying to stop an operator who likely is engaging in criminal activity or do we have a larger agenda?

Because of our shock after watching the ABC News program 20/20 last night, my Democratic colleagues and I have sent the Department of Justice a letter requesting that an investigation begin immediately. Dr. Miles Jones made very incriminating statements during a hidden camera interview on the program that indicates he may have profited from the illegal sale of fetal tissue. The authorities must investigate these statements.

One thing I noticed about the report last night was that there was no evidence of *widespread* criminal activity in fetal tissue sales. That report, and the witnesses listed today, point to *one* offender. We need to take measures to stop him—while at the same time preserving the important medical research that *proper* fetal tissue protocols afford us.

Sixteen million people have diabetes in the United States, 4 million Americans have Alzheimer's, 1.5 million people suffer from Parkinson's disease, 30 million Americans have an autoimmune related disease, 10 million women have been diagnosed with osteoporosis, 8.2 million Americans suffer from cancer, 450,000 Americans are paralyzed or have a spinal cord injury, and 150,000 children are born with birth defects each year. Mr. Chairman, I could continue down this list for my entire opening statement and still not identify the millions of Americans who could benefit from fetal tissue research.

This research has already resulted in significant advances in the treatment of many diseases, such as Parkinson's, and it offers extraordinary promise in the search for a cure for many other diseases. The scientific community is ecstatic about the promise of fetal tissue research, and its derivatives, like stem cells. As the Co-Chair of the House Diabetes Caucus, but more importantly, as the mother of a six-year-old child with diabetes who could benefit significantly from appropriate fetal tissue research, I am also extremely hopeful about its promise.

Because of the extraordinary promise this science holds for millions of people, I want to ensure, and I know my colleagues on this Committee, and in this body, want to ensure, that this research is conducted ethically.

It is vital that scientists follow all of the proper protocols that Congress has put in place. Let me be perfectly clear. Any illegal activity with respect to fetal tissue research must not be tolerated. The allegations that brought about today's hearing taint the promise of this research, and, if they are true, must be investigated. And any perpetrators must be prosecuted to the full extent of the law.

If allegations that businesses are profiting from fetal tissue procurement are true, the law is clear. The 1993 NIH Revitalization Act, which established the conditions under which federally funded fetal tissue research can occur provides that it is unlawful for any person to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration. Specifically, it prohibits the purchase of human fetal tissue. Additionally, a GAO report issued in 1997 determined that these requirements were being met and no further complaints have been issued or detected, according to the NIH. Again, if this law has been violated, those who have conducted illegal activity must be prosecuted immediately.

As I said before, the House Majority has been investigating these allegations since November of last year, yet to my knowledge, no criminal investigation has been initiated. The Majority's "investigators" have not even performed the basic act of subpoenaing the financial records of the companies that purportedly violated the federal statute that prohibits profiting from the sale of fetal tissue. Instead, the Majority appears to favor "oversight by privatization," shirking its duties by relying solely on the investigations of private entities. There are only two investigations of which I am aware. The first was conducted by Life Dynamics, an organization that has identified as its mission the elimination of abortion and fetal tissue research at any cost. The ABC News program 20/20 conducted the second investigation, which, as I said, aired last night. Neither of these organizations has turned over any evidence to the proper authorities, or reported wrongdoing to the proper oversight bodies. If there is *evidence* of wrongdoing, now is the time to lay it on the table so we can address it, and take steps to prevent it from happening again.

I ask that the Department of Justice begin its investigation immediately so we may determine if the allegations we are evaluating today are substantiated. Thus far, I have yet to see any foundation or authentication for the accusations that resulted in this hearing. In fact, the only legal authentication of which I am aware is an affidavit, which invalidates the aforementioned charges.

Again, if this hearing, or any subsequent investigations uncover evidence of wrongdoing or abuse, it is imperative that violators must be prosecuted and punished to the fullest extent of the law. I cannot repeat this enough. We must preserve the integrity of this lifesaving research.

Unfortunately, I do not believe it is the intent of this hearing to preserve the integrity of this research. Rather, the intent is to inflame. There are some that wish to halt potentially lifesaving fetal tissue research by any means necessary. It saddens me to report that threats have been made to scientists involved in fetal tissue. Some of the allegations made today are affiliated with organizations that publish threats to doctors who perform abortions and the zealots who carry out these threats.

We cannot allow unsubstantiated allegations, or isolated instances of wrongdoing to jeopardize the advance of medical research that holds extraordinary potential for 16 million diabetics, 4 million Americans with Alzheimer's, 1.5 million people suffering from Parkinson's and millions of other Americans who could benefit from this research. Mr. Chairman, I sincerely hope we can work in a bipartisan manner to ensure that if criminal activity has occurred, it is prosecuted. I also hope we can work together to protect the integrity of fetal tissue research.

Mr. BILIRAKIS. I thank the gentlelady.

The Chair now will provide his opening statement.

As has already been said, for several months the majority oversight staff of the full Commerce Committee has been investigating whether fetal tissue is being bought and sold in violation of Federal law. Today's hearing will allow the committee to receive statements from two witnesses who were subpoenaed by full committee Chairman Bliley to provide testimony about this issue.

When Congress overturned the ban of federally funded fetal tissue transplantation research in 1993, certain protections were placed in the law. These provisions were designed to avoid influencing a woman's decision on whether or not to terminate her pregnancy by the knowledge that donating her fetal tissue could prove useful to others.

Specifically, that 1993 law requires that consent for abortion precede consent for tissue donation.

The law also requires physicians performing abortions to certify that they did not alter the timing, methods, or procedures of abortion solely for purposes of obtaining fetal tissue. These prohibitions apply only when the tissue is obtained for use for federally funded fetal tissue transplantation research.

However, Congress also enacted provisions making it unlawful for any person to acquire, receive, or transfer human fetal tissue for valuable consideration.

While the term “valuable consideration” is not specifically defined, the law does allow reasonable payments for costs incurred in acquiring and providing the tissue.

Congressional intent was clearly expressed by our colleague, Mr. Waxman, who managed the bill in the floor of the House. When asked whether it would prohibit the buying and selling of fetal tissue, Mr. Waxman responded, “It would be abhorrent to allow for sale of fetal tissue and a market to be created for that sale.” I think every member of this subcommittee would agree. And I also believe, as the gentlelady has already said, that full and vigorous enforcement of the law against the sale of fetal tissue is essential to prevent a negative impact on legitimate research.

The committee has received information indicating that a market for fetal tissue exists and that Federal law is being violated. When the majority committee staff contacted the Justice Department, however, they were told that no credible evidence of potential violations has been presented and no investigation has been initiated, and we have a letter to that effect. Ms. DeGette referred to it.

Clearly, the Justice Department has the responsibility to actively enforce these protections and an obligation to investigate any potential violations, and I hope that we will all join together in urging the Justice Department to commence an investigation on this matter.

I looked for Mr. Waxman after the votes earlier today and couldn’t find him. When I am not looking for you, Henry, you are always there; when I am looking for you, I can never find you.

Well, I do want to shorten this up.

Dr. Miles Jones is a pathologist who founded and runs Opening Lines, a group which acquires human fetal tissue and provides it to the research community for a fee. He has refused to respond to numerous written and verbal requests for information from the committee, and we trust and hope that he will be here today. He has been subpoenaed.

Mr. Dean Alberty is a former employee of Opening Lines and the Anatomic Gift Foundation, another company which acquired fetal tissue and provided it to the research community for a fee. He has been prevented from speaking with the committee staff by a confidentiality agreement he signed with the Anatomic Gift Foundation, which includes an exception for statements made under subpoena, and that is the reason for the subpoena.

The focus of our hearing, as Mr. Bliley has already said, is whether the 1993 law is being followed. We are not here to debate the many issues associated with fetal tissue transplantation research. While I respect the sincere and strongly held views of each member on that subject, it is not the topic of our hearing.

I also want to acknowledge in advance the delay in providing written letters of invitation to three of our witnesses, Dr. Cohen, Dr. Kinney, and Ms. Samuelson. While these witnesses were previously contacted about the possibility of testifying, they did not receive formal confirmation until yesterday, for which I do apologize. As a result, their written statements were not received 2 days prior to the hearing, as required under our committee rules. I would like to assure them, however, that this delay in no way reflects on the merit of their testimony. I appreciate their understanding and, of

course, the understanding of the members of the minority, and their particular effort to join us on such short notice.

It is important to note that Messrs. Dingell and Brown contacted me last week to raise concern about the safety of individuals who could be identified by witnesses at today's hearing. They wrote that if witnesses were allowed to mention the names of clinics where abortions are performed or identify where the clinics are located, such disclosure could lead to harassment, injury, or death.

While much of what we will discuss has already been reported in the media, I agree that it is important to err on the side of caution; therefore, the committee staff has informed the witnesses not to mention the names or disclose the location of any facilities which perform abortions, the employees of such facilities, or the researchers who receive tissue in their testimony or in response to questions.

I want to request the same forbearance from each member of the subcommittee.

I will recognize Mr. Waxman for an opening statement.

Mr. WAXMAN. Thank you very much, Mr. Chairman.

In 1993, the Congress passed important legislation authorizing Federal support of fetal tissue transplantation research. That legislation contained conditions for the collection of fetal tissue used in federally supported projects involving fetal tissue transplantation. It also established strong criminal penalties for the transfer of any fetal tissue for valuable consideration, whether that tissue was used in either the public or the private sector. In other words, we established clearly that it would be a crime to profit from the sale of fetal tissue.

It is important to review exactly why this legislation was passed. We did it because of the tremendous promise of fetal tissue transplantation for the cure and treatment of diseases, particularly Parkinson's, Alzheimer's, cystic fibrosis, multiple sclerosis, and many others. We cannot lose sight of that.

We know that fetal tissue research opened a world of possibilities and that transplantation of fetal tissue was an important part of that research. We also recognize the delicate ethical issues involved in this area of research. It was important to establish clearly in Federal law standards to protect against abuses, and, indeed, to extend some of those protections beyond federally funded research projects.

We used as our model for those standards the recommendations of the Human Fetal Tissue Transplantation Research Panel that was appointed by the Reagan/Bush Administration to provide us advice on this issue. Those are the standards we have in law today.

This hearing is examining whether there are instances where those standards have been violated. Where that has occurred, we are all in agreement that the abuses should be stopped and the law should be enforced. We stand ready to join with our colleagues to ask Federal and State authorities to do their job.

Mr. Chairman, I stand in support of you and Mr. Bliley in your quotations of my statements on the House floor. We do not want to tolerate violations of the law.

The appropriate response to incidents where the law has been broken is to enforce the law and prosecute the violators, and we

have an absolute obligation to ensure that violations are isolated instances and not widespread practices that would undermine the fetal tissue program.

It is also important to remember how valuable fetal tissue research is. We now have a diagnostic test for hepatitis-C, a test that was developed using liver fetal tissue.

We are making progress in the development of an HIV vaccine, again using fetal tissue.

Recently, we had indications of a cure of diabetes in mice, again with research involving fetal tissue.

We cannot turn our backs on these lifesaving advances.

Finally, let me make one last point. The law establishes safeguards to separate the decision to have an abortion from the use of the fetal tissue for transplantation research in federally supported projects. There was no intent to increase the number of abortions so that tissue could be obtained.

When this law was passed in 1993, it was supported by Republicans and Democrats. Senator Dole supported it. Senator Thurman supported it. Members who were pro choice and those who were pro life supported it.

I continue to believe that instances where the law is being broken are rare. There has been no indication in the information shared with us that this hearing will indicate otherwise. But any instance where the law is broken should be pursued. If people are breaking the law, let us prosecute them. If State and Federal laws are not being enforced, let us do better. But let us not sensationalize this issue and generalize, from one or two possible cases, in order to undermine the efforts of those who do comply with the law and who seek medical progress. If we do that, we do a disservice to those whose very lives may depend on the medical advances that fetal tissue research can bring.

Thank you very much for holding this hearing, Mr. Chairman. I yield back the balance of my time.

Mr. BILIRAKIS. I thank the gentleman.

Mr. Upton for an opening statement?

Mr. UPTON. Thank you, Mr. Chairman.

Section 498(b), subsection A, "It shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if the transfer affects interstate commerce." It is real clear. That is the law. That is the law that I helped craft with my colleague from California, Henry Waxman, nearly a decade ago. Our bond was our desire to ensure that promising research was not hamstrung by politics.

We did it for moms and dads, we did it for sisters and brothers, spouses and friends, those who, unfortunately, know the heartache associated with diseases like Parkinson's, Alzheimer's, diabetes, and cancer.

We share a common goal of putting substance over politics in finding a cure. Equally important, we passed this law because of our conviction that profiteering and coercion in the procurement of fetal tissue is morally wrong and has to be prevented.

Today, we will hear of horrifying activities—activities which are reprehensible, inexcusable, and certainly highly illegal in the public and private sector, based on the provisions that I helped craft.

No one in this room is more anxious to go after the culprits and right any wrongs than I am. Those breaking the law must be pursued, prosecuted, and severely punished.

I pledge to work to close any gaps that exist, whether it be a matter of more oversight, more inspections and audits, heavier fines, tougher licensing. In fact, based on the horror stories that have been divulged in the past couple of weeks, I personally spoke this morning on the phone with Deputy Attorney General Eric Holder, requesting the full cooperation of the Justice Department in pursuing any and all violations of the law. A number of my colleagues sent a letter to Attorney General Reno in this regard, as well.

In the letter that I received back about an hour ago from Robert Rabin, the Assistant Attorney General, he indicated, "We are currently reviewing the information obtained by 1920/20' to determine whether specific allegations raised by 1920/20' warrant the opening of an investigation by the Department or a referral to another agency for investigation.

"In the event that the department receives specific information that a violation of Federal law has occurred, we will investigate the matter to determine if there is sufficient evidence to support a prosecution."

We need to have a constructive dialog addressing abuses of this research and the possible remedies. Unfortunately, in any society, despite our most diligent efforts, there are reckless, renegade law-breakers, and, sadly, in terms of today's hearing, we have heard accounts of respect for the law and the dignity of human life taking a back seat to greed. If these allegations are true, I have not ever witnessed a clearer case of money as the root of incredible evil and the enemy of what the vast majority of God-fearing Americans recognize is flat-out wrong.

In that regard, I wholeheartedly support the subpoena of Miles Jones, who was shown last night on "20/20" smirking and bragging about his seedy scheme to evade the law and to profit from the sale of fetal tissue. By all accounts, he is a monster whose nightmarish activities are an offense to all of us. As Churchill once said, "The only guide to a man is his conscience." If what we have heard about Miles Jones is true, he does not have one. His only guide, sadly, has been his greed.

The first question I would have asked him at this panel this afternoon, had he had the courage to show up, was, "How do you sleep? How do you possibly sleep at night?" No, Miles Jones is not here. He is on the run and he is hiding. But I, for one, intend to ensure that he is brought in for full questioning and that justice is served.

I value life-saving research, the nature of which will be detailed later on today, and I value human life, the alleged degradation and desecration of which will also be detailed today.

Every one of us needs to set and follow our own moral compass.

I deplore the actions of those who seek to profit from the sale of fetal tissue. It is wrong, it is illegal, and it has to be stopped.

Thank you, Mr. Chairman.

[The prepared statement of Hon. Fred Upton follows:]

PREPARED STATEMENT OF HON. FRED UPTON, A REPRESENTATIVE IN CONGRESS FROM
THE STATE OF MICHIGAN

Good afternoon.

Over a decade ago, as a new member of this Committee, I faced one of my very first votes on a highly controversial issue—a vote to overturn the ban on fetal tissue transplantation research. I was told that this was a very complicated issue—as it obviously remains today—and I was told by fellow Republicans that this issue was so potentially politically explosive that I should just vote to keep the ban intact... it was the right thing to do. After all, didn't I want to be assured of reelection? Did I want to cause trouble? Was it worth it?

Well, after much soul searching and really looking at the FACTS of the issue, I decided, YES, it WAS worth it. Absolutely.

At that time, I joined forces with my colleague across the aisle—Henry Waxman. A man, with whom, frankly, before that time I had very little in common. He was from California. I was from Michigan. On the only other issue with which I had really come to know him, we had differed greatly on our approach: Clean Air. And yet, we both realized the tremendous life saving potential of fetal tissue research. Our bond was our desire to ensure that incredibly promising research was not hampered and hamstrung by politics. As I delved into this issue, I met extraordinary people... real heroes... Joan Samuelson, herself a victim of Parkinson's who will testify later today about the merits of the research in terms of a potential cure for Parkinson's Disease... Guy Waldron, a pro-life Baptist Minister who, after losing 2 children to genetic birth defects and facing the loss of their third, agreed to fetal tissue transplantation—much to the dismay of his own congregation... Dr. Otis Bowen, the Secretary of Health and Human Services at the time the Reagan Administration ban went into effect who would not sign the executive order overturning the ban because he recognized its error... and Ruth Katz, a former Congressional staffer who served this very Committee and Congressman Waxman so well.

These individuals and the many others who worked with us on this effort came from very different backgrounds, professions and political orientations. What we all shared was the common goal of putting substance OVER politics and finding a cure to ease and hopefully end the suffering of so many millions of Americans.

I will leave it to the groups represented here today to speak further of the promise this research holds. I am not an expert in this area.

What I did, when recognizing the promise of this research, and feeling disheartened about the politics surrounding this issue, was to reach across the aisle to my colleague and craft an amendment that would allow the research to go forward, but only with strict safeguards that were not then in place.

Had our amendment not been incorporated into the NIH reauthorization bill, we would not be having this hearing today. Because there would not be a federal statute so stringently prohibiting the very abhorrent practices that we outlawed in public AND private activities involving this research. The scope of our law was broad; the penalties severe.

Here is what the law says:

“IT SHALL BE UNLAWFUL FOR ANY PERSON TO KNOWINGLY ACQUIRE, RECEIVE, OR OTHERWISE TRANSFER ANY HUMAN FETAL TISSUE FOR VALUABLE CONSIDERATION...”

“IT SHALL BE UNLAWFUL FOR ANY PERSON TO SOLICIT OR KNOWINGLY ACCEPT A DONATION OF HUMAN FETAL TISSUE FOR THE PURPOSE OF TRANSPLANTATION IF THE TISSUE IS OBTAINED PURSUANT TO AN INDUCED ABORTION AND

IF THE DONATION WILL BE OR IS MADE PURSUANT TO A PROMISE TO THE DONATION INDIVIDUAL THAT THE DONATION WILL BE TRANSPLANTED INTO A RECIPIENT SPECIFIED BY SUCH INDIVIDUAL.”

Violators of this law are subject to stringent civil and criminal penalties, including jail time.

Today we will hear of horrifying activities. Activities, which, if true, are not only reprehensible, inexcusable and unimaginable. They are illegal because of the amendment I helped craft. And no one is more anxious to go after the culprits and right any wrongs than I am. Those breaking this federal law should be pursued and prosecuted, and I hope, punished, to the fullest extent of the law. There is no excuse for this type of gross violation of the law, and sickening disrespect for the value of human life.

I pledge to work to close any gaps that may exist in the law. Whether it be a matter of more oversight, more inspections and audits, tighter restrictions, heavier fines, tougher licensing. I have spoken with the Department of Justice about fully pursuing any and all violations of this law. And I am in the process of discussing

with pharmaceutical companies and research institutions various ways to ensure that the spirit and letter of law are strictly abided by.

I do not have a reputation for merely talking about problems. Especially in this matter, addressing any cracks in the system and finding a solution, while at the same time protecting the continuation of legitimate, legal medical research is an imperative I take most seriously. It is a matter life or death matter.

I hope that at some point we can have a constructive dialogue on how to address abuses of this research, short comings in the law and ways to remedy it. I think the American people are tired of the accusatory, either/or, us versus them politics that really end up meaning: nothing gets done, people keep bickering—the problem persists. There are no winners.

There must be common ground.

I truly believe that no one—no one—in this room today would condone the type of activities as those detailed on a prominent news show last night.

Unfortunately, in any society, there are those who abuse the law . . . those who put profit ahead of civility; basic respect for the dignity of human life takes a back seat to greed. Money becomes the root of incredible evil. It becomes the enemy of the common good.

I wholeheartedly supported the subpoena of Miles Jones. From what many of us have heard alleged, there are many questions we would like to ask him. He has run. And he is hiding. But, I for one intend to join the effort to ensure he is brought in for full questioning and that justice is served.

I value life saving research, the nature of which will be detailed later today. And I value human life, the degradation and desecration of which, sadly, purportedly will also be detailed today. To say that the two are mutually exclusive as some groups have done in the past few days just as they did a decade ago, is unfair and insulting.

Let me close by saying that when Congress first looked at this issue back in 1991, as a new member of this committee, I set out to find Members of Congress who would join me in truly studying the issue, leaving labels, and fears, and political expediency aside. Very close to home I found someone who was known to relish complicated details, thorny issues and complex challenges. He was widely respected and known as one of the most civil, truly decent individuals in this institution. He was my colleague and very good friend, Paul Henry, of Grand Rapids, Michigan. Paul took the report of the Reagan Commission on Fetal Tissue Transplantation Research—as well as reams and reams of issue briefs from interest groups on all sides of the spectruirn—home to study. And those of you who remember Paul know he took his studying very seriously. A few days later Paul joined me on the floor of the House of Representatives urging members to adopt the NIH report ending the ban on fetal tissue transplantation—but only with the strict safeguards of our amendment in place.

It was a tremendous act of courage.

We all need to set and follow our own moral compasses. I deplore the actions of those that make a profit from the sale of fetal tissue. It is wrong. It is illegal. It must be stopped.

I believe we can take aggressive action to crack down on any illegal activity while at the same time ensuring the progress of vital life saving research.

Mr. BILIRAKIS. I thank the gentleman.

Mr. Stupak, opening statement?

Mr. STUPAK. Yes, sir.

Thank you, Mr. Chairman. I want to thank you for holding this hearing on the extremely serious issue of whether fetal tissue is being bought and sold for profit in violation of Federal law. I believe that it is critical that we examine these allegations.

It is important to point out that, whether you are pro life or pro choice, it is impossible to condone the conduct of any health care provider or anyone else who would sell fetal tissue for profit or perform medical procedures that increase the risk to the patient. These actions are illegal and reprehensible.

I join a number of my colleagues today, both Democrats and Republicans, in a referral to the Justice Department urging the Attorney General and FBI Director Freeh to investigate the alleged violations of Federal law.

In addition, Mr. Alberty has made statements that, if true, could be serious crimes under Kansas State law.

I would urge local authorities to conduct a vigorous investigation of these allegations.

Mr. Chairman, it is important to note that the subcommittee has not conducted a whole or proper investigation on this matter. We should be able to easily determine whether companies have made a profit on these transactions. One should be able to acquire their financial records and compare their cost to the amounts that they received for the tissue and determine whether or not they made a profit.

It is my understanding that the subcommittee has not received any information about the financial status of Opening Lines or the Anatomic Gift Foundation. I believe we have an obligation to investigate and examine these questions.

The buying and selling of fetal tissue for profit is immoral and illegal. The failure to gain proper consent for donation of fetal tissue is immoral and illegal. The alteration of the medical procedure to increase the quality of fetal tissue is immoral and illegal.

Our responsibility is to investigate these wrongdoings and bring them to the public's attention. I believe this subcommittee should perform a thorough and extensive examination of these issues.

It is my hope that we can do the necessary work to investigate these allegations and bring the wrongdoers to justice and end this deplorable practice.

With that, Mr. Chairman, I would yield back the balance of my time.

Mr. BILIRAKIS. I thank the gentleman.

Mr. Stearns for an opening statement?

Mr. STEARNS. Thank you, Mr. Chairman.

I think, like many members, it is very, very disturbing that in this wonderful country of ours we see the trafficking of body parts has become a business enterprise. This macabre practice certainly has implications that go even further beyond this hearing today or whether any Federal laws have been broken. There is a moral and spiritual question involved, but the purpose today is not that. We are not here to conduct a witch hunt.

The purpose of this hearing is very clear. It is simply to determine whether or not Federal laws have been broken, whether the allegations that organs and body parts were sold for profit—that is true—and Congress has in place laws that can allow men and women to disguise their operation under existing provisions of the law to allow them to continue their operation. Why has not the Administration started an investigation?

These are the kind of questions that are most appropriate, and ultimately Congress and this committee should consider whether existing legal protection at the Federal and State levels against non-therapeutic experimentation on infants and fetuses is adequate.

So, Mr. Chairman, I applaud you for having this hearing and I hope to hear from the witnesses.

Mr. BILIRAKIS. I thank the gentleman.

Ms. Eshoo for an opening statement?

Ms. ESHOO. Thank you, Mr. Chairman.

I think that all of us here today would agree that profiting from the sale of fetal tissue is morally repugnant. That is why in 1993 the Congress made it a criminal offense. Anyone found guilty of profiting from the sale of fetal tissue is subject to criminal fines and/or imprisonment for up to 10 years. That is a very, very stiff penalty.

We also included protections to ensure that women who donate their fetal tissue for federally funded transplantation research do so willingly—not forcibly, but willingly—and that the procedure is done ethically.

First, she must give her written consent to have an abortion. Only after consent to have the abortion can she provide the necessary written consent to donate the fetus. She cannot be paid for the donation and she cannot know the recipient.

Second, the physician performing the abortion must certify in writing that the procedure was not altered in any way to produce more usable tissue.

I fully support these laws and their vigorous enforcement, and I believe that we here in the Congress must work to ensure that these laws are being properly enforced. In fact, that is, I believe, the intent of this hearing today.

Along these lines, Mr. Chairman, at least two of today's witnesses have admitted to actions which are in clear violation of the law. It is my understanding that the committee has known of this for several months and has not referred this matter to the proper authorities, and I think we need to know why, if, in fact, this is the case.

Notwithstanding the abhorrent practices of the two brokers represented here today, all evidence points to the conclusion that the laws are working. In 1997, the GAO issued a report in which it found that the Federal laws are being complied with.

I strongly question the veracity of some of the outrageous stories told by Mr. Alberty, who has made numerous false and conflicting statements. In fact, he recently gave a sworn, signed affidavit in which he recanted much of what he told Life Dynamics in a taped interview. Moreover, when interviewed by ABC's "20/20," Mr. Alberty omitted the most inflammatory parts of his story to Life Dynamics, for which the group paid him \$15,000.

However, if what Mr. Alberty has said is true, there are laws already in place to punish those involved. We cannot and should not use the crimes of these bad actors as an excuse to severely restrict or ban lifesaving medical research that utilizes medical tissue.

Medical research using fetal tissue is bringing us closer to cures for diseases like Parkinson's and diabetes than we ever thought possible. Due to its regenerative properties, fetal tissue provides hope that diseases that were once death sentences will some day be non-existent.

In fact, we have already witnessed the miracles that can come from research on fetal tissue. It played an integral role in development of vaccines for polio and rubella, and, thanks to that research, these diseases have been virtually wiped out.

Much of this lifesaving research is being done in my Congressional District, and the leading biotechnology company in stem cell

research makes its home in California's 14th Congressional District.

We will hear from several medical experts today who will tell us that the type of research that this company does poses the next big breakthrough in medicine, and we cannot stifle this progress.

In 1992, former majority leader Bob Dole said supporting fetal tissue is, "The true pro life position."

At this time, I ask, Mr. Chairman, unanimous consent to include in the record an editorial by the San Jose "Mercury News." It provides a very enlightened and instructive look at this issue.

Mr. BILIRAKIS. Without objection.

[The information referred to follows:]

[Published Monday, March 6, 2000—San Jose Mercury]

EDITORIAL

The opinion of the Mercury News

Science vs. Suffering

The anti-abortion movement must not be allowed to stop stem cell research

It would be a shame if anti-abortion hysteria whipped up by extremist groups were allowed to delay cures for childhood leukemia, diabetes and other killer diseases.

But that's what could happen if House and Senate committees don't hear from Americans this month about the importance of federal support for stem cell research, a promising area of scientific investigation that unfortunately is clouded by abortion politics.

Stem cells—the undifferentiated cells at the earliest stages of human life—can develop into any part of the body. Researchers expect some day to use them to generate cells and tissue for transplantation, repair of nerves, treatment of burns and many other uses. They might also revolutionize the way new drugs are tested.

Stem cells are sometimes obtained from embryos grown in the lab but not used for *in vitro* fertilization, as well as from aborted fetuses. Stem cells can also be obtained from umbilical cord blood and placentas.

Oponents of stem cell research say it is tainted by the use of material from abortions, and they are desperate that nothing beneficial ever come from a woman's choice to end a pregnancy. They also claim embryos will be grown just for spare parts, which is already prohibited.

Two factors seem to be prompting members of Congress to call for hearings this month:

First, the National Institutes of Health recently drafted guidelines that would allow stem cell research at federally funded sites (all universities, basically). Research is now done by private companies.

Allowing such research in federally funded sites would accomplish a number of good things; It would bring ethical guidelines and public accountability to stem cell research, just as it has to fetal tissue research, which uses material from elective abortions; it would increase the amount of research; and it would prevent private, for-profit companies from having a monopoly on how research results are put to use.

Second, a small faction of the anti-abortion movement is stirring up concern over tissue procurement firms, the middlemen who obtain fetal tissue and market it to universities and biotechnology firms. If there is indeed illegal trafficking in fetal tissue, then the research should be brought under stricter government oversight, not driven underground.

The embryos that yield stem cells are the left-overs from *in vitro* fertilization, and would be destroyed anyway. Allowing or disallowing stem cell research in federally funded labs has no effect on how many abortions are performed. While fertility labs and abortion clinics are now the most reliable source of fetal tissue, biotechnology companies are developing stem cells that will reproduce indefinitely, eventually making this debate moot.

NIH's suggested guidelines allow stem cell research as long as the embryos were created for other purposes. Guidelines already in place for other kinds of fetal tissue research have prevented improper profiting from fetal tissue donations.

Banning stem cell research because the material comes from aborted fetuses or surplus embryos would make as much sense as banning organ transplants because some of the donors were crime victims.

Stem cell and fetal tissue research hold out the best hope yet for people suffering from Parkinson's disease, spinal cord injuries and Alzheimer's disease. This research also shows promise of alleviating the terrible suffering caused by strokes, cancer, cystic fibrosis, muscular dystrophy and many other ailments. Anti-abortion conservatives such as John McCain, Bob Dole and Strom Thurmond have supported fetal tissue research in the past. Today's members of Congress should follow their lead and protect stem cell research from the depredations of an ideological minority. As Dole put it in 1992, supporting life-saving, fetal tissue research is the "true pro-life position."

Ms. ESHOO. I want to thank you for holding this hearing. Thank you, Mr. Chairman.

Mr. BILIRAKIS. I thank the gentlelady.

Mr. Greenwood for an opening statement.

Mr. GREENWOOD. Thank you, Mr. Chairman.

In the United States, we have the option to donate our bodies to science, and, because we do and because of the fact that we have this option, it is impossible to calculate the number of lives of men and women and children who have been saved, prolonged, and the amount of human suffering that has been relieved because of these donations.

We also have a statute called the "Uniform Anatomic Act" that creates very clear guidelines as to how the donations of our bodies to science are to be handled.

If someone violates those laws, they should be punished. There should be stiff punishments. But we would never think that the idea of donating our bodies to science should be rethought. We know how important those donations are.

Similarly, we can donate our organs to relieve others of our fellow human beings. Again, you cannot calculate the suffering that has been relieved and the joy that has been brought to the lives of the loved ones of those people because their lives have been extended.

If someone violated the Uniform Anatomic Gift Act and sold and profited from the donation of organs, we should and we would punish those individuals, but we would not rethink the value of the donation of our organs.

In this country, women can also make the choice to donate fetal tissue. Again, it is impossible—probably more impossible than the other two instances—to calculate the amount of human suffering that will be relieved, the lives saved, lives prolonged because of the research that is and will be done using fetal research.

In the instances that we will hear about today, those individuals who violated that law—and it is the unanimous opinion of those in this panel that they should be tracked down and punished, and punished severely. And if, in fact, there are loopholes in the law that would, for instance, allow women to be put at greater risk because of the procedures used to extract that tissue, perhaps we should look at that. But we should not and would not, I hope, question the value of fetal tissue research because of the enormous blessing that it brings to our society now and into the future.

I look forward to hearing from the witnesses, Mr. Chairman.

Mr. BILIRAKIS. I thank the gentleman.

Mr. Green?

Mr. GREEN. Thank you, Mr. Chairman. I want to thank you for scheduling this important hearing on fetal tissue research.

It is important we address this issue. The trafficking of body parts is illegal, and it is a felony. If it happens, we need to address the proper authorities and actively prosecute the offenders. Those selling fetal tissue for profit should be in jail and not testifying before a Congressional committee.

We cannot forget the benefits of fetal tissue research. Fetal tissue has helped develop vaccines for polio and rubella. Every year, an estimated 8,600 new cases of cancer occur among children between birth and age 14. Cancer is the chief cause of death by children under the age of 15. Fetal tissue research can help researchers and those afflicted understand more clearly what is happening and why.

We must not underestimate how crucial and beneficial fetal tissue research is to the disease research such as Parkinson's and Alzheimer's.

I want to thank you again for scheduling this hearing. Hopefully, we will not let politics get in the way of what the issue is here today.

I yield back my time, Mr. Chairman.

Mr. BILIRAKIS. I thank the gentleman.

Mr. DEAL for an opening statement.

Mr. DEAL. Thank you, Mr. Chairman. I thank you for holding this hearing today.

I think there is one thing we need to keep in mind as we go through this hearing, and that is the context in which the law is written, and that is that we cannot simply point to one person or one group and say that they are the bad actors, because, as the law is written, it implies the obligation and responsibility on everyone in the chain to ensure that the law is adhered to.

If, in fact, this is one bad actor or a few bad actors who are violating the law to make a profit in the sale and the trafficking in fetal tissue, it would seem to me that there is something that runs against common sense in the way this operates.

First of all, how does someone have an exaggerated price for fetal tissue and sell it at an exaggerated price to make a profit? Normally, those who violate the law do so by being able to sell their contraband at less than the market rate. So one of the things I think we need to ask is: if this is someone whose profit factor is built into the sale of fetal tissue, how does that, in itself, not cause them to stand out and, therefore, immediately raise a red flag to those who are doing business with them?

Thank you, Mr. Chairman.

Mr. BILIRAKIS. I thank the gentleman.

I would announce to the subcommittee and to the audience that we have two votes on the floor, a 15-minute and a 5-minute vote, so I am sure that is going to probably take us pretty close to 3:30. It is probably a good idea to just go ahead and recess for that period of time. We will start as soon as they have that second vote.

[Brief recess.]

Mr. BILIRAKIS. Let us have order, please.

Mr. Whitfield for an opening statement.

Mr. WHITFIELD. Mr. Chairman, thank you very much.

President Clinton, on his first day in office, signed an executive order that ended Federal curbs on fetal tissue research. Soon thereafter, Congress passed public law 103-43, the National Institutes of Health Revitalization Act of 1993, which governed the sale of fetal tissue.

During the Congressional debates on that legislation, supporters of fetal tissue research argued that the ethics provisions in the bill would curb the emergence of a marketplace for fetal body parts. The idea of such a market is barbaric, said Senator John McCain in a May, 1992, letter to constituents in which he announced that, because of the ethical safeguards added to the law, that he had dropped his opposition to fetal organ research.

As a result of the "20/20" program and other evidence that has become available, despite a Congressional prohibition against a money-making marketplace for fetal tissue, there is strong evidence that such a marketplace has developed and that companies are selling fetal parts for profit.

The purpose of this hearing is to send a message loud and clear that we will not, as a Nation, tolerate for one moment the selling of fetal parts for profit. Although we may live in a world of increasingly lax ethical standards, we will not tolerate a deviation from the highest ethical standards in the area of fetal tissue research.

So I think what we are looking for in this hearing is: one, have Federal laws been violated; two, how widespread is the practice; and, three, what legal or Congressional action is necessary to stop it.

So, Mr. Chairman, I am delighted that you are having the hearings on this important issue, and I look forward to hearing from the witnesses and the additional evidence that may be presented.

Mr. BILIRAKIS. I thank the gentleman from Kentucky.

Mr. Strickland for an opening statement?

Mr. STRICKLAND. Thank you, Mr. Chairman.

I would like to begin my statement by reflecting upon the words of my colleague, Mr. Upton from Michigan. I was very moved by his statement. I think he said exactly what I feel in my heart regarding this matter.

We are here today to hear testimony that at least one unscrupulous physician is flagrantly violating the criminal statute by making profits from the sale of fetal tissues. This is a crime of the lowest order, with disastrous consequences to donors who place their trust in medical professionals, for researchers who depend upon this tissue to do lifesaving work, and for the victims of the many diseases that could potentially be eradicated by this research.

I hope that the Justice Department begins an immediate, full-scale investigation into these allegations to uncover criminal wrongdoing and to severely punish those who have perpetrated crimes.

I am extremely disappointed, Mr. Chairman, that officials from the Department of Justice and the Department of Health and Human Services are not included among our witnesses today, since they have the authority to investigate allegations in pursuit of a conviction. I urge this subcommittee to hold additional hearings with the appropriate Federal officials at the earliest convenience.

Furthermore, I note that one of today's witnesses will testify to the fact that he contacted the FBI to report wrongdoing by his employer, but that the FBI did not respond. If the FBI was informed and did not respond, I think the FBI should be before this committee to explain that.

I will be interested in asking this witness who he talked with at the FBI, when he talked with that person, and what response he was given.

I believe that the real heroes among us today are the medical researchers who spend month after month and year after year working to find answers to the dread diseases which plague us and our loved ones. I hope today that, as we condemn those that have violated the law and who have acted in this egregious manner, that we also pay homage to those men and women who, day after day, work selflessly to find a cure for the diseases that we are all concerned about.

I thank you for having this hearing. I want to say that I appreciate the tone of the statements that have been given thus far. I think they reflect a serious bipartisan concern, and I hope they can lead to a serious bipartisan solution to the problem that we are addressing today.

Thank you, Mr. Chairman. I yield back.

Mr. BILIRAKIS. I thank the gentleman.

The Chair recognizes Mr. Bilbray for an opening statement.

Mr. BILBRAY. Thank you, Mr. Chairman.

Mr. Chairman, I cannot help but sit here and think that 200 years ago the Federal Government of the United States decided to locate and start operating on Jenkins Hill, which later was called Capitol Hill. And I only say that because I can just imagine our founding fathers who developed this institution just thinking of us sitting here today talking about this situation. I think they would be astonished. I think they would be very encouraged [sic]. And I think they would be very disgusted.

The issue before us I think is: how do we take this institution that has been operating for the people of the United States for over 200 years and apply it to this problem?

The problem is that science is moving so quickly and miracles are coming at us so fast and people are using and abusing these technologies and these great breakthroughs to a point where it is hard for government to manage the situation in a reasonable manner.

Now, fetal tissue research is hardly new. In fact, Jonas Salk used fetal tissue in the development of the polio vaccine. The huge, huge benefits that we received in the far past, the near past, but, most importantly, in the future justifies us taking very seriously this opportunity that we call "fetal tissue research."

But it also means those of us who strongly support this research, as I do, also bear the responsibility to make sure that less-than-appropriate activities are not allowed to occur around this issue.

Those of us that want to defend this great potential also have the obligation to get rid of this hideous problem that seems to have grown up around it.

I would have to say, Mr. Chairman, that, as both my colleagues from the Democrat and the Republican side said, you guys were

here when you passed this law, you saw a great opportunity. In all fairness, I think we all, in the back of our minds, had to recognize there was great potential for abuse.

Let us concentrate on why those abuses occurred. Let us concentrate on why the prosecution and the issue has not been addressed before now. But let us talk about what can be done, not just by this Congress but by the Administration and by the community, at large, to make sure that the potential of tissue research is one of hope and of help, not one that we will have to hide from our children and grandchildren and say that, yes, we should have done more, we should have cared more.

Thank you very much for giving us that chance to participate in the process of making sure this dream does not turn into a nightmare.

Thank you very much, Mr. Chairman.

Mr. BILIRAKIS. Ms. Capps for an opening statement.

Ms. CAPPS. Good afternoon, Mr. Chairman. Thank you very much for holding this hearing.

The parameters of the 1993 NIH Revitalization Act have been outlined in other opening statements. We are here today to discuss the possible abuses in the area of fetal tissue donation and sale. We have learned that one or more groups may be inappropriately profiting from sale of this tissue, which is a serious charge raising many ethical and legal questions.

If third-party fetal tissue procurement businesses are making a profit from their transactions in clear violation of the law, they must be held accountable and they must be punished. No one on this committee would disagree with that. I would say compelling opening statements attest to our bipartisan and unanimous conviction in this area.

Additionally, this hearing provides a good opportunity to look at ways that the Federal Government can eliminate these abuses. For a start, NIH must formulate safeguards to ensure that federally funded researchers avoid these illegal vendors of tissue.

Mr. Chairman, I have several concerns with this hearing. First, I am concerned that the charges being leveled today, while very serious and troubling, are also being used by pro life groups to inflame the abortion debate. Second, we must not threaten the legal, ethical practice of fetal tissue research.

My strongest concern is that today's debate will put the very research that we are discussing in jeopardy. I am concerned that our testimony may not include many good examples of tissue procurement because of the very real fear of harassment that such witnesses may experience.

As a health care professional, I am a strong supporter of fetal tissue research. Doctors and scientists around the world have attested to the amazing potential in this area of science. In my own District, I represent several groups who have a personal understanding of just how important the work is. Members of the Parkinson's Association of Santa Barbara have again and again indicated their strong support of this research to me.

Doctor Lois Jovanovich, a nationally known expert and director and chief scientific officer of the Santa Barbara Diabetes Project and the Samson Clinics, told me of the following case in which fetal

tissue research was an invaluable tool. She was studying children's diabetes, where certain cells in the child's pancreas die for no known reason. Children suffering from this disease will die if they do not take insulin, which currently can only be administered by injection. These injections make children's lives very difficult.

Dr. Jovanovich's group decided to attempt to transplant cells that make insulin so that injections would no longer be necessary, but childhood diabetics often develop autoimmune disease and become allergic to their own cells. Fetal tissue does not promote this allergic reaction.

They decided to undertake a study to transplant fetal pancreas cells. Working with the clinic, women signed informed consent forms and were asked if they would like their fetal tissue destroyed, buried, or donated to research. Of the women, 100 percent chose to donate their tissue to research. Forty-seven children underwent transplants, and, although none of them were cured, their diabetes improved dramatically, as did the quality of their lives.

So you see, Mr. Chairman, this research is opening new doors every day.

Additionally, California bioscience innovators are conducting ground-breaking stem cell research, a closely related procedure to fetal tissue research. These critically important research projects are likely to produce breakthrough treatments for many diseases, including non-Hodgkin's lymphoma, breast cancer, cardiovascular disease, and rare blood disorders.

This research could also yield more-effective antibiotics and transform the fields of organ transplantation, orthopedic surgery, and wound care.

Mr. Chairman, medical research is one of the greatest efforts we in Congress can and do support. Increased funding for NIH is often championed by members from both sides of the aisle. Let us not seek to weaken the extraordinary potential of fetal tissue research with potentially sensational proceedings.

If abuses are taking place, let Congress treat them in a measured and thoughtful manner.

Yesterday, I heard from a 52-year-old woman who is my constituent and who is living with Parkinson's disease. Diagnosed 6 years ago, she is hopeful that medical research breakthroughs, seemingly so close, will help her to extend her life expectancy and dramatically improve her day-to-day health. In her words, "Fetal tissue research could be the answer to my problem. Those who oppose it are taking away my chance at a productive future, and I just do not think it is fair."

Mr. Chairman, let us tread carefully on this most serious topic. The health and the hope of millions of Americans depend upon it.

I yield back the balance of my time.

Mr. BILIRAKIS. I thank the gentlelady.

Dr. Ganske for an opening statement.

Mr. GANSKE. Mr. Chairman, I think it is good to have this hearing. I think there have been many thoughtful statements, but, in an effort to start moving to testimony, I will submit a statement, and I yield back.

Mr. BILIRAKIS. I appreciate that.

Mr. Barrett for an opening statement?

Mr. BARRETT. Thank you, Mr. Chairman. I appreciate the opportunity to be here today.

Section 498(b) of the Public Health Service Act states that it is a felony to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if this transfer affects interstate commerce.

This law makes it clear that the allegations that have been made concerning some of the people who have been subpoenaed here today may have, in fact, violated Federal law. And I join with the other members of this committee urging us to take every action necessary to make sure that individuals who may have violated Federal law be investigated, and if it is found that they have, in fact, violated the law, that they be convicted and punished.

There is no place in this society for people to benefit from the sale of these fetal parts. But, at the same time, I join with Ms. Capps and the others who understand and appreciate and support the tremendous advances in medicine and science that have arisen as a result of fetal tissue research and stem cell research, and I think it would be a mistake for us to allow what appears to be a violation of Federal law to turn into an attempt to undercut this valuable research.

So, again, I join with those on this committee who urge us to move forward cautiously, so that when we make a decision as to what to do, that we do so, not based on emotions, but based on some research that we have done by ourselves.

I also would urge the committee, and you, Mr. Chairman—and I do not know if it is appropriate to make a motion at some point, but you and perhaps the ranking member, on behalf of all committee members, to again contact that Justice Department following this hearing if we hear evidence today or if we hear testimony today that leads us to conclude that Federal law has been violated.

I see no place in this hearing for politics. I think that this is a serious matter, and if we do find there have been violations of the law, I think we should work hand-in-hand with the Justice Department to make sure the individuals should be prosecuted.

I would make a request, Mr. Chairman. I do have an affidavit from Lawrence Dean Alberty, Jr., who I believe is going to be one of our witnesses today, that he executed on January 20, 2000. I would ask at this time that that be made a part of the record.

Mr. BILIRAKIS. Is there objection to that?

[No response.]

Mr. BILIRAKIS. There being none, so be it.

Mr. BARRETT. Thank you, Mr. Chairman.

[The information referred to follows:]

AFFIDAVIT OF LAWRENCE DEAN ALBERTY, JR.

Lawrence Dean Alberty, Jr., being duly sworn, deposes and says:

1. Since 1993, I have worked for several organizations obtaining tissue for use in medical research and treatment. From 1995-99, my work included obtaining fetal tissue at clinics that provided medical services including abortion services. In 1999, I co-founded a business that obtains tissue.

2. In 1997, I contacted Life Dynamics Inc. to inform them of certain events that I observed while retrieving fetal tissue at a clinic whose services included abortions. I spoke with Mark Crutcher of Life Dynamics, and I agreed to allow Life Dynamics to videotape an interview with me. To protect my anonymity, I wore a wig during the videotaping session and went by the name "Kelly." Life Dynamics placed the camera behind me, and they digitized my voice. The videotape session lasted approximately 5 hours.

3. I have seen a very small part of the edited, 14-minute excerpt of that tape, which I understand that Life Dynamics is circulating. Life Dynamics may have changed some of my answers and it is possible that Life Dynamics substituted another person in my place during portions of the videotape as it has been circulated. Based on the small portion of the videotape that I have seen, I do not know if the videotape is reliable or correct. I am providing this affidavit to clarify what I know about the subjects discussed in the interview.

4. I am generally familiar with the state and federal laws that limit the ability to charge of fees for tissue procurement. I have no personal knowledge of any instances in which an employer of mine charged any fees or received compensation for retrieving fetal tissue in violation of any of these laws.

5. I am not a physician and am not qualified to make medical judgments about fetal viability. I have no personal knowledge of the circumstances under which any of the patients at the clinics where I worked came to have an abortion, such as whether a patient's life

would have been threatened by carrying a pregnancy to term or whether a fetus possessed a genetic disorder that would have prevented it from surviving after birth. There was only one incident in which I believed that the products of conception that were brought to me for tissue retrieval were from fetuses that had reached viability. As to this incident, my belief was not based on any medical judgment, and I have no knowledge as to whether the abortion in question had been performed to save the life or health of the woman.

6. I know of no instances in which a doctor was asked or otherwise decided to perform a different type of abortion procedure solely for the purposes of obtaining fetal tissue.

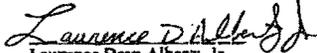
7. I know of only one incident in which I observed a woman who had appeared to change her mind about having an abortion while undergoing an abortion procedure at a clinic. With regard to that incident, I have no knowledge of whether she had changed her mind after the point at which the procedure could not be reversed for medical or other reasons.

8. I know of no instances in which the doctors or the staff made unseemly comments about patients while the patients were under sedation. I still consider one of the doctors that I had worked with to be a close friend.

9. I still believe that a woman should have the right to choose whether or not to have an abortion under certain circumstances, and I believe that a woman should have the right to donate fetal tissue for medical research.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 20, 2000


Lawrence Dean Albery, Jr.

Mr. BILIRAKIS. And I would say to the gentleman I appreciate the suggestion. Apparently, a letter has either gone out or is going out which has been strictly from your side, with the exception of Mr. Upton, and I think it ought to be a bipartisan letter, so hopefully we all can—

Mr. BARRETT. Mr. Chairman, as a point of inquiry, would a motion at some point be in order to do that, or how would we proceed as a committee?

Mr. BILIRAKIS. I do not know. No, I would rather we did not try to determine what is in order or what is not in order, but we will prepare a letter, and we will coordinate with Ms. DeGette, and hopefully we can do it on a bipartisan basis.

Mr. BARRETT. Again, I—

Mr. BILIRAKIS. I plan to do this, anyhow.

Mr. BARRETT. Good. I believe there are many members on both sides of the aisle that would like to be part of that.

Mr. BILIRAKIS. Yes. Thank you.

Mr. BARRETT. I would ask you to consider that, as well.

Mr. BILIRAKIS. Thank you.

All right. That being the case, Dr. Norwood for an opening statement.

Mr. NORWOOD. Chairman Bilirakis, I thank you for holding this hearing today. I know that is not an easy thing to do. We have difficulty staying on the subject, which is not about research—I think there is a lot of agreement there—but about selling body parts of children and babies. If we can stay on that as the topic of this hearing, I think it would help us.

Though it was not easy for you to have this hearing, I believe it was the right thing to do and I commend you greatly for doing the right thing.

My colleagues, like many of you, I come at this issue with a heavy heart. I spent most of my adult life in the health care professions, and I support and want to see medical research go forward—research that has been so helpful to so many people. It has brought hope and joy to thousands of people. I am very glad about that.

But, Mr. Chairman, I cannot help but wonder what we have been reading about and are going to hear about today. Is it really medical research, or have we crossed over into that gray, shadowy land where we create wonderful-sounding excuses to rationalize using others for our own purposes?

My heart is heavy and conflicted, because I have concluded that we are in real danger of crossing over into that gray land where no one is safe because anything we want to do can be rationalized.

We are in danger of blurring a line that, in my opinion, needs to remain very bright.

Despite a clear Congressional prohibition against a money-making marketplace for aborted human tissue, it seems clear that just such a marketplace has developed. It seems clear that companies are selling aborted baby parts for a profit.

Now, we cannot sit back and allow this to happen, and I think everybody on this committee agrees with that, for to do so would be to say to all the world that we have no problem with the notion that buying and selling of baby parts and organs is an acceptable form of commerce.

What we are talking about here is selling another person's organs, parts of their body, a person who, by definition, cannot give their consent, even if they wanted to.

Finally, Mr. Chairman, I need to ask a simple question. I thought there was a consensus in this country that at least we agreed that abortions should be rare. I mean, the President often says that abortions should be safe, legal, and rare. I do not agree with him on the legal part, but I would not mind seeing abortions a whole lot more rare in this country. But I do not see how abortions will be rare if we are allowing abortioners to make a profit by engaging in the gruesome business of harvesting the organs of the poor babies who are about to be aborted.

Mr. Chairman, my heart is heavy because these are defenseless babies we are talking about, and yet, in some parts of the country and in some areas they are being treated like some animal being led off to the slaughter and their organs harvested. That is wrong, and we should do everything that is in our power—every Member of Congress—to not let this stand.

Thank you, Mr. Chairman. I yield back the balance of my time.

Mr. BILIRAKIS. I thank the gentleman.

Dr. Coburn for an opening statement.

Mr. COBURN. Thank you, Mr. Chairman.

I want to use one of the words that Mr. Dingell uses often, and that is "peculiar." I think it is peculiar that the gentlelady from Colorado would raise an issue of whether or not this was reported, when the Congressional Record shows that she was involved in a colloquy about this very same issue on November 9th. I think she doth protest too much.

I also think it is very important for us to understand the protections that were put into the law in 1993, and that not all the recommendations of the NIH panel were accepted. I want to give you three examples of how they weren't accepted and one of the reasons why we are in this problem.

No. 1, the procedure could not be changed solely for the purpose of collecting fetal tissue when it comes to abortion. Well, that word "solely" totally eliminates and obviates that protection for women undergoing an abortion for fetal transplantation.

No. 2 is the language was changed from "fetal tissue" to "fetal tissue for transplantation," which means fetal tissue used for other purposes, those prohibitions do not apply.

Finally, there was a recommendation by the NIH consensus panel that the father of the child that was going to be used for fetal tissue research should also have the opportunity to give consent on his offspring, which that was ignored, as well.

The third thing that I think is important as we talk to this, as Mr. Barrett pointed out, there is a Federal law that says not only is it wrong and against the law to market and sell this product at a profit, it is wrong to buy it. I want to tell you, there are hundreds of companies out there in this country, there are hundreds of universities that have received NIH money who have bought this product, based on what it looks like we see, at a price far in excess of the cost of collecting it, and under that definition, and what I have been told by legal counsel, is a violation of the very same law.

So I think it is important that we look. There has to be a buyer that is willing to ignore the law for there to be a seller who is willing to ignore the law.

Finally, I think that the way to solve this problem is for the members of this committee to support a bill I am going to introduce on Monday, and it is the Fetal Tissue Reporting Act. The best way to make sure the law is followed is to mandate that it is reported and what it is sold for and who it is shipped to so that we will all know, every citizen of this country will know that if fetal tissue is to be used in research, that it is done in a proper, legal, efficacious, and a manner in which there is good directed research.

I would remind you that NIH had only approved fetal transplantational research for Parkinson's disease because they had felt, at this time when this was passed, that none of the other diseases yet met the standard to apply that.

So I am not against the research. I have severe questions about destroying a life to save a life, even though I have been involved in doing that as a doctor who has performed abortions on women who were obviously going to die if they continued to carry their pregnancy. That decision, each and every time I made it, I questioned whether or not it was the right decision as I eliminated the life that was growing inside of that woman.

So I do not want this to be about abortion. I do not want it to even be about fetal research. I think we have to make sure that this is not happening.

I am worried that we know of two instances, it would seem, where people are violating the law. I think it is implicit upon us, as the committee that has jurisdiction over this, to make sure no one else is and not to just say, "Oh, this is happening." So I would agree with Mr. Barrett and my friend from Ohio that I believe the Justice Department ought to be before this committee. I believe the FBI ought to be before this committee. And I believe the companies who bought this tissue ought to be before this committee.

The point that Mr. Deal made that, in fact, if this was higher-priced material, why were they buying it? And did they not have knowledge that this was higher-priced material?

So there would seem to me to be more than one or two guilty parties, in terms of the violation of this law. I am hopeful that we can conduct the hearing in such a way that we stay on the issues at hand.

I would yield back at this time.

Mr. BILIRAKIS. I thank the gentleman.

Ms. Cubin for an opening statement?

Ms. CUBIN. Thank you, Mr. Chairman.

We are here to talk about the buying and selling of human tissue, fetal tissue—arms, legs, eyes, ears, and so on—which, in and of itself, is a very serious action. But if that is not enough, if that is not solemn enough, what about the possibility that people are profiting financially from the sale of these body parts, just as if they were any other commodity like oil or cows or potatoes? This is unconscionable to anyone.

Whatever personal belief any of us have about this issue, I would hope that no one would underestimate the gravity of this hearing today. I think to suggest that to investigate these potential abuses

is to sensationalize the issue is truly putting politics above policy, and I think the it is truly politics at its worst.

This hearing needs to take place because the Department of Justice has not been paying attention. Laws governing fetal tissue declare that it is unlawful for any person to knowingly acquire, receive, or otherwise transfer any fetal tissue for valuable consideration. Well, at this time we do not know for sure that laws are being broken, but that is precisely why we are holding this hearing. We are hoping that the witnesses today can shed some light on the extent to which this profiteering may be occurring.

We are all aware of terrible stories that have been in the media. The possibility that potentially harmful abortive procedures are being performed on women, with the primary purpose being to harness as much fetal tissue as possible; the notion that women are being advised to abort because of so-called abnormalities, when what really is being sought is the fetal tissue, itself—if these abhorrent practices are going on, then I think we had better be prepared to roll up our sleeves and do what is necessary to bring it to an end. But where in the world, as I said before, has the Department of Justice been? Why did it take an expose by a TV network to get the attention of this Administration about these abuses?

Because this is an area where there is such potential for abuse, that is another reason why the Department of Justice should have been watching all along.

This is a very difficult issue to face. It is a difficult issue for all of us. But I implore my colleagues and I implore everyone involved in it not to politicize the issue. Find out what the facts are.

This does not have to be the last hearing that we have. We do need to get more information. We do need to hear from the people who are using the tissue from the Department of Justice why they have not been coming forward.

So, Mr. Chairman, I am glad you are having this hearing, and regret only that it took an investigative report by ABC to get attention brought to it, get the attention of the Administration.

Mr. BILIRAKIS. I thank the gentlelady.

Mr. Bryant, the gentleman from Tennessee, for an opening statement.

Mr. BRYANT. Thank you, Mr. Chairman.

I have a written statement that I will submit for the record.

Mr. BILIRAKIS. Without objection, the written statement of all members of the subcommittee are part of the record.

Mr. BRYANT. Thank you, Mr. Chairman.

I do have just a few comments, and I will not use up all my time.

I do want to thank you for this hearing. I want to thank especially, though, people like Congressman Tom Tancredo and Congressman Joe Pitts, who is here with us right now, Congressman Chris Smith, who have kind of forced this issue somewhat and I think have done excellent jobs in bringing this information out in this committee.

Again, I thank you for holding this hearing. I think this hearing is good because it will, I believe, bring some sunlight, sunshine to this issue that apparently has been quietly working out there since this law was enacted some 10 years ago. I think it is time that we had that kind of sunshine.

I hope we do not find more as this story unfolds. I know someone said today from the other side that this bill opened a world of opportunities, and I think they were viewing it from the standpoint of wonderful opportunities for research and those kinds of things, but certainly any time you open something like this up you are going to have people out there who are going to be dishonest about this and take advantage of the situation. Clearly, I do not think there is any question about this. Clearly, we have got three examples before this committee today. I think that world of opportunity has to be explored more.

Again, coming from a background of law enforcement, there is usually more out there, with the idea of where there is smoke there is fire.

I had the same question so many of my colleagues have had, which is: where has law enforcement been? I know this Dr. Jones—and I use the term “doctor” very loosely—has addresses in Missouri and Illinois, I believe, and I see both of those States have State laws that would, I think, have some effect on this, as well as the Federal officials we have talked about today—the FBI. As my colleague from Ohio said, one of the witnesses attempted to call the FBI. Where is the Justice Department? Where has Janet Reno been on this issue?

This is so much so that on this TV show last night the TV reporter made this astonishing revelation in that program. He said, “We cannot find anyone in the Federal Government enforcing those laws, which is why tomorrow’s hearing is such an important first step.”

Anyone that would attempt to politicize this and talk about this is a pro life effort or this is a disguised agenda here I think misses the point here.

When a national investigative show cannot find anybody in the Federal Government enforcing these laws, yes, it is time for Congress to have this hearing, and I commend our chairman for doing that.

With that said, Mr. Chairman, I will yield back my time.

Mr. BILIRAKIS. The gentleman’s time has expired.

I think that all opening statements now have been disposed of.

Mr. Largent is not a member of this subcommittee, but he has submitted a statement. I appreciate your understanding, Steve.

[Additional statements submitted for the record follow:]

PREPARED STATEMENT OF HON. STEVE LARGENT, A REPRESENTATIVE IN CONGRESS
FROM THE STATE OF OKLAHOMA

Mr. Chairman, thank you for your willingness to bring this issue before this subcommittee. I hope that this committee will continue its strong commitment to protecting the smallest, most defenseless, most innocent Americans.

One of President Clinton’s first acts as president was to lift the moratorium on federal funding of fetal tissue transplantation research. This act was later codified by Congress. While this legislation lifted the federal funding ban, it also purported to establish certain rules about the trafficking of baby body parts.

We are here today to determine the extent to which these rules have been breached.

As the Members of this committee are aware, one company even offers a menu, listing prices for body parts such as eyes, livers, brains, and even skin, and provides discounts under certain conditions.

In discussing this issue, many supporters of the abortion lobby have claimed that baby body parts are not being sold and that this issue should not be examined.

But, if it is not happening, they would have no reason to be concerned about an investigation. If the abortion-industrial complex is not profiteering by selling pieces of small humans, they have nothing to fear and should welcome the light of honest inquiry. As Shakespeare wrote in Hamlet, "the lady doth protest too much."

PREPARED STATEMENT OF HON. VITO FOSSELLA, A REPRESENTATIVE IN CONGRESS
FROM THE STATE OF NEW YORK

Today's hearing exposes the heinous, cruel and vile business of selling baby body parts for cash. What we have learned today leaves little doubt about the authenticity of this despicable practice. Congress has spoken forcefully on the matter of selling aborted baby parts before. I helped raise the issue last November, even as some questioned whether this practice was occurring. Today we have shined a bright light and exposed the corruption and greed of those who sell body parts as casually as a pair of sunglasses or pack of gum. I have seen with my own eyes documents advertising the sale of whatever part of a dead baby may be desired: \$50 for ears, \$150 for lungs and hearts and \$325 for a spinal column. It even offered a "40% discount for single eye... prices in effect through December 31, 1999." It is shocking to believe that people are profiting at the expense of human life.

PREPARED STATEMENT OF HON. ELIOT L. ENGEL, A REPRESENTATIVE IN CONGRESS
FROM THE STATE OF NEW YORK

Mr. Chairman, I want to first express outrage concerning the alleged sale of fetal tissue for profit. The law Congress passed in 1993 to permit federal funding of fetal tissue transplantation research explicitly prohibits a person from knowingly acquiring, receiving, or transferring human fetal tissue for "valuable consideration." The law is applicable regardless of whether or not the fetal tissue is used for research and regardless of whether the research is federally funded. Furthermore, the law specifically details that a woman seeking an abortion must not be coerced into having the procedure in order to obtain the fetal tissue for research. Also, the law mandates that the physician performing the abortion must make a statement that the timing, method, or procedure of the abortion was not altered in any way for the purposes of obtaining the tissue.

While I am concerned with violations of this law, Congress enacted the measure because of the immense potential for finding cures or treatments to a variety of chronic and even deadly diseases. I would like to talk about some of these diseases and the need for continuing fetal tissue research.

Fetal tissue research may hold the key to lifesaving treatments for diseases such as Alzheimer's, Parkinson's, diabetes, and AIDS. We have seen the debilitating affect that Parkinson's and Alzheimer's has had on so many people. Just think of how the lives of so many could have been changed if there were a cure for these terrible diseases. One of our most renowned statesmen, President Ronald Reagan, is suffering the late stages of Alzheimer's. Our entire country has felt the pain of this affliction as we watched a great man struggle with such a debilitating illness. What a different world we would be in if we were able to cure this terrible disease. Diabetes afflicts the young, the middle aged, and the old. Parents of children with diabetes know that a cure means that their child would no longer be burdened with daily insulin injections, frequent blood sugar tests, and a future filled with the possibility of early blindness, kidney failure, amputations, heart attack, or stroke. We owe it to those suffering to continue striving to reach a cure for the afflictions that ail them.

Mr. Chairman, we must not confuse the issue before us today. Fetal tissue research must not be compromised because of those who seek to abuse the system. We have laws that need to be enforced, and we have research that needs to be done. Those in violation of the law must be prosecuted, and those conducting research must have access to the tools that allow them to combat the illnesses that afflict so many. I want to commend this Committee for its investigation into the wrongdoings of those seeking to profit from the need for fetal tissue research and reiterate the importance that this research be continued.

PREPARED STATEMENT OF HON. JOHN D. DINGELL, A REPRESENTATIVE IN CONGRESS
FROM THE STATE OF MICHIGAN

Today, we will hear from several individuals who have been involved in the transfer of fetal tissue to the medical community. Based on what aired on the ABC News

20/20 story last night, there is credible information that at least one person may have profited illegally from the sale of fetal tissue. I want to express my personal dismay and outrage that anyone would seek to profit from fetal tissue needed for research, and thereby undermine that research. That is why I have joined my colleagues in referring this matter to the Department of Justice and the Federal Bureau of Investigation.

I do note that most members of Congress, as well as the majority of the American public, firmly support fetal tissue research in light of its critical importance, including development of breakthrough medical treatments involving fetal tissue transplantation. Today, we will hear from several medical experts who will tell us that fetal tissue research shows great promise in treating very serious diseases such as Parkinson's, diabetes, Alzheimer's, and AIDS. So, I hope that we will all bear in mind the vital medical research that is at stake here.

Finally, I urge that this matter be investigated in a manner that takes into account the credible threat of violence, including death, to fetal tissue researchers, abortion clinic personnel, bystanders, and others. These threats emanate from extremists who condone violent unlawful behavior as a means of advocating their opposition to elective abortions. This has been a matter of considerable discussion in the days leading up to this hearing, and I am pleased that the Chairman has taken steps to assure the safety of witnesses and other members of the public.

Mr. BILIRAKIS. That being the case, I will ask all of the witnesses to come forward. As they do so, I would enter, with unanimous consent, into the record three letters, all of which, as I understand it, have been cleared with the minority—a January 31 letter from the committee to Dr. Miles Jones, a February 8 letter from the committee to Mr. Brent Bardsley, executive director of the Anatomic Gift Foundation, and a February 16 letter from the committee to Dr. Miles Jones.

Without objection, those will be a part of the record.
[The information referred to follows:]

Letter to Miles Jones, M.D.

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Accordingly, I am writing to learn more about your company's practices concerning the acquiring and provisioning of human fetal tissue, and specifically whether Opening Lines pays or receives valuable consideration for this human fetal tissue. In order for the Committee to properly evaluate this matter, and to gain a more complete understanding of Opening Lines' relationships with both suppliers and customers of human fetal tissue, I am requesting, pursuant to Rules X and XI of the U.S. House of Representatives, that you provide the following information to the Committee no later than February 14, 2000:

1. According to the Opening Lines Fee for Services Schedule that was in effect through December 31, 1999 ("the Schedule") (attached hereto), Opening Lines is "[a] division of Consultative & Diagnostic Pathology, Inc." Please explain for the Committee the relationship between Opening Lines and Consultative & Diagnostic Pathology, Inc., and describe the corporate mission of Consultative & Diagnostic Pathology, Inc. Your response should detail for the Committee the date and State of incorporation for Consultative & Diagnostic Pathology, Inc., as well as who founded Consultative & Diagnostic Pathology, Inc.
2. When was Opening Lines established? In what State was it incorporated? Was it incorporated as a not-for-profit or for-profit corporation? If established as a not-for-profit corporation, please provide the Committee with all Internal Revenue Service Forms 990 that Opening Lines has created since incorporation.
3. In 1999, Opening Lines abandoned its offices at 502 West St. Louis Street in West Frankfort, Illinois. At what location is Opening Lines presently conducting its operations?
4. When was Physicians Laboratory Service, Inc., incorporated, and by whom was it incorporated? Is Physicians Laboratory Service, Inc., in any way affiliated with Opening Lines? Does it share the same officers and employees? Does Physicians Laboratory Service, Inc., acquire fetal tissue? If Physicians Laboratory Service does acquire fetal tissue, does it use this tissue for its own research purposes, or does it provide this tissue to researchers not affiliated with it?
5. From how many locations does Opening Lines presently acquire human fetal tissue? From how many locations did Opening Lines previously acquire human fetal tissue, but no longer does? Please provide the Committee with the names and addresses of Opening Lines' present and past suppliers of human fetal tissue, as well as copies of the contracts entered into between Opening Lines and these suppliers of human fetal tissue. If Opening Lines has entered into oral contracts with past or present suppliers of human fetal tissue, please explain for the Committee the terms of such contracts. If it is Opening Lines' contention that the transfer of funds from Opening Lines to its suppliers represents reimbursement to the suppliers for the costs associated with harvesting the human fetal tissue, please provide the Committee with all records relating to the extra costs your suppliers incurred by reason of providing Opening Lines access to this human fetal tissue.

Letter to Miles Jones, M.D.

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6. Once Opening Lines is granted access to a facility in order to acquire human fetal tissue, who acquires and processes this tissue on behalf of Opening Lines? Is the tissue acquired and processed by Opening Lines' employees, or does Opening Lines rely upon the staff of the facilities where abortions are performed to also perform these services? If Opening Lines uses its own employees to perform these services, please explain to the Committee the number of employees relied upon by Opening Lines to procure this tissue, as well as the education and training of these employees. If Opening Lines relies upon the staff of the facilities where abortions are performed to perform these services, please explain to the Committee the training and education of these employees.
7. Does Opening Lines request that the abortion facilities that allow it access to human fetal tissue use certain abortion methods, procedures, or chemicals in order to facilitate the provision of such tissue by Opening Lines to the research community? If Opening Lines does not request that specific abortion methods be used or altered, does Opening Lines seek arrangements with facilities that employ specific abortion procedures in order to facilitate its provision of fetal tissue to its customers?
8. To whom does Opening Lines provide human fetal tissue? Does Opening Lines sell to independent researchers, university researchers, or both? Please provide the Committee with the names and addresses of Opening Lines' present and past customers of human fetal tissue, as well as copies of the contracts entered into between Opening Lines and these purchasers of human fetal tissue. If Opening Lines has entered into oral contracts with past or present purchasers of human fetal tissue, please explain for the Committee the terms of such contracts. If it is Opening Lines' contention that the transfer of funds to Opening Lines from its customers represents reimbursement for the costs associated with acquiring and providing the human fetal tissue, please provide the Committee with all records relating to the costs Opening Lines incurred to provide such tissue to such customers.
9. When researchers contact Opening Lines and request that Opening Lines provide them with human fetal tissue, how does Opening Lines verify that these researchers have a legitimate need for the tissue? What evidence must applicants provide Opening Lines in order to enable Opening Lines to determine whether the researchers and their purposes are legitimate?
10. How do researchers learn of Opening Lines' services? Does Opening Lines place advertisements in research journals, or elsewhere? How much does Opening Lines spend on advertising its services on a yearly basis?
11. Does Opening Lines require that researchers who purchase tissue from Opening Lines agree to use Opening Lines as their sole source of human fetal tissue? Does Opening Lines require that its customers list Opening Lines as its human fetal tissue resource in articles and papers published by those researchers when their papers and articles rely upon research conducted with human fetal tissue provided by Opening Lines?

Letter to Miles Jones, M.D.

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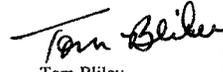
12. According to the Schedule, Opening Lines offers a 30% discount to researchers if the livers or brains they request have been "significantly fragmented." Under Federal law, prices charged for human fetal tissue are supposed to reflect the costs borne in acquiring this tissue, and it would seem only logical that it would cost more to retrieve a significantly fragmented part. Therefore, please explain to the Committee why it costs Opening Lines 30% less to acquire this type of tissue as compared to non-fragmented tissue.
13. According to the Schedule, Opening Lines offers researchers a "40% discount for single eye." Again, since prices charged for human fetal tissue are supposed to reflect costs borne in acquiring this tissue, please explain to the Committee why it costs Opening Lines 40% less to acquire a single eye than it does to acquire both eyes.
14. Of the 35 human fetal tissue types listed on the Schedule, only one product costs more than the "intact embryonic cadaver" with a gestational age of greater than eight weeks. According to the Schedule, this human fetal tissue costs \$600, while an intact embryonic cadaver with a gestational age of fewer than eight weeks costs \$400. Why is it that the intact embryonic cadaver with a gestational age of more than eight weeks costs more than gonads (\$45), eyes (\$50-75) and ears (\$50-75), when it seems that the latter tissues require greater care and processing skill to retrieve? Isn't it true that no dissecting or processing occurs when the cadaver remains intact? If so, given that Federal law only permits the recoupment of costs associated with acquiring and processing this tissue, how then can the intact cadaver cost more? Further, why does the smaller intact cadaver (gestational age less than eight weeks) cost so much less than the larger intact cadaver, given that it would appear to be more difficult to handle due to its smaller size?
15. Please explain how Opening Lines developed each of the prices listed on the Schedule, specifically delineating the cost basis underlying each such price.
16. The Schedule does not mention transportation costs. Does Opening Lines require researchers to pay the costs of shipping the tissue, or are these costs borne by Opening Lines? Please explain other charges that Opening Lines reserves the right to charge, but are nonetheless not listed on the Schedule.
17. Please state the total volume, in dollars and on a yearly basis, of funds received by Opening Lines for the provisioning of human fetal tissue since Opening Lines was established. Further, please detail the percentage of Opening Lines revenues, on a yearly basis since Opening Lines was established, for which these funds accounted. Further, please state the total volume, in dollars and on a yearly basis, of funds expended by Opening Lines for the acquiring of such tissue since Opening Lines was founded.

For purposes of responding to the above requests, the terms "records" and "relating" should be interpreted in accordance with the Attachment to this letter. Further, as it may become necessary for the Committee to interview Opening Lines' officers and employees in order to better understand Opening Lines' role in the acquiring and provisioning of human fetal tissue, I also am requesting that you make all such persons available for staff interviews, if requested.

Letter to Miles Jones, M.D.
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I expect that you understand the seriousness of this matter and that you will comply fully and promptly with the above information requests. If you have any questions about this matter, please have your staff contact Brent Del Monte, Committee Counsel, at (202) 226-2424.

Sincerely,


Tom Bliley
Chairman

Attachments

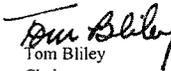
cc: The Honorable John D. Dingell, Ranking Member
The Honorable Fred Upton, Chairman
Subcommittee on Oversight and Investigations
The Honorable Ron Klink, Ranking Member
Subcommittee on Oversight and Investigations
The Honorable Michael Bilirakis, Chairman
Subcommittee on Health and Environment
The Honorable Sherrod Brown, Ranking Member
Subcommittee on Health and Environment

Letter to Miles Jones, M.D.

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Accordingly, pursuant to Rules X and XI of the United States House of Representatives, I am again requesting that you provide responses to the Committee's previous letter no later than February 21, 2000, and that you contact the Committee immediately so that the Committee staff may have an opportunity to interview you. Should you continue to ignore Committee inquiries, I will be forced to consider the issuance of a subpoena compelling you to provide the Committee with the requested information and compelling you to attend any Committee hearing which may become necessary. If you have any questions about this request, please contact Brent Del Monte, Committee Counsel, at (202) 226-2424.

Sincerely,


Tom Bliley
Chairman

cc: The Honorable John D. Dingell, Ranking Member
The Honorable Michael Bilirakis, Chairman, Subcommittee on Health and Environment
The Honorable Sherrod Brown, Ranking Member, Subcommittee on Oversight and Investigations
The Honorable Fred Upton, Chairman, Subcommittee on Oversight and Investigations
The Honorable Ron Klink, Ranking Member, Subcommittee on Oversight and Investigations

ONE HUNDRED SIXTH CONGRESS

WILLIAM WALTERS, CALIFORNIA
MICHAEL B. BAKER, TEXAS
JOE BARTON, TEXAS
GREGORY M. COOPER, MISSOURI
GUY STUBBS, MISSOURI
PAUL E. GILLMOYER, OHIO
JAMES C. GREENWOOD, PENNSYLVANIA
CHRISTOPHER COCHRAN, CALIFORNIA
NATHAN DEAL, GEORGIA
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EDWARD R. ROYCE, TEXAS
ROBERT W. GIBBS, TEXAS

U.S. House of Representatives
Committee on Commerce
Room 2125, Rayburn House Office Building
Washington, DC 20515-6115

February 8, 2000

Mr. Brent Bardsley
Executive Director
Anatomic Gift Foundation
13948 Baltimore Avenue
Laurel, MD 20707

Dear Mr. Bardsley:

I appreciate your willingness to meet with two members of my Committee staff on December 7, 1999, to discuss the involvement of your organization, the Anatomic Gift Foundation ("AGF"), in the acquiring and provisioning of human fetal tissue -- a subject matter currently under review by the Committee. I understand that, subsequent to this meeting, AGF advised the Committee that, effective January 1, 2000, it no longer procures or provides human tissue derived from elective abortions, but that it would continue to cooperate with the Committee's investigation into this matter. I am now writing to gain additional information about AGF's previous involvement in the acquiring and provisioning of human fetal tissue.

Under Federal law, the buying and selling of human tissue, including fetal tissue, is prohibited. Specifically, it is a crime to "knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if the transfer affects interstate commerce." 42 U.S.C. § 289g-2(a) (1993). "Valuable consideration," as defined in the statute, does not include "reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue." 42 U.S.C. § 289g-2(d)(3). Any person who violates this law is subject to imprisonment for up to 10 years, fines, or both. 42 U.S.C. § 289g-2(c)(1).

The law is quite clear that the acquiring and provisioning of human fetal tissue from elective abortions is legal so long as the fees charged and paid by providers, brokers and researchers represent reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of this tissue. In other words, human fetal tissue providers can charge for their services, but not for the human fetal tissue itself. This point was thoughtfully made by Congressman Henry Waxman when, during debate on the floor of the U.S. House of Representatives, he stated: "It would be abhorrent

Mr. Brent Bardsley

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to allow for a sale of fetal tissue and a market to be created for that sale." 139 CONG. REC. 30, H1131 (statement of Rep. Waxman). However, based on recent news reports, I have questions about whether -- contrary to such clearly expressed Congressional intent -- a market for human fetal tissue has in fact developed.

Accordingly, I am writing to learn more about your company's past business practices concerning the acquiring and provisioning of human fetal tissue, and specifically whether AGF paid or received valuable consideration for this human fetal tissue. In order for the Committee to properly evaluate this matter, and to gain a more complete understanding of AGF's relationships with both suppliers and customers of human fetal tissue, I am requesting, pursuant to Rules X and XI of the United States House of Representatives, that you provide the following information to the Committee no later than February 22, 2000:

1. According to an AGF Fee-for-Services schedule that went into effect in June 1998 ("the Schedule"), prices charged to your customers are listed on a per specimen basis. Subsequent to receiving a copy of this Schedule from AGF, you informed the Committee that the prices listed on the Schedule did not include transportation costs. Please explain how AGF determined the prices it charged to customers, as set forth in the Schedule. Such a justification should detail the costs borne by AGF in obtaining the human fetal tissue from suppliers and then providing the human fetal tissue to customers. Be sure to explain whether the prices charged by AGF for human fetal tissue reflected anything other than the costs associated with the implantation, processing, preservation, quality control or storage of human fetal tissue.
2. According to 42 U.S.C. § 289g-2(a), it is illegal to acquire human fetal tissue for valuable consideration. During your meeting with Committee staff on December 7, 1999, you explained that, in order to acquire the human fetal tissue for preparation and provisioning to researchers, AGF paid monthly rent to co-locate at facilities in which abortions are performed. You further informed the Committee that, in the one location at which AGF acquired human fetal tissue at that time, AGF had a salaried employee who acquired and prepared the human fetal tissue. Please provide the Committee with the name and location of AGF's past suppliers of human fetal tissue, as well as the contracts entered into between AGF and these suppliers. If AGF had entered into oral contracts with suppliers of human fetal tissue, please explain for the Committee the terms of such contracts. If it is AGF's contention that the transfer of funds from AGF to its suppliers represented reimbursement to the suppliers for the costs associated with harvesting the human fetal tissue, please provide the Committee with all records in your possession, custody or control relating to the extra costs your suppliers incurred by reason of providing you access to this human fetal tissue.
3. With respect to the AGF employee who acquired tissue at the site at which abortions were performed as of December 7, 1999, please state whether or not this AGF employee previously worked for either the physician(s) or organization performing the abortions. Further, concerning other locations where AGF acquired human fetal tissue, please explain whether AGF employees worked within these locations to acquire and prepare this tissue, or whether AGF relied on

Mr. Brent Bardsley
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employees of the physicians or organizations to perform these services. If AGF employees were situated within the facilities, please detail whether these AGF employees previously worked for either the physicians or organizations which performed the abortions. In the case of AGF employees who acquired and prepared this tissue within the confines of the location at which the abortions were performed, please explain whether these employees performed services for anyone other than AGF while they were in AGF's employ.

4. According to the Schedule, AGF charged its customers on a "per specimen" basis. Please define "specimen" as used in your literature. If specimen was defined on any basis other than a "per fetus" basis, given that AGF charged the exact same price per specimen, please explain how retrieving different fetal tissues cost AGF the exact same amount.
5. According to the Schedule, a customer would be charged \$240 for a fresh specimen from a "spontaneous" (sic) abortion (miscarriage), while that same customer would be charged \$280 for such specimen if it were frozen. Further, a customer would be charged \$220 for a fresh specimen acquired via a first trimester aspiration abortion, and \$260 for a similar frozen specimen. A customer desiring a fresh specimen acquired via a second semester dilation and extraction abortion (otherwise known as a "partial birth" abortion) would have to pay \$90 for a fresh specimen, and \$130 for a frozen specimen. Please explain why AGF charged more for a specimen obtained as a result of a miscarriage than it did for specimens obtained as a result of a first trimester abortion, and why specimens obtained as a result of a partial birth abortion were even less costly.
6. As indicated above, per the Schedule a frozen specimen cost AGF customers \$40 more per specimen than a fresh specimen, regardless of the gestational age of the fetus. Please detail why frozen specimens cost \$40 more per specimen than fresh specimens. In doing so, please explain how the frozen preservation process led to a figure precisely \$40 more per specimen than the fresh preservation process.
7. It was explained to Committee staff that AGF is incorporated as a 509(a)(2) not-for-profit corporation. Pursuant to the Internal Revenue Code, such organizations must file a Form 990 on a yearly basis, which is to be available for public inspection. Please provide the Committee with AGF's application for not-for-profit status, as well as the determination letter provided by the Internal Revenue Service ("IRS"). Also, please provide all annual Form 990s submitted by AGF since its incorporation.
8. Please state the total volume, in dollars and on a yearly basis, of funds received by AGF for the provisioning of human fetal tissue since AGF was founded. Further, please detail the percentage of AGF revenues, on a yearly basis, for which these funds accounted since AGF was founded. Further, please state the total volume, in dollars and on a yearly basis, of funds expended by AGF for the acquiring of such tissue since AGF was founded.

Mr. Brent Bardsley

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9. Within the last five years has AGF been a party to litigation? If so, for cases still pending please provide a copy of the complaint(s) that initiated the litigation, as well as any responsive pleadings that have been filed by any party. If such cases have been decided or settled, please provide copies of any complaint(s) that initiated the litigation, any responsive pleadings that were filed, any judicial opinions which resolved the case(s), and any settlement agreements.

For the purpose of responding to the above requests, the terms "records" and "relating" should be interpreted in accordance with the Attachment to this letter. As it may become necessary for the Committee to further interview AGF officers and employees in order to better understand AGF's past role in the acquiring and provisioning of human fetal tissue, I am also requesting that you make all such persons available for staff interviews, if requested.

If you have any questions about this matter, please have your staff contact Brent Del Monte, Committee Counsel, at (202) 226-2424. Thank you for your prompt attention to this matter.

Sincerely,


Tom Bliley
Chairman

Attachment

- cc: The Honorable John D. Dingell, Ranking Member
The Honorable Fred Upton, Chairman
Subcommittee on Oversight and Investigations
The Honorable Ron Klink, Ranking Member
Subcommittee on Oversight and Investigations
The Honorable Michael Bilirakis, Chairman
Subcommittee on Health and Environment
The Honorable Sherrod Brown, Ranking Member
Subcommittee on Health and Environment

ATTACHMENT

1. The term "records" is to be construed in the broadest sense and shall mean any written or graphic material, however produced or reproduced, of any kind or description, consisting of the original and any non-identical copy (whether different from the original because of notes made on or attached to such copy or otherwise) and drafts and both sides thereof, whether printed or recorded electronically or magnetically or stored in any type of data bank, including, but not limited to, the following: correspondence, memoranda, records, summaries of personal conversations or interviews, minutes or records of meetings or conferences, opinions or reports of consultants, projections, statistical statements, drafts, contracts, agreements, purchase orders, invoices, confirmations, telegraphs, telexes, agendas, books, notes, pamphlets, periodicals, reports, studies, evaluations, opinions, logs, diaries, desk calendars, appointment books, tape recordings, video recordings, e-mails, voice mails, computer tapes, or other computer stored matter, magnetic tapes, microfilm, microfiche, punch cards, all other records kept by electronic, photographic, or mechanical means, charts, photographs, notebooks, drawings, plans, inter-office communications, intra-office and intra-departmental communications, transcripts, checks and canceled checks, bank statements, ledgers, books, records or statements of accounts, and papers and things similar to any of the foregoing, however denominated.
2. The terms "relating," "relate," or "regarding" as to any given subject means anything that constitutes, contains, embodies, identifies, deals with, or is in any manner whatsoever pertinent to that subject, including but not limited to records concerning the preparation of other records.

Mr. BILIRAKIS. The witnesses are Dr. Miles Jones, Ms. Lynn Fredericks, Dr. Samuel L. Cohen, Dr. Hannah C. Kinney, Mr. Dean Alberty, Mr. James Bardsley, and Ms. Joan I. Samuelson.

Is Dr. Jones in the room? Is he coming forward? Mr. Bardsley is not here. And the Chair would note that Dr. Jones is not here, nor is Mr. Bardsley.

Chairman BLILEY. Mr. Chairman?

Mr. BILIRAKIS. The gentleman from Virginia? For what purpose does he seek recognition?

Chairman BLILEY. To offer a unanimous consent request, Mr. Chairman.

Mr. BILIRAKIS. The gentleman will state his request.

Chairman BLILEY. Mr. Chairman, I ask unanimous consent that, pursuant to the authority granted by rule 5 of the rules of the Committee on Commerce, the subcommittee waive the requirements of rule 4(a)(2) regarding the notice requirements for subcommittee meetings and proceed immediately to a subcommittee meeting to consider a contempt resolution against Dr. Miles Jones.

Mr. BILIRAKIS. Is there an objection to the request from the gentleman?

[No response.]

Mr. BILIRAKIS. There being no objection, the Chair notes the presence of a quorum.

Without objection, the unanimous consent request is agreed to and this subcommittee hearing is recessed so that the subcommittee may meet to consider a contempt resolution against Dr. Miles Jones.

The Chair again notes the presence of a quorum, and the subcommittee hearing stands in recess until the completion of the subcommittee hearing.

[Whereupon, at 4:12 p.m., the subcommittee proceeded in Executive Session.]

[Whereupon, at 4:21 p.m., the subcommittee returned to open session.]

Ms. DEGETTE. Mr. Chairman?

Mr. BILIRAKIS. The gentlelady from Colorado?

Ms. DEGETTE. Thank you.

I have a unanimous consent request. There is one letter we did not enter into the record, and it is a letter dated March 9, 2000, from Robert Michaels to Chairman Bliley that I think would shed light, so I would ask unanimous consent—

Mr. BILIRAKIS. Any objection to that?

Mr. COHEN. Reserving the right to object.

Mr. BILIRAKIS. The gentleman has reserved right to object.

Mr. COHEN. I would just like to see it.

Ms. DEGETTE. I believe everyone has a copy, Mr. Chairman.

Mr. BILIRAKIS. Would the gentleman please take a look at it so we can get rolling?

Mr. COHEN. I withdraw my reservation.

Mr. BILIRAKIS. I appreciate that. The letter is entered and made a part of the record.

[The information referred to follows:]

LAW OFFICES
ROBINSON CURLEY & CLAYTON, P.C.
 SUITE 1700

300 SOUTH WACKER DRIVE
 CHICAGO, ILLINOIS 60606

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 PAT CLAYTON
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ROBERT L. MARGOLIS
 ROBERT S. MICHAELS
 JOHN D. CUMMINS, JR.
 MICHAEL R. LAPORTE
 JOYCE A. POLLACK

March 9, 2000

VIA FACSIMILE

The Honorable Thomas Bliley
 United States House of Representatives
 Chairman, Committee on Commerce
 Room 2125
 Rayburn House Office Building
 Washington, D.C. 20515-6115

Re: Anatomic Gift Foundation

Dear Representative Bliley:

As you know, the Anatomic Gift Foundation (AGF) has voluntarily complied with your requests and fully cooperated with your investigation. AGF has promptly provided you with all of the information you have requested and has even allowed your staff to tour AGF's offices and interview AGF's founder and executive director.

We were shocked by the information 20/20 presented last night on Dr. Miles Jones. We are concerned because we understand that Dr. Jones will likely not be attending the hearing today. He will therefore not be able to answer the serious charges of possible unlawful activity that the 20/20 investigation uncovered. We are, of course, unable to answer any questions related to Dr. Jones and Opening Lines, Inc.

Although AGF will continue to cooperate with your investigation, we will not be present at the hearing today. When we spoke with your assistant, Mr. Brent Del Monte, on several different occasions, he assured us that the invitation to AGF's acting president, Mr. James Bardsley, was just that - an invitation. Mr. Del Monte recognized that while Mr. Bardsley was welcome to attend the hearing, he was not subpoenaed and could decline the invitation if he chose. We told him that Mr. Bardsley's inclination at that time was to attend, and if that decision changed, we would inform you.

ROBINSON CURLEY & CLAYTON, P.C.

The Honorable Thomas Bliley
March 9, 2000
Page Two

As promised, we are now advising you that Mr. Bardsley has elected not to attend the hearing. We believe that his appearance at the hearing is inadvisable for the following reasons: (1) AGF and its researchers have received serious threats (including the attached letter from the Army of God); (2) Dr. Jones is not likely to appear, and thus no one will be present to address the serious charges raised against him; (3) the National Institutes of Health will not appear; and (4) as a result, the only witnesses who will appear are a disgruntled former AGF employee who is a paid spy of an anti-abortion group, as well as his partner in a business that competes with AGF.

If you have any questions or would like further information from AGF, please call me or Joyce Pollack. You can also call Fay Clayton, who will return to the country on March 13.

Respectfully,



Robert S. Michaels

Enclosure



Julie Anderson
78 Paul Rd.
Sachs, N.J. 14611



Mrs.

SECRET

Dear

Did you know that your husband uses baby parts from aborted "fetuses"?? The "parts" must have been in a really nice condition to be used for such ungodly research!! Abortionists must have done very interesting experiments. I wonder if the ORGANS you use in pairs or maybe alive for awhile? well, what else should we say?!

The ARMY OF GOD is WATCHING AND YOUR HUSBAND!! THIS is only the beginning...

A. O. G.

Mr. BILIRAKIS. Addressing the witnesses, you are aware, I think, that this subcommittee is holding an investigative hearing, and when doing so has had the practice of taking testimony under oath. Do you have any objection, any of you, to testifying under oath?

[No response.]

Mr. BILIRAKIS. The Chair then advises each of you that, under the rules of the House and the rules of the committee, you are entitled to be advised by counsel. Do any of you desire to be advised by counsel during your testimony today?

[Witnesses respond in the negative.]

Mr. BILIRAKIS. In that case, if you will please rise and raise your right hand, I will swear you in.

[Witnesses sworn.]

Mr. BILIRAKIS. Each of you is now under oath. Your written statement has been submitted, and it is a part of the record, and, of course, you can give your testimony as you wish, but I hope you would supplement and complement your written statement.

Ordinarily, you are asked to take 5 minutes for your testimony, but I am going to extend that, use the prerogative of the Chair and give you 10 minutes to do so, each of you. Please stay within that period of time, though, if you would.

Dr. Miles Jones, of course, is not here, and Mr. Bardsley is not here.

Ms. Lynn Fredericks, please proceed.

TESTIMONY OF LYNN FREDERICKS; DEAN ALBERTY; SAMUEL L. COHEN, PATHOLOGY/MICROBIOLOGY DEPARTMENT, UNIVERSITY OF NEBRASKA; JOAN I. SAMUELSON, PRESIDENT, PARKINSON'S ACTION NETWORK; AND HANNAH C. KINNEY, DIVISION OF NEUROSCIENCE, JOHN F. ENDERS PEDIATRIC RESEARCH LABORATORIES

Ms. FREDERICKS. My name is Lynn Fredericks, and I was formerly the manager of a facility from which Anatomic Gift Foundation and Opening Lines procured post-voluntary pregnancy termination fetal tissue.

I went to work for the clinic in October 1997. Shortly thereafter, I started receiving very rude, inappropriate phone calls from staff of Anatomic Gift Foundation demanding that I meet with them. I will hereafter refer to them as AGF.

Because of the nature of our interaction, I became suspicious in trying to ascertain what they were doing in the clinic and why they were treating me so badly.

Their employee, Dean Alberty, told me about their operation and how the tissue was used in various research projects. I was fascinated by the research taking place using this tissue and started doing Internet research about the subject.

The clinic was also experiencing serious financial difficulties at that time, so I momentarily explored the possibility of the clinic, itself, providing the tissue directly to researchers as a source of revenue.

We rather quickly determined that would be inappropriate, and from the guidelines that I had read, for the clinic to engage in this practice.

After studying these guidelines, I wanted to make sure that our agreement with AGF was appropriate. I requested a copy of any contracts between AGF and the clinic, and I was unable to find one in our files, and AGF did not provide one upon my request.

Long-time clinic staff told me that AGF was to pay \$600 per month plus \$10 an hour. I reconstructed the previous months payments made by AGF to the clinic from clinic financial documents and produced a small spreadsheet, which I think you have all seen, in an attempt to figure out how this worked, how we were getting paid and where this money was coming from.

The checks I saw that we received from AGF had no supporting documentation with them which would indicate how the amount was calculated.

After I saw how widely the amounts varied, I became concerned and I expressed that to the CEO, who is now deceased. I was experiencing serious health problems that spring and was not able to exert the effort necessary to proceed further with my allegations at that time, and, because of the serious financial problems the clinic was having, which all management was focusing on trying to correct, the time I had to focus on this issue was limited.

Because of the volatile nature of my interaction with AGF, the CEO was concerned that they might sue us if we terminated the agreement at that time. Meanwhile, some time that spring one of the physicians met Dr. Jones and said that he wanted to get into procuring fetal tissue for research—that's Dr. Jones—and that he was a pathologist with laboratory services who could also help us out with a problem we were having with getting our pathology analysis done for the various other laboratory tests the clinic performed, like pap smears and cryotherapies and other type biopsies.

The AGF employee—who was not Dean—had left that spring and, to the best of my recollection, they didn't have an employee onsite for over a month.

During the time that AGF did not have an employee onsite, we decided to bring Dr. Jones in, as we felt it was important to continue with the program, due to the important research being done with the tissue, and we were not satisfied with the agreement with AGF. We informed AGF of the decision to terminate the agreement, and entered into an agreement with Dr. Jones.

Dr. Jones needed a technician who had the knowledge to procure the tissue, and I knew Dean Alberty had been unable to find a job, so I gave Dr. Jones Dean's phone number.

Almost a month after we signed the agreement, to the best of my recollection, Dr. Jones came on premises. The agreement with Dr. Jones was a flat rent amount of \$700 per month. Dr. Jones had considerably more space he used in the clinic than AGF had. The agreement also spelled out that he would charge us to provide pathology reports based on the current volumes of the laboratory tests we were ordering. The reference to changes in rates due to volume on the agreement applied only to laboratory tests.

Dr. Jones was always pleasant in our interactions and responded to any of my concerns I might express to him.

On September 15 or 16—I'm sorry I don't remember the exact date—one of the physicians and I were leaving late one afternoon for the day and we caught a former AGF employee removing items

from the back door of the clinic. We instructed her to stop and leave immediately. She appeared to only have AGF's property in her possession, which she had packed up and stored in our storage area before she had left their employ. We did not call the police about this incident.

In October, I received a letter from AGF's attorney which I felt was very threatening to me personally with legal action. I immediately turned the letter over to the CEO and to the clinic attorney. After they reviewed all of my documentation and interrogated me extensively, it was a clinic attorney opinion that we were not going to respond to the letter, as the agreement with them was in question.

My relationship with the former CEO deteriorated dramatically after we received that October letter from AGF. I was terminated from the clinic in late November, 1998, for telling my staff of impending lay-offs. Several of the other vice presidents had informed their staff of the possible lay-offs and advised me to do the same. I felt this was just an excuse to get rid of me, and it was really because of the AGF letter.

Because of the nature of my interactions with AGF, I have been very careful to document all correspondence carefully that I had with them, and I was very dismayed to find significant items missing from my files when we reviewed the file upon receipt of the letter from their attorney.

We were so concerned about the relationship between AGF and the clinic that the CEO reviewed many of the letters I sent to AGF prior to sending them. I made copies of the letters in my files to keep at home, just in case they ever did bring suit against me, after I received the October letter. That's the letters that I provided to you all, and that's why I have them.

I want to thank you for this opportunity for allowing me to offer my recollection of the events surrounding this investigation, and I wanted to let everybody know I have not received any payment in exchange for my appearance here today and I paid my own travel expenses to be here.

[The prepared statement of Lynn Fredericks follows:]

PREPARED STATEMENT OF LYNN FREDERICKS

My name is Lynn Fredericks, and I was formerly the manager of a facility from which Anatomical Gift Foundation and Opening Lines procured post voluntary pregnancy termination fetal tissue.

I went to work for the clinic in October of 1997. Shortly thereafter I started receiving very rude, inappropriate phone calls from Anatomical Gift Foundation demanding that I meet with them. (I will hereafter refer to them as AGF) Because of the nature of our interaction, I became suspicious and started trying to ascertain what they were doing in the clinic and why they were treating me so badly. Their employee, Dean Alberty, told me about their operation and how the tissue was used in various research projects. I was fascinated by the research taking place using this tissue, and started reading about it on the internet. The clinic was also experiencing serious financial difficulties so I also explored the possibilities of the clinic itself providing the tissue directly to researchers as a source of revenue. We rather quickly determined that it would not be appropriate, from the guidelines I had read for the clinic to engage in this practice. After studying these guidelines, I wanted to make sure that our agreement with AGF was appropriate. I requested a copy of any contracts between AGF and the clinic, as I was unable to find one in our files, and AGF did not provide one. Long time clinic staff had told me that AGF was to pay \$600 per month rent and \$10 per hour. I reconstructed the previous months payments made by AGF to the clinic, from clinic financial documents and produced a small

spreadsheet in an attempt to figure out how this worked. The checks I saw that we received from AGF had no supporting documentation with them, which would indicate how the amount was calculated. After I saw how widely the amounts varied, I became concerned, and expressed that to the CEO. (Who is now deceased.) I was experiencing some serious health problems that spring, and was not able to exert the effort necessary to proceed further with my allegations at that time. The clinic was also experiencing very severe financial problems, which all of management was focused on trying to correct, therefore, the time I had to focus on this issue was limited. Because of the volatile nature of my interaction with AGF, the CEO was concerned that they might sue us if we terminated the agreement at that time. Meanwhile, sometime that spring, one of the physicians met Dr. Jones and said that he wanted to get into procuring fetal tissue for researchers, and that he was a pathologist with a laboratory service who could also help out with a problem we were having with getting our pathology analysis done. The AGF employee left that spring, and to the best of my recollection they did not have an employee onsite for over a month before we terminated the arrangement. During that time, we decided to bring Dr. Jones in as we felt it was important to continue with the program due to the important research being done with the tissue and we were not satisfied with the agreement with AGF. We informed AGF of the decision to terminate the agreement and entered into an agreement with Dr. Jones. Dr. Jones needed a technician who had the knowledge to procure the tissue, and I knew that Dean Alberty had been unable to find a job, so I gave Dr. Jones Dean's phone number. It was almost a month after we signed the agreement, to the best of my recollection, before Dr. Jones came on premises. The agreement with Dr. Jones was a flat rent amount of \$700. The agreement also spelled out what he would charge us to provide pathology reports, based on the current volume of those test we were ordering. The reference to changes in rates due to volume on the agreement, apply only to the lab tests. Dr. Jones was always pleasant in our interactions, and responded to any concerns I might express to him. On September 15th or 16th, one of the physicians and I were leaving late one afternoon, and we caught the former AGF employee removing items from the back door of the clinic. We instructed her to stop and leave immediately. She appeared to only have in her possession AGF's property, which she had packed up and stored in our storage area before she left their employ. We did not call the police. In October I received a letter from AGF's attorneys, which I felt was threatening me personally with legal action. I immediately turned it over to the CEO and the clinic attorney. After they reviewed all my documentation and interrogated me extensively, it was the clinic's attorney's opinion that we not respond to the letter, as the arrangement with them was in question. My relationship with the CEO deteriorated dramatically after we received the October letter from AGF. I was then terminated from the clinic in late November 1998, for telling my staff of impending layoffs. Several of the other vice presidents had informed their staffs of the possible layoffs, and advised me to do the same. I felt this was just an excuse to get rid of me, and that it was really because of the AGF letter. Because of the nature of my interaction with AGF, I had been very careful to document all correspondence carefully, and was dismayed to find significant items missing from my files when we reviewed the file upon receipt of the letter from their attorney. We were so concerned about the relationship between AGF and the clinic that the CEO reviewed many of the letters I sent to AGF prior to my sending them. I made copies of the letters in my file to keep at home to in case they ever did bring suit against me after I received the October letter.

Thank you for allowing me this opportunity to offer my recollection of the events surrounding this investigation. I have not received any payment in exchange for my appearance here today, and have even paid my own travel expenses to appear.

Mr. BILIRAKIS. Thank you so much, Ms. Fredericks.
Mr. Alberty, you are on, sir.

TESTIMONY OF DEAN ALBERTY

Mr. ALBERTY. Can you hear me? Is this good?

Mr. BILIRAKIS. Yes.

Mr. ALBERTY. Okay.

My name is Lawrence Dean Alberty, Jr. I started out in the medical field with the knowledge that medicine is a wonderful tool to help people expand their lives through the use of modern technology wonders.

Upon taking the job as a fetal tissue procurement tech, I was under the impression that what I was going to do would make life better for Parkinson's patients, Alzheimer's, and cancer patients. Never was I led to believe that the tissue would be anything but helpful for those in need.

What changed my mind was watching late-term abortions, seeing their eyes looking at me as I cut through their skull to extract their brain for Parkinson's and Alzheimer's patients, cutting open their chest cavity, only to see a beating heart moving ever so slowly until it stopped, all while I was drawing blood from their heart, or watching two twins in a metal pan covered with blood, moving and breathing, only to find myself in a place with no doors, no exits, thinking all the time, "My God, what have I done to see this?"

Night after night in my sleep, the twins always were there. Hearts were beating, the screams of the mothers as the babies were pulled out of their bodies.

These dreams turned into nightmares of the ends of the world—nukes, apocalyptic nightmares would wake me in a cold sweat. I felt sick every day, never wanting to leave the comfort of my home.

I would eventually leave with only one thought: how would God judge me? Will I make it to heaven, when the whole time I knew I was in hell?

As my life was passing me by and my soul was being drained each and every day, I looked back to the doctors I once admired when I was 14 years old, who some day I wanted to be like. Those dreams are dead. The respect for myself was gone. How could the heroes of my life understand what I witnessed?

For months I went on, day in and day out, with no one but family to tell what I had seen, but I never fully explained to them in details.

The moment of truth is being tired every day and sick with myself, not able to express myself to anyone. I looked for redemption of my soul.

Taking a chance 1 day, I called the FBI, with no help. I called a pro life group, never trusting them because I was led to believe that all pro life people were bad. I was led to believe that they would take your life in a moment or protest at your house. When the call finally reached a group, there was no hate, there was no death threats, but a soft voice with comfort.

They were a group that supported my new direction, to show the world what I had been a witness to, and to help them understand, in my own eyes, what it felt like to be involved in this.

I only want the American public to understand that I am not against research, I am not against the rights of a woman to choose which path they may take, but let the American people listen up and hear the truth. The truth is not evil, it's not hate, it is not punishing, and it's not a dark tunnel. The truth is pure, respectful, and a true bright light which all should not be afraid, for the truth shall set you free. So please do not use "pro life," "pro choice," but use the word "truth."

I pray that the Democrats, the Republicans, and, yes, the Independents can work together, for it is the people like me and our society that pay your salaries. Please listen to your supporters back home. Put down your hatred for one another. You are bleeding they

very soul of our country. The truth should be what you are after. Do not cover up the mistakes, but correct them before it is too late. Thank you all very much for listening.

Mr. BILIRAKIS. Thank you, Mr. Alberty.

Dr. Samuel Cohen is with the Pathology/Microbiology Department of the University of Nebraska Medical Center.

Welcome, Doctor. Please proceed.

TESTIMONY OF SAMUEL L. COHEN

Mr. COHEN. Thank you, Mr. Chairman and members of the subcommittee.

I am Dr. Samuel Cohen. I am chairman of the Department of Pathology and Microbiology at the University of Nebraska Medical Center in Omaha, where I have been on the faculty for the past nearly 20 years. I am also a professor in the Eppley Institute for Research and Cancer at the medical school.

My own research work is primarily in cancer, especially chemical carcinogenesis. However, I am here today to express my strong support for fetal tissue research, which is being actively pursued in my department, and the potential future benefits of this research for treating human disease.

I speak today concerning the need to ensure the advancement of this critical medical research in an environment that respects the ethical and moral concerns of the American people. Fetal tissue is used in a variety of medical research studies and is vital to the biomedical research enterprise. Guidelines and laws governing the use of this tissue ensure its safe and ethical use. I believe that the great majority of those who use fetal tissue in the research are scrupulous in following the letter and spirit of the law, among other reasons, because they are aware of the great sensitivity around its use.

Certainly, anyone in willful violation of the law should be prosecuted, as allowed by the law. The continuing challenge to Congress is to assure the public that new knowledge will not be misused, and that the ethics of work enabled by this miraculous line of research is carefully considered, while protecting the advancement of science.

I am concerned that, in attempting to enforce the laws governing fetal tissue research and the distribution of such tissue, Congress may unnecessarily over-restrict fetal tissue research. This would be a grave mistake.

In my home State of Nebraska, such an effort is underway, but, as many of our State legislators have come to understand the remarkable potential of this work, they have come to support it.

Why do I and other researchers like me believe fetal tissue research is important and necessary? The study of fetal tissue has already led to major discoveries in human health and has the potential to continue to benefit mankind. For example, the vaccines for rubella and varicella were made from human cell-line cultures. These vaccines have effectively eradicated a major source of child mortality and mental retardation in the United States.

Research utilizing fetal cells was critical to the ultimate development of the polio vaccine, a scourge that is about to be eliminated from the face of the earth.

Researchers use fetal tissue to investigate questions of normal fetal development, as you'll hear shortly. Fetal tissue has become a mainstay in the human genome project and in the revolutionary developments in molecular genetics that offer promise for the development of new therapies.

Due to their capacity to rapidly divide, grow, and adapt to new environments, fetal cells hold unique promise for medical research into a variety of diseases and medical conditions. In particular, there is exciting potential to use fetal tissue to transplant into other humans to treat disease. There is hope that fetal tissue transplanted into patients with illnesses such as Parkinson's disease, diabetes, or heart disease may be effective in mitigating or even treating these diseases.

Fetal cells elicit less of an immune response than adult cells and are, therefore, less susceptible to rejection to the human body. Fetal cells are not as developed as adult cells, and are, therefore, more able to accommodate to the donor. In experiments with fetal cell transplantation in Parkinson's patients, we are seeing great promise that such treatments will be effective.

Research using fetal cells at the University of Nebraska Medical Center involves basic laboratory investigations into the development of a variety of neurodegenerative diseases such as Alzheimer's disease and AIDS dementia. Our hope is to better understand these disease processes, with the ultimate goal of developing new therapeutic interventions and even prevention strategies.

Recently, some of my colleagues working in this area at the UNMC discovered a new gene which may be involved in the process of the development of Alzheimer's disease, and it has been named NEBR 1.

This and other research projects using fetal cells will be essential to ultimately conquer many terrible diseases.

Research provides the opportunity to develop new models that have the potential to ultimately substitute for fetal tissue for study of basic neuronal function. Only additional time and research will be able to determine if alternative models will be viable replacements for the use of fetal tissue as a source of cells for this research. Right now, we must use fetal cells.

A cell line derived from an aborted fetus more than 30 years ago is right now routinely used worldwide in clinical practice for viral cultures, particularly for viruses such as cytomegalo virus and herpes viruses.

Fetal tissue studies play a vital role in many areas of biomedical research. It is critical that Congress protect the ability of scientists to use this valuable research as a means for studying human disease. We in the scientific community are aware of the ethical sensitivities that have been expressed regarding the use of fetal tissue, but surely obtaining cells from legally obtained abortions for potentially life-saving purposes is ethically permissible and, indeed, ethically necessary.

I am confident that we can protect against abuses in the fetal tissue supply arena, while also protecting promising, life-saving research.

Mr. Chairman, thank you for the opportunity to present my thoughts today. I would be happy to answer any questions.

[The prepared statement of Samuel M. Cohen follows:]

PREPARED STATEMENT OF SAMUEL COHEN, UNIVERSITY OF NEBRASKA MEDICAL CENTER

Mr. Chairman and members of the Subcommittee: I am Dr. Samuel Cohen. I am Chairman of the Department of Pathology and Microbiology at the University of Nebraska Medical Center in Omaha where I have been on the faculty for the past nearly 20 years. I am also a professor in the Eppley Institute for Research in Cancer at the Medical School. My own research work is in cancer, especially chemical carcinogenesis. However, I am here today to express my strong support for fetal tissue research, which is being actively pursued in my department, and the potential future benefits of this research for treating human disease.

I speak today concerning the need to ensure the advancement of critical medical research while protecting the ethical and moral concerns of the American people. Fetal tissue is used in a variety of medical research studies and is vital to the biomedical research enterprise. Guidelines and laws governing the use of this tissue ensure its safe and ethical use. I believe that the great majority of those who use fetal tissue in their research are scrupulous in following the letter and spirit of the law, among other reasons because they are aware of the great sensitivity around its use. Certainly anyone in willful violation of the law should be prosecuted as allowed by law. The continuing challenge to Congress is to assure the public that new knowledge will not be misused and that the ethics of work enabled by this miraculous line of research is carefully considered while protecting the advancement of science.

I am concerned that in attempting to enforce the laws governing fetal tissue research and the distribution of such tissue, Congress may unnecessarily over-restrict fetal tissue research. This would be a grave mistake. In my home state of Nebraska, such an effort is underway, but as our state legislators have come to understand the remarkable potential of this work, they have come to defend it.

Why do I, and other researchers like me, believe fetal tissue research is important?

- The study of fetal tissue has already led to major discoveries in human health and has the potential to continue to benefit mankind. For example, the vaccines for rubella and varicella were made from human cell-line cultures. These vaccines have effectively eradicated a major source of child mortality and mental retardation in the U.S. Research utilizing fetal cells was critical to the ultimate development of the polio vaccine, a scourge that is about to be eliminated from the face of the earth.
- Researchers use fetal tissue to investigate questions of normal fetal development.
- Fetal tissue has become a mainstay in the human genome project and in the revolutionary developments in molecular genetics that offer promise for the development of new therapies.
- Due to their capacity to rapidly divide, grow and adapt to new environments, fetal cells hold unique promise for medical research into a variety of diseases and medical conditions. In particular, there is exciting potential to use fetal tissue to transplant into other humans to treat disease. There is hope that fetal tissue transplanted into patients with illnesses such as Parkinson's, diabetes or heart disease may be effective in mitigating or even treating these diseases. Fetal cells elicit less of an immune response than adult cells and are therefore less susceptible to rejection by the human body. Fetal cells are not as developed as adult cells and are therefore more able to accommodate to the donor. In experiments with fetal cell transplantation in Parkinson's patients, we are seeing great promise that such treatments will be effective.
- Research using fetal cells at UNMC involves basic laboratory investigations into the development of a variety of neurodegenerative diseases, such as Alzheimer's disease and AIDS dementia. Our hope is to better understand these disease processes, with the ultimate goal of developing new therapeutic interventions and even prevention strategies.
- Research provides the opportunity to develop new models that have the potential to ultimately substitute for fetal tissue for study of basic neuronal function. Only additional time and research will be able to determine if alternative models will be viable replacements for the use of fetal tissue as a source of cells for this research. Recently some of my colleagues working in this area at the University of Nebraska Medical Center discovered a new gene which may be involved in the process of the development of Alzheimer's disease—NEBR 1. This and other research projects using fetal cells will be essential to ultimately conquer many terrible diseases.

- A cell line (MRC-5) derived from an aborted fetus is routinely used worldwide in clinical practice for viral cultures.

Fetal tissue studies play a vital role in many areas of biomedical research. It is critical that Congress protect the ability of scientists to use this valuable resource as a means for studying human disease. We in the scientific community are aware of the ethical sensitivities that have been expressed regarding the use of fetal tissue. But, surely, obtaining cells from legally obtained abortions for potentially life-saving purposes is ethically permissible and indeed ethically necessary. I am confident that we can protect against abuses in the fetal tissue supply arena while also protecting promising life-saving research.

Mr. Chairman, thank you for the opportunity to present my thoughts today. I would be pleased to answer any questions.

Mr. BILIRAKIS. Thank you so much, Dr. Cohen.

Ms. Joan Samuelson is the president of the Parkinson's Action Network.

Ms. Samuelson, please proceed.

TESTIMONY OF JOAN I. SAMUELSON

Ms. SAMUELSON. Thank you, Chairman Bliley—excuse me, Chairman Bilirakis.

Mr. BILIRAKIS. Starts with the same letter. That is probably the only similarity.

Ms. SAMUELSON. It has been a long time.

I am the president of the Parkinson's Action Network, which is a nationwide organization to educate the country and do advocacy in search of the swiftest possible effective therapies and cure of Parkinson's disease.

My statement is submitted, and I will be pretty brief and make just a few comments, because I see us as—my community and I, who have had Parkinson's for 14 years, as bystanders in this discussion that is at issue today, in many respects, but I do think it's important that I was here to represent us, because, of course, this has an enormous impact on us.

First of all, let me just say how gratified I am to hear from so very many members of this committee on both sides, and especially the leadership—Chairman Bilirakis and Chairman Bliley—to describe what this hearing is about and what it is not about. It is so very important that this issue not be confused for the American public and that it focus very precisely and aggressively on this apparent wrongdoing and not get into the issue of the merits and ethics of this important research, and I greatly appreciate that.

This issue and the questions that were raised in the "20/20" piece last night, which I saw and I found abhorrent, should be investigated swiftly and aggressively, and anyone who did any wrongdoing should be prosecuted and punished to the fullest extent of the law.

The reason I say that, aside from just as a citizen I found it repellent, is that I feel that the real victims are the scientists and the patients like myself and the million people with Parkinson's disease.

The scientists that I know—and I know many of them, because we've gotten to know Parkinson's researchers very well in watching what they're doing and watching their tremendous progress—they are true heroes. And I must say there are several avenues that are being looked at for Parkinson's disease to develop therapies and a cure, and they're all important, but fetal tissue transplantation re-

search appears to be the first true rescue, and so this is terribly important.

The research is showing—which Dr. Cohen referred to briefly—that it is quite likely that those implanted cells, when they can finally develop the remaining—get over the remaining hurdles and develop a full source of supply so they don't have to rely on aborted fetal tissue, when they solve those problems—and they believe absolutely that they will do so—this is going to be a therapy that will allow people like me to not look forward, as we do, to this future, which is to spend every day to the day of our death frozen stiff, unable to participate in society.

Many of you served with Congressman Mo Udall and watched his decline. He retired reluctantly from the Congress at about the same time post-diagnosis that I am now, and I met him after he left the Congress for the first time and I watched his deterioration at the veteran's center.

So I have to speak personally, because I appreciate exactly what he went through and have to convey that to you and convey the urgency of prosecuting these people, if they have done anything wrong, and then allowing the scientists to continue to work on their research, which is so essential to us.

I must tell you something which I think probably all of you know. This controversy has slowed the research terribly. The 6-year ban on support of fetal tissue transplantation research without question slowed the progress in developing that as a therapy for Parkinson's disease.

This hearing is somewhat surreal, and I think that is, in part, why I misnamed you, Mr. Chairman, at the beginning. I felt a sense of surrealness from the first moment, because it happens that I first became involved 10 years ago when the question of lifting the ban on Federal support of the research was raised in this committee, and at that time, obviously, I was doing much better physically than I am now. Today is a good day for me, but I have to tell you that yesterday I spent 6 hours in my hotel room when I needed to finish my testimony in what I call my "tremor attacks," where I was stiff and shaky, and it was next to impossible to leave the room, much less really work and focus my attention on what I had to do to get my testimony done.

Those are the moments when I know that, as much as I can be in denial, and as much as I cling to the hope and the strong belief that this therapy is going to be available for me, that there is a strong possibility it won't.

If this apparent wrongdoing leads to another ban of the research being done by legitimate scientists, true heroes, it is most likely that I will be out of luck, and I have to tell you that, because it is essential that this investigation and then prosecution, if necessary, be swift and aggressive and focused.

We have no time to waste. I'm sure that's true of people with many other disorders who also will benefit from this research.

And so I thank you for your determination to focus and pursue this aggressively, and I beg you to do that.

Thank you.

[The prepared statement of Joan I. Samuelson follows:]

PREPARED STATEMENT OF JOAN I. SAMUELSON, PRESIDENT, PARKINSON'S ACTION NETWORK

The Parkinson's Action Network was created in 1991 to give voice to a community that has been largely invisible, and to increase funding for Parkinson's research in an effort to speed research, deliver breakthroughs and cure this dreadful disease.

I want to express my profound concern about the potential impact of today's hearing on medical research. Research using fetal tissue has produced lifesaving results. Medical science has used fetal tissue for decades, producing such breakthroughs as the polio vaccine. I am concerned that today's hearing will have a chilling effect that will slow, if not stop, vital medical research.

I worry that the real impact of today's hearing will be to deter medical research using fetal tissue—research that can increase our understanding, improve treatments and help identify cures for diseases such as Parkinson's, Alzheimer's, cancer, HIV, diabetes, SIDS, and other life threatening and disabling diseases.

Why should I care? I care because research—and in particular, research that uses tissue from elective abortions—is my best hope for the future. I have Parkinson's disease and, at 15 years post-diagnosis, time is running out for me. When I wake up in the morning, I must wait an hour or more for my medication to work. Until it does—if it does—I am unable to get out of bed, get dressed, or do any of the myriad things required to allow me to be an active, productive, and independent citizen. Some days it takes hours. Some day—perhaps very soon—it will not work at all.

I know I've already given up so much already—my law practice, running, hiking, and dreams too difficult to talk about. I know what waits for me if medical science doesn't find a cure—the same slow death that robbed your colleague Mo Udall of his life.

Let me be clear. If laws are being violated, then the full weight of the law should be brought to bear on those individuals or companies. But the history suggests that effective safeguards are in place and working.

In lifting the ban on fetal tissue transplantation research in 1993, Congress adopted stringent safeguards to separate a woman's decision to have an abortion from the decision to donate the resulting tissue for medical research. This was done to protect against any potential inducement of women to have abortions. The law also established safeguards governing the sale of fetal tissue, and the solicitation or acceptance of fetal tissue for use in transplantation.

The NIH Revitalization Act of 1993 (42 U.S.C. §§ 289g-1 and 289g-2) (hereafter known as "the Act") states clearly that it is:

"*unlawful* for a person to "knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if the transfer affects interstate commerce."

The Act also prohibits a person from soliciting or accepting a donation of fetal tissue for transplantation under certain circumstances—specifically, it is prohibited if a person who solicits or acquires the tissue pays "valuable consideration" for the costs associated with the abortion.

Violation of the Act is a *federal crime*, punishable by fines, imprisonment up to 10 years, or both. The law does permit reimbursement for "*reasonable* payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue."

As a way to ensure oversight, the Act also required the General Accounting Office (GAO) to carry out a review of the research on fetal tissue transplantation conducted or supported by NIH to "(1) determine compliance with informed consent and other documentation and (2) report on any violations occurring in the acquisition of human fetal tissue for use in transplantation."

In 1997, the GAO reported to this Committee that "the requirements of the act were being complied with." The GAO found that the ongoing fetal tissue transplantation research projects met the eight requirements in the Act, including informed consent of the donor, requiring statements from the attending physician and from the principal researcher, informed consent of the recipient, availability of statements for audit, compliance with state law, annual HHS review, and tissue purchase and donation restrictions.

With regard to the sale of human tissue, the report concluded unequivocally that "there have been *no reported violations* in the acquisition of human fetal tissue for use in transplantation."

But I worry that the discussion of unproven allegations that have not been properly investigated will imperil one of my best hopes for a cure. In the case of Parkinson's, fetal tissue transplantation research is beginning to show positive results and scientists are confident an effective treatment using transplanted cells will emerge.

I strongly support the safeguards in the Act that prohibit payments associated with the receipt of fetal tissue from elective abortion except for reasonable expenses occasioned by the transportation, implantation, processing, preservation, quality control, or storage of the tissue.

If the laws governing fetal tissue research are being violated, the individuals or companies involved *should and must* be properly investigated and charged.

Cell implantation is one of the most promising approaches to brain repair for people like me who have Parkinson's disease. Early results from trials of tissue transplantation have shown this to be a therapeutic strategy with great promise. Two NIH-funded, placebo-controlled, surgical trials on fetal tissue transplants in patients with advanced Parkinson's are now underway. One of these studies has completed its double-blind phase, and results will be submitted for publication soon. The other should be completed in a year. More research in this area, not less, needs to be done.

Congress has already debated and decided—overwhelmingly—to allow the use of fetal tissue for transplantation and medical research. Each time it has done so with a greater and greater majority of members—voting to lift the ban on fetal tissue transplantation research and establish clear safeguards for the use of fetal tissue for research in 1991, 1992, and in 1993 when the Congress finally adopted the provisions. In 1997, the Senate successfully defeated another effort to reimpose a ban on fetal tissue transplantation.

I think it is important to remember what the debate was really about. It was not a debate to settle the issue of abortion. What Congress had to decide was whether it was acceptable public policy to use tissue obtained from legal abortion that would otherwise be discarded to achieve significant medical goals. That is exactly what the 102nd and the 103rd Congress decided. Members like Majority Leader Bob Dole put it most memorably: supporting fetal tissue transplantation research was the “true ‘pro-life’ position.”

It is the responsibility of this Subcommittee to carry out the will of Congress which has repeatedly demonstrated its support for fetal tissue research. The legislative history is clear on this point. Congress supports the collection of fetal tissue under strict guidelines for medical research.

I am here today to plead with you to be cautious about the use of inflammatory rhetoric that may confuse or distort the issues involved. The consequences could be devastating to the million of Americans who suffer with Parkinson's. Please do not deprive us of our hope for a healthy future.

Mr. BILIRAKIS. Thank you, Ms. Samuelson.

Dr. Hannah C. Kinney is with the Division of Neuroscience with John F. Enders Pediatric Research Laboratories, Boston, Massachusetts.

Dr. Kinney, please proceed.

TESTIMONY OF HANNAH C. KINNEY

Ms. KINNEY. Thank you, Mr. Chairman.

My name is Dr. Hannah Kinney. I am a pediatric neuropathologist at the Children's Hospital in Boston and associate professor of neuropathology at Harvard Medical School. I am a committed investigator of diseases that affect human fetuses, premature babies, and infants. I am here today on behalf of the American Society for Cell Biology, which represents 10,000 basic biomedical researchers.

Thank you for this opportunity to testify in support of the use of human fetal tissue in research.

For 10 years, I have used human fetal tissue in my research to help decipher disease mechanisms in various perinatal brain disorders. This research is both funded by the National Institutes of Health and approved by the Children's Hospital's Human Protection Committee. I and the researchers I work with strictly follow Federal guidelines and laws governing fetal tissue research.

If there are those who are violating the law with regard to supplying fetal tissue, I support their prosecution, as provided by law.

At the same time, I hope my testimony shows that human fetal tissue research conducted within Federal guidelines can benefit public health.

The main focus of my research is the sudden infant death syndrome, or SIDS. I would like to use the story of SIDS brain research in my laboratory to illustrate the importance of human fetal tissue research.

SIDS is a major public health problem. It is the leading cause of death of infants between 1 and 12 months of age in the United States today, with an incidence of nearly one out of nearly every thousand births.

A seemingly healthy baby is found dead after sleep period, an almost inexplicable tragedy for parents and families, yet the autopsy reveals no answers.

While 90 percent of SIDS deaths occur in the first 6 months after birth, the origins of SIDS are thought to begin in fetal life, and thus, the study of the fetal period becomes critical in determining the abnormal pathway that begins in the fetus and results in sudden death in the infant.

Evidence that SIDS begins in fetal life includes the association of SIDS with maternal risk factors during pregnancy, such as anemia, cigarette smoking, late prenatal care, and short inter-pregnancy interval. All these factors suggest a suboptimal interuterine environment may contribute to the development of SIDS.

In my laboratory, we are testing the hypothesis that SIDS is due to developmental abnormality in brain stem regions that control breathing and/or cardiac function during sleep.

We have learned in our laboratory that, at least in a portion of SIDS victims, there are neurotransmitter deficiencies in regions of the brain stem related to breathing, blood pressure, and sensing carbon dioxide. Neurotransmitters are the chemical messengers that send signals between brain cells within—between nerve cells within the brain.

We have also learned that some of these regions may share a common developmental origin in fetal life.

Now we need to know how do these brain regions develop abnormality in SIDS victims—develop abnormally in SIDS victims. The answer is critical so that we can find ways to prevent these regions from developing abnormally and we can, therefore, prevent SIDS, and it is here that we turn to research in human fetal tissue.

We have now studied in human fetal tissue, one, how different regions of the brain stem that we think are involved in SIDS are inter-connected with one another in a network to transmit information; two, the time table over which synapses, the site of communication between nerve cells, form in fetal life; three, the time table over which different neurotransmitter systems develop in fetal brain stems related to networks at risk in SIDS; and, four, where the relevant regions for SIDS originate in the fetal brain stem.

These developmental studies are relevant not only to understanding how brain cell development may go awry in SIDS, but also to understanding multiple other brain disorders, such as cerebral palsy.

Recently, we have seen a decline in the incidence of SIDS due to the back-to-sleep campaign with a reduction in SIDS deaths by

38 percent since 1994, the onset of the campaign in the United States. My research in SIDS brain stems and in relevant human fetal brain stem development was cited as a major contributing factor to the medical and scientific consensus that led to this campaign, as it provided solid biological evidence to support the theory that babies are safer sleeping on their back.

The relevant human fetal research gave further insight into possible ways in which brain stem abnormalities could form during fetal development in future SIDS victims and provided further validity of the abnormality in SIDS victims.

The SIDS story I have told you today illustrates how human fetal research can have an impact on public health policy and saving lives.

As you delve into the issue of how fetal tissue is supplied, I urge you to proceed in such a way that you do no harm to the vital biomedical research that is enabled by this precious tissue.

Thank you for inviting my testimony. I will be glad to answer questions. Thank you.

[The prepared statement of Hannah C. Kinney follows:]

PREPARED STATEMENT OF HANNAH C. KINNEY, CHILDREN'S HOSPITAL OF BOSTON, ON BEHALF OF THE AMERICAN SOCIETY FOR CELL BIOLOGY

My name is Dr. Hannah Kinney. I am a pediatric neuropathologist at the Children's Hospital in Boston, and an Associate Professor of Neuropathology, at the Harvard Medical School. I am a committed investigator of diseases that affect human fetuses, premature babies and infants. I am here today on behalf of the American Society for Cell Biology, which represents 10,000 basic biomedical researchers. Thank you for this opportunity to testify in support of the use of human fetal tissue in research.

For 10 years I have used human fetal tissue in my research to help decipher disease mechanisms in various perinatal brain disorders. This research is both funded by the National Institutes of Health and approved by the Children's Hospital Human Protection Committee. I, and the researchers I work with strictly follow federal guidelines and laws governing fetal tissue research. If there are those who are violating the law with regard to supplying fetal tissue, I support their prosecution as provided by law. At the same time, I hope my testimony shows that human fetal tissue research conducted within federal guidelines can benefit public health.

The main focus of my research is Sudden Infant Death Syndrome, or SIDS. I would like to use the story of SIDS brain research in my laboratory to illustrate the importance of human fetal tissue research.

SIDS is a major public health problem; it is the leading cause of death of infants between one and twelve months of age in the United States today, with an incidence of nearly one out of every 1000 births. A seemingly healthy baby is found dead after a period of sleep, an almost unspeakable tragedy for parents and families. Yet the autopsy reveals no answers. While 90% of SIDS deaths occur in the first six months after birth, the origins of SIDS are thought to begin in fetal life, and thus the study of the fetal period becomes critical to determining the abnormal pathway that begins in the fetus and results in sudden death after birth. Evidence that SIDS begins in fetal life includes the association of SIDS with maternal risk factors during pregnancy, such as anemia, cigarette smoking, late prenatal care, and short interpregnancy interval. All these factors suggest a suboptimal intrauterine environment may contribute to the development of SIDS.

In my laboratory, we are testing the hypothesis that SIDS, or a subset of SIDS, is due to a developmental abnormality in brainstem regions that control breathing and/or cardiac function during sleep. We have learned that in at least a portion of SIDS victims, there are neurotransmitter deficiencies in regions of the brainstem related to breathing, blood pressure control, and sensing carbon dioxide. Neurotransmitters are the chemical messengers that send signals between nerve cells within the brain. We also learned that some of these regions may share a common developmental origin in fetal life.

Now we need to know: How do these brain regions develop abnormally in SIDS victims? The answer is critical so that we can find ways to prevent these regions

from developing abnormally, and we can therefore prevent SIDS. And it is here that we turn to research in human fetal tissue. We have now studied in human fetal tissue: 1) how different regions of the brainstem that we think are involved in SIDS are interconnected with one another in a network to transmit information; 2) the time-table over which synapses, the site of communication between nerve cells, form in fetal life; 3) the time-table over which different neurotransmitter systems develop in fetal brainstems related to networks at risk in SIDS; and 4) where the relevant regions for SIDS originate in the fetal brainstem. These developmental studies are relevant not only to understanding how brainstem development may go awry in SIDS, but also to understanding multiple other fetal brain disorders, such as cerebral palsy.

Recently we have seen a decline in the incidence of SIDS due to the Back to Sleep campaign, with a reduction in infant deaths by 38% since 1994, the onset of the campaign in the United States. My research in SIDS brainstems and relevant human fetal brainstem development was cited as a major contributing factor to the medical and scientific consensus that led to this campaign as it provided solid biologic evidence to support the theory that babies are safer sleeping on their back. The relevant human fetal research gave further insight into possible ways in which brainstem abnormalities could form during fetal development in future SIDS victims, and provided further validity of the abnormality in SIDS victims. The SIDS story I have told you today illustrates how human fetal research can have an impact on public health policy and saving lives.

As you delve into the issue of how fetal tissue is supplied, I urge you to proceed in such a way that you do not harm the vital biomedical research that is enabled by this precious tissue.

Thank you for inviting my testimony. I will be glad to answer questions.

Mr. BILIRAKIS. Thank you, Dr. Kinney.

I will start the questioning. The rules provide for 5 minutes of inquiries on the part of the members of this subcommittee, and we are going to follow that rule. After we have gone through once, I am amenable to a second round. I think it is probably very significant that we do that, because 5 minutes goes by pretty fast. But I would ask the members to please try to adhere to that 5-minute rule.

Dr. Cohen, Ms. Samuelson, Dr. Kinney, you have basically focused all of your comments on research, and we cannot belittle that. There is no question about it, and we appreciate those comments.

I might add, Ms. Samuelson, that you are right. There is no question that what has been happening here, whether it be just a single instance, which I think all of us doubt, or more, will hurt research. But I would like to suggest that, along with the research, that the unborn little babies are also victims, and I think you would agree with that.

Ms. Samuelson, I also am not sure whether you are aware of it. I know you are from California, but my youngest brother died with Parkinson's, so I have lived with it, too, and I have seen what it can do. I guess he lived for the cure, and he was convinced that fetal tissue was very significant in that cure.

But I would ask you, do you any of you have any knowledge about whether fetal tissue is being bought and sold in violation of the law? Because, you know, that is the focus—not to belittle your remarks. Please do not take it that way, but the focus of this hearing is whether it is being bought and sold in violation of Federal law.

In addition to what you have shared with us, you're in a position to give us your opinions in that regard.

Dr. Cohen?

Mr. COHEN. Certainly, with regard to the experience at Nebraska, we do not pay for any of the tissue that we obtained. Also, I can only speak for those that I have spoken with directly that are involved with such research at other institutions, and I'm not aware of any examples where they are buying tissue, or, if they are, they are paying a minimal processing fee. So I'm not aware of any examples such as have been talked about today.

Mr. BILIRAKIS. Did you see the "20/20" report last night?

Mr. COHEN. Yes, I did.

Mr. BILIRAKIS. Were you shocked?

Mr. COHEN. Yes.

Mr. BILIRAKIS. Was that something that you—

Mr. COHEN. I would not support that and I can't imagine any scientist supporting that kind of behavior.

Mr. BILIRAKIS. But you haven't experienced it or know of any other scientists or researchers who—

Mr. COHEN. No.

Mr. BILIRAKIS. [continuing] have talked about it or experienced it?

Mr. COHEN. Not at all.

Mr. BILIRAKIS. Ms. Samuelson?

Ms. SAMUELSON. Obviously, I'm not a scientist, and so my understanding is, necessarily, second-hand, but—and I'm glad I'm under oath, frankly.

I spend a lot of time talking to scientists, and I have never heard of anything that sounded like anything that would ever have violated any of the restrictions of any of the laws, and I can't imagine that going on among the scientists that I have had any acquaintance with.

Mr. BILIRAKIS. So you saw the "20/20"—

Ms. SAMUELSON. Yes.

Mr. BILIRAKIS. [continuing] piece last night. But you don't believe it?

Ms. SAMUELSON. I can't imagine the scientists that I have come to know engaging in anything like that. It seems light years away from anything that is—that they would be able to imagine participating in. It seemed like it was just a totally different sort of person.

The scientists I know would not do that.

Mr. BILIRAKIS. Dr. Kinney?

Ms. KINNEY. I have no knowledge of any scientists that I am involved with that have ever participated in this kind of thing, never seen brochures for this kind of selling of tissue.

Mr. BILIRAKIS. You haven't seen any brochures that were featured in the report on "20/20" last night?

Ms. KINNEY. No.

Mr. BILIRAKIS. You haven't seen them?

Ms. KINNEY. I saw the "20/20" expose. I thought it was despicable. And I've never seen anything of that nature or know of any colleagues who have been involved in this.

Mr. BILIRAKIS. Now, in just the few minutes, few seconds that I have left, Mr. Alberty, any reaction to their comments regarding the fact that they're not aware that any of this has taken place?

Mr. ALBERTY. No comments, sir.

Mr. BILIRAKIS. No comments. But you reiterate that it does take place. You reiterate that there is a market out there, because you have seen it, and so somebody is paying for this tissue above and beyond what the law allows.

Mr. ALBERTY. That is totally correct, sir.

Mr. BILIRAKIS. Okay. My time has expired.

Mr. Brown, for those of you who are not aware, he was in a pretty bad accident driving in the snow of Cleveland. For that to happen to me, it could be understandable, because I'm a Floridian, but for that to happen to him, being a Clevelander—but, in any case, he has been out for quite a while and showing a whole lot of courage to be here today.

Mr. BROWN. Thanks, Mr. Chairman. Thank you.

Mr. BILIRAKIS. Thank you. You are recognized sir.

Mr. BROWN. Thank you for all those condolences, both on my father and on my injury, from so many of you, and your kind words and thoughts. It meant an awful lot to my whole family. Thank you for that.

I would like to yield my 5 minutes to Ms. DeGette, my friend.

Mr. BILIRAKIS. Thank you very much.

Mr. BROWN. Thank you.

Ms. DEGETTE. Thank you, Mr. Chairman. Thank you, Mr. Brown. It is good to have you back, really good.

Let me ask a couple of questions.

First of all, Ms. Fredericks, are you personally familiar with the buying or selling—the illegal buying or selling of fetal tissue?

Ms. FREDERICKS. I have seen the price list. I don't know what—what do you mean by—

Ms. DEGETTE. You mean you've seen the price list that was on "20/20" last night?

Ms. FREDERICKS. Yes.

Ms. DEGETTE. Are you familiar with anybody who has actually bought fetal tissue at those prices, or what the extent would be?

Ms. FREDERICKS. No.

Ms. DEGETTE. Okay. Thank you. I'm trying to figure out what the scope of this is, because, as I say, you know, if that is happening, we've got to put a stop to it. We've got to put a stop to it right now. I'm just trying to figure out the scope.

Now, Ms. Fredericks, to also get this chronology a little clearer, as far as I have been told, Dr. Jones, who is not here today, he worked for the Anatomical Gift Foundation for a period of time; is that correct?

Ms. FREDERICKS. Not to my knowledge. He is a separate business.

Ms. DEGETTE. Okay. But before he started his own business, were you aware he worked for them?

Ms. FREDERICKS. No.

Ms. DEGETTE. Mr. Alberty, did you know that?

Mr. ALBERTY. No, ma'am. I was not aware of that. As far as I know, he never did work for AGF.

Ms. DEGETTE. They were—in your view, they were totally separate?

Mr. ALBERTY. They were totally separate, ma'am.

Ms. DEGETTE. I see. Okay.

Mr. Alberty, I'd like to ask you just a couple of things.

First of all, Mr. Chairman, I know we have the affidavit that Mr. Alberty signed on January 20, 2000. To complete the record, I'd ask unanimous consent to also put in for the record the videotape, the Life Dynamics videotape which this affidavit was a response to. I'd also like unanimous consent to put into the record Mr. Alberty's deposition of January 5, 2000. As I've said, we've already got—

Mr. BILIRAKIS. Any objection to that?

Mr. BILBRAY. Reserving the right to object, Mr. Chairman.

Mr. BILIRAKIS. The gentleman is recognized.

Mr. BILBRAY. Mr. Chairman, I don't believe the deposition has been made available fully to this side, and I would reserve the right to object until I had an opportunity to see the deposition.

Ms. DEGETTE. Well, we—

Mr. BILIRAKIS. Could we maybe circulate the affidavit and the deposition and possibly you may withhold your motion.

Ms. DEGETTE. Sure. I intend to refer to them in the questions.

Mr. BILBRAY. Mr. Chairman, can I ask questions of the minority on this request?

Mr. BILIRAKIS. No. I don't know—

Ms. DEGETTE. On his own time, I'd be happy to—

Mr. BILBRAY. I'd be happy to do it on my own time.

Mr. BILIRAKIS. I don't know that we should do that at this point in time. I should think you can refer to the affidavit, even though it is not a part of it.

Ms. DEGETTE. But the affidavit has been accepted, Mr. Chairman.

Mr. BILIRAKIS. That has been accepted. All right. It's the deposition that we're trying to get in?

Ms. DEGETTE. That's correct. Yes.

Mr. BILBRAY. Mr. Chairman—

Mr. BILIRAKIS. Have you withdrawn, then, your motion?

Ms. DEGETTE. I'll reserve mine.

Mr. BILIRAKIS. You'll reserve your motion. All right.

Ms. DEGETTE. All right.

Mr. BILIRAKIS. So you'll withdraw your reservations at this point?

Ms. DEGETTE. Mr. Alberty, just a couple of things. Let me ask you the same thing I asked Ms. Fredericks. I know you've seen that price list. I know you have been involved with fetal tissue retrieval for some number of years. I understand you're not doing that now; is that right?

Mr. ALBERTY. That is correct, ma'am.

Ms. DEGETTE. And my question to you is: are you aware of people buying this fetal tissue for profit, or paying profit-type prices for it?

Mr. ALBERTY. Am I aware that people were buying the tissue?

Ms. DEGETTE. Yes.

Mr. ALBERTY. I'm not sure if this is in your question, but I was—

Ms. DEGETTE. Well, please try to answer my question. I only have 5 minutes.

Mr. ALBERTY. Okay. Yes. I'll try.

Ms. DEGETTE. Thanks.

Mr. ALBERTY. I was not—I do not know the people that were buying it, on a personal level. When I was a technician, researchers would call me and ask me what type of tissue was available for the day. They wouldn't go through the Bardsleys, because sometimes they couldn't be reached, so they would call me and I would talk to them and tell them what we had.

Ms. DEGETTE. Did you discuss prices with them?

Mr. ALBERTY. No, ma'am.

Ms. DEGETTE. Thank you. Now, let me ask you a couple of questions. Do you have a copy of your affidavit there, sir?

Mr. ALBERTY. No, ma'am, I sure do not.

Ms. DEGETTE. Okay. If we can have that given to him—now, you are under oath today. You understand that.

Mr. ALBERTY. Yes, ma'am.

Ms. DEGETTE. And this affidavit, it was signed January 20th. Was that your affidavit that you signed?

Mr. ALBERTY. Yes, ma'am.

Ms. DEGETTE. And you were under oath when you signed that affidavit; is that correct?

Mr. ALBERTY. Yes, ma'am.

Ms. DEGETTE. Okay. Thanks. Let me just ask you—and is everything in this affidavit truthful?

Mr. ALBERTY. Can I have a moment to look over?

Ms. DEGETTE. Sure.

Mr. Chairman, I see my time has officially expired, even though some was taken up by the majority. I ask unanimous consent he be allowed to read this affidavit, then I'll ask him my questions on—

Mr. BILIRAKIS. On your own time. All right. That being the case, we'll switch back over to this side, then.

Mr. Upton, I believe?

Mr. UPTON. Thank you, Mr. Chairman.

I don't know. I've not seen this affidavit until just now. I don't know that anybody on our side has seen it. I don't know if I'm taking your time, but I just see one statement, Mr. Alberty, that you write, "I have no personal knowledge of any instances in which an employer of mine charged any fees or received compensation for retrieving fetal tissue in violation of any of these laws." Does that not contradict what you just said a few minutes ago?

Mr. ALBERTY. I don't believe it does. What number are you reading?

Mr. UPTON. Point No. 4.

Mr. ALBERTY. "I am generally familiar with the State and Federal laws. I have no personal knowledge of any instance in which an employer of mine charged any fees or received compensation."

When I—I don't know the laws.

Mr. UPTON. But you called the FBI, though, right? Is that not right?

Mr. ALBERTY. I called the FBI in because I could not call the local law enforcement because the local law enforcement at that time and the city works very closely with the clinic. And if you have the whole thing about what really happened in this situation, the reason why I called the FBI, it wasn't that I knew that there

was any laws governing the for-sale or not-for-sale of tissue. It dealt with a different matter.

Mr. UPTON. I had the sense when you testified, when you called the FBI that you were aware of the illegality of selling fetal tissue for profit, which is what this hearing was designed to focus on, and that you were called—I had the impression, maybe a mistaken impression, that you were, in essence, reporting the sale of tissue, as you did last night on “20/20,” and you wanted some involvement. Is that not—was that not—

Mr. ALBERTY. That wasn’t the case, the reason why I called the FBI.

Mr. UPTON. Why—can you tell us why you called the FBI?

Mr. ALBERTY. Chairman, may I speak freely?

Mr. BILIRAKIS. He has the time. Yes, you can certainly.

Mr. ALBERTY. The reason why I called the FBI was 1 day that I did see two twin fetuses at 24-plus gestational weeks born out alive and brought back to me in a metal pan. Upon the person removing the drape and showed me what it was, it very much disturbed me to the point where I did not know what to do.

In my eyes, seeing two twin fetuses moving and kicking and breathing in a pan really upset me. I’m not a doctor. I’ve never, ever claimed to be a doctor, and I couldn’t tell you if these twins had any genetic problems. All I saw was they were untouched, meaning there was no clamp marks on them, they weren’t bleeding, they were two twins cuddling each other in front of me. And I walked out the door.

Mr. UPTON. I appreciate your answer.

Mr. ALBERTY. And that’s the reason why I contacted the FBI. I’m sorry if the things weren’t too clear.

Mr. UPTON. So did you know at any point during your practice that, in fact, it was illegal to sell the tissue for profit?

Mr. ALBERTY. No, sir. I was led to believe everything was on the up and up. If I would have known that there was anything illegal, I would not have worked this job. And, frankly, I wish to God I never would have.

Mr. UPTON. I understand.

Dr. Cohen, you said a little bit earlier, in questioning from Chairman Bilirakis, that you are not aware of any other institution or scientist that purchased the material or paid a profit for this material; is that right?

Mr. COHEN. Correct.

Mr. UPTON. I was—I know all of us that watched the report last night were deeply shocked and that’s one of the reasons we voted unanimously to subpoena and hold in contempt Dr. Jones. Do you think that there is—as you deal with the University of Nebraska, that is, obviously, a public institution. Do you think that there is a difference, perhaps, in the scientific community between public and private institutions, in terms of the way that they might deal with this issue?

Mr. COHEN. Not that I’m aware of. Obviously, I don’t know all of the institutions, but, as an example, Dr. Kinney here is from a private institution.

Mr. UPTON. And, Dr. Kinney, you had the same answer as Dr. Cohen, that you were not aware?

Ms. KINNEY. That's right.

Mr. UPTON. I see my time is up.

Mr. BILIRAKIS. I thank the gentleman.

Mr. Waxman to inquire?

Mr. WAXMAN. Thank you very much, Mr. Chairman.

Nobody on this panel would support in any way the idea of profiting from the sale of fetal tissue. Let's just make that very, very clear. But three witnesses, or at least the two researchers, don't know of any evidence of it. The General Accounting Office reported to Congress in 1997 that there had been no reported violations in the acquisition of human fetal tissue for use in transplantation.

So the evidence that we have is from Mr. Alberty and Dr. Jones. Dr. Jones is not here. If Dr. Jones' statements were correct, then I hope that he will be prosecuted.

Mr. Alberty, you seem so disturbed at this whole process. Do you feel that we ought to stop fetal tissue transplant research completely? Do you think it is immoral?

Mr. ALBERTY. I do not think it is immoral, but you need to understand that people who own companies like this need to be held accountable for it. You need to locate the consent. You need to control the consent. You need to control the surrounding environment that you are working in.

Mr. WAXMAN. If we make sure that everybody is following the law, which means they cannot sell fetal tissue and they cannot have an abortion for the purpose of directing fetal tissue for a transplant, and if they do all the consents that are required by the law, do you have a moral objection? Do you feel it is improper?

Mr. ALBERTY. I have a moral objection when you deliver late-term abortion fetuses out alive and you destroy them, outright alive, for the sole purpose of research.

Mr. WAXMAN. Let me ask Dr. Cohen, because NIH has told us that the research involves early tissue, not late-term tissue, because that's the best tissue for transplantation. Is that your understanding?

Mr. COHEN. That's my understanding also. In fact, the research at our institution is in first or second trimester abortions only, does not include anything beyond 20 weeks.

Mr. WAXMAN. Mr. Alberty, you did a videotape, as I understand it, and you were paid by an anti-abortion organization. Is that true?

Mr. ALBERTY. Yes.

Mr. WAXMAN. And you stated in that videotape your belief that fetal research groups are engaging in illegal profiteering. But then in your sworn affidavit you stated, "I'm generally familiar with the State and Federal laws that limit the ability to charge fees for tissue procurement. I have no personal knowledge of any instances in which an employer of mine charged any fees or received compensation for retrieving fetal tissue in violation of any of these laws." That was your statement under oath.

Mr. ALBERTY. Right.

Mr. WAXMAN. But your statement on the tape was different. Your statement for which you received compensation to do this video was, "Clinic doctors would alter the types of abortion procedures that they performed in order to deliver certain types of fetal

tissue.” But then, when you were under oath in your deposition and your sworn affidavit, you told a different story. You said, “I know of no instances in which a doctor was asked or otherwise decided to perform a different type of abortion procedure solely for the purposes of obtaining fetal tissue.”

On this videotape, you alleged you witnessed several incidents in which women changed their minds about whether to have an abortion and then were pressured by the clinic staff to go through with the abortion. Yet in your sworn affidavit you stated you only knew of one such incident in which a woman changed her mind, and with regard to that incident, you had “No knowledge of whether she had changed her mind after the point at which the procedure could not be reversed for medical or other reasons.”

And then in the videotape you said that you were knowledgeable about how abortion procedures are performed, but in your sworn deposition you conceded you’ve never even seen an abortion being performed.

These are a lot of contradictory statements.

Mr. ALBERTY. Right.

Mr. WAXMAN. You said in your opening—

Mr. ALBERTY. I would go by my—

Mr. WAXMAN. We want to go by truth. What is the truth?

Mr. ALBERTY. I would go by my deposition.

Mr. WAXMAN. So your statements under oath seem to contradict your statements that you gave for purposes of a propaganda piece in which you appeared and were paid for appearing by an anti-abortion organization. Is that an accurate statement?

Mr. ALBERTY. That is an accurate statement. When I was under oath I told the truth. Anything I said on the video when I’m not under oath, that is a different story.

Mr. WAXMAN. Thank you.

Mr. BILIRAKIS. The gentleman’s time has expired. I think we could probably get some clarification later.

Mr. Greenwood to inquire?

Mr. GREENWOOD. Thank you, Mr. Chairman. Let me try to follow up on that line of—I watched—my staff provided me with the videotape by Life Dynamics yesterday. I witnessed what I thought—appeared to be a woman in a green dress with long brown hair. Was that you?

Mr. ALBERTY. I had the hair. I don’t remember having a dress.

Mr. GREENWOOD. I think I would remember.

Mr. ALBERTY. I was a little under stress for the first time of going—

Mr. GREENWOOD. So you’re not sure whether you were wearing a dress or not during this tape?

Mr. ALBERTY. No. But I did wear a wig.

Mr. GREENWOOD. You did wear a wig.

Mr. ALBERTY. I did wear a wig, and it was a red wig.

Mr. GREENWOOD. Okay. In your affidavit you say, “Life Dynamics may have changed some of my answers, and it is possible that Life Dynamics substituted another person in my place during portions of the videotape, as it has been circulated.”

I don’t—you say, “I do not know if the videotape is reliable or correct.” Why did you feel compelled to make that statement in

your affidavit? Do you have reason to believe that, in fact, Life Dynamics changed your answers and substituted another person in your place? And do you have reason to believe that the videotape is not reliable or correct?

Mr. ALBERTY. I have never seen the videotape until today. When I was sworn in to give my testimony, they only showed me basically 14 minutes of it, and they asked me, under oath, "Is that you?" And I said, "Well, I don't know." And they said, "Well, can you prove that you don't know that it's not you?" Basically, my response is that Life Dynamics was trying to keep me so well-hidden from everybody, my identity, that they may have gone back and put someone else in their spot and dubbed my voice. So I could not be 100 percent sure. Was that me? Was that my voice? But the thing I saw today was me.

Mr. GREENWOOD. Was you?

Mr. ALBERTY. Yes.

Mr. GREENWOOD. There's a portion of the videotape that says that you witnessed 30 to 40 third trimester abortions a week; is that true or false?

Mr. ALBERTY. Sir, that is based on—it's true, but that's not every single week. Weeks differ. I mean, that would be the high end. Low end could be 12.

Mr. GREENWOOD. I'm sorry. I thought you just testified to the fact that you had not witnessed any abortions.

Mr. ALBERTY. No. I'm going by what—the specimens come back into the room.

Mr. GREENWOOD. The question I asked you is: in the portion of the videotape, is the portion of the videotape false that says that the doctors—excuse me, is the portion of the videotape false that says you witnessed 30 to 40 third trimester abortions a week.

Mr. ALBERTY. Yes, sir. I'm sorry. I misunderstood.

Mr. GREENWOOD. That's false?

Mr. ALBERTY. Yes. That's false.

Mr. GREENWOOD. Is the portion of the videotape false that says that doctors would either break the necks of a fetus of gestational age from 16 to 30 weeks or beat it with a pair of tongs? Is that true or false?

Mr. ALBERTY. I did not witness that, so that would be false. I only heard of that.

Mr. GREENWOOD. Did you say that on the videotape?

Mr. ALBERTY. I believe so. Yes.

Mr. GREENWOOD. How much were you paid to make this videotape?

Mr. ALBERTY. I believe \$400.

Mr. GREENWOOD. Four hundred dollars?

Mr. ALBERTY. I believe.

Mr. GREENWOOD. Why did you take a payment to make the videotape?

Mr. ALBERTY. I didn't know how long I would be around to even bring this to a committee or how it would turn out. When I went down there, that was the sole purpose. It was, like, you know, they would promise to disguise me. I was disguised. I would go down there, and payment—

Mr. GREENWOOD. I'm asking you why—did you ask for \$400? Did you ask for payment in order to make this video, or was it offered to you by the makers of the video? How did that happen?

Mr. ALBERTY. It was offered.

Mr. GREENWOOD. Okay. And why did you accept payment to make this video?

Mr. ALBERTY. I needed the money.

Mr. GREENWOOD. You needed the money.

Is it false when the videotape alleges that doctors modified abortion procedures solely for the purpose of obtaining fetal tissue?

Mr. ALBERTY. No, that is not false.

Mr. GREENWOOD. That's a true statement?

Mr. ALBERTY. That is a true statement.

Mr. GREENWOOD. How do you know that?

Mr. ALBERTY. How I know that that is true is that AGF supplied syringes to the clinic. You normally have a jar which is used, or, as in the "20/20" thing, where Ross Capps clarifies a syringe, is that the syringe is used in the more lengthy procedure to draw out the fetus at an early trimester, and that way you get more of an intact fetus. It is a better specimen for the researchers.

Mr. GREENWOOD. You said in your statement that you were a fetal tissue procurement tech.

Mr. ALBERTY. That's correct.

Mr. GREENWOOD. Were you ever trained to do that?

Mr. ALBERTY. I was trained by Ross Capps.

Mr. GREENWOOD. And what did that training consist of? Did it consist of any training in the law?

Mr. ALBERTY. No. Nothing in the law.

Mr. GREENWOOD. What did the training consist of?

Mr. ALBERTY. The training consisted of—

Mr. BILIRAKIS. The gentleman may respond, and then the time is up.

Mr. ALBERTY. I'm sorry.

Mr. BILIRAKIS. Go ahead. No, please respond to that question.

Mr. ALBERTY. The training consisted of on the job, when I was there, of them bringing back a huge plate—a placenta, blood clot—and showing me how to shift through all the stuff that was in there in order to find limbs, liver, pancreas, kidneys—what to look for, what the identification markers were in all that mess.

Mr. GREENWOOD. Thank you.

Mr. BILIRAKIS. Ms. Eshoo to inquire.

Ms. ESHOO. Thank you, Mr. Chairman.

How long did you spend making this tape?

Mr. ALBERTY. I don't really realize the timeframe that it took to make the tape. From the time I got in the car to go to the airport to the time that we were there, I—

Ms. ESHOO. Actual taping of the tape.

Mr. ALBERTY. I'm not totally sure, ma'am.

Ms. ESHOO. You're not totally sure.

Mr. ALBERTY. I didn't look at my watch.

Ms. ESHOO. Approximately? Do you know approximately?

Mr. ALBERTY. Approximately—

Ms. ESHOO. Was it 45 minutes? Was it 2 hours? What was it around? You don't know?

Mr. ALBERTY. I'm sorry, ma'am. I don't.

Ms. ESHOO. And the only amount of money that you earned was \$400?

Mr. ALBERTY. I believe that is correct, ma'am.

Ms. ESHOO. And you are the Kelly on the tape?

Mr. ALBERTY. That is correct, ma'am.

Ms. ESHOO. Even though you don't remember what you wore?

Mr. ALBERTY. That is correct.

Ms. ESHOO. Does that tape that you listened to contain any false information?

Mr. ALBERTY. That is correct.

Ms. ESHOO. What is correct?

Mr. ALBERTY. That the tape—

Ms. ESHOO. It does?

Mr. ALBERTY. That your other people discussed, it did contain false information.

Ms. ESHOO. It does contain false information—and have you notified Life Dynamics of the inconsistencies?

Mr. ALBERTY. No, ma'am, I did not.

Ms. ESHOO. You have not. Are you willing to contact "20/20" to tell them that there are inconsistencies in the story that tore across the country?

Mr. ALBERTY. The "20/20" episode did not take anything from the Kelly interview, so there was no inconsistencies with that.

Ms. ESHOO. What's your relationship with Life Dynamics today?

Mr. ALBERTY. There is no relationship with Life Dynamics today. They were people that helped me through this process. I was never in this for the money, but the money was offered for compensation to help bring this story forward. I mean, it wasn't a great amount of money. I'm not rich. I'm so poor it's pathetic.

Ms. ESHOO. Do you know anything about the organization? Did you research anything about the organization—

Mr. ALBERTY. No, ma'am, I did not—

Ms. ESHOO. [continuing] before accepting their invitation to tape for \$400?

Mr. ALBERTY. I did not research their corporation.

Ms. ESHOO. Are you aware of anything about the organization whatsoever?

Mr. ALBERTY. No, ma'am. All I know is they are pro life.

Ms. ESHOO. May I ask you what your occupation is today?

Mr. ALBERTY. My occupation today is I work for an organization that procures organ and tissue retrieval for transplants.

Ms. ESHOO. Mr. Chairman, I don't think the committee is in order. I think that this is a very important point.

The gentleman testified earlier that he was so repulsed by what he experienced, and I just asked him what his occupation is today.

Would you restate that, please?

Mr. ALBERTY. My occupation today is I work for a tissue transplant service. That is not fetal tissue. It is adult tissue. If you died and you donated your organs for transplant, we—

Ms. ESHOO. How long did you work in the setting that you have spoken of previous to this position?

Mr. ALBERTY. The fetal tissue?

Ms. ESHOO. Yes. How many years?

Mr. ALBERTY. I would guess probably about 3 years.

Ms. ESHOO. Three years?

Mr. ALBERTY. I'm guessing.

Ms. ESHOO. I thought there was one that said from 1995 to 1999.

Mr. ALBERTY. That is not a total consistency, like, where I worked.

Ms. ESHOO. Do you have, Mr. Alberty, any knowledge or recollection of a check made out to you, Dean Alberty, for \$1,250 from Life Dynamics dated January 11, 2000? Do you have any recollection of that?

Mr. ALBERTY. Ma'am, there were checks that were written out to me. If there is a check, then yes, I do recollect that, but I don't—

Ms. ESHOO. You do recollect it?

Mr. ALBERTY. I don't know exactly what all the checks right now were for.

Ms. ESHOO. Mr. Alberty, you're under oath.

Mr. ALBERTY. Yes, ma'am. I realize that.

Ms. ESHOO. All right. Now, you said under oath that you had received \$400 to do this so-called "Kelly tape." There is a check here from December 23, 1999, from Life Dynamics, Incorporated, in the amount of \$600 made out to you, another one, as I said, January 11 of this year. Do you have any recollection, or you just get checks and you don't remember the amounts?

Mr. ALBERTY. I don't remember the amounts, what the checks were for.

Ms. ESHOO. Another check from Life Dynamics, Incorporated, for \$300, November 8, 1999. Do you have any recollection of that?

Mr. ALBERTY. I don't have a recollection of what the check was for.

Ms. ESHOO. Do you have any recollection of a check dated December 15, 1999, for \$500 made out to Dean Alberty?

Mr. ALBERTY. I do not. I mean, I know that these checks were made to me—

Ms. ESHOO. Do you have any recollection of a check from December 16 for \$500 from the same organization made out to you?

Mr. ALBERTY. No, ma'am, I do not have recollection.

Ms. ESHOO. May 3, \$2,607.83 from Life Dynamics, Incorporated, made out to you. It seems to me that you've been doing an awful lot of work for Life Dynamics.

Another check from Life Dynamics for \$250, July 28, 1999, made out to you. Do you recollect that check?

Mr. ALBERTY. I do not.

Ms. ESHOO. Well—

Mr. ALBERTY. I know all these checks—if you have them there—

Ms. ESHOO. These are all copies.

Mr. ALBERTY. Right. I believe that you are right.

Mr. BILIRAKIS. The gentlelady's time has expired. Are we at the point where maybe you can yield back, and we'll go back another round.

Ms. ESHOO. Well, if my time has expired, I'll wait for—

Mr. BILIRAKIS. All right. That being the case—

Ms. ESHOO. What were these for?

Just one more question, Mr. Chairman.

What are all these checks for?

Mr. ALBERTY. Those checks could be for numerous things.

Ms. ESHOO. What have you done for—

Mr. BILIRAKIS. Brief response, please.

Mr. ALBERTY. Response?

Mr. BILIRAKIS. Brief response. Yes.

Mr. ALBERTY. The checks could be for numerous things. It could be either for me going to conventions, it could be for—

Ms. ESHOO. Are you on their payroll?

Mr. ALBERTY. You have the checks there. I was—I didn't have taxes taken out.

Ms. ESHOO. I'm the Member of the Congress.

Mr. ALBERTY. Right.

Ms. ESHOO. And you're supposed to answer my questions.

Mr. ALBERTY. Right. I'm sorry.

Ms. ESHOO. So it's not the other way around.

Mr. ALBERTY. I'm sorry.

Ms. ESHOO. All right. You have no recollection why you received all of these checks?

Mr. ALBERTY. For work that I did for them.

Ms. ESHOO. Work that you have done for them?

Mr. BILIRAKIS. The gentlelady's time has expired.

Ms. ESHOO. Thank you.

Mr. BILIRAKIS. Mr. Deal?

Mr. DEAL. Thank you, Mr. Chairman.

I would, first of all, like to ask that the Opening Lines' fee schedule of services and two brochures, the advertisement in "Science Magazine" by Opening Lines, and the draft promotional material from Opening Lines be made a part of the record. I ask unanimous consent.

Mr. BILIRAKIS. Is there objection?

Ms. DEGETTE. I certainly want a complete record, and, therefore, I will not object.

Mr. BILIRAKIS. That being the case, then so be it.

[The information referred to follows:]

The medical and social history form supplied within the brochure will need to be filled out. This form is simple and only takes a few minutes to complete.

Your patient will need to supply information that will be held in the strictest of confidence regarding any diseases or disorders encountered presently or in the past. Any questions with positive answers will require written explanations.

Please call us regarding any questions you may have. At your request, we will send you patient brochures with all the necessary information.

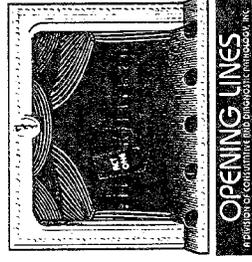
Just remember that your patient has already made the decision to have an abortion.

You are simply asking her to help by donating a gift that has the possibility of helping thousands of people with diseases and disorders that otherwise might not be cured without research.

Please ask your patient to sign the donor consent form when your staff presents it to her.



Thank You
for proposing to your patient the gift that will enable people around the world to have a better quality of life.



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If by chance a major discovery in research is made using the tissue donated, you will not be eligible to share in the potential monetary gains that the researcher may receive for his or her discovery.

The identity of your patient will be kept strictly confidential, and her name will not be sent to ANYONE. The tissue will be identified only by a number.

Special brochures and consent forms will be supplied to your facility in order to make the decision to grant consent easy and convenient.

Your patient will need to read and understand this brochure and will be given the opportunity to ask questions.

Your patient will have the choice of refusing to participate.

The brochure will explain that she will receive no compensation for consenting to this study and that her identity will be kept confidential.

Your patient will be asked to sign and date a separate consent form granting permission to Consultative and Diagnostic Pathology, Inc. and each of its authorized agents and representatives to distribute and dispense tissue derived from her medical procedure.

Consultative and Diagnostic Pathology, Inc. will be asking to obtain tissue specimens derived from your patient's medical procedure and following any necessary diagnostic exam, to distribute the material to scientists or institutions, for purposes of biomedical research.

This is the opportunity to make a difference...and it can be beneficial to your clinic.

On January 22, 1993, President Clinton lifted the moratorium on Federal funding of research involving transplantation of fetal tissue from induced abortions. This action treated a great demand for fetal tissue and has made possible research for treatments for individuals afflicted with serious diseases and disorders.

OUR PROGRAM IS SIMPLE

1. Consultative and Diagnostic Pathology will lease space from your facility to perform the harvesting and distribution of tissue. The revenue generated from the lease can be used to offset your clinic's overhead.
2. Consultative and Diagnostic Pathology can train your staff to harvest and process fetal tissue. Based on your volume we will reimburse part or all of your employee's salary, thereby reducing your overhead.
3. When the Consultative and Diagnostic Pathology staff performs the harvesting, they will assist your staff whenever and wherever possible, making working conditions better for everyone.
4. We have very cost-effective pricing for pathology and cytology services. Our prices are almost always lower than your current provider and our service is usually much quicker.

We know your patient's decision to have an abortion was carefully considered and we also know it was a very difficult one to make.

Now that the choice has been made, we ask that you propose to your patient a simple program that could help thousands of people.

Your patient has the ability to give permission to donate fetal tissue for research. That consent may result in the saving of lives of possibly thousands of people with diseases and disorders that might not otherwise be cured without this research.

Much has been discovered from scientists' work with the tissue removed during the abortion procedure.

Great strides are being made with respect to treating and curing many disorders such as **Cancer, AIDS, Alzheimers, Liver Disease, Eye Disorders and Blindness, Diabetes, Spinal Cord Injuries, Kidney Disease** and countless other diseases.

Scientific studies from tissue derived from medical procedures are very important to the understanding, treatment and prevention of many diseases, as well as for the development of commercially available therapies.

When patients think about all the good that could come from this research, the decision becomes quite easy.

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OPENING LINES is a division of Consultative and Diagnostic Pathology, Inc. (CDPI) which was formed in 1989 by Dr. Miles Jones. Opening Lines was established in order to provide a convenient and efficient way for researchers to receive fetal tissue without a lot of bureaucracy.

Order forms are available which identify issue types, amounts, preparation, and where and when you require the specimen(s) to be delivered.

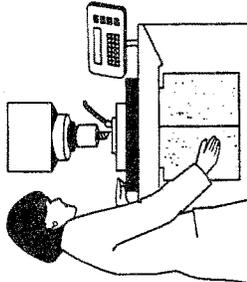
Information that is needed to initiate service is a purchase order number, payment type and your billing address.

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OPENING LINES was formed to maximize the utilization of fresh fetal tissue we process. Our daily average case volume exceeds 1500 and we serve clinics across the United States.

We can provide you with the exact tissue to meet your needs. We obtain and maintain appropriate confidential consent and basic medical histories for fetal tissue donation. All tissue is harvested and processed in complete compliance with local, state and federal rules and regulations. We adhere strictly to all NIH guidelines.

We have simplified the process for procuring fetal tissue. We DO NOT require a copy of your IRB approval or summary of your research and you ARE NOT required to site Opening Lines as the source of tissue when you publish your work (we believe in word of mouth advertising; if you like our service you will tell your colleagues).

We are very pleased to provide you with our services. Our goal is to offer you and your staff the highest quality, most affordable, and freshest tissue prepared to your specifications and delivered in the quantities you need when you need it.

We are professionally staffed and directed. We have over ten years experience in tissue harvesting and preservation. Our full time medical director is active in all phases of our operation.

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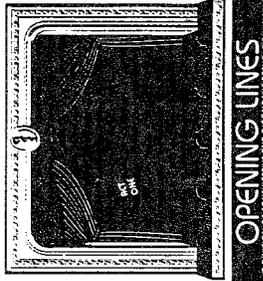
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Fee for Services Schedule

Unprocessed Specimen(> 8 weeks)		\$70
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Livers(≤ 8 weeks)	30% discount if significantly fragmented	\$150
Livers(> 8 weeks)	30% discount if significantly fragmented	\$125
Spleens(≤ 8 weeks)		\$75
Spleens(> 8 weeks)		\$50
Pancreas(≤ 8 weeks)		\$100
Pancreas(> 8 weeks)		\$75
Thymus(≤ 8 weeks)		\$100
Thymus(> 8 weeks)		\$75
Intestins & Mesentary		\$50
Mesentary(≤ 8 weeks)		\$125
Mesentary(> 8 weeks)		\$100
Kidney-with/without adrenal(≤ 8 weeks)		\$125
Kidney-with/without adrenal(> 8 weeks)		\$100
Limbs(at least 2)		\$150
Brains(8 weeks)	30% discount if significantly fragmented	\$499
Brain(> 8 weeks)	30% discount if significantly fragmented	\$150
Pituitary Gland(≤ 8 weeks)		\$700
Bone Marrow(≤ 8 weeks)		\$350
Bone Marrow(> 8 weeks)		\$250
Ears(8 weeks)		\$75
Ears(> 8 weeks)		\$50
Eyes(8 weeks)	40% discount for single eye	\$75
Eyes(> 8 weeks)	40% discount for single eye	\$50
Skin(> 12 weeks)		\$100
Lungs & Heart Block		\$150
Intact Embryonic Cadaver(≤ 8 weeks)		\$400
Intact Embryonic Cadaver(> 8 weeks)		\$600
Intact Calvarium		\$125
Intact Trunk(with/without limbs)		\$500
Gonads		\$550
Cord Blood(Snap Frozen LN ₂)		\$125
Spinal Column		\$150
Spinal Cord		\$325

Prices in effect through December 31 1999

Other Services

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ABO/Rh	\$25
HIV	\$30
HBV(HBSag)	\$30
HCV	\$35
EBV(IgG)	\$45
HbA1c	\$30
RPR	\$22
Other-----	Call for Quote

Maternal Phebotomy(1 Serum & 1 EDTA)- <i>No testing</i>	\$30
2 or More Specimens from Same Patient-Additional Charge	\$100

Preservation

Media(RPMI or Hank's BSS)	\$10
Media(Fetal Calf Serum)	\$20
Media(IMDM-Glutamine/HEPES Buffer)	\$30
Media(DMEM-High Glucose)	\$25
Media(Client Supplied)-----	No Charge
Liquid Nitrogen(Snap) Freezing	\$10

Packaging

Handling(1-6 specimens per shipment)	\$5
Handling(7-12 specimes per shipment)	\$10
Handling(13 or more specimens per shipment)	\$15
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OPENING LINES was formed to maximize the utilization of the fresh fetal tissue we process. Our daily average case volume exceeds 1500 and we serve clinics across the nation. This means we can provide you with the exact tissue to meet your needs.

OPENING LINES obtains and maintains appropriate confidential consent and basic medical histories for fetal tissue donation. All tissue is harvested and processed in complete compliance with local, state and federal rules and regulations. We adhere to all NIH guidelines.

We have simplified the process for procuring fetal tissue. We **DO NOT** require a copy of your IRB approval or summary of your research and you **ARE NOT** required to site OPENING LINES as the source of tissue when you publish your work(we believe in word of mouth advertising; if you like our service please tell your colleagues and if you do not notify us and we will do our best to correct the problem).

Thank you and watch for our ads in the classified section of *Science*. We have a special gift at the end of the year for the first person who knows the source of all the opening lines.

Miles J. Jones, MD(FCAP), BCFE, BCFM

Prices in effect through December 31 1999

Mr. DEAL. Thank you.

Dr. Kinney and Dr. Cohen, have you had an opportunity to examine the fee schedules that were in this published material from Opening Lines?

Mr. COHEN. I'm not aware of them.

Ms. KINNEY. No, I have not.

Mr. DEAL. Do either of you hold positions in your institutions that are in charge and responsible for procuring fetal tissue? Do either of you, in effect, have hands-on, personal responsibility for or knowledge of the procurement process?

Mr. COHEN. I do not.

Ms. KINNEY. No.

Mr. DEAL. So when you answered before the questions about whether or not institutes or abortion clinics or others would pay for this material, you have no personal knowledge because you're not involved in that; is that correct?

Mr. COHEN. I'm certainly familiar with the documentation from the university, and I've spoken with all of the individuals involved, including the investigators and those in administration.

Mr. DEAL. Okay. And you've spoken to them about what?

Mr. COHEN. About the issue of the—whether anything has been paid to the clinic for these tissues. They've also made public statements about this, as well, those that are involved with us.

Mr. DEAL. Is anything being paid?

Mr. COHEN. No.

Mr. DEAL. So all of the material that you get is donated material?

Mr. COHEN. Yes.

Mr. DEAL. No fees, whatsoever?

Mr. COHEN. Correct.

Mr. DEAL. How about that, Dr. Kinney?

Ms. KINNEY. That's the same in my situation. I mean, I'm a researcher that uses fetal research—I mean, fetal tissue, so I get the fetal tissue through the pathology department from tissues that come through the obstetrical department, and I do not pay for it, and it has been approved by the Human Protection Committee.

Mr. DEAL. Does your institution pay for it, though?

Ms. KINNEY. No, it does not.

Mr. DEAL. And it does not receive any from outside sources; is that correct?

Ms. KINNEY. That's my understanding. Yes, that's correct.

Mr. DEAL. Dr. Cohen, yours does receive from outside sources, but no payment is made; is that correct?

Mr. COHEN. Correct.

Ms. KINNEY. And let me just make one clarification. I also get fetal tissue from the University of Washington, which has a fetal tissue source that's funded by the NICHD and has a fee for procurement, which is \$100.

Mr. DEAL. A set fee in every instance?

Ms. KINNEY. A set fee in every instance.

Mr. DEAL. All right. So when we see a fee schedule that delineates different fees for different body parts, you are not familiar with that approach to the—

Ms. KINNEY. No.

Mr. DEAL. [continuing] collection of fetal tissue? Is that what you're saying?

Ms. KINNEY. Yes.

Mr. DEAL. Yes.

Ms. KINNEY. Not at all.

Mr. DEAL. Have you ever been aware that, within the research community, that these kind of fee schedules are being used by people providing fetal tissue?

Ms. KINNEY. No.

Mr. COHEN. No. The only awareness that I have is situations like Dr. Kinney just spoke of with the University of Washington, where there is a set fee for processing and procurement. We don't happen to take advantage of that, but that's the only fee schedule that I've ever seen.

Mr. DEAL. So neither of you are familiar with any fetal tissue that is coming from abortion clinics? Is that what I understand?

Ms. KINNEY. That's right.

Mr. COHEN. Not being paid for, at least.

Ms. KINNEY. Not being paid for in this way.

Mr. DEAL. So—well, are you aware if any are coming from abortion clinics?

Mr. COHEN. Our tissue comes from an abortion clinic.

Mr. DEAL. Okay. Let me ask Mr. Alberty, you have been asked about this affidavit. As I understand, you were sued by your employer—what was the name of the employer?

Mr. ALBERTY. Anatomic Gift Foundation.

Mr. DEAL. Yes. They sued you after you left their employment; is that correct?

Mr. ALBERTY. Yes. Months after I left.

Mr. DEAL. They sued you for breach of contract, which I assume related to a contract of employment not to divulge information relating to your employment with them; is that correct?

Mr. ALBERTY. That is correct, and the other part was that I would not operate my own business—

Mr. DEAL. In competition with them.

Mr. ALBERTY. [continuing] in competition. We were doing umbilical cord and foreskins and they had found out, and plus they had leaked that information knowing that I was working with Life Dynamics, and that's when they put a lawsuit over on me.

Mr. DEAL. And the affidavit that has been introduced here and that you've been questioned about and the deposition that has been alluded to were all a product of the settlement of that civil action; is that correct?

Mr. ALBERTY. That is correct, sir.

Mr. DEAL. And was this affidavit prepared by your attorney or by their attorney?

Mr. ALBERTY. I believe it was put together by their attorney.

Mr. DEAL. Thank you.

Mr. ALBERTY. The gentleman's time has expired.

Mr. Stupak?

Mr. STUPAK. Thank you, Mr. Chairman.

We're here, the issue being fetal tissue being bought and sold for profit in violation of Federal law, so I'd like to try to put my questions along those lines to the witnesses here.

As a technician, Mr. Alberty, for Opening Lines or AGF, did you set prices?

Mr. ALBERTY. Not for AGF. When I was with Dr. Miles Jones, we sat down for dinner and he asked me did I have any recollection of prices that AGF had, and I explained to him what I saw on a fax that came over to me, and I could not quote him honestly on the fax, so over dinner, over Mexican food, he set the prices.

Mr. STUPAK. Did he set the prices based upon what AGF had under—

Mr. ALBERTY. No. He set the prices on his own standard. He said that—

Mr. STUPAK. Is it fair to say his prices were higher than AGF's?

Mr. ALBERTY. I never saw AGF's. All I saw was that fax, and I couldn't actually tell you what all was on that fax.

Mr. STUPAK. All right. But you helped to set the price schedule for Opening Lines?

Mr. ALBERTY. I helped Dr. Jones—make him understand how hard it is to achieve these tissues, and he set the prices.

Mr. STUPAK. Is it your understanding—is there a common fee charged throughout the industry for certain parts of fetal tissue or certain specimens of it?

Mr. ALBERTY. I'm not sure.

Mr. STUPAK. Well, is there a fee for service, a schedule that is used throughout fetal tissue research? Do you have any idea?

Mr. ALBERTY. I have no idea, sir.

Mr. STUPAK. Dr. Cohen, would you have any idea, or Dr. Kinney? Is there a set fee—\$50, \$100—depending on what we're talking about?

Mr. COHEN. I'm not aware of these kinds of fee schedules, since we don't deal with them.

Ms. KINNEY. We don't either.

Mr. STUPAK. The reason why I'm asking, we had the part that was shown on "20/20" last night that had some very high prices, then we had some other documents here from AGF which has other prices. I guess I'm trying to establish what is the basis, what is the—if I can use the word, what's the going rate? If we establish a going rate, then it if someone is charging much more than there's assumed there is a profit. I mean, NIH gives, what, \$20 million a year for this research. Someone has to have some kind of a price as to a basis of what we go from. Is that fair to say?

Mr. COHEN. There should be a set price that is standard throughout the whole United States.

Mr. STUPAK. And no one knows what that set price is?

Mr. COHEN. No. I mean, there should be. I don't think there is a set price.

Mr. STUPAK. Okay. All right. When did you work, exactly, at AGF? Do you know what timeframe?

Mr. ALBERTY. No, I sure don't, sir. I don't have the exact—

Mr. STUPAK. Was it 1995, 1996, 1997?

Mr. ALBERTY. Let me look right here. It says 1993 I worked for AGF.

Mr. STUPAK. Okay.

Mr. ALBERTY. I started my employment with them.

Mr. STUPAK. How long did you work there?

Mr. ALBERTY. Looks like 1995.

Mr. STUPAK. Two years?

Mr. ALBERTY. Basically, yes.

Mr. STUPAK. And then you were out of the business, and then you went with Opening Lines?

Mr. ALBERTY. I was gone for about 6 months.

Mr. STUPAK. Okay.

Mr. ALBERTY. And that's when Dr. Miles—sorry.

Mr. STUPAK. Dr. Miles?

Mr. ALBERTY. Dr. Miles Jones—

Mr. STUPAK. Right.

Mr. ALBERTY. [continuing] met with a doctor on an airplane, and those two discussed the possibility of re-establishing the—

Mr. STUPAK. Did they hire you then after you were out for about 6 months, and you went to work for Opening Lines?

Mr. ALBERTY. Right.

Mr. STUPAK. Okay.

Mr. ALBERTY. He called me up on the phone, talked to me about it, said, "Would you be willing to come back?" Mr. STUPAK. Okay.

Mr. ALBERTY. And at that time I was basically unemployed.

Mr. STUPAK. This piece I think most of us saw last night on "20/20," where there was an individual who was supposedly a vendor talking to Dr. Jones, did you help set up that meeting?

Mr. ALBERTY. The vendor?

Mr. STUPAK. Yes.

Mr. ALBERTY. You mean like the investment people?

Mr. STUPAK. Right.

Mr. ALBERTY. I did not help set up that meeting. I talked to Dr. Jones. Well, let me re-clarify. I'm sorry.

Yes, I did. I told Dr. Jones there would be someone that would give him a call, would he accept the phone call. He said, "Why not?" And then I backed out after that.

Mr. STUPAK. You weren't at that dinner or anything?

Mr. ALBERTY. No, sir.

Mr. STUPAK. Okay.

Mr. ALBERTY. I was totally out of the picture then.

Mr. STUPAK. All right. And this vendor that we saw last night, that was, obviously, investigators from "20/20"?

Mr. ALBERTY. I believe so.

Mr. STUPAK. You knew that they were going to call the doctor, you helped them sort of set this up, to get a hold of Dr. Jones?

Mr. ALBERTY. I did not know when they were going to call him.

Mr. STUPAK. I know you didn't know exactly, but you were the go-between, you were the one to help set that up, if you will? Without your information, "20/20" never would have called Dr. Jones, right?

Mr. ALBERTY. No. They were looking for him. They didn't have a way to contact him. They were going to do different routes, and they asked me, "How can we get in contact with him?" I said—

Mr. STUPAK. If they couldn't find Dr. Jones, how did they get a hold of you?

Mr. ALBERTY. Right.

Mr. STUPAK. How did "20/20" get a hold of you, then, if they couldn't find Dr. Jones?

Mr. ALBERTY. Because "20/20" did the story with me first.

Mr. STUPAK. All right.

Mr. ALBERTY. And we sat down at Life Dynamics, and I talked to "20/20"—

Mr. STUPAK. Sure.

Mr. ALBERTY. [continuing] about the whole thing, about all the people that were involved, from—

Mr. STUPAK. And after you did that at Life Dynamics, then is it your understanding "20/20" tried to get a hold of Dr. Jones but could not, and asked you to maybe the intermediary here to get this set up?

Mr. ALBERTY. That is correct, sir.

Mr. COBURN [presiding]. The gentleman's time has expired.

Mr. STUPAK. Thank you.

Mr. COBURN. The gentleman from North Carolina, Mr. Burr.

Mr. BURR. Thank you, Mr. Chairman.

Mr. Alberty, let me say at the beginning, the reason that you are included in this panel is because your participation in videotapes, your affidavits, even your deposition—and I will say that the deposition was shared with the majority at 9:30 this morning, after weeks of trying to access that so that we could figure out the credibility of your story or which one was correct—

Mr. ALBERTY. Right.

Mr. BURR. I found there to be so many inconsistencies in your testimony between that and tapes and testimonies prior to this, whether they were under oath or not under oath, your credibility, as far as this member is concerned, is shot.

Let me turn to Ms. Fredericks.

As the head of a clinic, were you ever aware of any fee schedule?

Ms. FREDERICKS. I saw Dr. Miles Jones' fee schedule. He did mail me a copy of his marketing brochure.

Mr. BURR. And did that fee schedule, from a standpoint of a clinic director, reflect what you thought to be the cost of their procurement of these tissues?

Ms. FREDERICKS. I am not a medical person. I did not know what was involved in the process.

Mr. BURR. Did your clinic at any point ever consider the possibility of procuring these tissues, themselves?

Ms. FREDERICKS. Yes, sir.

Mr. BURR. What was the reason?

Ms. FREDERICKS. We needed the revenue, additional revenue.

Mr. BURR. And you saw an unbelievable amount of revenue collected in this process?

Ms. FREDERICKS. I saw a lot. I don't know "unbelievable." I don't have a recollection for an exact amount.

Mr. BURR. Dr. Cohen, let me go to your testimony real quick. I just want you to clarify one thing.

In your testimony, you said, "I'm concerned that, in attempting to enforce the laws governing fetal tissue research and the distribution of such tissue, Congress may unnecessarily over-restrict fetal tissue research."

What do you mean there?

Mr. COHEN. I think that's related to the point that was mentioned by virtually everyone during their preliminary address here,

is that this research is very important, and we are just worried, especially given our recent experience in Nebraska, where there is an active attempt to try to ban this research—

Mr. BURR. But you're not suggesting—

Mr. COHEN. [continuing] that Congress will do that also.

Mr. BURR. You're not suggesting to the committee that we shouldn't enforce the laws that are on the books now?

Mr. COHEN. Certainly not. Absolutely not. Those laws should be enforced.

Mr. BURR. I appreciate that.

Ms. Samuelson, you were nice enough to refer in your testimony to the law, and I want to quote that. "It is unlawful for a person to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration if the transfer affects interstate commerce."

Now, let me ask you, Dr. Cohen and Dr. Kinney, from the standpoint of researchers, is it commonly known in the research world that as a researcher, to excessively pay for fetal tissue would be a violation of the law?

Mr. COHEN. I can only speak for our institution. Our investigators are aware of that. I can't speak for other institutions. I've never inquired about it.

Mr. BURR. So it has been covered at your facility that to pay some amount that would exceed the cost to acquire those tissues would be a violation of the law on the part of the researchers having received them?

Mr. COHEN. Yes.

Mr. BURR. Dr. Kinney?

Ms. KINNEY. I don't know how common it is. I think there could be more education about it.

Mr. BURR. Would it surprise you if it was, in fact, truthful that these price fee schedules had been circulated through other institutions?

Ms. KINNEY. I can't speak to—I don't have firsthand knowledge. I can't speak to that.

Mr. BURR. Mr. Chairman, I would ask unanimous consent to enter into the record some documents that describe protocols for tissue recovery. I will give the minority whatever time they need.

It is my understanding that these are guidelines for the recovery of tissue at the clinics that was drawn up by one of the two companies that we have discussed, either AGF or Opening Lines.

Let me ask Ms. Fredericks, were you aware of any guidelines that those companies had for the procurement or for the recovery of these tissues?

Ms. FREDERICKS. I don't believe I was.

Mr. BURR. Let me just read you one section and ask you if you have any recollection.

Mr. COBURN. The gentleman will need to make this quick.

Mr. BURR. I'd be happy to.

It says, "Documentation and procurement records: it is imperative that accurate records be maintained, particularly for billing purposes, but also for problems which may arise later concerning a particular procurement. Recordkeeping also enables us to evaluate productivity."

Was it common at any clinic to get an end-of-the-year bonus or any type of additional payment because of the number of items supplied out of that clinic?

Ms. FREDERICKS. No, sir. Not that I ever saw.

Mr. COBURN. The gentleman's time has expired.

We do have a unanimous consent request.

Ms. DEGETTE. Mr. Chairman, reserving the right to object, I have a couple of foundational questions, seeing as foundation seems to be a big issue with documents here.

Do we know where this document came from?

Mr. BURR. I would ask Mr. Alberty if he was, in fact, the source of the guidelines.

Mr. ALBERTY. No, sir.

Mr. BURR. Then the gentleman would not know the source of these documents.

Ms. DEGETTE. Mr. Chairman, on that basis, I'm going to have to object on foundational grounds. We don't know who produced this document, where it came from, what it means. It was represented as being a procedure, but we don't—there's handwritten notes here.

Mr. COBURN. Would the gentlelady suspend for a minute?

Ms. DEGETTE. Sure.

Mr. COBURN. Mr. Alberty—would the staff give Mr. Alberty a copy of this? There's some question as to whether or not this is your handwriting.

Mr. ALBERTY. Well, I can't see from here.

Ms. DEGETTE. Where did it come from?

Mr. COBURN. Look at the back few pages, Mr. Alberty.

Mr. ALBERTY. Back few pages? Yes, the protocol for recovery of lung, that looks like my handwriting.

Mr. COBURN. Have you ever seen these other—these materials before?

Mr. ALBERTY. Since I wrote them?

Mr. COBURN. Did you write all these?

Mr. ALBERTY. I wrote the protocol for lung, looks like the liver fragment, protocol for the recovery of that, protocol for recovery of fetus intact, protocol for recovery of bone marrow.

Mr. COBURN. So these are, in fact—

Mr. ALBERTY. Specimen rejection criteria.

Mr. COBURN. These are, in fact—the typewritten pages in front of that—have you ever seen these protocols before—protocol for recovery of eyes, tissue recovery procedures, fetal?

Mr. ALBERTY. Yes.

Mr. COBURN. You have seen these?

Mr. ALBERTY. I have seen them.

Mr. COBURN. Where were these used?

Mr. ALBERTY. The first one, protocol for recovery of eyes, it looks like it is probably AGF. Tissue recovery procedures for fetal tissue is an AGF document. But when it goes back to the handwriting, those are my handwritings that I did for Dr. Miles Jones.

Ms. DEGETTE. Reclaiming my time, if I may, Mr. Chairman—

Mr. COBURN. I believe the gentlelady has already objected.

Ms. DEGETTE. No, I was acting under a reservation.

Mr. COBURN. Okay. The lady is, in fact, recognized.

Ms. DEGETTE. Thank you.

Mr. Alberty, do you know these are—these typewritten pages are AGF's protocols?

Mr. ALBERTY. Those are what were at the clinic when AGF was there, and I gave those—everything that I had over to Life Dynamics.

Ms. DEGETTE. And these handwritten pages that are, according to your sworn testimony, in your handwriting, whose criteria were those? Were those your criteria?

Mr. ALBERTY. Those would be the criteria that I, when I read from AGF's, I duplicated.

Ms. DEGETTE. So these—

Mr. ALBERTY. And whether they were in my own words or their words, you know, I read what they had before—

Ms. DEGETTE. So these are criteria you came up with for yourself? Is that your testimony today?

Mr. ALBERTY. Along with Dr. Miles Jones, yes.

Ms. DEGETTE. Okay. And what I am told by my committee staff here is that this document was provided to our committee by Life Dynamics, the group that you made the paid videotape for. Would that be accurate?

Mr. ALBERTY. That would be 100 percent accurate.

Ms. DEGETTE. Okay.

Thank you, Mr. Chairman. You know, given that caveat that that's where it came from, Life Dynamics, and that basis, I'll withdraw my reservation.

Mr. COBURN. Any other objections?

[No response.]

Mr. COBURN. So agreed.

[The information referred to follows:]

PROTOCOL FOR THE RECOVERY OF EYES

A. DONOR SPECIFICATIONS

1. AGE 15-22 WEEKS
2. GENDER: MALE/FEMALE

B. EYE RECOVERY

1. IDENTIFY THE EYES
 2. USING CURVED IRIS SCISSORS AND A BLUNT DISSECTION TECHNIQUE EXPOSE THE TENDONS AND ITS MUSCLE
 3. TRANSECT THE MUSCLE IN THE AREA OF LATERAL, MEDIAL AND INFERIOR LOWER PART OF THE RECTUS MUSCLES
 4. RETURN THE LATERAL SIDE OF THE EYE, EXPOSE THE OPTIC NERVE
 5. USING A CURVED IRIS CUT TO THE BACK OF THE OPTIC NERVE
 6. REMOVE THE EYE BY USING FORCEPS WITH CARE, BY HOLDING ON TO THE OPTIC NERVE OR RECTUS MUSCLES
 7. PLACE THE RECOVERED EYES IN STERILE PLASTIC DISH TO EXAMINE. IF THERE ARE ANY LACERATIONS TO THE EYES
 8. IF LACERATIONS ARE ON THE EYES PLEASE SEE RECOVERY SITUATIONS FOR DIVISIONS.
 9. PLACE EYE INTO PROPER MEDIUM RESEARCHER REQUESTS.
 10. MAKE SURE SPECIMEN # IS ON THE SPECIMEN TUBE AND WRITTEN ON PROPER FORM.
- PERI FILM TUBE-PLACE SPECIMEN TUBE INTO ZIP LOCK BAG WITH RESEARCHER NAME ON DAY.

- d) labels - Silver Milar Labels (about 200)
 - assorted packaging and shipping labels where appropriate
 - address labels
- e) bags - zip-lock bags, equal to number of crack resistant containers, keeps container and label together since label will not stick at freezing temperatures
 - 16 "trash bags" used to double-bag ice for shipments
 - 10 - 15 "ice bags" to enclose specimen containers in waterproof environment
- f) paperwork - enough procurement logs and shipping slips for a month, if possible
- g) instruments - at least 5 complete sterile sets including: 8" thumb forceps, 3
 1/2" mouse tooth forceps, and 4" scissors
 - 5 individually sterilized pans
- h) ice - wet ice must be on hand for shipping fresh specimens
 - use about 5 lbs per shipment
- i) LN2 **Please see Precautions for the use of Liquid Nitrogen**
 - Liquid nitrogen dissipates to gas rapidly at ambient temperatures.
 - Keep at least 2 liters on hand at all times since freezing is usually "on-going". Also, frozen specimens can be stored directly in LN2 until dry ice is obtained for shipping. NOTE: SNFR (snap frozen) specimens are particularly valuable. Allowing LN2 to disepate and the subsequent thawing of stored specimens could cost IIAM hundreds of dollars in service fees.
 - LN2 - suppliers in local area need to be established. Can often be obtained by the liter.
- j) tape - maintain one full roll of masking tape and one to two full rolls of clear packaging tape.

- 4) Liver- Gestation 15 to 20 weeks for fresh specimens and 15 to 24- weeks for SNFR.

Liver need not be intact and crushed fragments are acceptable. Remove gall bladder and connective tissues.

- 5) Lung- Gestation 15 to 22 weeks for fresh specimens. Relatively large segments or lobes are required. If thoracic cavity is intact, split chest with scissors and remove heart/lung enblock by cutting anteriorly through trachea and esophagus to vertebrae, then, grasping trachea with mouse teeth and applying tension, carefully separate lungs and heart with scissors from connective tissues and diaphragm. Remove heart and thymus.

- 6) Eyes- Gestation 10 to 24- weeks depending on researcher. Eyes must be intact and specimens over 16 weeks must appear firm. Remove eyes carefully so as not to puncture with scissors. The older the gestation, the more durable the eye. Clean as much muscle and connective tissue off as possible. Do not be afraid to cut through bone in order to avoid damage to the specimen.

procure both eyes when possible and specify whether one or two in records because service fee may be per eye, not per pair.

- 7) Pituitary- Gestation 20 to 24- weeks. See Diagram. The most difficult to obtain tissue because of its small size and fragility. Great care must be taken when examining base of skull. Often times presence of pituitary is a function of how head is detached from body of fetus during D&E, and how badly head is crushed. If head remains attached to body, pituitary will likely be present. Also pit. can remain, even if head is crushed, if base of skull is intact where optic nerves enter brain. Pit. is positioned directly in center of small cavity created by two bony structures as shown:

Because the gland is being used to obtain luteinizing hormone (LH), it is necessary to determine the sex of the fetus whenever possible. Therefore as many remains as necessary should be retained to accomplish this task.

Do not attempt to remove pit. from skull. Instead, put as much of head as will fit in urine cup and fill to top with RPMI media. Make sure skull is cracked or split to allow cold media to

contact gland. If you must trim skull to fit specimen container, do so by removing crown. The presence of other tissues such as brain is not necessary but may help maintain integrity of pit. cavity.

8) Tibia- Gestation 20 to 24- weeks. Knee and tibia must be intact although muscle damage is acceptable. Procure by using heavy scissors to cut through femur above knee, much like above the knee amputation (AKA) performed on adults. Place one (or two legs if they will fit) in Falcon tube with foot at top and cover completely with media. As with eyes, specify one leg or two procured from each donor.

9) Muscle- Gestation 10 to 16 weeks for SNFR. Skeletal muscle removed from leg preferred for ease of recovery. Remove skin, if possible, and procure in conjunction with kidneys. Amount of muscle should be similar in weight to kidneys. It is not necessary nor is it efficient use of time to dissect out alot of muscle.

10) Brain- Gestation 16 to 24 weeks but the smaller the better. Important to confirm age via foot length. Brain tissue must be recovered under sterile conditions.

11) CNS- 7-12 weeks (1st tri) Special training will be needed for 1st tri procurement.

V. Delivery of Specimens: Most specimens are sent to researchers via couriers for next day delivery. Some investigators, either local or out of state, may from time to time require same day delivery. The official description of package contents is "blood products (or tissue culture) for medical use".

Note: Please see General Shipping Instruction!!

- a) Packaging: specimen containers are bagged and set in ice which is doubled bagged.
- specimen labels must be complete with IIAM number and indicate any history which may be of interest to researcher.
- all boxes must have address label in addition to any courier form.
- all boxes being prepared for Saturday delivery via Federal Express must be marked as such and have "Saturday delivery required" checked on Fed. Ex. Airbill.
- Most packages can be left at reception areas for courier pick-up but be sure to allow at least 1-1/2 to 2 hours before closing.
- Always record airbills, bills of lading, job and confirmation numbers commonly associated with couriers. Also retain receipt from courier.
- Always insure contents of package in an amount of \$1,000.00 (or higher if instructed by IIAM.)

VI. Documentation and Procurement Records: It is imperative that accurate records be maintained, particularly for billing purposes, but also for problems which may arise later concerning a particular procurement. Record keeping also enables us to evaluate productivity and to make informed decisions on procurement.

a) Procurement Log Record 'AKA' Shipping Slip: To be completed during procurement day. Advance notice will be given on the Monday or Tuesday proceeding each procurement week for all needed tissues and their recipient investigators. When advance notice is given, complete the top section of one procurement log for each of the procurement days, keeping in mind that researchers are permitted to change their requests at any time in advance of actual procurement.

b) Researcher is to receive complete donor information on his/her specimens with each shipment (Shipping Slip) Copy information pertaining to that researcher's specimens form procurement log. Although do not include the chart number to protect confidentiality of donor.

c) IIAM Donor Numbers- consist of a four digit number corresponding to the number on the IIAM Silver Milar label.

d) The source code for each source where tissue has been procured from must be documented on procurement log and shipping slip.

You may use the following key letters assigned to various tissue types:

P=pancreas	I=eye
K=kidneys	S=stomach
M=muscle	G=small intestine
N=lung	E=spleen
L=liver	D=whole head
H=pituitary/brain	O=bbod
B=tibia	

Documentation cont'd

For specimens requiring differentiating between one versus two specimens procured per donor, such as with eyes and tibia, specimen letter designation must be preceded by a number 2 to indicate a pair of specimens and left blank when only one specimen was recovered.

Each source will have its own donor number series so it is not necessary to coordinate numbers between sources. On the other hand, it is important to maintain numerical continuity for each source. As an example; if all tissues from a particular donor are discarded for some reason, that particular donor number should be reassigned at some point in the near future. It does not matter if the number is out of order by way of time, as long as the number is used.

VIII. Preservation: Methods can vary depending on researcher, tissue, or both. IIAM was established to allow for greater flexibility in preservation techniques. For specifics, technician must consult individual researcher protocol.

a) **Fresh Tissues:** media will usually be prepared by the researcher under sterile conditions and may not contain antibiotics. Be sure to use the correct media when procuring fresh specimens.

- "Clean" technique-Clean instruments with water and let dry. One to three sets of instruments should be adequate if sterility is no factor. Sterilize instruments when finished procuring.

- Sterile technique-Sterile set of instruments must be used for each donor. Use sterile pan or drape but be aware that drape draws moisture away from specimen. Keep in mind that failure to maintain sterile field could jeopardize use of procured specimens.

b) **Frozen Tissues:** LN2 is used to snap freeze specimens. Although dangerously cold, LN2 is inert, therefore preferred over methyl butane in a surgical setting. Use LN2 sparingly as it is expensive and cumbersome to obtain. LN2 is by far the easiest and fastest way to freeze tissue and it is universally accepted by researchers when immediate freezing is required. Read and comprehend LN2 safety procedures thoroughly.

Freezing is used to preserve proteins or hormones which otherwise break down within minutes from cessation of blood circulation. Contaminates and other live cells are instantly destroyed in the freezing process, therefore sterile technique is not required nor is it desired because it takes more time. The faster the freezing the better. Some researchers may be more strict than others but generally the technician will have 10-15 minutes of warm ischemia to freeze.

Once frozen, tissues must be kept cold, either within LN2 refrigerator or stored on dry ice. The later is only possible when dry ice is on hand, however. Count on ordering dry ice for shipping specimens once during the week as determined by technician and researcher (refer to Supply Section 11 i). To be cost effective, try to ship the maximum number of specimens allowed by researcher.

VIII. Clean Up Work Area: Operating room/ anteroom/work area must be kept in a clean condition. Do so by wiping down counter and sink and mopping floor. Autoclave all instruments used in procuring tissues after cleaning and wrapping instruments into individual sets.

Specimen Rejection Criteria

A Donor Rejection Criteria

- 1, Age 8- 22+
- 2, Gender male / Female.

B Rejections for Fetal Tissue

- 1, Human Fecal in with the Fetal material
- 2, IV Drug use.
- 3, had sex with a gay partner
- 4, STD in the past year
- 5, has recieved a organ Transplant.
- 6, Did not sign a consent Form.



Protocol for the Recovery of Bone marrow.

A Donor Specifications

1. Age 20- 22+
2. Gender male / Female

B. Bone marrow Recovery

1. Identify the Lower limbs
2. ~~Remove~~ Remove all skin + muscle.
3. Using Scalpel slice the bones of the Femur in half.
4. Using a blunt Dissection technique scrape the ~~out~~ inside of the Femur until all Bone marrow is Removed.
5. Place all bone marrow in Petri Dish ~~to~~ to Examine.
6. Using Steri Spoon place Bone marrow into Steril test tube, Place medium if Requested by Researcher.
7. make sure specimen # is on the Specimen tube and written on Proper Form.

~~Procure~~ Procurement Protocol
Technique for liver ~~and~~
~~Protocol~~ For LN^2 B

Step 1: ~~disassemble~~ ~~store~~ ~~Place~~ Specimen
und-

Protocol For the Recovery of Intact Fetus.

A. Donor specifications.

1. Age 8 wks 22+
2. Gender male Female

B. Intact Recovery

1. Identify the Fetus.
2. make sure Fetus is not Alive. ~~XXXXXX~~ ~~XXXX~~ ~~XXXX~~
3. Please call support staff if there is a live Fetus, for steps to take.
4. If Fetus is intact and not alive. Call staff ASAP. to place tissue.
5. Place specimen in Steril. Jar. with cold RPMI on it. until tissue can be placed.

Protocol for the Recovery of Liver Fragments

A. Donor Specifications

1. Age ~~8~~-8-22+
2. Gender male / Female.

B Liver Fragment Recovery

1. Identify the Liver, Fragments
2. Where to ~~look~~ Look For Fragments
 - A. Move All Tissue to one side
 - B. Look under placenta
 - C. Look for Intestines, the liver may have Fragments Attached to it.
- D Turn over all tissues, Liver Fragments may hide under Blood clots.
3. Place All Liver Fragments ~~in~~ in Steril Petri Dish with lid on it, so Fragments will not Dry out.
4. Remove any Blood clots, any Foreign ~~material~~ material

Liver Fragment

5. Place Liver Fragment in Steril tube make Fragment on out side of tube.
6. Place medium to Researchers Request or Freeze in LN₂ For the Future use.
7. make sure Specimen is on the specimen tube and written on proper Form.

Protocol For the Recovery of Lung

A. Donor Specifications.

1. Age 10-22+
2. Gender male / female

B Lung Recovery.

1. IDENTIFY the ~~region~~ Thorax Region
2. Using curved iris scissors and a blunt dissection technique expose the lungs, by cutting away the ribs, in order to expose the lung.
3. Transect the lung at the larynx then transect the lung at the descending aorta by the Diaphragm.
4. Remove the lung by holding on to the larynx.
5. Place the recovered lung in a steril petri dish, to be examined.
6. Place lung in proper medium Researcher Requests.
7. Make sure specimen # is on the specimen tube and written on proper form.

Mr. COBURN. The next person to be recognized is Ms. Cubin from Wyoming.

Ms. CUBIN. Thank you, Mr. Chairman.

Mr. COBURN. I'm sorry, Mr. Burr was the last questioner.

Mr. Green is recognized.

Mr. GREEN. Thank you, Mr. Chairman.

Mr. Alberty, have you received any compensation, reimbursement, or remuneration since January 11?

Mr. ALBERTY. Since January—

Mr. GREEN. From Life Dynamics? That's the last item. I understood, from earlier questioning, there was a check for \$1,250.

Mr. ALBERTY. Whatever the last check was.

Mr. GREEN. And that was—you've received no money since then from Life Dynamics?

Mr. ALBERTY. That is part of my agreement with my lawsuit settlement.

Mr. GREEN. Okay. Under earlier questioning, you said that if you knew Dr. Jones was setting prices, and in your affidavit you say that you generally—you're familiar with Federal and State laws limiting the ability of charging fees, why didn't you report it to either Federal or State authorities?

Mr. ALBERTY. Because no one really had a true—no one could show me a true law, you know, what said what. Am I answering the right question that you're asking?

Mr. GREEN. Well, people don't typically make complaints based on looking at the law books.

Mr. ALBERTY. Right. Well, when I made my complaint to the FBI, it was about the live births.

Mr. GREEN. I'm sorry? It was about the live births?

Mr. ALBERTY. Right.

Mr. GREEN. Okay. But you didn't complain to the FBI or any other law enforcement agency about Dr. Jones setting these prices that we've seen?

Mr. ALBERTY. No, sir.

Mr. GREEN. Okay. I just wanted to make sure that our law enforcement wasn't notified and didn't prosecute. That's what bothered me.

Mr. ALBERTY. Okay.

Mr. GREEN. Let me ask some questions of our researchers.

When the tissue sample is received in your laboratory, does it come in with information on where it is from or if it was from an abortion or how the abortion was performed, in either of your examples?

Mr. COHEN. As far as I know, the only information is the approximate gestational age of the fetus, which is then verified using a variety of biochemical and molecular markers.

Mr. GREEN. Okay. Dr. Kinney?

Ms. KINNEY. The gestational age and the sex is the only information we have.

Mr. GREEN. Okay. So there's no information on how the procedure—

Ms. KINNEY. There is no link to the mother.

Mr. GREEN. Do you ever specify with your order which abortion techniques should be used to retrieve specimens from your two labs?

Mr. COHEN. No. We have an explicit understanding to begin with that procedures would not be modified in any way to provide the tissue.

Mr. GREEN. Is that true also with your lab, Doctor?

Ms. KINNEY. Yes. Yes, sir, it is.

Mr. GREEN. Is it very difficult for you to obtain tissue for your research?

Mr. COHEN. Yes.

Ms. KINNEY. Yes, it can be.

Mr. GREEN. At times, when you have problems or fetal tissue research is in short supply, have you ever considered going to someone like Dr. Miles Jones?

Ms. KINNEY. No.

Mr. COHEN. No.

Mr. GREEN. One of the concerns I have—and you heard in the opening statements, obviously, if someone is violating Federal law they should be prosecuted. You typically don't come to Congress for prosecution. You go to the executive branch. But the other concern is the loss of the research and the potential from what you are—each of you are seeing.

What would happen to your research if Congress decided to prohibit fetal tissue from being available?

Mr. COHEN. The research of our institution would come to a halt.

Ms. KINNEY. And the same in my case. In my particular case, the sudden infant death syndrome, there is no animal model of SIDS, and so it would be particularly harmful, because we couldn't use an animal model.

Mr. GREEN. Mr. Chairman, what time I have left—and I was trying to see how much of Mr. Alberty's affidavit had been submitted for the record. If it is possible, we have an affidavit that I'd like to have submitted to the record, Mr. Chairman, and we can go through the whole—

Mr. COBURN. This is Mr. Alberty's affidavit? It's already in the record.

Mr. GREEN. It's already in the record?

Mr. COBURN. Yes.

Mr. GREEN. Okay. Good.

Mr. COBURN. And your time is about to expire, by the way. I just thought I would verify.

Mr. GREEN. Okay. I'll talk as fast as I can, Mr. Chairman.

Mr. Alberty, you made this affidavit after the "20/20" taping?

Mr. ALBERTY. I made that affidavit right before the "20/20" taping, because we felt there was going to be—how do you put this—a gag order on me so I would not be able to talk, because basically it wasn't that I had a breach of contract. Basically, we figured it was by AGF to shut me up. That's the main reason behind the lawsuit. It wasn't a breach of contract. They didn't want anyone to know what I knew.

Mr. COBURN. The gentleman's time has expired.

Mr. GREEN. Let me, Mr. Chairman—

Mr. COBURN. Well, the time has expired. Let's do it quickly.

Mr. GREEN. Okay. This was submitted information based on Life Dynamics that was admitted earlier.

In your affidavit, on item three—and I'll quote you, and all you need to do is say yes if it is true—"I have seen part of the edited 14-minute excerpt from the tape, which I understand that Life Dynamics is circulating, and I believe that they may have changed some of my answers and possibly substituted another person in my place during portions of the videotape, as it has been circulated." Is that correct?

Mr. ALBERTY. Yes.

Mr. GREEN. Thank you, Mr. Chairman.

Mr. BILIRAKIS. Dr. Coburn to inquire.

Mr. COBURN. Thank you.

Dr. Kinney, just one quick note. Have we not seen a remarkable decline in SIDS in this country based on fetal positioning of newborn infants?

Ms. KINNEY. In the sleep position—

Mr. COBURN. Yes or no?

Ms. KINNEY. Yes.

Mr. COBURN. Yes. Okay. Thank you.

Mr. Alberty, it is your testimony that doctors, prior to performing abortions, would come and look at what the orders were for that day?

Mr. ALBERTY. Yes, sir.

Mr. COBURN. And you stand by that testimony?

Mr. ALBERTY. Yes, sir.

Mr. COBURN. Were you, in fact, the person that collected the tissue, packaged the tissue, and shipped the tissue?

Mr. ALBERTY. Yes, sir.

Mr. COBURN. Without naming names, did you ship tissue to major, well-known universities throughout this country?

Mr. ALBERTY. Absolutely, sir.

Mr. COBURN. Did you ship tissue to well-known major pharmaceutical companies with—

Mr. ALBERTY. Absolutely, sir.

Mr. COBURN. Did you ship tissue to specific universities that had labeled NIH grant numbers?

Mr. ALBERTY. I don't remember seeing NIH. I'm sorry, sir.

Mr. COBURN. I want to go to one other issue. Mr. Alberty, you may be able to answer this and you may not. Does AGF and Opening Lines have competitors in this business?

Mr. ALBERTY. I believe they do, but I do not know their names.

Mr. COBURN. Is that they may have competitors, they don't have competitors?

Mr. ALBERTY. I believe they do have.

Mr. COBURN. Did you ever have any discussions with any of the principals of either of those two businesses about other competition in this area?

Mr. ALBERTY. No.

Mr. COBURN. So you would not have any knowledge about that?

Mr. ALBERTY. The only knowledge is from researchers who would talk to me on the phone. "Well, if we can't get it from you, we'll get it from someone else."

Mr. COBURN. And you don't recall these "someone elses"?

Mr. ALBERTY. The researchers or the—

Mr. COBURN. No. I'm not asking you to name researchers. I'm asking you: do you recall the names of any of the "someone elses" under which they might have gotten—

Mr. ALBERTY. No, sir.

Mr. COBURN. All right. Thank you.

Ms. FREDERICKS, I have a couple of questions for you that I'm a little bit concerned about, and it has to do with this price thing.

You had—and you correct me if I'm wrong, because I very well may be—you had negotiated an agreement with Dr. Jones—

Ms. FREDERICKS. Yes, sir.

Mr. COBURN. When AFG—AGF left, or you separated from them under which he would essentially take over what was happening at your clinic.

Ms. FREDERICKS. Correct.

Mr. COBURN. And you also negotiated with him certain prices for pathologic work that he was licensed to do and was doing it?

Ms. FREDERICKS. Yes.

Mr. COBURN. And is it your testimony that you were paying the same price to Dr. Jones for that pathologic work as you were paying prior with the previous contractor for your clinic for the same pathology?

Ms. FREDERICKS. Slightly lower, but not significantly.

Mr. COBURN. I want to delve into this, because I know what pathology services cost.

Ms. FREDERICKS. Right.

Mr. COBURN. Is it your testimony that for a cervical biopsy you would pay approximately \$20?

Ms. FREDERICKS. I don't remember. I'd have to check.

Mr. COBURN. Could you please supply that information to this committee if, in fact, you have that information?

Ms. FREDERICKS. Before—what was negotiated to Dr. Jones or before?

Mr. COBURN. In other words, what your clinic was paying before versus what you were paying afterwards.

Ms. FREDERICKS. If the clinic would be willing to provide it for me. I am not—I am no longer employed there and I don't have access to that information.

Mr. COBURN. And so you would not have that information?

Ms. FREDERICKS. No.

Mr. COBURN. That could be a question for a different hearing.

Basically, in what I think I have seen is approximately 40 percent reduction in pathological surgical fees for what I know is the going rate in the Kansas City area for like services from Dr. Jones to your clinic, and the reason that is important is that is another way of paying the clinic for the access for that tissue, and that's the only reason I waive that. And it may not be true.

Ms. FREDERICKS. I don't believe it is, from the information I was provided at the time when I was instructed to type up that agreement. I did not negotiate the laboratory contracts and I did not pay the bills.

Mr. COBURN. Okay. I want to get to one other area before my time is out.

It is your testimony that you all had a package for women who underwent procedures there, who made the difficult choice of terminating the pregnancy, and in that package you had an informed consent for tissue donation.

Ms. FREDERICKS. Correct.

Mr. COBURN. At any time in your recollection were there any women who went through who might have had tissue collected from them who were 18 years of age or under?

Ms. FREDERICKS. I honestly don't know. I was not a counselor.

Mr. COBURN. Okay.

Ms. FREDERICKS. I was not—

Mr. COBURN. Is there a tissue log in your clinic that might show that, or would there normally expect to be a tissue log, either that Mr. Alberty would have had, based on what the patient's age was, or that your clinic might have had that would answer that question?

Ms. FREDERICKS. I am not—

Mr. COBURN. And I want to tell you why I'm asking the question. Under the Uniform Anatomic Gift Act, State of Kansas, no one under 18 can ever give a body part away, whether it is their fetus or anything else, and I have great concerns as to whether or not this clinic violated the Kansas laws as well as Federal laws in terms of minors giving consent for tissue donations which they are not able to do.

Ms. FREDERICKS. The clinic was very conscious of getting a signature of a parent or guardian on all Kansas documents, which are extensive. I do not know if that particular form had a parental consent on it.

Mr. COBURN. Thank you very much.

I see my time has expired.

Mr. BILIRAKIS. Mr. Strickland to inquire.

Mr. STRICKLAND. Thank you, Mr. Chairman.

I would like to say a word to Ms. Samuelson. I want to thank you for being here. I want to thank you for your testimony. And I want to say to you how sorry I am that for 6 long years you were deprived of the possible benefit of this vital research. And I want to say that I am sorry my friend, John Leach, who recently died with Parkinson's, was kept from the ability to have benefit from those 6 years of research, and that my physician friend who lost his young child to SIDS was also troubled by this cessation of vital research. It was intolerable, unconscionable, and I think human lives have been lost as a result of the actions that were taken to prevent that vital research.

Mr. Alberty, you know, I have been sitting here and I have been listening to you, and I want to be honest with you—my heart has gone out to you, because, reading your testimony, I can sense that you have been a tortured individual. You talk in your testimony as if you were. And I want to ask you if you can share with us why it is that you said what you said to Life Dynamics that would cause you now to have to come back and, in a sworn affidavit, contradict so much of what you said. Can you explain that to us?

Mr. ALBERTY. Yes, I can.

I guess the reason why, it kind of—it does contradict, you know, the video—parts of the video are accurate, and others may be a lit-

tle embellished, and I did that because I wasn't thinking. I was nervous. I was scared being down there, not knowing what was going to happen to me. That's my first time, you know, going to do this. I've never done an undercover videotape or hidden videotape.

Mr. STRICKLAND. Do you feel as if you were being used for a purpose other than to expose the possible sale of fetal tissue in an illegal way?

Mr. ALBERTY. Was I being used? I think I was being used by everybody.

Mr. STRICKLAND. Well, were you—

Mr. ALBERTY. But was I being used by Life Dynamics—

Mr. STRICKLAND. Yes.

Mr. ALBERTY. [continuing] is your specific question?

Mr. STRICKLAND. Yes. I'm just trying to explore what would cause you to do what you've done and then have to come before this committee—and I think it has been very difficult for you.

Mr. ALBERTY. Right.

Mr. STRICKLAND. And I appreciate that. What was the compelling reason that you have done what you've done to find yourself in these circumstances?

Mr. ALBERTY. The reason why I went to Life Dynamics?

Mr. STRICKLAND. No.

Mr. ALBERTY. Why I did everything?

Mr. STRICKLAND. The reason that you said things that you now have to swear that were not true.

Mr. ALBERTY. Because I'm under oath. Is that what you're getting at?

Mr. STRICKLAND. Well, you're under oath now.

Mr. ALBERTY. Right.

Mr. STRICKLAND. But you weren't under oath then.

Mr. ALBERTY. Right.

Mr. STRICKLAND. Why did you say those things then?

Mr. ALBERTY. I think that's what they wanted to hear.

Mr. STRICKLAND. And that's why I asked do you—if you felt that they were using you.

Did "20/20" know about the affidavit before they showed the program last night to the American people?

Mr. ALBERTY. Do they know about the affidavit?

Mr. STRICKLAND. Yes.

Mr. ALBERTY. They never saw it.

Mr. STRICKLAND. Did they know about it?

Mr. ALBERTY. I believe they did.

Mr. STRICKLAND. Did they know that many of the things that were in the affidavit contradicted things that you had said previously?

Mr. ALBERTY. I don't know.

Mr. STRICKLAND. I'm just really curious that "20/20" would admit that information if, in fact, they had that information. It is quite sad, if they had that and did not share the full story with the American people.

Mr. ALBERTY. Right.

Mr. STRICKLAND. Because much of what they shared with the American people last night was based upon information which they had secured from you, and one of our colleagues here today has

said that you had lost credibility certainly with this committee, and I think the American people were mistreated by "20/20" if they had this information and they did not share it.

Mr. ALBERTY. There was a lot of information that "20/20" did not share and I felt that it should have been shared. And whether your colleague thinks I am not a credible person, let me put it to you this way: how credible is it that I came here without an attorney, that I come here on my free will standing, trying to bring forward something that I did. And I cannot excuse myself if I sat here and talk to you lovely people because I am nervous as hell, my blood pressure, as you can probably see, is up, and I've never done this before, but I—

Mr. STRICKLAND. And, Mr. Alberty, I have expressed to you at least my personal feeling that I think this has been difficult, and I appreciate that.

One real quick question.

Mr. BILIRAKIS. Real quick.

Mr. STRICKLAND. When you shipped these tissues to major universities, as one of my colleagues has asked you, do you know that those universities paid exorbitant prices or prices that would be considered illegal for that tissue? Do you have any direct knowledge that they did?

Mr. ALBERTY. They paid for X amount of dollars. All I know is what I shipped them. I'm not really sure what they were charged.

Mr. STRICKLAND. So you do not know if these major universities were aware that the law potentially was being broken?

Mr. ALBERTY. I don't believe they were aware of it. No. No, sir. And if they did, I don't think the universities would be using it. And, to go back to a question that was earlier that was not presented to me, the doctors on our panel, they do not—are not aware of the prices and stuff that's going on, because usually there is a representative before it gets to them.

Mr. STRICKLAND. Thank you very much.

Mr. BILIRAKIS. The gentleman's time has expired.

Mr. STRICKLAND. Thank you, Mr. Chairman.

Mr. BILIRAKIS. We're going to have to break. There are two votes. I'm going to say 6:30. Thank you.

[Brief recess.]

Mr. BILIRAKIS. In view of the fact that a few people who are clearly first up are not here, we'll recognize the gentleman from Tennessee for questions.

Mr. BRYANT. Thank you, Mr. Chairman. I have a number of issues, and I'm going to try to cover as much ground as I can.

Let's see. We're missing a witness.

Mr. Alberty, I have just a few questions for you that I might ask you.

As I understand, you were a technician. Were you in the—were you physically located in the clinic?

Mr. ALBERTY. Yes.

Mr. BRYANT. Okay. And this is the clinic where the abortion would be done?

Mr. ALBERTY. Yes, sir.

Mr. BRYANT. You were not physically in the room when that procedure was done?

Mr. ALBERTY. Not physically in the room when that procedure was done. When the doors would open, if the patient was under sedation they'd wheel the cart, if they were too rushed, and they'd say, "Come and get it" or hand me the syringe.

Mr. BRYANT. Would the actual removal of the parts, dissecting, occur in that same building?

Mr. ALBERTY. They would have—in the same building in a special—underneath a hood.

Mr. BRYANT. And this would be the same doctor who performed the abortion can come out, in the case of Dr. Jones, and then go into another room and do the—

Mr. ALBERTY. No. Dr. Jones never did abortions.

Mr. BRYANT. He did not?

Mr. ALBERTY. No, he did not.

Mr. BRYANT. But he would be in the other room to do the—

Mr. ALBERTY. Dr. Jones was never there. He only came in to bring me supplies, to see how things were going. That was it. He was never there to witness an abortion. He was never there to coach the doctors.

Mr. BRYANT. Tell me what your part in that—once the doors swung open and they gave you a fetus or—

Mr. ALBERTY. Yes.

Mr. BRYANT. All right. What was your job?

Mr. ALBERTY. My job was to look on my list of the piece of paper to see what the daily schedule was, which researchers needed what tissue, and it was to dissect those tissues out and put them in a special medium and send those to the researchers at the end of the day to their specifications.

Mr. BRYANT. I noticed in the handwritten document—and I can't lay my hand on it now—you had a process for different procedures, and then you had a rejection. What was the—

Mr. ALBERTY. Yeah, a rejection criteria.

Mr. BRYANT. All right. The rejection criteria that had on there specimen rejection criteria, and, regarding the donor, donor rejection, age 8 to 22-plus. Tell me what that is. That is—

Mr. ALBERTY. Okay. Donor—what page are you on?

Mr. BRYANT. Eight months, 22-plus months.

Mr. ALBERTY. Okay. Donor rejection criteria specimen, age 18 to 22-plus. I don't think I really completed this form out totally. It probably should have had something at the top why it was being rejected.

Mr. BRYANT. Okay.

Mr. ALBERTY. For that reason, 8 to 22.

Mr. BRYANT. Did you have access to the age of the mother?

Mr. ALBERTY. Yes.

Mr. BRYANT. Okay. Did you ever send out—what's the right term, a fetus?

Mr. ALBERTY. You mean a shipping packing list that goes to the research company?

Mr. BRYANT. Did you ever send out tissue to Dr. Jones that came from a young lady under the age of 18?

Mr. ALBERTY. In the State of Kansas, what I saw—and I did not know that there was any laws governing that—yes, there was at

AGF and Opening Lines tissue that were consented for with people that were under the age of 18. Yes.

Mr. BRYANT. Consented for by that person under the age of 18?

Mr. ALBERTY. Whether the mother signed it or the daughter signed it—I think it was more likely the mother signed the consent and the daughter also may have signed below, if I recall right.

Mr. BRYANT. Let me switch over.

On this broadcast last night—and I think you have repeated today that you did—you realize that AGF—the procedure they used prolonged the abortion process, a process that increased the pain for the mother, and you know that because there was a special instrument being provided to the clinic by AGF, you mentioned.

Mr. ALBERTY. That was a syringe.

Mr. BRYANT. Okay.

Mr. ALBERTY. That was the one they showed on there and they talked to Mr. Bardsley about it.

Mr. BRYANT. And you're sure of that?

Mr. ALBERTY. I'm positive of that. Yes, that they used the syringe, and to get a better specimen—because if they didn't use a syringe, they would use the suction jar. They had a high-pressure vacuum, and it would blow apart everything that was in there. The liver would be fragmented beyond belief.

Mr. BRYANT. Who provided the syringe?

Mr. ALBERTY. AGF did. They would mail in boxes. If the supply was low, I was to tell the Bardsleys, and they would order those syringes in boxes, and there would be, like, six to twelve boxes come whenever I called for it. And then those boxes were opened up, the syringes were staffed in the abortion rooms to use specially for the people that consented for early terms.

Mr. BRYANT. Back on the lawsuit, you were sued by AGF for breach of some sort of contract?

Mr. ALBERTY. That's correct, sir.

Mr. BRYANT. Did you counter-sue them?

Mr. ALBERTY. Yes, sir.

Mr. BRYANT. And there was a settlement made out of court?

Mr. ALBERTY. Yes, sir.

Mr. BRYANT. Did you receive any money?

Mr. ALBERTY. For settling?

Mr. BRYANT. Yes.

Mr. ALBERTY. No. The reason—you want to ask me the question of why—

Mr. BRYANT. Yes.

Mr. ALBERTY. [continuing] I had to settle? I paid for my legal fees out of my own pocket, where AGF received theirs for free. I didn't have any money to continue on the lawsuit, or I would have fought it tooth and nail.

Mr. BRYANT. So no money was exchanged in settlement of the lawsuit? You didn't give them any money, they didn't give you any money?

Mr. ALBERTY. There was a \$500 thing put in an escrow if I ever violated my contract, and a \$10,000, you know, just out there. If I violated, that money would go to AGF. And the reason why I signed that, because I had no other choice. I was going to go so

deep in debt with this lawsuit. They had the money, I didn't. I couldn't get any attorney to take this pro bono or help me out.

Mr. BRYANT. So as a term of the settlement you signed a confidentiality agreement?

Mr. ALBERTY. That's correct, saying I would never disclose.

Mr. BRYANT. And it allows you to testify before this committee or in a court?

Mr. ALBERTY. The only reason why I'm able to be here is because I was instructed the only way I could be here is if I had a subpoena to appear. That's the only way I could talk.

Mr. BRYANT. Okay.

Mr. ALBERTY. I wanted to come here and talk freely, and I would love to have been here freely and talked without a subpoena, but the only way I could do that is if you guys filed a subpoena. That would prove that I could come here and at least give you my story.

Mr. BILIRAKIS. I'm sorry. The gentleman hasn't missed a minute of this hearing and waited patiently, but really his time has expired.

Ms. DeGette?

Ms. DEGETTE. Thank you, Mr. Chairman.

I just want to clarify a couple of things.

First of all, I really want to thank Drs. Cohen and Kinney for coming today. I think that your afternoon would have been well spent researching diseases, and I really appreciate your coming here and giving information, both about the protocols you use and also about the types of fascinating research that you're doing, and I particularly want to thank Ms. Samuelson. Your Congresswoman just said hello and thank you for coming today on the floor, as well. I'm sure there are a lot of productive things you could have been doing, and I really want to thank you.

Let me ask, first, Drs. Cohen and Kinney a question. There was an inference made in response to a question that the researchers never know how the fetal tissue is procured, and I'd like you to clarify. Do you think that you would know if your organizations were illegally purchasing fetal tissue? Dr. Cohen?

Mr. COHEN. Yes.

Ms. DEGETTE. Why do you think that?

Mr. COHEN. Well, for one thing, I trust completely the administration that we have, and also the investigators that are involved with this, and there is absolutely no evidence that has come forward to suggest that any payment has been made. All of these individuals have made public statements because of the issue that is before our legislature right now, and the people that keep on claiming that there have been payments have not been able to produce any evidence to that effect.

Ms. DEGETTE. And, Dr. Kinney, what about you?

Ms. KINNEY. Because we only take institutional tissues, we go—the post-doctoral fellow or the technician go directly to pick up the tissues from the pathology department in our institution. That's how we know that it is coming directly from our institution.

Ms. DEGETTE. Thank you.

And, Mr. Alberty, I believe that you said that you had shipped fetal tissue to various research institutions and so on. Did you actually—were you involved in the billing and payment? In other

words, you shipped it. Do you know how much they paid for those actual shipments of fetal tissue?

Mr. ALBERTY. No, ma'am, I do not.

Ms. DEGETTE. So, for all you know, for those particular shipments, they could have been charged nothing, they could have been charged a nominal processing fee? You don't know, do you?

Mr. ALBERTY. That's correct. I do not know.

Ms. DEGETTE. You know you shipped the tissue, but you would have no idea whatsoever what was paid for that tissue?

Mr. ALBERTY. That is correct.

Ms. DEGETTE. Thank you.

Now, Mr. Alberty, let me also ask you just to clarify some testimony. There is one advantage in batting cleanup, and I just want to clarify, for myself and for the record, you said that you tell the truth when you're under oath, right?

Mr. ALBERTY. That's correct, ma'am.

Ms. DEGETTE. And so you had the deposition and you were under oath in that deposition. You told Mr. Waxman you told the truth in that deposition, right?

Mr. ALBERTY. That's correct.

Ms. DEGETTE. And you signed the affidavit that we've all been talking about, and you were also under oath when you signed that; is that right?

Mr. ALBERTY. That is correct.

Ms. DEGETTE. And then today in the testimony you're also under oath, so you're telling the truth to us today, correct?

Mr. ALBERTY. That's correct.

Ms. DEGETTE. Okay. Thanks.

Now, someone asked you about this affidavit and that you had signed it to settle the lawsuit and it was written by the attorneys for the other side, right?

Mr. ALBERTY. I believe so. Yes.

Ms. DEGETTE. But that affidavit, nonetheless, even though it was written by somebody else, you signed it under oath saying that it was correct, right?

Mr. ALBERTY. That's correct. When I signed it—

Ms. DEGETTE. And you're going to stand by that today, right?

Mr. ALBERTY. When I signed that affidavit, I was never—you know, those are what I said, but when I signed the affidavit there was no one sitting there like we are today breaking that down and explaining what each paragraph was saying to me in logical terms.

Ms. DEGETTE. But you read those words, right? You read each one of these paragraphs—

Mr. ALBERTY. Right.

Ms. DEGETTE. [continuing] before you signed it, right?

Mr. ALBERTY. That's—

Ms. DEGETTE. And you will stand by those words as being correct, right?

Mr. ALBERTY. That's correct.

Ms. DEGETTE. So where you say, "I have no personal knowledge of any instances in which an employer of mine charged any fees or received compensation for retrieving fetal tissue in violation of any of these laws," you're going to stand by that statement.

Mr. ALBERTY. Well, maybe they shouldn't have said an "employer of mine." No, go ahead. No, I'm sorry. I was confusing my own—

Ms. DEGETTE. Is that statement correct? That's in paragraph four. It's the second sentence.

Mr. ALBERTY. Okay. "I am generally familiar with the Federal laws—" Ms. DEGETTE. No, the second sentence. "I have no personal knowledge of any instances in which an employer of mine charged any fees or received compensation for retrieving fetal tissue in violation of any of these laws."

Mr. ALBERTY. Right. I had no understanding of the amount of money that was—

Ms. DEGETTE. Now you're changing this.

Mr. ALBERTY. No.

Ms. DEGETTE. It says "any fees or received compensation." It doesn't say the amount, does it?

Mr. ALBERTY. No, it doesn't say the amount.

Ms. DEGETTE. Thank you very much, Mr. Alberty.

Mr. ALBERTY. You're welcome. Thank you, ma'am.

Mr. BRYANT. Mr. Chairman, can I ask a unanimous consent request? There are two I'd like to make, if I could.

I'd like to move to admit to the record two AGF brochures and three AGF fee-for-services schedules provided to the committee by AGF.

Mr. BILIRAKIS. Is there any objection?

Mr. BRYANT. That's one. And the second one—

Ms. DEGETTE. Reserving the right to object. Can I look at them?

Mr. BILIRAKIS. The gentlelady is recognized.

Mr. BRYANT. The second—reserving the right to—let me go ahead and—

Mr. BILIRAKIS. Is there something else you would like to enter into the record?

Mr. BRYANT. Yes. She's got a reservation on this one.

Mr. BILIRAKIS. Well, I don't know. Are we going to wait until you've had time to—

Ms. DEGETTE. Mr. Chairman, as you know, your side of the aisle has refused to agree to the introduction of either the deposition or the videotape on the basis that—

Mr. BILIRAKIS. I have no problem with the gentlelady's reservation or objection if that's the case.

Mr. BARRETT. Mr. Chairman, if I could make a suggestion, if Mr. Bryant could delay putting these in, give us time to look at them, we're certainly near the end of the questions.

Mr. BILIRAKIS. That really goes to the question that I asked of the gentlelady.

Ms. DEGETTE. Thank you.

Mr. BARRETT. If you could do that after we're done, I think we can finish up the questioning.

Mr. BILIRAKIS. Yes. What we want to do is speed up the process, if we can.

Mr. BRYANT. Go ahead and make those two and I'll make the UC request later.

Mr. BILIRAKIS. All right.

That being the case, Mr. Barrett, since your suggestions are—well, you wanted to yield to Ms. Capps?

Mr. BARRETT. I think Ms. Capps is——

Mr. BILIRAKIS. All right. Ms. Capps is recognized.

Ms. CAPPS. I have——

Mr. BILIRAKIS. Is it our side? Oh, Ms. DeGette just questioned. I beg your pardon.

Ms. CAPPS. It's the first round.

Mr. BILIRAKIS. It's still the first round.

Ms. CAPPS. It's the first round.

Mr. BILIRAKIS. Well, we didn't have anybody on this side a moment ago. We're still the first round. That's right.

Ms. Capps is recognized.

Ms. CAPPS. Thank you, Mr. Chairman. I will yield to my colleague, Ms. Eshoo, for 15 seconds.

Ms. ESHOO. Mr. Chairman, I would just like a unanimous consent that the checks that I held up for the record and queried Mr. Alberty on be submitted as part of our record today.

Mr. BRYANT. Reservation.

Mr. BILIRAKIS. Is there a reservation heard?

Mr. BRYANT. I'd like to make a reservation. Can we see those?

Ms. ESHOO. Absolutely.

Mr. BRYANT. Thank you.

Mr. BILIRAKIS. All right. Let's treat those the same way that we're treating these two documents, if we may.

Ms. ESHOO. W-2 forms are included, as well.

Mr. BILIRAKIS. And get back again to Ms. Capps. Please proceed.

Ms. CAPPS. Thank you.

Mr. Alberty, please, if you would——

Mr. ALBERTY. Yes, ma'am.

Ms. CAPPS. [continuing] earlier in the testimony this afternoon you stated to my colleague, Mr. Greenwood, that procedures were modified through the use of the AGF syringes to improve fetal——

Mr. ALBERTY. Yes, ma'am.

Ms. CAPPS. And this statement was made under oath?

Mr. ALBERTY. Yes, ma'am.

Ms. CAPPS. And I would like to refer to your affidavit from January 20th, the section No. 6, that sentence. "I know of no instances in which a doctor was asked or otherwise decided to perform a different type of abortion procedure solely for purposes of obtaining fetal tissue."

Mr. ALBERTY. Right.

Ms. CAPPS. Which of these——

Mr. ALBERTY. Because I knew—when this affidavit was made with the attorneys of AGF, it was put that, "Did I hear AGF tell the doctors to change any procedure?" And that states that no, I did not hear anybody ask, otherwise decided to do that. No.

Ms. CAPPS. Which is correct?

Mr. ALBERTY. That they use the syringes to alter the procedures. They did. But did I hear the Bardsleys or anybody tell the doctors to use the syringes? No, I did not.

Ms. CAPPS. It says "or otherwise decided to perform." If they decided to, then they would do it. Which is correct?

Mr. ALBERTY. Right. If they decided to use it for fetal tissue research, they use a syringe.

Ms. CAPPS. Which is correct?

Mr. ALBERTY. That's correct. Yes, ma'am.

Ms. CAPPS. The statement you made on January 20th, the affidavit, or today?

Mr. ALBERTY. Both. Let me—this one right here that you just read is correct.

Ms. CAPPS. But you told Mr. Greenwood that they did modify them.

Mr. ALBERTY. They did modify it. But I didn't hear anybody tell anybody.

Ms. CAPPS. I don't want to pursue that any further—

Mr. ALBERTY. I'm sorry.

Ms. CAPPS. [continuing] now, because I think it corroborates what my colleague, Mr. Burr, said about the credibility of this witness.

I am very interested in the notion that has been said by you and also by Ms. Fredericks—and I will turn to you, Ms. Fredericks—about where—who is buying this tissue. We have strong testimony from our two researchers who are here that they have no knowledge in their institution or any other institution of the procurement at exorbitant rates of fetal tissue.

You were an administrator in a clinic and you were concerned about costs, because of some other testimony you had given us. Can you tell me where this tissue was shipped at prices—according to the price list?

Ms. FREDERICKS. I'm sorry. I don't fully understand your question.

Ms. CAPPS. Who bought the fetal tissue from the laboratory where you worked?

Ms. FREDERICKS. I didn't work for the laboratory. I worked for the clinic in which—

Ms. CAPPS. For the clinic.

Ms. FREDERICKS. [continuing] from which they procured the tissue from. I was not involved in the procurement.

Ms. CAPPS. No. I know that. But you shipped it. Mr. Alberty described how he did. Somebody—

Ms. FREDERICKS. He shipped it. We did not.

Ms. CAPPS. Can you tell me, Mr. Alberty, where you shipped this tissue?

Mr. ALBERTY. The tissue was shipped to wherever it was going to go, I mean, on that day—

Ms. CAPPS. Well, which institutions?

Mr. ALBERTY. Researchers, institutions.

Ms. CAPPS. Can you name me one?

Mr. BILIRAKIS. Would the gentlelady yield for just one moment? We have an agreement on both sides of the aisle, it was my understanding, that we would not name specific institutions.

Ms. CAPPS. Sorry. Then I will withdraw that.

Mr. BILIRAKIS. I'll be happy to give you the list of the institutions if you'd like to see it.

Ms. CAPPS. Thank you very much. I would like to see, because there is apparent discrepancies in the assumptions that many institutions were buying, are buying this tissue at exorbitant cost, and then the testimony of both the private institution and the pub-

lic one that they don't know anyone reputable who is buying this. It has got to be some underground kind of place.

But I really want to make a statement now and make a statement of an acknowledgement of Ms. Samuelson and tell you how betrayed I feel by this hearing today, because I believe that the testimony of some of our witnesses is—has demeaned a very, very important topic and issue, which affects your life directly.

This is tragic to me that, in the beginning of this hearing, there was a lot of attention being paid by the media to this fact. It was on "60 Minutes" last night. Everybody was tuned to it. And throughout the process of this afternoon, we have seen testimony destroyed, witnesses unable to support the statements they have made in other ways that can cause and probably have inflamed the topic which to you is a life-saving topic.

My sister has Parkinson's, so I know what you're talking about and I understand and respect so completely the research that is going on in the institutions that are vulnerable to this Congress, because during the years that it was banned there were lives, I would dare say, that were lost, and I feel responsible for this body that does this in such a manner as to add to an inflammatory situation.

We need to be focusing on authentic testimony—testimony that is about what happens in our NIH-sponsored institutions over which we have directly—

Mr. BILIRAKIS. The gentlelady's time—that's a long one question.

Ms. CAPPS. I'm sorry.

Mr. BILIRAKIS. The gentlelady's time has long expired.

Ms. CAPPS. And it has expired, and I apologize. I wanted to give Dr. Cohen an opportunity to tell us one or two topics for which there is very direct impact on disease.

Mr. BILIRAKIS. We will have a second round.

Ms. CAPPS. All right. I will reserve my—

Mr. BILIRAKIS. We will have a second round.

Ms. CAPPS. [continuing] question for Dr. Cohen until the second round.

Mr. BILIRAKIS. I appreciate that.

Ms. CAPPS. Thank you. And I apologize.

Mr. BILIRAKIS. We're still in the first round.

Mr. Barrett?

Mr. BARRETT. Thank you, Mr. Chairman.

Mr. BILIRAKIS. And you will be the last person, I trust, unless somebody else walks in, for the first round.

Mr. BARRETT. Thank you very much.

Mr. Alberty, you indicated, at least in the document that you submitted, your testimony, that there was a traumatic event involving twins. Was that the event that sort of triggered your change of mind?

Mr. ALBERTY. Yes, sir.

Mr. BARRETT. And that was the time, then, when you contacted this organization?

Mr. ALBERTY. That was the sole reason why I contacted the organization.

Mr. BARRETT. And how long did you continue to work for your employer after that?

Mr. ALBERTY. I don't have a day.

Mr. BARRETT. A week? A month? Four months? A year?

Mr. ALBERTY. It may have been, like, 3 or 4 months that I continued to work.

Mr. BARRETT. And did you receive payment from both your employer and this organization at any time? We've seen the check stubs that talked about your getting payments in 1997 and 1998. Was there a time when you were receiving payments from both?

Mr. ALBERTY. I believe so. Yes.

Mr. BARRETT. We've heard a lot here—and this has been a very emotional day—about this issue. I'm curious as to what your view is. And I understand your view about late-term abortions. But first trimester abortions and even second trimester abortion, I'm interested in your view on the morality of tissue research and the fetal—the whole underlying fetal tissue involvement here.

Mr. ALBERTY. Right. The panel that is sitting right beside me, I totally support and understand what they are going after and what they are doing. But I think, on the other hand, that even people here in Congress should also be held accountable for knowing that what is going on out there in the field, because no one is following up, no one is going out there. Why does it take my testimony to come forward and say this is going on, when it clearly must have been going on—

Mr. BARRETT. But that's not my question. My question is to the morality of what was occurring—again, in first trimester abortions, a very controversial issue. Do you think it is morally wrong?

And we've heard from Ms. Samuelson. I watched her earlier in the day sitting there very emotional about the impact it has on the lives that she is working for.

Do you think it is immoral for us to have this fetal tissue research go to help save people's lives with Parkinson's disease?

Mr. ALBERTY. No. It's going to really actually help to save their lives. It is not immoral.

Mr. BARRETT. Ms. Fredericks—

Mr. ALBERTY. As long as there is an informed consent.

Mr. BARRETT. [continuing] I'd ask you the same question.

Ms. FREDERICKS. Most definitely. I think it is more than moral. I'm very much for fetal tissue research. I think it is important.

Mr. BARRETT. So your objection, obviously, is to the business tactics that have been used—

Ms. FREDERICKS. Yes.

Mr. BARRETT. [continuing] more so than the fact that this is being used to save people's lives.

Ms. FREDERICKS. It's the business tactics totally. It is not the use of the tissue.

Mr. BARRETT. Okay. And I ask that question because I think we might get off track at some points during this hearing, and obviously I think the three researchers have testified that they feel it is important to do that, and that there is a difference between the research and there is a difference between fetal tissue research, and there is a difference between abortion, as well.

I am again curious, Mr. Alberty. During the time that you were employed by this organization, we've seen stubs that total \$11,000,

or something like that. Were you doing other work for them, or what exactly were you doing? Do you recall?

Mr. ALBERTY. The other work would be just going to meetings, like NAF meetings.

Mr. BARRETT. When you say "meetings," were these meetings for the pro life movement? There's nothing wrong with this. I'm just curious.

Mr. ALBERTY. No. The other meetings would be pro choice movement, NAF, National—you know what NAF stands for. I'm not sure if I can say that.

Mr. BARRETT. All right. And I understand that. And let me ask you one other question here—and we're almost done. You stated earlier today that during the taping, when you were wearing the wig—you couldn't recall whether you wore the dress—that you were stressed.

Mr. ALBERTY. Yes.

Mr. BARRETT. I want you to just talk a little bit. What made you stressed, again?

Mr. ALBERTY. I've never done that before. Going there on a whim, not really fully thinking—

Mr. BARRETT. Did you think it was wrong? It's not like you—

Mr. ALBERTY. I didn't think it was wrong.

Mr. BARRETT. [continuing] went on a show to marry a millionaire, but—

Mr. ALBERTY. I don't think it was wrong. I had a lot of concerns about my safety, my identity being kept secret. That's—I had a lot of concerns about that. I had a lot of concerns—

Mr. BARRETT. Did you feel wrong when you were saying statements that you knew weren't true?

Mr. ALBERTY. I think, when I was making the statements, when they were coming out and I was talking about—and we'd have to dissect, like, in the thing, which statements are true and which statements are not true. That's where we'd have to go. Do you have a specific—

Mr. BARRETT. I don't, but I think we've heard enough testimony today, and I don't feel—

Mr. ALBERTY. Right.

Mr. BARRETT. [continuing] I have to drag you over the coals again, but I think there has been a general acknowledgement that there were statements that weren't true. But, again, I just was curious as to whether you—and I think my time is up, so I'd yield back the balance of my time.

And I want to thank all of you for being here today.

Mr. BILIRAKIS. All right. I thank the gentleman.

That does complete the first round.

Mr. BARRETT. Mr. Chairman, I was going to—if we're going back to the documents, I had a document, but I think that there were a couple documents and—

Mr. BILIRAKIS. Well, there are a number of documents here, and if you have a document I would suggest you put it on the pile, because I've asked the both staffs to work on getting together on these things.

Mr. BARRETT. It is a letter from a Fay Clayton Chemskene at "20/20" talking about the problems that she has with Mr. Alberty's

testimony, and I would ask unanimous consent that that be placed in the record.

Mr. BILIRAKIS. I would—

Mr. BARRETT. Yes, I'll give it to you. I understand what you're—

Mr. BILIRAKIS. Why don't we just add it to this.

Mr. BARRETT. Fine. I understand.

Mr. BILIRAKIS. People have gotten hungry and I'd like to break for an hour to give you all an opportunity to get something to eat.

I know Dr. Coburn wants a second round, and I think Mr. Stupak indicated that he wants a second round. I think we're going to have to come back.

We'll be here to late tonight. And I don't mean that we should keep you here that long, but—

Ms. KINNEY. Mr. Chairman?

Mr. BILIRAKIS. Yes?

Ms. KINNEY. I need to go, too. I need to go—

Mr. BILIRAKIS. You need to go? All right, Dr. Kinney. Well, we'll release whoever has to be released. All right. Drs. Kinney and Cohen are released—are relieved. I shouldn't use that term "released"—and with our thanks.

There ordinarily are additional questions that have not been asked because of the 5-minute rules, and so are you willing to respond to those or get them in writing from the committee?

Mr. COHEN. Actually, if you want, I can stay here tonight. It's not that urgent that I get back.

Mr. BILIRAKIS. But the weather is pretty good here.

Mr. COHEN. Yes, the weather is a lot better than it is back home.

Mr. BILIRAKIS. It's up to you, Dr. Cohen. I'll leave it in your hands. Okay?

We'll be back at 7:45.

[Brief recess.]

Mr. BILIRAKIS. The hearing will come to order.

In view of the fact that the other subcommittee members are not here yet and Ms. Cubin is, even though we did decide to go and shift into the second round, we'll go ahead and recognize you to inquire.

Ms. CUBIN. Thank you, Mr. Chairman.

Mr. BILIRAKIS. Please proceed.

Ms. CUBIN. And I don't know if this is the appropriate time to ask for unanimous consent to enter some documents for the record, so I'll just hold that.

Mr. BILIRAKIS. Believe me, it is not very appropriate.

Ms. CUBIN. I would like to ask Ms. Fredericks this question.

Did any AGF representative ever tell you that they were seeking a profit?

Ms. FREDERICKS. No. I never had a discussion of that nature with them, and I have never met them face-to-face.

Ms. CUBIN. How about Dr. Jones. Was your impression—or did he ever say that he wanted to make a profit from the sale of these body parts?

Ms. FREDERICKS. I don't believe he ever used those words, but I think it was implied.

Ms. CUBIN. In what way?

Ms. FREDERICKS. Just the nature of the fact that he is a businessman.

Ms. CUBIN. Mr. Alberty, did the physicians who performed the abortions at the facility where you worked review the researcher request before they performed the abortion procedures?

Mr. ALBERTY. It varied. On some days they would, some days they wouldn't.

Ms. CUBIN. And did any physicians that performed the abortions at the clinic where you worked ever ask you what type of tissue that you needed that day or that requests had come in for what kind of tissue that would be best to harvest that day?

Mr. ALBERTY. Yes, ma'am. They would basically come in, look at the list, and they would tell me what kind of gestational weeks were coming up.

Ms. CUBIN. Did you ever take tissue from a woman that did not consent to donate the tissue for research purposes?

Mr. ALBERTY. On that, I was instructed by my attorney to take the Fifth on that question.

Ms. CUBIN. I had some other questions for the doctors that were here about their sources.

Let's see. Ms. Fredericks, I read somewhere—and I don't see it right here—where you said that AFG paid rent of \$600 per month. And what else did they pay on top of that?

Ms. FREDERICKS. I had been told that it was \$10 an hour, although I was never able to find a contract or any documentation spelling out that that was truly what the agreement was. I was told by staff members who had been there for a long time.

Ms. CUBIN. That it was \$10 an hour. And what services consumed the hour?

Ms. FREDERICKS. I was never able to find anything delineated as to what they expected for—

Ms. CUBIN. What services were actually provided?

Ms. FREDERICKS. As far as I know, the lab technician provided a vial of blood—we drew blood on most patients—provided one of them that they drew. They drew multiple vials. And the counselors included the consent in the packet of information that was given to the woman that was gone over prior to the procedure.

Ms. CUBIN. Did they go over that procedure with the woman? Do you know?

Ms. FREDERICKS. Our counseling staff?

Ms. CUBIN. Right.

Ms. FREDERICKS. In the times that I sat in with them to observe, they would answer any questions or go get someone from AGF to ask the questions, but it was basically there for them to make up their own mind on.

Ms. CUBIN. Okay. Let me just go back. Miles Jones never told you that he was seeking a profit?

Ms. FREDERICKS. Not in those words. No.

Ms. CUBIN. How about you, Mr. Alberty?

Mr. ALBERTY. That he was seeking a profit?

Ms. CUBIN. Yes.

Mr. ALBERTY. His goal was \$50,000 for the first, I believe, quarter, whatever a quarter to him is, so, basically, if you're seeking

\$50,000 your first go-through, that could be construed as making a profit.

Ms. CUBIN. But you really don't have any cost figures to base that on or anything like that?

Mr. ALBERTY. No, ma'am, I don't. And, due to the question that you asked earlier, did any—maybe you would like to—the doctors—

Ms. CUBIN. Could I restate the question?

Mr. ALBERTY. Yeah.

Ms. CUBIN. Did you ever take tissue from an abortion wherein the woman did not consent to donate the tissue for research purposes?

Mr. ALBERTY. Well, if you had—if the question was put, "Did the doctor ever ask me—" meaning Dr. Jones—"to take tissue that was non-consented-for"—

Ms. CUBIN. Yes.

Mr. ALBERTY. [continuing] the question would be yes.

Ms. CUBIN. The answer would be yes?

Mr. ALBERTY. But then if you asked me did I take the tissue that day that Dr. Jones—no, I did not.

Mr. BILIRAKIS. The gentlelady's time has expired.

Ms. CUBIN. Thank you, Mr. Chairman.

Mr. BILIRAKIS. We are going into a second round, and I don't think you'll have to wait too very long for your turn, from the way it looks.

Ms. CUBIN. Thank you.

Mr. BILIRAKIS. Let's see. First, a little bit of housekeeping.

When we broke, there was a little bit of a controversy among the staffs regarding the admission of certain documents into the record, and we instructed them to get together and work things out. And so there has been agreement. There is a document here that's subject to further staff review and agreement. It is entitled, "Black Tape," and it is clips from a tape made by Life Dynamics and Mr. Alberty titled, "Black Tape," and that is, without objection, made part of the record.

[The information referred to follows:]

BLACK TAPE

[Woman's voice: "This is Clip number one."]

- A: You know, what really got me was when I told her about the live births. What her response was, that just blew me away.
- C: What did she say?
- A: Oh, well, did you get any tissue from them? We to need to express to you, Dean. We need quality tissue so if they come out whole, don't damage the tissue. She didn't care. But she didn't really realize . . .
- C: Make that a question, Zantra
- A: . . . Did you ever know that live fetuses were born alive, beating hearts, at any of your facilities? You don't have to stress Planned Parenthood, you can say facilities.
- C: Right ---

- A: Did your employees ever inform you about situations at work which were delicate?
- C: Do we have anybody, other than your word for this?
- A: Oh, my God, yes.
- C: Who else?
- A: Ross Capps. C-a-p-p-s.
- C: Where is he?
- A: He's in Overland Park. He's a cop now.
- C: And he's in Overland Park, Kansas?
- A: He's an Overland Park, Kansas cop.
- C: He was there before I was there.
- C: Do you know him, or do you just know his name?
- A: No, when I started, he was getting out of it, and he was there to help me get adjusted. When you set down, your job is not going to draw a full . . . At that time, when I started, I was so damn hungry for money it was pathetic, I mean I was barely surviving and I didn't know what I was getting myself into, but I guess God did. So, he will be able to, Rosie, I've got to find out Rosie's whereabouts if she is . . . anyone, could discredit Rosie.
- C: Who's Rosie?
- A: Rember a while back, I was telling you about Rosie . . . I could never track down Rosie.
- Z: She was one of the disgruntled former clinic employees?
- A: She's the one who tried to commit suicide back there. And Lynn Fredericks had to get her out of there. . . She has been in and out of mental hospitals with no drug abuse, no alcohol abuse, just mental. She has just gone loopey. So she would be able to testify about tissues that were there. What in the hell was that girl's name?
- Z: So Ross also complained to Brenda about the tissue?
- A: No. Ross was there just to collect a little money until he got into the police academy.
- Z: But he saw the live births . . . ?
- A: Oh yeah, you know the first day I worked there, he said don't be surprised if you see something alive and kicking. Say what, I didn't think it was for real until I saw it with my own eyes.
- C: Do you think he'd talk to us?
- A: I think under a subpoena, yes he would. I mean as a cop, he would have to talk.
- B: Okay. Zentra, one thing that would have to . . .

[Woman's voice: "This is Clip number 2."]

- A: And so I was just one more step in the ladder because most people stay there probably about three to four months was all they could handle and they get the hell out, or they move on to a different job.
- Z: What happened to the guy who was there before you?
- A: He was into law enforcement now.
- Z: Okay, so he was just moving on to another career and that's why . . . ?
- A: Right. Basically he hated the job. He did not like the job. The only reason why he was there was because he had a bachelor's degree in biology, and that he needed the money, and he wanted to get a career in something else, and that was a temporary job for him. I think he was there maybe only three to four months.

[Woman's voice: "This is Clip number 3"]

- C: Ah, how many other people -- she was wanting to know how many people could confirm this story, and I said, well, you know, I don't know where any of these people are. You know, we have a pretty good idea of where Rosie is, and I'll fly down to see Rosie and get Rosie on tape saying that she actually saw live births and the twins.
- A: Yup.
- C: So --

[Woman's voice: "This is Clip number 4."]

- C: Hello.
- A: Hey.
- C: Hey, what's going on?
- C: I'm talking to Rosie.
- C: You are?
- A: Yeah.
- C: How did you get a hold of her?
- A: Well, I don't know why you guys couldn't get a hold of her, but I traced her down and now I've got her on the phone.
- C: Do you have her home number?
- A: Well, she doesn't have a home. She travels with a medical group.
- C: Yeah, we found that out today. We've got a lot of information on her. She works at this Health Examinetics or Continium.
- A: Yeah.
- C: Right.

- A: So I was asking her if she remembered the twin incident, and she said, yes, she did.
- C: Is she willing to talk to 20/20?
- A: Well, I haven't got there yet, I've been working. I don't want to rush her into it, because that may just--
- C: Well, where did you call her?
- A: At her motel room.
- C: What's that number? [End of clip]

[Woman's voice: "This is Clip number 5."]

- A: Hello.
- C: Hey.
- C: Hey, what's going on?
- A: I don't know, I'm just working away, sticking around the phone.
- C: Good, well, I don't want to keep you long, well, that's right, you have call waiting anyway. Has what's his name called?
- A: No, not yet. I'm getting ready to put a call to him in a little bit, once Kim gets out of her meeting.
- C: What's the deal with Rosie?
- A: Well, I talked to Kim last night on the phone. Have you talked to Kim about it?
- C: No. Uh-uh.
- A: Um-m. They talked for a long time.
- C: Yeah.
- A: I mean, we went out to grab a pizza real quick and we came back and all of a sudden Kim calls and says, "I just got off the phone." I said, "You been on that long?" "Yeah." She was on the phone about two hours with her.
- C: Really?
- A: Ah. She did collaborate [sic] about the stories, she remembers the twins, but she, um -- Kim told me it is kind of like -- kind of different with Rosie, Rosie didn't -- apples and oranges, Kim put it. She remembers the twins; she remembers seeing a heartbeat; she remembers like -- because when the twins were there, they didn't have a heart beat after they were drowned. Rosie remembers me cutting into the chest and there were other things and the heart's beating.
- C: Maybe she's getting them confused.
- A: She is probaby getting them confused with other twins and, you know --
- C: But anyway, basically --

- A: But still, Rosie would collaborate, yes, there was heart beating; yes I saw twins, but still really good. And then she said Rosie wanted her to call her back if she needed any more questions asked. So Kim has a good rapport working with her, but if you guys called her, it might clamp Rosie down. You might want to just give Kim a call.
- C: Well, what we will probably -- and I have always thought we would have to do this -- what we are probably going to have to do now that we know she is willing to -- she is not going to tell Kim one thing and then tell the Senate another. Let me tell you something. You go down -- you don't go down there and lie. It's your ass.
- A: New mown grass (laughing)
- C: No, soon to be mown grass. So what we'll probably have to do is subpoena her.
- A: Oh yeah, and I think once they subpoena her -- they'll pay for her flight getting down there, won't they?
- C: Yeah, that's correct. That would be good. I think she would have no problem testifying truthfully about what all went on at the clinic and everything.
- C: Right. Well, we have some other things working. Ah, [End of clip]

[Woman's voice: "This is Clip number 6."]

- A: Me and Rose talked . . . She's going good. She got away from her abusive, alcoholic husband that beat her all the time.
- C: His name was Gonzales?
- A: I'm not sure.
- C: She's taken back her maiden name or something?
- A: Right. She's taken back her name because she got divorced. I mean, her husband beat her, almost beat her to death one time, and was very alcoholic. And just basically verbally, mentally, physically . . . She was a wonderful person that got involved into a clinic because she had no other means of education and getting a job.
- C: Right.
- A: She sounds like she has done pretty well for herself by, you know, traveling, doing physicals, drawing blood, and she works for this mobile clinic.
- C: Right, well it's not a clinic, they go out for insurance examinations, draw blood, take heart rates and things like that.
- A: It sounds like she's mentally doing better than what she did.
- C: So you just talked to Kim?
- A: I just talked to Kim. She is calling Rosie right now.
- C: Good, and she does remember the twins incident?
- A: Yeah, we briefly discussed that, we didn't get into details. We were basically talking about my mental health, what I saw there, just basically destroyed a lot, that I did, mentally and I said, do you remember the twin incident? And she goes Oh yeah, I remember those, the twins.

C: Did she [end of clip]

[Woman's voice: "This is Clip number 7."]

A: Because when she came in, she had no idea. So, after all that, she kept finding all these documents, that ~~AGF~~ ^{AGF} was paying different amounts for each month, sometimes it was \$600, sometimes it would be \$1000, \$400, the monies varied. So when she did further investigation into it, she found out they were paying for volume, which is a big no, no, no, no. You can't pay for volume.

[Woman's voice: "This is Clip number 8."]

A: Lynn Fredericks is also talking to 20/20

Z: Good.

[Woman's voice: "This is Clip number 9."]

A: Lynn is going down there talking to Kim. She may go on camera with 20/20, all dependent upon what she's got.

C: Who? What who's got?

A: Lynn, talking to 20/20 about all the paperwork explaining payments and everything.

[Woman's voice: "This is Clip number 10."]

B: Hello, is this Ms. Bardsley?

Ms.B: Yes.

B: I don't know if I have the right number or not, this, I'm calling the Anatomic Gift Foundation, is that what this is?

Ms.B: It used to be one of their offices out here. Do you need to speak to me directly?

C: I need to speak to someone at Anatomic Gift.

Ms.B: What is it about and I can tell you which office you need to talk to?

[Woman's voice: "This is Clip number 11."]

C: Are you not involved with the fetal tissue?

Ms.B: I don't work full time for the organization, I'm the President, but I don't work. I used to run the fetal division until I felt that I had somebody that I could trust with it and that's, the headquarters has now moved to the Maryland office. I still have the same phone number. I'm still involved, but I just don't do that personally anymore.

[Woman's voice: "This is Clip number 12."]

Ms.B: How do I put this?. With us, you don't buy the tissue. I mean, yeah, that's the way it works out, but you're not really buying the tissue.

C: Well, that's illegal right?

Ms.B: Exactly, what you are buying the service of us getting it to you the way you want it.

C: Right.

[Woman's voice: "This is Clip number 13."]

Ms.B: And for the routine basis, I would suggest using FedEx Overnight. It does fine, it really does.

C: Does FedEx object to that?

Ms.B: They don't take tissue parts, but they do take diagnostic specimens all the time. They don't like arms and legs and things that are identifiable.

C: Right.

Ms.B: FedEx as an entity doesn't. That's not to say that the individual carrier won't get a little squeamish. So we usually will write something vague enough, honest but vague enough. We don't put [????] We put biologic studies, perishable biomedical, something like that. You tell them what it is so they know it's perishable and needs to get there. On the other hand, you don't want to say this is a liver in a box. You could have a part-time person delivering it who freaks out. We've learned enough through the years and years of doing this.

fetal livers

[Woman's voice: "This is Clip number 14."]

Ms.B: The deal in that way, we don't pay [????] We don't pay the doctor to do it. We pay for use of space [????] and the blood draws. So it's really, we, you know, long ago and far away, you find out that they want more money and more money, and they are a squirrely squirrely person and you don't want to work with them anymore.

[Woman's voice: "This is Clip number 15."]

C: Let me make sure I understand, you would hire a tech and put him in a facility and he's an employee of AGF, then you pay the facility for allowing him to be there?

Ms.B: For actual use of the space that we occupy.

[Woman's voice: "This is Clip number 16."]

C: When you are in this, by necessity, you can't avoid the abortion issue.

Ms.B: Right.

C: Well, try as you might, you're not going to be allowed to.

Ms.B: And weirdly, that may be why we exist, because a lot of people prefer to have that, it's really a bad way to say that, it's out there, you know what I mean, it's the truth, that Buffer.

C: Right.

[Woman's voice: "This is Clip number 17."]

MJ: Yes, this is Miles Jones from Opening Lines, returning your call.

?? Yes sir, how are you?

MJ: Just fine, thank you.

?: Great, I hear you're in New York.

MJ: No, I'm actually in O'Hare on my way to San Diego.

[Woman's voice: "This is Clip number 18."]

MJ: What we actually do is we rent the space from the clinic. If we get zero from them that week, we still pay. What alot of companies do, they say to the clinic, if we get a specimen, we pay you \$50. We think that smacks of buying tissue which you can't do. So our philosophy is we go in and either pay their employees a set salary for the time they work or we rent the space from them and hire our own employees.

?? Right, you put a retrieval agent there?

MJ: Right.

[Woman's voice: "This is Clip number 19."]

MJ: We are working with some clinics and basically sort of trying to get them to push back on their older agents and not use the intrauterine dat or to sort of dialate and get the women in there as quick as they can so we can get them out fresh.

C: OK, so if you don't cause interuterine demise -- fetal demise -- what method is used for this?

MJ: Just the regular standard evacuation and ~~diage~~ curettage.

C: You're talking about a D&E?

MJ: Right. The reason why everybody went to DIGE is that what they do in the two-stage plan, is, have you ever heard of Laminaria?

C: Oh yeah, I'm familiar with the process.

MJ: When they put the laminaria it, there is a certain amount of spontaneous miscarriages that you're going to cause. And, what they don't want is a spontaneous miscarriage at 22 or 24 weeks.

C: In the middle of the night?

MJ: At any time.

MJ: Because she runs in and there is going to be somebody there to resuscitate that fetus. And they don't want that. That is why they go in and "dige" them. And most people using DIGE, they stop using saline or glucose. We are working with a couple of people that are basically doing in-clinic procedures.

C: What do you mean by in-clinic procedures?

MJ: In other words, when they start the Laminaria, they don't let you go home and you stay with them for 24-48 hours, and that way, if you go into spontaneous miscarriage, you're right there at their procedure.

C: Right.

MJ: And, we're in negotiations right now with a couple Mexico clinics, which would work very well with you.

[Woman's voice: "This is Clip number 20."]

MJ: And, of course, you pay all the shipping.

C: Right.

MJ: You're looking at being a high-volume user. I want to sit down and look at what our basic costs are and I want to give you a basic package price.

[Woman's voice: "This is Clip number 21."]

MJ: You'll actually see, on the lower range, we have a product that we provide which is really cost effective, where we just send you the evacuation specimen itself.

C: The entire POC?

MJ: Right, and you do all the work in picking out. If there is a thymus you need it, you got it, great. But if there wasn't anything in there, it was a low-cost specimen to start with.

C: Right.

MJ: So we offer all sorts of flexibility and options for you.

[Woman's voice: "This is Clip number 22."]

MJ: At this point, we don't do any work for the clinics in Canada because of the Canadian Health System, which basically says yeah, you do it, this is what we pay for and that's it, it's all done. Because we're actually going in there and saying Clinic, we're going to cover some of your processing costs and your overhead and we become a very attractive alternative to them.

C: Right.

MJ: I'm believing that they are going to be our best source for the late ones and we know where the larger ones are there.

C: Right.

MJ: Essentially, the way our system works is that in each facility it parallels the way the abortion clinic works. And abortion clinics figure they can do 30 patients a day, on the days they are doing the procedure. They will book, just like the airlines do, probably 45-50 patients for that day. Of that 45-50 that they book, they will probably have 20-25 show up, so half your bookings show up. Each day before we know what the bookings are, and then, in the morning, we know which clinics have the best patients for what we need, and basically, we work on an allocation system. You may be receiving six packages a day, one may only have one good ^{that's} ~~ones~~ and liver in it, another may have three good ~~ones~~ ^{ones} and one liver, but our system is designed to be able to get you everything you need, coming from as many of eight different sites. So, if a site is down on a particular day, we have sort of, for lack of a better term "back up".

C: Right, I understand that.

[Woman's voice: "This is Clip number 23."]

?? There's a lot of people shutting doors now.

C: Well, see, here, and that's one thing I wanted to ask you about. Here's something that's been bugging me on this deal. You know, I told you about Eric Herra, a guy that used to work at the abortion clinics in Delaware and the Northeast. He called one day and said that a lot of his colleagues and former colleagues had been calling him, saying:

Oh my God, Eric, what are we going to do, we know you're not on our side anymore, but give us some advice. LifeDynamics is on our heels on this fetal tissue stuff, and we've got paper shredders running all night long trying to get rid of materials and people that don't have paper shredders are out buying them

and then, we thought maybe he's exaggerating, and you come along and say basically the same thing from the NAF convention, so it must be true. Why, if they're not doing anything illegal?

?? Oh but they are.

C: What are they doing that's illegal?

?? They're not getting informed consent, 10 to one they are not getting informed consent. That is a major, major Federal problem right there.

C: Okay.

Woman's voice: "This is Clip number 24."]

C: So you can't talk to us anymore until you get subpoenaed?

A: Right, and I pray to God I get subpoenaed.

C: You will.

A: I pray to God.

C: I promise you, I'm not God, but I'm promising you.

A: Please do.

C: It will happen.

A: Please do.

Mr. BILIRAKIS. Additionally, there is a document here. The cover sheet is, "Arnold & Porter," and it consists of a letter from the law firm of Arnold & Porter, to Mr. Brown and me, dated March 9, 2000, entitled, "Authentication of Planned Parenthood Documents." That is subject to redaction, and a better copy is being prepared.

And then there are a number of other documents here which both sides have agreed to.

I understand Ms. Cubin has documentation that both sides have agreed to. Is that taken care of?

Mr. BILIRAKIS. They are included in here.

So, without objection, then, all of this documentation will be made a part of the record. I have not identified the rest of it in the interest of time, but I know both staffs are aware of what they are.

[The information referred to follows:]

ARNOLD & PORTER

555 TWELFTH STREET, N.W.
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 (202) 942-5576

NEW YORK
 DENVER
 LOS ANGELES
 LONDON

March 9, 2000

The Honorable Michael Bilirakis
 2369 Rayburn House Office Building
 Washington, D.C. 20515

The Honorable Sherrod Brown
 201 Cannon House Office Building
 Washington, D.C. 20515

Re: Authentication of Planned Parenthood Documents

Dear Congressmen Bilirakis and Brown:

Late on Monday afternoon of March 6, 2000 I received a request from majority staff asking whether our client Planned Parenthood could authenticate certain documents. We picked up those documents late Monday afternoon. On Tuesday morning I spoke with majority staff and confirmed that we had received the documents. They consist of 17 pages of what appears to be spreadsheets and other accounting reports, most of which have handwritten notations and inserts on them. I asked whether these were documents stolen from our Planned Parenthood clinic in Overland Park, Kansas. The majority staff answer was in the affirmative. I promised that we would do our best to authenticate them.

We promptly contacted our Planned Parenthood affiliate in Kansas; officials then commenced a search of their files to determine whether originals of these documents are contained in our records. In general format, officials there say these documents appear to be the type that the Planned Parenthood clinic might have used during this period. However, since these documents are presumably stolen and we have no idea into whose hands they may have been transferred, there is no way that we can authenticate these documents and their handwritten inserts unless we find the originals in our files.

We have determined that files which may contain the originals were not located in our clinic headquarters, but were stored off site. We are in the process of examining these files to try to find any originals of the stolen documents. As of this moment, we have been able to find in our files the originals of a number of the stolen documents the

ARNOLD & PORTER

The Honorable Michael Bilirakis
The Honorable Sherrod Brown
March 9, 2000
Page 2

staff had sent us. Copies of those documents from our files have been faxed to us and are attached. As for the remainder, we do not know at this point whether the original documents themselves were stolen and are no longer in our files. We will continue to look, and if we discover any other originals in our files, we will send you copies.

Sincerely,


James F. Fitzpatrick

SEPTEMBER, 1997

ACCT NAME	COST CENTER	G L	DEBIT	CREDIT
COMMERCE BK	2020000000	11210	160138.91	
1ST NATIONAL BK	2020000000	11220	31431.25	
F P FEES	2020110117	42110		4118.00
CNTRCPTV SALES	2020110117	42120		3797.50
DEPO PROVERA	2020110117	42130		1800.00
NORPLANT SALES	2020110117	42140		-
NORPLANT RMVL	2020110117	42150		130.00
LAB FEES	2020110117	42160		1389.50
Rx SALES	2020110117	42170		584.75
P G TESTS	2020110117	42180		420.00
MORNING AFTER	2020110117	42340		100.50
SONOGRAM	2020120117	42640		
COUPONS	2020110117	42920	15.00	
DEPO PROV	2020120117	42130		350.00
LAB FEES	2020120117	42160		250.00
P G TESTS	2020120117	42180		
A. B. SURGERY	2020120117	42610		17436.50
A. B. MEDICAL	2020120117	42615		
A. B. CONSCIOUS	2020120117	42620		4250.00
A. B. GENERAL	2020120117	42625		5700.00
RHOGAM	2020120117	42630		2040.00
SONOGRAMS	2020120117	42640		3050.00
MORNING AFTER	2020120117	42930		
LONG/SHORT	2020120117	58210		90.46
PRE OP MEDICATION	2020120117			
COLP W/BIOPSY	2020123117	42315		2700.00
CRYO	2020123117	42350		
LEEP	2020123117	42360		450.00
TUBAL	2020123117	42370		4650.00
A/R NEW	2020000000	13410	42803.25	
A/R FOSSUM	2020000000	21130		601.98
A/R CHPP	2020000000	13410		23184.72
A/R DUE OTHER CLINIC	2020000000	13420	695.00	
ANATOMICAL GIFT	2020000000	45410		2290.00
A/R - BCCCP	2020123117	13510	720.00	
				4.
Photocopyer Supplies	2020120117	53280		35.00
TOTAL			236303.41	236303.41

REVENUE RECEIVABLE REPORT
SEPTEMBER, 1997

PAGE 2 OF 2

DATE	FP	AB	Other	DEBIT	CREDIT																	
9-23-97																						
9-25-97																						
9-26-97																						
9-27-97																						
9-28-97																						
9-30-97																						
9-30-97																						
9-30-97																						
PAGE 2																						
PAGE 1																						
TOTAL																						
9-17-97																						
TOTAL																						
BUSD - WTAD-00																						
PAI - 7474 - 1647																						
BUSD - 4046345																						

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ROBERT S. MICHAELS
JOHN D. CUMMINS, JR.
MICHAEL R. LAPORTE
JOYCE A. POLLACK

February 28, 2000

Via Facsimile

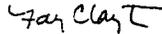
The Honorable Thomas J. Bliley
United States House of Representatives
Chairman, Committee on Commerce
Rayburn House Office Building, Room 2125
Washington, D.C. 20515-6115

Dear Representative Bliley:

The enclosed will supplement Anatomic Gift Foundation's response of February 25, 2000. Specifically, I am enclosing copies of contracts that AGF had with clinics where tissue was procured from donors. Identifying information has been redacted to protect the confidentiality of the clinics, to which AGF is committed by contract. I believe you are aware that AGF, its researchers and others associated with fetal tissue research have been subject to various acts of harassment and violence. Recently there has been a death threat. Because of the ongoing threats to these clinics and their employees, and because of AGF's contractual commitment to preserve their confidentiality, we are unable to produce unredacted copies at this time.

As I have advised your assistant, in addition to the written contracts, at certain periods of time there were oral contracts between AGF and clinics. The substance of oral contracts has already been supplied in AGF's earlier response, dated February 22.

Respectfully,



Fay Clayton
Counsel for Anatomic Gift Foundation

FC:dms

Enclosures

**MEMORANDUM OF UNDERSTANDING
FOR THE RETRIEVAL OF HUMAN TISSUE
FOR
TRANSPLANT, RESEARCH AND EDUCATION**

Drafted 1/21/98

_____ and the Anatomic Gift Foundation (AGF) enter into this Agreement in order to establish a collaborative arrangement whereby _____, a _____ business corporation and AGF, a Maryland nonprofit corporation, would cooperate with each other in the recovery of human tissues and organs derived as a consequence to elective pregnancy terminations for the advancement of transplant, scientific research and medical and dental education.

RECITALS

- A. _____ operates a women's reproductive health clinic which, among its services, provides pregnancy counseling and elective terminations.
- B. AGF preserves, processes, banks and distributes human tissues for transplantation, research and education; and
- C. _____ and AGF, in recognition of the need for and benefits that result from the availability of tissues for transplantation, research and education, desire to cooperate with each other in the procurement, processing and distribution of tissues, that would otherwise be discarded as a consequence of elective pregnancy termination procedures, for transplantation, research and education ; and
- D. _____ and AGF desire to enter into this Agreement in order to further define the rights and obligations of the parties;
- E. Unless otherwise stated in this Agreement:
1. "allograft tissue" means any human tissues of embryonic and fetal origin that are suitable for grafting (transplantation) as determined by AGF's Medical Director; and
 2. "research tissue" means any human tissues of embryonic and fetal origin that are not suitable for grafting, including, without limitation, eyes, bones, skin, connective tissues, partial organs or portions of organs, and organs and tissues not included in the definition set out above in section E.1.; and
 3. "donor" means the maternal source of the embryonic or fetal allograft tissue, or research tissue.
 4. "Applicant" means those clinicians, researchers and educators receiving allograft tissue or research tissue, either directly or indirectly, from _____ on behalf of AGF. Reference to AGF in this agreement will also include AGF's Applicants.
 5. "specimen" means all of the available organ or tissue prepared for transplant, research or education according to a specific protocol (see section I.A.1.). Organs that are paired (e.g., lungs, kidneys, eyes, etc.) or organs or tissue that are large in mass relative to body size, like skin, constitute a single specimen unless multiple protocols are employed, or like tissue is divided and distributed to different Applicants.
 6. _____ for the purposes of this Agreement, references to " _____ " shall include _____, and its employees, agents, directors and designees.

Now, therefore, and AGF agree as follows:

COVENANTS

ARTICLE I

OBLIGATIONS

A. will:

1. allow for AGF to identify and evaluate donors and perform allograft tissue and research tissue retrieval in accordance with AGF-approved protocols
 - a. shall use his best efforts to allow AGF to retrieve tissue on a schedule that accommodates AGF to the best of 's ability, and taking into consideration donor load and potential scheduling conflicts, unless otherwise agreed upon in writing by the parties hereto.
 - b. shall coordinate with AGF a mutually acceptable and reasonable schedule for retrieval of human fetal and embryonic tissue.
2. offer AGF the first right to accept all tissue including but not limited to
 - a. tissue from 1st trimester embryos resultant from the use of a manual aspiration syringe method of termination; with the exception of 1st trimester substantia nigra (brain) tissue for transplant procured by the , unless such tissue has been declined by , and
 - b. tissue from 2nd trimester fetus resultant from the use of an intra-uterine cranial decompression and evacuation method, without use of saline, urea or digoxin.
3. be responsible for facilities and equipment sufficient for the activities described hereunder, except, however, AGF shall assist in supporting certain costs and equipment, as described hereandbelow in section I.B.3.
4. allow AGF to screen donors for present and past medical and social history.
5. when presents tissues for AGF under this Agreement;
 - a. will provide AGF with a venous blood sample from all donors.
 - b. promptly notify AGF of any donor condition that may have become known after tissue retrieval which may present a health or other hazard to AGF, its personnel, or to the safe use of the retrieved transplant tissue or research tissue.
 - c. provide AGF with information concerning the maternal donor as described in section I.A.9. hereandbelow.
6. designate a liaison for AGF and to receive instruction on an as needed basis from AGF so as to ensure compliance with all aspects of the AGF allograft tissue and research tissue program. AGF agrees and understands that 's designee will have other duties besides serving as AGF's technical liaison.

7. provide AGF routes of communication sufficient to carry out the responsibilities of this Agreement. Such routes of communication can include a day phone number and fax number.
8. coordinate the proper disposal of tissue remains from the tissue retrieval site.
9. provide AGF with the following information concerning each donor:
 - a. information sufficient for AGF to complete its donor worksheet,
 - b. a hard copy of the executed consent form,
 - c. access to maternal donor medical history for the purpose of determining whether the donor is a "high risk" group for the transmission of hepatitis or human immunodeficiency virus as these terms are defined by the Center for Disease Control. shall use his best efforts to obtain the medical and social history* of the prospective maternal donor as required by AGF and to which the AGF Medical Director shall base his/her decision on donor suitability for purposes of donating allograft tissue or research tissue. shall accept AGF's determination of donor suitability as final.
 - d. copy of pathology reports as they become available.

* If is, after reasonable efforts, unable to obtain such donor medical and social history, it will provide AGF with documentation of its attempts to obtain such history and the reasons the information was absent, if known. will provide to AGF additional information if and when obtains any additional information regarding the donor. will take reasonable and prudent action to obtain such additional information deemed relevant by the AGF protocol referred to above. For all donors, will maintain such documentation and information in accordance with all applicable statutes, regulations or law. Any conditions present in the donor's consent shall be perpetual and shall survive this Agreement between the parties hereto.
10. by virtue of accepting the terms and conditions specified in this Agreement, certify that this Agreement, in part or in its entirety, shall not be in conflict with any other agreement that may have with another entity, including a research program or another tissue bank.

B. AGF will:

1. pay a fee for 's tissue retrieval on behalf of AGF in accordance with section II.A. hereandbelow.
2. have the right to accept from all cadaver fetal/embryonic tissue retrieved by in accordance with AGF protocols and section I.A.2. of this Agreement.
3. if necessary, provide with reimbursement for any supplies utilized by AGF to carry out its responsibilities under this Agreement in accordance with II.B.
4. make the final determination of donor acceptability, based on a review of the maternal donor's records for contraindications. AGF shall provide to in writing the reasons for declining to accept any allograft tissue or research tissue donor presented by under this Agreement.

5. be responsible for the transport, handling and disposal of allograft and research tissues in compliance with all applicable regulations.
 6. provide all necessary training to its designated employee(s). AGF shall be responsible for all costs associated with this training.
 7. maintain donor specific information provided to AGF in accordance with all applicable ordinances.
 8. handle and dispose of tissue provided under this Agreement in accordance with the donation consent form and as required by applicable law. These covenants will survive this Agreement.
 9. be responsible for the timely tissue retrieval record follow-up and shall maintain such records as may be appropriate and necessary to:
 - a. allow for a proper donor medical and social history review to help ensure safety for those handling the tissue and to determine suitability for allograft or research applications.
 - b. ensure that the identification and notification of recipients of allograft and research tissue procured under this Agreement may occur in the event that it becomes necessary and appropriate for such identification and notification.
 10. promptly notify _____ of any donor condition that may have become known after tissue retrieval which may present a health or other hazard to AGF, its personnel, or to the safe use of the retrieved allograft tissue or research tissue.
 11. assume responsibility for maintaining a retention blood serum sample, when sufficient serum is available, on each donor from which tissue was procured under this Agreement.
- C. AGF and _____ each will:
1. for all donor from which research tissue has been procured under this Agreement, maintain such documentation and information in a confidential manner in accordance with this Agreement and all applicable regulations or guidelines. It is agreed and understood that this condition will survive any termination of this Agreement.
 2. meet quarterly or conference call to discuss relevant issues and to ensure that the specifications of this Agreement are being carried out by each of the parties hereto.

ARTICLE II

PAYMENT

- A. AGF shall pay a tissue retrieval fee to _____ the greater of either three hundred-fifty dollars (\$350) per month, or ten dollars (\$10) per donor from which at least one usable specimen has been obtained. This fee is designed to help defray the cost for use of space and facilities, counseling of patients, of obtaining maternal consent for anatomical gift donation, and in obtaining a maternal blood sample from each prospective donor from which allograft tissue and/or research tissue may be retrieved. AGF shall automatically pay this fee within thirty (30) days of the end of the month during which such expenses were incurred by _____ ; or

- B. AGF shall provide all supplies or 100% of _____'s cost of boxes, dry ice, courier fees and miscellaneous shipping supplies used in sending allograft tissue and research tissue to AGF.

ARTICLE III

NON-DISCLOSURE/NON-COMPETE

- A. **Non-disclosure.** As a consequence of the relationship set forth by this Agreement, the parties hereto may receive, learn, or produce confidential information and recognize that such confidential information is proprietary and must be safeguarded from disclosure to competitive entities and others not employed by or working for or contracting with the parties to this Agreement. For _____, confidential information shall include _____'s business, its patients and their medical histories, procedures, methods and schedules. For AGF, confidential information shall include any of the Applicants with whom or with which AGF transacted business for the purpose of procuring, preserving or distributing organs or tissues, its methods for same, and information concerning other procurement sites or similar arrangements.
- B. **Non-compete.** During the course of this Agreement and for a period of three (3) years after the termination of _____'s relationship with AGF for any reason, notwithstanding AGF's cessation of business, _____ will not solicit for its own benefit or for the benefit of any person or entity, any of the Applicants with whom or with which AGF transacted business for the purpose of procuring, preserving or distributing organs or tissues.

ARTICLE IV

GENERAL

- A. The parties hereto agree to abide by all applicable federal, state and local laws and shall be bound by all conditions set forth on the donation consent form.
- B. All protocols and inspection results will be maintained as confidential transactions between the parties in accordance with Section III. Similarly, all records and documents obtained under this Agreement will be maintained in a confidential manner.
- C. **Term and Termination.** This Agreement is effective as of the _____ day of _____, 1998 (the "Effective Date") and shall continue in effect for consecutive annual terms, unless terminated before then according to the terms and conditions stated below:
1. This Agreement may be terminated at any time:
 - a. upon providing one hundred twenty (120) days written notice to the other party to terminate this Agreement.
 - b. in the event either party shall materially breach any of the terms, conditions and agreements contained herein to be kept, observed, and performed by it, then the other party may terminate this Agreement at its option and without prejudice to any of its other legal and equitable rights or remedies, by giving the party which committed the breach thirty (30) days written notice, particularly specifying the breach, unless the notified party within such thirty (30) days shall have cured the breach;
 - c. in the event any assignment shall be made by either party for the benefit of creditors, or if a receiver, trustee in bankruptcy or similar officer shall be

appointed to take charge of all of the property of either party or if either party files a voluntary petition under applicable bankruptcy laws or such a petition is filed against either party and is not dismissed within sixty (60) days, the other party may immediately terminate this Agreement by giving notice of termination.

2. Notwithstanding the expiration or termination of this Agreement pursuant to paragraph C.1. above, the following obligations will survive this Agreement:
 - a. AGF shall pay _____, as otherwise provided in this Agreement, for allowable charges incurred before the Agreement was terminated.
 - b. _____ and AGF shall indemnify one another pursuant to paragraph H of this article.
 - c. _____ and AGF shall maintain and protect the confidentiality of the records maintained or provided pursuant to this Agreement.
 3. AGF shall have an additional thirty (30) days after the termination of this Agreement within which to pay _____ any sums due _____ incurred during the last thirty (30) days of operation under this Agreement.
- D. Governing Law.
1. This Agreement will be governed by, and all of its provisions construed in accordance with, the laws of the State of _____.
 2. Throughout the term of this Agreement, both _____ and AGF shall comply with all federal and state laws, rules, and regulations applicable to each respectively in connection with this Agreement.
- E. Revisions. This Agreement may be amended or revised only in writing signed by both _____ and AGF.
- F. Severability. If any one or more of the provisions of this Agreement shall for any reason be held to be illegal or unenforceable, such invalidity or unenforceability shall not affect any other provision of this Agreement or the validity or enforceability of such provision. The unenforceable provision shall be treated as severable and the remaining provisions shall nevertheless continue in full force and effect, giving maximum effect to the intent of the parties in entering this Agreement.
- G. Assignability. Neither party to this Agreement may assign any rights or obligations under this Agreement to any other entity or person without the advance written consent of the other party.
- H. Indemnification. _____ and AGF shall indemnify, defend and hold harmless one another from and against any liability, cost, damage or expense (including attorney's fees) arising solely out of, or in connection with, the indemnifying party's performance or professional services to be provided hereunder, or failure to perform professional services as agreed under this Agreement. This paragraph shall not be construed to limit a party's right to contribution at law or equity.
- I. Arbitration. Any controversy or claim arising out of or relating to this Agreement or the breach thereof, shall be settled by arbitration in accordance with the then applicable commercial arbitration rules of the American Arbitration Association.

J. Miscellaneous.

1. Force Majeure. In the event that either party is prevented from performing, or is unable to perform, any of its obligations under this Agreement due to any act of God, fire, casualty, flood, war, strike, lock out, failure of public utilities, injunction or any act, exercise, assertion or requirement of governmental authority, epidemic, destruction of production facilities, insurrection, inability to procure materials, labor, equipment, transportation or energy sufficient to meet its production or performance needs, or any other cause beyond the reasonable control of the party invoking this provision, and if such party shall have used its best efforts to avoid such occurrence and minimize its duration and has given prompt written notice to other party, then the affected party's performance shall be excused and the time for performance shall be extended for the period of delay or inability to perform due such occurrence; provided, that in no event shall such extension be for a period in excess of sixty (60) days.
2. Publicity. Neither party shall originate any publicity, news release or other public announcement relating to this Agreement or the existence of an arrangement between the parties without the prior written approval of the other party, except as otherwise required by law.

K. Integration. This Agreement represents the entire understanding of the parties and supersedes all other Agreements with respect to the subject matter covered.

L. Notices. All notices under this Agreement shall be sent as follows:

1. To : _____

2. To AGF: Brenda M. Bardsley
 President and Technical Director
 Anatomic Gift Foundation
 96 Satilla Drive
 White Oak, GA 31568

Either party may modify or change the person or location designated above by written notice to the other. Any notice pursuant to this Agreement shall be deemed effective only upon actual receipt by the other party.

L. Nothing in this Agreement shall be construed as creating any relationship between AGF and other than that of two independent parties contracting with each other. Neither AGF or shall act in any manner to create any other appearance.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

ANATOMIC GIFT FOUNDATION, Inc

its _____

its President

MEMORANDUM OF UNDERSTANDING FOR THE RETREIVAL OF HUMAN TISSUE FOR RESEARCH AND EDUCATION

Drafted 6/3/99

) and the Anatomic Gift Foundation (AGF) enter into this Agreement in order to establish a collaborative arrangement whereby and AGF, a Maryland non-profit corporation, would cooperate with each other in the recovery of human tissues and organs derived as a consequence to pregnancy termination for the advancement of transplant, scientific research and medical and dental education.

makes this agreement with the following intent and only under the understanding to clearly and permanently and without question remove and its employees from any and all liability resulting from mishaps or accidents or injuries incurred by AGF, its salaried or contracted employees, and researchers. It is accepted that such protection from injury will extend to include protection from all injuries caused by any tissue sample generated on premises and to all property damaged while on, in route to or from the facility.

AGF will agree to pay the sum of One Hundred Dollars (\$100.00) per month to cover expenses relating to the occupying of space within facility i.e. electrical consumption, sterilization of instrumentation, etc. In summary, the above facility is leased to AGF. In accepting this lease, AGF agrees to absolve and from any responsibility what-so-ever for injury or liability incurred while on the premises or use of such premises or from injury caused by the product or by product produced on these premises.

Nothing in this Agreement shall be construed as creating any relationship between AGF and other than that of two independent parties contracting with each other. Neither AGF nor shall act in any manner to create any other appearance.

The term of this Agreement is effective as of the 19th day of June 1999, and shall continue for consecutive annual terms, unless terminated before then.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the date first written above.

ANATOMIC GIFT FOUNDATION
B C
its Executive Director

REVENUE / RECEIVABLE REPORT
SEPTEMBER, 1971

PAGE 1 OF 2

DATE	EP	AB	CHRG SUBS	OTHER	TOTAL REVENUE	REC'D CHRG	REC'D OTH	POSSUM	DIET	OTHER	LOST	NET OSHA
9-1-971	70000				70000							
9-2-971	70000				70000							
9-3-971	70000				70000							
9-4-971	70000				70000							
9-5-971	70000				70000							
9-6-971	70000				70000							
9-7-971	70000				70000							
9-8-971	70000				70000							
9-9-971	70000				70000							
9-10-971	70000				70000							
9-11-971	70000				70000							
9-12-971	70000				70000							
9-13-971	70000				70000							
9-14-971	70000				70000							
9-15-971	70000				70000							
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9-18-971	70000				70000							
9-19-971	70000				70000							
9-20-971	70000				70000							
9-21-971	70000				70000							
9-22-971	70000				70000							
9-23-971	70000				70000							
9-24-971	70000				70000							
9-25-971	70000				70000							
9-26-971	70000				70000							
9-27-971	70000				70000							
9-28-971	70000				70000							
9-29-971	70000				70000							
9-30-971	70000				70000							
TOTAL	2100000				2100000							

156

STATEMENT OF CONGRESSMAN LEE TERRY

Nebraska's Second Congressional District

March 8, 2000

For The Commerce Committee's

Subcommittee on Health and the Environment Hearing:

"Fetal Tissue: Is it Being Bought and Sold in Violation of Federal Law?"

Late last November the Omaha World-Herald newspaper reported the Nebraska University Medical Center is using fetal tissue from aborted babies to learn more about Alzheimer's disease.

As one of the Congressman serving Nebraska, I can tell you first-hand the response to this research in my state is widespread and vehement. Pro-life groups such as Nebraska Right to Life and Metro Right to Life have come out in strong opposition to this research, calling it "repulsive and abhorrent." Pro-choice groups such as Planned Parenthood are in agreement that anyone found to have broken the law against trafficking in baby body parts should be prosecuted. Our state legislature is considering a bill to ban the use of tissue from aborted babies for disease research in state facilities, and I have heard from many constituents concerned about the ethical ramifications of this research.

This controversy has drawn attention not just in Nebraska, but nation-wide. It has raised serious questions about this research, and how tissue specimens are being obtained. In 1993, the ban on federally-funded fetal tissue research was lifted as part of the National Institutes of Health Revitalization Act. This bill also made it a federal crime for companies to buy or sell baby body parts for profit, which is defined as "valuable consideration." Any reasonable payments like transportation and storage costs for baby parts don't qualify as profit.

Dr. LeRoy Carhart, who operates the Abortion and Contraceptive Clinic in Bellevue, Nebraska, supplies Nebraska University with baby parts for research. While Dr. Carhart says he receives no "payment" for providing tissue, it is unclear whether any "cite fees" or "fees for service" are paid, which would violate federal law.

Universities, pharmaceutical companies, and even the U.S. government are involved in purchasing fetal tissue for research. In fact, the National Institutes of Health, the main government-funded biomedical research arm, advertises on its website that it can "supply tissue from normal or abnormal embryos and fetuses of desired gestational ages between 40 days and term." That means "fetal tissue" could include parts of babies as old as eight and nine months. Federal law doesn't distinguish fetal tissue by age of the baby it comes from, or the different sources such as elective abortions, miscarriages, tubal pregnancies and stillbirths.

This hearing today is a direct result of a resolution the House of Representatives approved last year calling for an investigation of the baby body parts trade. There is substantive evidence some businesses in the United States are flouting federal law to make money on the "trafficking" of baby parts for medical research.

Of equal concern are allegations that some abortion doctors are altering or changing abortion procedures for the sole purpose of "harvesting" the best possible tissue specimens. This practice is illegal for any federally-funded research, such as the kind taking place at Nebraska University, but not for privately-funded research unless there is an opposing state law.

The "Opening Lines" company, which has been identified as a fetal tissue "middle-man" between researchers and abortion clinics says in a brochure that their goal is to "offer you and your staff the highest quality, most affordable, and freshest tissue, prepared to your specifications, and deliver it in the quantities you need, when you need it." This brochure goes on to say the company was founded to "provide a convenient and efficient way for researchers to receive fetal tissue without a lot of bureaucracy."

"Opening Lines" boasts that their "daily average case volume exceeds 1,500, and we serve clinics across the United States." From this we gather that "trafficking" in baby body parts is not confined to a few select areas. In fact, much more than "fees for service" are involved in the baby parts trade.

Dr. Miles Jones, owner of "Opening Lines," was quoted by ABC's 20/20 television show as setting his prices by "market force. It's what you can sell it for." His company offers a price list of baby parts that asks for \$325 per spinal cord, \$550 for a reproductive organ, and \$999 for an eight-week-old brain... with a 30 percent savings if the organ is significantly fragmented.

It is clear this is an attempt to circumvent the law against profiting from trading in baby body parts. More investigation is clearly needed into the practices of these abortion doctors and how they derive the prices they charge for different baby parts.

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LIFE DYNAMICS
1999

TRANSCRIBED FROM TAPES FOR:
NATIONAL ABORTION FEDERATION
1755 MASSACHUSETTS AVENUE, N.W.
SUITE 600
WASHINGTON, DC 20036

Tape Transcription

2

1 LIFE DYNAMICS - MAY

2
3 MARK: Okay, we're back.4 You know, one of the things that Life
5 Dynamics does is we do a lot of spying and
6 infiltration of the abortion industry, kind of
7 agent provocateur type things. And sometimes
8 people question why we do that. Even Pro-Life
9 people have been critical of us for doing that sort
10 of thing.11 But the reality is, if you want to
12 beat an opponent, you better know what they're all
13 about. We get information directly out of the
14 abortion industry that we can't get anywhere else
15 and that we can then use to go after them with.16 You're about to see an interview with
17 one of our spies. This woman came to us quite some
18 time ago, very upset over some things that she had
19 seen in her job in the abortion industry. I want
20 to tell you now that this is a very difficult
21 interview to watch, because you're going to hear
22 things that you probably didn't know were going on,
23 descriptions of -- it's not so much gory as it is
24 just kind of heartbreaking and wrenching to think
25 that our society has come to this point.

Tape Transcription

3

1 Zantra did this interview about a
2 month ago. And it was very difficult for her to
3 do. And again, it's going to be very difficult for
4 you to listen to. But I think if you're going to
5 be serious about this, if we're going to be serious
6 about closing down these death camps -- and that's
7 what they are, they are death camps, this is a
8 holocaust -- and if this interview doesn't convince
9 you of that, you're probably not convincable.

10 So, be forewarned. It's not pretty.
11 But it's something that we all need to listen to.

12 ZANTRA: To start with, just so that
13 everybody understands, you're real name is not
14 Kelly; is that correct?

15 KELLY: That's correct.

16 ZANTRA: Why don't you start by
17 telling us how long did you work for the abortion
18 clinic?

19 KELLY: Well, for one, I did not work
20 for an abortion clinic as an employee. I worked
21 for an outside source, hired with a team, to go in
22 and dissect and procure fetal tissue, basically to
23 dissect tissue for high-quality sales.

24 ZANTRA: Okay. So you were actually
25 working for an outside company that was gathering

Tape Transcription

4

1 fetal tissue, but you were doing this inside the
2 clinics?

3 KELLY: Right. But we were never
4 employees of the abortion clinic. What we did was
5 we would have a contract with an abortion clinic
6 that would allow a certain number of us to go in
7 there on certain days, and we would procure fetal
8 tissue for research. We would get a generated list
9 each day to tell us what tissue researchers,
10 pharmaceutical companies, universities were looking
11 for. Then we would go and look at the patient
12 charts.

13 We had to screen out all the ones we
14 didn't want. What I mean by that is that we would
15 not use anything that had STD's or fetal anomalies.
16 These had to be the most perfect specimens we could
17 give the researchers for the best value that we
18 could sell for.

19 ZANTRA: What gestational ages were
20 you talking about for these babies?

21 KELLY: We would look starting at
22 seven weeks all the way up to 30-plus.

23 ZANTRA: All the way to over 30 weeks
24 gestation, you were harvesting parts from aborted
25 babies?

Tape Transcription

5

1 KELLY: That's correct. That's
2 correct. And we -- we were looking anywhere from
3 eyes, livers, brains, thymuses, and especially
4 cardiac blood, cord blood, the blood from the
5 liver, even blood from the limbs that we would get
6 from the veins.

7 ZANTRA: Now, just a minute ago you
8 said that you had to screen out all the babies with
9 abnormalities.

10 KELLY: Right.

11 ZANTRA: But when you're talking about
12 babies at 30 weeks gestation, wouldn't the majority
13 of these abortions be for abnormalities?

14 KELLY: No. I mean there was only
15 probably like 10 percent that had abnormalities.
16 The rest were very healthy donors. And how we knew
17 that they were healthy was, one, we would check to
18 see if they -- the mother had any prenatal care
19 that suggested she had birth defects, if that was
20 the reason why she was there to have the abortion.
21 But 95 percent of the time, no, it was just that
22 she was there to get rid of the baby.

23 ZANTRA: So how many of the later
24 terms, the ones that are around 30 weeks or so,
25 would you see in a week?

Tape Transcription

6

1 KELLY: Probably an estimate of 30 or
2 40 a week.

3 ZANTRA: Of the late terms?

4 KELLY: Of the late terms.

5 ZANTRA: Of the late terms.

6 KELLY: That's anywhere from 22 weeks
7 all the way up to 30 weeks-plus.

8 ZANTRA: Let's talk a bit about how
9 you worked with the researchers. You said it was
10 universities and pharmaceutical companies.

11 KELLY: That's correct. And also
12 private contractors who would -- we would sell them
13 the tissue. They would in turn collect the sales
14 and then, in turn, sell those sales to other
15 universities and to other researchers. So
16 basically there was a high demand every week from
17 universities and pharmaceutical companies
18 throughout the world just to buy fetal tissue.

19 ZANTRA: How did you get these
20 specimens to the researchers?

21 KELLY: Every researcher that we sold
22 to had their own private way they wanted it
23 shipped, whether it was UPS, FedEx, Airborne or a
24 special courier that they would just -- we would
25 take the specimen in a box to the airport and put

Tape Transcription

7

1 it on as regular cargo, and they would pick it up
2 at their destination.

3 ZANTRA: Do you think these shipping
4 companies knew that they were transporting aborted
5 baby parts?

6 KELLY: No. No. All they knew was
7 that it was just human sales, when it actually
8 wasn't sales. We're talking sometimes it would be
9 a completely intact fetus or it might be a batch of
10 eyes or 30 to 40 livers going out that day or
11 thymuses, whatever it may be, there was mass
12 quantities of it going out.

13 ZANTRA: The babies at the clinic, the
14 aborted ones that you didn't take parts out of or
15 you didn't ship the entire body, how did you
16 dispose of them?

17 KELLY: If they could, we would
18 usually put it down the garbage disposal, along
19 with the placenta and the leftover blood material.
20 And that would just get down the drain.

21 If it was large enough and wouldn't go
22 down the drain, they had a special freezer, and we
23 would freeze all the -- it may be a total of 60 to
24 70 fetuses in one box, frozen in a freezer, to be
25 picked up at another time for incineration.

Tape Transcription

8

1 ZANTRA: How is it that you came to be
2 talking to Life Dynamics? I mean you're working in
3 this abortion clinic, gathering fetal parts. It
4 seems like we'd be the last people you'd want to
5 talk to.

6 KELLY: Well, when I was working,
7 there was an incident that came my way, and my
8 staff's way, that there was a set of twins, at 24
9 weeks gestation, brought back to us. These twins
10 were both in pan and they were both alive. Meaning
11 that there was maybe just a couple of nicks from
12 the tongs that had pulled them out. But these
13 fetuses were moving and gasping for air.

14 And the doctor came back and basically
15 looked at us and said, got you some good specimens,
16 twins. And I looked at him and said, there's
17 something wrong here. They are moving. I don't do
18 this. This is not in my contract.

19 ZANTRA: So they just brought you
20 these babies and said, here, do whatever you want
21 with them?

22 KELLY: That's correct. And I told
23 him I would not be any part of extinguishing their
24 lives. So he basically got a bottle of sterile
25 water and poured it in the pans until the fluid

Tape Transcription

9

1 ran up to their mouths and nose and basically let
2 them drown themselves, which didn't take very long.

3 And I did not stay in the room to
4 watch that. I left the room, because I would not
5 watch those fetuses moving.

6 ZANTRA: So he basically -- I mean not
7 basically -- what he did do was kill those babies
8 outside the mother's wound?

9 KELLY: That's correct.

10 ZANTRA: After they'd been born?

11 KELLY: That's correct. And then we,
12 staff, did procure fetal tissue from those, under
13 protest.

14 ZANTRA: Do you know how long it took
15 those babies to die?

16 KELLY: No, because we left the room.
17 I would not watch. And that's basically when I
18 decided that it was wrong. Basically, I -- I did
19 not want to be there when that happened. Because
20 after that incident, there was more times that we
21 had live births come back to us.

22 ZANTRA: Really?

23 KELLY: Sixteen weeks, all the way up
24 to sometimes even 30 weeks. And the doctor would
25 either break the neck or take a pair of tongs and

Tape Transcription

10

1 basically beat the fetus until it was dead.

2 ZANTRA: Do you think the doctor ever

3 altered the procedures to get you the type of

4 specimens you needed for that day?

5 KELLY: Yes, every day. When we would

6 go in to do procedures, the doctor would come in,

7 along with his nurse, and they would want to see

8 the list of what we were going to procure and what

9 we needed. Then he would basically get us the most

10 complete, intact specimen that he could get us.

11 And what I mean by that is that all

12 the limbs, the arms, the head, the chest cavity,

13 were never invaded. They were all completely

14 intact. Sometimes if the fetus was -- appeared to

15 be dead, but when you opened up the chest cavity

16 you do see the heart beating, but there's no arms

17 or legs moving.

18 ZANTRA: So they were intentionally

19 altering their type of procedure to give you an

20 intact specimen, even if that meant giving you a

21 live specimen?

22 KELLY: That's correct. Just so we

23 could sell better tissue and more tissue out. So

24 that our company would make more money. And at the

25 end of the year, they would actually give the

Tape Transcription

11

1 clinic back more money since we got good specimens.

2 ZANTRA: So they were basically trying
3 to keep your company's business and maybe get a
4 little extra out of your company, and that's why
5 they were changing the procedures for you?

6 KELLY: Yes, that's correct. When you
7 have a second trimester abortion, you have to have
8 a certain number of lamb cells placed in the vagina
9 to dilate the cervix. And that way, when you go
10 in, after your third-day procedure, and they would
11 change out these lambs on the third day, they would
12 pull the lambs, the fetus would come out. But in
13 the motel rooms, sometimes these lambs would move.

14 ZANTRA: What are these lambs you're
15 talking about?

16 KELLY: They're a dilator. They're
17 made up of some type of seaweed. They're hard when
18 they go in and they dilate you, just like you're
19 giving birth. But when they sent these women to
20 the motel room, because they had to stay in town,
21 sometimes these lambs would fall out and she would
22 go into labor and the fetus would expel itself out.

23 ZANTRA: So these women were basically
24 having a two-day procedure. And the first day,
25 they were dilated with the laminaria.

Tape Transcription

12

1 KELLY: Lambs. Lambs.
2 ZANTRA: And then they'd go to this
3 hotel overnight, expecting to come back for their
4 abortion the following day?
5 KELLY: Right. Right.
6 ZANTRA: But, instead, they'd go into
7 labor?
8 KELLY: Right.
9 ZANTRA: In the hotel room?
10 KELLY: Right. And then they would
11 give us a call, to the nurse, and the nurse would
12 call the doctor. And they would go to the motel
13 room and pick up the woman and the fetus.
14 ZANTRA: Were these fetuses coming out
15 alive?
16 KELLY: Yes, they were coming out
17 alive. And they would bring back the fetus in a
18 bucket, along with the placenta and the mother.
19 They had to get re-suctioned. So they brought her
20 back to the clinic. And that's when they would
21 give us a call during the night and say, okay,
22 we've got a couple of specimens here for you or
23 we've got one specimen.
24 We would then go, and the specimen
25 would be in a bucket. And then we would empty it

Tape Transcription

13

1 out. And when we knew that it was alive is when
2 you open up the chest cavity, the heart was still
3 beating. Sometimes you could even see movement in
4 the bucket. They had to come out alive. There was
5 no way for those fetuses to be coming out dead.
6 They were all alive.

7 And how they maintained them or did
8 they kill them in there was anybody's guess. My
9 guess is that they had to kill them in the bucket
10 or put them in a corner and let them die slowly.

11 ZANTRA: Because the doctor had seen
12 how strongly you reacted to seeing them killed in
13 front of you?

14 KELLY: That's correct. That's
15 correct.

16 ZANTRA: So he made --

17 KELLY: He made sure he did not repeat
18 those instances. But they kept happening anyway.
19 And that's how I came to call you guys.

20 ZANTRA: How did they treat the women
21 who were coming in for abortions?

22 KELLY: Well, that would basically
23 depend on the woman and her attitude. The majority
24 of the time it was not very pleasant. There was an
25 episode a couple of times that we would see she

Tape Transcription

14

1 wanted to have an abortion one day, but the second
2 day she came back, and even though she had the lamb
3 cells placed in her, she wanted to keep the baby,
4 but they would not -- they would not do that. They
5 would talk her out of it, saying, well, we've
6 already placed these lambs. You're going to have
7 the abortion.

8 ZANTRA: Did the clinic know she could
9 have been taken to a hospital and they would have
10 basically been able to --

11 KELLY: Changed her -- yes.

12 ZANTRA: -- help her continue the
13 pregnancy?

14 KELLY: Yeah. She was never given
15 that option. She was always -- the patient was
16 always told by the doctor and all of the staff
17 gathered around, pressuring her to have that
18 abortion.

19 ZANTRA: Before they even began the
20 procedures, did you see any sort of coercing the
21 women into that?

22 KELLY: Well, when you -- when you're
23 talking about coercing, you'd have to talk about
24 they're giving an IV sedation on the second day,
25 the day that they're going to have the procedure.

Tape Transcription

15

1 And the IV sedation kind of puts them into what I
2 call a Nyquil nap. I mean they're just basically
3 drowsy. They're not really thinking for
4 themselves.

5 So that's basically how they were
6 coerced into having a procedure, when you could
7 blatantly hear them in the halls changing their
8 mind, telling them they didn't want to have it
9 done. But they were forced into having it done by
10 giving more sedation.

11 ZANTRA: So they would withdraw their
12 consent, but then the clinic would drug them and --

13 KELLY: That's correct.

14 ZANTRA: -- and continue the
15 procedure?

16 KELLY: That's correct.

17 ZANTRA: What about, you mentioned in
18 a previous conversation the attitude of a lot of
19 the lesbian employees?

20 KELLY: Right. That kind of had a lot
21 of our staff concerned. Once the patient was
22 unconscious, lying on a table, some of the women
23 would make comments basically of the genitalia
24 area -- nice tatoo, or this one looks really nice,
25 what do you think?

Tape Transcription

16

1 ZANTRA: So they were just being
2 generally degrading to the women?
3 KELLY: Very degrading to the women
4 that were in there.
5 ZANTRA: And this is while the women
6 were unconscious?
7 KELLY: Right, while they're
8 unconscious, while they didn't know what was going
9 on.
10 ZANTRA: So these employees are
11 walking around, looking at those patients?
12 KELLY: Right. They were walking
13 around, talking to them. There has even been
14 episodes where phone numbers were taken off the
15 charts and people would give them a call weeks down
16 the road, asking them out for drinks. It was not
17 uncommon for women or men at the clinic to hit on
18 these women for dates.
19 (Commercial.)
20 MARK: Welcome back.
21 In the last segment, I told you we'd
22 be having a special guest join us to discuss the
23 Kelly interview. Before I introduce him, I want to
24 take a moment to make sure you appreciate what an
25 incredible situation this is. You know, over the

Tape Transcription

17

1 years, we've seen lots of high profile Pro-Aborts
2 come over to our side, But the thought that Eric
3 Herra could one day be one of them is absolutely
4 mind-boggling.

5 Having this guy be the very first
6 guest on the very first episode of Life Talk had to
7 be the work of the Lord. No mere human being could
8 conceive of something so implausible. So as living
9 proof that with God anything is possible, I want
10 you to meet my new friend Eric Herra.

11 Eric, welcome to Life Dynamics.

12 MR. HERRA: Thank you. Thank you for
13 having me, Mark.

14 MARK: It's my pleasure.

15 Eric, tell us why it's so implausible
16 that you're here.

17 MR. HERRA: Well, up until 14 months
18 ago, I had been involved in the abortion industry
19 for over a decade, close to 12 years and was
20 considered to be one of the largest abortionist in
21 the country. And I think even more profound than
22 that was the simple fact that I hated your guys and
23 couldn't stand you and --

24 MARK: Wow, a sweetheart like me.

25 MR. HERRA: Yeah, a sweetheart like

Tape Transcription

18

1 you.

2 MARK: Maybe that's why I never got

3 those Christmas cards.

4 MR. HERRA: Must have got lost in the

5 mail.

6 MARK: Yeah, I kept looking for them,

7 and I -- and it was heartbreaking that I never got

8 Christmas cards.

9 ZANTRA: It was really tragic. He was

10 a total wreck for the whole month of December.

11 MARK: Yeah, I just never got them.

12 MR. HERRA: Yeah, I kind of felt bad

13 about that.

14 MARK: Yeah, I bet you did.

15 (Laughter.)

16 ZANTRA: Only now, huh?

17 MR. HERRA: Yeah.

18 MARK: Only now, in retrospect.

19 MR. HERRA: Exactly.

20 MARK: I know, on a serious note, I

21 know that you watched the Kelly interview.

22 MR. HERRA: Yes.

23 MARK: And of course, you better than

24 most would know how difficult that was for her to

25 talk about. And I want to discuss that interview,

Tape Transcription

19

1 some of the things that she said and some of the
2 things that you had seen yourself. But before I
3 do, I want to advance a theory, and I want to see
4 if you agree or disagree with this or think I'm
5 crazy or whatever.

6 While this whole partial birth
7 abortion debate has been going on for the last
8 several years, one of the things that has always
9 been questionable is why would the Pro-Abortors fight
10 so hard to keep it. Because a total ban on partial
11 birth abortion does not save any babies. It
12 doesn't outlaw any abortions. All it says is you
13 can't kill them with this method.

14 So they could still go kill them with
15 D&E's or salines or whatever, other late term
16 procedures. So why do they fight so viciously to
17 keep it? That was always something that kind of
18 bugged me, about why they would want to do this.

19 Now, then we started working with
20 Kelly. Now, we've worked with her for about a year
21 and a half, two years now. And as you know, we
22 have lots of spies inside the abortion clinics.

23 MR. HERRA: I know that all too well

24 MARK: Yeah.

25 (Laughter.)

Tape Transcription

20

1 MARK: And we get a lot of information
2 out that helps us in our Pro-Life work through
3 that. But with Kelly, we got some information that
4 we didn't get anyplace else. Because we started
5 getting all this stuff about fetal tissue
6 acquisition and selling baby parts and selling
7 whole babies and so forth. And suddenly it dawned
8 on me why they want partial birth abortions or DNX
9 abortions.

10 With the other procedures, you don't
11 have anything to sell at the end. You've got a
12 mass of dead tissue.

13 MR. HERRA: Exactly.

14 MARK: You've got a bunch of arms and
15 legs and eyes laying around, but you can't do
16 anything with them.

17 MR. HERRA: Exactly.

18 MARK: The only difference between the
19 other late procedures and the DNX is you've got
20 something you can sell.

21 MR. HERRA: Exactly.

22 MARK: This is a maximizing the
23 profits thing. They sell the woman the abortion to
24 begin with, make several thousand dollars off that
25 on some of these real late term procedures. And

Tape Transcription

21

1 then they maximize profits by selling the dead baby
2 that they take out of her. But you've got to take
3 it out whole or you don't have anything to sell.

4 I mean am I way off base or is that --

5 MR. HERRA: No. No. You're probably
6 one of the very few on the Pro-Life side who have
7 come to a true realization about why that procedure
8 is so guarded by the pro-abortion side. It has
9 nothing to do with a woman's right to choose or
10 protecting the sanctity of the right of abortion.
11 It has to do with protecting the sanctity of the
12 fullness of the abortionist's wallet.

13 MARK: Right. Right. And that's why
14 they fight this thing so viciously.

15 MR. HERRA: That's why they fight for
16 all abortions, but especially this type.

17 MARK: Right.

18 MR. HERRA: Because, you know, this is
19 the only type of abortion procedure that it doesn't
20 cost you money to get rid of the dead baby.

21 MARK: Right.

22 MR. HERRA: The other procedures, it
23 costs him money to get rid of the dead baby. Here
24 not only did they get anywhere from \$3,000 to
25 \$8,000 for performing that abortion, they get money

Tape Transcription

22

1 for giving that baby away. _

2 MARK: Right. It's a brilliant

3 business move. I mean, from a business standpoint,

4 it makes perfect sense, right?

5 MR. HERRA: I think, unfortunately, a

6 lot of abortionists are very good at this.

7 MARK: Right. Well, we all know

8 that's true. Let me ask you something about a

9 subject that Kelly brought up. You know, the

10 abortion industry would have you believe that this

11 concept of live births is something that just never

12 happens or it's so rare it's not even worth talking

13 about. To hear her say it though -- I mean she was

14 talking about, what --

15 ZANTRA: She said she saw three to

16 four in a two-week period.

17 MARK: Right, live babies that she --

18 ZANTRA: On a regular basis.

19 MARK: Right.

20 ZANTRA: Not just like they were

21 having a special on late terms that month or

22 something.

23 MARK: Right.

24 ZANTRA: But on a regular basis, she

25 was seeing them that often.

Tape Transcription

23

1 MARK: Right. Is that something you
2 experienced? I mean did you see live births in
3 your clinics?
4 MR. HERRA: Along with sexual abuse of
5 patients and sexual abuse of female staff members
6 in the abortion industry, the live birth situation
7 is one of the abortion industry's dirty little
8 secrets that isn't talked about very much.
9 MARK: Right.
10 MR. HERRA: And they're probably going
11 to be quite upset that you're exposing it.
12 MARK: Well, I'm sure they would be.
13 MR. HERRA: As they always are when
14 you expose things, Mark.
15 MARK: Right. Right.
16 (Laughter.)
17 MARK: Yeah, every time we lift up the
18 rock and watch what stories are --
19 MR. HERRA: Exactly. You always pick
20 something up and throw it out there.
21 MARK: You know, and that's the thing
22 about lifting rocks, there's never anything pretty
23 underneath a rock.
24 MR. HERRA: Exactly.
25 ZANTRA: No.

Tape Transcription

24

1 MARK: You know, it's always something
2 slimy like this.
3 MR. HERRA: No, it's not.
4 ZANTRA: What did your clinic do when
5 you had a live birth? What was your response?
6 MR. HERRA: It was always very
7 disturbing. The doctors tried to keep it hidden
8 from the rest of the staff.
9 ZANTRA: Yeah, I'm sure.
10 MR. HERRA: Because it would upset the
11 staff. Because, you know, we weren't dealing with
12 anything alive.
13 MARK: Right.
14 MR. HERRA: These weren't babies,
15 these were fetuses. These were masses of tissue.
16 So the doctor would usually inject it with
17 medication or do something more drastic to cover it
18 up.
19 MARK: You know, she mentioned this
20 concept that I never had thought about before, but
21 obviously it makes sense from a medical standpoint,
22 where they put laminary in some woman, send her
23 off to a hotel to spend the night and then do the
24 procedure the next day. But she goes into labor
25 and delivers a live baby, which is then taken to

Tape Transcription

25

1 the abortion clinic, living, to be killed and the
2 parts harvested out of it.

3 Did you ever have a situation like
4 that?

5 MR. HERRA: Yes. And in most of my
6 clinics we performed late term abortions and
7 partial birth abortions. And we would always find
8 a little hotel or motel nearby. And I remember
9 this one time we had a patient who came in for
10 about a 26-week abortion. And she had been
11 inserted with laminaria. And we had put her up at
12 what we would call at that time hotel death. And
13 that was our nickname for it. And it was right
14 down the road from the clinic.

15 And she called up in the middle of the
16 night, saying that she had delivered this baby.
17 Well, she had to call us because we gave her
18 paperwork that said you're not allowed to call 911,
19 you're not allowed to go to a hospital, you're not
20 allowed to call your family doctor. Because, you
21 know, you cannot let these things be seen publicly
22 that this stuff happens.

23 So she brought the baby back in a
24 white cotton hotel towel that you find at any
25 ordinary hotel. And the baby was put into what

Tape Transcription

26

1 was
2 called a scrub room, which is where the babies were
3 processed. And as I was standing there with a
4 nurse, I happened to look over. I said, that towel
5 just moved. Well, she goes, Eric, you're crazy,
6 you're just tired. It's 3 o'clock in the morning.
7 And I looked again and I said, that
8 towel is moving. And we both looked over. And at
9 that time, this little baby's arm raised up out of
10 the towel and was moving like a newborn baby would
11 move. And I remember I literally screamed and, you
12 know, ran out of the room. And the doctor came and
13 closed the door. And when we went back to process
14 the baby out of the clinic into the lab, he had a
15 puncture wound in his chest. It had been placed
16 over the pair of surgical scissors by the
17 physician.
18 MARK: So obviously that happened at
19 the clinic?
20 MR. HERRA: Yes. Yes.
21 MARK: So that baby was like what she
22 was saying, was brought there alive?
23 MR. HERRA: Exactly. Exactly.
24 MARK: And even by our standards of
25 allowing abortion on demand through all nine months

Tape Transcription

27

1 of pregnancy, that's still a murder?
2 MR. HERRA: That -- legally, in every
3 State in the Union, that is murder.
4 MARK: Right.
5 MR. HERRA: Because even in New York,
6 with the most liberal abortion laws in the country,
7 if you have a live birth, you are supposed to do
8 everything within your power to -- to -- you know,
9 to keep this baby alive, to the point that New York
10 requires a second physician in the room after a
11 certain point in gestation so that if the baby is
12 born alive, that one physician will look after the
13 woman and the other physician will look after the
14 baby. But that law is not even enforced.
15 MARK: Right. I mean we see that
16 consistently, the laws that are meant to protect
17 women or protect the sanctity of life even in some
18 cases are just totally ignored by these people.
19 MR. HERRA: Exactly.
20 MARK: Do they just become so callous
21 that they can do these? I mean does doing
22 abortions harden your heart that badly?
23 MR. HERRA: I did. I remember that --
24 that I didn't feel any -- at first I used to hate
25 to hear the suction machine. Then, as time went

Tape Transcription

28

1 on, that suction machine sound that I found to be
2 so offensive suddenly became like a cash register
3 to me. It was music to my ears. And staff people,
4 you know, no fetus can beat us; you rape it, we
5 scrape it.

6 I can remember seeing two physicians
7 one time, after the performed a partial birth
8 abortion, take the baby and literally pull on the
9 legs like it was a wishbone at Thanksgiving. They
10 made jokes about it, who can get the bigger bone,
11 whose wish would come true.

12 MARK: You know, people think that's
13 so outrageous, but we've found --

14 MR. HERRA: It happens.

15 MARK: It happens. And I wrote a
16 chap -- in "Lima 5," the book that I wrote about
17 the internal workings of the abortion industry, we
18 had a chapter on those sort of things, how these
19 people become so desensitized to all this.

20 ZANTRA: Right.

21 MARK: We found them playing catch
22 with the babies out in the hallway.

23 MR. HERRA: Stand them up like little
24 puppets and stuff.

25 MARK: Right. Right.

Tape Transcription

29

1 ZANTRA: Moving them around the
2 facility as pranks for other staff workers?
3 MR. HERRA: Oh, yeah, exactly. And
4 that doesn't happen, Zantra, just at what Planned
5 Parenthood would call a regular clinic. This
6 happens at Planned Parenthood.
7 MARK: Oh, yeah.
8 ZANTRA: Yeah.
9 MR. HERRA: And this happens at
10 hospital abortion facilities and private doctors'
11 offices. And the reason they do that is because
12 they have to joke about it. Because no matter how
13 big of an abortionist you are, no matter how big an
14 abortionist you work for, every one of them knows
15 deep down in their heart that they're committing
16 murder.
17 MARK: Well, you know, that's -- that
18 was always one of my arguments when I used to train
19 people how to argue the Pro-Life position. I'd
20 say, you know, you're wasting your time to go out
21 here and stand in front of an abortionist and say,
22 oh, you're committing murder, you're --
23 MR. HERRA: He knows he is.
24 MARK: He knows it better than you do.
25 MR. HERRA: He knows he is. But he

Tape Transcription

30

1 also knows that he has that million-dollar home.
2 MARK: Right.
3 MR. HERRA: He vacations six weeks out
4 of the year.
5 MARK: Right.
6 MR. HERRA: His kids all have
7 brand-new BMW's.
8 MARK: Right.
9 MR. HERRA: And so, you know, his wife
10 has his -- has her gold charge card, that she can
11 go buy her -- her fur coats with. And so he knows.
12 MARK: Right.
13 MR. HERRA: But in his heart, the
14 money means more than life. And, Mark, in our
15 society, that seems to be the case in a lot of
16 different avenues that we deal in.
17 MARK: Oh, absolutely. Absolutely.
18 You know, something you had brought up --
19 ZANTRA: Yeah, a question I had about
20 some of Kelly's concerns. She mentioned on the
21 videotape that she was very concerned for her own
22 safety and that of her family. And she went into
23 even, you know, greater fears, discussing it with
24 us off taping. We went to great lengths to make
25 sure that her face wasn't shown on the tape and,

Tape Transcription

31

1 you know, how -- promised her she --
2 MARK: We altered her voice.
3 ZANTRA: Yeah. And she will always,
4 you know, remain clandestine. And she's very
5 afraid of what the abortionists will do if they
6 find out that she's leaking this information. Are
7 these fears reasonable?
8 MR. HERRA: Zantra, they're more than
9 reasonable. They happen. And she has every right
10 to be concerned. And the effort that both you and
11 Mark took to ensure her confidentiality and her
12 anonymity, you know, was the right thing to -- is
13 the right thing to do.
14 Let's face it, we're dealing with an
15 industry that is a multi-billion-dollar industry,
16 the abortion industry. And we're dealing with
17 companies now that are major U.S. conglomerates
18 that are harvesting these body parts, and who have
19 killed for much less.
20 MARK: Oh, absolutely.
21 MR. HERRA: And I think she has ever
22 right to be careful. But that fear that she lives
23 in and that a lot of people in the abortion
24 industry live in is not as bad as the internal
25 torment that they're faced with. And I simply

Tape Transcription

32

1 would advise anybody who wants to get out of the
2 business to get out. Call you up. Call another
3 Right-to-Life organization, you know, but get out.
4 And they'll be protected, just the way I was, and
5 they'll be okay.

6 MARK: Right.

7 ZANTRA: Yes.

8 MARK: Everybody that we've helped out
9 or dealt with or even some of our people, like her,
10 that are still in, that are still working with us,
11 they all have this fear. You know, we've had many
12 of them say, they'll kill me.

13 ZANTRA: Right.

14 MARK: They literally will kill me if
15 they find out what I'm doing.

16 ZANTRA: In fact, I don't think
17 there's a one we've talked to who hasn't --

18 MARK: That didn't say that.

19 ZANTRA: Yeah, who wasn't sure that
20 that person was going to --

21 MR. HERRA: I had that fear. And
22 luckily, the Lord had his hand on me. I would
23 advise people to call you. You know, you have been
24 blessed with the ability to protect people if you
25 have to and to take people in and stuff like that.

Tape Transcription

33

1 And I would caution people to deal -- okay, they
2 want to get out of the abortion industry -- deal
3 with a reputable Right-to-Life group, such as Life
4 Dynamics or some of the other ones --

5 MARK: There's lot of them.

6 MR. HERRA: -- that can help people
7 exit out of the abortion industry. But, you know,
8 to deal with somebody reputable, you know, like
9 yourself. And there is help and hope.

10 MARK: There absolutely is.

11 ZANTRA: Yes.

12 MARK: And just to let the audience
13 know, we, you and I are now going to start working
14 together on some new projects.

15 MR. HERRA: Yes.

16 MARK: And that's going to be real
17 exciting.

18 MR. HERRA: Very exciting.

19 MARK: And we're going to have some
20 new themes out there for people to keep abortion
21 clinics out of their community or get them out if
22 they're there or -- you know, and I've told people
23 this time and time again, it's 10 times easier to
24 keep one out than it is to get it out once it's
25 there.

Tape Transcription

34

1 MR. HERRA: Definitely.

2 MARK: But it seems like the Pro-Life

3 community doesn't rally until there's already one

4 there. And if you can -- if you can work prior to

5 that to see that it never happens, you know, why

6 would you want to cure a disease rather than

7 prevent it?

8 MR. HERRA: Well, once again, I think

9 we see Life Dynamics taking on the leadership role

10 that you've taken on years ago and being proactive,

11 not reactive.

12 MARK: Right.

13 MR. HERRA: And getting people to the

14 point where while we sit around and while we stew

15 over the fact that we lost partial birth abortion,

16 well, we can work to make sure that we don't get

17 a clinic in our town so those abortions will never

18 take place to begin with.

19 MARK: Well, listen, I have said this

20 for years and I know that this is your position,

21 abortion is not going to end in Washington, D.C.

22 MR. HERRA: No.

23 MARK: And it's not going to end in

24 the State capital. Nobody in Austin, Texas is

25 going to end abortion in Denton, Texas.

Tape Transcription

35

1 ZANTRA: Right.

2 MARK: Nobody in Springfield, Illinois

3 is going to end it in, you know, Elgin, Illinois.

4 MR. HERRA: Exactly.

5 MARK: The Pro-Life community needs to

6 understand that if they want to stop abortion in

7 their community, they're going to have to do it.

8 MR. HERRA: Exactly.

9 MARK: And if they're not going to,

10 then just accept it. They're going to kill babies

11 in your community, and that's the way it's going to

12 be.

13 MR. HERRA: Exactly. I know, as I

14 travel all around the country and all around the

15 world speaking, that the Right-to-Life community is

16 tired, Mark. And I understand that they've fought

17 for many years. But you know what? The other side

18 is not tired. They are gloating in their little

19 victories. They are celebrating the fact that

20 they've almost had eight years now of free rein.

21 And I say it's time that we get prepared for the

22 new millennium and go take back some of that ground

23 that was taken from us.

24 MARK: You're absolutely right.

25 ZANTRA: Right.

Tape Transcription

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1 MARK: And I'm excited about what
2 we're going to be able to do, working together.
3 MR. HERRA: Exactly.
4 MARK: And, you know, I still say
5 we're at the point now where this is a test of
6 wills. The real question before us today is, do we
7 want to stop the killing worse than they want to
8 kill?
9 MR. HERRA: Exactly.
10 MARK: And the answer to that question
11 is going to be -- is going to determine the future
12 of the abortion battle. So I welcome you onto our
13 side and I'm looking forward to the collaboration
14 that we're going to do.
15 MR. HERRA: I am happy and thrilled
16 and honored to be associated with you and Zantra
17 and the rest of your fine staff at Life Dynamics.
18 MARK: Well, thank you very much. And
19 we're happy to have you.
20 MR. HERRA: Thank you.
21 (End of excerpt.)
22
23
24
25



Congresswoman

14th District • New York

Carolyn Maloney

Reports

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Testimony of Congresswoman Carolyn B. Maloney (NY-14)
To the Health & Environment Subcommittee of the Commerce Committee
United States House of Representatives
Concerning Fetal Tissue Research

March 9, 2000

Stem Cells May be the Key to Curing Parkinson's and Many Other Diseases

Mr. Chairman and members of the subcommittee: I watched ABC's 20/20 last night on alleged abuses involving the donation of fetal tissue for medical research and wondered why these allegations had not been forwarded to the Justice Department (instead of Congress having a hearing). There are already both Federal and state laws banning profiteering, ensuring informed consent and barring conflicts of interest. I support and endorse this fully. I believe that research should only proceed in harmony with legal and ethical guidelines on the donation and use of fetal tissue including human pluripotent stem cells for research and that violations of law should be prosecuted. However, make no mistake, I believe this research should continue.

I have introduced H. Res. 414 with Reps. Connie Morella, Charles Rangel, Major Owens, Robert Matsui, Lynn Woolsey, Henry Waxman, Karen Thurman, Barbara Lee, and Carlos Romero-Barcelo to allow Federal Funding of human pluripotent stem cell research to help us further understand Parkinson's disease and other medical conditions. I am asking for no specific amount of money, nor to direct disease-specific research. I am only asking that Federal money be allowed to be used to utilize the next best chance science has, to not only treat, but to cure, debilitating and life threatening illnesses that afflict millions of Americans. This is a vital part of the research that must be continued.

Many people have been confusing human pluripotent stem cell research with human embryo research. Stem cells are not embryos. There is a ban on the use of Federal funds for human embryo research in the United States. Stem cells cannot develop into a complete human being, and therefore, under the law, they are not embryos.

Stem cells are a type of cell that can be turned into almost any type of cell or tissue in the body. With further research, these cells may be used as "replacement" cells and tissues to treat many

diseases including Parkinson's disease, Alzheimer's disease, diabetes, AIDS, Lou Gehrig's disease and others. Stem cell research holds hope of one day being able to treat brain injury, spinal cord injury, and stroke for which there is currently no treatment available. And they may solve the problem of the body's reaction to foreign tissue, resulting in dramatic improvements in the treatment of a number of life-threatening conditions, such as burns and kidney failure, for which transplantation is currently used.

The resolution discusses Parkinson's disease in particular for many reasons. My family has been personally affected by this devastating illness and I am proud to serve as Co-chair of the Congressional Working Group on Parkinson's Disease. However, it is science that makes the best argument to lead with this disease. With all that is already known about Parkinson's disease, it is believed that with Federal funds and stem cell research it is very possible that Parkinson's disease could not only be treatable, but curable within as little as five years!

Dr. Gerald D. Fischbach, the Director of National Institute of Neurological Disorders and Stroke, in testimony last year to the Senate said, "I concur that we are close to solving - and I mean the word 'solving' - Parkinson's Disease. I hesitate to put an actual year number on it. I think, with all the intensive effort, with a little bit of skill and luck, five to ten years is not unrealistic. We will do everything possible to reduce that below five years. I would not rule that out."

Mr. Chairman, here is why that is possible: Parkinson's disease is a progressive degenerative brain disease which kills a specialized and vital type of brain cell, a cell which produces the substance dopamine, that is essential for normal movement and balance. The loss of these dopamine-producing cells causes symptoms, including slowness and paucity of movement, tremor, stiffness, and difficulty walking and balancing, which makes the sufferer unable to carry out the normal activities of daily living. In 30% of the cases those symptoms include dementia. As the disease progresses, it inflicts horrific physical, emotional, and financial burdens on the patient and family, requiring the caregiver to assist in the activities of daily living, and may eventually lead to placement in a nursing home until death.

With further research into stem cells, scientists will be able to "reprogram" the stem cells into the dopamine-producing cells which are lost in Parkinson's disease.

Parkinson's disease affects at least one million Americans. Fifty-thousand are diagnosed each year and for every one diagnosed, two who have Parkinson's disease are not diagnosed. It is alarming to think that two million Americans with Parkinson's disease are undiagnosed.

Parkinson's disease costs the Federal Government approximately \$10 billion in healthcare costs, and on average, the cost per patient is \$5,000 per year. As a society, we spend \$15 billion a year on Parkinson's disease and that is only in direct costs for treatments that only bring temporary relief.

Building on the technology developed from research on Parkinson's disease makes treatments and even cures possible for many conditions. There include Alzheimer's, diabetes, AIDS, Lou Gehrig's, brain injury, spinal cord injury, stroke, and problems with the body's reaction to foreign

tissue. It may even provide for safer and more effective ways to test drugs without experimenting on humans and animals. We cannot allow the opportunities afforded us by stem cell research to go untapped!

The National Institutes of Health has proposed guidelines to human stem cell research to address the legal and ethical issues surrounding this particular type of research. It is being approached in a responsible way to utilize the technology while being sensitive to the ethical questions raised. The National Bioethics Advisory Commission (NBAC) even felt they could have gone further and is very supportive of allowing this type of research to continue with Federal funding. The NBAC points out that Federally funding this research will allow Federal oversight to ensure this type of research continues ethically. And finally, the American people support stem cell research as shown by a nationwide survey conducted by Opinion Research Corporation International last year that found that 74% of those polled favored funding of stem cell research by NIH.

Federal funds are crucial to allow scientists to proceed with stem cell research and to exploit fully this novel, innovative, and ground-breaking technology.

I hope this committee will not allow violations of current law to affect the promise of biomedical research to millions of Americans currently suffering from debilitating and life threatening illnesses.



Document 5 of 11.

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ABC NEWS

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SHOW: 20/20 WEDNESDAY (10:00 PM ET)

March 8, 2000, Wednesday

TYPE: Profile

LENGTH: 2170 words

HEADLINE: PARTS FOR SALE; PEOPLE MAKE THOUSANDS OF DOLLARS OFF THE SALE OF FETAL BODY PARTS

ANCHORS: CONNIE CHUNG; CHARLES GIBSON

REPORTERS: CHRIS WALLACE

BODY:
PARTS FOR SALE

CONNIE CHUNG, co-host:

Now, a story we guarantee most of you have never heard before. The subject is highly charged and controversial. Behind the scenes of some promising medical research, big money is being made from the sale of fetal body parts. Chief correspondent Chris Wallace has been investigating this story. Chris:

CHRIS WALLACE reporting:

Connie, our hidden camera investigation has found evidence that some businessmen are trafficking in fetuses. One has even put out a price list. And there are claims that some are selling fetuses that women have not even given for research. Here's what can happen when something that is supposed to be used to spur medical breakthroughs is used instead to make money.

(VO) It's a moment too painful to imagine--after getting radiation treatments for cancer, Cindy Smith, a

mother of five, learned she was pregnant with twins.

Ms. CINDY SMITH: They basically told me that my children were dying inside me, that I was the only thing keeping them living.

WALLACE: (VO) Cindy decided to end her pregnancy. She says her only comfort came from signing this consent form, giving the fetuses to medical researchers, looking into cures for terrible diseases.

Ms. SMITH: What I wanted to do was make something positive out of a horrible situation.

WALLACE (VO) What she didn't know is that this man would be making money off her twins.

Dr. MILES JONES: If you have a guy that's desperate for, let's say, a heart, then he'll pay you whatever you ask.

WALLACE: (VO) His name is Dr. Miles Jones, and he says he can make big bucks selling human fetuses to researchers.

Dr. JONES: Let's say someone needs feet. Feet are real common. They are not hard to get.

WALLACE: A 20/20 hidden camera investigation has found a thriving industry in which aborted fetuses women donate to help medical research are being marketed for hundreds, even thousands of dollars. We showed what we found undercover to Arthur Caplan, director of the University of Pennsylvania Center for Bioethics.

Mr. ARTHUR CAPLAN: That's trading in body parts, there's no doubt about it.

WALLACE: Turning human fetuses into a commodity.

Mr. CAPLAN: Into a product.

WALLACE: (VO) There's a demand for fetal tissue, because doctors believe it may be the key to medical breakthroughs, cures for Alzheimer's and Parkinson's disease, diabetes and other illnesses. Some researchers use fetal cells, others need whole organs or limbs.

But no one on either side of the abortion debate wants fetal research to become an incentive for abortions. So laws have been passed to draw a clear line. A woman must decide to have an abortion before she's approached to donate the fetus. Abortions can't be altered to get better specimens. And above all, tissue can't be sold for profit. Despite all that, some businessmen have slipped in and turned human fetuses into dollars.

Mr. DEAN ALBERTY: This is purely for profit. Everything was about money.

WALLACE: (VO) Dean Alberty worked for two companies that acted as middle men, getting the fetuses from abortion clinics and shipping tissue to researchers.

Mr. ALBERTY: When I got the fetus, I'd already have a checklist telling me what specific organs they were looking for.

WALLACE: (VO) The law allows tissue companies to recover their costs. This government agency charges \$ 100 per shipment. But take a look at what one private company is demanding. Opening Lines put

out this price list: \$ 325 for a spinal cord, \$ 550 for a reproductive organ, \$ 999 for a brain. Albery says he helped put together the price list.

Is there any way to justify these prices?

Mr. ALBERTY: No. There is not.

WALLACE: So what does this price represent?

Mr. ALBERTY: That represents greed.

WALLACE: (VO) Who runs Opening Lines? Dr. Miles Jones, the Missouri pathologist whose company handled Cindy's fetuses. Last year Jones not only mailed out the price list, but also this brochure.

"Fresh fetal tissue harvested and shipped to your specifications where and when you need it."

Mr. ALBERTY: That's correct.

Dr. JONES: Pleased to meet you.

Unidentified Woman #1: Nice to meet you.

WALLACE: (VO) We wanted to find out for ourselves how these companies do business. So posing as a prospective investor, a 20/20 producer met with Dr. Jones, who wanted to talk over dinner.

Unidentified Producer: What does a brain go for? What does a kidney or liver go for?

Dr. JONES: It's market force. It's what can you sell it for?

WALLACE: (VO) Over lobster bisque and roast duck, Dr. Jones explained the business of selling human fetuses.

Dr. JONES: We had projections of \$ 50,000 a week. And you know, some weeks you can hit that and some weeks you can't. It's just a matter of being able to match supply and demand.

WALLACE: (VO) Dr. Jones said the average specimen costs him just \$ 50 plus overhead, but that he charges an average of \$ 250. The law only talks about recovering costs. But on a single fetus, Jones said he can make \$ 2500.

Dr. JONES: That one fetus--the cost of procuring it is the same whether you get one kidney or you get two kidneys, a lung, a brain, a heart. It's the same cost that you've put into it.

Producer: But you keep charging?

Dr. JONES: Each researcher gets charged.

Producer: And each time that's just money in the bank?

Dr. JONES: Mm-hmm.

Mr. CAPLAN: It's flat out buying and selling, flat out profiteering. It's flat out saying, 'I'm going to charge

you whatever you're going to pay me.'

Dr. JONES: You can't kill the golden goose but you can certainly keep it well fed and it will lay lots of eggs for you.

WALLACE: A human fetus as a golden goose. I know you've been studying this business a long time, but does that shock even you?

Mr. CAPLAN: That kind of blatant, 'I'm going to get the maximum value of mining a fetus,' is--is--it's shocking.

Ms. SMITH: Just from a human standpoint, that's horrific.

WALLACE: (VO) When we told Cindy Smith about Dr. Jones, she also was upset.

Ms. SMITH: I did not donate that thinking ever that someone was going to profit. And that just really bothers me because that's not what I intended at all.

WALLACE: (VO) Albery says some tissue companies went even further to boost their revenue. He says both companies he worked for, Opening Lines, and this firm, Anatomic Gift Foundation or AGF pressured him to get as much tissue as possible. And at times even told him to take it from fetuses women had not donated for research.

Mr. ALBERTY: Miles told me if they're not looking, they're not looking. Why don't you grab that pancreas? Even though it wasn't consented for.

WALLACE: And did you do it?

Mr. ALBERTY: Yes I did.

WALLACE: (VO) That's not all. Albery alleges that abortions were altered to get better tissue. He says this clinic in Overland Park, Kansas, normally did early abortions with a suction machine. But when the fetus was being donated he says this special syringe was used which experts say puts women through longer more uncomfortable abortions. Where did the clinic get the syringes?

AGF was supplying these special syringes to the clinics?

Mr. ROSS CAPS: That's correct.

WALLACE: (VO) Ross Caps (ph) also worked for AGF. He and nurses who worked at the clinic confirm that women donating fetuses were given different abortions.

If the woman didn't consent, they wouldn't use the special syringe?

Mr. CAPS: No. They only used a special syringe if they knew I wanted the specimen.

WALLACE: (VO) Again, the law says abortions can't be altered to get tissue. Albery who says he was originally pro-choice, was finally so disturbed by what he saw that he contacted Life Dynamics, a Texas pro-life group that paid him \$ 10,000 to be an informant, while he continued to work in the tissue business. But Albery denies making up stories to push a political agenda.

Why should people believe you? Why shouldn't we believe that there are just some things that you've said that are part of this movement?

Mr. ALBERTY: I will stand behind my words until I die. I will go in front of Congress if I have to and testify under oath.

WALLACE: (VO) But Alberty's allegations are only part of the story. Some of the most troubling evidence we found came from our undercover conversation with Dr. Jones. Here he explains how easy it is to talk a woman into donating a fetus.

Dr. JONES: You can do something that's got all the legal mumbo-jumbo in it and they'll sign it anyway. If you have someone trained to ask properly you can get 80, 90 percent consent rates.

WALLACE: (VO) His dream, he said, is to run his own clinic in Mexico where he could get a greater supply of fetal tissue by offering cheaper abortions.

Dr. JONES: You can control the flow. It's probably the equivalent of the invention of the assembly line.

WALLACE: (VO) We showed Dr. Jones' comments to Congressman Thomas Bliley, chairman of the House Commerce Committee.

Mr. THOMAS BLILEY: Terrible. Just absolutely terrible.

WALLACE: (VO) After hearing allegations of illegal activity Bliley's committee is now investigating four companies. He says he's found evidence that tissue is being sold for profit.

Mr. BLILEY: We are interested in that the people who do this recover their legitimate costs. It appears that it's more than that, that it comes down to trafficking in tissue parts, in body parts.

WALLACE: (VO) Bliley is pro-life, but even the most ardent pro-choice advocates, like Planned Parenthood president, Gloria Feldt, are disturbed by what we found.

Ms. GLORIA FELDT: It seems inappropriate. Totally inappropriate. Where there is wrongdoing, it should be prosecuted. People who are doing that kind of thing should be--should be brought to justice.

WALLACE: (VO) We wanted to talk with some of these fetal tissue businessmen. When we called Dr. Jones for an interview, he hung up on us. But James Bartsly (ph) of AGF, said his nonprofit company recently got out of the business. He maintained his fees, which were lower than Jones', were reasonable and that AGF never asked anyone to take tissue without consent. And he suggested Alberty is angry because AGF sued him over a business dispute.

Did AGF ever encourage doctors to alter the way they did abortions to get specimens?

Mr. JAMES BARTSLY: No. First of all, that would be illegal.

WALLACE: (VO) But wasn't AGF supplying those special syringes to get better tissue?

Mr. BARTSLY: Yeah. That's--that's--that's the logical conclusion that you would draw. I don't believe that was altering the abortion technique.

WALLACE: Doesn't this special syringe add as much as 15 minutes to the length of the abortion?

Mr. BARTSLY: I don't know.

WALLACE: Oh, sure you did.

Mr. BARTSLY: In some cases, perhaps. It takes longer.

WALLACE: (VO) Bartsly later sent us this letter saying the Kansas clinic already used syringes and that AGF provided special ones just to keep tissue sterile. The clinic finally severed its ties with AGF and later Opening Lines, but that came too late for Cindy Smith. All she thinks about is what happened to her twins.

Ms. SMITH: It's just wrong for someone to be making money off the dead. I didn't want somebody to profit off of my heartache. It makes me almost feel like the one good thing I did really wasn't that good after all.

WALLACE: Tomorrow, a congressional subcommittee will hold a hearing on fetal tissue trafficking. And Dean Alberty, the whistleblower from inside the business, will be the star witness. As for Dr. Miles Jones, he's been subpoenaed to testify but has not responded. Investigators say if he fails to show up, Jones could be held in contempt of Congress. Charlie:

CHARLES GIBSON, co-host:

Chris, if there are laws on the books on this subject, why is it still going on? Why hasn't something been done?

WALLACE: It's a question we kept asking in this investigation. We couldn't find anyone in the federal government enforcing those laws which is why tomorrow's hearing is such an important first step.

GIBSON: All right, Chris Wallace thank you very much.

And we'll be right back.

Announcer: A car, lights out, speeding the wrong way down the highway. Headed towards certain collision.

Unidentified Woman #2: He's all the way in the left lane. He's traveling the opposite way.

Announcer: But even more outrageous was the mystery of who was driving and who was blamed for the crash. Chief investigative correspondent Brian Ross with suspicions of a cover-up. When 20/20 continues

(Commercial Break)

Announcer: Strangely different accounts of a deadly head-on crash. Two brothers died. This FBI agent survived and blamed them. But who was speeding the wrong way down the highway that night, were police guilty of a cover up? When 20/20 continues, after this from our ABC stations.

(Commercial Break)

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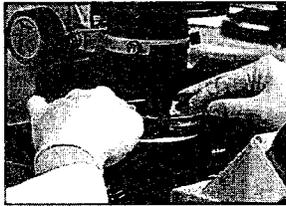
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Fetuses for Sale?



Accounts of For-Profit Industry Lead to Federal Investigation

Fetal tissue is currently used in research for illnesses like diabetes, Alzheimer's and Parkinson's. (ABCNEWS.com)

abc NEWS.com

March 8 — Two hours after getting radiation treatment for thyroid cancer, Cindy Smith, 31, found out she was pregnant with twins.

Though unsure exactly how the radiation had affected the fetuses, or what sort of impact it would later have on their growth, doctors expected multiple birth defects, at best, if Smith carried them full term.



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It was a difficult choice for the mother of five who has always wanted twins, but Smith decided to end her pregnancy. She also decided to donate her fetuses for medical research.

"I wanted to make something positive out of the horrific situation that I was in," explains Smith. "I wanted to help another mother, another family... It was the one glimmer of hope that I had."

But a year and a half later, Smith's hope has turned to shock, disbelief and outrage. The fetuses she donated for scientific research were sold for profit. Horrified by the thought of a price tag on human body parts, Smith is not alone. A thriving industry in which aborted fetuses are being marketed for hundreds, even thousands of dollars, raises uncharted ethical questions and ignites a new argument in the battle over abortion.

WEB LINK
U.S. House Hearing,
Fetal Tissue

"It looks like it has become a kind of business where people are profiteering and basically making a buck by getting tissue and distributing it."

Supply and Demand

"It looks like it has rapidly become a kind of business where people are profiteering and basically making a buck by getting tissue and distributing it," says Arthur Caplan, director of the University of Pennsylvania Center for Bioethics. "It's a sleazy business."

— Arthur Caplan,
University of
Pennsylvania Center for
Bioethics

When President Clinton lifted a long-standing ban on fetal tissue research in 1993, the tissue became available for potentially lifesaving purposes. Now, fetal tissue is in demand because doctors believe it may be the key to medical breakthroughs, such as cures for diabetes, Alzheimer's and Parkinson's disease. Some researchers, for example, use particular fetal cells in their search for cures and improved treatment, others require whole organs or limbs.

To prevent the trafficking of body parts, Congress had also passed a law making it a felony to purchase or sell the tissue for profit. Procurement agencies, which collect, preserve and ship the fetuses, may only charge reasonable fees to compensate for their costs. Also, to remove any incentive for a woman to have an abortion, federal law demands a woman's consent for abortion prior to consent for fetal tissue donation. Finally, there may be no altering in the method of abortion for purposes of getting a better specimen.

But there is evidence that companies may be violating the law, by openly trafficking fetal body parts, influencing consent to donate and modifying abortion procedures. And despite the government's attempts to regulate fetal tissue research, such violations inflame the debate over abortion.

People on both sides of the issue may be opposed to fetal trafficking and profiteering, but they also have individual concerns about how the discovery of a for-profit fetal tissue industry may impact their distinct agendas. Pro-lifers argue that a financial incentive could encourage more women to have abortions, and pro-choice advocates fear such evidence could be used to eliminate access to abortion services altogether.

Not-So-Big Big Business

"This is purely for profit. Everything was about money," says Dean Alberty, who worked for two companies that served as middlemen by getting fetuses from abortion clinics and shipping them to researchers. Alberty says he helped put together one of the firm's price list — from \$325 for a spinal cord to \$999 for a brain — prices, he says, that far exceeded the company's costs.

The companies for which he worked, Alberty claims, even at times told him to take tissue from fetuses that were not intended for research. He also

alleges that some women who donated at an early stage of pregnancy were put through longer, more uncomfortable abortions using the syringe method, which yields better tissue than the typically used suction machine.

Alberty, who says he was originally pro-choice, grew so disturbed by what he saw that he contacted Life Dynamics, a Texas pro-choice group that paid him \$10,000 to be an informant. Denying that he has made up stories to push a political agenda, Alberty says, "I will stand behind my words until I die. I will go in front of Congress if I have to and testify under oath."

Holding Violators Accountable

Rep. Thomas Bliley (R-VA), who chairs the United States House Commerce Committee, says they are now investigating four companies and have found evidence that they may be selling tissue for profit. The House Commerce Health and Environmental Subcommittee will hold a hearing on this issue tomorrow.

For Cindy Smith, this action is a step toward justice, but it does not relieve her anger. "I did not donate that thinking ever that someone was going to profit," she says. "and that just really bothers me because that's not what I intended at all." ■

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Miles Jones, M.D., President
 Consultative and Diagnostic Pathology Inc.
 1704 SE 11th St
 Lee's Summit, 64081

July 24, 1998

Dear Miles,

Pursuant to our conversation of Thursday, July 23rd please let this letter serve as our letter of understanding in regards to your company providing pathology services to our organization.

- ◆ You will process all products of conceptions, provide pathology report within seven days, and dispose of tissue for a fee of \$7.00 per sample.
- ◆ You will provide pathological analysis of our cervical biopsies at a cost to us of \$20 per case.
- ◆ You will provide pathological analysis of LEEP biopsies at a cost to us of \$40 per case.
- ◆ You will pay us a fair market rent of \$700 per month to occupy our facility and collect patient authorized donation of fetal tissue.
- ◆ You will provide your own phone line
- ◆ You will provide all your own supplies and equipment, with the exception of sterilization and cleaning services. You may use our autoclave.
- ◆ Packaging and shipping of pathological samples is the responsibilities of [redacted] personnel, utilizing supplies provide by our laboratory.
- ◆ Service agreements and fee schedules will be reviewed and adjusted according to volume on a semi-annual basis.

The agreement will start upon both parties signing this letter of understanding. These services will also be utilized by our [redacted] surgical center, and any other surgical center we should open in the future.

We are looking forward to working with you.

Sincerely,

Lynn Fredericks
 Vice President of Surgical Services

- By Office
- Medical Committee Chair
- Chair of Medical Staff



President

Accepted on behalf of Consultative and Diagnostic Pathology Inc.

Miles Jones, M.D.
 President

AGREEMENT

This agreement, made this 19th day of July, 1988, between International Institute For The Advancement Of Medicine, a Pennsylvania Nonprofit Corporation (hereinafter called "IIAM") and [REDACTED] Corporation (hereinafter referred to as "CLINIC"), to which the parties hereto hereby agree intending to be legally bound by the following terms:

1. IIAM will cooperate with CLINIC practitioners in the procuring of, and presenting for research purposes, human fetal tissues obtained by aspiration and instrumental dilatation and extraction procedures, provided, however, such cooperation does not interfere with the care CLINIC undertakes for CLINIC's patients.
2. CLINIC hereby grants IIAM the exclusive right to receive from CLINIC, all of its aforesaid tissues obtained as above set forth in Paragraph 1 herein and CLINIC agrees to deliver said tissues to IIAM. CLINIC makes no warranty as to quality or quantity of said tissues.
3. For the use of facilities for IIAM's tissue procurement and preservation activities, IIAM will compensate CLINIC at the rate of Ten (\$10) Dollars per patient from which IIAM obtains fetal tissue(s).
4. IIAM will furnish CLINIC with IIAM's invoices itemizing each aforesaid tissue thereon by chart number, fetal gestational age and date said tissue

was procured by IIAM said invoices to be mailed to CLINIC not later than thirty (30) days following the end of any month during which time IIAM procured tissue specimens from CLINIC.

5. A. CLINIC will provide IIAM with the following information concerning donor patients; chart number, donor age and weight, donor blood type and Rh factor and any medical history deemed relevant in IIAM's sole judgement. IIAM is not entitled to and will not receive information concerning identity of donors except as specified.

B. Any information obtained from CLINIC's patients' charts shall be privileged and the contents of same shall be held so as to preserve the confidentiality of patients.

6. CLINIC will permit IIAM's representatives to have a work area for the carrying out of IIAM's activities hereunder and, at the conclusion of each working day, IIAM will return aforesaid area in a clean and orderly condition.

7. IIAM will provide instruments and supplies for carrying out its activities hereunder and its representatives will sterilize said instruments by utilizing CLINIC's autoclave, providing said use will not interrupt CLINIC's sterilizing requirements.

8. The parties hereto hereby mutually agree to defend, protect and save harmless each other's officers, directors, agents and/or employees or consultants from and against all expenses, liabilities, demands or claims for loss of, or damage to, property, or personal injury or death suffered as a result of any

actions by the parties hereto in the performance of this Agreement and attributable to the fault or negligence of the parties hereto or their respective officers, directors, agents, and/or employees or consultants; provided, however, anything in this paragraph to the contrary notwithstanding, IIAM agrees to reimburse CLINIC for any loss and/or damage to CLINIC's property caused by IIAM's employees, agents or consultants.

9. The term of this Agreement shall be for (1) year, beginning from the date hereof, and terminating one (1) year thereafter, unless either of the parties hereto shall have given to the other thirty (30) days' written notice of its intention to terminate this Agreement, whereupon same shall terminate thirty (30) days after date of said notice.

In default of notice as aforesaid from either party hereto, this Agreement shall continue for further successive terms of (1) year thereafter and, in default of thirty (30) days' written notice before the end of an annual term by either of the parties hereto of its intention not to renew, whereupon this Agreement shall terminate at the end of said term.

10. This Agreement shall be interpreted according to the law of the State of Kansas and venue for any dispute arising hereunder shall be in the County of _____ in the City of _____

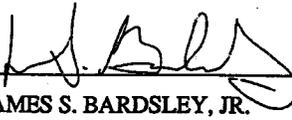
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[REDACTED]

By: [REDACTED]

INTERNATIONAL INSTITUTE FOR
THE ADVANCEMENT OF MEDICINE

By: 

JAMES S. BARDSLEY, JR.

President

Anatomic Gift Foundation

Post Office Box 878, Woodbine, Georgia 31069
 Telephone • (912) 376-8888 Facsimile • (912) 578-3727



A Maryland Nonprofit Corporation • Federal ID 52-1853805

Memorandum

14 Pages + 1

April 3, 1997

Sent via facsimile this date to: 913-345-2820

To: [REDACTED]

This document is written pursuant to the verbal request for a statement regarding the Anatomic Gift Foundation (AGF)'s policies regarding its activities of procurement of tissues which are obtained as a result of a pregnancy termination and are to be used in research. AGF is bound by contract with its Applicants to maintain their confidentiality. However, we wish to give information that would enable [REDACTED] to peruse AGF's relevant policies and procedures. Please bear in mind that the following information: is given as a courtesy to assist you in continuing your approval process; is considered confidential & proprietary and, therefore, shall be maintained in confidence and not conveyed to, or used by, any party for any other purpose. Per standard procedure, please find a copy of a Non-disclosure agreement for signature.

AGF is an independent non-profit research tissue bank which was founded to provide a service to the research community. As a tissue bank with a physician as Medical Director, AGF is an appropriate donee under the Uniform Anatomical Gift Act (UAGA) of most states. AGF is governed by a Board of Directors comprised of both medical professionals and lay-persons.

AGF procures human tissue specimens for research purposes, maintaining the highest standards of ethical practice in the field of human tissue acquisition. These standards include:

1. **Application for Tissue / The Review Process:** A research investigator must submit a written request for tissue in the form of a formal application indicating the tissue needed, the preservation methods, donor criteria, and evidence of institutional approval for the use of said tissues. Applications are reviewed by AGF's for feasibility and for scientific merit of the intended use of the tissue requested.
2. **Confidentiality:** The identity of both the donor and medical institutional source of an anatomical gift is held in the strictest confidence. This policy is implemented to safeguard:
 - a. the confidentiality of the donor;
 - b. to protect the facility, its staff and its patients;
 - c. and to prevent the limited potential event that a pregnancy may intentionally be conceived and terminated for the purpose of providing a specimen for transplantation. Although I believe that this may be a very unlikely occurrence, this policy would make it impossible for an individual from knowing, specifically, what health care provider(s) may be participating with AGF to offer the option to donate an anatomical gift.
3. **Reimbursement:** AGF reimburses its sources of tissue for supplies used, where applicable, and for use of facilities in the procurement of tissues for research. Neither the patient/donor nor the doctor performing the termination shall be compensated in any manner for providing tissue to AGF. AGF charges recipients of tissue on a cost recovery basis.

4. **Regulations:** As stated above, AGF procures tissues in accordance with the guidelines of the Department of Health and Human Services regulations for the protection of human subjects, the National Organ Transplant Act, and the Uniform Anatomical Gift Acts (and the individual state interpretations thereof), as well as other applicable Federal and State regulations.

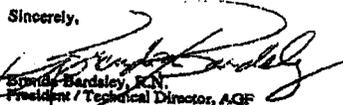
5. **Consent:** AGF will not accept nor procure tissue for research without consent from the donor or donor's next-of-kin in the form of a signed consent form in accordance with all applicable local, state and federal guidelines. To separate the issues of abortion and the decision to donate tissue for research and transplant, AGF requires separate informed consent for the retention of fetal tissue for research use. Consent for the use of fetal cadaver tissues must be obtained from the patient after the consent for the termination procedure has been signed. This follows the ethical procedural recommendations set forth by the NIH Task Force subsequent to the Human Fetal Tissue Transplantation Research Panel deliberations in December, 1988 at which James S. Bardsley, Jr., founder of AGF gave voluntary public testimony. A copy of the consent form currently used may be provided upon receipt of a completed application and executed agreement.

6. **Serologic Testing and Reporting of Results:** As indicated in the application information, AGF screens all potential donors. Initially the screening is of the medical social information. Donors with documented, or suspected, risk factors for AIDS or other infectious agent, are declined. However, if a researcher specifically requests infectious tissues, this request must be cleared with the Medical Directors. Following the procurement of a specimen for research, a maternal blood sample drawn just prior to the surgical procedure is sent for serologic testing. All tissue donors are tested for HIV, hepatitis B, hepatitis C, and syphilis. The blood specimen is sent to a CLIA licensed laboratory. Results are available late the next day. The laboratory contacts us by phone to notify us of any positive results and gives us the opportunity to request confirmatory testing. Hard copy of the results are sent to our office via printer the day of completion. Confirmed positive results are reported to the Research Investigator. The Research Investigator may handle the tissue as deemed appropriate by his/her applicable institutional policies.

Attached please find the following: Non-Disclosure Agreement, An outline of how AGF interacts with Women's Healthcare Providers, An Outline of the use of fetal tissue in research, Copies of pertinent AGF policies concerning the process of review of each individual research tissue request and rotation of Applicants with similar requests.

Should you require further information or wish to discuss any other questions, please do not hesitate to contact me.

Sincerely,


James S. Bardsley, Jr.,
President / Technical Director, AGF

BMB:ac

Enclosures

**ANATOMIC GIFT FOUNDATION, INC.
AGREEMENT FOR CONFIDENTIAL DISCLOSURES**

Effective Date: April 2, 1997

This Agreement will set forth the terms through which Plaintiff Parenthood, Inc. (the "AGF"), a business corporation, may receive certain confidential information from the Anatomical Gift Foundation ("AGF"), a Maryland non-profit corporation, relating to AGF's policies and procedures in evaluation and monitoring organ donor registries for biomaterials from human cadaveric organs (the "RESEARCH"). The AGF is conducting RESEARCH to evaluate the information to ensure that AGF's performance in conducting RESEARCH demonstrates scientific merit, conforms to the highest ethical standards, and meets regulatory requirements. Donor information in receipt of biomaterial from AGF shall be included as "AGF" or purposes of this Agreement.

AGF and the AGF will disclose and the AGF will receive and evaluate the information on the following terms and conditions:

1. AGF will promptly disclose to the AGF all appropriate information reasonably required by the AGF for its evaluation of AGF's RESEARCH. For purposes of this Agreement, such "information" received by the AGF will be considered confidential information and may include, but not necessarily be limited to, policies and procedures, methods and materials and types of research conducted.

"Confidential information" disclosed hereunder shall be in a writing, marked "Confidential", or if initially disclosed orally, visually and/or in another suitable form and identified as "Confidential", thereafter summarized in a writing, marked "Confidential", and provided to the AGF within thirty (30) days from initial disclosure, except any portion thereof which:

- a) is known to the AGF before receipt thereof under this Agreement, or is independently generated by or for the AGF;
- b) is disclosed to the AGF without notification, after acceptance of this Agreement, by an independent third party having a legal right to make such disclosure;
- c) is or becomes part of the public domain through no breach of this Agreement; or
- d) is required by a judicial or administrative authority of competent jurisdiction to be disclosed, after reasonable notice by the AGF to the AGF.

2. The AGF will evaluate such information and advise AGF, within thirty (30) days of receipt thereof, of its satisfaction, or lack thereof, in AGF's RESEARCH. Receipt and evaluation of information shall be limited to the period between the Effective Date and May 2, 1997, unless extended by written agreement signed by the parties. Either party may terminate this Agreement with or without cause upon ten (10) days notice to the other party, but termination or expiration of this Agreement shall not affect any rights or obligations which have occurred prior thereto.

3. For a period of five (5) years following the full execution of this Agreement, expiring April 2, 2002, the AGF shall exercise all reasonable care to prevent the unauthorized disclosure of Confidential Information, or its use for any purpose other than evaluation and consultation with AGF.

4. Neither party shall disclose the existence or nature of this Agreement or the fact that the AGF is evaluating information, and neither party shall use the name of the other for any purpose without the other party's prior written approval.

5. AGF warrants and represents that AGF has the right to make disclosures under this Agreement during the period of evaluation, and that parties may not have access to confidential information for any purpose; that AGF will not disclose to any third party any information confidential to any third party; and that the terms of this Agreement are not inconsistent with any other contractual and/or other legal obligations AGF may have, or with the policies of any institution or other entity with which the AGF is associated, including but not limited to, policies regarding the administration of grants and funded research.

6. No license or other interest in either party's intellectual property is conveyed by this Agreement and it is understood that neither party has any obligations to enter into any further Agreement with the other relating to the RESEARCH or to any other matter. No agency or partnership relationship is created by this Agreement.

7. Upon termination of the AGF's evaluation or termination of business relations between the parties, or within ten (10) days, if otherwise required by AGF, the AGF shall return to AGF all written or other physical embodiments of information (including tangible materials, unless requested by AGF to properly destroy or dispose thereof), together with all full or partial copies thereof, or shall then be in the AGF's possession, except that the AGF shall retain one copy plus record copy of information for archival purposes to ensure compliance with this Agreement.

8. This Agreement constitutes the entire understanding of the parties with respect to the matter contained herein, superseding all prior oral or written understandings or communications between the parties, and it may be modified or amended only by written agreement signed by the parties.

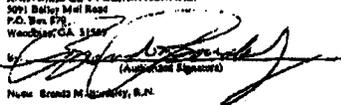
9. AGF and the AGF shall comply with all applicable federal, state and local laws, ordinances and regulations applicable to this Agreement.

10. This Agreement shall be governed by and construed in accordance with the laws of the State of Kansas, United States of America, excluding its conflict of laws principles, and this original English language version of the Agreement shall be controlling in all respects.

11. The respective representatives for receiving or disclosing information shall be:

AGF: Brenda M. Barkley, R.N., its President and Technical Director.

If the foregoing terms and conditions are acceptable, please have an authorized representative of the AGF sign and date both originals of the Agreement and return one (1) original to AGF.

ANATOMIC GIFT FOUNDATION, INC.
501 Bailey Hill Road
P.O. Box 878
Woodbury, GA 31790

(Authorized Signature)
Name: Brenda M. Barkley, R.N.
Title: President and Technical Director

ACCEPTED BY:
Plaintiff Parenthood, Inc.
By: _____
(Authorized Signature)
Name: _____
Title: _____

AGREEMENT

This agreement, made this _____ day of _____, 1997, between the Anatomic Gift Foundation, a Maryland Nonprofit Corporation (hereinafter called "AGF") and _____ a _____ Corporation (hereinafter referred to as _____).

WITNESSETH:

Whereas, AGF is a Maryland Nonprofit Corporation, and

Whereas, AGF is an acceptable donee of anatomical gifts whose purpose is to obtain and provide human tissues for research and/or medical/dental education, and

Whereas, _____ is a _____ Corporation, and

Whereas, _____ is a health care provider that performs elective pregnancy terminations and, in the course of its activities, offers an environment conducive to anatomical gift donation, and

Whereas, the National Organ Transplant Act and Uniform Anatomical Gift Act both include human fetal cadaver tissue in its definition of anatomical gifts.

Whereas, AGF's researchers or educators receiving anatomical gifts from _____ shall hereinafter be referred to as, and included in, "AGF" for purposes of this Agreement; and

Whereas, the parties hereto, recognizing the need for and benefits that can be obtained from the availability of various anatomical gifts for scientific research and study, desire to cooperate with each other in the providing for and processing of such anatomical gifts, and

Whereas, anatomical gifts obtained by AGF will be transported, handled and disposed of by AGF in accordance with all applicable local, state and federal guidelines.

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES AND COVENANTS CONTAINED HEREIN, THE PARTIES HERETO HEREBY AGREE, INTENDING TO BE LEGALLY BOUND BY THE TERMS HEREOF, AS FOLLOWS:

1. AGF will cooperate with _____ practitioners in the procuring of, and presenting for research purposes, anatomical gifts obtained by pregnancy termination procedures (aspiration and instrumental dilatation and extraction procedures without the use of saline, prostaglandin, or urea),

provided, however, such cooperation does not interfere with the care [REDACTED] undertakes for [REDACTED] patients.

2. [REDACTED] will obtain informed consent from each patient for which tissue, obtained from pregnancy termination, is donated for research purposes in strict compliance with the Kansas Uniform Anatomical Gift Act. [REDACTED] agrees to request said consent for anatomical gift donation from the patient immediately after the patient has consented to the pregnancy termination procedure. The parties hereto mutually understand and agree that informed consent for anatomical gift donation is optional and that the request for said consent shall be presented to the patient by [REDACTED], without incentives of any kind.

3. [REDACTED] hereby grants AGF the sole rights to receive from [REDACTED], its aforesaid tissues obtained as above set forth in Paragraph 1 hereinabove. [REDACTED] makes no warranty as to quality or quantity of said anatomical gifts.

4. For its use of facilities in the procurement and preservation of said anatomical gifts, AGF will compensate [REDACTED] or its designated fund, Six Hundred (\$600) Dollars monthly. Additionally, to defray the costs of supplies and staff required in the consent process, identification of participating donors who have signed anatomic donation consent, provision of a properly labeled corresponding venous blood sample for AGF's use in laboratory testing; AGF will further compensate [REDACTED] with a fee of Ten (\$10) dollars for every donor from which AGF has acquired research tissue. Said amount to be paid not later than (4) weeks following the end of each month.

5. A. [REDACTED] will provide AGF with the following information concerning patients; chart number, donor age and weight, donor blood type, gestation, and any medical and social history deemed relevant in AGF's sole judgement. AGF is not entitled to and will not require information concerning identity of patients except as specified above.

B. Any information obtained from [REDACTED] patients' charts shall be privileged and the contents of same shall be held so as to preserve the confidentiality of patients.

6. [REDACTED] will permit AGF's representatives to have a work area for the carrying out of AGF's activities hereunder and, at the conclusion of each working day, AGF will return aforesaid area in a clean and orderly condition.

7. AGF will provide instruments and supplies for carrying out its activities hereunder.

8. The parties hereto hereby mutually agree to defend, protect and save harmless each other's officers, directors, agents and/or employees or consultants from and against all expenses, liabilities, demands or claims for loss of, or damage to, property, or personal injury or death suffered as a result of any actions by the parties hereto in the performance of this Agreement and attributable to the fault or negligence of the parties hereto or their respective officers, directors, agents, and/or employees or consultants; provided, however, anything in this paragraph to the contrary notwithstanding, AGF agrees to reimburse [REDACTED] for any loss and/or damage to [REDACTED] property caused by AGF's employees, agents or consultants.

9. [REDACTED] and AGF intend to engage in discussion and negotiations concerning the establishment of a business relationship between [REDACTED] and AGF. In the course of such discussions and negotiations, it is anticipated that the parties hereto may disclose or deliver to each other certain trade secrets or confidential or proprietary information. [REDACTED] and AGF have entered into this Agreement in order to assure the confidentiality of such trade secrets and confidential or proprietary information.

10. This agreement is non-assignable without the mutual written consent of both parties hereto.

11. This Agreement shall be interpreted according to the law of the [REDACTED] and venue for any dispute arising hereunder shall be in the [REDACTED] in the [REDACTED] in said state.

12. The term of this Agreement shall be for (1) year, beginning from the date hereof, and terminating one (1) year thereafter, unless either of the parties hereto shall have given to the other ninety (90) days' written notice of its intention to terminate this Agreement, whereupon same shall terminate ninety (90) days after date of said notice.

In default of notice as aforesaid from either party hereto, this Agreement shall continue for further successive terms of (1) year thereafter and, in default of ninety (90) days' written notice before the end of an annual term by either of the parties hereto of its intention not to renew, whereupon this Agreement shall terminate at the end of said term.

13. A. This Agreement constitutes the entire agreement between the parties hereto relating to the subject matter hereof and supercedes any prior agreements, written or oral, relating to the subject matter hereof.

B. Notifications or changes pertaining to this Agreement shall be made by an officer of AGF and authorized signatory of [redacted] and sent certified mail, return receipt requested, to the respective addresses below-listed. Any change in such address shall be sent in the same manner aforesaid to the other concerned party.

C. AGF shall have an additional sixty (60) days after the termination of this Agreement within which to pay [redacted] or its designated fund any sums due [redacted] incurred during the last 90 days of operation under this Agreement.

ANATOMIC GIFT FOUNDATION, INC.
96 Scullin Drive
White Oak, GA 31568

ATTEST:

By: _____

(Corp. Seal)

By: _____
Brenda M. Bardeley
President



ATTEST:

By: _____

(Corp. Seal)

By: _____



CONSENT FOR RELEASE OF TISSUE

I, _____ have made a voluntary decision to consent to an abortion before reading this form.

Scientific studies from tissue derived from abortion are important to the understanding, treatment and prevention of many birth defects and other diseases. In accordance with the provisions of the applicable State's Uniform Anatomical Gift Act, I voluntarily donate the tissue to the Anatomical Gift Foundation (AGF), and its assigns, for purposes of research and/or medical education. Tissues may be examined by and distributed to physicians, scientists or institutions for research which may lead to the development of products and transplant processes for the treatment of diseases afflicting mankind, including but not limited to;

- | | |
|--------------------------|------------|
| Parkinson's disease | Arthritis |
| AIDs | Hepatitis |
| Diabetes | Cancer |
| Cystic Fibrosis | Hemophilia |
| Uterine membrane disease | Lupus |

A portion of the tissue obtained from the surgery and/or blood sample drawn prior to surgery may also be needed for laboratory testing.

All fetal tissue will be disposed of in a manner consistent with state regulations and community practices for the disposal of surgical pathological specimens.

I grant permission to AGF and each of its authorized agents and representatives to distribute and dispense tissue from the surgery. I release all my property and financial interests therein, and any product or process which may result therefrom.

I have read and understand this document and I have been given the opportunity to ask questions. I am aware that I may refuse to participate. I understand that I will receive no compensation for consenting to this study.

I also understand that every effort will be made to maintain confidentiality.

Patient's signature

Date

Witness



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The harvest of abortion

Fetal-tissue research: Making the best of a bad situation, or sliding further down the slippery slope? Congress and the Clinton administration's lifting of the fetal-tissue research ban has turned human-remains trafficking into big business

By Lynn Vincent

Warning: This story contains some graphic detail.

As Monday morning sunshine spills across the high plains of Aurora, Colo., and a new work week begins, fresh career challenges await Ms. Ying Bei Wang. On Monday, for example, she might scalpel her way through the brain stem of an aborted 24-week pre-born child, pluck the brain from the baby's peach-sized head with forceps, and plop it into wet ice for later shipment. On Tuesday, she might carefully slice away the delicate tissue that secures a dead child's eyes in its skull, and extract them whole. Ms. Ying knows her employer's clients prefer the eyes of dead babies to be whole. One once requested to receive 4 to 10 per day.

Although she works in Aurora at an abortion clinic called the Mayfair Women's Center, Ms. Ying is employed by the Anatomic Gift Foundation (AGF), a Maryland-based nonprofit. AGF is one of at least five U.S. organizations that collect, prepare, and distribute to medical researchers fetal tissue, organs, and body parts that are the products of voluntary abortions.

When "Kelly," a woman who claimed to have been an AGF "technician" like Ms. Ying, approached Life Dynamics in 1997, the pro-life group launched an undercover investigation. The probe unearthed grim, hard-copy evidence of the cross-country flow of baby body parts, including detailed dissection orders, a brochure touting "the freshest tissue available," and

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price lists for whole babies and parts. One 1999 price list from a company called Opening Lines reads like a cannibal's wish list: Skin \$100. Limbs (at least 2) \$150. Spinal cord \$325. Brain \$999 (30% discount if significantly fragmented).

The evidence confirmed what pro-life bioethicists have long predicted: the nadir-bound plummet of respect for human life-and the ascendancy of death for profit.

"It's the inevitable logical progression of a society that, like Darwin, believes we came from nothing," notes Gene Rudd, an obstetrician and member of the Christian Medical and Dental Society's Bioethics Commission. "When we fail to see life as sacred and ordained by God as unique, this is the reasonable conclusion ... taking whatever's available to gratify our own self-interests and taking the weakest of the species first ... like jackals. This is the inevitable slide down the slippery slope."

In 1993, President Clinton freshly greased that slope. Following vigorous lobbying by patient advocacy groups, Mr. Clinton signed the National Institutes of Health (NIH) Revitalization Act, effectively lifting the ban on federally funded research involving the transplantation of fetal tissue. For medical and biotech investigators, it was as though the high government gate barring them from Research Shangri-La had finally been thrown open. Potential cures for Parkinson's, AIDS, and cancer suddenly shimmered in the middle distance. The University of Washington in Seattle opened an NIH-funded embryology laboratory that runs a round-the-clock collection service at abortion clinics. NIH itself advertised (and still advertises) its ability to "supply tissue from normal or abnormal embryos and fetuses of desired gestational ages between 40 days and term."

But, this being the land of opportunity, fetal-tissue entrepreneurs soon emerged to nip at NIH's well-funded heels. Anatomic Gift Foundation, Opening Lines, and at least two other companies-competition AGF representatives say they know of, but decline to name-joined the pack. Each firm formed relationships with abortion clinics. Each also furnished abortionists with literature and consent forms for use by clinic counselors in making women aware of the option to donate their babies' bodies to medical science. According to AGF executive director Brent Bardsley, aborting mothers are not approached about tissue donation until after they've signed a consent to abort.

Ironically, it is the babies themselves that are referred to as "donors," as though they had some say in the matter. Such semantic red flags-and a phalanx of others-have bioethicists hotly debating the issue of fetal-tissue

research: Does the use of the bodies of aborted children for medical research amount to further exploitation of those who are already victims? Will the existence of fetal-tissue donation programs persuade more mothers that abortion is an acceptable, even altruistic, option? Since abortion is legal and the human bodies are destined to be discarded anyway, does it all shake out as a kind of ethical offset, mitigating the abortion holocaust with potential good?

While the ethical debate rages in air-conditioned conference rooms, material obtained by Life Dynamics points up what goes on in abortion clinic labs: the cutting up and parting out of dead children. The fate of these smallest victims is chronicled in more than 50 actual dissection orders or "protocols" obtained by the activist group. The protocols detail how requesting researchers want baby parts cut and shipped: "Dissect fetal liver and thymus and occasional lymph node from fetal cadaver within 10 (minutes of death)." "Arms and legs need not be intact." "Intact brains preferred, but large pieces of brain may be usable."

Most researchers want parts harvested from fetuses 18 to 24 weeks in utero, which means the largest babies lying in lab pans awaiting a blade would stretch 10 to 12 inches—from your wrist to your elbow. Some researchers append a subtle "plus" sign to the "24," indicating that parts from late-term babies would be acceptable. Many stipulate "no abnormalities," meaning the baby in question should have been healthy prior to having her life cut short by "intrauterine cranial compression" (crushing of the skull).

On one protocol dated 1991, August J. Sick of San Diego-based Invitrogen Corporation requested kidneys, hearts, lungs, livers, spleens, pancreases, skin, smooth muscle, skeletal muscle and brains from unborn babies of 15-22 weeks gestational age. Mr. Sick wanted "5-10 samples of each per month." WORLD called Mr. Sick to verify that he had indeed ordered the parts. (He had.) When WORLD pointed out that Invitrogen's request of up to 100 samples per month would mean a lot of dead babies, Mr. Sick-sounding quite shaken-quickly aborted the interview.

Many of the dissection orders provide details of research projects in which the fetal tissue will be used. Most, in the abstract, are medically noble, with goals like conquering AIDS or creating "surfactants," substances that would enable premature babies to breathe independently.

Other research applications are chilling. For example, R. Paul Johnson from Massachusetts' New England Regional Primate Research Center requested second-

trimester fetal livers. His 1995 protocol notes that the livers will be used ultimately for "primate implantation," including the "creation of human-monkey chimeras." In biology, a chimera is an organism created by the grafting or mutation of two genetically different cell types.

Another protocol is up-front about the researchers' profit motive. Systemix, a California-based firm, wanted aborting mothers to know that any fetal tissue donated "is for research purposes which may lead to commercial applications."

That leads to the money trail.

Life Dynamics' investigation uncovered the financial arrangement between abortionists and fetal-parts providers. The Uniform Anatomic Gift Act makes it a federal crime to buy or sell fetal tissue. So entities involved in the collection and transfer of fetal parts operate under a documentary rubric that, while technically lawful, looks distinctly like a legal end-around: AGF, for example, pays the Mayfair Women's Center for the privilege of obtaining fetal tissue. Researchers pay AGF for the privilege of receiving fetal tissue. But all parties claim there is no buying or selling of fetal tissue going on.

Instead, AGF representatives maintain that Mayfair "donates" dead babies to AGF. Researchers then compensate AGF for the cost of tissue recovery. It's a service fee, explains AGF executive director Brent Bardsley: compensation for services like dissection, blood tests, preservation, and shipping.

Money paid by fetal-tissue providers to abortion clinics is termed a "site fee," and does not, Mr. Bardsley maintains, pay for baby parts harvested. Instead the fee compensates clinics for allowing technicians like Ms. Ying to work on-site retrieving and dissecting dead babies-sort of a Frankensteinian sublet.

"It's clearly a fee-for-space arrangement," says Mr. Bardsley. "We occupy a portion of their laboratory, use their clinic supplies, have a phone line installed. The site fee offsets the use of clinic supplies that we use in tissue procurement."

According to Mr. Bardsley, fetal-tissue recovery accounts for only about 10 percent of AGF's business. The rest involves the recovery and transfer to researchers of non-transplantable organs and tissue from adult donors. But, in spite of the fact that AGF recovers tissue from all 50 states, Mr. Bardsley could not cite for WORLD an instance in which AGF pays a "site fee" to

hospital morgues or funeral homes for the privilege of camping on-site to retrieve adult tissue.

Mr. Bardsley, a trained surgical technician, seems like a friendly guy. On the phone he sounds reasonable, intelligent, and sincere about his contention that AGF isn't involved in the fetal-tissue business for the money.

"We have a lot of pride in what we do," he says. "We think we make a difference with research and researchers' accessibility to human tissue. Every time you go to a drug store, the drugs on the shelf are there as a result of human tissue donation. You can't perfect drugs to be used in human beings using animal models."

AGF operates as a nonprofit and employs fewer than 15 people. Mr. Bardsley's brother Jim and Jim's wife Brenda founded the organization in 1994. The couple had previously owned a tissue-recovery organization called the International Institute for the Advancement of Medicine (IIAM), which had also specialized in fetal-tissue redistribution, counting, for example, Mr. Sick among its clients. But when IIAM's board of directors decided to withdraw from involvement with fetal tissue, the Bardsleys spun off AGF specifically to continue providing fetal tissue to researchers.

Significantly, AGF opened in 1994, the year after President Clinton shattered the fetal-tissue research ban. Since then, the company's revenues have rocketed from \$180,000 to \$2 million in 1998. Did the Bardsleys see a market niche that was too good to pass up? Brenda Bardsley, who is now AGF president, says no. AGF's economic windfall, she says, is related to the company's expansion into adult donations, not the transfer of fetal tissue. She says she and her husband felt compelled to continue providing the medical community with a source of fetal tissue "because of the research that was going on."

"Abortion is legal, but tragic. We see what we're doing as trying to make the best of a bad situation," Mrs. Bardsley told WORLD. "We don't encourage abortion, but we see that good can come from fetal-tissue research. There is so much wonderful research going on—research that can help save the lives of wanted children."

Mrs. Bardsley says she teaches her own children that abortion is wrong. A Deep South transplant with a brisk, East coast accent, Mrs. Bardsley and her family attend a Southern Baptist church near their home on the Satilla River in White Oak, Ga. Mrs. Bardsley homeschools her three children using, she says, a Christian curriculum: "I've been painted as this monster, but here I am trying

to give my kids a Christian education," she says, referring to other media coverage of AGF's fetal-parts enterprise.

Mrs. Bardsley says she's prayed over whether her business is acceptable in God's sight, and has "gotten the feeling" that it is. She also, she says, reads the Bible "all the time." And though she can't cite a chapter and verse that says it's OK to cut and ferry baby parts, she points out that God commands us to love one another. For Mrs. Bardsley, aiding medical research by supplying fetal parts qualifies.

If they were in it for the money rather than for the good of mankind, says Mrs. Bardsley, AGF could charge much higher prices for fetal tissue than it does, because research demand is so high.

The issue of demand is one of several points on which the testimonies of Mrs. Bardsley and her brother-in-law Brent don't jibe. He says demand for fetal tissue "isn't all that high." She says demand for fetal tissue is "so high, we could never meet it." He says "only a small percentage" of aborting moms consent to donate their babies' bodies. She says 75 percent of them consent. He says AGF charges only for whole bodies, and doesn't see how the body-parts company Opening Lines could justify charging by the body part. She says AGF charges for individual organs and tissue based on the company's recovery costs.

Founded by pathologist Miles Jones, Opening Lines was, until recently, based in West Frankfort, Ill. According to its brochure, Opening Lines' parent company, Consultative and Diagnostic Pathology, Inc., processes an average of 1,500 fetal-tissue cases per day. While AGF requires that researchers submit proof that the International Research Board (IRB), a research oversight commission, approves their work, Opening Lines does not burden its customers with such technicalities. In fact, says the Opening Lines brochure, researchers need not tell the company why they need baby parts at all—simply state their wishes and let Opening Lines provide "the freshest tissue prepared to your specifications and delivered in the quantities you need it."

Opening Lines' brochure cloaks the profit motive in a veil of altruism. The cover tells abortionists that since fetal-tissue donation benefits medical science, "You can turn your patient's decision into something wonderful." But in case philanthropy isn't a sufficient motivator, Dr. Jones also makes his program financially appealing to abortionists. Like AGF, he offers to lease space from clinics so his staff can dissect children's bodies on-site, but also goes a step further: He offers to train abortion

clinic staff to harvest tissue themselves. He even sweetens the deal for abortionists with a financial incentive: "Based on your volume, we will reimburse part or all of your employee's salary, thereby reducing your overhead."

Again the money trail: more dead babies harvested, less overhead. Less overhead, more profit.

But Dr. Jones' own profits may be taking a beating at present. When Life Dynamics released the results of its investigation to West Frankfort's newspaper The Daily American, managing editor Shannon Woodworth ran a front-page story under a 100-point headline: "Pro-Lifers: Baby body parts sold out of West Frankfort." The little town of 9,000 was scandalized. City officials threatened legal action against Dr. Jones and his chief of staff Gayla Rose, a lab technician and longtime West Frankfort resident. The story splashed down in local TV news coverage, and Illinois right-to-life activists vowed to picket Opening Lines. Within a week, Gayla Rose had shut down the company's West St. Louis Street location, disconnected the phone, and disappeared.

Area reporters now believe Dr. Jones may be operating somewhere in Missouri. WORLD attempted to track him down, but without success.

The demands of researchers for fetal tissue will continue to drive suppliers to supply it. And all parties will continue to wrap their grim enterprise in the guise of the greater good. But some bioethicists believe that even the greater good has a spending cap.

Christopher Hook, a fellow with the Center for Bioethics and Human Dignity in Bannockburn, Ill., calls the exploitation of pre-born children "too high a price regardless of the supposed benefit. We can never feel comfortable with identifying a group of our brothers and sisters who can be exploited for the good of the whole," Dr. Hook says. "Once we have crossed that line, we have betrayed our covenant with one another as a society, and certainly the covenant of medicine."

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b Employer's EIN		4400-00	
c Employer's name, address, and ZIP code Life Dynamics, Inc. P.O. Box 2226 Denton, TX 76202-2226	3 Social security wages	4400.00	4 Social security tax withheld
	5 Medicare wages and tips	4400.00	6 Medicare tax withheld
	7 Social security tips		8 Allocated tips
d Employee's social security number	9 Advance EIC payment	10 Dependent care benefits	
e Employer's name, address, and ZIP code 2206 NE Applewood Lee's Summit, MO 64086	11 Nonqualified plans	12 Benefits included in box 1	
	13 See instrs. for box 13	14 Other	
	15 Statutory <input type="checkbox"/> Decedent <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Hblid. <input type="checkbox"/> Subtotal <input type="checkbox"/> Deferred <input type="checkbox"/>		0.00
16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax
			19 Locality name
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			21 Local income tax

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax **1997** Statement
 Copy C For EMPLOYEE'S RECORDS (See Notice on back of Copy B.)

PAYER'S Federal identification number 75-2436405		RECIPIENT'S identification number 49b-A4-5135	3 Other income \$	Form 1099-MISC	
RECIPIENT'S name, address, and ZIP code Lawrence D. Alberty 2700 Castle Drive Blue Springs MO 64015 Account number (optional)		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 3526.82
		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	11 State income tax withheld \$
		12 State/Payer's state number \$	13	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	

Form 1099-MISC (Keep for your records.) Department of the Treasury - Internal Revenue Service

a Control number		OMB No. 1545-0008		Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)			
b Employer identification number 13-1300000		1 Wages, tips, other compensation 11,000.00		2 Federal income tax withheld 1,100.00			
c Employer's name, address, and ZIP code LAWRENCE D ALBERTY JR 2700 CASTLE DRIVE BLUE SPRINGS MO 64015		3 Social security wages 11,000.00		4 Social security tax withheld 660.00		5 Medicare wages and tips 11,000.00	
d Employee's social security number 485-24-5135		6 Medicare tax withheld 1,650.00		7 Social security tips		8 Allocated tips	
e Employee's name, address, and ZIP code LAWRENCE D ALBERTY JR 2700 CASTLE DRIVE BLUE SPRINGS MO 64015		9 Advance EIC payment		10 Dependent care benefits		11 Nonqualified plans	
		12 Benefits included in box 1		13 See instrs. for box 13		14 Other	
16 (Use Employer's state I.D. no.) 44-14243000		17 State wages, tips, etc. 11,000.00		18 State income tax 1,650.00		19 Locality name	
		20 Local wages, tips, etc.		21 Local income tax		15 Salaried employee: Deceased Pension plan Legal rep. Deformed compensation	

Form **W-2** Wage and Tax Statement **1998**

Department of the Treasury—Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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Life Dynamics Incorporated

Life Dynamics
Incorporated

Post Office Box 2226
Denton, Texas
76202

voice: (940) 380-8800
fax: (940) 380-8700

e-mail: ldi1@aolmail.net
web site: ldi.o.g

FINANCIAL ANALYSIS

During his association with us, we have made payments to Dean Alberty totalling \$10,150.00 in remuneration, and \$11,276.04 reimbursement for expenses (hotel, travel, food, audio tape purchases, conference registrations, association dues, etc.)

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230

LDI LIFE DYNAMICS INCORPORATED POST OFFICE BOX 2226 DENTON, TEXAS 76202 940.380.8800 FAX 940.380.8700		6815
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<u>One thousand two hundred fifty & no/100</u>		\$ 1,250.00
<u>Commission fee</u>	1,000.00	
<u>Motor Oil</u>	250.00	
DENTON, TEXAS		DOLLARS
Dorinda K. Tuttle		#0000125000

LDI LIFE DYNAMICS INCORPORATED POST OFFICE BOX 2226 DENTON, TEXAS 76202 940.380.8800 FAX 940.380.8700		6781
PAY TO THE ORDER OF <u>Dean Allerty</u>		DATE <u>Dec 23, 1999</u>
<u>Six hundred & no/100</u>		\$ 600.00
<u>Dean Rate for 12/20/1999</u>		
DENTON, TEXAS		DOLLARS
Dorinda K. Tuttle		#0000060000

Wise
10-1-99
+ 2578.33
(no copy in files)

LDI LIFE DYNAMICS INCORPORATED
POST OFFICE BOX 2216
DENVER, TEXAS 78202
440-310-8800
FAX 1-409-390-8700

6688

TELLER 353
NOV 10 '99
UMB BANK, N.A.

DATE Nov. 8, 1999 88-1474 232
1119

PAY TO THE ORDER OF Dean Albany \$ 300.00
Three hundred & 00/100 DOLLARS

Pay, etc

Debra K. Tuttle

#0000030000

LDI LIFE DYNAMICS INCORPORATED
POST OFFICE BOX 2216
DENVER, TEXAS 78202
440-310-8800
FAX 1-409-390-8700

6754

TELLER 353
DEC 16 '99
UMB BANK, N.A.

DATE Dec. 15, 1999 88-1474 232
1119

PAY TO THE ORDER OF Dean Albany \$ 500.00
Five hundred & 00/100 DOLLARS

Materials

Debra K. Tuttle

#0000050000

232

232

LDI LIFE DYNAMICS INCORPORATED
POST OFFICE BOX 2226
DENTON, TEXAS 76202
940.380.8800
FAX 940.380.8700

DATE Dec 16, 1999 88-1476-20
1119

PAY TO THE ORDER OF Dean Alberty \$ 500.00
Five hundred + 0/100 DOLLARS

THIS CHECK IS DELIVERED FOR PAYMENT ON THE ACCOUNTS LISTED

Debra K. Tuttle

#0000050000#

LDI LIFE DYNAMICS INCORPORATED
POST OFFICE BOX 2226
DENTON, TEXAS 76202
940.380.8800
FAX 940.380.8700

DATE May 3, 1999 88-1476-20
1119

PAY TO THE ORDER OF Dean Alberty \$ 2,607.85
Two thousand six hundred seven + 85/100 DOLLARS

THIS CHECK IS DELIVERED FOR PAYMENT ON THE ACCOUNTS LISTED

Debra K. Tuttle

#0000260783#

LDI LIFE DYNAMICS INCORPORATED
POST OFFICE BOX 2226
DENTON, TEXAS 76202
940.380.8800
FAX 940.380.8700

DATE July 28, 1999 88-1476-20
1119

PAY TO THE ORDER OF Dean Alberty \$ 250.00
Two hundred and fifty + 0/100 DOLLARS

THIS CHECK IS DELIVERED FOR PAYMENT ON THE ACCOUNTS LISTED

Debra K. Tuttle

#0000025000#

233

233

DATE: 6-15-1998
 76201 BANK REF NUMBER: [REDACTED]

ACCOUNT	TRAN DATE	TYPE OF TRAN	DESCRIPTION	AMOUNT
[REDACTED]	15-98	DEBIT	OUTGOING WIRE	2,276.82

LIFE DYNAMICS INC
 PO BOX 2226
 DENTON TX 76202

YOUR ACCOUNT LISTED ABOVE HAS BEEN DEBITED AS INDICATED. PLEASE ADJUST YOUR RECORDS ACCORDINGLY.

LIFE DYNAMICS INCORPORATED
 POST OFFICE BOX 2226
 DENTON, TEXAS 76202
 940.380.8800
 FAX 940.380.8700

5785

DATE July 23, 1998

PAY TO THE ORDER OF Dean Allertz \$ 250.00

Two hundred fifty & 00/100 DOLLARS

meeting

Dorothy K Tuttle

#000025000

LIFE DYNAMICS INCORPORATED
 POST OFFICE BOX 2226
 DENTON, TEXAS 76202
 940.380.8800
 FAX 940.380.8700

6000

DATE Nov. 25, 1998

PAY TO THE ORDER OF Dean Allertz \$ 786.72

Seven hundred eighty six & 72/100 DOLLARS

Reimburse / Pay for Sub trip

Dorothy K Tuttle

#000078672

LDI LIFE DYNAMICS INCORPORATED
 POST OFFICE BOX 2226
 DENTON, TEXAS 76202
 817.380.8500
 FAX 817.380.8700

DATE Dec. 17, 1997 88-1074
 1118

PAY TO THE ORDER OF Dean Alberty \$ 200.00
Five hundred & no/100 DOLLARS
12/15 meeting

THE ONE TO BE DELIVERED FOR PAYMENT ON THE ACCOUNTS LISTED Danika K. Tuttle
 "0000020000"

*** CUSTOMER RECEIPT ***

DATE: 1-25-1998

75201 BANK REF NUMBER: [REDACTED]

ACCOUNT	TRAN DATE	TYPE OF TRAN	DESCRIPTION	AMOUNT
[REDACTED]	1-23-98	DEBIT	OUTGOING WIRE	633.68

LIFE DYNAMICS INC
 PO BOX 2226
 DENTON TX 76202

YOUR ACCOUNT LISTED ABOVE HAS BEEN DEBITED AS INDICATED. PLEASE ADJUST YOUR RECORDS ACCORDINGLY.

Alberty

LDI LIFE DYNAMICS INCORPORATED
 POST OFFICE BOX 2226
 DENTON, TEXAS 76202
 817.380.8500
 FAX 817.380.8700

DATE April 20, 1997 88-1074
 1118

PAY TO THE ORDER OF Dean Alberty \$ 475.00
Four hundred eighty five & no/100 DOLLARS
NATF registration

THE ONE TO BE DELIVERED FOR PAYMENT ON THE ACCOUNTS LISTED Danika K. Tuttle
 "0000048500"

235

235

DEBIT

DNT 5006 (R 8/89)

Life Dynamics
w/ out

DATE: *11/12/97* TOTAL: *800.00*

TRAN CODE: 76 "0000080000"

*** CUSTOMER RECEIPT ***

DATE: 11-19-1997

76201

BANK REF NUMBER:

0000000020

ACCOUNT	TRAN DATE	TYPE OF TRAN	DESCRIPTION	AMOUNT
	11-19-97	DEBIT	WIRED OUT TSM	1,669.70

LIFE DYNAMICS INC
PO BOX 2226
DENTON TX 76202

YOUR ACCOUNT LISTED ABOVE HAS BEEN DEBITED AS INDICATED. PLEASE ADJUST YOUR RECORDS ACCORDINGLY.

LD LIFE DYNAMICS INCORPORATED
POST OFFICE BOX 2226
DENTON, TEXAS 76202
817.380.8800
FAX 817.380.8700

5265

DATE: *Nov. 26, 1997*

PAY TO THE ORDER OF: *Dean Alberty* \$ *200.00*

Two hundred & no/100 DOLLARS

Debra K Tuttle

"0000020000"

LDI POST OFFICE BOX 2226 DENTON, TEXAS 76202 317.390.8900 FAX 817.390.8700

DATE Aug. 19, 1997 88-1074 1119

PAY TO THE ORDER OF Dean Alberty \$ 198.00

One hundred ninety eight & 00/100 DOLLARS

Registration Fees

Dorinda K. Tuttle

#0000019800

LDI LIFE DYNAMICS INCORPORATED 5081 POST OFFICE BOX 2226 DENTON, TEXAS 76202 317.390.8900 FAX 817.390.8700

DATE Aug. 27, 1997 88-1074 1119

PAY TO THE ORDER OF Dean Alberty \$ 541.58

Fine included forty one & 58/100 DOLLARS

Dorinda K. Tuttle

#0000054158

*** CUSTOMER RECEIPT ***

DATE: 9-30-1997

76201 BANK REF NUMBER: 000000

ACCOUNT	TRAN DATE	TYPE OF TRAN	DESCRIPTION	AMOUNT
	9-30-97	DEBIT	WIRE TRANSFER	1,320.53

LIFE DYNAMICS, INC
PO BOX 2226
DENTON TX 76202

YOUR ACCOUNT LISTED ABOVE HAS BEEN DEBITED AS INDICATED. PLEASE ADJUST YOUR RECORDS ACCORDINGLY.

Alberty

237

237

LDI LIFE DYNAMICS INCORPORATED
 POST OFFICE BOX 2328
 DENTON, TEXAS 76202
 817.380.8800
 FAX 817.380.8700

DATE April 30, 1997 ⑈-1474
 1119

PAY TO THE ORDER OF Dean Albery \$ 423.25

Four hundred twenty three & 25/100 DOLLARS

Reimbursement for M&E

Denton K Tuttle

#0000042325

*** CUSTOMER RECEIPT ***

DATE: 6-04-1997

76201 BANK REF NUMBER: [REDACTED]

ACCOUNT	TRAN DATE	TYPE OF TRAN	DESCRIPTION	AMOUNT
[REDACTED]	6-04-97	DEBIT	WIRE TRANSFER	2,478.87

LIFE DYNAMICS INC
 P O BOX 2328
 DENTON TX 76202

YOUR ACCOUNT LISTED ABOVE HAS BEEN DEBITED AS INDICATED. PLEASE ADJUST YOUR RECORDS ACCORDINGLY.

LDI LIFE DYNAMICS INCORPORATED
 POST OFFICE BOX 2328
 DENTON, TEXAS 76202
 817.380.8800
 FAX 817.380.8700

DATE 7-15-97 ⑈-1474
 1119

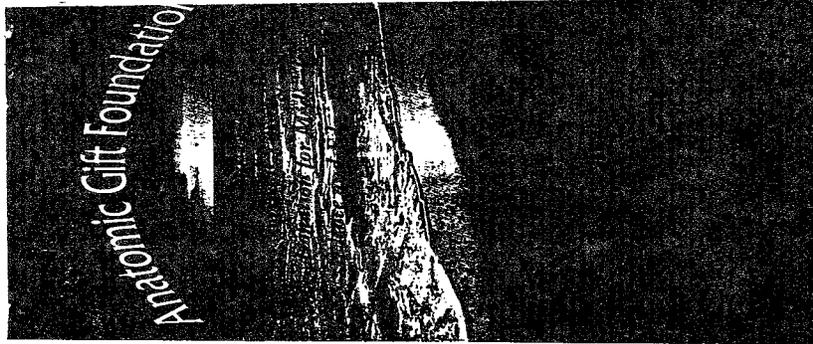
PAY TO THE ORDER OF Ronnie D. Albery \$ 17.10

Seventeen & 10/100 DOLLARS

reimbursement for phone bill

Talman Crutcher

#0000001710



Future Donor Program

At the time of any loss, it can be very painful and difficult for families to handle all of the arrangements and decisions that need to be made. Unfortunately, most people do not make their families aware of their wishes. AGF's Future Donor Program allows families to make their wishes known.

The Future Donor Program originated to simplify the donation process. AGF's Future Donor packet includes the documentation necessary to initiate this process.

Once a packet is received at AGF, the information is screened and reviewed. AGF will contact the registrant if necessary, register and file the consent form and laminate the donor card. The donor card and copy of consent is then returned to the donor.

AGF urges its future donor families to take the following steps to ensure an efficient donation process:

- Carry your donor card or have it accessible at all times. The donor card will contain your pre-registration number.
- Make sure your family and/or person authorized to handle your affairs is aware of your decision to donate in order for them to contact us at the time of death.

In evaluating the Future Donor Process, we have determined that this does not eliminate all of the stress felt by the family, but it does offer them a tremendous amount of comfort knowing they have truly met the wishes of their loved one. In addition, the pre-registration thoroughly ensures a remarkably smooth process.

If you would like to learn more about the Future Donor Program, please call our twenty-four hour toll-free number, 800-300-5433 (east) 800-951-0889 (west) www.anatomicgift.com

The Anatomic Gift Foundation (AGF) was founded in 1994 as an independent Non-profit, 501 (c) (3), organization. AGF is governed by a Board of Directors comprised of community professionals. With a licensed physician as Medical Director, AGF is an appropriate donee under the Uniform Anatomical Gift Act (UAGA) of most states. AGF obtains and procures human organs and tissues according to the guidelines of the applicable UAGA, the Department of Health and Human Services guidelines for the protection of human subjects and the National Organ Transplant Act. AGF works collaboratively with local and national Organ and Tissue Programs in promoting and facilitating donation, for the advancement of medical science and education.

Mission Statement

AGF's mission is to assist in the development and promotion of the most advanced scientific technologies for the treatment and cure of a wide variety of debilitating human ailments and diseases. The Anatomic Gift Foundation is dedicated to providing families with the option of organ and tissue donation for the advancement of medical science and education.

AGF provides specimens on an individual request basis to research investigators and clinicians who have submitted an application indicating their needs, evidence of institutional approval and criteria. To determine scientific merit and feasibility, all potential tissue recipients will be required to complete a review process conducted by AGF's administration and Medical Director.

For More Information

Call

800-300-5433 (east)
800-951-0889 (west)

www.anatomicgift.com

Answers to commonly asked questions

Q. What is the Anatomical Gift Foundation (AGF)?
A. AGF is a non-profit organization founded in 1994 to facilitate the recovery, processing and distribution of human organs and tissues for the advancement of medical science and education.

Q. What are the goals of AGF?
A. To ensure that every family is provided with enough information to make an informed decision about donation. AGF's mission is to assist in the development and promotion of the most advanced scientific technologies for the treatment of a wide variety of debilitating human ailments.

Q. How can I become a donor?
A. The best way to ensure that your wishes are met is to inform your legal-next-of-kin of your desire to donate. You may also contact AGF and pre-register with our Future Donor Program.

Q. Are there any costs involved in the donation?
A. No. All costs associated with the donation are covered by AGF.

Q. What are the donation options?
A. There are several different options available for families.
 1. Specific organs and tissues
 2. Entire Body with remains
 3. Entire body without remains

Q. Do I have the ability to donate and still have funeral arrangements?
A. Yes. AGF offers several different donation options. These options are designed to give families the ability to have a full funeral service and burial, a cremation, or entire body donation. These options give families the ability to meet all of their wishes.

Q. If I donate my entire body will AGF return cremated remains to my family?
A. Yes. Families would have the option to receive cremated remains provided through the Anatomical Gift Foundation at no cost.

Q. Can I still donate to AGF if I move to another state?
A. The options may be limited in this situation. The best thing to do is contact AGF to find out which options are available to you.

Q. What programs will benefit from my donation?
A. There are many different programs that could benefit from your donation. Several programs that are in the forefront of donation are Alzheimer's and Parkinson's, Cancer, Diabetic, Arthritis, Cystic Fibrosis, Orthopedic Disorders, Spinal Cord Injuries and Congenital Birth Defects. These are just a few of the many programs that may benefit from your donation.

Q. Can I donate for transplant and still donate for research?
A. Yes. The Anatomical Gift Foundation works collaboratively with local organ procurement agencies to offer families the option of donation for transplantation. Every patient will be evaluated for their transplant potential. After this potential has been assessed then AGF will evaluate for medical science and education.

Anatomical Gift Foundation
*Research...
 It's for life!*
800-300-5433 (east)
800-951-0889 (west)
www.anatgift.com

Group in-services available upon request



*Anatomic Gift Foundation
13948 Baltimore Avenue
Laurel, MD 20707*

1-800-300-5433



*Facilitating the
advancement of
medical research
through the gift of
tissue donation*



*The identity of any person who
has consented to donate tissue
is kept strictly confidential.
Participation is voluntary.*



The Anatomic Gift Foundation (AGF) is a non-profit organization that facilitates the placement of donated organs and tissues acquired from a myriad of medical environments, including organ banks, tissue banks, hospitals, and out patient treatment facilities.

AGF provides donated tissue to medical researchers and clinicians who have undergone the strictest scrutiny and demonstrated a legitimate humanitarian goal.

The availability of human tissues may significantly reduce the amount of animal experimentation.

You can serve an integral role in the humanitarian efforts to advance science and medicine by consenting to donate.

Donated tissues are used to study and to develop the most advanced scientific technology for the treatment of a wide variety of debilitating human ailments:

AIDS
Diabetes
Birth Defects
Lupus
Parkinson's Disease
Cancer
Kidney Disease
Asthma
Blindness
Wounds and Burns
Alzheimer's Disease
Cystic Fibrosis
Hemophilia
Arthritis
Hepatitis
Liver Failure



Fee-for-Services
Schedule A
Embryonic/Fetal
Effective 6/98

ELECTIVE TERMINATIONS					
Procedure	Gestational Age	Fresh	Frozen		
2 ND TRIMESTER D & E	13-24 weeks	\$90.00	\$130.00	Per specime:	
1 ST TRIMESTER ASPIRATION	6-12 weeks	\$220.00	\$260.00	Per specime:	
SPONTANIOUS (MISCARRIAGE)	6-40 weeks	\$240.00	280.00	Per specime:	

Fees are based on gross dissections unless otherwise indicated. Additional fees may apply for fine or special resections and fixation

ANATOMIC GIFT FOUNDATION, INC.
96 Saddle Drive • White Oak • Georgia 31869
24-HOUR • 912-576-5889 • 912-576-3727 fax

FEE FOR SERVICES SCHEDULE FOR NON CLINICAL APPLICATIONS

Effective May 1, 1999 through December 31, 1996

I. ORGAN DONORS	FRESH	Kidney, lung, stomach, heart, bladder	whole	\$475
			partial	\$265
		Liver, 100 gram minimum Intestine, 100 gram minimum	per gram	\$11 \$16
	FROZEN	Kidney, lung, stomach, heart, bladder	per gram	\$11
		Liver, 10 gram minimum Intestine, 10 gram minimum	per gram	\$11 \$16
II. POST-MORTEM MUSCULOSKELETAL	EXTREMITIES		whole	\$650
			partial	\$315
		Cephalus	whole	\$525
		Spine	whole	\$630
			partial	\$420
	SOFT TISSUES	Pelvis	whole	\$420
			partial	\$315
		Organs and tissue, except skin	per specimen	\$160
		Skin with subcutaneous	per sq ft	\$420
		Skin without subcutaneous	per sq ft	\$630
EMBRYONIC & FETAL	Elective terminations 2nd trimester D&E	per specimen	\$85	
	1st trimester aspiration	per specimen	\$210	
	Spontaneous (Miscarriage)	per specimen	\$230	
III. SURGICAL RESECTIONS (living donors)	Most specimens - Includes surgical pathology Umbil. cord, placenta, foreskin	per specimen	\$175 \$100	
IV. BLOOD & OTHER FLUIDS	- Includes whole blood, packed cells, Serum, cord blood, synovial fl., etc.	per unit	call	
V. TISSUE PREPARATIONS	Subcellular fractions, slices, cell cultures, etc.	per specimen	call	
VI. ADDITIONAL CHARGES	Special Handling	Infectious, special request, musculoskeletal	per specimen	\$55
	Special Preservation	Control rate freezing, slides, serum sample	per donor	\$40
VII. INFECTIOUS DISEASE SCREEN	STANDARD ON ALL TISSUE: HIV, Hepatitis B, Hepatitis C, Syphilis		no charge	
VIII. DELIVERY	Researcher is responsible for delivery charges Local, National, International		call	
IX. CONSULTATION SERVICES	Project specific - Includes consent, protocol, logistical and resource consultation		call	
SCHEDULE "A"			form III 3	

PART II 12(a)
ANATOMIC GIFT FOUNDATION
 P.O. Box 68 Folkston, GA 31537
 24-HOUR TELEPHONE 1-800-222-1908 • FACSIMILE 1-800-890-8896
 Nonprofit Corporation Federal I.D.# 52-1853905

FEE FOR SERVICES SCHEDULE FOR ALL RESEARCHERS
 Effective January 1, 1994 through December 31, 1994

BASE CHARGES - Non Clinical Use

Embryonic and Fetal Tissues	Elective Terminations 2nd trimester D&E	per specimen	\$80
	1st trimester aspiration	per specimen	\$200
	Spontaneous (Miscarriage)	per specimen	\$220
Non-cadaverous Sources (living donors)	Most specimens - Includes surgical pathology Umbil. cord, placenta, foreskin	per specimen	\$165
	Blood and other fluids - Includes whole blood, packed cells, Serum, cord blood, synovial fl., etc.	per unit	call
Tissue Preparations	Subcellular fractions, cell cultures, etc.	per specimen	call

ADDITIONAL CHARGES

Special Handling	Infectious, CA and special request	per concn	\$35
Special Preservation	Control rate freezing, slides, serum sample	per concn	\$35
INFECTIOUS DISEASE SCREEN	STANDARD ON ALL TISSUE: HIV, Hepatitis B, Hepatitis C, Syphilis		std.
DELIVERY	Researcher is responsible for delivery charges: Local, National, International		call
CONSULTATION SERVICES	Project specific - Includes consent, protocol, logistical and resource consultation		call

Citation	Search Result	Rank 1 of 16	Database
2/17/00 KCSTAR A1			KCSTAR
2/17/00 Kan. City Star A1			
2000 WL 7723830			

The Kansas City Star
Copyright 2000

Thursday, February 17, 2000

NATIONAL

Inquiry looks at fees for fetal tissue Senator focuses on local clinic where abortions are performed

KEVIN MURPHY
The Kansas City Star

WASHINGTON - Pressing another front in the abortion wars, a senator from New Hampshire is focusing on an Overland Park clinic where outside companies removed and marketed tissue from aborted fetuses for medical research.

Sen. Bob Smith, a Republican and strong abortion foe, is asking the Senate Judiciary Committee in a resolution to hear from four witnesses, at least three of whom did fetal tissue extraction at a clinic affiliated with Planned Parenthood of Kansas and Mid-Missouri.

Two of the persons were technicians and one is a pathologist who worked for companies that had agreements to do tissue work at the clinic on 109th Street and Roe Avenue.

It is legal to use fetal tissue for research as long as it is donated, not sold, by the women. Reasonable charges are allowed for companies that extract and transfer the tissue to researchers. Smith wants to find out whether fees are excessive and if regulations on removal are being followed.

Peter Brownlie, president and chief executive officer of Planned Parenthood, said the clinic had been compensated solely for providing the facilities for the tissue work. The clinic, he said, had no part in any sale of tissue or organs.

"We strongly support federal statutes and guidelines," Brownlie said. "It is and should remain illegal to sell tissue."

Smith's resolution does not assert that any of the witnesses did anything illegal or unethical, but it seeks their testimony by

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subpoena, if necessary.

Planned Parenthood stopped renting space in its facility for fetal tissue research a little more than a year ago, Brownlie said.

Fetal tissues, such as skin, liver, kidney and brain cells, are used in research. The tissue has been helpful in developing treatments for Parkinson's disease, diabetes, AIDS, vision problems and other conditions, Brownlie said. Tool in research

Fetal tissue research has been going on for 40 years, said Arthur Caplan, director of the Center for Bioethics at the University of Pennsylvania. It is used to study fetal diseases and can be effective when transplanted into children and adults because it grows quickly and is less likely than other tissue to be rejected.

Abortion opponents said the practice could be used as an excuse to prolong pregnancies, because fetuses that are more developed produce tissue that is more valuable. It also can be profitable, thus keeping more clinics and doctors in the abortion business, they say.

"The American people need to know about this," said Mark Crutcher, president of Life Dynamics Inc., a Denton, Texas, anti-abortion organization. "Regardless of your feelings on abortion, you would find this reprehensible."

Crutcher cited a brochure of one company that listed "fee for service" prices, such as \$999 for tissue from a brain, \$350 from bone marrow and \$125 from a liver. Costs were to include removal and delivery.

"Any price above the actual cost of retrieval makes it illegal," he said.

Although people have come forth with stories about witnessing illegal sale of fetal tissue, Crutcher said he knew of no one who had been prosecuted for the practice.

Brownlie said women who received abortions at Planned Parenthood signed consent forms for the tissue donations and never were pressured into extending pregnancies. Federal law requires consent and prohibits medical researchers from having any role in the timing or method of abortion.

Caplan said he thought it was unethical to charge excessive amounts of money for fetal research services.

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"There are tremendous markups in what is charged for fetal tissue, and that's been true of adult tissue, too," Caplan said. "Prices charged are actually quite breathtaking."

Caplan said fetal tissue represented a tiny fraction of all tissue research but was being used to stir alarm in the anti-abortion sector. He said that didn't mean, however, that the Senate committee should stay away from the issue.

"If you say, 'Let's take a look at this as part of looking at how we get tissues in this country,' it might be worthwhile," Caplan said.

"There's some hanky-panky out there."

Calling for loopholes in the law to be closed, Smith told the Senate last fall, "Abortion clinics and wholesalers are making a killing, literally, off the sale of human baby parts." KC area witnesses

Crutcher worked with the Judiciary Committee in finding witnesses who could testify to the tissue extraction. Smith's resolution to elicit testimony was on the committee calendar last Thursday but held for action until the next meeting.

One of the persons who could be asked to testify is Ross Capps, an Overland Park area resident.

Capps said he used to be a technician for the Georgia-based Anatomic Gift Foundation, a nonprofit company that had an agreement with Planned Parenthood to extract tissue and provide it to researchers.

Capps said he didn't have anything to do with the pricing of the tissues. He said he was uncomfortable with his work and was willing to testify about what he witnessed.

"My stance is, abortion is legal, and if they can gain some beneficial research from the donation of a fetal organ, that's fine, but I don't want to get involved with it anymore," he said.

Testimony also is being sought from Dean Alberty, listed in the resolution as living in Lee's Summit. Alberty could not be reached for comment, but Capps said he trained Alberty at Anatomic Gift Foundation as a technician.

Jim Bardsley, vice president of Anatomic Gift Foundation,

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acknowledged Wednesday that Capps and Alberty had been employees. Bardsley said the company followed all laws.

Bardsley said, however, that as of Jan. 1 Anatomic Gift got out of the fetal tissue business because of "negative campaigning and innuendo" by anti-abortion groups.

"We can live without it (fetal tissue work), but we couldn't live with it," Bardsley said.

The company, founded in 1994, still retrieves adult tissue and organs, he said.

Bardsley said his wife and former company executive, Brenda Bardsley, had told the Judiciary Committee she was willing to testify voluntarily about fetal tissue work.

The other persons on the list of desired witnesses are Miles Jones and Rosie Lee Diaz. Jones is licensed as a doctor in Lee's Summit, according to state medical records. He did not return several telephone calls to his home and office numbers.

Jones is a pathologist who did some fetal tissue extraction at the clinic for about 10 weeks in late 1998, Brownlie said.

The resolution lists Diaz as living in San Diego, and it was unclear whether she had worked at the clinic. She could not be located for comment.

The resolution seeks to have Alberty, Capps and Diaz submit testimony and "any and all documents relating to the sale of fetal tissue." It seeks the same of Jones but also wants documents related to his medical research business.

At the state level, two Missouri lawmakers have offered bills that would require disclosure of any fees involved in the extraction and transport of tissue. Abortion politics

Brownlie said that he didn't object to more disclosure but that the U.S. Senate resolution and related investigation were grounded in abortion politics.

"It's a controversy being entirely fostered by anti-abortion groups that don't really care about the issue, except that it's a good political one for them," Brownlie said.

The executive director of the National Abortion Federation, whose

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members include about half of the country's clinics where abortions are performed, said Crutcher and his organization were not credible.

"Life Dynamics has a long history of disseminating misinformation and using underhanded tactics," Vicki Saporta said. "There are laws in place that regulate (tissue research), and they should be adhered to."

Crutcher said he wasn't surprised by the reaction of abortion rights activists.

"This is typical of the pro-abortion side," Crutcher said. "When a message comes out they don't like, they shoot the messenger."

- To reach Kevin Murphy, a Washington correspondent, call (202) 383-6009 or send e-mail to kmurphy@krwashington.com

---- INDEX REFERENCES ----

NAMED PERSON: CAPPs, ROSS

REGION: North America; Central U.S.; United States; Eastern U.S. (NME
USC US USE)

EDITION: METROPOLITAN

Word Count: 1310
2/17/00 KCSTAR A1
END OF DOCUMENT

Subpena to Testify (Hearing)

**By Authority of the House of Representatives of the
Congress of the United States of America**

To Miles Jones, M.D.

You are hereby commanded to be and appear before the Sub Committee on ~~Health and Environment, Committee on Commerce~~ of the House of Representatives of the United States, of which the Hon. Michael Bilirakis is chairman, in Room 2322 of the Ravburn House Building, in the city of Washington, on March 9, 2000, at the hour of 2:00 p.m., then and there to testify touching matters of inquiry committed to said Committee; and you are not to depart without leave of said Committee.

~~To the U.S. Marshal or any Staff Member of the Committee on Commerce~~
to serve and make return.

Witness my hand and the seal of the House of Representatives
of the United States, at the city of Washington, this
29 day of February, ~~19~~2000

Tom Bliley
Chairman.

Attest:

Jeff Trondahl
Clerk.

Subpena for Miles Jones, M.D.

before the Committee on the Commerce,
Subcommittee on Health and Environment

Served _____

_____ House of Representatives

Subpoena for MILAR JONES, M.D.

before the Committee on the Commerce,
Subcommittee on Health and Environment

Served 7/1/80 at Bethel Medical Hospital
4500 Memorial Drive Bethel, Me. 02901

Served on M. Jones MD
by John Andrews Deputy U.S. Marshal (618-482-9088)

John S. [Signature]
House of Representatives

International Biological Supply provides fetal tissue, adult non-transplantable organs and specific disease sample tissues to researchers around the world.

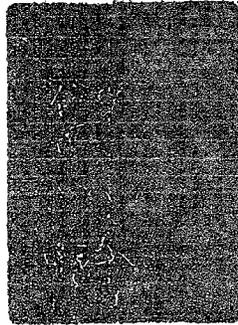
We strive to provide personalized service to our researchers and to the facilities that provide us tissue. You can reach us anytime, as we are always on call!

Adherence to State and Federal laws pertaining to tissue procurement is paramount to our operation. We do our homework, and we don't take chances!

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How it works:

- You include our information sheet with the information you give your patients to read before their procedure.
- The patient tells your staff they would like to donate.
- The patient signs the consent to donate.
- A member of our staff will take the tissue after the procedure and process it.
- We will pay you rent for the space we occupy.



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Researchers Need
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We represent researchers doing very important work, which will improve the quality of life for millions of people suffering from these and other diseases and conditions.

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Currently, the researchers we represent need tissue from 15 to 24 weeks-gestational age fetuses.

Your patient will experience no difference in the procedure. We will work within your current protocols. The only difference in the patient's procedure is that we need a vial of blood for testing. We are required to test for Hepatitis and HIV by our researchers. The patient is not informed of the results of these blood tests.

The source of the tissue is never disclosed to our researchers. We do not disclose the clinic's location nor the identity of the patient. Numbers refers to patients only. Their identity is kept in strictest confidence. We won't even use their name on the lab requisition. They will have a code number.

The media is now reporting regularly about the research being done using fetal tissue. There are wonderful advances in medicine on the horizon because of this research.

The NIH recently met to discuss allowing elective abortions because of the importance of the discoveries being made. The need for fetal tissue is rapidly increasing.

This tissue is used to isolate cells for research use. The cells are isolated from the donated tissue, purified and tested for quality and safety using a unique process developed by one of our clients. The majority of the tissue we harvest is used for research, but some is beginning to be used directly in therapeutic applications.

These cells are an alternative to testing on live animals.

A continuous supply is needed because normal human cells removed from the body and have a very short life span, rarely more than six weeks. Animal cells and immortalized human cells often have a much longer "shelf life," but since these types of cells are less similar to cells in the human body, these cells are not suitable for all types of research.

Fetal cells are very special because they have very low rejection rates, because of the non-discriminatory nature of these cells, which enables them to attach and grow easily in other environments.

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Kelly Interview

No Compromise - No Exception - No Apology

Kelly Interview (\$10.00)

Read Before Viewing

In May of 1999, Life Dynamics began releasing information about the marketing of fetal body parts obtained from elective abortions. Most of this data came out of a covert investigation we had been conducting since April of 1997.

Part of that information was a taped interview with a person we identified as Kelly. Kelly's real name is Dean Alberty. Mr. Alberty was employed by the Anatomic Gift Foundation to harvest fetal tissue and body parts at Comprehensive Health for Women, a Planned Parenthood abortion clinic in Overland Park, Kansas.

In the original interview, conducted by Dzintra Tuttle of Life Dynamics, Mr. Alberty's appearance and voice were altered to portray him as a woman. This level of disguise was necessary because he was still undercover gathering additional documentation for us, but most importantly because he believed his life would be in jeopardy if his identity was revealed.

While editing the interview for production, we discovered a problem with our electronic voice altering equipment. It was experiencing what we call "drop-outs" meaning that it would intermittently fail to function properly. This meant that Mr. Alberty's voice might be recognized by someone who was familiar with him.

Mr. Alberty was adamant that this interview not be made public if there was even the slightest chance his identity might be determined. We therefore made a decision to re-create the interview using stand-ins for Mr. Alberty reading from an exact transcript of the original interview. This was the only way we could guarantee him that the drop-out problem would not expose him to any unnecessary risks.

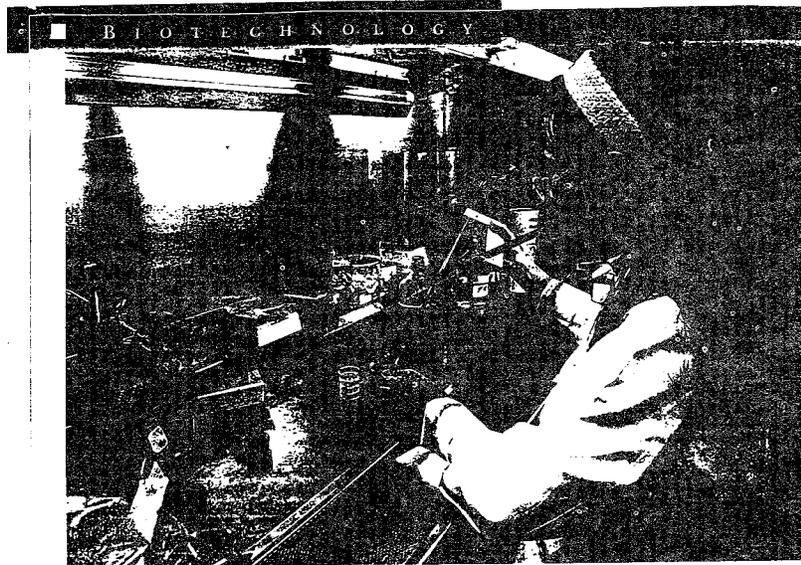
That re-created version of the interview is the one released in May of 1999.

Our commitment to Mr. Alberty was to maintain this pretext until he chose to come forward without disguise. He has now made that decision, allowing us to release a video tape of the original interview.

This tape is a copy of the raw footage of that interview as it was originally shot. It is provided here in its entirety with absolutely no edits, alterations or omissions of any kind. Please note that toward the end of the interview, the tape runs out and is changed. There is a gap of approximately 15 seconds until the interview resumes. No conversations took place during this time that were relevant to the subject being discussed.

Order

Preview



The Fetal-Tissue Frontier

The attraction of using aborted fetal tissue for research has always been its promise of medical breakthroughs. Activists for patients suffering from Parkinson's disease hope that fetal-tissue research can help find a cure for that affliction. So, too, do groups trying to combat diabetes, Alzheimer's, cancer, AIDS, and a variety of rare ailments.

"I am going downhill ... and I would like to have a fetal-tissue transplant," said former Sen. Brock Adams D-Wash., a Parkinson's sufferer.

Indeed, in the seven years since Congress authorized the use of fetal tissue for research, there have been some promising developments. Researchers, for example, can

add single human genes—often from fetuses—to laboratory mice, which have many genetic similarities to humans. In one instance, Dr. Robert Freedman, a researcher at the University of Colorado, grafted onto mice a human gene that he suspects is related to adult schizophrenia. Ten varieties of mice were created and will be studied over several years.

**AS THE SCIENCE
RACES AHEAD,
OVERSIGHT AND
A CONSENSUS
ON ETHICS
LAG BEHIND.**

■ BY NEIL MUNRO

But along with the promise of fetal-tissue research, there are uncomfortable realities. Medical researchers don't just order "fetal tissue" from providers—they order arm bones, leg bones, livers, spleens, whole eyes, and other organs. And, despite a congressional prohibition against a money-making marketplace for fetal tissue, there are indications that just such a marketplace has developed—that companies are selling fetal parts for a profit.

Anti-abortion groups have gathered price lists and detailed order forms for fetal body parts

that they say show extensive lawbreaking and unethical behavior. The documents have attracted notice in Congress. The House Committee on Commerce, chaired by Rep. Tom Bliley, R-Va., a longtime opponent of fetal-tissue research, is expected to hold hearings on the subject in March. Sen. Bob Smith, R-N.H., another staunch anti-abortion legislator, also plans to hold hearings soon.

Republicans are torn between two constructions—the high-tech research companies that oppose research restrictions and the social conservatives who are keen to stigmatize abortion and abortion-related research. Abortion-rights groups oppose any new restrictions. Given this incoherence, it is not surprising that many legislators won't want to deal with fetal-tissue research, said Adams, who championed the 1993 law. Many legislators, he said, "are going to be in the middle of a debate that they don't want to be in the middle of."

According to Suzanne Rini, the author of a 1988 book, *Beyond Abortion: A Chronicle of Fetal Experimentation*, the 1993 law is riddled with loopholes and ambiguities that reflect deep national divisions over abortion and abortion-facilitated research. Lawmakers remain deeply divided over the politics of abortion; academic scientists, for-profit companies, and government health-research agencies oppose any restrictions; and patients suffering from incurable diseases desperately want near-miraculous cures as soon as possible.

Little information is available about how much tissue is collected and exchanged, partly because there are so many collectors and researchers. In November 1993, however, James Bardsley of the Anatomic Gift Foundation, a tissue reseller, told *The New York Times* that the firm shipped 300 to 600 specimens a month. Opening Lines, another tissue reseller, says in its 1999 sales catalog that its "daily average case volume exceeds 1,500."

No government data are available on the number of tissue brokers, or their practices, revenues, prices, or customers. Moreover, many researchers contract directly with abortion clinics for tissue. Since 1991, the National Insti-

tutes of Health has spent more than \$150 million on hundreds of fetal-tissue-research programs. The institute has funded 230 fetal-tissue-transplant experiments since 1991 and 288 experiments in 1997 and 1998 alone.

Public Law 103-43, the National Institutes of Health Reauthorization Act of 1993, governs the sale of fetal tissue. Congress passed the legislation after several years of fierce debate, which reached its peak in 1992 when President Bush vetoed the NIH reauthorization bill. The next year, President Clinton, on his first day in office, signed an executive order that ended federal curbs on fetal-tissue

Kidney-with/without		\$3,300
Kidney-with/without Limbs(at least 2)		\$999
Brain(< 8 weeks)	30% discount if significantly fragmented	\$150
Brain(> 8 weeks)	30% discount if significantly fragmented	\$300
Pituitary Gland(> 8 weeks)		\$300
Bone Marrow(< 8 weeks)		\$350
Bone Marrow(> 8 weeks)		\$250
Ears(< 8 weeks)		\$75
Ears(> 8 weeks)	40% discount for single eye	\$50
Eyes(< 8 weeks)	40% discount for single eye	\$75
Eyes(> 8 weeks)		\$50
Skin(> 12 weeks)		\$100
Lungs & Heart Block		\$150
Intact Embryonic Cadaver(< 8 weeks)		\$400
Intact Embryonic Cadaver(> 8 weeks)		\$600
Intact Calvarium		\$125
Intact Trunk(with/without limbs)		

FETAL PARTS FOR SALE:

Price lists such as this one from Opening Lines, a tissue reseller, have become flash points in the debate.

research, and soon thereafter approved the revised NIH bill that boosted federal funding for fetal-tissue research. The law, passed by a large majority, sought to spin federal and private-sector research while simultaneously regulating it.

Some sections of the law are widely supported. For example, section 498B bars the collection of fetal organs from an identified person or their donation to a specific individual, such as a relative. Researchers say this rule has successfully prevented women from conceiving fetuses to serve as organ banks and kept rich patients from buying organs from poor donors.

During the congressional debates in 1992 and 1993, supporters of fetal-tissue research argued that the ethics provisions in the bill would curb the emergence of a marketplace for fetal body parts. "The idea of such a market is barbaric," said Sen. John McCain, R-Ariz., in a May 1992 letter to constituents in which he announced that because of the ethical safeguards added to the law, he had dropped his opposition to fetal-organ research.

"It would be abhorrent to allow the sale of fetal tissue and a market to be established for that sale," said Rep. Henry A. Waxman, D-Calif., a leading abortion-rights advocate.

But Douglas Johnson, legislative director of the National Right to Life Committee, sees the 1993 law on fetal tissue as an attempt "to enshrine language that would not impede the practices but would provide a modicum of cover for legislators who voted for abortion-dependent research.... It is a fig leaf."

The current controversy over the sale of fetal tissue and



HENRY WAXMAN
"It would be aberrant to allow the sale of fetal tissue and a market to be established for that sale."

parts focuses on section 498B(a), which declares flatly that "it shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any human fetal tissue for valuable consideration." Violation of this law can bring a prison sentence of 10 years. But the ban is greatly weakened by clause 498B(d) which says, "The term 'valuable consideration' does not include reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue."

SELLING FETAL PARTS

The question Congress will face first is whether researchers and their suppliers have violated the 1993 law's prohibition on "valuable consideration obtained by an anti-abortion clinic." The 20 clinics in Houston, Texas, medical researchers at other clinics, and words when placing orders from the fetus.

At the time, the order must accompany the fetus, plus livers, spleens, and thymuses from fetuses older than 18 weeks. The order came from SStemix Inc., a Palo Alto, Calif. subsidiary of Novartis of Switzerland. The order forms also include many requests from universities, including a request for "whole eyes, 13-20 weeks, 12 per donor, fresh" from the Tulane University School of Medicine, which was researching eye surgery.

The price list offered by tissue broker Opening Lines, in West Frankfort, Ill., was similarly straightforward. "Brain [younger than] 8 weeks 30% discount if significant payment of \$999 ... Eyes [older than] 8 weeks 40% discount for single eye \$50 ... Prices in effect through December 31 1999." Anatomic Gift Foundation, in Laurel, Md., charged a flat fee of \$90 for every organ or slice of tissue taken during a second-trimester abortion, or \$220 for those taken from a fetus 6 weeks to 12 weeks old.

In general, the order forms are perfectly legal. Critics, however, maintain that the price lists show that the tissue resellers are making a profit in violation of the law's "reasonable payments" rule. Alan G. Fautel, who runs an NIH-funded service that supplies free fetal tissue and organs to universities, is especially concerned about the price lists from Opening Lines. "The fact that they are pricing [organs] at different levels leads one to think they are after

profit," he said. Miles Jones, the founder of Opening Lines, declined to comment.

Critics of fetal research also charge that the order forms show that demand for fetal tissue has prompted unethical behavior by researchers and abortion clinics. But the law is complicated. Any change to abortion procedures to get more tissue is entirely legal for commercial research, but is largely banned for government-funded research. Under the 1993 law, NIH-funded researchers can use fetal tissue only if the woman's "attending physician ... makes a statement, made in writing and signed by the physician that ... no alteration of the timing, method, or procedure used to terminate the pregnancy was made solely for the purpose of obtaining the tissue." Many universities that receive government money for medical research have voluntarily agreed that all of their researchers—even those working with outside companies—will comply with these rules.

Mark Crutcher, the president of Life Dynamics and an abortion opponent, says that abortion providers change their operating-room techniques to maximize tissue collection and profit, thus endangering the patient. For example, Crutcher said, some of the order forms ask that abortion clinics not use standard poisons frequently given to fetuses before abortions, in particular, SStemix's order form asks for second-trimester livers, lungs, livers, and spleens to be removed, dissected, and stored on crushed ice "within a maximum of ten (10) minutes after circulation has stopped." Crutcher argues that there's no way to do a second-trimester abortion within 10 minutes unless the procedure is changed to delay the death of the fetus.

One way to delay the death of the fetus is to perform a "partial-birth abortion," which is also called "intact dilation and extraction." According to Brent Bardsley of the Anatomic Gift Foundation, which for several years supplied tissue to researchers, including government-funded ones, some clinics use that technique and a low-pressure vacuum for first-trimester fetuses. The vacuum technique is especially important for research into Parkinson's disease, he said, because "they had to have that brain nearly intact ... [and with the normal abortion method] it's nearly impossible." However, said Bardsley, "we strive not to influence the procedure or the patient's decision to have an abortion. We don't need to; there's plenty of material out there."

Changes in abortion procedure, and especially the use of "intact dilation and extraction," are unethical because they pose greater risks to the woman, argued Dr. Gerard Rafferty, an obstetrician at St. George's Hospital in London, who has performed abortions. "Almost nobody does the [intact] D&E in Europe because they are incredibly barbaric and quite dangerous to the mother," he said. Abortion-rights groups disagree, saying the procedure can be safer than its alternatives.

The law's wording complicates this legal issue because it

has modification of the law to allow doctors to use the tissue for the purpose of examining the tissue." During the 1993 debate, Betsy sought to strike the word "examine." Warren man argued successfully that it should be preserved so abortions could be modified for "medically necessary reasons." Graucher and other critics argue that this allows abortion clinics to use tissue-producing techniques while claiming they are necessary for medical reasons.

BENEFITS TO SCIENCE

Activists for patients suffering from Parkinson's disease are influential in Congress and provided much of the support for the 1993 law. Other groups also campaign for fetal-tissue research. These patients rights groups have plenty of supporters in Congress, partly because older legislators see their families or legislative colleagues struck ill.

For such patients, the controversial work of Dr. Curt Freed at the University of Colorado offers some hope. Freed has used \$5 million of NIH money in a four-year experiment on Parkinson's patients in which he implanted tissue from the brains of seven or eight-week-old fetuses



DOUG JOHNSON:
The current law is "a fig leaf" for "legislators who voted for abortion-dependent research."

into 19 patients. The particular piece of brain is the ventral mesencephalon, which contains all the cells that produce a chemical called dopamine. The dopamine-producing cells are intended to offset the loss of dopamine production that causes Parkinson's.

Thus far, Freed's work has yielded few results. Last May, the British medical journal *The Lancet* reported that "there was no significant difference" between the 19 patients given the fetal transplants and the 20 patients given a placebo.

■ MAKING SENSE OF THE LAW

Verifying compliance with the complicated 1993 federal law governing fetal-tissue research is difficult. For government-funded researchers, the law requires the abortion clinics supplying their tissue to certify that "no alteration of the timing, method, and procedure used to terminate the pregnancy was made solely for the purpose of obtaining the tissue."

In light of this restriction, consider Dr. Curt Freed, a researcher at the University of Colorado who receives NIH money to transplant healthy fetal brain tissue into patients suffering from Parkinson's disease. He said he has acquired 1,000 specimens of brain tissue from fetuses seven weeks to eight weeks old. The fetuses had been aborted using 10-millimeter tubes called cannula, he said, which are wide enough to allow usable tissue to be recovered from 1 in 10 abortions.

But, according to a standard 1990 reference, *Abortion Practice* by Dr. Warren M. Hern, the director of the Boulder Abortion Clinic in Colorado, embryos seven weeks to eight weeks old should be aborted using a thinner tube 6 or 7 millimeters wide. The same recommendation appears in Dr. Phillip G. Stubblefield's chapter on abortion techniques in *Gynecologic and Obstetric Surgery*, published in 1993. Dr. Suzanne Poppema, the medical director of Aurora Medical Services in

Seattle and president of the National Abortion Federation in Washington, D.C., says that for such early abortions "there would be no reason to use a big [10-millimeter-wide] one. It would hurt more ... and it would increase risk" to the patient. She added, "I don't do it that way, and I don't know anybody who does."

But if Freed's specialists had performed abortions with the narrower tubes recommended by the guides, it would have been exceedingly difficult or impossible to find undamaged brain tissue, said Dr. Alan Fantel, who dissects and distributes tissue from Poppema's first-trimester abortions for government researchers. Dr. Gerard Rafferty, a London-based obstetrician who has extracted tissue from in utero embryos for Parkinson's researchers, agreed.

Freed responded that the abortion clinics signed forms for him saying they had not altered the timing or methods solely to extract tissue. A March 1997 report by the General Accounting Office declared that Freed's project had "appropriately executed" the required paperwork. Freed declined to name the clinics, or to forward a copy of the signed forms to *National Journal*. Poppema said that abortion doctors use a variety of techniques, and "cannula size is such a variable anyway."

operation, although some improvements were noted in patients under 50.

Gillian Woollett, an associate vice president for biotechnology at the Pharmaceutical Research and Manufacturers of America, cautioned against false hopes. Patients' groups "can be part of overselling," Woollett said, adding that cures

different types of cells, including blood, liver and brain cells. These stem cells are easiest to find in human embryos, but are increasingly being found in adults. This development creates the possibility that a patient's own cells could be activated to repair problems, such as paralysis, cancer, or Alzheimer's. By studying fetal stem cells, researchers hope to find and fix the root cause of later human diseases, including the mechanisms that trigger uncontrollable, cancerous growth or cause adult schizophrenia, Freedman said.

The fetal-tissue and stem-cell work are the building blocks of gene therapy, which researchers say can modify an adult's genes to defeat a disease, repair a disorder, or just to gain an upgrade. But the gene-therapy-research community faces increasing scrutiny following the death last fall of 18-year-old Jesse Gelsinger during a gene-therapy experiment at the University of Pennsylvania.

At an NIH meeting in late December, attendees said that university researchers and companies disregarded risks to patients' health, concealed problems, and exaggerated the promise of research, all in the hope of generating profits in the hot market for new medical



TOM BILEY: The longtime opponent of fetal-tissue research is expected to hold hearings in March.

may not be forthcoming for many years or decades. Their optimistic prediction of progress "is a psychological thing. I don't think it is realistic."

The defense of fetal-tissue research does not rest solely on the benefits of transplanting the tissue. Scientists are quick to point out that the research has already yielded improved knowledge in the laboratory. For example, research with mice shows that single human genes can be added to that animal. These modified mice, called SCID mice, do not multiply by natural means. In Freedman's research at the University of Colorado, a human gene that may be related to adult schizophrenia has been grafted onto mice. The suspect gene was extracted from two fetuses removed from two Swedish schizophrenia patients after the Swedish abortion team decided the patients were competent to make the decision. A medical therapy resulting from this research is still "decades away," Freedman said. "We don't even understand what is going on in the mice yet."

Fetal organs and tissue are also needed to extend and verify the data being gathered about the human genome, which is the set of instructions within each cell that dictates how human tissue works. As researchers learn more about the myriad genes that tend to make people smarter, sicker, faster, forgetful, beautiful, or bald, they will need to test their theories on human tissue—especially because the tissue can show how genes interact with one another, researchers say. "If we don't have fetal tissue to do it with, we'll never be able to do it," said Fantel, who runs the NIH-funded service that supplies free fetal tissue and organs to universities.

Fetal-tissue research is especially important, Freedman and other scientists say, because human embryos and fetuses contain special cells—called stem cells—that are particularly vigorous and that, when implanted in other people and in animals, are less likely to be rejected by the host's disease-fighting cells. Stem cells might also evolve into many

products. In mid-January, the Food and Drug Administration shut down all human-subject research experiments under way at the University of Pennsylvania. It said that researchers had recruited 18 patients for the Gelsinger study without checking whether they were eligible, and had failed to inform half of the patients about the known risks.

In late January, NIH officials released data showing that gene-therapy researchers had concealed three deaths and 652 serious adverse events from oversight officials. In February, two patients' groups and a Harvard-affiliated medical center announced they were stopping gene-therapy projects. "It is a multisystem failure. ... We may have just touched the tip of the iceberg," said Sen. Bill Frist, R-Tenn., at a Feb. 2 hearing.

In recent months, concern over researchers' priorities has caused officials on the White House-appointed National Bioethics Advisory Commission to consider seeking greater oversight over experiments on humans.

SCIENCE MEETS POLITICS

At the moment, the main dispute between researchers and anti-abortion groups is over stem cells. Anti-abortion groups want NIH to promote research into adult stem cells, but in late 1999, NIH approved federal funding for research into stem cells taken from human embryos. The agency acted despite the fiscal 2000 Consolidated Appropriations Act, which bars all funding for "research in which a human embryo or embryos are destroyed." NIH officials say that the ban applies only to the use of funds for the act of destroying the embryos.

In the stem-cell debate, as in the broader fight over fetal-tissue research, anti-abortion advocates argue that scientists' interest in fetal tissue is not merely scientific, but is driven by a mix of interests associated with the tissue, including

medical value, marketplace competition, low prices, easy availability, and legal advantages. Full ownership of the tissue is transferred during donation and leaves researchers with no reason to fear a lawsuit when the tissue helps produce a billion-dollar blockbuster drug.

Helga Akers, the director of planning and information for the secretariat for anti-abortion activities at the National Conference of Catholic Bishops, says fetal-tissue research raises "the entire specter of humans being seen as means and not as ends in themselves." The abortion-dependent research is a "huge, steep slope that pushes us onwards to a complete stripping from the human person of the dignity and respect that comes inherently as part of human life... [and which explains] why humans are different from animals and trees."

Aside from urging NIH funding for alternatives to abortion-related research, critics of fetal-tissue research have not said what legislative remedies should be adopted. Possible legislative solutions, said Sen. Smith, include the

mandatory reporting of related data to the Justice Department, the publication of the names of universities and companies that use the tissue, or even a ban on any fetal-tissue exchange. Also, Smith said that publishing the names of researchers would push them to develop alternative research tools to search more on tissue already stored by commercial vendors in tissue banks. He added that he would like to ban fetal tissue research because a ban would lessen the number of abortions. In a 1995 survey conducted in Canada by the Joint Center for Bioethics at the University of Toronto, 17 percent of 122 abortion-rights supporters said they would be more likely to have an abortion if they could donate the tissue.

Smith said that legislative options must wait until after the hearings he plans to hold in March. But he faces an uphill struggle. Smith narrowly lost an October Senate vote, 46-51, seeking more federal oversight—but no ban—of the exchange of fetal body parts. That vote was "a shot across the bow," said Daniel Perry, the executive director of the Alliance for Aging Research, a coalition of patients' groups and companies that oppose fetal-tissue curbs. "We will fight like the dickens to ensure this research is not halted... [restrictions are] a frontal assault on the way we do scientific research." In any public debate, he predicted, the combined weight of patients' groups and researchers will be enough to forestall curbs.

In past fights over fetal tissue, the research community has enjoyed broad support from liberal Republicans, such as Sens. James M. Jeffords, R-Vt., and Arlen Specter, R-Pa., and from conservatives such as Sens. Connie Mack, R-Fla., Strom Thurmond, R-S.C., and McCain. To win restrictions, Smith and his allies must win support from these Republi-

cans and from some Democrats, such as Sen. John D. Dingell.

In any debate on possible curbs, the research community's groups will be aided by abortion-rights advocates including Planned Parenthood and the New York City-based Center for Reproductive Law and Policy. Last year the two groups persuaded a federal judge to strike down a clause in the Arizona Constitution that bans research on fetal tissue. That lawsuit is heading for an appellate this year in the 9th U.S. Circuit Court of Appeals in San Francisco.

Abortion-rights supporters dismiss suggestions of illegality in the collection and transfer of fetal parts. Sandra Jordan, a spokeswoman for New York City-based Planned Parenthood Federation of America, said in early December that "there are not price tags attached to this. We are assuming it is a figment of [Cruicker's] imagination." In January, she said that seven chief executives of clinics that donate tissue discussed the matter in a late-December teleconference.

"As far as we can determine," she added, "we are following the letter of the law."

Abortion-rights supporters are particularly critical of Cruicker because of his anti-abortion stand and his statement that he will produce testimony from at least one witness on the killing of two fetuses born alive at a clinic. Advocates for abortion clinics strenuously deny such charges. They say that Cruicker hopes to stigmatize abortion with false and glibish charges, and that he is hindering law enforcement by keeping secret the identity of the supposed witness.

Research supporters, including Waxman, Fantel, and Freed, generally share these criticisms of the anti-abortion groups. They complain that opponents of fetal-tissue research are motivated by "abortion politics" and want to entangle researchers and abortion providers in federal red tape.

Separating the fetal-tissue-research controversy from abortion politics may be impossible, said former Sen. Adams. "I don't see how you do it, because the abortion fight seems to overwhelm everything when you get into it."

There is still plenty of room for a cosmetic compromise that won't significantly curb research or abortions, mostly because Republicans are unwilling to cross their backers in the high-tech industry, says author Suzanne Rini.

Smith disagreed: "We will go as far as we can to pass something."

Indeed, Waxman, the House's most prominent supporter of fetal-tissue research, said he might accept stricter oversight and an extension of government ethics rules to private researchers—if the allegations made by anti-abortion advocates prove to be true. Still, such restrictions should not curb the great promise of medical research that uses fetal tissue, he said. As for the companies that sell tissue, he said, "they should be prosecuted.... Any price is unreasonable and illegal."



BOB SMITH:
Says banning fetal-tissue research would lessen the number of abortions.

PHOTO BY AP/WIDEWORLD

Mr. BILIRAKIS. Okay. That being the case, we'll go into the second round at this point. And I just have something very quickly, and then I'm going to yield the rest of my time to Dr. Coburn.

Ms. FREDERICKS, you haven't been subpoenaed to be here.

Ms. FREDERICKS. No, sir.

Mr. BILIRAKIS. Why are you here?

Ms. FREDERICKS. When I was contacted by "20/20" and I found out that they had letters that I had written and the spreadsheet that I had done that I did not provide for them, I was very concerned that—I basically kind of wanted to make sure that if documents that I prepared were out there, that I wanted to make sure that everyone knew what was behind them and stand up for myself in saying—

Mr. BILIRAKIS. So you offered to testify before this committee for those reasons?

Ms. FREDERICKS. Yes, I did. Yes.

Mr. BILIRAKIS. Mr. Alberty, you've gone through a pretty tough time.

Mr. ALBERTY. Yes, sir.

Mr. BILIRAKIS. I know that things have been rocky for you, somewhat inconsistent—I'm sure you're the first one to admit that—

Mr. ALBERTY. Yes, sir.

Mr. BILIRAKIS. [continuing] between maybe statements you made previously and statements you have made here today under oath. And you were subpoenaed because you entered into that agreement and you couldn't—

Mr. ALBERTY. I wanted to be subpoenaed.

Mr. BILIRAKIS. You wanted to be subpoenaed because you wanted to come here to—

Mr. ALBERTY. I wanted to come here. Yes, sir.

Mr. BILIRAKIS. You wanted to come here to share your experience with us.

Mr. ALBERTY. That's very true.

Mr. BILIRAKIS. And we appreciate the fact that you both wanted to do that for what I consider to be the right reasons.

Mr. ALBERTY. I appreciate the fact that you're letting us come here, sir.

Mr. BILIRAKIS. Well, I thank you, sir.

I know we're all terribly disappointed that Dr. Jones is not here.

Mr. ALBERTY. I am, too.

Mr. BILIRAKIS. I think he could have added an awful lot to this hearing. I think that's an under-statement.

In any case, the Chair yields the balance of his 3½ minutes to Dr. Coburn.

Mr. COBURN. Thank you.

Would the staff please give Mr. Alberty a copy of the Anatomic Gift Foundation ship-out reports?

Mr. Alberty, did you prepare these documents?

Mr. ALBERTY. Yes, sir.

Mr. COBURN. And are they a true recollection of the procedures that you performed on those days?

Mr. ALBERTY. Yes, sir. My initials are the tech, "LDA," Lawrence D. Alberty.

Mr. COBURN. I would ask you to turn to the one dated 2/8/96.

Mr. ALBERTY. Okay.

Mr. COBURN. And look at donor ID 113968. It's about two-thirds of the way down the table.

Mr. ALBERTY. That's 113968?

Mr. COBURN. Yes.

Mr. ALBERTY. Twenty-one weeks?

Mr. COBURN. Yes, 21-week, 220 gram fetus.

Mr. ALBERTY. Right.

Mr. COBURN. If we look at what you have written over to the side, what I see here is a lung, two legs, two arms, a liver, two kidneys, an adrenal gland, and two eyes; is that correct?

Mr. ALBERTY. That's correct, but the weight was the patient's weight, 220 pounds, not the fetus.

Mr. COBURN. Okay. Let me ask you something. If, in fact, the clinic was paid \$600 a month for a site fee, and these, according to Anatomic Gift Foundation prices, \$80 a pop, I get \$800 here for one group of fetal parts. Is that a correct assumption?

Mr. ALBERTY. I have never seen, sir, their price list.

Mr. COBURN. Okay. I have seen their price list. But there is, in fact, ten organs or pieces of tissue that are being shipped separately, and under one container, ten separate items that are being shipped?

Mr. ALBERTY. That's correct. You also have to indicate that they were doing blood testing and charging for blood testing.

Mr. COBURN. So, in fact, there's \$800 worth of revenue off of one fetus at this time?

Mr. ALBERTY. Yeah. And then you have to also indicate special handling fees, whatever that might be.

Mr. COBURN. So—but let's forget that.

Mr. ALBERTY. Yes.

Mr. COBURN. Let's say that there's no charge for blood, there's no charge for tissue typing, there's no charge for an HIV test, there's no charge for any of this. Just on this one fact, one fetus out of several done that day more than covers both your rate at \$10 an hour and what the clinic was paid for the entire month?

Mr. ALBERTY. Absolutely.

Mr. COBURN. So if we were to take all the sheets for February, what we would see is there is a significant amount of billing potential out of everything that is listed here. And you do agree that these are your sheets and that you did produce them?

Mr. ALBERTY. That is 100 percent correct.

Mr. COBURN. All right. And this is Anatomic Gift Foundation, this is not the other company which—Opening Lines?

Mr. ALBERTY. That's correct.

Mr. COBURN. And there is a significant difference between Opening Lines. And I would ask the staff to also give you Opening Lines' price list, which you said you were involved in developing. Is that a correct statement?

Mr. ALBERTY. That is a correct statement. I sat down with him over a dinner and he went over the pricing and asked me if I agreed or disagreed, and—

Mr. COBURN. And so you have seen this price list before?

Mr. ALBERTY. That is correct, sir.

Mr. COBURN. And if one were to imagine this price list that we could collect from one baby all these different things, as outlined in that price list, that totals \$14,000 for one baby.

Mr. ALBERTY. That would be correct. The math is correct.

Mr. COBURN. So I don't believe that, even if your testimony, in terms of not being consistent with what you've said both by affidavit, by deposition, and what you've said here, the fact is that you did write these, these collection sheets.

Mr. ALBERTY. The shipping and procurement. Yes, sir.

Mr. COBURN. And that if we contrast just one baby in 1 day, that there is a significant profit being made, both by Anatomic Gift Foundation and Opening Lines.

Mr. ALBERTY. You are correct, sir.

Mr. BILIRAKIS. My time has expired for this gentleman.

Mr. COBURN. Thank you, Mr. Chairman.

Mr. BILIRAKIS. Of course, his own time will be coming.

Ms. Eshoo to inquire?

Ms. ESHOO. Thank you.

Mr. COBURN. Mr. Chairman, might I—Mr. Alberty has acknowledged that these, in fact, are his sheets, his working sheets, and I would ask unanimous consent that this be entered in.

Mr. BILIRAKIS. That is not a part of the group that we just had?

Mr. COBURN. No.

Mr. BILIRAKIS. Is there an objection?

[No response.]

Mr. BILIRAKIS. There being none, that is the case.

[The information referred to follows:]

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ANATOMIC GIFT FOUNDATION		DATE: 2-29-96	SOURCE: 511	TECH: CDA		
P.O. Box 5159		RESEARCHER	AIRBILL#	OUR	RESEARCHER #	
Frederick, MD 20726						
Phone: (410) 455-1246						
Fax (410) 455-1247						
(Held)						
DONOR INFORMATION						
DONOR ID	GESTATION AGE	HISTORY	TISSUE	AGF#	BLD	RESEARCHER
113956	12w	/	Liver Exg	427	4440	
AGE: 24w	CARNEGIE					
ABO: +						
WT: 120	US CRL					
113968	12	/	Liver Exg	426	4441	
AGE: 15	CARNEGIE					
ABO: +						
WT: 140	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE	Shipped out				
ABO:						
WT:	US CRL					
DONOR ID	WKS	2-3-96				
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					

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 Laurel, MD 20726
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(Held)

DATE: 2-2-96	SOURCE: 511	TECH: CDH
RESEARCHER	AIRBILL#	OUR
	178 8927 513	

DONOR INFORMATION		HISTORY	TISSUE	AGF#	BLD	RESEARCHER
DONOR ID 113978 AGE: 40 B ABO: + WT: 208	GESTATION AGE 8 WKS CARNEGIE	/	Liver Fig	425	444	
DONOR ID 113979 AGE: 17 W ABO: - WT: 120	GESTATION AGE 10-11 WKS CARNEGIE	/	Liver Fig	428	444	
DONOR ID 113981 AGE: 15 W ABO: + WT: 120	GESTATION AGE 11 WKS CARNEGIE	/	Liver	429	444	
DONOR ID 113974 AGE: 26 W ABO: + WT: 120	GESTATION AGE 12-12.5 WKS CARNEGIE	/	Liver	430	444	
DONOR ID	GESTATION AGE	/				
AGE:	CARNEGIE	/				
ABO:		/				
WT:	US CRL	/				
DONOR ID	GESTATION AGE	/				
AGE:	CARNEGIE	/				
ABO:		/				
WT:	US CRL	/				
DONOR ID	GESTATION AGE	/				
AGE:	CARNEGIE	/				
ABO:		/				
WT:	US CRL	/				
DONOR ID	GESTATION AGE	/				
AGE:	CARNEGIE	/				
ABO:		/				
WT:	US CRL	/				
DONOR ID	GESTATION AGE	/				
AGE:	CARNEGIE	/				
ABO:		/				
WT:	US CRL	/				

Shipped out
 2-2-96

Anatomic Gift Foundation P.O. Box 5159 Laurel, MD 20726 Phone: (410) 455-1246 Fax (410) 455-1247	DATE: 2-3-96	SOURCE:	TECH:	
	RESEARCHER	AIRBILL#	OUR	RESEARCHER#

DONOR INFORMATION		GESTATION AGE	HISTORY	TISSUE	AGF#	BLD	RESEARCHER
DONOR ID	WKS						
113894	106			Brain	482	2419	
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						

Anatomic Gift Foundation P.O. Box 5159 Laurel, MD 20726 Phone: (410) 455-1246 Fax (410) 455-1247		DATE: 2-8-96	SOURCE: 5/1	TECH: CDA	
RESEARCHER		AIRMAIL #	OUR	RESEARCHER #	
		197 5658 946	181 3059 166		✓
		197 5677 883		✓	✓
		197 5697 141	197 5683 735	✓	✓
		178 8898 465	197 5784 386	✓	✓
DONOR INFORMATION		AGF#	BLD	RESEARCHER	
DONOR ID	GESTATION AGE	HISTORY			
	WKS		178 8898 156		✓
AGE:	CARNEGIE		197 5736 822	181 3126 533	✓
ABO:					✓
WT:	US CRL		178 8919 472		✓
DONOR ID	WKS				
114016	24 1/2		Lungs 2	4452	4467
AGE: 24 w	CARNEGIE		LIVER	4453	
ABO: -			Thymus	4453	
WT: 135	US CRL 557mm		LEG (L)	4454	
DONOR ID	WKS		LIVER	4446	4462
114012	24	Asthma	Thymus	4447	
AGE: 32 w	CARNEGIE		LEG (L)	4450	
ABO: +					
WT: 160	US CRL 50mm Feet				
DONOR ID	WKS		LIVER	4455	4461
114014	23		Thymus	4456	
AGE: 33 w	CARNEGIE		LUNG	4457	
ABO: +			Thymus	4458	
WT: 100	US CRL 50mm Feet		LEG (L)	4459	
DONOR ID	WKS		Brain	4465	
AGE:	CARNEGIE				
ABO:					
WT:	US CRL				
DONOR ID	WKS		LUNG	4473	4468
113968	21		LEG (L)	4469	
AGE: 15 21	CARNEGIE		LEG (R)	4462	
ABO: +			ARM (L)	4461	
WT: 220	US CRL		ARM (R)	4463	
DONOR ID	WKS		LIVER	4460	
AGE:	CARNEGIE		Kidney	4448	
ABO:			Adrenal Gland		
WT:	US CRL		Eye (L)	4449	
DONOR ID	WKS		LIVER	331	4478
113933	18.5		LUNG	4370	
AGE: 13 20	CARNEGIE				
ABO: +					
WT: 127	US CRL				
DONOR ID	WKS				
AGE:	CARNEGIE				
ABO:					
WT:	US CRL				

2-10-96

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Fax (410) 455-1247

DATE: ~~2-10-96~~ SOURCE: 511 TECH: CTA

RESEARCHER	AIRBILL#	OUR	RESEARCHER
	197 7159 895		
<i>Shipped out 2-15-96</i>			

(Held)

DONOR INFORMATION		HISTORY	TISSUE	AGF#	BLD	RESEARCHER
DONOR ID <u>114070</u>	GESTATION AGE <u>14.5</u> WKS	<u>Asthma</u>	<u>LUNGS</u>	<u>442</u>	<u>4493</u>	
AGE: <u>18w</u>	CARNEGIE					
ABO: <u>-</u>	US CRL					
DONOR ID <u>114029</u>	GESTATION AGE <u>11</u> WKS	/	<u>LIVER</u>	<u>438</u>	<u>4491</u>	
AGE: <u>21B</u>	CARNEGIE					
ABO: <u>+</u>	US CRL					
DONOR ID <u>114067</u>	GESTATION AGE <u>10</u> WKS	<u>Asthma</u>	<u>LIVER</u>	<u>441</u>	<u>4496</u>	
AGE: <u>40w</u>	CARNEGIE					
ABO: <u>+</u>	US CRL					
DONOR ID <u>114068</u>	GESTATION AGE <u>9</u> WKS	/	<u>LIVER</u>	<u>444</u>	<u>4498</u>	
AGE: <u>21w</u>	CARNEGIE					
ABO: <u>+</u>	US CRL					
DONOR ID <u>105274</u>	GESTATION AGE <u>8</u> WKS	/	<u>LIVER</u>	<u>439</u>	<u>4493</u>	
AGE: <u>22w</u>	CARNEGIE					
ABO: <u>-</u>	US CRL					
DONOR ID <u>114060</u>	GESTATION AGE <u>8</u> WKS	/	<u>LIVER</u>	<u>440</u>	<u>4495</u>	
AGE: <u>22w</u>	CARNEGIE					
ABO: <u>-</u>	US CRL					
DONOR ID <u>114071</u>	GESTATION AGE <u>8</u> WKS	/	<u>LIVER</u>	<u>443</u>	<u>4494</u>	
AGE: <u>21B</u>	CARNEGIE					
ABO: <u>+</u>	US CRL					
DONOR ID	GESTATION AGE	/				
AGE:	CARNEGIE					
ABO:	US CRL					
DONOR ID	GESTATION AGE	/				
AGE:	CARNEGIE					
ABO:	US CRL					
DONOR ID	GESTATION AGE	/				
AGE:	CARNEGIE					
ABO:	US CRL					

Anatomic Gift Foundation P.O. Box 5159 Laurel, MD 20726 Phone: (410) 455-1246 Fax (410) 455-1247	DATE: 213.96	SOURCE: 511	TECH: LDA
	RESEARCHER	AIRBILL#	OUR
	101 3000 237		

DONOR INFORMATION		HISTORY	TISSUE	AGF#	BLD	RESEARCH#
DONOR ID 114016	GESTATION AGE WKS 2 1/2	/	Liver	388	4467	
AGE: 24 w	CARNEGIE 8					
ABO: -	US CRL					
WT: 135						
DONOR ID 114048	GESTATION AGE WKS 10		Liver frag	435	4499	
AGE: 28 B	CARNEGIE 10					
ABO: +	US CRL					
WT: 130						
DONOR ID 14049	GESTATION AGE WKS 11		Liver frag	433	4488	
AGE: 20 w	CARNEGIE					
ABO: -	US CRL					
WT: 106						
DONOR ID 113765	GESTATION AGE WKS 9		Liver	437	4487	
AGE: 19	CARNEGIE					
ABO: +	US CRL					
WT: 108						
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:	US CRL					
WT:						
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:	US CRL					
WT:						
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:	US CRL					
WT:						

Anatomic Gift Foundation P.O. Box 5159 Laurel, MD 20726 Phone: (410) 455-1246 Fax (410) 455-1247	DATE: 2/3/96	SOURCE:	TECH:	
	RESEARCHER	AIRBILL#	OUR	RESEARCHER

Held

DONOR INFORMATION		HISTORY	TISSUE	AGF#	BLD	RESEARCHER
DONOR ID	GESTATION AGE					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	WKS 8.9	/	LIVER	453	499	
CARNEGIE						
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	WKS 9	/	LIVER	495	499	
CARNEGIE						
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					
DONOR ID: 0000 AGE: 0000 ABO: 0000 WT: 0000	US CRL					

ANATOMIC GIFT FOUNDATION P.O. Box 5159 Laurel, MD 20726 Phone: (410) 455-1246 Fax (410) 455-1247		DATE: 2/5/96	SOURCE: 511	TECH: LDA	
RESEARCHER		AIRBILL#	OUR	RESEARCHER	
		178 2349 387			✓
		197 7188 222	✓		
		181 4579 867	✓		
		178 2357 802			✓
		181 4588 797	✓		
		178 2379 681	✓		✓
		181 4604 872	✓		
		197 7228 996	✓		
		178 2406 132			✓

DONOR INFORMATION		GESTATION AGE	HISTORY	WE	AGF#	BLD	RESEARCHER
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						
DONOR ID	WKS						
AGE:	CARNEGIE						
ABO:							
WT:	US CRL						

DATE: 02/96		SOURCE:		TECH:	
RESEARCHER	AIRBILL#	OUR	RESEARCHER		
Anatomic Gift Foundation P.O. Box 5159 Laurel, MD 20726 Phone: (410) 455-1246 Fax (410) 455-1247		178 2334 486			
<i>Shipped out 2-15-96</i>					
DONOR INFORMATION			TISSUE	AGF#	BLD
DONOR ID	GESTATION AGE	HISTORY			
114091	WKS 8.9	/	Liver	455	4499
AGE: 24 w	CARNEGIE				
ABO: +	US CRL				
WT: 170					
DONOR ID	GESTATION AGE	HISTORY			
114046	WKS 10	/	Lung	484	4499
AGE: 23 B	CARNEGIE				
ABO: +	US CRL				
WT: 130					
DONOR ID	GESTATION AGE	HISTORY			
114070	WKS 14.5	Asthma	Lungs	492	4493
AGE: 18	CARNEGIE				
ABO: -	US CRL				
WT: 125					
DONOR ID	GESTATION AGE	HISTORY			
	WKS				
AGE:	CARNEGIE				
ABO:					
WT:	US CRL				
DONOR ID	GESTATION AGE	HISTORY			
	WKS				
AGE:	CARNEGIE				
ABO:					
WT:	US CRL				
DONOR ID	GESTATION AGE	HISTORY			
	WKS				
AGE:	CARNEGIE				
ABO:					
WT:	US CRL				
DONOR ID	GESTATION AGE	HISTORY			
	WKS				
AGE:	CARNEGIE				
ABO:					
WT:	US CRL				
DONOR ID	GESTATION AGE	HISTORY			
	WKS				
AGE:	CARNEGIE				
ABO:					
WT:	US CRL				

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Reld 181 6033 054

DONOR INFORMATION		TISSUE		OUR	RESEARCH
DONOR ID	GESTATION AGE	WKS			
			Leg ①	4561	4560
			Blood	4562	
			Leg ②	4563	
			PANCREAS	4548	4560
			LIVER	4511	
			Thymus	4539	
			EYES 2	4537	
			Arms ①	4565	
			Pancreas	4595	4559
			LIVER	4504	
			EYES ①	4544	
			EYE ①	4471	
			STOMACH	4554	
			LIVER	4504	4559
			EYE ①	4549	
			LUNGS	4508	
			PANCREAS	4538	
			EYE ①	4542	4563
			LIVER	4516	
			EYE	4540	4561
			LUNGS	4550	
			LIVER	4557	
			LEGS ②	4552	
			LIVER	4545	4562
			LEGS ②	4553	4564
			PANCREAS	4547	
			EYE	4546	
			Blood	4547	
			LIVER	4556	4557
			EYES ②	4555	

DONOR ID WKS

AGE: CARNEGIE

ABO: US CRL

WT: 24

AGE: 18w CARNEGIE

ABO: + ♀

WT: 170 US CRL

DONOR ID WKS

AGE: 24w CARNEGIE

ABO: + ♂

WT: 112 US CRL

DONOR ID WKS

AGE: 41w CARNEGIE

ABO: + ♂

WT: 150 US CRL

DONOR ID WKS

AGE: 29w CARNEGIE

ABO: +

WT: 150 US CRL

DONOR ID WKS

AGE: 16w CARNEGIE

ABO: + ♂

WT: 126 US CRL

DONOR ID WKS

AGE: 26w CARNEGIE

ABO: +

WT: 130 US CRL

DONOR ID WKS

AGE: 21B CARNEGIE

ABO: + ♂

WT: 140 US CRL

DONOR ID WKS

AGE: 29w CARNEGIE

ABO: +

WT: 140 US CRL

Asthma

Anomia

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RESEARCHER		AIRBILL#	OUR	RESEARCHER		
DONOR INFORMATION						
DONOR ID	GESTATION AGE	HISTORY	TISSUE	AGF#	BLD	RESEARCHER
	WKS 24	Asthma	Lox 1 Aria Lox 1 Talmus Aria ①	4567 4568 4569 4539 4565	480	
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					

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DATE: 6/27/96	SOURCE: 311	TECH: CJA
RESEARCHER	AIRBILL#	OUR
	178 3576 435	

DONOR INFORMATION						
DONOR ID	GESTATION AGE	HISTORY	TISSUE	AGF#	BLD	RESEARCHER
	WKS		Blood	450	4525	
AGE:	CARNEGIE		Liver	601	4520	
ABO:			Liver	600	4519	
WT:	US CRL					
DONOR ID	WKS		Liver	602	4521	
AGE:	CARNEGIE		Liver Pg	451	4522	
ABO:						
WT:	US CRL					
DONOR ID	WKS		Liver	446	4524	
AGE:	CARNEGIE		Liver	448	4525	
ABO:			Liver Pg	457	4526	
WT:	US CRL					
DONOR ID	WKS		Liver Pg	449	4527	
AGE:	CARNEGIE		Liver	459	4528	
ABO:						
WT:	US CRL					
DONOR ID	WKS		Liver	458	4529	
AGE:	CARNEGIE		Liver Pg	456	4530	
ABO:						
WT:	US CRL		Liver	452	4531	
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					

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RESEARCHER	AIRBILL#	OUR	RESEARCHER
22396			
	827-8089737		X
	2:29-96		

DONOR INFORMATION						
DONOR ID	GESTATION AGE	HISTORY	TISSUE	AGF#	BLD	RESEARCHER
114230 AGE: 26 ABO: + WT: 145	9 CARNEGIE US CRL	/	Liver LIVER	4569	4572	
114258 AGE: 27w ABO: + WT: 158	14.5 CARNEGIE US CRL	/	Liver Fig	4571	4574	
11436 AGE: 22w ABO: + WT: 110	9 CARNEGIE US CRL		Liver	4570	4573	
11437 AGE: 22w ABO: + WT: 110	9 CARNEGIE US CRL					
11438 AGE: 22w ABO: + WT: 110	9 CARNEGIE US CRL					
11439 AGE: 22w ABO: + WT: 110	9 CARNEGIE US CRL					
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Anatomic Gift Foundation P.O. Box 5159 Laurel, MD 20726 Phone: (410) 455-1246 Fax (410) 455-1247		DATE: 2/27/96 RESEARCHER	SOURCE: S11 AIRBILL#	TECH: CIDP OUR	RESEARCHER #	
		227 0009 737				
		Shipped out 2/29/96				
DONOR INFORMATION						
DONOR ID	GESTATION AGE	HISTORY	TISSUE	AGF#	BLD	RESEARCHER
111792	WKS 8.9	/	LIVER	4575	4586	
AGE: 20 B	CARNEGIE					
ABO: +						
WT: 125	US CRL					
114262	WKS 8.9	/	LIVER	4576	4582	
AGE: 26 w	CARNEGIE					
ABO: -						
WT: 145	US CRL					
114266	WKS 8	/	LIVER	4577	4585	
AGE: 23 w	CARNEGIE					
ABO: +						
WT: 120	US CRL					
109619	WKS 8.9	/	Brain, Cranium	4578	4583	
AGE: 26 w	CARNEGIE		Facial			
ABO: +						
WT: 150	US CRL					
114268	WKS 8	/	LIVER	4579	4584	
AGE: 18 w	CARNEGIE					
ABO: +						
WT: 115	US CRL					
114269	WKS 12.5	/	LIVER	4580	4581	
AGE: 19 w	CARNEGIE					
ABO: +						
WT: 120	US CRL					
114258	WKS 8	/	Liver	4587	*4580	
AGE: 30	CARNEGIE					
ABO: +						
WT: 145	US CRL					
DONOR ID	WKS					
GE:	CARNEGIE					
BO:						
T:	US CRL					
DONOR ID	WKS					
GE:	CARNEGIE					
BO:						
T:	US CRL					

Anatomic Gift Foundation P.O. Box 5159 Laurel, MD 20726 Phone: (410) 455-1246 Fax (410) 455-1247	DATE: <u>2/27/96</u> SOURCE: <u>511</u>	TECH: <u>UDD</u>
RESEARCHER	AIRBILL#	OUR
	227 8810 892	✓
	197 9967 735	✓
	227 2796 626	✓
	227 2799 907	✓
	197 9986 531	✓
	197 9991 011	✓

DONOR INFORMATION			400-9577430	AGF#	BLD	RESEARCHER
DONOR ID 114296	GESTATION AGE WKS 24 wks	HISTORY	EYES (1)	4590	4606	
AGE: 16 w	CARNEGIE		LIVER (1)	4589		
ABO: +			LIVER	4587		
WT: 120	US CRL 45		Thymus	4591		
DONOR ID	WKS		Lung	4535		
AGE:	CARNEGIE		Pancreas	4592		
ABO:						
WT:	US CRL					
DONOR ID 114295	GESTATION AGE WKS 20	HISTORY	EYES	4593	4604	
AGE: 16 w	CARNEGIE		EYES (2)	4594		
ABO: +			LIVER	4595		
WT: 140	US CRL					
DONOR ID 114300	GESTATION AGE WKS 23	HISTORY	EYES	4588	4609	
AGE: 13 w	CARNEGIE		Pancreas	4597		
ABO: +			Liver	4596		
WT: 165	US CRL		Brain	4602		
DONOR ID 111714	GESTATION AGE WKS 18	HISTORY	Pancreas	4598	4605	
AGE: 20 w	CARNEGIE		Liver	4599		
ABO: +			Thymus	4600		
WT: 193	US CRL					
DONOR ID 114285	GESTATION AGE WKS 16	HISTORY	Liver	4601	4602	
AGE: 18 w	CARNEGIE					
ABO: +						
WT: 125	US CRL					
DONOR ID 114169	GESTATION AGE WKS 9	HISTORY	Liver	4607	4608	
AGE: 16 w	CARNEGIE					
ABO: +						
WT: 106	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					

Anatomic Gift Foundation
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 Phone: (410) 455-1246
 Fax (410) 455-1247

DATE: 2-29-96	SOURCE: 511	TECH: CDS
RESEARCHER	AIRBILL#	OUR
	227 9089 737	

DONOR INFORMATION						
DONOR ID	GESTATION AGE	HISTORY	TISSUE	AGF#	BLD	RESEARCHER
	WKS 20.5	/	liver	4516	4519	
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS 17w	/	liver	4545	4562	
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS 24 B		Blood	4547	4564	
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS 17w	/	liver	4556	4557	
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS	Not Shipped Stuck in LWZ				
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					
DONOR ID	WKS					
AGE:	CARNEGIE					
ABO:						
WT:	US CRL					

Mr. BILIRAKIS. Ms. Eshoo?

Ms. ESHOO. Thank you, Mr. Chairman.

Just a quick question relative to the last round. These are fees. Do you have any knowledge of these amounts actually being paid by anyone?

Mr. ALBERTY. No, ma'am. I have no—

Ms. ESHOO. So this is just a list?

Mr. ALBERTY. That's just a list.

Ms. ESHOO. Just a list. Okay.

Mr. Alberty, you told "20/20" that you helped put together Opening Lines' price list in 1998. Now, you already knew that it was illegal to profit from the sale of fetal tissue. In fact, until Dr. Jones hired you to retrieve and market tissue, he had never been in this business, had he?

Mr. ALBERTY. I have no idea.

Ms. ESHOO. You have no idea, or no?

Mr. ALBERTY. I have no idea if he was ever in this business.

Ms. ESHOO. Lynn Fredericks told our staff earlier this week that Dr. Jones was hired mostly because of his pathology services, and that fetal tissue was just an extra he threw in. So Dr. Jones didn't have any contact with the researcher community or any sense of what the cost of procuring the tissue; is that correct?

Mr. ALBERTY. Yes, that's correct.

Ms. ESHOO. But you did, because at the time you had been in this business for 3 years, since 1995. You knew how long each retrieval took, what the preservation and shipping costs were, and you knew the researchers, didn't you?

Mr. ALBERTY. I know the researchers. I didn't know the preservation cost. Those fees were handled especially by AGF, and they could vary. So I never saw the billing.

Ms. ESHOO. So you weren't aware of any preservation costs or shipping costs at all?

Mr. ALBERTY. If they sent in the material, or if they—

Ms. ESHOO. What does that mean? Is it yes or no?

Mr. ALBERTY. No. That would be no.

Ms. ESHOO. All right. One of the reasons that AGF let you go was because there were allegations that you were giving the names of researchers to others. Is that correct?

Mr. ALBERTY. That the names I was giving to others? No, that is not correct.

Ms. ESHOO. Well, what was the reason that they let you go?

Mr. ALBERTY. I was tardy coming to work. I was totally sick and tired of coming there and doing my job, so I was very sick. I embellished my hours because I basically charged them for being on the road in the morning till I—

Ms. ESHOO. I want to remind you that you are under oath.

Mr. ALBERTY. Yes.

Ms. ESHOO. There is a letter to you from the AGF, the Anatomic Gift Foundation, to you, Lawrence Dean Alberty, your address. "Dear Mr. Alberty—and this letter constitutes 30 days termination notice of your agreement," and it goes on to state why, which is not what you just said. So I'd like unanimous consent to place this in the record.

Mr. ALBERTY. I would like to see that, please.

Ms. ESHOO. Certainly. It is addressed to you, December 4, 1997. Let me just go on.

Based on your knowledge—

Mr. COBURN [presiding]. Does the gentlelady have a unanimous consent request?

Ms. ESHOO. I will ask for it, but I want to continue on with my questions.

Based on your knowledge, you helped Dr. Jones price tissue, did you not?

Mr. ALBERTY. I helped him price the tissue. I told him, when we were sitting down for dinner, once again, that I repeated this.

Ms. ESHOO. Yes. I just wanted that for the record and make it very clear.

Mr. ALBERTY. Right.

Ms. ESHOO. In fact, according to your deposition, you told him at one point that he could bring in \$50,000 a month from fetal tissue. That's on page 248 of your deposition.

I'm not going to defend Dr. Jones, of course, if these allegations are true, but it appears that you were quite an enabler and perhaps a co-conspirator. Were you or were you not?

Mr. ALBERTY. No, I was not.

Ms. ESHOO. But you did help him price?

Mr. ALBERTY. I sat there—

Ms. ESHOO. You deny—

Mr. ALBERTY. Once again, I deny that I sat there and gave him the prices.

Ms. ESHOO. Do you deny what is on page 248 of your deposition relative to this question?

Mr. ALBERTY. I don't have 248 of the deposition in front of me, so I cannot see that.

Ms. ESHOO. All right. Well, we'll provide it for you. How's that?

Mr. ALBERTY. That would be wonderful.

Ms. ESHOO. Let's look at your salary for a moment. When you worked for AGF, you were guaranteed \$200 or \$20 an hour a week; is that correct?

Mr. ALBERTY. That is not correct.

Ms. ESHOO. What were you paid?

Mr. ALBERTY. Ten dollars an hour.

Ms. ESHOO. Well, that figure is—

Mr. ALBERTY. It never came. Well, \$10 an hour. There was never a negotiation saying, "Oh, well, we'll give you \$200 a week, whether you meet it or not." No.

Ms. ESHOO. So what were you paid, \$10 an hour?

Mr. ALBERTY. Yes, \$10 an hour.

Ms. ESHOO. Yes. That's what I—

Mr. ALBERTY. But it would never—

Ms. ESHOO. Yes. All right. But you testified in your deposition that for Opening Lines you received \$1,000 per week, or about \$25 an hour. You weren't just a technician, you were doing marketing for Opening Lines, were you not?

Mr. ALBERTY. I was paid \$1,000 an hour, but was I doing marketing for them?

Ms. ESHOO. No, not \$1,000 an hour, \$1,000 a week.

Mr. ALBERTY. I mean, no, I wish it was \$1,000 an hour. That is correct, \$1,000 a week. But was I doing marketing for them? No, I was not.

I was contacting, under the supervision, and giving names to Dr. Miles Jones so he could contact researchers.

Ms. ESHOO. Were you calling researchers—

Mr. ALBERTY. But did I contact—

Ms. ESHOO. Let me just—

Mr. ALBERTY. Yes, I did.

Ms. ESHOO. Were you calling researchers and telling them about your services?

Mr. ALBERTY. Yes, I did.

Ms. ESHOO. All right. It appears that with your higher salary you were also profiting from Dr. Jones' higher prices. Does that—do you agree with that or do you disagree with it?

Mr. ALBERTY. Was I profiting from him, but he never made anything to pay me. I mean—

Ms. ESHOO. No, I didn't ask you that.

Mr. ALBERTY. Okay. Restate your question then.

Ms. ESHOO. I said: it appears that with your higher salary you were also profiting from Dr. Jones' higher prices.

Mr. ALBERTY. No, because he was in the red.

Ms. ESHOO. I'm not talking about him. I'm talking about you.

Mr. ALBERTY. Well, I made \$1,000 an hour. Was I profiting—

Ms. ESHOO. That's \$1,000 a week.

Mr. ALBERTY. [continuing] from Dr. Miles Jones? Yes, I was.

Ms. ESHOO. All right. Now, you didn't tell Life Dynamics—

Mr. COBURN. The gentlelady's time has expired.

Ms. ESHOO. All right.

Mr. COBURN. We'll let you finish this question, if you'd like.

Ms. ESHOO. Please. You didn't tell Life Dynamics about what you were doing on the side with Dr. Jones, did you?

Mr. ALBERTY. No, I did not. Not until probably December 1st or somewhere in December.

Ms. ESHOO. Of what year?

Mr. ALBERTY. Of 1999.

Ms. ESHOO. Because there were a lot of checks from—

Mr. ALBERTY. Of 1999.

Ms. ESHOO. Of 1999?

Mr. ALBERTY. Of 1999.

Ms. ESHOO. All right.

Mr. Chairman, I'd like to ask unanimous consent that this letter from AGF signed by James Bardsley, Jr., the administrative director and vice president—

Mr. COBURN. Without objection.

Ms. ESHOO. [continuing] be placed in the record. Thank you.

[The information referred to follows:]

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Anatomic Gift Foundation

96 Satilla Drive, White Oak, Georgia 31568
Telephone • (912) 576-5888 Facsimile • (912) 576-3727



A Maryland Nonprofit Corporation • Federal ID 52-1853905

December 4, 1997

via Express Mail

Mr. Lawrence Dean Alberty
1208 N.E. Applewood
Lee's Summit, MO 64086

BLIND CC MS. FREDERICKS

Dear Mr. Alberty:

This letter constitutes thirty (30) days notice of termination of your agreement with the Anatomic Gift Foundation, Inc. (AGF) dated 11/20/95, copy enclosed. Per Section VIII of the Agreement, we can terminate the Agreement without cause by providing you 30 days' written notice, notwithstanding our right to terminate your employment immediately should we find that your continued employment compromises AGF.

The issues are contractual in nature as well as performance-related; including a lack of communication, a lack of reliability & trustworthiness, and more recently, insubordination.

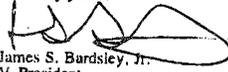
During this 30 day period you are on leave without pay while we conduct an investigation to determine whether you may have breached one or more of the restrictive covenants in your employment contract. Specifically, we are very concerned with potential violations of the non-disclosure and non-compete covenants contained in section VII of the Agreement. If we find sufficient grounds for termination with cause, or if the 30 day leave expires without a satisfactory resolution, you will be so advised and your employment will formally end at that time.

Be advised that this is a serious situation. AGF's sources of human biomaterial and researcher/educator customers are off limits to you (contact is forbidden) while you are under investigation. You have the right to resign but the restrictive covenants contained in your agreement shall extend past your employment termination, regardless of the grounds.

Be advised also that strategic AGF sources of human biomaterial and customers have been apprised of the matter.

We hope that we can arrive at a satisfactory resolution to this situation.

Sincerely yours,


James S. Bardsley, Jr.
V. President
Administrative Director

Enclosure: Employment Agreement
cc: Brenda Bardsley, President, Technical Director
Lisa Ludwig, Midwest Regional Coordinator

Promoting the advancement of science and medicine through the collection of anatomical gifts

Mr. COBURN. The gentleman from Pennsylvania, Mr. Greenwood?
Mr. GREENWOOD. Thank you, Mr. Chairman.

Mr. ALBERTY—

Mr. ALBERTY. Yes, sir?

Mr. GREENWOOD. [continuing] I'm looking at a document that is on Life Dynamics, Incorporated's stationery that says, "During his association with us, we have made payments to Dean Alberty totaling \$10,150 in remuneration and \$11,276.04 reimbursement for expenses—hotel, travel, food, audiotape purchases, conference registration, association dues, etc."

Of the \$10,150 which was essentially salary, what were you doing for them to earn that salary?

Mr. ALBERTY. Going to NAF conferences.

Mr. GREENWOOD. Were you what—

Mr. ALBERTY. Documents to them.

Mr. GREENWOOD. You were selling documents to them?

Mr. ALBERTY. I was—they asked me if I had anything of AGF or in that realm that I could supply to them, and I did, and they paid a certain amount of money. Yes, we did.

Mr. COBURN. Would the gentleman yield for a second? Could we have a clarification of what NAF is, if you wouldn't mind?

Mr. ALBERTY. National Abortion Federation.

Mr. COBURN. Thank you.

Mr. GREENWOOD. Were the documents—did you obtain the documents that you sold to this organization legally?

Mr. ALBERTY. They were in my midst. Yes, they were legally.

Mr. GREENWOOD. You had them legally, but you just—you provided them to—

Mr. ALBERTY. They were confidential material.

Mr. GREENWOOD. They were confidential. You violated the confidentiality in providing them to your employer at the time, which was Life Dynamics. You were receiving pay from both outfits, right, at the same time?

Mr. ALBERTY. I believe so. Yes.

Mr. GREENWOOD. Were you what—were you referred to as a "life spy"? Have you heard that term?

Mr. ALBERTY. I've heard the term before.

Mr. GREENWOOD. What does that mean?

Mr. ALBERTY. Someone that might be spying for a while, but never able to come out, because we didn't know when or how I would be able to come and present my face to anybody.

Mr. GREENWOOD. Okay.

Mr. ALBERTY. Because I was terrified for my life.

Mr. GREENWOOD. The organization that you were working for, for whom you were a life spy, is, as I understand it, founded by a fellow whose name is Crutcher, who has as his stated goal, "To make abortion unavailable by any means necessary." Have you ever heard that phraseology?

Mr. ALBERTY. No, sir.

Mr. GREENWOOD. Okay. That's from his book. That's a direct quote, for the record, from his quote called, "Firestorm: a Guerilla Strategy for Pro-Life America."

You told me earlier and you've said to other members today that when you were making the videotape you lied.

Mr. ALBERTY. I didn't lie. There were certain things that were not totally adequate.

Mr. GREENWOOD. Well, some things—

Mr. ALBERTY. Well, I mean, yes, okay, you can say that certain parts of it may not have been totally truthful, as in—

Mr. GREENWOOD. We call that lies.

Mr. ALBERTY. What?

Mr. GREENWOOD. You intentionally told something that—stated something in the video that you knew not to be true. Is that true or false?

Mr. ALBERTY. Well, an example would be in the video it's something where it states 30 weeks. No. Not 30 weeks. That's always—

Mr. GREENWOOD. So you knew it wasn't a gestation period of 30 weeks, and yet you said it was—

Mr. ALBERTY. It was a guess that it was 30 weeks.

Mr. GREENWOOD. Were you—why do you think you did that? Were you coached at all to say certain things during that? As I understood, it took 5 hours to make that videotape, and then it was distilled down to about 14 minutes. Were you coached as to what to say?

Mr. ALBERTY. No, I wasn't coached on what to say. Basically, I went there just to say what I had to say. They were—sometimes Dentra would give me a question and I would answer the question.

Mr. GREENWOOD. And then would you—did you answer the same question repeatedly? Did you try to give one answer, and then they asked you, "Let's try that answer again?" and ask the question again and you'd give a different answer—

Mr. ALBERTY. I'm not sure on that.

Mr. GREENWOOD. [continuing] until you got it right? You're not sure about that? Did they find you, or did you find them?

Mr. ALBERTY. I contacted, after a failed attempt with the FBI, a pro-life group in the State of Kansas, and the State of Kansas referred me to Life Dynamics. At that point, Life Dynamics wanted me to come forth, say what I had to say, tell everything I had seen, and basically expose myself, but I told them I would not do that.

Mr. GREENWOOD. Do you think that the fact that you were paid in excess of \$21,000 by this organization had any influence on the fact that you intentionally made deceptive and untrue remarks on the videotape?

Mr. ALBERTY. That I was paid? Did I make—

Mr. GREENWOOD. Earlier you said today you did the videotape. You only, at that time, acknowledged \$400 payment from them, but you said that you did it because you needed the money. Were you pretty desperate for money at the time?

Mr. ALBERTY. When I was going through—let me phrase and get you clarified on this.

When I was working with AGF, pay checks were never on time. It wound me almost into bankruptcy. And then I wound up working for a lawn and garden service. Even though I was very disgusted with myself, and because I was not being very successful, and due to the fact that I saw the late-term abortions with the twins being killed, that very upset me.

Mr. GREENWOOD. It should.

Mr. ALBERTY. And that led me to probably 6 months at Suburban Lawn and Garden. And after that is when I was contacted by Miles Jones to come forward and do some stuff. And the whole time while I was with Jones, Life Dynamics never knew I was doing it.

The reason why is I did not want a pro life group or any outside influence telling me or, you know, prodding me like, "Hey, you know, why don't you see what's going on here?" I didn't want that. I wanted to be able to some day come forward with my testimony to whoever it may be, God or whoever, and say, "Hey, I did this on my own for \$1,000 a week working for Dr. Miles Jones, and I proved that his organization was as bad as this organization was." And the comparisons—it's a very fine line.

Mr. GREENWOOD. His organization was as bad as what organization?

Mr. ALBERTY. AGF.

Mr. COBURN. The gentleman's time has expired.

The gentleman from Michigan.

Mr. STUPAK. Thank you, Mr. Chairman.

You know, this is an extremely serious issue before us on whether fetal tissue is being bought and sold for profit, and that's why you see Members of Congress still here, because we're really trying to get to the bottom of this. It has to be bought and sold for profits, so let me ask some questions again along those lines. I still haven't heard any evidence of that yet today and am still perplexed as to why we haven't.

In this protocol that you said, Mr. Alberty, on the back of your written things that you wrote out, and there is some typed-up stuff, that was all part of your protocol.

Mr. ALBERTY. Right.

Mr. STUPAK. It says on here, "Always insure contents of package in amount of \$1,000 or higher." Why would you do it for \$1,000 if—now, that sounds like there would be some profit there if your insurance—

Mr. ALBERTY. What page are you on?

Mr. STUPAK. I don't know. They're not numbered. Page four. Bottom of page four.

Mr. ALBERTY. Bottom of page four. Give me a minute.

Mr. STUPAK. It says "tibia." Bottom of it says, "Always insure—or higher if instructed by IIAM."

Mr. ALBERTY. Oh, IIAM is not Anatomic—that was AGF. That's not Miles Jones. IIAM was a company that they were before AGF.

Mr. STUPAK. But why insure for \$1,000? If it is worth \$100, why not just insure it for \$100?

Mr. ALBERTY. You know, I don't know. I guess they felt like if they could insure it for \$1,000—and FedEx would lose packages—that they could be fully compensated.

Mr. STUPAK. Doesn't the insurance usually reflect the value of the contents of the package?

Mr. ALBERTY. I would think so.

Mr. STUPAK. In your dinner that you had with Dr. Jones, where you talked about what the prices should be, what was your arrangement? Were you paid strictly salary? Was there any other compensation for you?

Mr. ALBERTY. It was \$1,000 a week, sir.

Mr. STUPAK. Pardon?

Mr. ALBERTY. Yes, \$1,000 a week.

Mr. BILIRAKIS. It was \$1,000 a week, no matter how much came into the clinic?

Mr. ALBERTY. The long-term goal that Dr. Miles Jones set forth was eventually, if he exceeded \$50,000—and I believe his words were a quarter, whatever a quarter turns out to be in his phrase—then he would give me a nice little bonus.

Mr. STUPAK. Okay. So when you were setting these prices, then, or the fee schedule, “Fee for Services Schedule,” it says here, by Opening Lines, then what you’re setting is—was that \$50,000 figure—were these prices inflated to reach that \$50,000 figure?

Mr. ALBERTY. When I sat down with Miles Jones over this price list—

Mr. STUPAK. Right.

Mr. ALBERTY. [continuing] everything you see on here he inflated. When I would say one thing, he goes, “Okay.” He would—

Mr. STUPAK. Well, the inflated price was to get to this goal of \$50,000, correct?

Mr. ALBERTY. Say what?

Mr. STUPAK. The inflated price was to get to this \$50,000 per week [sic] goal that you are trying for?

Mr. ALBERTY. That he was trying for. Yes.

Mr. STUPAK. Okay. That Opening Lines was trying for.

Mr. ALBERTY. Opening Lines. Yes.

Mr. STUPAK. And you didn’t really object to it, because if you make it you got a bonus, too?

Mr. ALBERTY. We would never reach that, and I knew they never would.

Mr. STUPAK. But if they reached it, you got a bonus?

Mr. ALBERTY. That was Miles Jones’ understanding, but whether I would have seen it, probably not.

Mr. STUPAK. Okay. But it was your understanding you’d get a bonus?

Mr. ALBERTY. That was my understanding.

Mr. STUPAK. Okay.

Ms. Fredericks, in response to a question from Congressman Burr, you said you saw a lot of revenue in looking at AGF revenue, and then you examined maybe—I take it your clinic was giving your fetal tissue right to AGF, right?

Ms. FREDERICKS. Yes.

Mr. STUPAK. And you saw the revenues, and you said your clinic was having a little difficulties, it would be a way to develop revenue if you could deal directly, cut out AGF, right?

Ms. FREDERICKS. Yes.

Mr. STUPAK. And you said that you looked at it, looked at the law, and decided you couldn’t do that?

Ms. FREDERICKS. Correct.

Mr. STUPAK. And you went to the CEO of the company?

Ms. FREDERICKS. Yes.

Mr. STUPAK. What did the CEO, he or she, say when you said, “We’ve got a problem here,” or, “I think there is a revenue stream here that is rather questionable. That looks a little high”?

Ms. FREDERICKS. Well, when I initially went to her with, “Look, there is a potential revenue stream here,” it was, “We need to re-search this further,” because there were some ethical issues and legal issues that—

Mr. STUPAK. Sure.

Ms. FREDERICKS. [continuing] we wanted to make sure that we’re in order before we considered it any further.

Mr. STUPAK. And you tried to get invoices and couldn’t get any, right?

Ms. FREDERICKS. I tried to get copies of contracts and documentation, and I could not.

Mr. STUPAK. Did you ask the CEO for the contracts?

Ms. FREDERICKS. Yes.

Mr. STUPAK. He never produced them?

Ms. FREDERICKS. Yes. The person—the clinic had been purchased from another entity—

Mr. STUPAK. Okay.

Ms. FREDERICKS. [continuing] about 3 to 6 months prior to my getting there, and in that transition there was a lot of documents that were misplaced and hard to find.

Mr. STUPAK. Sure. Did you then take this concern anywhere else? Did you go to authorities or anything like that?

Ms. FREDERICKS. No. I just took it to the CEO, and that’s where I was instructed to take it.

Mr. STUPAK. Okay.

Mr. Alberty—

Mr. ALBERTY. Yes, sir?

Mr. STUPAK. —I’ve heard a lot about this twin event or the twin babies. Did you ever report that to the police if it—

Mr. ALBERTY. No, I couldn’t. I didn’t trust—when the police are working there in a local city, it was my impression that the police always protected the clinic.

Mr. STUPAK. Okay.

Mr. ALBERTY. And was I going to stand forward at that moment and say, “Hello, my name is Dean Alberty. I’ve witnessed two twins—” Mr. STUPAK. Okay. In a question from Mr. Greenwood, you indicated that you were fearful, you were concerned.

Mr. ALBERTY. Yes, I was.

Mr. STUPAK. From who? Who would harm you?

Mr. ALBERTY. I was fearful from both sides. I didn’t trust the pro life group or the pro choice group. If the doctors would have found out at that point I was objecting strongly or if I was going out here to eventually talk to someone, would it be beyond belief that they would put a bullet in my brain? No, it would not.

You always hear about the pro life group coming after abortion doctors, but don’t you ever hear about the pro choice and abortion doctor coming after someone to shut him up? Did you know I got a death threat?

Mr. STUPAK. Without using any names or things like that, other than Dr. Jones, is there anyone else that you have knowledge or you have reason to believe profiting from the sale of fetal tissue? Just yes or no.

Mr. ALBERTY. No. I mean, could you rephrase that?

Mr. STUPAK. Sure. Other than Dr. Jones, is there anyone else you believe—have reason to believe may have profited from the sale of fetal tissue?

Mr. ALBERTY. Well, you know Dr. Jones had partners. Did those partners of him, the two women that—

Mr. STUPAK. I'm asking you, do you have any reason to believe anyone else other than Dr. Jones—

Mr. ALBERTY. No. No.

Mr. STUPAK. Okay.

Mr. COBURN. The gentleman's time has expired.

Mr. STUPAK. Thank you, Mr. Chairman.

Mr. COBURN. The gentleman from Tennessee.

Mr. BRYANT. Does the chairman need some time? You know, I can't help but make one quick comment before us. In years of experience in civil cases and criminal cases, an old saying, you have witnesses that turn on other people that do these things, they often get criticized in trials and their credibility attacked, and, of course, we always say when you do something, when you commit a crime, you don't do it in front of the priest and the Sunday School teachers and the Boy Scouts. And I don't know if that applies here or not, but I thought I'd say that and add that to the record and yield the balance of my time to the chairman.

Mr. COBURN. Thank you.

I would like for the staff to get a copy of the Anatomic Gift Foundation payment history.

I believe, Ms. Fredericks, this is a document you've created. All I would like for you to do is verify that that is the case.

Ms. FREDERICKS. This appears to be the spreadsheet that I created, but I have not had the opportunity to cross check and verify that these are actually the numbers. They look like it, but I can't attest to that exactly. My memory is not that good.

Mr. COBURN. But the rent was \$600 a month—

Ms. FREDERICKS. Correct.

Mr. COBURN. [continuing] for the facility fee?

Ms. FREDERICKS. That's what I was told. Yes.

Mr. COBURN. And then you also collected fees based on the informed consent that you offered?

Ms. FREDERICKS. I did not know what the additional money was based on, and that was my major concern. I had been told by staff members that it was \$10 an hour. That's why the column in there—this is \$10 an hour, the number of hours that I was trying to back into that to see how many hours that was.

Mr. COBURN. That's a perfectly justifiable explanation.

I'd like unanimous consent to put this in the record, if I may.

Ms. FREDERICKS. I'd like to take a look at it.

Mr. COBURN. Yes. With the caveat that she'll verify that it is. No objection, so ordered.

[The information referred to follows:]

Anatomic Gift Foundation Payment History

	Chk date	Rent	\$10/hr Hours	Other	Total
Oct	11/20/97	\$600.00	\$600.00		\$1,200.00
Sept	10/30/97	\$600.00	\$490.00	\$223.69	\$1,313.69

Anatomic Gift Foundation Payment History—Continued

	Chk date	Rent	\$10/hr Hours	Other	Total
Aug	09/23/97	\$600.00	\$370.00		\$970.00
July	08/25/97	\$600.00	\$720.00		\$1,320.00
June	07/25/97	\$600.00	\$350.00		\$950.00
May	06/25/97	\$600.00	\$510.00		\$1,110.00
1/2 April	02/28/97	\$300.00	\$80.00		\$380.00
March	02/28/97		\$770.00		\$770.00
March	02/28/97	\$600.00	\$2,900.00		\$3,500.00
Feb	02/28/97	\$600.00			\$600.00
Jan	02/19/97	\$600.00			\$600.00
Dec	01/17/97	\$600.00			\$600.00
Total		\$6,300.00	\$6,790.00		\$13,313.69
Average		\$572.73	\$754.44		

Mr. COBURN. Ms. Fredericks, I want to spend a little time. I don't believe anybody else in this room has delivered 2,000 babies, and I have. Okay? I want to ask you what you know about informed consent.

Well, I want to preface it first. In every court of law in this country a signed document does not imply informed consent. What it says is I've signed a document that says somebody has attempted to give me informed content.

Ms. FREDERICKS. Yes.

Mr. COBURN. And my question to you is—and you may not be able to answer it—an informed consent in a court of law is that you have identified the patient and the procedure to be performed, the indications for that procedure, the risks associated with that procedure, the possible complications associated with that procedure, and the possible untoward outcomes, as well as informing the patient that if you do nothing here's the possible outcome.

Is it your feeling that that was the type of informed consent that was given to these patients as to the Anatomic Gift tissue, as to the fetal tissue that was being transmitted, and also as to the procedure? I'm not as interested in the procedure as I am in terms of the tissue.

Ms. FREDERICKS. I don't truly remember verbatim what their consent said. We had so many consents of our own—

Mr. COBURN. Right.

Ms. FREDERICKS. [continuing] that this was one more piece of paper in a packet of information.

Mr. COBURN. I guess the question I have for you is: who collected the consent? Did the doctor performing the abortion collect the consent, or did those people in the clinic—

Ms. FREDERICKS. For the donation of tissue?

Mr. COBURN. No. For both the abortion and the donation of tissue.

Ms. FREDERICKS. The physician had to meet with the patient prior to performing the—

Mr. COBURN. Right, as we would expect.

Ms. FREDERICKS. [continuing] procedure to make sure they didn't have any questions and to make sure they signed the consent. "Do you have any questions? Do you understand the risk?"

Mr. COBURN. Right.

Ms. FREDERICKS. The physician signed it, the patient signed it, and a witness signed it.

Mr. COBURN. Okay.

Ms. FREDERICKS. That was one of the clinic's consent, one of many.

Mr. COBURN. Okay.

Ms. FREDERICKS. As far as the consent to donate, that was just one in the packet.

Mr. COBURN. We had—Mr. Alberty stated that these tissue collections were his writings, these shipping, and in there, there were several—over a period of a month, several individual cases with multiple organs from one individual specimen, and also multiple numbers of young females who had made this very difficult choice in their life.

Is there any doubt in your mind that every one of those knew that their—the products of their conception was going to be used—all those that had products shipped, that they, in fact, knew that and were informed of that? Do you feel comfortable with that at night? That's all I'm asking.

Ms. FREDERICKS. No.

Mr. COBURN. So there is some small amount of doubt in your mind that they might not have had that?

Ms. FREDERICKS. Yes.

Mr. COBURN. Thank you very much.

My time has expired.

I believe, Ms. Eshoo, you've gone, so I'm going to go to Ms. Cubin.

Ms. CUBIN. Mr. Alberty, I appreciate your being here. I know not only have you had a rough day today, but it sounds like you've had a rough few years. And I appreciate that your motives are that you want to have a clean slate with your God and with yourself. I do appreciate that.

I would like to know, in the settlement of the lawsuit that was filed against you for breach of contract by AFG—excuse me, AGF—did you pay any monetary settlement to them at all?

Mr. ALBERTY. No. I had to put up \$500 that I barely had enough to do, and that went into, I guess, what they call an "escrow" that my attorney holds, and then I had to sign a document—and this was all under protest, because I had no more money for legal fees.

When the Anatomic Gift Foundation, whose attorneys are the ACLU and they're getting free charge, and I'm suffering to try to put dinner on the table, pay for a house, so—

Ms. CUBIN. So that affidavit that we saw earlier, that is the document that basically settled the lawsuit for you; isn't that right?

Mr. ALBERTY. Yes. Unless I violate my document, then, you know, but I'm under subpoena, so I have to tell everything.

Ms. CUBIN. I don't have any more questions, Mr. Chairman.

Mr. ALBERTY. Thank you.

Mr. COBURN. The Chair would recognize himself for 5 minutes, and then I think we can finish up here.

Mr. Alberty, did you lie to "20/20"?

Ms. ESHOO. Mr. Chairman, can I just ask—interrupt, I'm sorry. Will you allow another round? That's why I'm here. I have another question I'd like to ask.

Mr. COBURN. I would be happy to defer to you right now.

Ms. ESHOO. Great. Thank you very much.

I wanted to ask both Lynn Fredericks and Mr. Alberty about the International Biological Supply. Tell me what that is.

Ms. FREDERICKS. That is Dean and I's company.

Ms. ESHOO. So you have a business together?

Ms. FREDERICKS. Yes, we do.

Ms. ESHOO. All right. And how long have you had this business?

Ms. FREDERICKS. Since late spring of 1999.

Ms. ESHOO. Now, did it collect tissue also?

Ms. FREDERICKS. Can you be more specific?

Mr. ALBERTY. Fetal tissue, do you mean?

Ms. ESHOO. Fetal tissue. Did it collect fetal tissue?

Ms. FREDERICKS. That is basically how the company started. Dean called me and said he was getting calls from researchers who were asking him for tissue. I had been unable to find a job. I knew people in the industry and I made a phone call, and we went to a clinic that does very early abortions and I believe we did free donors, were unable to get adequate tissue to, you know, to meet the needs of the person who wanted them. They weren't of a quality because of the way the procedure was done. And we changed—we figured we couldn't do this, so we went and we started procuring umbilical cords and foreskins, and now we have branched into cancerous tissue.

Ms. ESHOO. Do you, Mr. Alberty, want to describe this brochure that I have here, "International Biological Supply"?

Let me ask you something else, because you don't have it in front of you. I'm sure you're familiar with it, because either you or Ms. Fredericks authorized its printing because it advertises your business.

When did you decide to get into this business? After you were disgusted, before you were disgusted, before you went to Lifetime Dynamics? When did you engage in this business together, in terms of collecting tissue? And when did your conscience start bothering you as you've testified? I'm very confused about your testimony, because you say things on the one hand and then you say things on the other.

Now, this is documented, and Ms. Fredericks has said that you had a business together that you started, I guess, in April 1999. So what were you doing just before this? You started this in April 1999, and when did you stop doing this?

Ms. FREDERICKS. Stop procuring this—

Ms. ESHOO. Yes.

Ms. FREDERICKS. The fetal tissue?

Ms. ESHOO. Yes. What you are here to talk about today.

Ms. FREDERICKS. Probably April 1999, the same—

Ms. ESHOO. You started it in April, 1999, or you ended in 1999, April 1999?

Ms. FREDERICKS. It was three donors. It wasn't working. We—

Ms. ESHOO. Well, it is a business brochure.

Ms. FREDERICKS. Right.

Ms. ESHOO. You've got a lot of advertising here for what you set out to do.

Ms. FREDERICKS. Right.

Ms. ESHOO. Okay? And I think that's very important to get into the record, because I don't think it is something that either one of you have mentioned since 2 this afternoon that you, indeed, went out and had your own business to do what you've come here to protest about today.

Ms. FREDERICKS. Can I make a comment?

Ms. ESHOO. So I think it really flies in the face of why we're even having a hearing today.

Credibility from witnesses means a lot in terms of an issue. It really does. And——

Mr. ALBERTY. Credibility also comes from the part of being able to stand up for myself and say that I saw late-term abortions being done wrong. This is not late-term abortions. And the——

Ms. ESHOO. It's my time.

Mr. ALBERTY. I'm sorry.

Ms. ESHOO. That's not what we're here to discuss today. And you can hold that view, and in this magnificent Nation of ours you hold yours, the people that are—the person that is seated next to you may hold the same view, the people behind you may have an entirely different view, and that's all right. That's part of the blessings of this Nation.

But the hearing today was not on what you just exploded about. It was about the profiteering——

Mr. ALBERTY. I'm sorry for my explosion.

Ms. ESHOO. [continuing] the profiteering of the sale of fetal tissue, which is against Federal law.

Now, you said an awful lot on "20/20."

Mr. ALBERTY. Yes.

Ms. ESHOO. I have a sense that "20/20" is going to have to start retracting or make an apology for what you put out over that transom to the people of our country, because your testimony today simply doesn't hold up. But let the record show that you were in this business in April 1999.

So I'll yield back the balance of my time, Mr. Chairman.

I don't know how much money you made from the business. It wasn't well run. You weren't successful at it——

Mr. ALBERTY. Let me——

Ms. FREDERICKS. May I?

Ms. ESHOO. [continuing] but you were partners in this business.

Ms. FREDERICKS. May I address—may I say something?

Ms. ESHOO. It's up to the chairman.

Mr. COBURN. You have 5 seconds left, gentlelady from California.

Ms. ESHOO. All right. Sure.

Ms. FREDERICKS. Thank you.

Ms. ESHOO. You can give the answer, but maybe comment, too, that your business brochure says, "we are NAF members."

Ms. FREDERICKS. I am.

Ms. ESHOO. You are?

Ms. FREDERICKS. Yes. I became——

Ms. ESHOO. NAF. It says "we," not "I."

Ms. FREDERICKS. Well, I was under the impression that Dean was, but——

Ms. ESHOO. On the brochure. So you are an NAF member, as well, Mr. Alberty?

Mr. ALBERTY. Yes.

Ms. FREDERICKS. I had no knowledge of any of this until Dean's lawsuit hit in December. I feel like I have been drug into this because I'm hearing all this. That's one of the reasons I wanted to be here, to get to the bottom of this. I'm hearing this, and it is, like, "Oh, my gosh."

Ms. ESHOO. Are you still partners?

Ms. FREDERICKS. Well, we were this morning. I don't know if we still are.

Ms. ESHOO. Thank you.

Thank you, Mr. Chairman.

Mr. COBURN. Let me ask you a question. I'll recognize myself for the final 5 minutes, unless there's—

Mr. GREENWOOD. I would like one more briefly.

Mr. COBURN. Okay. Well, I'll yield to the gentleman from Pennsylvania.

Mr. GREENWOOD. Thank you. I appreciate that indulgence, Mr. Chairman.

I would like to ask unanimous consent to enter into the record a letter from Anatomic Gift Foundation dated 7 February 2000 to Mr. Chris Wallace, investigative reporter, ABC News, "20/20."

Mr. COBURN. Without objection, so ordered.

[The information referred to follows:]

Anatomic Gift Foundation

13948 Baltimore Avenue, Laurel, Maryland 20707
 Telephone • (301) 950-3702 Facsimile • (301) 953-3701
 A Maryland Nonprofit Corporation
 Federal ID #2-1859906



ANATOMICAL GIFT DONATIONS 800-300-5435
 ADMINISTRATION 800-222-1906
 FACSIMILE 800-890-8809

7 February 2000

Mr. Chris Wallace
 Investigative Reporter
 ABC News, 20/20
 1717 DeSales Street N.W.
 Washington, DC 20036

To: Mr. Wallace
 ABC News
 1717 DeSales Street
 N.W. Washington, DC 20036
 Re: Your recent report
 on the Anatomic Gift Foundation

sent via U.S. Express Mail & FACSIMILE TRANSMISSION 202-222-7343

Dear Mr. Wallace:

I am writing to follow up on certain issues from my interview with you on Tuesday, February 1, 2000. You invited me to respond further about two specific issues: AGF's financial arrangements with the women's health center in Overland Park, Kansas, and the cartage syringes which AGF supplied to the same clinic.

I have consulted AGF's records and have verified that what I told you about the \$10 reimbursement was accurate. I assume you are aware that the document you showed me was something that Lynn Fredericks herself created and therefore its validity is questionable. In the Overland Park Clinic's case, the reimbursement amount was figured at \$10 per donor. As I explained to you in my interview, this fee primarily reimbursed costs for blood work that AGF required and that the clinic would not do if a woman chose not to donate. The reimbursement covered phlebotomy expenses and supplies, as well as costs for counseling patients about donation and record keeping. I did not realize at the time of my interview that the designation, "hours," was used to describe part of the expense reimbursement to the clinic. The donor gestation and the number of specimens recovered from each donor did not affect the reimbursement because the time and supplies required by the clinic was the same in each case. This nominal payment for the clinic's staff time and supplies was no way an incentive, and it accounts for the variability in payments to the clinic from month to month. The combined figure of \$1300, that incorporated both the site fee (or rent) of \$600, which was constant, and the expense reimbursement of \$700 for the example month reflected the level of donation activity. If Lynn Fredericks told you that she expressed concern over the financial arrangements, or terminated the arrangement because she felt uncomfortable with the reimbursement aspect, that is simply false. Now that Ms. Fredericks and Mr. Albery are in business together, the motive behind Ms. Fredericks' cancellation of AGF shortly after it took steps to terminate Mr. Albery's employment is clear. I have attached correspondence from Ms.

Promoting the advancement of science and medicine through the collection of anatomical gifts

Anatomic Gift Foundation

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 A Maryland Nonprofit Corporation
 Federal ID #41-1853905



ANATOMICAL GIFT DONATIONS 800-300-5433
 ADMINISTRATION 800-232-1908
 FACSIMILE 800-890-8896

7 February 2000
 Mr. Wallace
 20/20
 Page 2 of 3

Fredericks (dated 24 July 1998), which makes no reference to anything remotely like her recent allegations, and instead refers to personnel changes. (As you know, Mr. Albery's employment had recently terminated and Dr. Jones hired him to work for him at the clinic.) The arrangement between Ms. Fredericks, Dr. Jones and Mr. Albery was consummated in July of 1998, in the same week that AGF's contract was canceled.

You also asked me about the (curettage) syringes that AGF provided to the Kansas health center, and I told you that I did not know why the syringes were provided. After looking into the matter, I learned that the syringes were provided because the health center did not have the ability to sterilize syringes. The clinic's sterilizer would have melted the syringes. In order for tissue to be utilized in cell culture research, the tissue must be sterile, which means that the syringe into which it drawn must also be sterile. We provided the sterile syringes to the clinic so the tissues donated could be used by the researchers. Doctors at the clinic used identical syringes for pregnancy terminations where the woman was not donating tissue. However, where the patient did not donate, the syringes could be washed, recycled and reused. In either case, the cannula, which attaches to the syringe and comes in contact with the patient, is always sterile. The cannulas are always provided by the clinic. There was absolutely no alteration in the abortion procedure. It is absolutely not true that the use of syringes increased the time the procedure took by 15 minutes; it did not increase the time at all because the same procedure was followed - it was simply a sterile syringe instead of an aseptic one that was used. As an aside, many doctors prefer the procedure because it is gentler on the woman.

One other clarification that I would like to make is related to AGF's budget and the carry-over that you asked about. I am sure you understand that, like any charitable corporation, AGF must conduct its affairs in a manner that does not lead to a financial deficit. The fees AGF charges researchers for its services are designed to allow AGF to recover its costs. In 1998, AGF's combined programs collected approximately \$2,000,000 in revenue. Of this only about 10% was derived from fetal tissue reclamation; the majority of AGF's activity is adult tissue donation. The organizational goal, as I stated it, is to recover approximately 5 - 10% over cost to allow AGF to recover costs and

301

301

Anatomic Gift Foundation

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Federal ID 52-1858905



ANATOMICAL GIFT DONATIONS 800-300-5433
ADMINISTRATION 800-222-1908
FACSIMILE 800-850-8896

7 February 2000
Mr. Wallace
20/20
Page 3 of 3

improve and expand its services. However, AGF has been below that mark in each of the last five years.

In closing, I hope that this helps clarify the relationship AGF had with the Overland Park, Kansas clinic. Clearly, there are political agendas that are driving a campaign of misinformation to harm AGF.

If you have any further questions, please feel free to call.

Very truly yours,

James S. Bardsley, Jr.
Vice President

JSB/

enclosure

ANATOMIC GIFT FOUNDATION, INC.
Vendor Transaction History
01/01/98 to 12/31/98

46 down 10 = 460 - rent + 600 - rent = 1040

Vendor	Date	Desc	Payable	Balance
Comprehensive Health for Women	05/28/98	98-10058	1,060.00	
	05/28/98	2734.....98-10058	1,110.00	1,060.00
	05/02/98	98-10079	2,170.00	1,060.00
Comprehensive Health of P.P.I.				
COBLA payments for Lisa Ludwig	01/28/98	2423		223.69
	01/28/98	98-08619	223.69	
	02/26/98	98-08689	223.69	
	02/27/98	2489		223.69
	03/30/98	2605		223.69
	03/30/98	98-08808	223.69	
	03/04/98	98-08914	223.69	
	03/04/98	2690.....98-08914		223.69
	03/27/98	98-10050	447.38	
	03/27/98	2748.....98-10050	1,342.14	447.38
			1,342.14	
				2,402.14

303

303

Comprehensive Health of P.P.I. Comprehensive Health of P	223.69	01/28/98	2423	\$223.69
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2423

Two Hundred Twenty-Three and 69/100 Dollars

Comprehensive Health of P.P.I. Attn: Rent 4401 W. 109th ST Overland Park, KS 66211 COBRA L. Ludwig		01/29/98		\$223.69
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Comprehensive Health of P.P.I. Comprehensive Health of P	223.69	01/29/98	2423	\$223.69
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304

304

Comprehensive Health for Women April rent and 46 hours	1,060.00	05/28/98	2754	\$1,060.00
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2754

One Thousand Sixty and 00/100 Dollars

Comprehensive Health for Women
4401 W. 109th Street
Overland Park, KS 66211

05/28/98

\$1,060.00

Thank you for your support

Comprehensive Health for Women April rent and 46 hours	1,060.00	05/28/98	2754	\$1,060.00
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Anatomic Gift Foundation, Inc.
Vendor Transaction History
01/01/97 to 03/31/98

Vendor	Date	Doc.#	Balance	Disbursement
Comprehensive Health for Women	01/17/97	243		600.00
	01/17/97	96-145	600.00	
	02/19/97	273		665.00
	02/19/97	96-178	600.00	
	02/19/97	96-179	770.00	
	02/28/97	290		600.00
	02/28/97	322		3,400.00
	02/28/97	341		770.00
	02/28/97	354		380.00
	02/28/97	96-193	600.00	
	02/28/97	96-231	3,300.00	
	02/28/97	96-225	770.00	
	02/28/97	96-253	380.00	
	03/31/97	336		770.00
	06/24/97	386		1,110.00
	06/24/97	96-290	1,110.00	
	07/25/97	407		950.00
	07/25/97	96-310	280.00	
	08/25/97	427		1,320.00
	08/25/97	96-331	1,320.00	
	08/25/97	459		970.00
	08/25/97	96-338	970.00	
	10/30/97	479		223.69
	10/30/97	479		1,090.00
	10/30/97	96-376	1,090.00	
	10/30/97	96-378	223.69	
	11/20/97	96-394	1,200.00	
11/20/97	499.....96-394		1,200.00	
12/19/97	96-417	1,170.00		
12/19/97	511.....96-417	14,253.69	1,170.00	
			15,253.69	
			15,253.69	

Comprehensive Health for Women
4/17/97 March issue

770.00

02/28/97

341

\$770.00

341

Seven Hundred Seventy and 00/100 Dollars

02/28/97

\$770.00

Comprehensive Health for Women
4401 W. 109th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women 5/12-April 1/2cent/8hrs/80	380.00	02/28/97	354	\$580.00
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354

Three Hundred Eighty and 00/100 Dollars

02/28/97 \$380.00

Comprehensive Health for Women
4401 W. 109 th Street
Overland Park, KS 66211

Thank you for your support

$$\begin{array}{r} \frac{1}{2} \text{ month rent} = 300 \\ 90 \text{ hours} = \frac{80}{380} \end{array}$$

Comprehensive Health for Women
March hours 77 @ \$10/hr

770.00

03/31/97

336

\$770.00

336

Seven Hundred Seventy and 00/100 Dollars

03/31/97

\$770.00

Comprehensive Health for Women
4401 W. 109th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women
597 BENT(600)SPCHRA(S1)

1,110.00

06/25/97

386

\$1,110.00

386

One Thousand One Hundred Ten and 00/100 Dollars

06/25/97

\$1,110.00

Comprehensive Health for Women
4401 W. 109 th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women
JUNE 97 RENT(\$400)& 35HRS

950.00

07/23/97

407

\$950.00

407

Nine Hundred Fifty and 00/100 Dollars

07/23/97

\$950.00

Comprehensive Health for Women
4401 W. 109 th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women
\$600 each J.H.Y. 9720-hours

1,320.00

08/25/97

427

\$1,320.00

427

One Thousand Three Hundred Twenty and 00/100 Dollars

08/25/97

\$1,320.00

Comprehensive Health for Women
4401 W. 160 th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women
aug rent \$600 & 37 hrs

970.00

09/23/97

433

\$970.00

433

Nine Hundred Seventy and 00/100 Dollars

09/23/97

\$970.00

Comprehensive Health for Women
4401 W. 107th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women	10/30/97	479	\$1,313.69
LISA LUDWIG COBRA NOV 97			233.69
SEPT RENT & 48 CLINIC HRS			1,080.00

479

One Thousand Three Hundred Thirteen and 69/100 Dollars

10/30/97 \$1,313.69

Comprehensive Health for Women
4401 W. 109th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women Cot: war(00)houn(3600)	1,200.00	11/20/97	493	\$1,200.00
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493

One Thousand Two Hundred and 00/100 Dollars

11/20/97

\$1,200.00

Comprehensive Health for Women
4401 W. 109 th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women rest 11/97(\$600) @ 37 hrs	1,170.00	12/19/97	511	\$1,170.00
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511

One Thousand One Hundred Seventy and 00/100 Dollars

12/19/97

\$1,170.00

Comprehensive Health for Women
4401 W. 109th Street
Overland Park, KS 66211

Thank you for your support

Anatomic Gift Foundation
Vendor Transaction History
01/01/98 to 12/31/98

Vendor	Date	Doc.#	Payable	Disbursement
Comprehensive Health for Women	01/28/98	241		990.00
	01/28/98	98-006	990.00	
	02/16/98	credit		60.00
	02/16/98	credit		-60.00
	02/16/98	credit		-770.00
	02/18/98	98-011	1,180.00	
	02/20/98	549		1,180.00
	03/30/98	383		1,080.00
	03/31/98	98-080	1,080.00	
	04/28/98	643	860.00	860.00
	04/28/98	98-101	860.00	
			4,130.00	3,340.00
				3,340.00

Comprehensive Health for Women
December 97 rest & 39hrs 990.00 01/28/98 541 3990.00

541

Nine Hundred Ninety and 00/100 Dollars

01/28/98 3990.00

Comprehensive Health for Women
4401 W. 169 th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women
December 97 rest & 39hrs 990.00 01/28/98 541 3990.00

Comprehensive Health for Women 1/98 rent & 50hrs	1,180.00	02/20/98	549	\$1,180.00
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549

One Thousand One Hundred Eighty and 00/100 Dollars

02/20/98 \$1,180.00

Comprehensive Health for Women
4401 W. 109th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women 1/98 rent & 50hrs	1,180.00	02/20/98	549	\$1,180.00
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Comprehensive Health for Women Rent and 48 Hours	1,080.00	03/30/98	583	\$1,080.00
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583

One Thousand Eighty and 00/100 Dollars

03/30/98 \$1,080.00

Comprehensive Health for Women
4401 W. 109th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women Rent and 48 Hours	1,080.00	03/30/98	583	\$1,080.00
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Comprehensive Health for Women March Rent & 25 hours	860.00	04/28/98	643	\$860.00
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642

Eight Hundred Sixty and 00/100 Dollars

		04/28/98		\$860.00
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Comprehensive Health for Women
4401 W. 109 th Street
Overland Park, KS 66211

Thank you for your support

Comprehensive Health for Women March Rent & 25 hours	860.00	04/28/98	643	\$860.00
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Mr. GREENWOOD. And this goes to the issue of whether or not the procedure was done differently in order to extract the fetal tissue for research purposes than it would have been done otherwise, and this letter written by James Bardsley, Jr., vice president of Anatomic Gift Foundation, reads as follows: "You also asked me about the curettage syringes that AGF provided to the Kansas Health Center, and I told you that I did not know why the syringes were provided. After looking into the matter, I've learned that the syringes were provided because the health care did not have the ability to sterilize syringes. The clinic sterilizer would have melted the syringes.

"In order for tissue to be utilized in cell culture research, the tissue must be sterile, which means that the syringe under which it is drawn must also be sterile.

"We provided the sterile syringes to the clinic so that tissues donated could be used by the researchers. Doctors at the clinic used identical syringes for pregnancy terminations where the woman was not donating tissue. However, where the patient did not donate, the syringes could be washed, recycled, and re-used. In either case, the cannula, which attaches to the syringe and comes in contact with the patient, is always sterile. The cannulas are always provided by the clinic. There was absolutely no alteration in the abortion procedure. It is absolutely not true that the use of syringes increased the time the procedure took by 15 minutes. It did not increase the time at all, because the same procedure was followed. It was simply a sterile syringe instead of an aseptic one that was used.

"As an aside, many doctors prefer the procedure because it is gentler on the woman."

I think there has been some——

Mr. COBURN. Would the gentleman yield?

Mr. GREENWOOD. I will certainly yield.

Mr. COBURN. You just heard a quote that is absolutely medically incorrect. A large vacuum syringe is much harder on a woman, creates a great deal of more-advanced pain, and——

Mr. GREENWOOD. The thought occurred to me as I read it that that would seem to be the case.

Mr. COBURN. It does. And, actually, I wasn't going to—I want to—if the gentleman would just yield for a minute, I brought this because I wanted the people here to see. Here's the difference. Here's is what is used when they want to collect fetal tissue parts for selling, versus an aspirator. And this is what is inserted into the woman, versus something about half the size of a pencil regularly. And this creates—as you can see, it has a curet on the end of it, plus it is a suction, and it is sterile, and it creates a tremendous amount of difficulty and pain when it is used. And this is what is required—it is a number 20 syringe, curet, suction curet—to collect a specimen that would be viable, to collect whole tissue under 20 weeks.

Mr. GREENWOOD. Reclaiming my time, clearly the acting chairman has the medical knowledge that I don't pretend to.

I do think it is important for the record to demonstrate that at least Anatomic Gift Foundation had——

Mr. COBURN. Absolutely.

Mr. GREENWOOD. [continuing] an explanation for why it—

Mr. COBURN. Absolutely.

Mr. GREENWOOD. [continuing] and it was different than what we've heard.

Mr. COBURN. And I think the gentleman would agree it is a shame that Mr. Bardsley is not here so that we can question him about that.

There is a unanimous consent request. Is there an objection from Ms. Eshoo?

Ms. ESHOO. No.

Mr. COBURN. If not, so ordered.

Mr. GREENWOOD. And I would yield back the balance of my time.

Mr. COBURN. I just want to finish up.

Ms. Fredericks, I think you have displayed great courage in coming here today, and I want to thank you.

Ms. FREDERICKS. Thank you.

Mr. COBURN. We may not agree on certain issues, but I recognize your character and I want to thank you for that. I think you have displayed the kind of courage that makes this country great.

Ms. FREDERICKS. Thank you.

Mr. COBURN. Mr. Alberty, I have some questions for you. I want to finish.

Did you lie to "20/20" in any way, shape, or form?

Mr. ALBERTY. I do not believe I lied to them in any shape or form. I do not have my full thing that I talked to them, but what I saw on "20/20" last night was adequate.

Mr. COBURN. Was it the truth?

Mr. ALBERTY. What they said last night on "20/20"—

Mr. COBURN. What you said on "20/20," was it the truth?

Mr. ALBERTY. What they showed last night, it was. Yes. I mean, I didn't see—

Mr. COBURN. Mr. Alberty—

Mr. ALBERTY. Yes?

Mr. COBURN. [continuing] what you said on "20/20" last night, was it the truth?

Mr. ALBERTY. Yes.

Mr. COBURN. Have you, in fact, made statements today that have been untruthful?

Mr. ALBERTY. No.

Mr. COBURN. Did you, in fact, make statements in your affidavit that now you would think are untruthful?

Mr. ALBERTY. No.

Mr. COBURN. But, you know, I just have to tell you that I cannot understand that answer, and I think all of us are perplexed about this issue that we see conflicting evidence in that regard, and that's why people are saying you lack credibility here today.

Mr. ALBERTY. Right.

Mr. COBURN. And we do not have the time to let you try to explain that. I think we've tried to encourage that.

I want to ask you some other things.

Do you believe a profit was made from the sale of baby parts?

Mr. ALBERTY. Do I believe a profit was made from baby parts?

Mr. COBURN. Do you believe—

Mr. ALBERTY. Yes.

Mr. COBURN. [continuing] that profit was made from the sale of fetal tissue?

Mr. ALBERTY. I believe there was a profit made.

Mr. COBURN. Okay. Was there a time and instance, to your knowledge, that the clinic received additional money at the end of the year based on the amount of volume that you performed for that clinic in harvesting fetal tissue, to your knowledge?

Mr. ALBERTY. To my knowledge, no, not to my knowledge.

Mr. COBURN. Ms. Fredericks, do you have an answer to that?

Ms. FREDERICKS. I'm sorry. I was kind of—could you repeat the question?

Mr. COBURN. To your knowledge, was there ever a payment made to your clinic at the end of the year based on the amount of volume that was transferred through your clinic in terms of fetal tissue?

Ms. FREDERICKS. No, sir. Not to the best of my knowledge.

Mr. COBURN. All right. Thank you.

One final question. Mr. Alberty, you have said that you had seen live-born babies.

Mr. ALBERTY. Yes.

Mr. COBURN. Did you ever inform the Bardsleys or Miles Jones of the live births problem?

Mr. ALBERTY. I informed Brenda Bardsley on the day the twin episode occurred.

Mr. COBURN. And what was her response?

Mr. ALBERTY. Her response was very cold, not caring.

Mr. COBURN. I didn't ask you—

Mr. ALBERTY. She basically told me to get back in there—

Mr. COBURN. I did not ask you to characterize. I asked you—

Mr. ALBERTY. Get back in there and procure the tissue.

Mr. COBURN. Did you ever inform Dr. Jones—and I, too, use that loosely—that there was a problem with live births?

Mr. ALBERTY. I wrote a thing, and I think it is still on there, on a protocol which states what to do in a process if a live birth is born. It's on that one.

“Protocol for the recovery of an intact fetus. If a fetus is intact and not alive, call staff ASAP.” Right. If a fetus is intact. Right. Basically—

Mr. COBURN. Well, I don't have any additional questions. I'm very dissatisfied with the answers.

Ms. Cubin, did you have one?

Ms. CUBIN. I do have a question.

Mr. COBURN. All right. Let me yield to you, and then I'll close up.

Ms. CUBIN. That's great.

Mr. Alberty, what was the occasion for you to—or what was the reason that you wrote those protocols? And when did you write them? Did you—were those to be used in the clinic for other people to follow instructions? Why did you write them and what are they for?

Mr. ALBERTY. The reason why I wrote those is because Dr. Miles Jones and his two partners, the two women, informed me that part of my job on slow days was to make them these protocols so they

could put them in other abortion clinics throughout the United States so they would have stuff to go by.

Ms. CUBIN. So when did you do that? You did that before your employment was terminated with AGF?

Mr. ALBERTY. No. I did that when I was working with Miles Jones.

Ms. CUBIN. Okay. But was it—so that—

Mr. ALBERTY. It was long after I was gone from AGF.

Ms. CUBIN. Okay. But I meant Open Line.

Mr. ALBERTY. Yes, Open Line.

Ms. CUBIN. It was before you were terminated?

Mr. ALBERTY. I was never terminated with Open Lines.

Ms. CUBIN. Okay. That's right.

Mr. ALBERTY. But, to go back on that one thing, make sure the fetus is not alive. I was looking down the wrong part. That clearly states that if there was a fetus alive there's a problem. So when you do look at this—

Mr. COBURN. I have it in front of me.

Mr. ALBERTY. Okay. "Identify the fetus. Make sure the fetus is not alive. Please call staff—support staff if there is a live fetus for steps to take."

Mr. COBURN. Mr. Greenwood, I believe you have a unanimous consent request.

Mr. GREENWOOD. Thank you, Mr. Chairman. I would ask unanimous consent that the committee submit Dr. Bardsley a question that would help us clarify the issue that you and I just had a colloquy concerning the syringes.

Mr. COBURN. Is there objection?

[No response.]

Mr. COBURN. None. So ordered.

The members of this committee know that I am adamantly pro life, and fetal tissue research is legal in this country. That's whether I like it or not, whether I think it's a good way to accomplish an end or not.

The purpose of this hearing was to look at the charges that have been made. Unfortunately, Dr. Jones and Mr. Bardsley were not here.

I think what we've seen is we've seen some credible witnesses and some whose story is not consistent. It is my hope that we can work with the minority to try to discern what is and is not worth pursuing on this and move in a way where we can find the truth for the American public. It is my deep concern that somebody has made money selling baby parts. To me that is abhorrent. I believe that is abhorrent to every Member of this body.

We will not stop until we know the facts. Dr. Jones will testify before this committee, and so will Mr. Bardsley.

So we will corroborate some of the claims that have been made here, and we will deflate some that have been made here based on that testimony.

I again want to thank you for coming.

The subcommittee is adjourned.

[Whereupon, at 8:41 p.m., the subcommittee was adjourned, to reconvene at the call of the Chair.]