

PLANNED PARENTHOOD'S TAXPAYER FUNDING

HEARING

BEFORE THE

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM HOUSE OF REPRESENTATIVES

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PLANNED PARENTHOOD'S TAXPAYER FUNDING

Tuesday, September 29, 2015

HOUSE OF REPRESENTATIVES,
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, D.C.

The committee met, pursuant to call, at 10:03 a.m., in Room 2154, Rayburn House Office Building, Hon. Jason Chaffetz [chairman of the committee] presiding.

Present: Representatives Chaffetz, Mica, Turner, Duncan, Jordan, Walberg, Amash, Gosar, DesJarlais, Gowdy, Farenthold, Lummis, Massie, Meadows, DeSantis, Mulvaney, Buck, Walker, Blum, Hice, Russell, Carter, Grothman, Hurd, Palmer, Cummings, Maloney, Norton, Clay, Lynch, Cooper, Connolly, Cartwright, Duckworth, Lawrence, Lieu, Watson Coleman, Plaskett, DeSaulnier, Boyle, Welch, and Lujan Grisham.

Also Present: Representatives Black, Love, Jackson Lee, and Adams.

Chairman CHAFFETZ. The Committee on Oversight and Government Reform will come to order.

Without objection, the chair is authorized to declare a recess at any time.

The chairman is responsible under the rules of the House and the rules of the committee to maintain order and preserve decorum in the committee room. Members of the audience are reminded that disruption of congressional business is a violation of law and a criminal offense. We welcome your presence, but we will not tolerate disruption. We hope to have a good, lively debate. This is what Congress is intended to do, and we need everybody in this room—we need everybody's participation along the way.

This is an important topic. At the risk of getting a little personal, my wife Julie and I have been married some 24 years. We have our 25th wedding anniversary coming up in February. I'm proud of my wife. She got her degree in psychology later in life after helping to raise three kids. Some are still at home. She has started to work for a plastic surgeon. This plastic surgeon is involved in helping women who are having to have their breasts removed, and my wife spends her day helping these women. And I'm proud of her for doing that.

My mother, she passed away when I was 28 years old. She fought cancer for more than 10 years. She had breast cancer. And I miss her. I lost my father to cancer, as well.

Cancer in this country kills about 1,500 people a day—a day. And yet our Federal Government only spends about \$5 billion to

fight it. If they were shooting 1,500 people a day, if there were rockets coming in, we'd be fighting this with everything we've got.

And as I said before I came to Congress and I'm saying here today, as fiscally conservative as I can possibly be, we don't spend enough on cancer. We don't spend enough. We need to spend more. I would quadruple the amount of money, if I had my chance, to fight cancer and win.

And the reason I'm passionate about the hearing today is we've got a lot of healthcare providers who I think in their hearts know that they're trying to provide good, but the question before us is, does this organization, does Planned Parenthood really need Federal subsidy? Does it need Federal dollars?

Every time we spend a Federal dollar, what we're doing is we're pulling money out of somebody's pocket and we're giving it to somebody else. What I don't like, what I don't want to tolerate, what I don't want to become numb to is wasting those taxpayer dollars. And, as best I can tell—we're going to have a hearing here—this is an organization that doesn't need Federal subsidy.

For the year ended June 14—June of 2014, I should say, Planned Parenthood reported \$127 million in revenue over expenses. They had \$127 million more in revenue than they had in expenses. Yet, between 2005 and 2013, in large part under Ms. Richards' leadership, there's a 53-percent reduction in cancer screenings, a 42-percent reduction in breast exams and breast care. I don't understand why. I don't understand why.

Let me give you a sense of the numbers that we're talking about here. Government dollars from taxpayers going to Planned Parenthood is roughly \$528 million. \$450 million of that comes in Federal funds. Roughly \$390 million comes in the form of Medicaid.

There's going to be a lot of bluster today about shutting down the government over Planned Parenthood. The funding amount that we're talking about under Title X is \$60 million. Remember, I just told you that, last year—last year, they had more than \$100 million in revenue without expenses. And we're talking about \$60 million, roughly 4.6 of their total revenue.

Planned Parenthood is an organization with massive salaries. Ms. Richards makes nearly \$600,000 a year. The affiliate—the person that runs the affiliate in Minnesota, North Dakota, and South Dakota makes roughly \$450,000 a year. And I could be here for a long time listing out some very exorbitant salaries.

This is also an organization that seems to have exorbitant travel expenses. 2013, they spent more than \$5 million in travel—first-class tickets, private chartered aircraft. Roughly, they're spending \$14,000 a day on travel. That's a lot. That's money that isn't going to women's health care.

In 2012 and 2013, they spent roughly \$600,000 on blowout parties—chocolate and champagne events, and Salt-N-Pepa came and performed a concert, and all kinds of celebrities and other hoopla. These are things they lost money doing, according to their tax record.

In the past 3 years, they've spent more than \$67 million on fundraising. They're pretty good at it. That's partly my point. They're pretty good at fundraising. They don't necessarily need taxpayer dollars to go pay for it.

And this part I really hope we do have a deeper discussion about. We may not learn everything that we need to, but, over the past 5 years, more than \$22 million has been transferred from their 501(c)(3) to 501(c)(4) organizations as well as PACs. This is advocacy, it's lobbying, it's "get out the vote." And, in one case in Alaska, it was about redistricting.

Ladies and gentlemen, that has absolutely nothing to do with providing health care to young women who need a breast exam or need to get a mammogram. None of that money goes to that. It's a political activity. I was, I guess, naive but surprised that you could take 501(c)(3) money and simply give it to the 501(c)(4).

Shared employees. If you look at Planned Parenthood and the other organizations underneath it, you're going to find shared employees, shared facilities, mailing lists, shared assets. It's a political organization. And that's something that needs to be ferreted out.

Then when you start saying, "Oh, they have to have Federal money, they have to have Federal money," over the past 5 years, they've spent more than \$32 million sending money overseas. It didn't even come to the United States of America. It didn't affect people in low-income situations. They're so flush with cash, they started sending and giving out money overseas. I don't understand that. We have USAID, we have the State Department, we have all kinds of foreign aid. We don't need Planned Parenthood foreign aid. But that's what we got. And their desire for more of taxpayer dollars is just sensational.

There are going to be some discussions today, I'm sure, about the video, or videos. Let me just explain that. I know I've gone over time, but we're going to have to address it one way or the other, so let me address it.

I think it was legitimate to look at all of the videos—all of the videos. So we issued a subpoena to get all of the videos.

Now, in California, there's a court case where there is a temporary restraining order that doesn't allow the producers of these videos to release them publicly. So we actually sent a letter asking for the videos.

Democrats, I think the record will reflect, didn't want us to ask for the videos. They wanted to take that language out. Nevertheless, we moved forward and actually went to the extraordinary step of subpoenaing—something, I think, that actually both sides of the aisle should support. If you want the totality of the record, let's send a subpoena for all the videos.

Now, with the temporary restraining order in place, there is conflict between the legislative branch and the judicial branch. And so what we're seeing here is they, on one hand, have a restraining order, can't send the videos; on the other, they have a duly issued subpoenaed from the United States Congress. That is going to have to work itself out.

There has been discussion about the producer of this video coming and testifying before Congress. I don't know which direction we're going to go to that. The first step, though, is seeing all the videos—all the videos.

Democrats have said, well, they've been doctored, they've been edited, even though they haven't even necessarily seen them. And

then they have videos that they want to show that show that. Well, the reason that they're out there is that they're publicly available.

So there is more to this story, there is more that needs to come out. But that's going to have to play itself out.

The prime thrust of this hearing today is about the finances. We were very clear and blunt in our—in what we were talking about in terms of what we're trying to accomplish here today. I have great latitude to members; they can ask what they want to ask. But the focus of what we're doing today is how this organization is funded and how they spend their money. If they're going to accept taxpayer dollars, they're going to have to withstand the scrutiny of Congress asking tough questions about how they spend that money. And that's the direction that I'm coming from today.

And if there is more clarification needed, please let me know, but we will now recognize the ranking member, Mr. Cummings.

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

And let me be clear from the very beginning, we have asked for all of the tapes, Mr. Chairman, and we wanted all of it, everything. And we would, of course, welcome a subpoena for everything, because we think that that goes to the integrity of this committee and it goes to the integrity of this Congress.

Today's hearing is very important. It will reveal whether this committee is more interested in facts or fiction. The questions members pose will show whether they are engaged in an even-handed search for the truth or a partisan attack based on ideology. The way we conduct ourselves will demonstrate whether this committee is seeking integrity in our investigation or is being usurped by the most extreme forces of partisan warfare.

Let's look at the facts. David Daleiden and his group engaged in a 3-year campaign of deceit against Planned Parenthood. They set up fake companies, created fake identities, repeatedly lied about who they were, and secretly recorded Planned Parenthood employees without their knowledge or consent. These are facts that Mr. Daleiden admitted to. He admitted to this.

Mr. Daleiden's goal for the past 3 years was to entrap Planned Parenthood into selling fetal tissue for profit—selling it for profit. He deceived, misled, and essentially conned Planned Parenthood employees to try to achieve his goal. He gave them illegal contract proposals, he offered them huge sums of money, and he pursued them relentlessly. Some would say he was obsessed.

Despite his best efforts, Mr. Daleiden failed. There's no credible evidence before this committee that any Planned Parenthood employee agreed to any proposal to sell fetal tissue or for profit in violation of the law.

Republicans keep making this claim over and over again, but that does not make it true.

When Mr. Daleiden was faced with the failure of his 3-year effort, he did not relent. Instead, he took the video footage he had, manipulated it, and put it out to the public. He removed every single time Planned Parenthood employees rejected his offers. He edited out all of this exculpatory evidence, and he twisted what was left to distort the truth. Something is awfully wrong with that picture.

Last week, all the committee members on this side of the aisle asked for Mr. Daleiden to testify here today. Since his video is at the fundamental basis of this committee's investigation, we wanted to ask questions about his tactics and his evidence. That's only fair. But Republicans refused. They did not want him to testify. They don't want to subject him to the difficult or uncomfortable questions that relate to the actual facts.

But the facts are, indeed, critical. And here are some of the key facts we now know.

Federal law authorizes fetal tissue research, and it expressly allows for recouping reasonable costs. That's a fact. That law was passed by Congress with strong bipartisan support based on the work of President Ronald Reagan's blue-ribbon panel on fetal tissue research in 1988.

This is also a fact. Planned Parenthood receives no Federal funding for fetal tissue donation programs, and only 1 percent of Planned Parenthood's health centers even participate in these programs. Those are facts.

Unfortunately, I suspect these facts will have little impact on the Republican talking points, and they will just keep accusing Planned Parenthood of selling fetal tissue for profit.

Today's hearing is supposed to be about Federal funding, so let me highlight one more fact. Republicans have been saying that Planned Parenthood receives a half a billion dollars in taxpayer funds. They make it sound as if the Federal Government writes a check to Planned Parenthood each year. But the vast majority of that funding, approximately \$400 million, comes from reimbursements from individual health services under Medicaid.

Medicaid provides healthcare services for people who are poor, elderly, and have disabilities. In my home State of Maryland, banning funds for Planned Parenthood would have a negative and disproportionate impact on poor women, who rely on Planned Parenthood for a host of healthcare services, including pap tests, breast exams, and cancer screenings.

And, Mr. Chairman, as I listen to you talk about cancer and breast cancer, I agree with you; we need every dollar we can get for research with regard to these diseases. As you know, on Friday I'll be funeralizing my mother-in-law, who was very dear to me, who died from breast cancer less than a week ago. So I understand what you're talking about. I get it.

And a lot of people who need these services are like—are the people who live in our districts, and they live in areas where they do not have these services. And I'm sure Ms. Richards will testify with regard to that. And so, for many poor women, Planned Parenthood may be one of their only sources of medical care in underserved or rural communities.

That brings us to the big question for my Republican colleagues: Do you really want to do this? Do you really? Do you want to align yourselves with the radical extremists who manipulate the facts? And, most importantly, do you want to attack millions of women who have a constitutional right, affirmed by the Supreme Court of the United States of America, to make their own healthcare decisions with the advice of their doctors?

Based on the evidence of last week, it appears that you do. You threatened to shut down the government. You ousted your Speaker. And now you want to set up yet another select committee to investigate. It looks like you have made your choice.

Unfortunately, I think your actions will result in even more chaos and discord in this Congress, which is exactly what the American people don't want. They do not want the discord.

Ms. Richards, I want to thank you very much for being here today to give us the facts. Your group has been extremely helpful during this investigation, providing tens of thousands of pages of documents. Your cooperation stands in stark contrast to Mr. Daleiden, whose notable absence speaks volumes.

And, with that, Mr. Chairman, I yield back.

Chairman CHAFFETZ. We have agreed to allow the subcommittee chairmen to also make opening statements. So we'll now recognize the chairman of the Subcommittee on Health Care, Benefits, and Administrative Rules, Mr. Jordan of Ohio, for his opening statement.

Mr. JORDAN. Thank you, Mr. Chairman. Thank you for this hearing, and thank you for your heartfelt remarks in your opening statement.

Here's the troubling truth: A picture is worth a thousand words. You can say all you want that these things were heavily edited, they were changed, but if that's the case, why did Ms. Richards apologize for the videos 2 days after they first surfaced?

Everyone knows these videos are, as the Speaker of the House said, barbaric and repulsive. And this argument, this argument that we keep hearing from the other side, "Republicans want to shut down the government," are you kidding me? We want to fund the government at the levels everyone agreed to, the Ryan-Murray budget, the levels the—the levels the President agreed to.

We simply want to shift the money from an organization caught doing what they were caught doing and give it to the community health centers; shift it from the 700 Planned Parenthood clinics, give it to the 13,000 federally approved community health centers; take the money from the guys doing the bad things and give it to the ones who aren't; take the dollars from one private company doing what the Speaker said, barbaric things, and give it to federally approved community health centers.

Now, if the Democrats insist that, in spite of all that, this organization should still get your tax dollars and that that somehow is more important than funding our troops, our veterans, and, frankly, women's health issues and some of the things the chairman talked about in health care, if that's their position, then they can go defend that position.

So let's just be honest here. This is what this—what this is really all about, plain and simple: money and politics. Here's how it works. Politicians give money to Planned Parenthood, who give it back to politicians at election time who get elected and give it back to Planned Parenthood, who give it back to politicians who get elected, and the game plays on.

In 2012, in that election cycle, Planned Parenthood spent almost \$12 million in advertising. Fact: \$11,874,052, 100 percent of that went to Democrats. Every penny—every single penny went to

Democrats. No wonder they're defending this repulsive game. Politicians give money to Planned Parenthood, they give it back to politicians, and it keeps on going.

The nice thing about these videos, it's lifted the curtain. We can now see what's going on there. And that's why we should fund the government and shift the money from this organization to organizations who didn't do this kind of behavior.

And, with that, I yield back, Mr. Chairman.

Chairman CHAFFETZ. I thank the gentleman.

We'll now recognize Ms. Maloney of New York for her opening statement.

Mrs. MALONEY. Well, thank you. Thank you, Mr. Chairman.

And welcome, Ms. Richards.

Last week, the Democratic members of this committee sent a letter warning our chairman that the relentless campaign by the conservative House Freedom Caucus to attack Planned Parenthood was in fact part of a broader power struggle to unseat Speaker Boehner led by an extreme wing of the Republican Party that is using this issue to force a government shutdown unless the Speaker bows to their demands.

Our warnings proved prescient. On Friday, Speaker Boehner announced that he will resign at the end of next month, but not before creating a new select committee to investigate Planned Parenthood.

Make no mistake, despite what we hear from the other side, Republicans are doubling down on their war against women.

I request unanimous consent to place in the record this letter from the Republicans threatening to close down the government unless Planned Parenthood is defunded. And there is——

Chairman CHAFFETZ. Without objection, so ordered.

Mrs. MALONEY. And when you read this, there are certain things that jump out. All of the signatories are men, none of whom will get pregnant or need a cervical screening for cancer or a mammogram or a pap smear or other lifesaving services that are provided by Planned Parenthood.

We will hear today lots of arguments to justify the extreme actions of the Center for Medical Progress, those who created these videotapes, but there is one simple reason we are at this point: Republicans want to outlaw a woman's right to choose.

Republicans say that this is all about videos purporting to show violations of our laws, but when the facts come out that contradict their narrative and it comes to light, it never seems to matter.

For example, when we learned that the videos had dozens of unexplained edits removing phrases like, quote, "We do not profit from tissue donation," from those who work for Planned Parenthood, that did not matter.

When we learned that less than 1 percent of Planned Parenthood centers had any involvement whatsoever in fetal tissue donation, that did not matter.

When we learned that some Planned Parenthood centers involved in tissue donation took the extra precaution of accepting no reimbursement for their costs, far beyond what is even required by Federal law, that did not matter.

When we learned that Planned Parenthood centers that lawfully accepted reimbursement recouped only their costs and repeatedly refused offers from anti-abortion extremists to entrap them into accepting far larger amounts, even in one case 10 times more, Republicans still insisted they were trying to profit from these donations.

The righteous rhetoric we've heard for weeks about Planned Parenthood trafficking in baby parts has one fundamental law: It is not true, and it never has been true. But it makes for great sound bite.

The reason the facts don't matter is that this whole episode is not about tissue donation or the Hyde Amendment or Medicaid reimbursement. The core issue is that Republican Members of Congress now almost universally oppose a woman's right to choose. They oppose the constitutional right of abortion.

An increasing number, like Senator Marco Rubio, support banning abortion with no exceptions, none whatsoever, not even in cases of rape, incest, or when the life of the mother is threatened.

The majority of Americans disagree with these extreme views, and we will do everything we can to stop them. Because if we don't, there will be serious consequences for women across this country that rely on the services—lifesaving services. It is their choice, of over 2.7 million women, to have their basic healthcare services provided by Planned Parenthood.

In 103 counties with a Planned Parenthood health center, Planned Parenthood serves all of the women obtaining publicly supported contraceptive services. There aren't any community health centers that can step in to fill the void. If we don't continue this lifesaving service, women will be denied health care across this great Nation.

This continued assault on constitutionally protected reproductive freedom is based on outright falsehoods and lies, backed up by fraudulent recordings selectively edited by radical anti-choice activists.

And if they have their way, over 630,000 patients will lose access to birth control, STD screenings, and other reproductive health care, mammograms, cervical cancer screenings.

We need to recognize this fight for what it is: It's about banning a woman's right to choose. And it is being driven by politicians, most of whom are men, who think they have the right to dictate to women about their most private healthcare decisions.

And I might add that Planned Parenthood polls four times stronger than Congress. And I might add that we should be investigating this group that did fraudulent, edited tapes and not a distinguished healthcare-providing, health—lifesaving group that is across this Nation saving lives and providing basic reproductive health care to American women, many of whom are very poor and many of whom are very vulnerable.

So I want to publicly thank Planned Parenthood. One in five women in America have gone to Planned Parenthood for services, including myself, at times in their life when they needed it. And I want to thank you for the work that you are doing to provide basic healthcare, reproductive healthcare services to American women and men.

Chairman CHAFFETZ. I will hold the record open for 5 legislative days for any members who would like to submit a written statement.

Chairman CHAFFETZ. We've had wide interest from a number of our colleagues and from broader House membership. I'd ask unanimous consent that the Congresswoman Ms. McMorris Rodgers of Washington, Congresswoman Sheila Jackson Lee of Texas, Congresswoman Black of Tennessee, and Congresswoman Love of Utah be allowed to fully participate in today's hearing.

If there are additional Democrats that would like to participate, I'd be happy to waive them in, as well, to have an even balance. Without objection, so ordered.

We'll now recognize our witness. Please welcome Ms. Cecile Richards, president of Planned Parenthood Federation of America.

Ms. Richards, pursuant to committee rules, all witnesses will be sworn in before they testify. If you will please rise and raise your right hand.

Do you solemnly swear or affirm that the testimony you're about to give will be the truth, the whole truth, and nothing but the truth?

Thank you.

Let the record reflect that the witness answered in the affirmative.

In order to allow time for discussion, we would appreciate if you would limit your testimony to 5 minutes. And, obviously, your entire written statement will be made part of the record.

Ms. Richards, you're now recognized for 5 minutes.

STATEMENT OF CECILE RICHARDS, PRESIDENT, PLANNED PARENTHOOD FEDERATION OF AMERICA

Ms. RICHARDS. Thank you, Mr. Chairman.

I'm proud to be here today speaking on behalf of Planned Parenthood, a leading provider of high-quality reproductive health care in America. One in five women in this country has sought care from a Planned Parenthood health center, and they trust us because our rigorous healthcare standards have been developed with the Nation's top medical experts over our 99-year history.

There has been a great deal of misinformation circulated about Planned Parenthood recently, and I want to be absolutely clear at the outset: The Federal funding that Planned Parenthood receives allows our doctors and clinicians at our health centers to provide birth control, cancer screenings, and testing and treatment for sexually transmitted infections. Now, while the Federal policy, in my opinion, discriminates against low-income women, no Federal funds pay for abortion services at Planned Parenthood or anywhere else, except in the very limited circumstances allowed by law. These are when the woman has been raped, has been the victim of incest, or when her life is endangered.

Planned Parenthood operates just like all other health centers and hospitals that provide medical care to Medicaid patients. Medicaid reimburses us for the preventive health services that we provide, and the Department of Health and Human Services conducts routine audits of the Medicaid program to ensure that these funds are used appropriately. And the same is true for the Title X, the

Federal Family Planning Program, which was signed into law by President Richard Nixon.

Planned Parenthood has been in the news recently because of deceptively edited videos released by a group that is dedicated to making abortion illegal in this country. And this is just the most recent in a long line of discredited attacks, the tenth over the last 15 years.

The latest smear campaign is based on efforts by our opponents to entrap our doctors and clinicians into breaking the law. And, once again, our opponents failed.

To set the record straight, I want to be clear on four matters.

First, using fetal tissue in lifesaving medical research is legal according to the 1993 law passed by the Senate 93 to 4 and based on recommendations from a blue-ribbon panel that was created under the Reagan administration.

Second, currently less than 1 percent of Planned Parenthood health centers are actually facilitating the donation of tissue for fetal tissue research.

Third, in those health centers, donating fetal tissue is something that many of our patients want to do and regularly request.

And, finally, Planned Parenthood policies not only comply with but, indeed, go beyond the requirements of the law.

The outrageous accusations leveled against Planned Parenthood based on heavily doctored videos are offensive and categorically untrue. I realize, though, that the facts have never gotten in the way of these campaigns to block women from health care they need and deserve.

And, Mr. Chairman, you and I do disagree about whether women should have access to safe and legal abortion. At Planned Parenthood, we believe that women should be able to make their own decisions about their pregnancies and their futures. And the majority of Americans agree. We trust women to make these decisions in consultation with their families, their doctors, and their faith, and not by Congress.

It is unacceptable that in the 21st century women in America are routinely harassed for accessing a legal medical procedure. Doctors who provide abortion, as well as their families, often face harassment and threats of violence, and after this recent smear campaign, it's only gotten worse. These acts against women and healthcare providers don't reflect American values or the rule of law, and I hope this committee will condemn them.

For 99 years, Planned Parenthood has worked to improve the lives of women and families in America. And, largely, as a result of access to birth control, women are now nearly half the workforce in America and more than half of college students. And as a result of better sex education and more access to birth control, we are now at a 40-year low for teen pregnancy in the United States.

But for all the progress we've made, there is much still to do. For many American women, Planned Parenthood is the only healthcare provider they will see this year. And it is impossible for our patients to understand why Congress is once again threatening their ability to go to the healthcare provider of their choice.

Two weeks ago, I was in Plano, Texas, with one of these patients, Dayna Farris-Fisher. And Dayna can't be here today because she

has a new job and she's supporting her family, but if she were here, Dayna would tell you what she told me: that Planned Parenthood saved her life.

In 2013, her husband lost his job and, therefore, their health insurance, and not long after, Dayna found a lump in her breast. And the only two clinics that would take a patient without health insurance couldn't see her for at least 2 months. So Dayna came to Planned Parenthood for a breast exam.

And there, our clinician of 21 years, Vivian, guided her through the process of followups and referrals and helped make sure that her treatment was covered. And she called Dayna repeatedly to check on her as she entered treatment. And I am really happy to say today that Dayna is now cancer-free.

Mr. Chairman, I wish this Congress would spend more time hearing from women like Dayna. All women in this country deserve to have the same opportunities as Members of Congress and their families for high-quality and timely health care. And so I want to thank you to be here today and the opportunity to testify on behalf of Dayna and the 2.7 million patients who rely on Planned Parenthood for high-quality, essential health care every year.

Thank you.

[Prepared statement of Ms. Richards follows:]

**Statement of Cecile Richards
President, Planned Parenthood Federation of America**

**Before the House Committee on Oversight and Government Reform
September 29, 2015**

Good morning, Chairman Chaffetz, Ranking Member Cummings, and Members of the Committee. I'm proud to be here today speaking for Planned Parenthood, a leading provider of high-quality reproductive health care in the United States. One in five women in America has sought care from a Planned Parenthood health center. They trust us, because our rigorous health standards have been developed with the nation's top medical experts over the course of our 99-year history.

The more than 10,000 people who work at Planned Parenthood's national office and 59 affiliates provide high-quality health care and information with compassion and a deep commitment to women's health, well-being, and dignity. Our health centers provide high-quality, affordable birth control, lifesaving cancer screenings, testing and treatment for sexually transmitted infections (STIs), and other essential care to 2.7 million patients. Planned Parenthood has extremely high medical and ethical standards, which are informed by the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, and other national and international professional organizations and published literature.

Through health centers, programs in schools and communities, and online resources, Planned Parenthood is a trusted source of reliable health information that allows people to make informed health decisions. One and a half million youth and adults participate in our educational programs. We currently average 6 million visits a month on our websites where health care information is readily available in English and Spanish.

The vast majority of the federal funding Planned Parenthood receives allows doctors and clinicians at our health centers across the country to provide birth control, cancer screenings, and testing and treatment for sexually transmitted infections. No federal funds pay for abortion services, except in the very limited circumstances permitted by law — when the woman has been raped, has been the victim of incest, or when her life is endangered.

Planned Parenthood operates just like all other health care providers or hospitals that provide medical care to Medicaid patients. Medicaid reimburses us for the preventive health services we provide. The Department of Health and Human Services conducts routine audits of the Medicaid program to be sure these funds are used appropriately. And the same is true for grants such as Title X, the federal family planning program, which was first signed into law by President Nixon.

Planned Parenthood's nearly 700 health centers across the country are key access points for underserved communities, with a majority (54 percent) of Planned Parenthood health centers located in health professional shortage areas, rural areas, or medically underserved areas. Seventy-eight percent of Planned Parenthood patients have incomes at or below 150 percent of the federal poverty level (FPL), and approximately 60 percent of Planned Parenthood patients access care through the Medicaid program or the Title X family planning program. According to an independent analysis conducted by the Guttmacher Institute at the request of the Congressional Budget Office (CBO), in 21 percent of the counties with a Planned Parenthood health center, we are the only safety-net family planning provider and in 68 percent of the counties with a Planned

Parthenood health center, we serve at least half of all safety-net family planning patients.¹

Without Planned Parenthood, many patients would not have timely access to basic reproductive health care. If this Congress were to succeed in blocking Medicaid patients from seeking care at Planned Parenthood health centers, the CBO estimates as many as 650,000 women could face reduced access and 390,000 women would *lose* access to preventive health care in the first year alone.² What's more, the CBO projects the net cost to taxpayers would be \$130 million over 10 years because of an increase in unintended pregnancies without the high-quality contraceptive care we provide.³ In fact, it is estimated Planned Parenthood health centers prevent 516,000 unintended pregnancies each year.

Planned Parenthood health centers often provide preventive services that other safety-net family planning providers simply do not offer. A Guttmacher Institute survey of providers offering publicly funded family planning care — including health departments, federally qualified health centers (FQHCs), and Planned Parenthood health centers — found that, “Planned Parenthood clinics surpass other clinics in terms of offering a wide variety of [contraceptive] methods and making those methods easily accessible.”⁴ The report also found that:

- Ninety-one percent of Planned Parenthood health centers provided 10 or more reversible contraceptive methods on-site, compared with 48-53 percent of all other provider types surveyed.
- Planned Parenthood health centers were more likely than all other provider types to provide at least a six-month pill supply of birth control (61 percent), which increases adherence to birth control.
- Ninety-two percent of Planned Parenthood health centers offer oral contraceptive supplies and refills on-site, compared with 86 percent of health department sites, 37 percent of FQHC sites, and 55 percent of other safety-net family planning providers.
- Planned Parenthood health centers are far more likely to offer rapid-result blood testing for HIV than any other provider (78 percent vs. 29–34 percent), meaning patients can get test results on the same day — an essential part of ensuring patients get results and that people with HIV are linked to treatment in a timely manner.

Many of the people with Medicaid coverage that Planned Parenthood serves would experience significant challenges in accessing Medicaid-covered preventive services without Planned Parenthood. For people with Medicaid insurance, access to a provider is significantly more challenging than it is for those with private insurance — as many private health care providers do not accept Medicaid or limit the number of Medicaid patients they will serve. In fact, a 2012 Government Accountability Office (GAO) report found that more than two-thirds of states reported difficulty in ensuring provider participation in Medicaid, with states being especially

¹ Frost, Jennifer J. and Hasstedt, Kinsey. (2015, September 8). “Quantifying Planned Parenthood’s Critical Role in Meeting the Need for Publicly Supported Contraceptive Care,” *Health Affairs Blog*. [Online]. <http://healthaffairs.org/blog/2015/09/08/quantifying-planned-parenthoods-critical-role-in-meeting-the-need-for-publicly-supported-contraceptive-care/>, accessed Sept. 27, 2015.

² Congressional Budget Office (CBO). (2015, September 16). “Cost Estimate: H.R. 3134 Defund Planned Parenthood Act of 2015.” Washington, DC: CBO, <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf>, accessed Sept. 27, 2015.

³ *Ibid.*

⁴ Frost, Jennifer J, et al. (2012). “Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services in 2010,” New York: Guttmacher Institute, <<https://www.guttmacher.org/pubs/clinic-survey-2010.pdf>>, accessed Sept. 27, 2015.

challenged in recruiting OB/GYNs.⁵ A report from the HHS Office of Inspector General (OIG) found that Medicaid managed care plans had extreme provider shortages, with only 42 percent of in-network OB/GYN providers able to offer appointments.⁶

Planned Parenthood health centers play an outsized role in serving women who need access to discounted family planning care. Nationwide, Planned Parenthood serves 36 percent of women receiving contraceptive care from safety-net family planning centers, even though they comprise only 10 percent of such centers.⁷ In 18 states, Planned Parenthood health centers serve more than 40 percent of women receiving contraceptive care from safety-net family planning providers.⁸

Timely access to care is also important, especially when it relates to contraceptive and STI-related services. Planned Parenthood is significantly more likely than other safety-net family planning providers to offer same-day appointments, and average appointment wait times are significantly less than they are for other safety-net family planning providers.⁹

Because of Planned Parenthood's central role in delivering family planning care across this country, public health experts have rebuffed the notion that other providers, including FQHCs, could serve Planned Parenthood's patients. According to Sara Rosenbaum, J.D., the Founding Chair of the Department of Health Policy at George Washington University School of Public Health and Health Services, the absence of Planned Parenthood "would mean the loss of affordable and accessible contraceptive services and counseling, as well as breast and cervical cancer screenings and testing and treatment for sexually transmitted infections (STIs). The assertion that community health centers could step into a breach of this magnitude is simply wrong and displays a fundamental misunderstanding of how the health care system works."¹⁰

Despite the critical role Planned Parenthood plays in providing health care to millions of Americans, since July, Planned Parenthood has been the focus of extensive discussion and scrutiny for our health centers' limited involvement in fetal tissue research as a result of a deliberate and systematic effort by David Daleiden and other opponents of safe and legal abortion to infiltrate our health centers, try to entrap our staff into potentially illegal conduct, and create discredited, doctored videos designed to smear Planned Parenthood. As I stated in an August 27 letter to Congressional leadership, there are a couple important things to know about Planned Parenthood's work in this area.¹¹

⁵ United States Government Accountability Office (GAO). (November 2012). "Report to the Secretary of Health and Human Services. GAO-13-55 Medicaid Access," Washington, DC: GAO, <http://www.gao.gov/assets/650/649788.pdf>, accessed Sept. 27, 2015.

⁶ United States Department of Health and Human Services Office of Inspector General (OIG). (December 2014). "Access to Care: Provider Availability in Medicaid Managed Care," Washington, DC: OIG, <http://oig.hhs.gov/oei/reports/oei-02-13-00670.pdf>, accessed Sept. 27, 2015.

⁷ Frost, J. and Hasstedt, K., 2015.

⁸ Ibid.

⁹ Ibid.

¹⁰ Rosenbaum, Sara. (2015, September 2). "Planned Parenthood, Community Health Centers and Women's Health: Getting the Facts Right," *Health Affairs Blog*. [Online]. <http://healthaffairs.org/blog/2015/09/02/planned-parenthood-community-health-centers-and-womens-health-getting-the-facts-right/>, accessed Sept. 27, 2015.

¹¹ Letter from Cecile Richards, President of Planned Parenthood Federation of America, to John A. Boehner, Speaker, U.S. House of Representatives, Mitch McConnell, Majority Leader, U.S. Senate, Nancy Pelosi, Minority Leader, U.S. House of Representatives, and Harry Reid, Minority Leader, U.S. Senate (August 27, 2015).

First, Planned Parenthood adheres to the highest standards. Second, Planned Parenthood is proud of its limited role in supporting fetal tissue research. Overwhelming bipartisan majorities in both the House and Senate recognized the value of this medical research when Congress passed the National Institutes of Health (NIH) Revitalization Act of 1993, and it has led to lifesaving discoveries that are helping millions of Americans. Third, our affiliates' facilitation of tissue donation in support of fetal tissue research is a miniscule part of the work of Planned Parenthood. Of the hundreds of health centers that are part of the Planned Parenthood network, currently just 1 percent facilitate their patients' tissue donation in support of fetal tissue research. Women who visit our affiliates regularly express a desire to donate tissue from their abortion. But whether because researchers have not requested tissue from the local affiliate or because the local affiliate has chosen not to participate, very few of our health centers offer women this opportunity.

For the few centers that are involved with fetal tissue research, our guidance goes above and beyond the requirements of the law. In fact, despite Mr. Daleiden's nearly three-year effort to entrap Planned Parenthood, he failed to succeed in convincing even a single affiliate to enter into a procurement contract with his fake company.

Even though our work involving fetal tissue research is a small part of what Planned Parenthood does, we are committed to continual improvement and meeting the highest medical and ethical standards in all we do, including facilitating tissue donations.

In my letter to Congress on August 27, I also shared information about the outrageous activities of Mr. Daleiden and his associates. As I explained, they sought to infiltrate Planned Parenthood affiliates and tried unsuccessfully to entrap Planned Parenthood physicians and staff for nearly three years. It is clear they acted fraudulently and unethically — and perhaps illegally. Yet it is Planned Parenthood, not Mr. Daleiden, that is currently subject to four separate congressional investigations.

Fifteen years ago, a congressional committee launched a similar investigation into allegations that Planned Parenthood centers sold fetal tissue. Like the current investigations, this investigation was prompted by video from a hidden camera and statements from an anti-abortion extremist claiming to have witnessed large-scale violations of federal law. At the congressional hearing, questioning revealed multiple contradictions in the testimony of the star witness. When the witness recanted his most inflammatory claims, a Republican committee member stated, "I found there to be so many inconsistencies in your testimony ... your credibility, as far as this member is concerned, is shot."¹²

While our involvement with fetal tissue research is a small component of Planned Parenthood, it offers the potential of lifesaving research. Last month, the Department of Health and Human Services wrote Congress that "fetal tissue continues to be a critical resource for important efforts such as research on degenerative eye disease, human development disorders such as Down syndrome, and infectious diseases, among a host of other diseases."¹³ We stand behind our affiliates that contribute to these efforts to discover medical breakthroughs.

¹² Hearing before the Subcommittee on Health and Environment, Committee on Commerce, U.S. House of Representatives, "Fetal Tissue: Is it Being Sold In Violation of Federal Law?" 106th Congress (March 9, 2000), <http://www.gpo.gov/fdsys/pkg/CHRG-106hhrg63102/html/CHRG-106hhrg63102.htm>, accessed Sept. 27, 2015.

¹³ Letter from Jim Esquea, Assistant Secretary for Legislation at the Department of Health and Human Services, to Senators Joni Ernst and Roy Blunt (August 14, 2015).

As I wrote to NIH Director Dr. Francis Collins on July 29, if changes to the nation's fetal tissue laws are to be considered, they should be guided by the deliberations of a new blue-ribbon panel.¹⁴ The sensationalistic atmosphere the doctored videos seek to create is exactly the opposite of the reasoned and deliberate process President Reagan set in motion with the Human Fetal Tissue Transplantation Research Panel. The videos mislead rather than inform the public debate.

But in our case, four congressional committees have launched investigations into our conduct — and none are investigating the person behind this fraud — and we are also facing votes to defund our entire organization even though 99 percent of our health centers do not participate in tissue donations.

Thank you for the opportunity to testify today on behalf of the 2.7 million patients who rely on Planned Parenthood for essential, high-quality health care every year, as well as our doctors and clinicians who want nothing more than to continue providing essential health services to women, men and young people across the country.

Thank you.

¹⁴ Letter from Cecile Richards, President of Planned Parenthood Federation of America, to Francis Collins, Director of the National Institutes of Health (July 29, 2015).

Chairman CHAFFETZ. Thank you.

I'll now recognize myself for 5 minutes.

Ms. Richards, Planned Parenthood has sent 32-plus-million dollars in grants overseas. Does any of these funds go to the Democratic Republic of the Congo?

Ms. RICHARDS. Congressman, let me tell you—

Chairman CHAFFETZ. No, no, no, no. We don't have time for a big narrative. I just want to know—

Ms. RICHARDS. I'm not going to give you—you asked me—

Chairman CHAFFETZ. —yes or no.

Ms. RICHARDS. You asked me a question.

Any of the money that Planned Parenthood raises and is given by foundations and individuals to support family planning services around the country is in Africa and in Latin America, and they go to individual organizations. I'm happy to provide you a list of those organizations, but I did not bring them with me today.

Chairman CHAFFETZ. If you could give us a list of those organizations.

Does Planned Parenthood have any ownership in foreign—a foreign company?

Ms. RICHARDS. I don't believe so. I don't know what you mean by "ownership." We have—

Chairman CHAFFETZ. Well, in your 2013 tax return, it lists \$3.3 million marked as, quote, "investment," end quote, in Central America and the Caribbean. I'm just asking if that investment was an actual investment.

Ms. RICHARDS. We don't own anything in those countries. What our—

Chairman CHAFFETZ. Okay. Let me keep going.

Ms. RICHARDS. Our global—

Chairman CHAFFETZ. I have to keep going. I need to get a—I would appreciate a list. And you've been very cooperative so far. Give us a list—

Ms. RICHARDS. We have been extremely cooperative.

Chairman CHAFFETZ. Yeah, and I just cited that. If you can give us a listing, as you said you would, of where those dollars go overseas, we would very much appreciate it.

Your compensation in 2009 was \$353,000; is that correct?

Ms. RICHARDS. I don't have the figures with me, but I'm—I don't want to—

Chairman CHAFFETZ. It was. Congratulations.

In 2013, your compensation went up some \$240,000. Your compensation, we're showing and based on your tax returns, is \$590,000, correct?

Ms. RICHARDS. That's not my annual compensation. Actually, my annual compensation is \$520,000 a year. I believe there was a retirement—there was a program that the board sort of put together for a 3-year—

Chairman CHAFFETZ. Okay.

Ms. RICHARDS. I'm happy—again, I think we've been extremely forthcoming with all of our documents, so—

Chairman CHAFFETZ. Let me go to the next one.

Mrs. MALONEY. Will the chairman yield?

Chairman CHAFFETZ. No, I won't.

Planned Parenthood and its lobbying arm, Planned Parenthood Action Fund, control two 527 organizations that have their own political activities, Planned Parenthood Votes and Planned Parenthood Action Fund PAC.

Do they receive money from Planned Parenthood to conduct these activities?

Ms. RICHARDS. The Planned Parenthood Action Fund is a totally separate corporation, receives no Federal dollars whatsoever.

Chairman CHAFFETZ. What about the management? Who manages it? Do you manage it?

Ms. RICHARDS. It's managed by a team of people who are employed by the Planned Parenthood Action Fund.

Chairman CHAFFETZ. Are you one of those that helps manage it?

Ms. RICHARDS. I don't directly manage it, no, sir.

Chairman CHAFFETZ. Do you help manage it?

Ms. RICHARDS. Some of my time is allocated to it, but I do not oversee the—I oversee—

Chairman CHAFFETZ. In 2013, you were listed as a shared employee. In fact, you were compensated with \$31,000 to help run that organization, correct?

Ms. RICHARDS. You asked me—excuse me, sir, but you asked me if I ran the organization. Some of my time—

Chairman CHAFFETZ. Or do you help run it?

Ms. RICHARDS. Some of my time is allocated to the Planned Parenthood Action Fund, which is required by law, and we meet all of the legal requirements.

Chairman CHAFFETZ. And so you also are involved in the Planned Parenthood Action Fund. What—if you could help us understand what the duties are for your \$31,000 of contribution. My guess is—you're running the mothership here—when you show up and want to have something done, it's probably done.

Does Planned Parenthood control any organizations that lobby?

Ms. RICHARDS. The Planned Parenthood Action Fund is a separate organization that has its own board and its own fundraising and no Federal employees.

Chairman CHAFFETZ. Shared employees, shared assets, shared lists, shared emails, shared assets. This is the concern.

Tell me about the—

Ms. RICHARDS. Could I—I just want to make sure you understood my statement, since I know that we're talking about Federal funds. Zero Federal funds are related to the Planned Parenthood Action Fund.

Chairman CHAFFETZ. It is the commingling that bothers us. Every dollar there—

Ms. RICHARDS. We are—

Chairman CHAFFETZ. No. Hold on. Every dollar that you get in a Federal—from Federal dollars means you don't necessarily have to allocate it for these particular assets. So that's what we're concerned about.

Tell me about the \$200,000 you gave to the Ballot Initiative Strategy Center. What was that for? That was in 2013, as well.

Ms. RICHARDS. So I'm not familiar with that exact payment, but I'm happy—

Chairman CHAFFETZ. Well, you gave them \$200,000. If you don't know—you're running this organization.

Ms. RICHARDS. Sir, I—

Chairman CHAFFETZ. Let me—let me—

Ms. RICHARDS. Excuse me, sir.

Chairman CHAFFETZ. No. No. Hold on. Let me list out what their goal is. Their mantra is, quote, "Envisioning a future where progressives change the game and use ballot measures as a political and civic engagement tool for victory." And you gave them \$200,000.

Ms. RICHARDS. Sir, I run an organization that has a budget of roughly \$200 million, and so when you pull out one figure out of the last 5 years, I'm trying to be responsive.

It's important—and perhaps you're not aware that there have been many efforts in States over the last several years to pass ballot initiatives that restrict women's access to birth control and reproductive health care.

Chairman CHAFFETZ. But you've also—

Ms. RICHARDS. So we've absolutely been involved in ballot initiative measures that have been introduced by people—

Chairman CHAFFETZ. This is why I don't think you need—

Ms. RICHARDS. —that want to restrict women's health care.

Chairman CHAFFETZ. If you want to be a private entity, be a private entity, but you don't need Federal dollars in order to do this.

Ms. RICHARDS. I don't use Federal dollars to do that, sir.

Chairman CHAFFETZ. You do to run the organization. Planned Parenthood—

Ms. RICHARDS. Excuse me.

Chairman CHAFFETZ. Planned Parenthood has given Planned Parenthood Action Fund more than \$22 million to exercise what—involved in their lobbying expenditures and their advocacy efforts.

Ms. RICHARDS. None of these—none of the dollars that you are discussing are Federal dollars. And the Planned Parenthood Federation of America receives almost no Federal dollars. I think, at this point, only \$21,000—

Chairman CHAFFETZ. So it goes through the—

Ms. RICHARDS. —for a clinical trial network—

Chairman CHAFFETZ. It goes through the same organization—

Ms. RICHARDS. —for birth control.

Chairman CHAFFETZ. —and you just separate all that out.

Let me—

Ms. RICHARDS. We are highly accountable—excuse me?

Chairman CHAFFETZ. My time—I've gone over time. I need to show this last slide. This one I don't understand.

And, in the case of Dayna, when she came to Planned Parenthood, did she get a mammogram?

Ms. RICHARDS. No. She was referred for a mammogram. Absolutely.

Chairman CHAFFETZ. And that's part of the challenge, is that you don't do mammograms. So if you—

Ms. RICHARDS. We—

Chairman CHAFFETZ. Go ahead.

Ms. RICHARDS. I'm sorry, I've never—

Chairman CHAFFETZ. You don't do mammograms, correct? There's, like, one or two places that does it, but—

Ms. RICHARDS. That's—

Chairman CHAFFETZ. —you don't do mammograms.

Ms. RICHARDS. If you would give me one moment—

Chairman CHAFFETZ. Sure.

Ms. RICHARDS. —to explain.

Planned Parenthood is a women's health center, just like every—where I go for my breast exams every year. If you need a mammogram, you're referred to a radiological center, and that's how women actually receive their care.

And we provide breast exams to—I can get you the numbers of how many hundreds of thousands of women received breast exams at Planned Parenthood last year. Has nothing to do with—I don't—again—

Chairman CHAFFETZ. Here's the problem.

Ms. RICHARDS. You created this slide.

Chairman CHAFFETZ. And I will try to wrap up.

Ms. RICHARDS. I have no idea what it is.

Chairman CHAFFETZ. Well, it's the reduction over the course of years—in pink, that's the reduction in the breast exams. And the red is the increase in the abortions.

Ms. RICHARDS. I—

Chairman CHAFFETZ. That's what's going on in your organization.

Ms. RICHARDS. This is a slide that has never been shown to me before. I'm happy to look at it, and—but it absolutely does not reflect what's happening at Planned Parenthood.

Chairman CHAFFETZ. You're going to deny that if we take—

Ms. RICHARDS. I'm going to deny—

Chairman CHAFFETZ. —those numbers out of your report—

Ms. RICHARDS. It's a slide that you've just shown me, that no one has ever provided us before. We've provided you all the information about everything, all the services that Planned Parenthood provides. And it doesn't feel like we're trying to get the truth here. You just showed me this; I'm happy to look at it.

Chairman CHAFFETZ. I pulled those numbers directly out of your corporate report.

My time has—

Ms. RICHARDS. Oh, excuse me. My lawyer is informing me that the source of this is actually Americans United for Life, which is an anti-abortion group. So I would check your source.

Chairman CHAFFETZ. Then we will get to the bottom of the truth of that.

We will now recognize Mr. Cummings for a generous 7 minutes.

Mr. CUMMINGS. I thought it was 8, Mr. Chairman. I think it's 8.

Chairman CHAFFETZ. Go ahead.

Mr. CUMMINGS. Thank you very much.

Ms. Richards, you know, I often hear women, including my wife, talk about the way women are treated as opposed to men. And, not being a woman, I at the same time try to be sensitive. So I want to just—you know, the chairman just gave you a series of questions. I just have a few other ones.

Ms. Richards, I find it extremely hypocritical that Republicans criticize the salaries of Planned Parenthood officials when you have violated no laws, especially while these same Republicans completely ignore the CEOs of huge companies that are actually guilty of breaking the law.

Earlier this year, Citicorp, J.P. Morgan, and other major banks pled guilty to manipulating currency markets and interest rates. They were fined more than \$5 billion for their actions. Yet Citigroup's CEO still received \$13 million last year, and J.P. Morgan's CEO received \$20 million. These banks get extensive Federal support in the form of borrowing through the Federal Reserve's discount window and access to deposit insurance through the FDIC.

Ms. Richards, do you know if House Republicans made any effort to strip the banks of their Federal support that I just talked about?

Ms. RICHARDS. I'm not aware.

Mr. CUMMINGS. Well, I can tell you. They didn't.

Johnson & Johnson, another one, was fined more than \$2 billion for illegally marketing drugs and paying kickbacks to doctors and nursing homes, yet the company's CEO still received \$25 million last year.

Ms. Richards, do you know if the House Republicans conducted an investigation of this company or other drug companies that violated the law? Do you?

Ms. RICHARDS. I do not.

Mr. CUMMINGS. Well, I can answer that for you. No, they didn't. And they also never sought to deny them Federal funding through Medicaid or to block their NIH grants.

Let me go on. Last month, Lockheed Martin was fined millions of dollars for using taxpayer funds to lobby Congress to maintain its hold on a multibillion-dollar Pentagon contract. Lockheed's CEO received a stunning \$33 million last year.

Ms. Richards, do you know if there has been any investigation or any effort—any—to eliminate Lockheed Martin's Federal funding?

Ms. RICHARDS. Sounds like there hasn't been.

Mr. CUMMINGS. You got it. Of course there wasn't.

These are huge companies that are actually guilty of breaking the law, and their CEOs make millions of dollars. Republicans never criticize the salaries of their CEOs, and they never try to strip their Federal funding, their government subsidies, or their tax breaks.

But when it comes to women's health—when it comes to women's health, the Republicans' approach is completely different. Republicans targeted Planned Parenthood, which provides essential, high-quality care to millions of American women more aggressively than all of these companies combined. With no evidence of wrongdoing, these Republican investigations multiply, and the political theater continues.

This whole defunding fight is just a pretext for the real Republican agenda—it's a pretext: Take away the constitutional right of women and their doctors to decide what is best for them. I reject these shameful—these shameful attacks on women's health.

Let me go on.

Now, Ms. Richards, I want to—again, I want to thank you for being here. And Republicans accuse Planned Parenthood of selling fetal tissue from abortion for profit. Federal law explicitly allows for the reimbursement of reasonable expenses for tissue samples. But the Republicans say that Mr. Daleiden’s videos are proof that Planned Parenthood was making a profit.

So, at this time, I’d just like to—do you know who Dr. Deborah Nucatola is?

Ms. RICHARDS. Yes, sir.

Mr. CUMMINGS. And who is that?

Ms. RICHARDS. She works for us in our medical division.

Mr. CUMMINGS. I was going to show some clips, but the—our friends had some problems with it, so I want to just do some quotes from some of the stuff that Mr. Daleiden left on the cutting floor when he was doing his—working with the tapes.

Dr. Deborah Nucatola said, and I quote, “To them, this is not a service they should be making money for,” end of quote. That’s left on—that was left on the floor. She said also, quote, “no one’s going to see this as a moneymaking thing,” end of quote. She went on to say, “We’re not looking to make money from this. Our goal is to keep access available,” end of quote.

Another quote that was left on the cutting room floor: “We really just want it to be reasonable for the impact it has on the clinic. This is not something—this isn’t a new revenue stream that affiliates are looking at. This is a way to offer patients a service that they want, do good for the medical community, and still maintain access at the end of the day,” end of quote.

She went on to say another piece on the cutting room floor. You know, this was on the floor. Quote, “Are there affiliates that would just donate the tissue for free?”—or—and then there’s another one. And then I’ll just end with this one. Dr. Nucatola said, and I quote, “Probably, I mean, really the guidance is, this is not something you should be making an exorbitant amount of money on.”

And so let me ask you this. Ms. Richards, I cannot imagine a more clear answer than these. I mean, as far as I can tell, Dr. Daleiden and his group spent the better part of 3 years—3 years, Ms. Richards—trying and failing to entrap Planned Parenthood employees. They tried to get someone to sign a contract, agree to a sale, or provide even one tissue sample at a price above the reasonable expenses that are allowed under the law. But nobody—nobody has identified a single—a single incident where that occurred.

Is that right, Ms. Richards?

Ms. RICHARDS. That’s correct.

Mr. CUMMINGS. It’s amazing how hard Mr. Daleiden and his group tried to get your affiliates to accept more than reasonable expenses. Over and over again, they pressed, they pushed, they cajoled, but they never succeeded.

So, after they failed in this 3-year effort, when they were unable to get even one agreement, they put out these misleading videos instead, and they cut out every single time an employee said, “No,” “No,” “No.”

Ms. Richards, this is my final question as I run out of time. In the clips that I just talked about, Dr. Nucatola was not aware that

she was being secretly recorded. Do you know whether that's accurate or not?

Ms. RICHARDS. That's completely accurate.

Mr. CUMMINGS. So she was sharing the truth; that is, Planned Parenthood does not seek to profit from its participation in fetal tissue research. Is that correct?

Ms. RICHARDS. That's correct.

Mr. CUMMINGS. My time is up.

Chairman CHAFFETZ. I thank the gentleman.

We'll now recognize the gentlewoman from Wyoming, Ms. Lummis, for 5 minutes.

Mrs. LUMMIS. Thank you, Mr. Chairman.

Thank you, Ms. Richards, for being with us today.

My first question is, how many Planned Parenthood clinics have mammogram machines?

Ms. RICHARDS. There aren't any Planned Parenthood clinics, I believe—to the best of my knowledge, not any have mammogram machines at their facility.

Mrs. LUMMIS. And how many Planned Parenthood clinics are there?

Ms. RICHARDS. On any given day, between 650 and 700.

Mrs. LUMMIS. Okay. So none, to your knowledge, have a mammogram machine.

Ms. RICHARDS. Right. We have different kinds of arrangements with—depending on the State, to refer women for mammograms.

Mrs. LUMMIS. And—

Ms. RICHARDS. As I said earlier to, I think, the question to the chairman, this is—

Mrs. LUMMIS. And what surgical services does Planned Parenthood provide? Surgical services.

Ms. RICHARDS. Well, we provide surgical abortions, and we provide colposcopy. We do a variety of services. And, Ms. Lummis—

Mrs. LUMMIS. Can you explain—

Ms. RICHARDS. —Ms. Lummis, to be responsive, you know, we have core services across the country, but some Planned Parenthoods provide broader services. Some—

Mrs. LUMMIS. Okay.

Ms. RICHARDS. —provide primary care, et cetera.

Mrs. LUMMIS. Okay. I was just asking about surgical services with that question.

Ms. RICHARDS. Okay.

Mrs. LUMMIS. Tell me—so abortion is included in “surgical services.” But can—I want to find out where you get your 3-percent figure that you cite for abortion procedures. That's your self-reported abortion statistic.

Ms. RICHARDS. That's 3 percent of all the procedures we provide in—

Mrs. LUMMIS. The—

Ms. RICHARDS. —all the services that we provide.

Mrs. LUMMIS. Okay.

Well, let's talk about Planned Parenthood revenue from abortions. If you look at the 2013 statistics that you report, abortions from—if you—from revenue would have been over 86 percent of your nongovernment revenue.

How do you explain this massive disparity between the amount of revenue you collect from abortion and the fact that you only report 3 percent of your services being abortion?

Ms. RICHARDS. Well, I think there's two questions you've sort of mixed in there, so let me try to address both.

One is, as we've already stated, Federal money does not go for abortion, so the Federal portion that we were discussing is reimbursement for preventive care services. I think the other—so that's why they're not—those numbers don't—aren't connected.

Mrs. LUMMIS. How many—

Ms. RICHARDS. The—

Mrs. LUMMIS. Can you tell me how many of your affiliates receive the majority of their revenue from abortion?

Ms. RICHARDS. I don't know that answer.

Mrs. LUMMIS. Could you get it for me?

Ms. RICHARDS. I'll talk to my team.

Mrs. LUMMIS. Thanks.

Ms. RICHARDS. But I do think it's important to understand that abortion procedures are probably more expensive than some other procedures that we—that we provide, which might, you know, might explain what you're trying to get at.

Mrs. LUMMIS. Okay.

According to your 2013 tax return—I'm switching now to travel expenses—Planned Parenthood spent over \$5.1 million on travel last year. So, as the chairman said earlier, that's nearly \$14,000 per day.

What is all that money being spent on?

Ms. RICHARDS. Well, we're an organization that—we're in 50 States. We also, as the chairman has noted, we have programs in Latin America and in Africa, as well, where we support family planning programs in those—so I can certainly—and I think we have provided very detailed information, thousands of pages of both our financial statements, our audited financials, our annual report. And if there's anything that we need to break down further, I'm happy to do that.

What I would say, that, again—

Mrs. LUMMIS. I would very much appreciate it if you would break it down, because the taxpayers are funding over 40 percent of Planned Parenthood. And my point is they just have a right to know how this money is being spent—

Ms. RICHARDS. Absolutely.

Mrs. LUMMIS. —and if taxpayer dollars are being used to free up services that you provide that are aberrant services in the view of many taxpayers, when there are alternatives in this country, many, many, 13,000 clinics that cater specifically to women's health.

Ms. RICHARDS. Well, Congresswoman Lummis, I'd like to address that. Because one of the comments that was made earlier, I wasn't able to respond, is that we don't get a Federal subsidy. Really it is important to understand for everyone here how the Medicaid program—

Mrs. LUMMIS. Can you function—let me ask you this—could you function on non-Federal dollars? Why do you need Federal dollars? You're making a ton of dough.

Ms. RICHARDS. We don't make any profit off of Federal money. And if I could just have a moment to explain, \$1.6 million—

Mrs. LUMMIS. But you are using Federal dollars and displacing money that could go to the 13,000 healthcare clinics.

My time is up. I yield back.

Ms. RICHARDS. Could I answer the question?

Chairman CHAFFETZ. Sure.

Ms. RICHARDS. I'm not sure exactly what the whole question was, but I do think it's really important that you understand that 60 percent of our patients are receiving either—they are either Medicaid patients or they may be Title X patients. Seventy-eight percent of our patients live at 150 percent of poverty or below, and for many of them Planned Parenthood is the only family planning provider that will see them in their area. Half of our health centers are in medically underserved communities.

So it is not a—we are getting—we don't just get a big check from the Federal Government. We, like other Medicaid providers, we are reimbursed directly for services provided.

Mrs. LUMMIS. Mr. Chairman, thank you for allowing Ms. Richards to answer the question. Thank you.

Chairman CHAFFETZ. Just as a point of clarification, Ms. Richards, I want to make sure there is no ambiguity here. The gentleman from Wyoming asked for a listing of affiliates where the majority of revenue comes from abortion services. You said you'd talk to your team. Will you actually provide us that list?

Ms. RICHARDS. I will talk to my team. Just for the record, I am here voluntarily. We have provided tens of thousands of pages of documents to you. We have provided audited financial statements. I will talk to my team and we will do everything we can to be—

Chairman CHAFFETZ. For the record, you have been very cooperative. I just want to keep that rolling. And you were good at agreeing to give other bits of information. Why not this part of information?

Ms. RICHARDS. I don't want to commit to anything that I don't actually have. I said I will work with you and your team. We have no interest in hiding any information.

Chairman CHAFFETZ. If you have it, will you give it to us?

Ms. RICHARDS. I don't have it, so I'm just saying to you, I will work with my team, and we are working with your staff to provide any and all information that we can.

Chairman CHAFFETZ. I would hope that that would include the request from Mrs. Lummis of Wyoming as well.

I now recognize the gentlewoman from New York, Mrs. Maloney, for 5 minutes.

Mrs. MALONEY. Thank you, Mr. Chairman. And I first would like to register my opposition and my objection to the chairman beating up on a woman, on our witness today, for making a good salary. In the entire time I have been in Congress, I have never seen a witness beaten up and questioned about their salary. Ms. Richards heads a distinguished organization providing healthcare services to millions of Americans, and I find it totally inappropriate and discriminatory.

Ms. Richards, are you aware that there are over 285 rallies in support of Planned Parenthood, including one in my district today,

and that many are calling today National Pink Out Day in support of the services and life-changing and life-support services of Planned Parenthood? Are you aware of that?

Ms. RICHARDS. I am aware of that, and I look forward to changing into pink as soon as these proceedings are finished today.

Mrs. MALONEY. And are you aware that over 2.7 million men and women in America choose Planned Parenthood as their primary health provider and that there are two Planned Parenthood clinics in the district that I am privileged to represent? And if you go at the end of the day, young women and men are lined up through the waiting room, out the door, and on some days clear down the block waiting for the healthcare services of Planned Parenthood.

Ms. RICHARDS. I'm glad to hear that. And, again, we're pleased to provide services to anyone who walks in our door.

One of the things that I think is very important and refers a little bit to the question earlier is that 60 percent of our health centers are able to see patients on the same day. And I know for many women, if they are concerned about a lump in their breast or they need birth control, and for some of them they haven't had an annual exam in many, many years, we are proud to be able to serve them with high-quality care when they need it.

Mrs. MALONEY. And are you aware that this hearing today is promoted by a series of deceptively edited and purposely misleading videos that have been found to be deceptively edited by leading fact-checking organizations in this country, including five States? Five States had their own individual investigations. Now it's six. Missouri did their own review, and they found that they are complying, that Planned Parenthood is complying with all State laws and regulations regarding tissue donations.

Now, are you aware of any other efforts by Republicans and others to defund other organizations that provide health care, reproductive health care to women in this country?

Ms. RICHARDS. I'm not aware of any, but there may be.

Mrs. MALONEY. What about attacks on Title X?

Ms. RICHARDS. Well, I think it has been concerning that not only are we seeing in this country efforts to end access to safe and legal abortion, which is an important right of women in America, but the reductions in support for family planning are equally disturbing.

I'm very encouraged actually that finally we are beginning to see some breakthrough. As I said earlier, we have now the lowest teen pregnancy in 40 years in America. We are seeing much better birth control and through the Affordable Care Act now 50 million women getting access to no-cost birth control. I think there is a lot we can do to reduce unintended pregnancy in America.

Mrs. MALONEY. What do you say to those who want to defund Planned Parenthood and outlaw abortion altogether in our country?

Ms. RICHARDS. Well, I think what is important to me is, you know, at Planned Parenthood we trust women to be able to make their own healthcare decisions and to make their decisions about where they want to go to for health care. And I know that a lot of the members of this committee feel strongly that people should be able to go to their own doctor. So this isn't really an attack on Planned Parenthood. This is an attack on 2.7 million patients who

each year choose Planned Parenthood as their healthcare provider, and I think they should have that right.

Mrs. MALONEY. And I agree with you completely. We in Congress can choose our healthcare provider. Vulnerable men and women should likewise be able to choose their healthcare provider.

I would just like to end by saying that using these videos to justify efforts to defund Planned Parenthood is an extreme abuse, it is deceitful, and it undermines the integrity of this committee.

Thank you. My time has expired.

Chairman CHAFFETZ. The gentlewoman's time is expired.

I now recognize the gentleman from Ohio, Mr. Jordan.

Mr. JORDAN. Thank you, Mr. Chairman.

Ms. Richards, if the videos were selectively edited, heavily edited, if this was entrapment, if this was all untrue, then why did you apologize?

Ms. RICHARDS. Well, Congressman, first I think everyone has agreed they were heavily edited and that certainly I think even the perpetrator agreed—

Mr. JORDAN. My question is, why did you apologize?

Ms. RICHARDS. The perpetrator has agreed they were done undercover. I spoke with Dr. Nucatola, who was featured in one of the videos, and I thought it was important. In my opinion, it was inappropriate to have a clinical discussion in a nonconfidential, nonclinical setting, and I told her that.

Mr. JORDAN. What were you apologizing for?

Ms. RICHARDS. That she used, I think, in my judgment, it was bad judgment to have a clinical discussion in a nonclinical setting.

Mr. JORDAN. I mean, the first video comes out July 14. Two days later you go and issue an apology. And you said this: "It's unacceptable. I personally apologize for the tone and statements." Well, I want to know—

Ms. RICHARDS. I felt like—

Mr. JORDAN. No, here is the question. Which statements were you apologizing for?

Ms. RICHARDS. It was really the situation that she was in. And I believe that, again, at that—

Mr. JORDAN. But, Ms. Richards, that's not what you said. You said: I apologize for statements. I'd like to know, I think the American people would like to know which statements in the video were you apologizing for. Were you apologizing for statements that were untrue? Because you normally don't do that in life. If something is untrue and false, you don't apologize for that, you correct the record. But that's not what you said. You said: "I personally apologize for the tone and statements."

And I'm asking you a simple question. There was only one video at the time you issued this statement, when you did your video. There was only one video. I want to know, in that video that you were referencing, which statements were you apologizing for?

Ms. RICHARDS. Well, Congressman, at the time, as you I'm sure remember, that video was released, we'd had no time to actually evaluate how much editing had happened. It was days later that we were able—

Mr. JORDAN. Which true statements in that video were you apologizing for, Ms. Richards?

Ms. RICHARDS. And so I was reflecting that on that video, not any particular statement, that given—did not reflect the compassionate care that we provide at Planned Parenthood.

Mr. JORDAN. Okay. Well, that raises an important question. So is what you said in your video untrue, you weren't really apologizing for statements made?

Ms. RICHARDS. I was apologizing for what was said in a nonclinical setting, in a nonappropriate way, and I don't believe—and I don't believe—

Mr. JORDAN. You can't have it both ways. You can't say, I'm apologizing for statements in one video, and then not tell us what those statements were.

Ms. RICHARDS. I don't believe that Dr. Nucatola—

Mr. JORDAN. Or you can do this. You can say: You know what? What I said in the video I produced wasn't true. I really wasn't apologizing for any statement. You can tell us that here on the record if you'd like. But it can't be both positions. It has to be one. And I want to know which one is it? And, frankly, the American people want to know which one is it?

Ms. RICHARDS. In my judgment it was inappropriate to have that conversation in a nonclinical setting, in a non confidential area about clinical matters, and I have told that to Dr. Nucatola.

Mr. JORDAN. Okay. Why didn't you say that?

Ms. RICHARDS. I will also tell you, Dr. Nucatola—

Mr. JORDAN. Why didn't you say that? This wasn't a reporter sticking a mic in front of your face. This was a video you produced to send out to the whole world.

Ms. RICHARDS. Congressman, we may just have to agree to disagree—

Mr. JORDAN. Why didn't you say that? If that's what you were thinking, why didn't you say that?

Ms. RICHARDS. We may just have to agree to disagree on this matter. I think I've explained myself.

Mr. JORDAN. I don't think we're agreeing to disagree. I think you're not answering my question.

Ms. RICHARDS. Well, I've answered it, I think, repeatedly here. And I want to say also for the record—

Mr. JORDAN. Real quickly, just for the record, but this to me is critical. Because at the moment you did this, there was only one video. And then you do your video in response to that video. And you made a specific statement. I'm sure your staff worked on the issue, prepared it. This probably went through a number of drafts. And you were very specific in what you said: "I apologize for the tone and statements."

So there are obviously statements in that first video that were accurate that you didn't think needed to be out there, and you wanted to apologize for it, and you wanted that message heard by the American people. And I'm asking you a simple question. In that first video—

Ms. RICHARDS. Congressman Jordan—

Mr. JORDAN. In that first video, tell me what you needed to apologize for?

Ms. RICHARDS. That highly edited video, that now, of course, as we have gotten further and I have read pages—pages and pages now—

Mr. JORDAN. That highly edited video that you apologized for.

Ms. RICHARDS. Excuse me. I have now read hundreds of pages of all of the things that were said, and what is clear now, that there were many, I think 10 times during that conversation, in which Dr. Nucatola expressly said—

Mr. JORDAN. Ms. Richards, it's a simple question.

Ms. RICHARDS. Well, I have answered it as best—

Mr. JORDAN. It is as simple and as basic as it gets. You don't apologize for things that are inaccurate. You apologize for things that are accurate. And you said there were statements in that first video that I want to apologize for. I'm asking you to tell this committee chairman, this committee, and the American people, what were those statements?

Ms. RICHARDS. Well, I think I have already made my explanation. And just for the record, Dr. Nucatola is an excellent doctor.

Mr. JORDAN. I'm not saying she's not. I'm asking what you said.

Ms. RICHARDS. Well, I'd just like—you've had your moment.

Chairman CHAFFETZ. The gentleman's time has expired.

Ms. RICHARDS. I wanted to make sure that you understood that she provides incredibly compassionate care and I'm proud of her.

Chairman CHAFFETZ. Thank you.

I now recognize the gentlewoman from the District of Columbia, Ms. Norton.

Ms. NORTON. Ms. Richards, first I want to thank you for the Medicaid funds you do receive. The fact that they are Medicaid funds makes its own statement about who you are serving. You are serving low-income women in my community and throughout the country. I want to thank you for that.

I want to congratulate you on raising your own funds. You receive a very small grant. You are being investigated by four committees of the United States Congress and the Speaker wants a standing committee. None of them have indicated they want to investigate this deceptive tape, which at the moment is enjoined because it may indeed be illegal. Yet, this committee is about uncovering illegal matters, not providing a cover for such matters.

You know, when I saw this tape I had a sense of dj vu, and I asked the staff to look to see, you know, isn't there some kind of pattern here, and discovered that there were nearly 10 of these deceptive sting operations over the past 10 or 15 years.

Ms. RICHARDS. Correct.

Ms. NORTON. May I ask you, has any one of those stings uncovered wrongdoing on the part of Planned Parenthood?

Ms. RICHARDS. Absolutely not. And thank you, Congresswoman Norton, I think it is important to recognize this is a tactic that has been used repeatedly, and as you say, 10 times in the last 15 years, and every single time it's been thoroughly discredited.

Ms. NORTON. You know, and it seems they never learn, Ms. Richards. I want to bring to your attention a sting from 2000 that looks remarkably like this one. An anti-abortion extremist approached the committee, I think it was the House Energy and Commerce Committee, to say that they had evidence that Planned Parenthood

was selling fetal tissue for profit, which is, of course, what has been alleged by Republicans consistently.

Of course, there was an investigation, a hearing with this whistleblower, who claimed he had helped Planned Parenthood sell fetal tissue for profit and that he had seen intact fetuses at a Planned Parenthood clinic. By the way, does that not sound familiar? He said—there was an affidavit at the hearing. He swore that in his affidavit—this is somebody who was watching out for perhaps being prosecuted at the hearing—that he had no personal knowledge of anyone at Planned Parenthood selling fetal tissue for profit.

During his testimony—this is about 15 years ago—he admitted that he was paid by an anti-abortion group to appear in the sting video. And I want to quote what he said. “When I was under oath, I told the truth. Anything I said on the video when I was not under oath, that is a different story.” Does that not sound like the story of this video?

Ms. RICHARDS. I think it does.

Ms. NORTON. I want to know how you can protect yourself as an institutional matter, how do you deal with these repeated stings, unsuccessful though they are, being approached year after year as you attempt to provide health services for low-income women? What do you do as an institutional matter with repeated stings to keep going in the face of this activity?

Ms. RICHARDS. Well, I think what keeps us going, and I think I could speak here for the thousands of folks that work at Planned Parenthood, many of whom deal with threats to their own personal safety, is it's the patients, that's what keeps you going.

Ms. NORTON. But is there anything you could do to protect yourself, excuse me, to protect yourself when people come off the street? You presume they would be in good faith. Is there anything that an organization could even do to protect themselves against unethical activity of this kind?

Ms. RICHARDS. Well, we work—I mean, we work very hard to protect our patients, and they are our number one priority always, and so we have security. We take it very, very seriously. It's a shame to think that there are people in this country who are so committed to ending women's access to both birth control and safe and legal abortion that they will really resort to any means to try to entrap people, twist the truth, in order to reach their ends.

But again, we believe, and why I'm here voluntarily today, is that the facts are on our side. We're proud of the health care that we deliver every single year, despite the animosity by some, and we are grateful that the American people stand with Planned Parenthood, as I think as the Wall Street Journal showed last night.

Ms. NORTON. Sixty-five percent.

Ms. RICHARDS. Thank you, Congresswoman.

Chairman CHAFFETZ. I thank the gentlewoman.

We'll now recognize the gentleman from Florida, Mr. Mica, for 5 minutes.

Mr. MICA. Thank you, Mr. Chairman.

Thank you, Ms. Richards, for being with us.

I guess we're all products of our personal experience. We heard the chairman, we heard the ranking member, how their lives are

affected. I guess when I was young I had a different opinion, but when my wife and I lost our first child your life and your philosophy change. And from that time, I tried to be a champion for the unborn. They don't have advocates. A lot of groups, they get a lot of money advocating. But they don't have a very good lobby.

You are an advocate for abortion, and your organization provides a significant number of abortions. I think the staff told me there were about 300,000 abortions last year in the United States. Is that approximate?

Ms. RICHARDS. About 300,000 at Planned Parenthood.

Mr. MICA. At Planned Parenthood.

Ms. RICHARDS. That's correct.

Mr. MICA. What's the total in the United States?

Ms. RICHARDS. I think it's about a million. Actually, don't hold me to that, though. I don't have the numbers in front of me.

Mr. MICA. So basically you provide about a third of the abortions. So you're the leader—you would probably have to be the leading provider of abortion in the country, your organization?

Ms. RICHARDS. I don't know if that's exactly true. I just only know what we do.

Mr. MICA. You know, I have had belief of some exceptions, but there are many people that I represent myself who object to any public money going into abortions. I think the majority of Americans would oppose public Federal dollars going into abortion. Would you agree with that?

Ms. RICHARDS. I don't think the polling reflects that, but I guess—and it depends. I'm not familiar with your district.

Mr. MICA. Again, I think if you ask people, I think they would, and that's part of it.

Now, the most recent controversy raised questions about public money and your organization. I looked at it, I was kind of stunned. It's about 41 percent of your total money is Federal money. That's not just a small amount, because if you had your—the money you get from different programs, grants, et cetera, it's 41 percent, and I have had that figure confirmed. That's a significant amount of money.

Nobody—I don't think most people have any problem with you spending the money on women's health care. I'm a strong advocate for that. You have 650 clinics?

Ms. RICHARDS. Roughly. There are new ones opening all the time.

Mr. MICA. You told Mrs. Lummis that you don't have one mammogram machine in one?

Ms. RICHARDS. We have never—mammograms have never—

Mr. MICA. So you don't do that, but you—

Ms. RICHARDS. We do breast exams.

Mr. MICA. You do.

Ms. RICHARDS. Just like my own doctor does for—right.

Mr. MICA. But your breast exams actually are down significantly. And I have got the numbers from your reports, from 830,312 exams in 2009 to 487,029 in 2013. And those are your statistics. So you are getting more money. You are not spending it there.

Now, do all 650 of the clinics perform abortions?

Ms. RICHARDS. No, sir.

Mr. MICA. How many?

Ms. RICHARDS. Roughly half provide abortion services.

Mr. MICA. So half of the clinics. Again, this is where when 41 percent of the money is coming out of the public treasury, people become concerned. And there are people who their religion, their principles, they feel very strongly, as do I, that no public money should go into this.

Mr. Cummings said we should do everything we should to put money into research. You're not putting money into research. You know, you're criticized for your salary, which is, you know, it's a big organization. But then you look at where's the money going? In Minnesota, North Dakota, South Dakota, one employee got \$459,000; in southern New England one employee got nearly \$400,000, \$398,000; another one, in Mira Monte, \$387,000; another one, \$377,000; another one, a-quarter-of-a-million dollars. There are dozens of employees in the quarter-of-a-million-dollar range.

People want the money to go for research, people want the money to go for helping women with their health care, identifying the problem, or putting the money where it can do the most good. And again, we don't—we have at least the perception of it not being the case when the chairman outlined travel, lavish parties, and expenses. And maybe you separate that money out, but I'm telling you, it does not look good.

I yield back.

Chairman CHAFFETZ. I thank the gentleman.

Ms. RICHARDS. I would love a chance to respond, but I guess that wasn't really—

Chairman CHAFFETZ. It was more of a comment than a question. We need to keep the pace here.

Ms. RICHARDS. Okay.

Chairman CHAFFETZ. We'll now recognize the gentleman from Virginia, Mr. Connolly, for 5 minutes.

Mr. CONNOLLY. I thank the chair.

Welcome, Ms. Richards.

Ms. RICHARDS. Thank you, Congressman.

Mr. CONNOLLY. I wish your mom were here today. She'd be handing out Texas boots to a lot of my colleagues.

Ms. RICHARDS. She's here in spirit.

Mr. CONNOLLY. Yeah, thank God.

You know, I hope every American woman is watching today's hearing because just the visuals, as well as the audios, tell you a lot. My colleagues like to say there is no war on women. Look at how you've been treated as a witness: Intimidation, talking over, interrupting, cutting off sentences, criticizing you because of your salary. How dare you? Who do you think you are? Making a professional salary as the head of a premier national organization and daring to actually make decisions as the head of that organization. Lord Almighty, what's America coming to?

The disrespect, the misogamy rampant here today tells us what is really going on here. This isn't about some bogus video, the author of whom does not have the courage to appear here, nor would the majority call him because they know he'll make a bad witness under oath. This is about a conservative philosophy that says we are constitutionalists. They hold it up. We believe in rugged indi-

vidualism and personal liberty. With one big carveout, though, there is an asterisk in that assertion, and that is except when it comes to women controlling their own bodies and making their own health decisions.

You would never know that the Constitution, according to the Supreme Court, guarantees a right of choice. Hopefully, apparently, we're going to erode that choice and that right by using insinuation and slander and half truths to besmirch a premier organization whose primary mission is to provide health services both to men and women, but primarily women.

You know, this notion, one of my colleagues said, well, getting rid of Planned Parenthood will just hand over these functions to community health clinics and other nonprofits that can take up the slack. Now, if you were really committed to that principle, surely you would agree to the expansion of Medicaid as provided under the Affordable Care Act to, in my home State of Virginia, 400,000 people who aren't currently covered.

Ms. RICHARDS. That's correct.

Mr. CONNOLLY. Make your job a lot easier, wouldn't it?

Ms. RICHARDS. A lot of women, a lot of families in this country need access to health care that are getting it.

Mr. CONNOLLY. Right. So if we really mean it, that's what we do. But of course the very same people who are saying that vehemently oppose the expansion of Medicaid, which would be funded in the first 3 years by 100 percent of Federal dollars and thereafter 90 percent, a good deal for any State, which might be why the Governor of Ohio, the Republican Governor of Ohio actually agreed with that and expanded it.

Ms. RICHARDS. That's right.

Mr. CONNOLLY. Is there anything else you want to add, uninterrupted, with some sense of respect, Ms. Richards? Let me at least provide that to you.

Ms. RICHARDS. Well, thank you, Congressman. And I did want to respond to some of what's been said. We are a healthcare provider to 2.7 million people every year. They come to us by choice. And so when I think about what's really at stake here, particularly for folks who think about ending access to Planned Parenthood, I think about those folks.

Last year, we provided 3.5 million birth control services in this country; 4.4 million STD testing and treatments; 378,000 Pap tests; and almost half a million breast exams; and more than a million pregnancy tests. I think it's interesting, one of the things we do at Planned Parenthood is we work to the highest level, most current level of health care for women. And so it's interesting, we are being criticized for the decline in Pap smears, but in fact that's because we actually have adopted the recent—the best medicine, which is that not every woman needs a Pap smear every year.

To me that's what we're about, is making sure that every woman in this country, regardless of where she lives, regardless of her income, her immigration status, whether she is insured, can get access to health care. That's what we do at Planned Parenthood and we're proud to do it.

Chairman CHAFFETZ. I thank the gentleman.

Mr. CONNOLLY. And there's other thing, and that's called respect. Thank you, Ms. Richards, for being here.

Ms. RICHARDS. Thank you.

Chairman CHAFFETZ. I thank the gentleman.

I now recognize the gentleman from Tennessee, Mr. Duncan, for 5 minutes.

Mr. DUNCAN. Ms. Richards, this is my 27th year in Congress. I can assure you, I have seen many male witnesses treated much tougher than you have been treated here today. And also, surely, you don't expect us—I can assure you, I'm not going to be tough on you, but surely, you don't expect us to be easier on you because you're a woman?

Ms. RICHARDS. Absolutely not. That's not how my mama raised me.

Mr. DUNCAN. Right.

Let me ask you this. You say in your testimony that a lot of women wouldn't have access to certain types of health care were it not for Planned Parenthood. Do you know that the Department of Health and Human Services says there are 9,727 healthcare service delivery sites, there are 4,082 rural health clinics, 1,200 federally funded qualified health centers that also operate 9,000 other sites—over 9,000? Do you know about that?

Ms. RICHARDS. Uh-huh.

Mr. DUNCAN. And you also know that there are over 2,000 pregnancy health centers, over 80 percent of which receive no Federal funds at all. And that doesn't even count the many hundreds of thousands of private doctors, nurses, and healthcare delivery services, walk-in clinics, and so forth. Have you taken all of that into consideration?

Ms. RICHARDS. Certainly. I mean, what I can speak to is what I know about is the patients that choose—again, voluntarily—to come to us. I think one of the interesting things is that for nationally a third of the women who access family planning services through a safety net provider, a third of the women get that from Planned Parenthood, even though—even though we are only—

Mr. DUNCAN. But my point is there's many, many thousands of other alternative healthcare providers.

Let me ask you this. According to our reports, there are 2.3 million private charitable organizations. Almost all of them receive no Federal funds. But do you know how many receive 41 percent of their funding from the taxpayers?

Ms. RICHARDS. I don't know how many see as many patients as we do. We see 2.7 million patients a year.

Mr. DUNCAN. Well, I'm saying, do you know of any other private charitable organizations that are receiving 41 percent from the government or \$528 million from the taxpayers?

Ms. RICHARDS. Well, again, I think the comparison, the fair comparison would be, who is seeing 2.7 million patients? Because as I said earlier, we don't get a big check from the Federal Government. We actually are reimbursed for services delivered, for birth control, for STD testing and treatment, for well-woman visits.

Mr. DUNCAN. Well, I can tell you that almost every one of those 2.3 million charitable organizations would, I'm sure, if given the opportunity, would tell us that the government—taxpayers benefit

from what they're doing also. And just to give you an example, the national Boys & Girls Clubs in their last annual report said they received \$26 million from the Federal Government compared to your \$528 million. It seems a little bit lopsided to me.

Ms. RICHARDS. Well, I think the cost of providing health care to 2.7 million people, and I very much respect the Boys & Girls Club, but we are actually just—we work like hospitals and other healthcare providers and being reimbursed for—directly for services that we provide. Again, I think it's—the comparison is a little apples and oranges.

Mr. DUNCAN. Let me ask you this. Do you think it's right in a free country to force people to contribute to your organization? Because that's what you are doing, taking taxpayer money from people that are totally opposed to what you're doing.

Ms. RICHARDS. We provide health care under the Medicaid program just like every other hospital and healthcare provider that sees Medicaid patients. And I think one of the things that's important to understand is in many areas there aren't new doctors or healthcare providers that will see Medicaid patients. So particularly when you are talking about OB-GYN services, it's not always easy for women, and particularly in the southern United States, to find someone who will actually provide them a well-woman visit, birth control services.

Mr. DUNCAN. Let me ask you this because my time is running out. But I know you apologized for the discussion and the tone and maybe the laughter—I don't know whether you apologized for the laughter or not on the videos. But I'm not clear on this: Do you defend the sale of baby body parts?

Ms. RICHARDS. No. And I think that is really a total mischaracterization. Fetal tissue research, which as I mentioned was started, the whole commission that legalized and created the structure under fetal tissue research was started under the Reagan administration. And it is—actually what it does is facilitates fetal tissue donation. And that is actually, as I said, fewer than 1 percent of our health centers do any—facilitate fetal tissue donation for the patient. But fetal tissue research—

Mr. DUNCAN. My time has run out. I just want to say this. It seems to me that the apology you offered was like what some criminals do. They're not really sorry for what they've done, they're sorry they got caught. And it seems to me that your apology is more because you got caught on these videos.

Thank you, Mr. Chairman.

Ms. RICHARDS. I respectfully disagree.

Mr. JORDAN. [Presiding.] I thank the gentleman.

The gentlelady from Illinois, Ms. Duckworth, is recognized.

Ms. DUCKWORTH. Thank you, Mr. Chairman.

Ms. Richards, thank you for being here and testifying today. I'm troubled by the ongoing attacks to defund Planned Parenthood, an organization that provides such extensive preventative healthcare services to millions of women.

And in fact, I ask unanimous consent to submit for the record a letter from 92 organizations that work closely with Planned Parenthood talking about all of the great, high-quality health care

Planned Parenthood provides to women and men across the country.

Mr. JORDAN. Without objection, so ordered.

Ms. DUCKWORTH. Thank you.

I, myself, have received services from Planned Parenthood. In fact, I, like many young men and women in this country, when I was in my early 20s and first in college, I came from a very poor family and I wasn't really able to afford college. And, in fact, I went to college based on student loans and Pell grants and two jobs, one of which was as a waitress. I couldn't get that waitressing job without getting a health exam, and I couldn't afford to go to a doctor. And the job was there. You can start Friday if you come in with a valid health exam. Go to your local Planned Parenthood. They will do it for you today and you can start work in 2 days. It was a lifesaver.

And so I remember what it was like to be a young person, needing the health care and being able to trust that I could go to my local Planned Parenthood to get all the care that I needed. So thank you to the organization for providing those services for me when I was in need.

I want to talk a little bit about what you do across the country and focus a little bit, as an example, on my home State of Illinois. I think it is a critical point that 96 percent of the services that Planned Parenthood, according to your most recent annual report, are for preventative and screening services. In fact, in Illinois for 2015, and I think—tell me if these numbers sound accurate to you—nearly 60 percent patients were served over the course of approximately 110,000 visits in Illinois. Nearly 50,000 visits were for contraceptive services and over 34,000 visits were for STD testing and treatment; 7,000 visits were for cancer screenings. Does that sound about right to you, Ms. Richards?

Ms. RICHARDS. That does. That does, thank you. Yes, Congresswoman.

Ms. DUCKWORTH. Thank you.

I would like to address an issue that started very early on in this hearing, which was this implication that by allowing Medicare and Medicaid to reimburse Planned Parenthood we are shifting money away that could be better used for military defense and for our service men and women. And as a military woman who just retired after 23 years of service, I would like to ask you to talk a little bit about the services that Planned Parenthood has provided to military men and women and their families for the past several decades, and also include the women of the Peace Corps.

You know, I think it is especially important to note that the very women who are willing to lay down their lives to defend the Constitution of this great Nation were denied services under the Hyde Amendment for abortion services, especially as a result of rape or incest. And especially, you know, this is tragic in light of the many tens of thousands of women who are victims of military sexual trauma every single year. So can you go over what you have done for military men and women and Peace Corps volunteers for the past many decades?

Ms. RICHARDS. Well, thank you. And I'm glad we were able to provide you health care when you needed it. I know for many

young women, I too, my first real doctor visit was at a Planned Parenthood when I had gone away from Texas. So I am grateful as well to the organization.

We do serve everyone, and that is really—our mantra is “Care. No matter what.” We believe it’s so important that no matter what walk of life someone comes from, whether they’re insured, whether they’re in the military, that they get services. In fact, I remember the last time that this House of Representatives went through a similar exercise, I remember hearing from a woman in North Carolina, who said, you know, she wrote in, she said: I don’t know that they know that us military wives go to Planned Parenthood when the doctor on base can’t see us.

And so I do know that we serve military families all over this country, and we’re proud to do so.

Ms. DUCKWORTH. Can you talk a little bit about Senator Murray’s bipartisan legislation to allow—Women Veterans and Family Health Services Act—which would allow us access to IVF treatment, many of us for infertility issues caused by our military service, being withdrawn as a result of the attacks on Planned Parenthood?

Ms. RICHARDS. Well, I’m not familiar with all the details of her bill, but I know Senator Murray has been a strong advocate for addressing—ensuring that women in the military get the same types of services that women do here in the States. And I think we are highly supportive of that. It is incredibly important to me that women—we equalize women’s access to health care, both globally and in the U.S.

Ms. DUCKWORTH. Thank you very much, Ms. Richards.

I yield back, Mr. Chairman.

Chairman CHAFFETZ. [Presiding.] I thank the gentlewoman.

We’ll now recognize the gentleman from Michigan, Mr. Walberg, for 5 minutes.

Mr. WALBERG. I thank the chairman.

And I thank the witness for being here. And I want you to note I’m wearing a pink tie in solidarity with women’s health issues today. My wife, my daughter-in-law, my daughter, my two granddaughters—

Ms. RICHARDS. Congratulations.

Mr. WALBERG. —are extremely important to me.

Just to go back to some of the statements on the videos, and I’m not going to spend time there, but Planned Parenthood commissioned a report by Fusion GPS examining the authenticity of the videos. The conclusion of that report says the analysis did not reveal widespread evidence of quote, “substantive video manipulation,” and it, quote, “shows no evidence of audio manipulation.” Full versions of the videos are available on the Center for Medical Progress Web site and the CMP YouTube channel showing that the only parts that have been edited out are, one, bathroom breaks, and, two, breaks where no conversations took place.

I just want that stated for the record, Mr. Chairman, as we have a lot of controversy about the videos. And yet, the eyes show it, but ears even more so hear what was said.

Let me go—

Ms. RICHARDS. Could I address that?

Mr. WALBERG. Very quickly.

Ms. RICHARDS. Yes, I understand that.

Mr. WALBERG. Because I want to go on to more crucial issues.

Ms. RICHARDS. Well, I do think it's important that we at Planned Parenthood asked, I think even perhaps prior to this committee, that all of the original source footage be released, and that's actually—that has still not happened. Because, again, we want to know—we want all of it out there.

Mr. WALBERG. Well, we want to know too, and I think that would be an opportunity.

Ms. RICHARDS. So I think we can agree on that.

Mr. WALBERG. But what we have seen so far, the ears have heard what was said.

Also, I would address the unnecessary attacks coming from some of the other side, especially on men taking an interest in the lives of people most important in our lives. If men in this society aren't allowed to stand and defend the women and children we love, what has our country fallen to?

It's a shame we are even having this type of hearing today when we have been brought into a frenzy and a concern about what happens to our babies, our most defenseless. I just held in my arms my brand-new granddaughter 3 weeks ago in an African country where she was born. I thank God for that life, that unique special life. And I told my son-in-law on the way home, I said: It's amazing, Prince, that as we drive home here today, having never met this little girl before, I would give my life for her. I love her. She is unique and special.

That's why we have this hearing today. We want to get to the truth. We want to make sure women's healthcare issues are dealt with, and dealt with appropriately.

In that same country, meeting with the President of the country the next day, and the Speaker of Parliament, who is a female, they pleaded with me as a Member of Congress to stop hurting their women and families and children, trying to change their culture with organizations like our State Department, USAID, and Planned Parenthood.

Let me ask some questions here, and I take this information from Planned Parenthood Federation of America, your Web site, and I take it from Medicare Benefit Policy Manual. It says that both federally qualified healthcare centers, 13,000 of them in this listing, and Planned Parenthood centers provide pelvic exams, Pap, HPV testing, STD testing, manual breast exams, birth control. Both entities provide that. Is that correct?

Ms. RICHARDS. I don't know what all of the entirety of what all FQHCs provide, but I know that we provide all of that.

Mr. WALBERG. But you provide all that I just mentioned?

Ms. RICHARDS. Yes.

Mr. WALBERG. But emergency first responder care, mammograms, immunizations, diabetes and glaucoma screenings, cholesterol screenings, pediatric eye, ear, dental screenings, well-child services, radiological services, cardiovascular blood test, bone mass measurement, nurse on staff, all of those, according to your Web site, you don't provide.

Ms. RICHARDS. We provide in some places, but it's not a core service, so it depends on the State.

Mr. WALBERG. It's not a promised service.

Ms. RICHARDS. It depends on the State.

Mr. WALBERG. According to the Medicare Benefit Policy Manual, the federally qualified healthcare centers provide those services. Now, if we're talking about care for women, I would suggest that the care is there in 13,000 without the controversy of the abortions, the fetal manipulation, and potential use of body parts in the wrong way.

And I think for the record, if we're talking about women's health care, the issue of where we find it, it's found in 13,000-plus centers available to women, and Medicaid isn't dealing with it. And oh, by the way, your opening statement indicated great problems with Medicaid, and ObamaCare is supposed to take care of that.

I hear my time has ended, and thank you, Mr. Chairman.

Ms. RICHARDS. I would be happy to—

Chairman CHAFFETZ. The gentleman yields back.

I now recognize the gentlewoman from Michigan, Mrs. Lawrence, for 5 minutes.

Mrs. LAWRENCE. Thank you.

There's a couple of things. It is very troubling to sit here as a woman and to hear some questions that obviously are insensitive. One, the continual question of why don't you provide the x-rays for a mammogram where every woman here knows you have a primary doctor, and that doctor examines you, and if there is a lump, you are referred to a specialist. So I wish those who would sit here to ask those questions would actually have the sensitivity to understand what a woman goes through with her health care. That would allow us to ask more pertinent questions.

Secondly, it is exhausting to keep hearing about Federal dollars being spent on abortion when repeatedly the facts state—and it's not a controversy, read the facts, do your research before you ask these exhausting, sometimes, I feel, insulting questions—we cannot use Federal dollars for abortion.

This is not a lump-sum budget item that we give to Planned Parenthood. It is reimbursement. How many times does that have to be repeated for this to become an embraced fact? If there were no citizens of the United States going to Planned Parenthood to receive these medical approved services, that we approve as a Congress, there would be no reimbursement going to Planned Parenthood. They would not receive any funds.

I just, for the life of me, sitting here today, I know my colleagues are more intelligent than this, and it is exhausting to hear just a philosophy of attack to just use information that is totally incorrect, as if I keep saying it, some kind of way it becomes factual.

My question. Ms. Richards, there seems to be this continuous thought that if Planned Parenthood went away, that there would be these other healthcare services for a million of women because you went away. There is a suggestion that all of these community health centers would just step in and fill up. Sara Rosenbaum, a professor of health and law and policy at George Washington, has worked with the community health centers for years. And I quote,

“A claim that community health centers readily can absorb the loss of Planned Parenthood is a gross misrepresentation.”

I would ask you, Ms. Richards, can, in your experience in health care, the perception that if you went away, it would be totally absorbed, can you please respond to that?

Ms. RICHARDS. Thanks, Congresswoman. Yes, I think this is a really important point, and I know there has been a lot of discussion.

First, just for the record, we see 2.7 million patients a year; 78 percent of them are at 150 percent of poverty or below. So these are a group of women and men and young people who are often uninsured and certainly have less access to care.

I know there have been a lot of reports that have come out since Congress has suggested eliminating access to Planned Parenthood for patients. I know the CBO own study, the Congressional Budget Office, estimated that 390,000 women would lose care next year if women could no longer go to Planned Parenthood.

And I think to some of the questions that have been raised, it's really important for folks to understand, just as you talked about how women actually get breast exams and breast care in this country, in some areas we are the only safety net family planning provider. And that is the care for most women, and particularly young women, the care that they need is family planning, it's access to their cancer screenings, and their well-woman visits. In many areas there are long waits. Sixty percent of our clinics will see folks the same day. In some areas they won't take any more Medicaid patients, and Planned Parenthood is the only entity.

Mrs. LAWRENCE. And it is true that the Medicare and the targeted audience or group that use Planned Parenthood are often those who are most at risk. African American, minority women die at a higher level than any other population when it comes to breast cancer, when it comes to actually dying from having pelvic or cervical cancer. So we are actually giving opportunities.

I want to interject or ask, Mr. Chairman, unanimous consent, to enter a letter into the record from Latino organizations that stated that they know for a fact in their communities the community health centers could not absorb this.

And I just want to close because I only have a few seconds—
Chairman CHAFFETZ. Without objection, so ordered.

Chairman CHAFFETZ. But the gentlewoman's time has expired.

Mrs. LAWRENCE. Thank you.

Chairman CHAFFETZ. Thank you.

We will now recognize the gentleman from Arizona, Mr. Gosar.

Mr. GOSAR. Mr. Chairman, I yield my time to the gentlewoman from Utah, Mrs. Love.

Mrs. LOVE. Thank you.

I'm right here.

Ms. RICHARDS. Thank you.

Mrs. LOVE. First of all, I want to say thank you for coming and answering questions. I want to be very clear that there are no gotcha questions here. I just want to be able to get as much information as possible. I'm not here to try and change your mind or change the minds of our colleagues. I'm just trying to get as much information out to the public as we possibly can because some of

these funds are their taxpayer dollars, and I think that they deserve to have some answers.

First of all, Ms. Richards, in the annual report, Planned Parenthood's annual report, says that you are providing over 489,000 breast cancer screenings. And you have stated that none of your clinics actually have the mammogram machines. How many of your affiliates have those mammogram machines?

Ms. RICHARDS. Well, our health centers are part of our affiliates. We have more than 650 health centers. So affiliate is simply the corporate structure for those health centers.

Mrs. LOVE. And how many of those have mammogram machines?

Ms. RICHARDS. The affiliate isn't a health center. I said, I think I spoke earlier, we do not have mammogram machines at our health centers and we have never stated that we did. Because as was mentioned earlier, for women who go for a breast exam, just as I go for my annual, you get a breast exam, and if you need a mammogram you're referred to a radiological clinic, and that's what we do at Planned Parenthood every day.

Mrs. LOVE. Okay, so you refer them to radiological clinics.

Ms. RICHARDS. Or whatever—we have partnerships with the Komen Foundation. And a lot of different ways—

Mrs. LOVE. Okay.

Ms. RICHARDS. There are a lot of different ways in which we refer for mammograms.

Mrs. LOVE. That's what I want to know.

Okay. So how much does Planned Parenthood make from cancer screenings? Do you know how much you make?

Ms. RICHARDS. How much we make?

Mrs. LOVE. Yes, the revenues.

Ms. RICHARDS. Well, for Federal—for Federal—so just talking the Federal funding, we don't make money off of cancer screenings.

Mrs. LOVE. Okay. That's great. How much—well, you don't get anything from mammograms either. How much is made from abortions? What's the revenue that comes in from abortions?

Ms. RICHARDS. So let me just—you're going to have to bear with me a minute so I can be responsive.

Mrs. LOVE. I only have a little bit of time, so if you could respond as quickly as possible.

Ms. RICHARDS. I will. There's 59—

Mrs. LOVE. Okay.

Ms. RICHARDS. There are 59 affiliates. Each of them are completely different, right, they all run their own operation. And I can't tell you—I think this question was raised earlier—I can't tell you—

Mrs. LOVE. You can't tell me how much you actually make from abortions. You can't give that number. Okay—

Ms. RICHARDS. The national office—just also so you know, we do not provide health services at the national office. We have provided information for all 59 affiliates, their annuals, their audited financial statements.

Mrs. LOVE. I wasn't even asking about the affiliates. I'm just asking about—

Ms. RICHARDS. Well, that's where health services are provided, so I think that's—

Mrs. LOVE. Okay. Okay. So you don't—

Ms. RICHARDS. —that's relevant to your question.

Mrs. LOVE. Okay, but you don't have those numbers. All you're saying is that the healthcare affiliates have these numbers and you don't have them, so you don't know.

Ms. RICHARDS. Certainly not—

Mrs. LOVE. So for the year ending June 30, 2014, according to Planned Parenthood reports, \$127.1 million in revenue over expenses. From 2005 to 2013 Planned Parenthood reported a 53 percent reduction in cancer screenings and preventive services and 42 percent reduction in breast exams and breast care, while abortions have increased 24 percent.

Can you understand a little bit of the hesitancy in trying to figure out why those numbers have gone down where abortions have actually gone up?

Ms. RICHARDS. Okay, so we're talking about two different—I'm trying to—so we don't mix apples and oranges here. So Federal funding pays—Medicaid funding and Title X pays for very specific preventive care services, as we've discussed. And Federal funding does not pay for abortion except for very limited circumstances.

Mrs. LOVE. So what I'm trying to say is why would it be so offensive if we actually took funding and put it into clinics that actually provide—where those numbers are actually increasing providing healthcare exams, providing mammograms—

Ms. RICHARDS. We're providing—

Mrs. LOVE. —that actually have those?

Ms. RICHARDS. The Medicaid reimbursements, if they are going up, if the numbers are going up, that's because more services are being provided. And as you know, many women now, because of the Affordable Care Act and Medicaid expansion, there are more patients on Medicaid that are coming to us for health care.

So that's—all the reimbursements are directly related to healthcare delivery services. We work—Planned Parenthood—you were not here earlier—Planned Parenthood is just like any other hospital or healthcare provider—

Mrs. LOVE. Okay. So—but you have also made it—

Ms. RICHARDS. —that provides services to Medicaid patients.

Mrs. LOVE. —you've also made it very clear that if Planned Parenthood wasn't around, this would be very difficult for low-income families. So what is the responsibility of hospitals and other clinics that, you know, that you actually—that people can actually go to? I mean—

Ms. RICHARDS. Well, many of them—

Mrs. LOVE. —you can't say that Planned Parenthood is the only place that's available.

Ms. RICHARDS. No, but obviously it's a place that 2.7 million patients choose voluntarily to come to every year. And I think what's important is that in a lot of areas of the country they won't take more Medicaid patients.

Mrs. LOVE. But what is our job here? It's to provide as many options as possible. So all I'm saying is that—

Ms. RICHARDS. I would agree.

Mrs. LOVE. —there's no reason why we can't provide those options elsewhere, where people can have their choice as to where they go.

Ms. RICHARDS. Exactly. Congresswoman, I think actually this may be an area where you and I agree.

Mrs. LOVE. My time is up, but, Mr. Chairman, I would—

Ms. RICHARDS. I would like a chance to answer this.

Mrs. LOVE. You did actually. You answered my questions.

Mr. Chairman, if you could help in getting some of the information about how much, the numbers that I have asked for, that would be really helpful.

Chairman CHAFFETZ. I appreciate it.

The gentleman from Arizona who yielded to you, his time has expired.

I would ask unanimous consent to take—there are four pages from the annual reports, and we'll have the documentation on the reduction in the breast exams and breast care. And so without objection, I'd like to enter that into the record.

No objection, so ordered.

Chairman CHAFFETZ. We now recognize the gentleman from California, Mr. Lieu, for 5 minutes.

Mr. LIEU. Thank you, Mr. Chair.

Thank you, Ms. Richards, for your testimony and the gracefulness in which you have answered the questions today. I want to also thank you for running an organization that has helped millions of women and men across America. And on behalf of the majority of women and men in this great Nation, I want to say thank you.

And having sat here for the last hour-and-a-half I feel like I'm in some sort of bizarre alternate universe. I think it's crazy we're having this hearing based on heavily edited videos and misleading videos that actually show the exact opposite of what was happening. And what was happening was that Planned Parenthood was following the law.

I think it is also crazy that we're here when we have fetal tissue research that is not only entirely legal, but has bipartisan support. And I think it's insane that in my district now, because of these misleading videos, women have in some cases had to go through two sets of bomb-proof doors just to access health care.

And I thank you for your courage, and I note the cowardliness of the maker of these videos who was too scared to come before to us testify.

So let's just come back to reality for a few minutes.

Mr. LIEU. Abortion is legal in the United States of America. Isn't that correct, Ms. Richards?

Ms. RICHARDS. It is correct.

Mr. LIEU. And we don't live in a theocracy. The law of the land is not the Old Testament or the New Testament or the Koran or the Torah. The law of the land is the Constitution of the United States. Isn't that correct, Ms. Richards?

Ms. RICHARDS. Correct.

Mr. LIEU. And abortion is a constitutional right. Isn't that correct?

Ms. RICHARDS. Correct.

Mr. LIEU. And Planned Parenthood allows women to access that constitutional right. Isn't that correct?

Ms. RICHARDS. Yes, we do.

Mr. LIEU. And none of that gets any Federal funding. Isn't that correct?

Ms. RICHARDS. That's correct, except in the very limited circumstances allowed by Federal law.

Mr. LIEU. Thank you.

Now, there are multiple medical clinics across America that also provide abortion services, correct?

Ms. RICHARDS. I'm sorry. Could you repeat the——

Mr. LIEU. There are multiple medical clinics——

Ms. RICHARDS. And hospitals.

Mr. LIEU. —and hospitals across America that provide abortion services, correct?

Ms. RICHARDS. Correct.

Mr. LIEU. And they also provide services that have Medicaid reimbursement. Isn't that correct?

Ms. RICHARDS. I believe that's correct, yes.

Mr. LIEU. And no one is saying, let's shut down medical clinics and hospitals because they also happen to provide abortion services. Isn't that correct?

Ms. RICHARDS. I don't think that's been proposed.

Mr. LIEU. In fact, they're going right after Planned Parenthood, even though you do the same thing as many of these medical clinics, because you actually, like any organization, have separate line items. That's not a new or novel concept, correct?

Ms. RICHARDS. Correct.

Mr. LIEU. Okay.

So let's talk about fetal tissue research. It has made enormous, lifesaving changes for millions of Americans and people across the world. Isn't that correct?

Ms. RICHARDS. That's right.

Mr. LIEU. In fact, fetal tissue research has resulted directly in the development of the polio vaccine, vaccines for hepatitis A, rubella, chickenpox, shingles, and rabies.

Anyone in America that has had a family member or themselves been affected by multiple sclerosis, ALS, and other central nervous system diseases, you can thank fetal tissue research for making advancements in that field.

If anyone has been affected by age-related macular degeneration, by all sorts of cancer, by diabetes, by cardiovascular disease, by immune system issues, and by glaucoma, you can thank fetal tissue research for making advancements in those areas.

It is crazy that we're here because the other side wants to shut down government because Planned Parenthood was following the law because fetal tissue research is something that's helping lots of people, and now we want to shut down government because we want to defund all of that. That doesn't make any sense to me.

And let me, sort of, conclude now by asking you to respond to, sort of, the question about why there has been a reduction in cancer screenings. Isn't it true, it's because guidelines have changed?

Ms. RICHARDS. That's correct.

Mr. LIEU. They said, let's do less mammograms. And then, in terms of Medicaid reimbursements, guidelines changed there too. About pap smears, let's do lots of those, too. Isn't that correct?

Ms. RICHARDS. That's correct. And we always follow the best science and the best medicine at Planned Parenthood.

Mr. LIEU. And then let me read a quick letter from one of my constituents who saw that Planned Parenthood might get defunded.

She said that she grew up in a small desert town, made some poor choices, ditched school at age 15, starting having sex. And she didn't want to end up pregnant like a lot of young girls in my town, so she went to the one place that she knew would help her, Planned Parenthood. They made her feel comfortable. They gave her an exam, gave her birth control pills. They told her that she had an STD, would need to take antibiotics.

Ms. RICHARDS. Yep.

Mr. LIEU. She says, without that, the STD could've made me permanently infertile. But because of what Planned Parenthood did, she corrected herself, graduated with straight A's, and is now a medical doctor. And she thanks Planned Parenthood for helping her and her family.

Ms. RICHARDS. I'm so pleased to hear that. Thanks for sharing that.

Mr. LIEU. I yield back.

Chairman CHAFFETZ. I thank the gentleman.

But I would also admonish all members on both sides, the prescription of motivation is not something we generally allow members to push on other members.

I will tell you, in response to what the gentleman said, the producer of these videos was not invited to this hearing. And part of the reason we didn't do that is we think—I think I did the responsible thing—and you've heard Mr. Cummings in support of this—is I issued a subpoena to get all the videos. And the only reason that they have not been produced is that there's a temporary restraining order by a court in California.

I would love to have the videos. But if we're going to ferret out what the accusation is, you have to see all the videos. And that's what we're trying to do. But there was never a suggestion that this gentleman, Mr. Daleiden, was anything but cooperative. He simply was not invited here, because without the videos we can't have a good discussion about that.

Mr. LIEU. Thank you, Mr. Chairman, for the clarification.

Mr. CUMMINGS. Mr. Chairman, let me just ask you this. With this order coming out of California, are we going to continue to try to get all of the videos?

You know, I just—I see how we have been aggressive with regard to getting witnesses and trying to get documents. And this is such a very important issue. And, as I've said to you privately, I think, that what I'm concerned about is the integrity of the process no matter what, no matter where people end up on either end. At least I want—if these videos are going to be even partially the foundation of what we're doing, I think we need to have all of them. And we need to pursue them just like we would pursue other items and information that we need.

And I would just ask the chairman, are we going to continue to try to pursue that? I mean—

Chairman CHAFFETZ. Absolutely. That's what we did, without the support—

Mr. CUMMINGS. And will continue to do.

Chairman CHAFFETZ. We will continue to do it. That's what we did without the support of the minority, in this case. We will continue to do that. But for this temporary restraining order, I think we would actually have had them by the time that we got here, but we did not.

We will continue to pursue them. We're working closely with House legal counsel, who is now representing us, to try to make that case to that court and to that client, where there is a legitimate conflict.

Mr. CUMMINGS. Would the gentleman yield just for 30 seconds?

Chairman CHAFFETZ. Sure.

Mr. CUMMINGS. Let me make it very, very clear that—you've now said it two or three times, and I want to make it clear. We will join you in a subpoena to get every single tape, period—no ands, no ifs, or buts—period. And I don't know where that's coming from, but, as the ranking member of this committee, I'm letting you know that, all right?

Chairman CHAFFETZ. I appreciate that. Thank you.

Mr. CUMMINGS. All right.

Chairman CHAFFETZ. Thank you. Appreciate the clarification.

Now we'll recognize the gentleman from Tennessee, Mr. DesJarlais, for 5 minutes.

Mr. DESJARLAIS. Thank you, Mr. Chairman.

And I would like to yield to the gentleman from Arizona, Dr. Gosar.

Mr. GOSAR. Well, I thank the gentleman.

Mr. Cummings, you made a comment earlier that I want to address. The New York Times reported that the EPA unleashed a major lobbying campaign to rally comments in support for its new "waters of the U.S." regulation. You earlier went off an Lockheed Martin in regards to that application. I have to tell you, the EPA also disregarded the anti-lobbying act and broke the law.

If you actually believe in what you were talking and preaching about, I'd hope that you would cosponsor my removal of Ms. Gina McCarthy as the EPA Administrator.

Now back to those processes in here.

Ms. Richards—I'm up here. You're a CEO, right?

Ms. RICHARDS. Yes, sir.

Mr. GOSAR. So you do understand market penetration, right?

Ms. RICHARDS. Well, I mean, I'm a nonprofit CEO, so—

Mr. GOSAR. Well, no, but, I mean, you look at those numbers. I mean, all CEOs are looking at, you know, how to expand and profit. I mean, you're obviously—

Ms. RICHARDS. We don't profit, so I don't look at how—I don't actually look at how to profit. But we do, obviously, look how to expand into areas particularly where there's unmet need.

Mr. GOSAR. Okay. I like that. So your market penetration in Arizona is different than your market penetration in New York State, would you say?

Ms. RICHARDS. I'm sure it is.

Mr. GOSAR. Yeah. You know, there's three in Arizona, and there's quite a few more in New York. And there's a pretty good web of preventative services.

So I kind of want to go back. In your annual report, the report said—

Ms. RICHARDS. Actually—

Mr. GOSAR. —\$117.63 million in excess revenues for the fiscal year of 2013–2014. That number has jumped \$18.5 million from its report in 2009–2010.

I'd like you to tell me how you got the growth of those funds, why we're seeing such a growth in those—that profit.

Ms. RICHARDS. Well, we—it's not profit. So let me just be really clear just in terms of terminology. It's not profit.

Mr. GOSAR. Okay.

Ms. RICHARDS. Actually, it's revenue that we use for services. So one example—

Mr. GOSAR. So would we agree that it's excesses of revenue over expenses?

Ms. RICHARDS. Correct.

Mr. GOSAR. Okay.

Ms. RICHARDS. It's—

Mr. GOSAR. So how do you explain that?

Ms. RICHARDS. Right.

Mr. GOSAR. I want you to explain that.

Ms. RICHARDS. It's from fundraising. That's what I spend a lot of my time doing.

And so there are areas of the country where we want to expand, to your question about if you only have one health center in a State and you think that there is more need. So we are involved currently in raising money and spending it.

Mr. GOSAR. Okay. I think—

Ms. RICHARDS. We just opened a new health center in—

Mr. GOSAR. —you gave me a great answer.

Ms. RICHARDS. I could give you several examples.

Mr. GOSAR. Well, you fundraise. And I think that—so—

Ms. RICHARDS. But we fundraise specifically to expand services.

Mr. GOSAR. I understand that.

Ms. RICHARDS. Yeah.

Mr. GOSAR. I understand that. I understand that.

Ms. RICHARDS. Okay.

Mr. GOSAR. So what are you looking to report in 2014?

Ms. RICHARDS. I'm sorry, what's that?

Mr. GOSAR. So what's that number in 2014?

Ms. RICHARDS. I don't have all the—I mean, we've provided—

Mr. GOSAR. Okay. So I thought—

Ms. RICHARDS. —I'm sorry—thousands of pages of documents.

Mr. GOSAR. It's actually going up. It's actually going up to \$127 million in regards to—so there's an escalating aspect. So you're a pretty good CEO. So you're looking at excess revenues over expenses. So that's pretty good.

I'm having trouble in all this, in regards to the fundraising application, particularly when I look at these numbers: the 80-percent reduction in prenatal care services, the 57-percent reduction in can-

cer screenings preventative services, the 45-percent reduction in breast exams, on and on and on and on.

And, by the way, I was a dentist, so I do understand Medicaid reimbursement rates. They don't pay, right?

Ms. RICHARDS. Correct.

Mr. GOSAR. Okay. So—

Ms. RICHARDS. Well, it depends on the State.

Mr. GOSAR. You're lucky—you're lucky if you get reimbursed your costs.

Ms. RICHARDS. Well, and, actually, I would say, since you do understand Medicaid, as you know, it varies in all 50 States. And so we do raise money over expenses in order to supplement the cost of—

Mr. GOSAR. I understand.

Ms. RICHARDS. —Medicaid services.

Mr. GOSAR. So let me ask you a question. And with a mediator, what have you been able to facilitate for a lump cost for the price of contraceptives? Is there a unit price that you've been able to lower down, to get a price fixed? Can you give me that number?

Ms. RICHARDS. I don't—no, I actually don't. And I don't—

Mr. GOSAR. It's been reported—

Ms. RICHARDS. I don't do that.

Mr. GOSAR. It's been reported by those numbers that it's about \$3 that you're paying for the average contraceptive.

Ms. RICHARDS. Actually, I really—I don't want to—

Mr. GOSAR. So—

Ms. RICHARDS. It's very much all over the map, as you know, and it depends on what—

Mr. GOSAR. On the average.

Ms. RICHARDS. It's not—I really—

Mr. GOSAR. Well—

Ms. RICHARDS. Actually, I disagree with you. I don't think that fact is correct.

Mr. GOSAR. —I mean, this is a very salient point, because this is a profit center. Because what ends up happening, you're reimbursed by the Federal Government in Medicaid at \$35, right?

Ms. RICHARDS. It's—

Mr. GOSAR. So if we're truly looking at mediation and spreading the wealth of the pharmaceuticals, when we get a break, we ought to pass it on. Don't you agree?

Ms. RICHARDS. Well, as you know—

Mr. GOSAR. No. Don't you agree? Because that facilitates more services, does it not, Ms. Richards?

Ms. RICHARDS. Our entire focus is on serving as many patients as we can, and so your example—

Mr. GOSAR. That is not exactly true, because what you've done now, and the reason I can show this is, is you've narrowed the focus. What we end up having is, there's very few primary care docs out there because they can't afford to stay in practice. So what you've done is narrowed the scope of the practice, so where there's profit centers—

Ms. RICHARDS. I—

Mr. GOSAR. No?

Ms. RICHARDS. I disagree.

Mr. GOSAR. This is my time. This is my time, so don't interrupt it.

And so, from that standpoint, what you've done is narrow that focus so that you're profiting off death. Because the numbers—where you're making that profit center is actually off abortions. And that's appalling to me.

So thank you very much.

Chairman CHAFFETZ. I thank the gentleman.

We'll now recognize the gentlewoman from New Jersey, Ms. Watson Coleman, for 5 minutes.

Mrs. WATSON COLEMAN. Thank you, Mr. Chairman.

Thank you, Ms. Richards, for enduring—enduring what I consider to be a very offensive approach on the part of my colleagues on the other side of the aisle as they've badgered you with questions, as they've used their rhetoric to suggest in a questionable way that they're seeking information and at the same time not giving you a chance to answer the questions.

I'm actually a little confused of why we're here. Are we here because of these videos and there's a questionability about Planned Parenthood doing something that's illegal as it related to the collection of fetal tissue? Are we here simply because the ideological right wing of this Republican Conference here in Congress, the dysfunction has manifested simply so anti-woman's-right-to-choose that they would bring you here for a fourth hearing? Or are we here because somebody believes that Planned Parenthood doesn't need Federal reimbursement for the health care that it gives?

For whatever reason, for whatever one of those reasons, those are specious reasons. And for my colleagues on the other side of the aisle to act like they don't understand and to suggest that they're ill-informed, if they are ill-informed, it's because they choose to be.

I couldn't hardly get into this room today, with all of the people on the outside in the hallways that were trying to get in here to be supportive of Planned Parenthood, because we know and recognize the impact that Planned Parenthood has had on healthy lives—not just women's lives but including men's lives.

We know in New Jersey, in my State, where this Governor, Chris Christie, spent so much of his leverage defunding Planned Parenthood and then suggesting that the federally qualified healthcare centers would be able to pick up the slack, they came in and testified that they couldn't possibly accommodate all of the deficiencies that would occur without Planned Parenthood. We know that—the work that you do.

So I just want to do a couple things, and I want to do them quickly.

I want to acknowledge all the young women and men in the overflow room.

I want to talk to you a little about Mr. "Daleiden" or "Daleiden" or whatever his name is, but the mystery man who's spent so much of his life trying to discredit Planned Parenthood.

You all had a forensic report done—

Ms. RICHARDS. Correct.

Mrs. WATSON COLEMAN. —on those videos.

Ms. RICHARDS. Correct.

Mrs. WATSON COLEMAN. And that forensic report revealed that there were so many discrepancies, that there were so many inaccuracies, and that it would be impossible to characterize the extent to which CMP's undisclosed edits and cuts distort the meaning of the encounters the videos purport to document. However, the manipulation of the videos does not mean they have no evidentiary value in legal context and cannot be relied upon.

I want to put that report into the record. And I am asking unanimous consent to accept this forensic report. Because somewhere along the line, we ought to be getting part of the other story.

Mr. Chairman?

Chairman CHAFFETZ. Before I rule on that, I'd place a temporary objection in place. Let me look at the report prior to entering it into the record.

Mrs. WATSON COLEMAN. Well, then, I guess I should also register my temporary objection to the fact that we have one witness here and we haven't even tried to get Mr. Daleiden here or anyone else who would be—who we would be able to question with regard to the accuracy of all the allegations that we are moving on right now.

And I also want to say, before I give you an opportunity to answer any question that was left out there in the universe hovering over us so that you can put things that you think that are on—the record, that this is another very poor illustration of our deflecting our attention away from the work that the people have elected us to do.

We need to have an Export-Import Bank that creates jobs. We need to have an infrastructure program that creates jobs. We need to be reauthorizing the appropriate aspects of the Voting Rights Act.

We've got so much good work to do, but, instead, what do we do? We harp on a woman's right to make choices that are hers to make. And that, to me, is very offensive.

And, with that, Ms. Richards, I would like to yield to you the balance of my time to answer any unanswered question that you might have.

Thank you.

Ms. RICHARDS. Thank you so much, Congresswoman.

Well, I would mention, too, to the chairman that I believe we've actually given the forensic report already to you and provided that a while back. But we can follow up if there's any questions.

I appreciate your comments. I think we have now had either—today, the 14th vote will be on restricting women's access to health care in this country.

And I think, going back to one of the questions on the other side, this is about women's choice to me. This isn't about Planned Parenthood. It's about allowing women in this country and particularly women of low income or who live in areas that are underserved by other healthcare providers, it's allowing them to make their own decision about their pregnancies, about their health care, and about where they get services.

And many women come to us even if they have other options because, frankly, we are the best at women's health. And I think they deserve the right to make their own decisions about where they access the doctor and clinicians of their choice.

Mrs. WATSON COLEMAN. Thank you.

Reclaiming the last 25 seconds of my time, it seems to me to be—

Chairman CHAFFETZ. No. The gentlewoman's time has more than expired.

Mrs. WATSON COLEMAN. Oh, I'm so sorry. Would you indulge me for 10 seconds?

Chairman CHAFFETZ. We really—if I do that, I've got to do it both. I've got to keep going.

Mrs. WATSON COLEMAN. You have done it, Mr. Chairman. With all due respect, Mr. Chairman, you have done it.

Chairman CHAFFETZ. Ten seconds.

Mrs. WATSON COLEMAN. It just seems to me that this is not the appropriate time to be making decisions about defunding Planned Parenthood, when we don't even know why we want to do it.

Thank you, Mr. Chairman.

Chairman CHAFFETZ. Thank you.

So the gentlewoman had made—asked unanimous consent to enter into this—into the record this GPS Fusion analysis.

I'd also like to add on to that, if I could, the digital forensic analysis report delivered to Alliance Defending Freedom, prepared by Coalfire Systems.

I'd ask unanimous consent that both of these be entered into the record.

Without objection, so ordered.

Chairman CHAFFETZ. We'll now recognize the gentleman from Texas, Mr. Farenthold, for 5 minutes.

Mr. FARENTHOLD. Thank you, Mr. Chairman.

And I might want to talk a little bit about one of the reasons we need to take a closer look at the funding of Planned Parenthood, not just as a result of these videos but as a result of some financial issues that are coming up.

As president of Planned Parenthood, you're aware, of course, that Planned Parenthood of the Gulf Coast—that's the Houston area—Planned Parenthood last year paid a \$4.3 million settlement for false claims made to Medicaid in the Texas Women's Health Care Program. Is that not correct?

Ms. RICHARDS. That's correct.

Mr. FARENTHOLD. And you're also aware that the Obama administration's Department of Justice contended that Planned Parenthood had submitted false claims against the women's health program?

Ms. RICHARDS. I'm not aware of that.

I do know that we've been the target of the same group that has filed many, many, many lawsuits. And that's the one area I know that was settled in order for the—

Mr. FARENTHOLD. Well, let me read a little bit from the settlement. It's—the United States contends that Planned Parenthood of the Gulf Coast submitted false claims and made false statements to the United States in conjunction with claims submitted to the United States.

And just, Mr. Chairman, without objection, I would like to have this settlement agreement entered into the record.

Chairman CHAFFETZ. Without objection, so ordered.

Mr. FARENTHOLD. All right.

So, as a consequence, Planned Parenthood paid \$4.3 million to settle those claims just 2 years ago.

Are you aware that, this spring, another audit by HHS Office of the Inspector General concluded that Planned Parenthood—it over-billed taxpayers another \$128,028 under Medicaid in the Texas women's health program?

Ms. RICHARDS. I'm not aware of what you're referring to. I'm happy to look at it.

Mr. FARENTHOLD. Thank you.

And are you aware that the Planned Parenthood affiliate in El Paso, just a few years before, had failed to reimburse its sub-contractors for roughly half a million dollars in claims?

Ms. RICHARDS. I'm not aware of that. And that organization doesn't exist and hasn't for years.

Mr. FARENTHOLD. Okay.

Ms. RICHARDS. But I'm happy to look at your report.

Mr. FARENTHOLD. And, actually, that is another issue I would like to bring up. One of the things that we're talking about today is taking some of the money that's going to Planned Parenthood and sending it to community health centers.

Do you know how many facilities in Texas you have?

Ms. RICHARDS. I don't, but I can certainly—actually, bear with me 1 minute. I'll just make sure I give you the right number.

Now, this may be—I know we just opened one in Plano. So I think we have 38 health centers.

Mr. FARENTHOLD. Thirty-eight. And there—

Ms. RICHARDS. It may be 39 now. I'm not sure.

Mr. FARENTHOLD. And so we've got 732 community health centers. Admittedly, some of those focus on pediatrics or men's health care or other specialties. But wouldn't you admit there are substantially more facilities, federally qualified facilities, that offer women's health care than there are Planned Parenthood facilities in Texas?

Ms. RICHARDS. Well, actually, I think, Congressman, one of the big problems in Texas is there has actually been a drop in access to women for health care, and particularly after Planned Parenthood was, for political reasons I believe, taken out of the women's health program. We had a 25-percent drop in women's access to basic preventive care, and particularly in some areas like the Rio Grande border that are vastly underserved.

Mr. FARENTHOLD. I think we have three or four facilities down in the Rio Grande Valley, if I'm not mistaken.

I also promised to ask you a couple of questions that some constituents and folks on social media asked me to ask, so I'd like to use my last minute and a half to do that.

Warren wanted me to ask you, what efforts and what steps does Planned Parenthood take to guarantee their providers follow State laws requiring reporting of child sex abuse?

Ms. RICHARDS. We have very rigorous standards we apply. The health and wellbeing of our patients is our number-one concern, and we certainly comply with all State and Federal laws. And if there is ever an issue, we take swift action.

Mr. FARENTHOLD. Okay.

And Peg and Allison both expressed a concern about the same thing the chairman did when he began this questioning about the activities of the 501(c)(4) organization that Planned Parenthood has helped fund, you've helped manage, and funds have been transferred into for lobbying in almost exclusively Democrat political campaigns.

One of my concerns is, with your purported goal of making access to women's health care more available, isn't the money that you are diverting to a lobbying effort in politics money that could better be spent actually delivering health care to women?

Ms. RICHARDS. Well, Congressman, as you know, in the State of Texas, the number of laws that the State legislature has passed to try to restrict women's access to almost every kind of health care requires not only the Planned Parenthood Action Fund but other organizations to lobby extensively to try to protect—

Mr. FARENTHOLD. And let me just note—

Ms. RICHARDS. —particularly low-income women.

Mr. FARENTHOLD. —one more—you also spoke earlier about how you have doctors that are providing women's health care, and those doctors are funded by the taxpayer money under Title X or other reimbursement.

Are some of those doctors also providing abortion? Would you be able to afford to have those doctors and keep them entirely busy but for the Federal funds coming in?

Ms. RICHARDS. I'm not sure exactly—that's a kind of long, complicated question, so I want to be responsive.

Obviously, Federal funds—the most important thing, I think, out of all of that is Federal funds do not pay for abortions at all, except in very limited circumstances of when the woman has been raped, has been the victim of incest, or when her life is endangered.

Mr. FARENTHOLD. And I would contend, even though not directly spent, they help facilitate it. And that's one of the reasons I support defunding.

I see I'm out of time. I appreciate it. Thank you, Mr. Chairman.

Chairman CHAFFETZ. I thank the gentleman.

Before I recognize Mr. DeSaulnier from California, after he does his questioning, we're going to do a brief 4- to 5-minute break, sort of a humanitarian break, for a moment. And then we will continue—continue on until we get the chance for the rest of the panel.

For those in the audience, I suggest remaining in your seats if you want to continue to witness the hearing.

For those members who have yet to ask questions, hang tight.

But we'll go to Mr. DeSaulnier for 5 minutes, and then we'll take a very brief break, and then we'll resume.

Mr. DeSaulnier, you are now recognized.

Mr. DESJARLAIS. Thank you, Mr. Chairman. I don't know quite how to take that break after my questioning. Usually it's better to take a break before I ask questions.

Anyways, I want to thank you, Ms. Richards, for being here, the way you've carried yourself through this hearing and through this recent history and the wonderful work that your organization does.

And I want to, sort of—two lines of questioning: one, the latter part, very specific on the bipartisan history of support for fetal tissue research.

But the first part is just, in my experience in State government in California and then local government, particularly in local government—and in California, the counties provide health care for disadvantaged communities, low-income communities—it was always my experience that the clients chose Planned Parenthood, when they had the opportunity, because they wanted to, whether they were a private payer or not. And we developed relationships between the county health system and you because the clients clearly preferred you, at least in our community.

So, in the spirit of local control, it seems to me within the Federal guidance you competed very well in the open marketplace, whether it was private pay or reimbursed clients. Is that not true?

Ms. RICHARDS. Well, I appreciate that. And, absolutely, providing high-quality, affordable health care is our entire mission. And so we are pleased that many women and men—now we have about 10 percent of our patients are men—they choose Planned Parenthood over other healthcare providers. We believe we provide an excellent service that's affordable, and we do a lot of outreach in the community to provide education, as well.

Mr. DESJARLAIS. Yeah. And that was my experience, was that in local government you were more efficient and effective, certainly, than, with all due respect to my friends in the county system, than the county system.

So, with my colleagues, this is one of those instances where it's a little bit odd listening here. And without being judgmental, it reminds me of the old legal expression, "When the law is with you, pound the law; when it's not, you pound the table." And that's just my perspective.

Having said all that, on the specific issue of bipartisan historical support for fetal tissue research, 1988—and maybe you could just respond after I go through a series of these observations if this is correct or not and if you have any other comments.

So, in 1988, there was a panel called the Human Fetal Tissue Transplantation Research Panel. And that panel was established under President Reagan; the chairman was a Republican. The panel came together and studied the science behind fetal tissue research, and they issued this conclusion, and I quote: It was acceptable public policy to support transplant research with fetal tissue.

Now, just to be clear, that was a Republican chair of a panel established under President Reagan. Is that accurate?

Ms. RICHARDS. That's correct. And, again, I've now just learned more about the history, but it was a very—it was a committee that had both supporters of abortion rights, opponents of abortion rights. It was a very bipartisan effort to come to what seems like a very good conclusion that was passed overwhelmingly by the United States Senate.

Mr. DESJARLAIS. Right. And this panel issued its report. Congress passed, after the report, in consulting with the report, passed the NIH Revitalization Act of 1993, and that law set forth the rules of how fetal tissue research is done in this country.

That law, again, was passed with Republican and Democratic support. That's correct, isn't it?

Ms. RICHARDS. That's correct.

Mr. DESJARLAIS. So the bipartisan line is that, for decades, fetal tissue research has had significant bipartisan support. One of the reasons this research has had such strong support—and Mr. Lieu alluded to this—is because it helps millions of people.

Recently, the New England Journal of Medicine published an article, and its observations in this regard were, and I quote: "Virtually every person in this country has benefited from research using fetal tissue. Every child who's been spared the risks and misery of chickenpox, rubella, or polio can thank the Nobel Prize recipients and other scientists who used such tissue in research yielding the vaccines that protect us."

Would you agree with that?

Ms. RICHARDS. That's correct. I think probably everyone in this room has benefited in some way.

Mr. DESJARLAIS. So, just in conclusion, again, thank you for the work you do.

And, Mr. Chairman, while I appreciate your initial comments, particularly as we evaluate, as always, the best and most efficient use of taxpayers' money, at least from my perspective and my opinion, both from a local level, with 14 years of overseeing a relationship in the Bay area with affiliates there—at least at that level, we did our due diligence, and this was the most effective and efficient way of investing in our clients' needs.

So, with that, I'll yield back.

Mr. CUMMINGS. Would the gentleman yield?

Ms. RICHARDS. Glad to hear it. Thank you.

Mr. CUMMINGS. Would the gentleman yield?

Mr. DESJARLAIS. Yes.

Mr. CUMMINGS. Just one quick question, Ms. Richards. What do you like most about your job?

Ms. RICHARDS. What do I like most about my job?

Mr. CUMMINGS. Yeah.

Ms. RICHARDS. It's getting to see the patients that we serve every day and the young people who are, frankly, going to have, I think, more opportunities than we ever did. It's great.

Mr. CUMMINGS. Thank you.

Chairman CHAFFETZ. The gentleman's time has expired.

As I noticed prior, we are going to recess for roughly 5 minutes, but we intend to start back up again at 12:35. We stand in recess till then.

[Recess.]

Chairman CHAFFETZ. The committee will come to order.

The next person to be recognized is the gentleman from North Carolina, Mr. Meadows, for 5 minutes.

Mr. MEADOWS. Thank you, Mr. Chairman.

Ms. Richards, thank you for your testimony.

I'm going to try to take the emotion out of it and stick strictly to the numbers. Earlier, you said you need to consider the source, so everything that I'll be quoting comes from Planned Parenthood.

It is my understanding that 3 percent, according to your Web site and your testimony today, 3 percent of the services that Planned Parenthood offers are abortion services. Is that correct?

Ms. RICHARDS. Three percent of—

Mr. MEADOWS. Of your total services, 3 percent.

Ms. RICHARDS. Sorry, my mic wasn't on.

Three percent of the services delivered—I mean, of the total services.

Mr. MEADOWS. But yet you say that you don't have the total amount of money—you can't give this committee the total amount of money that you make or receive for abortions. Is that correct?

Ms. RICHARDS. It's because the national office doesn't, as you know—or may not know—but the national office doesn't provide healthcare services. Fifty-nine affiliates provide a variety of healthcare services, so that would be—every single organization would be different.

Mr. MEADOWS. But your affiliates gather that information, so you would have access to that.

Ms. RICHARDS. Well, I'm sure they have it. I don't have it myself.

Mr. MEADOWS. Okay. But how do you come up with the 3 percent? So let me—

Ms. RICHARDS. That's the number of services—

Mr. MEADOWS. Let me go—

Ms. RICHARDS. Because we—

Mr. MEADOWS. Let me ask the question.

2.7 million women and men are served by Planned Parenthood, according to your testimony. Is that correct?

Ms. RICHARDS. That's correct.

Mr. MEADOWS. 2.7.

Ms. RICHARDS. That's correct.

Mr. MEADOWS. Annually, you provide, according to your report, 327,000-plus abortions last year, according to your annual report.

I do the math, 2.7 million people, 327,000 abortions, that comes up to 12 percent. So how do you get 3 percent? And these are your numbers. Why is it not 12 percent?

Ms. RICHARDS. Because people come to us for—some people come to us more than once, and they come to us for different services. And some people come to us and they need a pap smear—

Mr. MEADOWS. All right. Well—

Ms. RICHARDS. —they need a variety of services.

Mr. MEADOWS. —let's go on a little bit further, because I'm having a real trouble coming to this.

And if you would put up the graph on—this is a tax return from one of your affiliates in Rochester-Syracuse region. If you could read for me line 2B. What does that say? What is the designation there?

Ms. RICHARDS. "Pregnancy termination."

Mr. MEADOWS. Okay.

Ms. RICHARDS. But—

Mr. MEADOWS. And the dollar amount next to "pregnancy termination" there is how much?

Ms. RICHARDS. It—again, I don't—I've never seen this before, so I'm simply reading what you're asking me to read. \$1,424,275, I'm assuming.

Mr. MEADOWS. All right. So \$1,424,000 for pregnancy termination, according to your affiliate's tax return.

Ms. RICHARDS. One affiliate, correct.

Mr. MEADOWS. Okay. So—

Ms. RICHARDS. I mean—

Mr. MEADOWS. —wouldn't you have tax returns for all your affiliates, where we could get this information?

Ms. RICHARDS. Well, I know that we have provided—

Mr. MEADOWS. Okay. Because here's my concern. If you take the number, that \$1.4 million, and divide it into the total revenue of a little over \$5 million, that would indicate revenues of almost 28 percent for abortions. So what is the—

Ms. RICHARDS. Well, I think you're mixing services and revenue. Because, obviously, above the above line says, "Family planning, \$3,718,474."

Mr. MEADOWS. But wouldn't you think the 3 percent is a little bit misleading—

Ms. RICHARDS. No. Actually, we have—

Mr. MEADOWS. —if 28 percent—

Ms. RICHARDS. We calculate—I mean, we are—

Mr. MEADOWS. Well—

Ms. RICHARDS. I'd say we are the most highly regulated organization probably in this country, and we—

Mr. MEADOWS. Well, I would disagree with that, but let me ask you—

Ms. RICHARDS. But we're very transparent about our numbers.

Mr. MEADOWS. I've got this for one of your affiliates. Will you provide this same kind of documentation for all your affiliates to this committee?

Ms. RICHARDS. I believe we actually already have.

Mr. MEADOWS. No, you haven't.

Ms. RICHARDS. Well, I'm happy to speak to the chairman, because we have—I believe we—

Mr. MEADOWS. This is the only one that had it. Will you today, yes or no, provide this for all your affiliates?

Ms. RICHARDS. We have produced all 990—okay, well, we just have a disagreement of opinion, and I'm happy to talk to the chairman—

Mr. MEADOWS. Well, it's not a disagreement. Will you provide the number of—

Ms. RICHARDS. We have already provided the 990s for all of our affiliates, and so that's—

Mr. MEADOWS. But they didn't outline it like this.

Ms. RICHARDS. Well, maybe—

Mr. MEADOWS. So are you saying that you don't keep track of it?

Ms. RICHARDS. You said that. I did not say that.

Mr. MEADOWS. No, I'm asking you. Do you keep track of it?

Ms. RICHARDS. Every single affiliate in Planned Parenthood meets with all the laws and regulations, and they file their 990s, and we provide—

Mr. MEADOWS. That's a great answer to a question I did not ask.

Ms. RICHARDS. We've provided—

Mr. MEADOWS. Would you provide it to this committee?

Ms. RICHARDS. I don't exactly know what "it" is, since I've said to you—

Mr. MEADOWS. Okay. Well, I'll tell you what it is.

Ms. RICHARDS. —repeatedly we've provided the 990s—

Mr. MEADOWS. It's the revenue that you, Planned Parenthood, derives from abortions.

Ms. RICHARDS. And I have said to you, we have provided—and we have been extremely cooperative with this committee and the other three committees, and we have provided all the 990s, all the audit and annual statements of our affiliates. And if there's anything after—I'm happy to talk to the staff here about what else is needed that we're not providing. Because I really believe we have gone above and beyond in providing everything that's been requested of us.

Mr. MEADOWS. Okay. My time has expired. I'll yield back, Mr. Chairman. Thank you.

Chairman CHAFFETZ. Thank you.

We'll now recognize the gentleman from Pennsylvania, Mr. Boyle, for 5 minutes.

Mr. BOYLE. Thank you, Mr. Chairman.

And I also want to thank Ms. Richards for the manner in which you have conducted yourself today.

There was one answer you've given that surprised me, when Ranking Member Cummings asked what the favorite part of your job was. I assumed you were going to say sitting here for 3 hours answering these questions from Members of Congress.

But I do want to focus—a couple of these statistics have been cited before; a couple have not. But I don't think they've strongly led to a very important point, and that would be the consequences of the legislative action that we're proposing. So let me just briefly go through them.

As has been cited, there are approximately—actually, exactly 2.7 million women and men that Planned Parenthood see every year, correct?

Ms. RICHARDS. Correct.

Mr. BOYLE. And, of that, 1.5 million of those patients receive services through Title X, the Nation's family planning program, right?

Ms. RICHARDS. Well, I think that—and I'm not—let me make sure that I—I want to make sure I answer you correctly.

About 1.6 million of our patients are either—come to us through some Federal program, either Title X or the Medicaid program. But a number of them are Title X—yes, Title X recipients.

Mr. BOYLE. Well, contraceptive services at Title X centers annually prevent 1.2 million unintended pregnancies, which would result, significantly, in 590,000 unplanned births, 400,000 abortions, and 190,000 miscarriages.

So, in a country with approximately a million abortions a year, what we're talking about is, without such Title X services, the services that Planned Parenthood provides and clearly constitutes the majority of your work, the number of abortions each year in the U.S. would be approximately 40 percent higher.

I think the consequences of what we're talking about haven't fully been laid out, not just in terms of the cancer screenings and

the treatment of STDs, but also, ironically, in what would be inevitably an increase in the number of unintended pregnancies and abortions.

Ms. RICHARDS. That's correct.

And it's interesting, because right now there is such exciting research happening with better contraceptives. Young women now can get long-acting, reversible contraceptives. They don't even—I know—I've been questioned about why in some cases we have fewer visits in some areas, and one of the exciting things is now you actually sometimes don't have to come back to Planned Parenthood every month to get birth control pills because we can provide them for 6 months or you can get a longer-acting method.

And in the States that have really pioneered this work to provide women any birth control, we're seeing dramatic drops in both unintended-pregnancy rate and abortion rates.

Mr. BOYLE. I also just—and, by the way, I think that's something that we can all celebrate. And maybe the focus should be more on how best to provide women the health care they need, and that actually this is something where we can build common ground.

I did also want to point out—and I think you've cited this before, and it's only been mentioned once in these 3 hours. According to the nonpartisan Congressional Budget Office, if this legislation goes through, 390,000 women would lose their access to health care.

Ms. RICHARDS. That's correct.

Mr. BOYLE. Where else could they turn?

Ms. RICHARDS. Well, I think that's the difficulty in that—you're right. I appreciate you bringing back up the CBO study because it's really important.

As I said earlier, there are some areas of the country where we are the only safety-net family planning provider. There's other areas where they—the Medicaid folks who are taking Medicaid patients won't take any more. Because, as has been discussed by everyone, Medicaid patients—Medicaid payments don't necessarily pay for services.

But the other thing I'd like to just emphasize is that there are women and young people that choose Planned Parenthood even though they have other options because we provide very high-quality health care, particularly family planning services that they may not be able to get anywhere else, without judgment and without shame.

Mr. BOYLE. Per one of the points you were making in terms of the population that Planned Parenthood serves, the statistic I have and I think that you've cited is that at least 78 percent of Planned Parenthood's healthcare patients have incomes of 150 percent of the income—of the poverty level or less.

Ms. RICHARDS. That's correct. That's correct.

Mr. BOYLE. So it's pretty clear we're talking about people who don't have a great deal of options—

Ms. RICHARDS. Right.

Mr. BOYLE. —in anything, given their income.

Ms. RICHARDS. Well, and, to me, that is the point, is that I believe low-income women in this country should have all the same

options to have high-quality, affordable health care as every other woman.

Mr. BOYLE. Thank you.

And with 11 seconds left, I'll yield back.

Ms. RICHARDS. Thank you.

Chairman CHAFFETZ. I thank the gentleman.

We'll now recognize the gentleman from Florida, Mr. DeSantis, for 5 minutes.

Mr. DESANTIS. Thank you, Mr. Chairman.

Ms. Richards, if a child survives an abortion attempt, should it be given nourishment and medical care?

Ms. RICHARDS. I've never heard of such a circumstance happening. I—

Mr. DESANTIS. Really?

Ms. RICHARDS. Yes. I mean, I—certainly—

Mr. DESANTIS. So, if it did happen, you would say it would—

Ms. RICHARDS. Well, I can say—

Mr. DESANTIS. —be entitled to it or not?

Ms. RICHARDS. —at Planned Parenthood, I'm aware of no instance where—you know, we don't provide abortions after viability, so—but, certainly, in my experience at Planned Parenthood, we haven't ever had that kind of circumstance.

Mr. DESANTIS. But you would say that there would be—medical care would be in order, at that point? Forget about Planned Parenthood, just generally.

Ms. RICHARDS. Well, I'd say—I mean, again, I want to be responsible for Planned Parenthood and what we do there. Certainly, in this situation—which, again, has never occurred that I know of—of a baby born, that baby should, as a mother should, get appropriate medical care from the physician—

Mr. DESANTIS. Now, have you watched—

Ms. RICHARDS. —and would.

Mr. DESANTIS. Have you watched all the videos released by the Center for Medical Progress?

Ms. RICHARDS. I haven't watched the multi-hour, edited videos, but I have read all of the written transcripts—

Mr. DESANTIS. So the ones that are on YouTube, you haven't watched those? I know there have been a series of—

Ms. RICHARDS. Well, there have been, like, hours and hours and hours. So I haven't—I mean, I'll just—I did read through all the—and I've watched many of the videos, and I've read through all the transcripts that have been provided.

Again, I would say it's important that—my position is, I would like to see all of the videos that are not edited—

Mr. DESANTIS. No, I understand.

Ms. RICHARDS. —and those haven't been provided.

Mr. DESANTIS. What about—there was one specific one that there was a technician, Holly O'Donnell, that she was describing harvesting the brain of a late-term boy. She said she wasn't sure if the baby was alive since his heart was still beating and that she harvested the brain by cutting his head open, starting with the chin.

Do you recall that?

Ms. RICHARDS. That woman does not work for Planned Parenthood, so I can't really speak to anything that she said. I'm not responsible for her.

Mr. DESANTIS. Do you deny that her description of what happened is something that does occur in Planned Parenthood clinics—

Ms. RICHARDS. I have never—

Mr. DESANTIS. —or its affiliates?

Ms. RICHARDS. There is nothing that she has ever described that I could attest has ever happened. And I—

Mr. DESANTIS. So you can categorically testify to that, then?

Ms. RICHARDS. Categorically testify to what? Because I want to be very careful what you're asking.

Mr. DESANTIS. That what she described is not something—

Ms. RICHARDS. Well, I don't remember that particular video of Holly O'Donnell, but I will tell you she has never worked at Planned Parenthood, and I—

Mr. DESANTIS. She was a technician for StemExpress. But I think it was something that was very, very troubling, to sit there and read that—or to sit there and watch that video.

But let me ask you this. Do you admit that Planned Parenthood or its affiliates harvest and sell fetal body parts for profit?

Ms. RICHARDS. We are very clear at Planned Parenthood. We have a very clear policy on fetal tissue donation. It's done with the full consent of the patient. And, as I said earlier in my statements, it is only currently done in fewer than 1 percent of Planned Parenthood health centers and in one—

Mr. DESANTIS. But no profit.

Ms. RICHARDS. —and in one—excuse me—and their one affiliate in Washington State that does not receive any reimbursement for their costs. And there's only one other one, which is in California. And they have assured us that, whatever reimbursement they receive, it is less than what the costs are for providing fetal tissue to that organization.

Mr. DESANTIS. If that's the case, then the video with Dr. Gatter negotiating over the price of the parts—if there's no profit being made, then why would you be negotiating over how much the parts are going to be sold for?

Ms. RICHARDS. Well, with respect, I completely disagree with your characterization of that. And that is why I read all of the transcripts, the full, not these edited, sensationalized videos. And what I read—

Mr. DESANTIS. Well, there was a—

Ms. RICHARDS. Because we take this very seriously. I read over and over—

Mr. DESANTIS. There's a negotiation—

Ms. RICHARDS. Over and over and—

Mr. DESANTIS. I understand how you are going to—

Ms. RICHARDS. I just disagree with your characterization.

Mr. DESANTIS. And that's fine, and people can judge for what it is.

Let me ask you this. Do you deny that Planned Parenthood and/or its affiliates will alter abortion procedures in order to better harvest fetal body parts?

Ms. RICHARDS. We have a very clear policy, which I'm happy to read to you, about how we allow patients to make fetal tissue donations. Would you like me to—

Mr. DESANTIS. So, since the release of the videos, have you or the Planned Parenthood Federation issued any updated guidance to the companies to whom you provide fetal tissue regarding the sale of fetal body parts for profit and/or the manipulation of abortion procedures?

Ms. RICHARDS. Well, I just—there's no way to answer that because I disagree with your formulation. We allow women voluntarily—

Mr. DESANTIS. Let me put it this way. Have you issued any new guidance within the past 3 months?

Ms. RICHARDS. No. Although, as I said in my letter to Congress, we've—I've asked our chief medical officer and our medical team to review all the work we do—and, again, it's very limited—in fetal tissue donation to ensure that if there are any things that we could be doing better, we would like to do that.

Mr. DESANTIS. My time has expired.

Chairman CHAFFETZ. I thank the gentleman.

We'll now recognize the gentleman from Vermont, Mr. Welch, for 5 minutes.

Mr. WELCH. Thank you very much.

A couple of things preliminarily.

Number one, there is a sharp disagreement on members of this committee about abortion, and I think each side is entitled to mutual respect. There is a significant disagreement about fetal tissue research, and each side is entitled to respect.

What is clear is the law says abortion is legal, and the law has limited authorization for fetal tissue research. That's the law. What Planned Parenthood is doing is completely consistent with the law.

We're now having an argument about a video that has been redacted and doctored. There's no dispute about that. All of us would like to get the entire video. And, in a prudent investigatory process, we would get the evidence before we argued about the evidence that we don't have. So that is a limitation on our ability to get, quote, "to the truth."

Second, I'm just going to speak for Vermont. Sixteen thousand women voluntarily choose to get their primary health care from Planned Parenthood. These are individuals of free will acting on the basis of what they believe is in the best interest of them getting the health care that they need.

Second, the proposal here that we could transfer the services that Planned Parenthood provides to our community health centers doesn't stand up in Vermont. We have community health centers that we're very proud of. Senator Sanders, Senator Leahy, and I have all been big promoters. But its clientele is a significantly different population than women who have made a choice to go to Planned Parenthood for their women's healthcare issues.

So this proposed remedy here would have an incredibly negative impact on the choice that Vermont women make about getting their basic health care. And, by the way, that health care that's important to the woman who decides to go to Planned Parenthood is

really appreciated by her family, their partners, and the community.

So what is Congress doing here? We're having an argument that's never going to end about abortion. But we're proposing to proceed in a way where the effect of our, quote, "investigation" is going to have collateral consequences that compromises the ability of women to get access to basic healthcare needs. And it's also in the context where it's undisputed that the services that Planned Parenthood provides have helped reduce dramatically teen pregnancies and other pregnancies.

So I think we should all take a step back here and think about what we do before we act. The first medical principle that all doctors follow: Do no harm.

Ms. RICHARDS, I do want to ask you a couple of questions, this alarming inquiry about whether you were selling for—or Planned Parenthood was selling for profit body parts.

We've seen a proposed contract from Mr. Daleiden sent to the Planned Parenthood affiliate in Colorado earlier this year offering to buy tissue samples. And that contract included a compensation clause. Were you familiar with that document?

Ms. RICHARDS. Yes, I am.

Mr. WELCH. And, in response, your affiliate removed the word "compensation" and added the following text, and I quote: "The payments shall not, under any circumstances, be calculated in such a way as to generate a profit for source."

So, Ms. Richards, is that what the affiliate did, and was that the strict policy of Planned Parenthood?

Ms. RICHARDS. So that's a very good example of what happened across the country. This group, who, as I said, are committed to—they weren't really committed to routing out any misdeeds. They were actually trying to entrap doctors and clinicians into signing bogus contracts and breaking the law.

Mr. WELCH. So is that—

Ms. RICHARDS. And so this example is a very good one of where they were completely rebuffed—

Mr. WELCH. And—

Ms. RICHARDS. —and yet they continued to badger and badger and badger our doctors to try to get them to commit to something that was unethical or illegal.

Mr. WELCH. And after your affiliate sent that deletion of the word "compensation," did Mr. Daleiden agree to the terms, or did he lose interest?

Ms. RICHARDS. We never—there was never a contract, you know, that I know of that was actually sent back.

Mr. WELCH. Let me ask another question about a failed attempt by Mr. Daleiden. On July 20, you sent a letter to Chairman Upton, and you said this, quote: "In another instance, Biomax offered to pay much more, sending the affiliate a procurement agreement that offered a payment of \$1,600."

Your letter says this was a, quote, "astronomical amount compared to the reasonable cost affiliates are allowed to recoup under Federal law." Is that right?

Ms. RICHARDS. I don't have that in front of me, but it sounds—to the best of my knowledge, it's correct.

Mr. WELCH. All right.

I see that I'm out of time, and I yield back. Thank you.

Ms. RICHARDS. Thank you.

Chairman CHAFFETZ. I thank the gentleman.

We'll now recognize the gentleman from North Carolina, Mr. Walker, for 5 minutes.

Mr. WALKER. Thank you, Mr. Chairman.

Thank you, Ms. Richards, for being here today. Appreciate your testimony.

I am also married to a strong lady. She is a family nurse practitioner—

Ms. RICHARDS. Oh, good.

Mr. WALKER. —helped launch the Sexual Assault Nurse Examiner program at Wake Forest Baptist Medical Center many years ago.

But we stand together. We have done work in our inner cities, in places like Cleveland and Baltimore and New York. And I'm troubled with some of the statistics that we've even seen out of New York, and maybe you can address that.

I don't want to talk over you; I want to give you a chance to respond.

But, according to New York Health Department statistics, we now know that there are more African-American babies that are aborted in New York than actually born alive. Are you aware of that statistic?

Ms. RICHARDS. I'm not aware of that statistic.

Mr. WALKER. Okay. If that is correct, would that concern you? Because, obviously, Planned Parenthood has more clinics in New York State than any other State.

Ms. RICHARDS. Actually, that's not true. We do not. I—

Mr. WALKER. What is the number-one leading State? Do you have—

Ms. RICHARDS. I think it's—I believe it's California. I'll have to look, though, to make sure.

Mr. WALKER. But if you know that's not true—

Ms. RICHARDS. And it's not only—it's not only—I mean, Planned Parenthood—there are a number of healthcare providers in the State of New York beyond Planned Parenthood. It's one of the better-served—

Mr. WALKER. I understand. But we've already established that somewhere between 30 and 40 percent of all abortions come from your organization. So if we're going to put out the stats, we want to make sure that we're talking correct on the numbers.

Ms. RICHARDS. And I do think, Mr. Walker, it's a really important point, because I think one of the other—I don't know what all the statistics are that you have, but, of course, the lack of access for African-American women, in particular, to basic preventive health care, including family planning, is a huge problem in this country—

Mr. WALKER. It is. And I don't want to spend—and I agree with you. That's, as I aforementioned, time or places that we've served and worked in.

But it does concern me that three times—the African-American population is 13 percent, yet they're being aborted at three times

the percent of the population, at 35 percent. That should concern all of us. I'm sure it concerns you, as well.

I do have a specific question regarding the \$32 million that's sent overseas. Does Planned Parenthood send any funds to the Democrat Republic of Congo?

Ms. RICHARDS. You know, this was asked earlier, and I—

Mr. WALKER. We did touch on it, but I want to come back to it, yes.

Ms. RICHARDS. I have to get back—honestly, I didn't bring materials about the—our international global program. I would have to get back to you that. I'm not trying to evade it. It's just not something that I thought was a topic of the committee meeting.

Mr. WALKER. Well, I hope you would, because we have laws in this country that permit—or prohibit us from sending money to places where we have sanctions on. And if Planned Parenthood is doing that, I would imagine that would be something that would concern you, would it not?

Ms. RICHARDS. We would certainly comply with all the laws both globally and domestically. And that's why I commit to you I will get information—we'll work with the committee to get information about the Congo.

Mr. WALKER. Fair enough.

I have a question. As a former pastor, 15 years in a couple large churches, there were many times where we counseled women at different ages, various ages, for different things they were going through. Sometimes, 15, 20, 25 years later, after going through an abortion, there was still some struggle there.

I don't disparage these women for making tough choices. As you've talked about, many have come from underprivileged communities, didn't feel like they had options.

But of the \$500 million of the taxpayers' money that goes to your organization, how much of that is set aside to offer counseling to some of those women who are still struggling with that issue?

Ms. RICHARDS. Well, we are—we don't—this is what it's really hard to explain to you, because I feel like we're just—maybe we're not—we're talking past each other.

We don't get a big check from the Federal Government. We're reimbursed for direct services. But I will—they're all family planning, STD testing, wellness visits.

I will say, though, where one area I think you and I might agree, I would love in this country if we would fully fund, for Planned Parenthood or anywhere else, comprehensive counseling services for women on a whole host of issues. It is very underfunded, and it is really important to us, as well, because we do counseling with women every single day.

Mr. WALKER. I understand that. And I agree that there are some legitimate services offered. But this is something that I saw for 15 years.

So, of the \$1.3 billion in revenue, even if it doesn't come from taxpayers, how much of that is set aside to offer these services of women who are seeking counseling?

Ms. RICHARDS. We counsel—I don't know how—I could get the numbers for you. We counsel women and young people and men every single day at Planned Parenthood health centers all across

the country, and most of it, as you probably know, is uncompensated care.

Mr. WALKER. Well, I look at your numbers, and I would tell you this: It is amazing as far as the amount of revenue that exists. And that's why I wanted to talk a little bit about how many how much you're sending overseas. But I do have one final question.

If—this is a big “if”—if there is proven to be criminal activity through an investigation, would you have any problem redirecting the \$500 million or the \$60 million of the 20 percent that is not Medicaid, would you have any problem redirecting that to other women's healthcare organizations who offer genuine health care.

Ms. RICHARDS. Well, I'm not going to answer to a hypothetical. And again, I—we follow all the laws at Planned Parenthood. The health and safety of our patients is our number one concern. If there is any issue ever at the State or local, national level, we will address it, and we do so swiftly, and we always have.

Mr. WALKER. Thank you, Ms. Richards.

I yield back.

Chairman CHAFFETZ. Thank you.

We now recognize the gentlewoman from the Virgin Islands, Ms. Plaskett, for 5 minutes.

Ms. PLASKETT. Thank you, Mr. Chairman and Ranking Member, Mr. Cummings.

Thank you, Ms. Richards, for being here for the inordinate amount of time that you have. And I reiterate so much of what my colleagues here on this side of the aisle have said regarding this hearing and some of the concerns. You and your office know that I vocalized to you privately the fact that I'm displeased that Planned Parenthood is not present in my own district in the Virgin Islands or in any of the territories, which have approximately 4 million people. And the reason I'm displeased about that is because I know the good work that Planned Parenthood does in preventative health towards women. With the Virgin Islands having 141 unplanned teen pregnancies per 1,000, when the national rate is 29 pregnancies per 1,000, I see how important the work that you guys do is to different areas.

And, you know, the chairman has seven clinics in his area in Utah. And Mr. Chairman, we would be glad to take any one of them in the Virgin Islands to be able to support women's health and the work that you do, knowing that 78 percent of those seven clinics are in rural areas.

And I know that this committee is searching for truth, and that's the purpose of the Oversight and Government Reform Committee. And I believe that we need to do that in a neutral and evenhanded manner that reflects the integrity of this committee.

Which is why I think that this is a premature committee hearing, if not the fact that the other side, the individual that the minority has requested to be here, Mr. Daleiden, is not here. And while I understand that Mr. Daleiden has had restrictions on the videos being produced, he has not produced one document that has been requested by this committee from either side.

Ms. Richards, do you know how many documents, how many pages of documents Planned Parenthood has produced?

Chairman CHAFFETZ. Will the gentlewoman yield?

Ms. PLASKETT. No, not at this time, sir. Afterwards I will leave you some time.

Ms. RICHARDS. I know thousands and thousands of pages of documents.

Ms. PLASKETT. I think it is 20,000 pages. And I know that the Ranking Member Cummings has sent a request for documents, and the Chairman Chaffetz and Representative Jordan have sent their own request for documents. And a subpoena was issued and it has not, not one page of documents, although I understand that, from the testimony, that the videos were, in fact—there was a question regards that.

And so, Ms. Richards, I want to ask you some questions since we only have Planned Parenthood here, and we only have your documents that we are able to put up, and put up on screens and for you to be able to be questioned about, not the other side, which as an attorney is a little problematic for me to be able to get to the truth if I don't see both sides of the evidence being presented to me. But I understand that there are several States that have launched investigations against Planned Parenthood. Is that correct?

Ms. RICHARDS. Well, there have been a variety of—I mean, we're constantly being, you know, overseeing our healthcare services. And, yes, I think as a result of this recent campaign, there have been various State—

Ms. PLASKETT. And I understand that several of those States have cleared Planned Parenthood of any wrongdoing?

Ms. RICHARDS. That's correct. That's correct.

Ms. PLASKETT. And that there has not been produced any credible evidence that your organization has broken a single law. Is that correct?

Ms. RICHARDS. I believe that's true.

Ms. PLASKETT. And, however, there is plenty of evidence that Mr. Daleiden and his associates have violated both Federal and State laws. One example is his group obtaining tax-exempt status and apparently solicited charitable contributions under false pretense.

Ms. Richards, are you aware that the Center for Medical Progress obtained a 501(c)(3) status as, I quote, a "biomedicine or bioengineering organization."

Ms. RICHARDS. All I know is what I've read in the paper about the organization.

Ms. PLASKETT. And that that, in fact, is a fake organization that filed official paperwork with the State of California to create a sham tissue procurement company called BioMax Procurement Services, LLC? Ms. Richards, as far as I know, illegally filing false paperwork with a State agency is—it's illegal and against the law, right?

Ms. RICHARDS. It may be. I don't know. And I know there is a lawsuit now pending, and I think the Attorney General of California has indicated that there will be an investigation.

Ms. PLASKETT. And so for me, for us to have this discussion with you without having the balance of the other side, becomes problematic.

Mr. Chairman, did you want to say something at this point?

Chairman CHAFFETZ. Yes. I thank the gentlewoman for yielding. She made a suggestion that Mr. Daleiden had not been responsive to our inquiries. That's not true. We issued a subpoena, he responded within the time. That package that arrived has not been opened. It's in our safe. He's unable to provide all of the documents given that there is a temporary restraining order. We understand that.

House counsel is involved. Mr. Cummings and I evidently agree on this point, that we're trying to get all of that information. But to suggest that he was nonresponsive is simply not true because he did respond within the time allocated under the subpoena.

Ms. PLASKETT. Well, it's my position, Mr. Chairman, that until you're able to open all of those documents and receive all of them and we're able to balance them against the documents, the 20,000 pages of documents produced by Planned Parenthood, that this is an unfair hearing and that we're not getting the documents we need to do that.

Chairman CHAFFETZ. Will the gentlewoman yield? I agree that we need all the information. That's why Mr. Daleiden was not invited to this hearing. The subject is exactly what I said in my opening comments and statements, which many members have asked, inquired about. It's the funding component. We did not title this hearing as a hearing on the videos. It caused some controversy, but we have, in the essence of time, some legitimate discussion about a continuing resolution and ongoing funding for Planned Parenthood, and we have laid that out. But my comments were not about the video, it was about the funding. That's where my concern lies. And we will—

Ms. PLASKETT. Mr. Chairman—

Chairman CHAFFETZ. —we will get to, hopefully, see all of those videos, but we have got to get past the restraining order that has been put in place by a judge in California.

Ms. PLASKETT. Mr. Chairman, if we're going to discuss funding, and knowing that Members of Congress can sit here and ask questions that run the gamut, and that funding question is related to those videos which are the genesis of the question of whether to defund, then I think it's a little naive of us to think that that discussion can be done in a vacuum without the videos and the other documents from the other side.

And I think that my time is up.

Mr. CUMMINGS. Would the gentlelady yield, with the chairman's indulgence.

Chairman CHAFFETZ. Sure.

Mr. CUMMINGS. In fairness to the gentlelady, I'm looking at the memorandum from the majority and it talks about background for this hearing. In the first sentence, under background, it says: "Recently released videos demonstrate Planned Parenthood Federation of America participates in transactions involving transferring fetal tissue for remuneration." And then it goes on.

But let me just very briefly so that the record is clear, the gentlelady referred to documents that we had not received. And, again, I would like to briefly clarify one point on the record because it is important for the committee members to understand and I will be very brief.

On Friday afternoon the Republican staff informed Democratic staff that Mr. Daleiden sent them a package, a FedEx box, but they said that they did not want to open it until this week. We thought this was strange because if the Republicans delayed opening this package, members would not have had enough time to review whatever was inside before today's hearing.

So our staff also made it clear that if the Republicans wanted to use any of this material at today's hearing, it should be opened immediately on Friday so we could begin to reviewing it as soon as possible through the weekend. But the Republican staff told us that they wanted to just keep the box closed. They said they would not open it and they would not use it at the hearing.

So, as of this moment, we still do not know for sure what is inside that box from Mr. Daleiden. However, we did receive a copy of minutes from a recent hearing in a lawsuit in California where Mr. Daleiden's attorneys apparently told the court in that case that they delivered additional video footage to our committee. So even more footage that Mr. Daleiden cut from the videos he's released publicly.

So we went on to—we went on—we want to open the package. We want members to have equal access to the videos that are apparently inside. And we definitely want to see what the other footage Mr. Daleiden was concealing from the public. And I'll yield back.

Chairman CHAFFETZ. Yeah, I want to see all the video too. That's why we issued a subpoena. I wish you all had supported us when we issued it.

Mr. CUMMINGS. Again, Mr. Chairman, I have said it before, and I don't want to—

Chairman CHAFFETZ. I'm glad to have your support now.

Mr. CUMMINGS. I don't want to belabor—

Chairman CHAFFETZ. I'm glad to have your support.

Mr. CUMMINGS. No, no, no, it's not now. We have been—we have supported it, and I can show you the documents to show you that we—consistently, we have asked that we get all of the tapes. And I will certainly, if you give me a few minutes while others are asking questions, I'll give you the very documents that we sent you showing that. Okay?

Chairman CHAFFETZ. All right. We're going to go now to the gentleman from South Carolina, Mr. Mulvaney, for 5 minutes.

Mr. MULVANEY. I thank the chairman. And I'll try and make my Democrat colleagues happy and ask funding questions that have nothing to do with the videos. How about that?

Which is more important to you, Ms. Richards, actually providing women's healthcare services or lobbying?

Ms. RICHARDS. Well, I think these two things go hand in hand. And certainly what we have learned over the years is that in order to be able to provide healthcare services to women you have to also be able to advocate particularly for women who are underserved. So I think the two things actually go hand in hand.

Mr. MULVANEY. Fair enough. You spent \$21 million on lobbying in the last couple years. You spent zero dollars on mammograms. Why is that?

Ms. RICHARDS. Well, I think we've discussed mammograms repeatedly and how women's health care works. So when I go to my doctor, I get a breast exam. And we refer to—

Mr. MULVANEY. You do a referral. I get that. Why don't you do them? Why don't you do them?

Ms. RICHARDS. Well, we're not a radiological clinic and I actually don't think that's—

Mr. MULVANEY. Why not? That is a women's service.

Ms. RICHARDS. Well, I guess we could take it up, but we never have provided mammograms because we work in concert with folks who do provide radiological services.

We do a number of breast exams—

Mr. MULVANEY. You are aware, by the way, there's people running for President saying that you do provide mammograms. And that's not accurate, is it?

Ms. RICHARDS. Well, there are a number of people running for President saying a lot of things that—

Mr. MULVANEY. On that side.

Ms. RICHARDS. —I can't certainly rely on.

Mr. MULVANEY. You said earlier that you don't make any money from Federal funds, right, you don't make any profit off of Federal funds? Is that correct?

Ms. RICHARDS. So Planned Parenthood is a national office. We have one source of Federal funding right now. It's a \$21,000, roughly, grant for a birth control clinical trial where we are actually reimbursed for costs alone, and that's the only source of Federal resources that come to the national office. So we couldn't make a profit off that, though.

Mr. MULVANEY. Where is the \$532 million going?

Ms. RICHARDS. So Medicaid and Title X—

Mr. MULVANEY. So when you said you don't make any money off the Federal funds you were talking about the parent, not about your operations?

Ms. RICHARDS. I was trying to explain that the national office, and then there are—we have 59 affiliates.

Mr. MULVANEY. Right.

Ms. RICHARDS. We have 650 to 700 health centers that provide healthcare services.

Mr. MULVANEY. Is it your testimony that none of those make any profit off of Federal funds?

Ms. RICHARDS. Well, I would have to—they're all reimbursed for services that they provide, and I, my experience is that—

Mr. MULVANEY. And that provides a profit, right?

Ms. RICHARDS. Excuse me?

Mr. MULVANEY. That provides a profit. You get reimbursed for services.

Ms. RICHARDS. Well, we're a nonprofit so that—

Mr. MULVANEY. You're a nonprofit that made \$127 million last year.

Ms. RICHARDS. We didn't make money. We don't make money. We actually reinvest money in healthcare services and education and a lot of other things.

Mr. MULVANEY. Okay, so let's talk about that.

Ms. RICHARDS. But I wanted to answer your first question.

Mr. MULVANEY. Well, I'm going to follow up on that question. Now let's go on to this one. You just mentioned that you don't make money, but you had revenues in excess of your expenses of \$127 million last year. That's right. That's your testimony. It's your numbers.

Ms. RICHARDS. We raised—

Mr. MULVANEY. Right. So here is my question. I'm going to get to the question. Where does the money go? Where does that \$127 million go?

Ms. RICHARDS. So like any organization of our size and scale, a lot of our resources are in what is a board-designated endowment or reserve. We are a 99-year old organization and so we have built our endowment. But also, I'm investing—

Mr. MULVANEY. But you retain those earnings. In the private sense, you would retain those or you put them in the bank.

Ms. RICHARDS. Well, I hope they're in the bank and not just laying around. But certainly, in addition to that, so some are in reserves, and the other is, I have just invested in expanding healthcare services and building new clinics in a variety of States across the country. That's not paid for—

Mr. MULVANEY. How is that not an expense?

Ms. RICHARDS. Excuse me?

Mr. MULVANEY. How is that not an expense?

Ms. RICHARDS. Well, it is an expense.

Mr. MULVANEY. But your books reflect revenues in excess of expenses of \$127 million.

Ms. RICHARDS. I'm sorry, they're not all out the door, but I've made commitments to opening up new health centers in New Orleans, in Dallas, in other States in the South. We are opening in other States that I won't mention here. Probably—

Mr. MULVANEY. Okay, so let's say that that money goes towards expanding your service. One of the proposals here, Ms. Richards, is to defund Planned Parenthood, which includes taking \$60 million, roughly \$60 million away from what you get out of discretionary funding. If we took \$60 million away from you, you could still perform every single service that you gave last year, can't you?

Ms. RICHARDS. I can't say that because those—

Mr. MULVANEY. Well, you made—you said you have revenues in excess of expenses of \$127 million. Now, you told me what you're doing with \$127 million. You're spending it. You're investing it. You're expanding. I get that. But if you'd had \$60 million less last year you could have provided every single service to every single woman that you did last year.

Ms. RICHARDS. Well, I constantly raise money to expand services to the patients that look to us. And so I don't—

Mr. MULVANEY. And God bless you. I think that's great. But answer my question, please. You could have provided every single service that you did to every single woman last year if you did not get a penny from the discretionary fund from the United States Congress?

Ms. RICHARDS. Well, I actually disagree. There's no way I could agree to that. These are services that are spread all across the country, and I can't possibly account for how each dollar that I raise—

Mr. MULVANEY. You still would have had——

Ms. RICHARDS. —which is committed to other services and expansion of services could simply replace Federal dollars.

Mr. MULVANEY. That's not expansion of services. I'm talking about services you actually provided. You would have had \$67 million——

Ms. RICHARDS. Well, we're expanding services beyond what we already provide.

Mr. MULVANEY. Not that. That's not my question. My question is, if we had not funded you last year, you still would have been able to provide the services. And I think the answer is, unequivocally, yes. You might not have been able to expand your services, but every single woman that walked into every single clinic would have been served if you had not received that money from Congress.

Thank you, Mr. Chairman.

Ms. RICHARDS. I disagree, but——

Chairman CHAFFETZ. And we are just trying to figure out why, why you would disagree with that. Revenues would still exceed expenses even with \$60 million less.

Ms. RICHARDS. So do you want me to start talking? Are we now having this conversation? I'm sorry, I wasn't sure if we're finishing this?

Chairman CHAFFETZ. Yeah, sure.

Ms. RICHARDS. So I raise money every single day to expand services, education services to people in America. That's what we do at Planned Parenthood. And like any other nonprofit, we reserve money for all kinds of services that need to be expanded, assistance that needs to be provided, and that's what we do with our money. We are a nonprofit. We don't do anything else with our money other than put it back into the services, the education, and sometimes the advocacy that we provide.

Chairman CHAFFETZ. I'll now recognize the gentlewoman from New Mexico, Ms. Lujan Grisham for 5 minutes.

Ms. LUJAN GRISHAM. Thank you, Mr. Chairman.

And thank you, Ms. Richards.

And if this committee is going to undertake how Medicaid money is used and not used by every healthcare provider in every State and every local government in the United States, it might be a very interesting hearing about how we can assure that the Medicaid funds that are not reaching so many still, even with the progress of the Affordable Care Act, so many women and so many families, that would be a hearing that I think would be well worth having.

I'm going to go back to both the funding aspects here, the unintended consequences. And really, I appreciate the comments of all of my colleagues, but Mr. Welch and Mr. Boyle. I served as the New Mexico secretary of health and one of my challenges was certainly to deal with teen pregnancy, but to also make sure that we had the right partnerships and viable access on a public health system where women and their families could get access to healthcare services that were of high quality and services that they trust.

I can tell you something you already know, that without Planned Parenthood we could not meet those access points, and quite frankly, even in the public health system there are many women, par-

ticularly in rural and frontier areas of the State who, A, did not have access or would absolutely under no circumstances choose that access, where I'd like to tell you that our record about prevention and preventing pregnancy was better in the public health system.

And that was in a world where we didn't have the 2008 budget issues, where our State now is not putting money into public health or expanding public health or working on women's health care. And without the Affordable Care Act our rural hospitals and community health centers would all but be closed. And I will tell you that we now have the highest teen pregnancy rate in the country, with efforts at looking at what we can do for 15-year-olds to prevent the second and third pregnancy.

Women need and deserve unfettered, high-quality, confidential access to comprehensive health services. And I'm hearing from hundreds of constituents, and I also know that thousands of New Mexico women and their families will not have access to these services because it is all connected. And even if it wasn't, we'd still want them to have the choices that they make that are right for them.

But with all of the funding issues that we debate in this Congress, I know unequivocally that they don't have access in many of the places that they should. And under the Equal Protection Clause, they certainly ought to with Medicaid funding.

Can you talk a little bit more about what States like New Mexico with these high teen pregnancy rates, without public health access, without those rural access points, where would those 21,000 women go?

Ms. RICHARDS. Well, thank you for your service in the public health arena and for your question. I do think it's incredibly important that we're constantly looking at new ways to help particularly young people access information and services. And it sort of goes back to the chairman's question maybe earlier, which is one of the things we do at Planned Parenthood, in addition to providing Medicaid family planning services, another is, we now run education programs all across the country and through the Web that have an average of 6 million visitors every single month and visited by young people and by their families, English and in Spanish, because many people don't have access to adequate sex education in their communities.

In addition, we are looking at more ways to provide birth control through—virtually, so that actually you can order it online and don't have to be in a clinic, because for many rural Americans it's very difficult to access a family planning provider in your community.

So those are the kinds of things—

Ms. LUJAN GRISHAM. They're just not there. I have a pastor in my district who's let me know that he refers women to Planned Parenthood because he knows that there aren't the right community access points. And I know it has been touched on in this committee, but I have personal experience and know many of my constituents in their 20s and 30s and 40s who without the comprehensive healthcare services would have died from cervical cancer.

And I know exactly how important, again, in a State that has higher per capita averages in many of these cancer areas for these populations, and particularly for minority populations, that we want to do a much better job investing in comprehensive health, simply do not have it. And the notion that we would continue to discriminate against those populations by not providing adequate Federal funding and access makes no sense if what we're trying to do is to maintain my choice about my high-quality confidential provider.

Thank you, Ms. Richards, for being here today. I appreciate your testimony.

Ms. RICHARDS. Thanks for letting me be here.

Ms. LUJAN GRISHAM. Thank you.

Chairman CHAFFETZ. Thank you.

Members are advised we have two votes on the floor. There are approximately 8 minutes left in this first previous question vote. It is the intention of the chair to recognize Mr. Hice for his 5 minutes of questioning, then we're going to go to recess, then we're going to have to come back. We thought we could get through it, but we still have a number of members who have questions.

So we'll now recognize Mr. Hice for 5 minutes. Then we'll go into recess and we'll reconvene after the votes.

Mr. HICE. Thank you, Mr. Chairman.

Ms. Richards, just a point of clarification. It's already been established that Planned Parenthood serves a lot of underprivileged people. And I just want to be clear. In your testimony you stated that it is significantly more difficult for individuals on Medicaid to access a provider as opposed to someone with a private insurance because so many providers now are not accepting Medicaid. Is that correct?

Ms. RICHARDS. Medicaid patients. It really varies across the country, but certainly there are some States where it's very difficult.

Mr. HICE. And that's one reason that you would say that Planned Parenthood is needed, because there is a gap there. Is that correct?

Ms. RICHARDS. Well, I think we're—I mean, I think we have tried to demonstrate that we are an important provider of Medicaid services to a lot of folks in this country.

Mr. HICE. But particularly the underprivileged and—

Ms. RICHARDS. Well, that's who, I mean, I guess by definition, yes, that's who is on Medicaid.

Mr. HICE. All right. So you also said in your testimony that the Government Accountability Office found that about two-thirds of the States are challenged now recruiting OB-GYNs because of the difficulty in ensuring provider participation in Medicaid and that, according to the CBO—this again is in your testimony—that by next year, ObamaCare is expected to reduce the uninsured, and nearly half of those are going to be on Medicaid.

So from these testimonies from—or these statements in your testimony, is Medicaid, in your opinion, a substandard insurance?

Ms. RICHARDS. In my opinion is it—no.

Mr. HICE. Is it an inferior product?

Ms. RICHARDS. Well, I'm not sure—I'm not exactly sure how to answer that. I think it's important that Medicaid—

Mr. HICE. Well, this is according to your testimony, and I just want to know.

Ms. RICHARDS. No, no, I didn't—I don't think I said that, so I just want to make sure I'm clear what you're asking. I think it is important that Medicaid patients be able to get the same kind of quality of care as other insured people.

Mr. HICE. But you said they can't, they're not able to because so many providers are not—let's go on to some other things. I was just curious and those were some questions that I had jotted down.

Ms. RICHARDS. Okay.

Mr. HICE. It seems to me that there is a question mark there. You praise it on one end, Medicaid, and then—

Ms. RICHARDS. It's very important.

Mr. HICE. —say it's a problem on the other, and that's why—

Ms. RICHARDS. No, it's not—I hope I didn't misstate that. I don't think Medicaid is a problem. I think the challenge is, because the reimbursement rates are very, very low in many States, there are not enough doctors and healthcare providers that will take new Medicaid patients. It's something that everyone struggles with.

Mr. HICE. Okay. Let's go further. I do have some other questions.

We have also established today that there has been excess revenue, as you describe it, other than, say, in profit, excess revenue, nearly three-quarters of a billion dollars in the last 10 years, \$127 million last year. We can break that down in a number of different ways. And yet, at the same time, dramatic reduction in prenatal care, preventive services, cancer screening, and so forth.

And do you have any idea, by the way, how many Planned Parenthood clinics have closed over the last 10 years?

Ms. RICHARDS. I don't have those exact numbers. And you're referring to a lot of things I'd have to go back and look at charts for. I think we've addressed—although I know not everyone is here for all of it—why some women's healthcare services aren't needed on an annual basis anymore. But many of our Planned Parenthood health centers have merged to be more efficient. We started 99 years ago, and I will be candid, there's not always totally efficiency—

Mr. HICE. Okay, well, let me go on. There's been over 100 that have closed just over the last—

Ms. RICHARDS. Or merged. Well, I would say, or merged.

Mr. HICE. Closed or merged, whatever. But the bottom line is, you stated just a few moments ago that this \$127 million, three-quarters of a billion over the last 10 years, that you are largely holding it and using it for investment purposes. Why is it on the taxpayers' hook to provide for your investments in expansion when you are declining your services and clinics are closing?

Ms. RICHARDS. I don't think the Federal—the Federal Government isn't investing in our expansion. In fact, the Federal Government—

Mr. HICE. The taxpayers are, according to—

Ms. RICHARDS. The Federal Government—

Mr. HICE. You've got \$127 million over the last year that's excess.

Ms. RICHARDS. None of that is Federal dollars, I'm sorry, that's all raised by private—

Mr. HICE. All right, so we have \$60 million that are Federal dollars that comes through the discretionary fund. Why do the taxpayers need to be providing \$60 million when you've got \$127 million a year? I mean, I'm just going back to the question already asked. I'm trying to find, why is the taxpayer responsible for your expansion?

Ms. RICHARDS. I'm not holding the taxpayers responsible for our expansion. In fact, the money that is paid for by the Federal Government through Medicaid, through Title X, through CDC grants, or HIV/AIDS programs, all pay for services directly provided to patients. And there is strict accountability and we are accountable. HHS looks at all of the Medicaid payments.

So this is—we are grateful for the opportunity to serve patients who come into us on those programs. I think we provide very high quality, and that's why patients continue to come to us. And I think patients, regardless of whether they're on Medicaid or not, should have the option to go to the healthcare provider of their choice.

Mr. HICE. Thank you, Mr. Chairman.

Chairman CHAFFETZ. I thank the gentleman.

The committee will now stand in recess and reconvene no sooner than 2:00 p.m. But we'll will be beholden to the conclusion of these votes. The committee stands in recess.

[Recess.]

Chairman CHAFFETZ. The Committee on Oversight and Government Reform will come to order and we will resume our hearing regarding Planned Parenthood.

We are now going to recognize, if the gentlewoman would—I need her to change.

If we would—we'll now recognize the gentleman from Missouri, Mr. Clay, for 5 minutes.

Mr. CLAY. Ms. Richards, welcome, and thank you for your patience for being here so long. Let me start with the point that a lot of Republicans have relied on these doctored videos to accuse Planned Parenthood physicians of violating Federal laws. Just yesterday, the Missouri attorney general, Chris Koster, just completed his investigation of Planned Parenthood and found no wrongdoing. However, I want to walk through some of these accusations and ask you to give us the facts.

Just as a preliminary matter, does Planned Parenthood receive any Federal funding for its tissue donation program?

Ms. RICHARDS. No, not that I'm aware of.

Mr. CLAY. Okay. Let me ask about the accusation that physicians are illegally altering abortion methods to harvest fetal tissue in violation of Federal law. First, here is what the law says. Doctors must certify, and I quote, "no alteration of the timing, method, or procedures used to terminate the pregnancy was made solely for the purposes of obtaining tissue." This provision applies to federally funded research involving the transplantation of human fetal tissue for therapeutic purposes.

This has been confirmed by the Department of Health and Human Services, which wrote that the Department, and I quote, "has not funded or conducted this specific type of research in recent years."

So even though this law does not apply to Planned Parenthood affiliates, you have still issued guidance that is consistent with the law. Is that right?

Ms. RICHARDS. That's correct. So just to be perfectly clear, the Federal law you're citing doesn't apply to Planned Parenthood because it, as you said, it only applies to donations for related transplantation research funded by the NIH.

One other thing, Congressman Clay, actually I would like to mention, that when all of this came up, I actually wrote to the NIH and said if it's time to review the way fetal tissue research is done in this country, we welcome that. It's a very small part, obviously, of what we do, only 1 percent of our health centers even allow for tissue donation. But it seems that it would be an appropriate forum for biomedical ethicists and researchers and doctors to do that, and we welcome that if the NIH chooses to do so.

Mr. CLAY. Wonderful. Wonderful.

Okay, let's turn to these accusations. David Daleiden and the Republicans accuse Planned Parenthood physicians of changing the timing, method, and procedure of abortions solely for the purpose of obtaining fetal tissue. So let me ask you directly, do Planned Parenthood physicians alter the timing, method, or procedure of an abortion solely for the purpose of obtaining fetal tissue for research in violation of Federal law?

Ms. RICHARDS. Well, first, just to go back, as we've established, Federal law doesn't apply, and yet our own standards and guidelines go above and beyond what's required. I have spoken with our chief medical officer and she assures me that she knows of no instance where the method or the procedure or the timing of an abortion was altered in any way in order to facilitate what is the patient's desire to donate fetal tissue for fetal tissue research.

Mr. CLAY. Let me ask you, when the physicians do make clinical adjustments during the course of the procedure, why would they do that and how does that work?

Ms. RICHARDS. Well, I'm not a doctor, so I can't speak to everything that doctors do. But I do know that our number one goal at Planned Parenthood is the health and safety of our patients, and so patient—certainly our doctors' number one goal is to make sure that if it is an abortion patient, that they have a successful procedure. And I know from talking to doctors all across the country, long before any of this happened, that doctors do all kinds of things, as do all surgeons, I assume, make decisions in the middle of procedures to ensure a good outcome.

Mr. CLAY. Let me—let's move to a different accusation, which is that women are not consenting to participate in these tissue donation programs. Can you speak to that, that women may not be consenting to donating the fetal tissue?

Ms. RICHARDS. Women are fully consenting, and they consent at Planned Parenthood prior—certainly prior to an abortion. And one of the interesting things that has happened, in part as a result, I think, of all of the press, is that there are more and more women asking if they could actually donate fetal tissue because they understand the importance of the research that's done. But, again, we only have two affiliates now who are able to, you know, can help women who want to make a fetal tissue donation.

Mr. CLAY. Thank you for your response.

Mrs. LUMMIS. [Presiding.] The gentleman's time has expired.

Ms. RICHARDS. Thank you.

Mrs. LUMMIS. The chair now recognizes the gentleman from Oklahoma, Mr. Russell.

Mr. RUSSELL. Thank you, Madam Chairman.

And thank you, Ms. Richards, for being here today.

How much total revenue collected or reimbursed for Planned Parenthood and its affiliates comes from abortion services?

Ms. RICHARDS. I believe we provided all of our financial information. I don't have that number.

Mr. RUSSELL. Do you have a ballpark?

Ms. RICHARDS. No, I don't. But again, we have provided—I know there was some back and forth about this, but—and I just verified it on the break. We provided all of the 990s, not only for the national organization, but our 59 affiliates, and I believe the audited financial statements.

Mr. RUSSELL. I guess if we were to extrapolate from the Planned Parenthood Web site of the cost of an abortion, the average cost, or of an abortion pill, it would be at \$1,500 for the service of abortion or \$800 for the pill. If you multiply that times 327,000, that would come somewhere between 40 percent or 22 percent of a figure. Regardless, it's \$491 million down to \$261 million just from the ballpark figures we see on Planned Parenthood's Web site.

Ms. RICHARDS. And I have to—could I just, I'm sorry to interrupt, but actually that is not—

Mr. RUSSELL. If you could very quickly.

Ms. RICHARDS. That's not accurate. But in any case—

Mr. RUSSELL. Well, then would you be willing to provide us what the accurate figure is, and when could you provide that to us?

Ms. RICHARDS. Well, what was inaccurate is, I think, what you reported in terms of the cost of an abortion. Obviously, it varies State to State, so I can't say, but I think your number was high.

Mr. RUSSELL. Well, we would await the accurate figures and when would you provide those to us?

Ms. RICHARDS. I have said to the chair, and we have been abundantly cooperative to this committee, we've provided thousands and thousands of pages of documents. And I'm happy to work with the committee and the staff and with my team to provide other information that you need.

Mr. RUSSELL. Okay. And I appreciate that. We'll continue on.

Absent Federal funding, what effect specifically would it have on the organization's ability to provide abortion services?

Ms. RICHARDS. I'm sorry, could you restate your question? I don't think I understood it.

Mr. RUSSELL. Yes. Absent Federal funding, what specifically would it have on the organization's ability to provide abortion services?

Ms. RICHARDS. Well, okay, I hope I'm answering your question correctly. No money, no Federal dollars go to Planned Parenthood or other hospitals or other healthcare providers to provide abortion services.

Mr. RUSSELL. So it would have no impact, is that your answer?

Ms. RICHARDS. No impact on what?

Mr. RUSSELL. On abortion services.

Ms. RICHARDS. If we were not reimbursed for family planning, for preventive care—

Mr. RUSSELL. No, I'm asking specifically. Absent Federal funding, what specific impact would it have on abortion services?

Ms. RICHARDS. I can't think of a specific impact. I'm just trying to make sure I—I really am trying to be responsive to your question.

Mr. RUSSELL. No, and I can see that. Thank you.

Ms. RICHARDS. Okay.

Mr. RUSSELL. Can Federal funds be used for abortion equipment?

Ms. RICHARDS. Federal funds are only, in my understanding, and if there is something that I—there may be something I'm unaware of—but Federal funds can only be used for abortion services in very specific instances which I—we talked about earlier, which is if a woman has been raped—

Mr. RUSSELL. Sure.

Mr. RUSSELL. —if she is a victim of incest, or if it is the life of the mother.

Mr. RUSSELL. Well, I'm curious on the equipment, on the salaries, cleaning services, rent and maintenance of facilities, what about that?

Ms. RICHARDS. So let me just—on the abortion services, and on Federal funding for abortion services, these are—this is actually done through the States. That's where Medicaid funds come through, and they—I can get—we could look at any specifics on that. But that is oversight by—

Mr. RUSSELL. Okay. We would like that, if you could answer to that, because I realize—

Ms. RICHARDS. It's the Federal Government, though, that actually is making those decisions.

Mr. RUSSELL. Well, thank you.

Ms. RICHARDS. It's not—I mean, just it's not Planned Parenthood.

Mr. RUSSELL. For the record, Mr. Chairman, we've heard testimony today that 2.7 million received services in the last reported year. That number is actually over 3 million when you add the 327,000 aborted children to that figure. For the record, 2.7 million receive services and 327,000 receive a legal termination with no right to choose life.

Three of my five children are adopted. It is my firm belief and the financial evidence substantiates that Planned Parenthood clearly does not need taxpayer funding to survive. We can carve up a child and call it a choice. We can destroy human life and call it health care. We can make the killing of children legal and pretend it is beneficial. We can cover acts of barbarity with the veneer of civility. But we cannot escape our accountability before the Creator of life.

And with that, Madam Chairman, I yield back my time.

Mrs. LUMMIS. The gentleman yields back.

The chair now recognizes the gentleman from Pennsylvania, Mr. Cartwright.

Mr. CARTWRIGHT. Thank you. Thank you, Madam Chair.

And, Ms. Richards, I want to thank you for being here today. I want to ask about Planned Parenthood's Federal funding since that's supposed to be the topic of today's hearing.

Ms. RICHARDS. Uh-huh.

Mr. CARTWRIGHT. What we're hearing is that Planned Parenthood receives about \$500 million in Federal funding every year, and it is easy to see why you hear that figure a lot because it is an awful lot of money. And it seems like, I mean, the way you hear it, it sounds like Planned Parenthood receives a big check, a big cash payment every year. But I want to break down the numbers. According to the data compiled by the GAO, something like 80 percent of Planned Parenthood's government-related revenue in 2012, about \$400 million, came from Medicaid reimbursements.

I think that's the point you've been trying to make today, is that it comes in the form of Medicaid reimbursements through the States for activities such as cancer screenings and wellness exams. Ms. Richards, first off, is that figure correct, around 80 percent, to the best of your knowledge?

Ms. RICHARDS. I think, to the best of my knowledge, it is correct. About 1.6 million of our patients in a year receive—are covered by some kind of Federal program, Title X, or they are Medicaid patients, or there is a few other programs that we work on, HIV/AIDS programs and the like.

Mr. CARTWRIGHT. And so is that figure fairly consistent with more recent years?

Ms. RICHARDS. Yes. And also one thing I just wanted to make sure is clear, it's not all Federal funds. A lot of State funds are combined in that figure, and I don't know the exact breakdown.

Mr. CARTWRIGHT. Fair enough.

Ms. RICHARDS. So it's just not all Federal dollars, is all I meant to say.

Mr. CARTWRIGHT. But what these numbers really mean is that Planned Parenthood affiliates provide a massive number of healthcare services to Medicaid patients, and then they are reimbursed on a fee-for-service basis.

Ms. RICHARDS. That's exactly correct.

Mr. CARTWRIGHT. Is that a fair statement?

Ms. RICHARDS. And I think we provide really, really good health care for Medicaid patients and we're proud of that.

Mr. CARTWRIGHT. Okay. Well, I come from a district that has a lot of rural territory in northeastern Pennsylvania. We have an awful lot of Medicaid-eligible patients.

Ms. RICHARDS. Yes.

Mr. CARTWRIGHT. So it is an issue of concern to me. Medicaid patients are primarily people who are poor, elderly, or have disabilities, isn't that right?

Ms. RICHARDS. I don't know the breakdown of all Medicaid patients and certainly don't know for your area of Pennsylvania. I do know how many patients we see in Pennsylvania.

Mr. CARTWRIGHT. Just in general, Medicaid patients—stay with me here—

Ms. RICHARDS. Okay.

Mr. CARTWRIGHT. —Medicaid patients tend to be poor, elderly, or have disabilities, don't they, in general?

Ms. RICHARDS. Again, I'm just speaking—I only know of the folks we serve, so I can't speak about Medicaid patients more broadly. We don't serve many elderly Medicaid patients. Primarily we serve women between the ages of 18 and 24.

Mr. CARTWRIGHT. Of course, that's true.

Ms. RICHARDS. Okay.

Mr. CARTWRIGHT. And many of Planned Parenthood's Medicaid patients come from medically underserved communities, right?

Ms. RICHARDS. That's correct.

Mr. CARTWRIGHT. And that's why the \$500 million figure gets thrown around so much, that's why that's so misleading, because this is not an appropriated amount from discretionary spending, it is reimbursements for fee-for-service treatment. And like other medical providers, Planned Parenthood is reimbursed for the health care it provides for these patients, and that's generally the way healthcare insurance works anyway, right?

Ms. RICHARDS. That's exactly right. It's a different insurance program.

Mr. CARTWRIGHT. In fact, we rely on providers to take in these patients, especially since Medicaid generally reimburses at a lower rate than private insurance.

Ms. RICHARDS. That's correct. And I think it's really important because in so many States, as we have talked about earlier, there are not that many healthcare providers that will take Medicaid patients.

Mr. CARTWRIGHT. In fact, I think Dr. Gosar made that point. Medicaid reimburses rather poorly.

Ms. RICHARDS. It does. Although we are really proud, just looking at your State of Pennsylvania, we see 108,000 patients in the State of Pennsylvania, and many of them are in rural communities.

Mr. CARTWRIGHT. Well, so when we hear talk about defunding Planned Parenthood, a big part of that is excluding Planned Parenthood affiliates from Medicaid, isn't that right?

Ms. RICHARDS. Correct. Essentially, and that's what is important, I'm so glad you made this point, because we can't make it strongly enough, as you said, we don't get an appropriated amount of money. This would actually—what Congress is proposing doing would deny people on Medicaid the ability to go to the provider of their choice, and many of them do choose Planned Parenthood for a whole host of reasons.

Mr. CARTWRIGHT. Thank you for being here, Ms. Richards. I yield back.

Mr. JORDAN. [Presiding.] I thank the gentleman.

The gentleman from Georgia, Mr. Carter, is recognized.

Mr. CARTER. Thank you, Mr. Chairman.

Ms. Richards, you were kind enough to provide this committee with a list of the salaries and compensation of the officers of Planned Parenthood. That is correct and up to date, is that right?

Ms. RICHARDS. I'm sure it is if we provided it.

Mr. CARTER. Okay. Well, thank you. And I'm looking at this and I'm seeing an employee at Planned Parenthood's affiliate in Minnesota, North Dakota, and South Dakota was paid \$459,827 in 2013, is that correct?

Ms. RICHARDS. I don't have the figures in front of me. I do happen to know that affiliate is—this is a woman who has been a healthcare professional for decades.

Mr. CARTWRIGHT. Okay, \$459,000. And it is correct that you were compensated \$590,000 in 2013, is that correct?

Ms. RICHARDS. Well, I tried to address this earlier, my salary—

Mr. CARTER. I understand.

Ms. RICHARDS. Well, did you like—I'm sorry—

Mr. CARTER. I'm just—yes, or no? Is that correct?

Ms. RICHARDS. \$520,000 is my annual salary, and there was a benefit that was accrued to me over several years.

Mr. CARTER. And \$590,000 was your compensation in 2013?

Ms. RICHARDS. It's set by the board of directors. And it's important to me—

Mr. CARTER. All I need to know is yes or no.

Ms. RICHARDS. —no Federal funds go to my salary.

Mr. CARTER. I understand. But \$590,000, \$590,000 was what you were compensated in 2013, according to what you provided this committee with, correct? Yes. That is—

Ms. RICHARDS. Your Honor, you're answering your own question.

Mr. CARTER. All right. Okay.

Ms. RICHARDS. I think I've answered the question.

Mr. CARTER. Okay. Well, let me ask you about the travel for Planned Parenthood. Planned Parenthood spent over \$5 million on travel in 2013. That's almost \$14,000 a day.

Ms. RICHARDS. Well, that—

Mr. CARTER. Was that first class or was any of it chartered jet?

Ms. RICHARDS. Boy, that would be nice. No, I've never—I don't fly first class.

Mr. CARTER. But \$14,000 a day.

Ms. RICHARDS. We have 8 million supporters in this country. We provide health care to 2.7 million people. We provide sex education to 1.5 million people. And—

Mr. CARTER. Is that number correct, \$14,000 a day? Is that correct?

Ms. RICHARDS. I don't have the figures in front of me. But I'm happy to look—

Mr. CARTER. Okay. Well, that's what you provided and I just want to make sure.

Ms. RICHARDS. I'm happy to look at them.

Mr. CARTER. Can you provide this committee, can you provide this committee with the records that show the modes of travel that you have taken, whether they have been first class or whether they have been chartered jet? Can you break down that travel?

Ms. RICHARDS. I will work with the committee staff to provide whatever we can on the questions that have been asked.

Mr. CARTER. We appreciate that very much.

Let me ask you something—

Ms. RICHARDS. Although I will say for the record, I do not travel first class.

Mr. CARTER. Neither do I, but I don't spend \$14,000 a day either.

Ms. RICHARDS. Well, I have—

Mr. CARTER. Nevertheless, let me ask you, you have made the claim that many patients wouldn't have timely access to basic re-

productive health care if it weren't for the services of Planned Parenthood. Yet, the U.S. Department of Health and Human Services in 2015 said that there are almost 9,700 healthcare service delivery sites and over 4,000 rural health clinics, including over 1,200 federally qualified health centers operating over 9,000 sites in the United States.

How many clinics does Planned Parenthood operate? I believe earlier you said 650 to 700?

Ms. RICHARDS. It's between 650 and 700, depending.

Mr. CARTER. But yet if that 650 to 700 were to go away, these patients wouldn't have access to health care?

Ms. RICHARDS. Well, I mean, I'm looking at the CBO report, the Congressional Budget Office just came out with a report that if Planned Parenthood, if women were unable to go to Planned Parenthood, Medicaid patients or Title X patients, 390,000 women would immediately lose health care next year.

Mr. CARTER. You know, the problem I have with that—

Ms. RICHARDS. So I'm just—I'm reporting back what the government reported.

Mr. CARTER. —the problem I have with that is that the Obama administration reports that there are over 13,000 publicly supported healthcare alternatives in the United States. Have you seen that? Are you aware of that?

Ms. RICHARDS. I haven't seen that.

Mr. CARTER. That's what the Obama administration is telling us. So that's almost eight times as many as Planned Parenthood has. And out of those clinics, I mean, we've got almost—excuse me, I misspoke—over 20 federally funded clinics as opposed to every Planned Parenthood. Yet those federally funded clinics, they don't have \$100 million endowments. They don't have \$70 million dollar Manhattan condo. They don't spend hundreds of thousands of dollars on Grammy-winning performers performing at their galas. They don't do any of those things. Yet, they are able to provide services, needed services to women.

Why is it that Planned Parenthood has got to have that in order to provide the same services? Do you believe—

Ms. RICHARDS. Planned Parenthood—

Mr. CARTER. Do you believe that they have to have that?

Ms. RICHARDS. Well, I—

Mr. CARTER. It's yes or no. That's all it is.

Ms. RICHARDS. With all respect, that wasn't really a question. I would say I really stand by the fact that we provide health care to many, many women in this country who have no other option.

Mr. CARTER. The question is—the question, Ms. Richards, the question was, have you got to have that in order to provide health care to women?

Ms. RICHARDS. We provide—

Mr. CARTER. These other clinics don't have it and they provide it.

Ms. RICHARDS. Well, I'm not going to speak to every other hospital, healthcare center, and FQHC in the country.

Mr. CARTER. Do you think they have to have it in order to provide health care to women?

Ms. RICHARDS. I think we provide excellent health care to women in this country. And I think the point here—

Mr. CARTER. That's not the question. The question is, do you have to have a \$100 million endowment, \$70 million condos? I think not.

Ms. RICHARDS. I don't know what—

Mr. CARTER. Mr. Chairman, I yield back.

Ms. RICHARDS. With respect, I think it's important that the question here is, do low-income women in this country have the right to choose wherever they want to go to for health care? And 2.7 million of them choose Planned Parenthood.

Mr. CARTER. Why don't you let them go to one of those \$70 million condos in Manhattan?

Mr. JORDAN. The gentlelady from Texas is recognized.

Ms. JACKSON LEE. Mr. Chairman, thank you so much for the courtesies extended. Let me thank the chairman of the full committee for his courtesies, and to Mr. Cummings certainly for his courtesies as well, for my participation in this very vital hearing today.

I am a member of the Judiciary Committee as well, and we held such a hearing some weeks ago. And so I can almost say *à la*.

Let me thank Ms. Richards, first of all, as a fellow Texas, to thank her for the legacy of her family that has always been engaged in public service. And that's what I consider you and Planned Parenthood as doing.

Coming from Texas, let me cite the Houston Planned Parenthood offices, of which I have been in and walked through and seen the clinics and seen individuals who fell into my arms indicating that without Planned Parenthood they would not be able to, in fact, have health care.

Let me ask you very quickly as my time goes, it may be, as I have been listening this afternoon, that we have been mixing more than apples and oranges. It might be apples and potatoes. Because we are talking about abortion. When I say that, many of these questions have come forward. And I just wanted to read this quote from a Senator in Oklahoma in discussing Planned Parenthood. "My focus is to try to deal with the life issue. Defunding Planned Parenthood is just a sideshow for the real event."

Has this come to your attention, Ms. Richards, that many are talking about something that really has nothing to do with your Federal funding?

Ms. RICHARDS. Well, I do think it's been a bit of a theme. And I think that is one thing I'd like to say. It's important that I don't really believe that an organization, a healthcare provider should be discriminated against for providing a legal service, whether it's Planned Parenthood or a local community hospital or anyone else.

Ms. JACKSON LEE. Let me follow up as well and hold this up and ask unanimous consent to place it into the record. And let me cite for some of my colleagues: Ohio, 28 clinics, 80,000 patients, 66,000 on contraception, total sexually transmitted diseases, 105,000; Texas, 38 clinics, 150,000 patients, and 108,000 on contraception, and others dealing with sexually transmitted diseases. But if those clinics went away, then we are talking about 28 in a big State like

Ohio, 38 in Texas, thousands of women losing access to health care. Is that not correct, Ms. Richards?

Ms. RICHARDS. That's correct.

Ms. JACKSON LEE. And are you familiar with the Texas cases which challenge or discuss the legislative initiative in 2014–2015 that would literally implode clinics in Texas and the Supreme Court decision that ruled in 2014 and 2015?

I think the United States Supreme Court, maybe based on *Roe v. Wade*, maybe based on the fact that abortion services, which are not part of the funding here, but in any event, just so my colleagues would know that, in my State of Texas the law, the State law would have cut off 75 percent of reproductive healthcare clinics. The Supreme Court indicated that the Texas law was unconstitutional, indicating that the separate work that you do dealing with people's right to choose is a lawful act and has nothing to do with Federal funding. Is that correct?

Ms. RICHARDS. I believe that's correct.

Ms. JACKSON LEE. And the Supreme Court has indicated that abortion, by law, is not illegal in those cases.

Ms. RICHARDS. And I know a lot of these are still on appeal. I do think since we both come from Texas, I think it is important to know that when the State of Texas shut down the Texas Women's Health Program and Planned Parenthood's ability to serve women, there are 25 percent fewer women in Texas that are receiving care as a result. And so I think that's why it's so important that we don't ever put politics ahead of women's health.

Ms. JACKSON LEE. Let me get these last two questions in. As a member of the House Judiciary Committee we deal a lot with the FBI. So does this committee as well. Let me just ask you about Mr. Daleiden's work. Is Mr. Daleiden a member of the Federal Bureau of Investigation, to your knowledge?

Ms. RICHARDS. Not to my knowledge.

Ms. JACKSON LEE. Is he an FBI agent, to your knowledge?

Ms. RICHARDS. Not to my knowledge.

Ms. JACKSON LEE. Is he a member of the Department of Justice.

Ms. RICHARDS. I don't believe so.

Ms. JACKSON LEE. Has the Health and Human Services ever investigated, or investigated you, per se, about your Medicaid reimbursements, meaning something that you have not been able to answer or file in another filing?

Ms. RICHARDS. We follow all of the laws at the State and Federal level every day.

Ms. JACKSON LEE. So Mr. Daleiden has been engaged in an investigation, has no authorization, is not a member of the FBI, which I would call dastardly and deceitful. So I'd ask you this question: Are you aware that Mr. Daleiden has pleaded the Fifth Amendment in some cases that he has engaged in?

Ms. RICHARDS. I have read that in the paper.

Ms. JACKSON LEE. Are you aware that it has been checked by RH Reality Check that Mr. Daleiden stole the identity of the president of the feminist club at Mr. Daleiden's high school? Have you heard that?

Ms. RICHARDS. I have also read that in the paper.

Ms. JACKSON LEE. And let me cite not you, but RH Reality Check. Would we then, Mr. Chairman, as I finish, would we then say that we are here today to speak about the facts. And therefore, are you saying on the record today that Planned Parenthood does not use any Federal funding for anything that is not authorized under the laws of the United States of America?

Mr. JORDAN. The time of the gentlelady has expired.

Ms. JACKSON LEE. Can she answer that question?

Mr. JORDAN. Of course.

Ms. RICHARDS. We follow all the laws at the Federal and State level, and whenever we find issues we take care of them and address them.

Ms. JACKSON LEE. I thank the gentleman for his courtesy. I thank this committee for its courtesy. Thank you. I yield back.

Mr. JORDAN. I thank the gentlelady.

The gentleman from Wisconsin is recognized.

Mr. GROTHMAN. Thank you. A few questions. I would just like to clear up some things.

First of all, you talk about the percentage of women who are low income served by Planned Parenthood. I am under the impression that for defining income, if you have a younger person, a 21-year-old college student, or even a 16-year-old high school girl, that for the purpose of defining income you leave out the mother's income. So, for example, if a billionaire's daughter who made \$5,000 last year came to Planned Parenthood, she would be considered low income. Is that correct?

Ms. RICHARDS. I would have to check on that. I don't know of any billionaire's daughters that are coming to Planned Parenthood, but I'm happy to look into that and to address your question.

Mr. GROTHMAN. Okay. I'm saying for the purpose of the family planning waiver, I think it is pretty well-publicized that, you know, both high school kids, college kids, they, for the purpose of determining income, they look at their—they are considered a family of one despite living with parents. Is that true?

Ms. RICHARDS. I'm happy to check on that.

Mr. GROTHMAN. Okay.

Ms. RICHARDS. And I think a lot of high school or college women, they may—at that point they don't have the resources of their parents, and a lot of young women do come to us because they need family planning but can't talk to their families.

Mr. GROTHMAN. Okay. The next question I have, when I look at cities around me that have a Planned Parenthood clinic, usually they are what, by Wisconsin standards, they are medium-sized cities, 20-, 30-, 40,000 dollars. Usually in those cities as a guy, I could go to many clinics locally that have all of the machines that one would need. All of these clinics, as far as I know, take Medicaid dollars. So, you know, you could go to any of those clinics to get any medical service you could.

I guess what I'm getting at is, in my opinion, if Planned Parenthood disappeared tomorrow in those towns there would still be three or four or five clinics or hospitals providing all the Medicare—all of the medical care you would want, and, quite frankly, providing superior care to people who are on Medicaid.

Ms. RICHARDS. Well, I think we do provide superior medical care, but, in any case—

Mr. GROTHMAN. I'm saying superior care in the sense that on Medicaid, without the deductibles and copays, it's usually better insurance than other people have.

I guess what I'm saying is, it would seem to me, if Planned Parenthood clinics were not around in those cities, with the exception of a couple of abortion clinics, there would be three or four other clinics available to do any women's health or men's health or health of any nature whatsoever. Don't you feel that's true?

Ms. RICHARDS. Well, I don't. And I have been to Wisconsin a lot. Obviously, you know more about Wisconsin than I do, but I know we have 22 health centers in the State of Wisconsin. And, last year, we provided—or the most recent year we have figures, we provided health care to 65,000 people. And, actually, I think we are the largest—don't quote me on this, but I will check to make sure. But I think we're the largest family-planning provider of the network in Wisconsin, so that's pretty hard to replace.

Mr. GROTHMAN. Well, no. I think you're not answering my question.

Ms. RICHARDS. Oh, I'm sorry.

Mr. GROTHMAN. If you have a city in which there are four clinics, full-service clinics that you could go to for anything under the sun, and a Planned Parenthood clinic, I would assume that if the Planned Parenthood clinic disappeared you would have four or five other clinics to deal with anything that Medicaid paid for.

Ms. RICHARDS. Well, we just haven't seen that to be true. I mean, I use the example of the State of Texas, where they eliminated Planned Parenthood as an option in communities, and 25 percent of women lost access to care.

So I actually don't think—there are a number of reasons that women go to Planned Parenthood. It's personal choice, as well as availability, as well as the services we provide. And, for many women, we are the provider that they think best meets their healthcare needs. And I do think that's really, kind of, what's at stake here.

Mr. GROTHMAN. Okay.

You emphasized before the lack of ability of access to health care for minorities. Do you feel that you have a special role to fill there?

Ms. RICHARDS. I'm sorry, I just—it's very hard to hear you.

Mr. GROTHMAN. Okay.

Ms. RICHARDS. I apologize.

Mr. GROTHMAN. Before, you emphasized that you felt there was a lack of access of health care to minorities. Do you feel that you have a special role to play there?

Ms. RICHARDS. We have a special role to play for anyone who is underserved, and that includes folks of low income, folks of rural America, folks in areas of the country where there is less public healthcare access. So it really is all across the gamut.

Mr. GROTHMAN. Okay. I'll give you one more question and come back to the prior one. In Wisconsin, all of the Planned Parenthood clinics are in sizable cities in which there are, as far as I can see, probably multiple other medical providers.

Is there anywhere in the country that you know of, any metropolitan area in which Planned Parenthood offers services in which there are no other providers to take Medicaid dollars?

Ms. RICHARDS. I—it's just beyond my—what I know. I can't really respond to that.

But I think, again, if we're in 22 communities in Wisconsin, which we are, according to these records, that's a lot of—I'm not saying those aren't all decent-sized cities, but that's a lot of rural community, as well.

Chairman CHAFFETZ. I thank the gentleman.

We'll now recognize the gentleman from Alabama, Mr. Palmer, for 5 minutes.

Mr. PALMER. Thank you, Mr. Chairman.

Thank you for being here, Ms. Richards.

Planned Parenthood Action engages in political activity; is that correct?

Ms. RICHARDS. The Planned Parenthood Action Fund, which is a separate corporation, does.

Mr. PALMER. And you're compensated by that organization?

Ms. RICHARDS. Well, I mean, my—I get compensation really to reimburse for my costs—

Mr. PALMER. Yes or no, for brevity?

Ms. RICHARDS. I'm just trying to explain. I'm sorry.

Mr. PALMER. I understand. And I know how these things work. But the answer is yes or no, and I think you've already answered it.

It's, what, \$31,000? Is that about right?

Ms. RICHARDS. I don't have the figures for last year, but whatever my compensation was, it is for work that I do on behalf of the Action Fund.

Mr. PALMER. Okay. Where does Planned Parenthood Action get its funding?

Ms. RICHARDS. Private donations. We have 8 million supporters in this country and a number of donors from all over, all over the country.

Mr. PALMER. And is there any money from Planned Parenthood that goes to Planned Parenthood Action?

Ms. RICHARDS. They're not—there is—the Planned Parenthood Action Fund, which is—it does advocacy and it does electoral work. There is advocacy work—

Mr. PALMER. But that—I know what they do. I'm asking—

Ms. RICHARDS. Well, I think I'm trying to be responsive to your question—

Mr. PALMER. I know, but for—

Ms. RICHARDS. —right? So—

Mr. PALMER. —brevity's sake and out of respect—

Ms. RICHARDS. Well—

Mr. PALMER. —for brevity's sake—

Ms. RICHARDS. —as you know, for 501(c)(4) organizations, they cannot do a majority of their work as electoral work. That's under IRS Code.

Mr. PALMER. I understand.

Ms. RICHARDS. And so more than 60—

Mr. PALMER. I understand that.

Ms. RICHARDS. I think between 65 and 70 percent of the work of the Action Fund is non-electoral.

Mr. PALMER. And you also have a PAC; is that correct?

Ms. RICHARDS. Okay. Yeah. I was just going to—yeah. Yes, there is a Federal PAC.

Mr. PALMER. All right. And that Federal PAC, how much—just round figures, what did it spend in 2014?

Ms. RICHARDS. How much the Federal PAC spent in 2014, I can get that for you.

Mr. PALMER. Okay.

Ms. RICHARDS. I'm not being evasive. It's obviously public record. I just don't have it with me.

Mr. PALMER. Where do they—where does the PAC get its money?

Ms. RICHARDS. It raises its money from individuals—

Mr. PALMER. Are you compensated—

Ms. RICHARDS. —and sometimes—

Mr. PALMER. Are you compensated by the PAC?

Ms. RICHARDS. I don't believe I have any—have ever been compensated by the PAC. Although I know that the Federal law requires, if you are doing work on behalf of a Federal candidate, I believe you actually have to—your time has to be paid for by a PAC. So we follow all the—

Mr. PALMER. And do you have any oversight over the PAC?

Ms. RICHARDS. —laws and regulations.

Mr. PALMER. Do you have any oversight over the PAC, any managerial responsibility?

Ms. RICHARDS. Sure. I mean, in some—

Mr. PALMER. Okay. Well, you're supposed to be compensated if you do any work for the PAC. And you need to check that out.

Ms. RICHARDS. Well, I just—I think—

Mr. PALMER. I want to go to this. In 2004, you founded a group called America Votes, a coalition of 42 national grassroots organizations focused on elections.

How many of these organizations collaborate with or are incorporated into Planned Parenthood's political operation?

Ms. RICHARDS. I'm sorry. You're asking me about a job I had before Planned Parenthood; is that correct?

Mr. PALMER. That is correct.

Ms. RICHARDS. Okay. But can you restate—

Mr. PALMER. With a focus on elections.

Ms. RICHARDS. Sorry. Can you restate the question? We're just out of—I was just out of context.

Mr. PALMER. How many of these organizations are collaborating with or have been incorporated into Planned Parenthood's political operation?

Ms. RICHARDS. I really don't know. I—

Mr. PALMER. So I would assume that some do, because you can't answer it. It's either a yes or no. Some have, or—they're either there or they're not.

Ms. RICHARDS. I really don't—well, I think you asked me how many, and I said I don't know.

Mr. PALMER. Let me—

Ms. RICHARDS. A lot of these organizations work together. But I don't—again, we could get more information for you.

Mr. PALMER. That would be helpful.

You've got these high-paid executives. There's—interestingly enough, 44 of your highest-paid executives make more than any Cabinet member; 28 of them make more than any member of the Cabinet. And you've got—that's over \$200,000. You've got another 11 who make over \$300,000. That's more than anybody in the Cabinet, any Supreme Court Justice, the Chief Justice, the Vice President.

Ms. RICHARDS. I don't think—

Mr. PALMER. You've got four that make more than the President, not counting you.

Are any of them expected to make political contributions?

Ms. RICHARDS. By who? I'm sorry.

Mr. PALMER. By you?

Ms. RICHARDS. No.

Mr. PALMER. Do you direct political contributions to candidates?

Ms. RICHARDS. The PAC does.

Mr. PALMER. Yes, but do you—

Ms. RICHARDS. It votes on it.

Mr. PALMER. —have any input in who gets—

Ms. RICHARDS. No, but there is a PAC committee that votes on it.

Mr. PALMER. Are you on that—

Ms. RICHARDS. You're asking me a question, and I'm trying to be responsive.

Mr. PALMER. Are you on that PAC committee?

Ms. RICHARDS. I'm not on the PAC committee.

Mr. PALMER. Do you have any input into who gets political contributions?

Ms. RICHARDS. No. The PAC committee votes on—

Mr. PALMER. So there's no collaboration between you and the PAC committee. You're saying for the record—

Ms. RICHARDS. I haven't sat on a PAC committee meeting for a long time.

Mr. PALMER. All right. Let me ask you—

Ms. RICHARDS. But, I mean—

Mr. PALMER. —your PAC advertised itself—

Ms. RICHARDS. —we operate absolutely—you know, we meet the Federal laws and restrictions.

Mr. PALMER. I appreciate how you want to answer this.

Your PAC advertised itself as being nonpartisan. Yet, in 2014, 100 percent of the contributions went to Democrats; in 2012, 99 percent went to Democrats.

Ms. RICHARDS. I actually don't believe that's accurate, but—

Mr. PALMER. That's what's reported here.

Ms. RICHARDS. Okay. Well, I'll go back and look, but we support—we've done work on behalf of—

Mr. PALMER. I just—

Ms. RICHARDS. We support anyone who supports women's rights.

Mr. PALMER. Mr. Chairman, reclaiming my time.

I just want to point out that it's not nonpartisan and that you've given almost—I mean, in every case, almost every dime to Democrats, including to nine members of this committee.

Thank you, Mr. Chairman.

Ms. RICHARDS. Well, we welcome any Republican who supports women's rights and women's healthcare access and—so thank you.

Chairman CHAFFETZ. The gentleman yields back.

We'll now recognize the gentleman from South Carolina, Mr. Gowdy, for 5 minutes.

Mr. GOWDY. Thank you, Mr. Chairman.

I have a couple of questions for Ms. Richards, and then I'm going to yield whatever is remaining to the chairman.

Ms. Richards, Peter Welch sits right down there on the other side. He's a gentleman from Vermont who's a Democrat. Peter and I do not agree on very many issues, but there's not a more well-regarded Member of our body, I don't think. And he evidenced that today by making it crystal-clear that he makes an effort to understand both the analysis and the conclusions of those who may have a different position from the one that he holds.

Do you understand how some of us may, at a base level, disagree with you on the origin of life? Do you make that same effort to understand that my friend from Vermont, Peter Welch, makes?

Ms. RICHARDS. I fully respect—and I think I spoke to this in my opening statement with the chairman—that I understand people have different feelings about whether abortion should be legal in this country or not. I think it is important that it is legal, and we can disagree. And I know thinking people disagree about abortion.

And our goal at Planned Parenthood is to be judgment-free and to allow people and women in particular to make their own decisions about their pregnancies.

Mr. GOWDY. Well, we're going to get to the judgment-free zone here in just a second. But you mentioned abortion. How about partial-birth abortion? Do you understand how some of us may support a ban on partial-birth abortion?

Ms. RICHARDS. Well, I—I don't want to—I'm not trying to be argumentative, but that was a political formulation, not a medical formulation. But I certainly understand that it was passed and is the law of the land, and Planned Parenthood certainly meets the requirements of that law.

Mr. GOWDY. Well, my question wasn't whether you follow the law. My question was whether or not you understand how some of us may be very much opposed to that practice. That was my question.

Ms. RICHARDS. I understand how people can disagree based on their religious beliefs, their background, their own personal experiences. And I also understand that people sometimes change over time. And that's the human condition.

Mr. GOWDY. Are you suggesting those who hold a contrary view to you need to change? Is that why you added that line, Ms. Richards?

Ms. RICHARDS. No. I've just, candidly, in my 10 years at Planned Parenthood, I've seen—I've experienced, myself, people who have picketed outside of our health center and then found themselves in need of our services, and we try not to judge—

Mr. GOWDY. And I'm sure that there have been employees who grew tired of participating in the practices that they were participating in, and they may have gone to the other side, might they?

Ms. RICHARDS. I—

Mr. GOWDY. How about opposing abortions on the basis of gender or race? Can you understand how people may support legislation that ban that?

Ms. RICHARDS. As I tried to say, I appreciate that people have a lot of different views on the issue of abortion, and there's any number of different pieces of legislation you could describe.

And I think, fundamentally, at Planned Parenthood, we take the position that we trust women to make their decisions about their pregnancies. I've made my own decisions, as well, and so I feel like I walk—

Mr. GOWDY. Ms. Richards—

Ms. RICHARDS. —I can kind of walk in these shoes.

Mr. GOWDY. Ms. Richards, I appreciate the way you like to frame the issue, that you're the reasonable one and those of us who have a contrary position are not reasonable.

Ms. RICHARDS. I didn't say that.

Mr. GOWDY. No, that's exactly—that's exactly the last answer you gave. That's exactly what it was, much like your people evolve to a more advanced viewpoint, much like that comment was also directed to that.

Ms. RICHARDS. Those were not the words I said. I said sometimes people change their opinions.

Mr. GOWDY. No, it's not always what you say. Sometimes it's just what you mean.

Ms. RICHARDS. Well, I—

Mr. GOWDY. In 2014—you disagreed with my colleague's 100-percent figure. What percent of your money did go to Democrat candidates in 2014 if it wasn't 100 percent?

Ms. RICHARDS. I told him I will look. I know that we support Republicans across the country. And I wish there were more Republicans who—

Mr. GOWDY. Name me some. Name me some Republicans in Congress that you support financially.

Ms. RICHARDS. Well, we don't actually want—in this public forum, I'm not going to raise their names because they have been such the target of their fellow party members, but I'm happy to provide that to you later.

Mr. GOWDY. Well, the donations are public.

Ms. RICHARDS. Uh-huh. And some of them—yes. I'm not—I don't know in terms of Federal office. I was thinking more broadly in terms of support for candidates across the country. I know there are Republicans that we support. And, again—

Mr. GOWDY. Well, let me ask you—

Ms. RICHARDS. —we would like to support more Republicans for office. We wish there was—we don't believe that women's health or women's rights should be a partisan issue.

Mr. GOWDY. And we don't—

Ms. RICHARDS. And I wish it weren't.

Mr. GOWDY. And we don't think eating dinner salads and drinking wine while you're discussing infanticide—we have a problem with that, too. So I'm sure you can understand why we would be as viscerally opposed to what we saw in some of the tapes, would you not?

Ms. RICHARDS. I think we—I just think we may have a—I feel like everything I've answered you've seen a different way. So I respect your opinions, and I am always open to listening to other people's opinions.

Chairman CHAFFETZ. The gentleman's time has expired. I thank the gentleman.

We'll now recognize the gentleman from Iowa, Mr. Blum, for 5 minutes.

Mr. BLUM. Thank you, Mr. Chairman.

Thank you, Ms. Richards, for being here today. I think it's down to you and I.

Ms. RICHARDS. No kidding. Okay. We could do this somewhere else.

Mr. BLUM. Can you tell me briefly about your background?

Ms. RICHARDS. I'm a Texan. I—

Mr. BLUM. Your professional background.

Ms. RICHARDS. My professional background.

Mr. BLUM. What makes you qualified—

Ms. RICHARDS. Oh, shoot. I thought you wanted to go back to the beginning, because I was born in Waco, which I'm very proud of.

I was a labor organizer for many years with low-wage working women. I eventually had three kids, moved to Washington, D.C. I had the honor of working for Leader Pelosi for a period of time here on Capitol Hill. I've started a couple of nonprofits. And then, about 10 years ago, I was hired to be the president of Planned Parenthood.

Mr. BLUM. Now, do you have any accounting in your background, any finance in your background? Do you understand—I assume you understand well accounting?

Ms. RICHARDS. I have taken accounting courses as part of my—fortunately, my board has been very kind and offered me those kinds of—that kind of supplementary learning in my job. But I have a—obviously, we have a chief financial officer, we have an entire accounting department at Planned Parenthood that I work with closely.

Mr. BLUM. The reason I ask is, in a former life, I was a public company CEO, so I know a fair amount about revenues, expenses, overhead costs. So I'd like to talk a few minutes with you about that.

What's your understanding of overhead?

Ms. RICHARDS. Well—

Mr. BLUM. What is overhead?

Ms. RICHARDS. What is overhead?

Mr. BLUM. Yes. What's overhead in Planned Parenthood?

Ms. RICHARDS. Well, generally—

Mr. BLUM. What are overhead expenses?

Ms. RICHARDS. —generally, it's the cost of what things that—just to keep the organization going. Is that what you're—

Mr. BLUM. Salaries? Building expenses? Rent?

Ms. RICHARDS. It really depends on—it depends on what you're talking about. If we're in a grant, it could be—potentially, overhead could be considered. It really just depends.

But, yes, of course, all organizations, I assume, and the one you ran, as well, we have an office, we have staff, we have electricity, and——

Mr. BLUM. It must be considerable in a half-a-billion-dollar corporation, or nonprofit. The overhead must be considerable. It has to be, to run that big of an organization.

Ms. RICHARDS. Well, I guess it depends on your definition of “considerable.” But, yeah, we have a very dedicated staff. And we provide health care to a lot of people, education to a lot of people. And so, yes, it requires——

Mr. BLUM. Do you profit or make money on abortion services?

Ms. RICHARDS. So I’ve—I think we’ve discussed this many times, and I’ll just try to take it one more time.

So I run the national office. We do not provide abortion services. We have provided to this committee, if you’re on the committee, all of the financial information about the national organization, our audited financial statements, our 990s.

Mr. BLUM. Do your providers——

Ms. RICHARDS. And we’ve also supplied——

Mr. BLUM. —make money on abortion services? Your providers, do they make money? Your individual affiliated offices, do they make money providing abortions?

Ms. RICHARDS. I think you’re——

Mr. BLUM. In general.

Ms. RICHARDS. In general? There is no general. I mean, we are a nonprofit. There’s three sources of income. There are Federal and public funds——

Mr. BLUM. I’m talking about individual abortion, though.

Ms. RICHARDS. —there are donations, and there are——

Mr. BLUM. If someone cannot afford to—what’s an abortion cost?

Ms. RICHARDS. It depends, depending on the State, depending on——

Mr. BLUM. What if someone can’t pay for it?

Ms. RICHARDS. —the procedure. Excuse me?

Mr. BLUM. What if someone can’t pay for the abortion?

Ms. RICHARDS. We raise private dollars to try to help women who cannot afford abortion services. If they choose—if they choose that they want an abortion and they can’t afford it, we try to raise money to help supplement the cost of an abortion.

Mr. BLUM. Only through private donations do you make up the difference is what you’re saying.

Ms. RICHARDS. Well, I don’t, but——

Mr. BLUM. Correct?

Ms. RICHARDS. —our 59 affiliates have a variety of donors——

Mr. BLUM. Does Planned Parenthood make a profit or make money on reimbursement of Medicaid services?

Ms. RICHARDS. We don’t make a profit on anything. But in terms of Medicaid——

Mr. BLUM. Well, it depends on how you——

Ms. RICHARDS. Okay. Let’s just——

Mr. BLUM. You have 127 million——

Ms. RICHARDS. Let’s talk about Medicaid.

Mr. BLUM. —excess dollars every year.

Ms. RICHARDS. Medicaid is very—yeah, Medicaid is very easy. Medicaid reimburses. And, as you know, across the country, Medicaid rates vary widely. In some States, they come closer to paying for the cost of the services. In a lot of States, we actually have to raise private donations to supplement what it costs for—

Mr. BLUM. So you may make money on some Medicaid reimbursement services, correct?

Ms. RICHARDS. I don't know that anyone does, but I'd be happy to find out.

Mr. BLUM. And I'm sure you're well aware it's against Federal law to use taxpayer funds for abortions—

Ms. RICHARDS. I'm abundantly clear on—

Mr. BLUM. —except for rape, incest, and life of the mother.

Ms. RICHARDS. —abundantly clear on that. And we are heavily regulated, as HHS regulates Medicaid services.

Mr. BLUM. Are you saying today with 100-percent surety that not one dime of taxpayer money is used to provide abortions?

Ms. RICHARDS. What I said earlier—

Mr. BLUM. I mean, yes or no, 100-percent surety?

Ms. RICHARDS. No, because, actually—

Mr. BLUM. Because that is against the law.

Ms. RICHARDS. The Federal law allows for Federal dollars to pay for abortion services in very rare—

Mr. BLUM. Correct.

Ms. RICHARDS. —instances: rape—

Mr. BLUM. So other than those instances.

Ms. RICHARDS. —incest, and the life of the mother. We don't use any Federal dollars for any abortion services except for those that are—

Mr. BLUM. What about the profits generated from—

Ms. RICHARDS. —permitted by law.

Mr. BLUM. —those Federal dollars? Are any of those used to cover abortion services?

Ms. RICHARDS. Sorry. We were kind of talking over ourselves. You'll have to repeat it. I just didn't hear.

Mr. BLUM. The profits generated from taxpayer-funded sources, such as Medicaid reimbursements, are any of those profits used—

Ms. RICHARDS. I don't believe—

Mr. BLUM. —to help cover the cost of abortions?

Ms. RICHARDS. No. And I don't believe there—I will absolutely—we can go through all of our 990s, happy to go through with the committee, but I don't believe there are any profits from any Medicaid services in this country.

As I've said, one of—that's one of the issues we're addressing here, is there are too few people willing to take Medicaid patients, because often the Medicaid payments do not pay for the cost of birth control, a pap smear, a breast exam, and the like.

Mr. BLUM. And what's critically important is how you apportion—

Chairman CHAFFETZ. The gentleman's—

Mr. BLUM. —or apply the overhead services.

Chairman CHAFFETZ. Sorry. The gentleman's time has expired.

Mr. BLUM. I'm sorry. I yield back.

Chairman CHAFFETZ. Thank you.

We'll now recognize the gentlewoman from Tennessee, Ms. Black, for 5 minutes.

Mrs. BLACK. Thank you, Mr. Chairman. I thank you for allowing me to sit in on this committee.

And I thank the witness for being here today.

Ms. Richards, on September the 18th of this year, you stated that H.R. 3134, the Defund Planned Parenthood Act of 2015, would, and I quote, "block access for folks who deserve high-quality, compassionate care," close quote.

Now, Ms. Richards, I would like an opportunity for you, as I ask you these questions, to give you an opportunity to change these false claims.

So I wrote the Defund Planned Parenthood Act of 2015, so let me tell you what it does do. It does not—it does not reduce public health funding by a single dime, and it would, in fact, increase that funding for community health centers by \$235 million.

Were you aware of these facts when you made that statement?

Ms. RICHARDS. Congresswoman, we've discussed many times today that, in fact, the Congressional Budget Office estimated that if—

Mrs. BLACK. Reclaiming my time—

Ms. RICHARDS. —women were denied the ability to go to Planned Parenthood, 390—

Mrs. BLACK. Reclaiming my time, you said it would block access. It would block access.

Now—

Ms. RICHARDS. For our patients, it would block access.

Mrs. BLACK. —yes or no, Ms. Richards, do you acknowledge that community health centers outnumber Planned Parenthood clinics by roughly 20 to 1?

Ms. RICHARDS. I don't know the exact number. I know there's more community health centers than there are Planned Parenthoods.

Mrs. BLACK. So you will acknowledge that they outnumber Planned Parenthood clinics.

Ms. RICHARDS. I'm happy to acknowledge that.

Mrs. BLACK. Okay.

And yes or no, Ms. Richards, do you acknowledge that these facilities funded under my bill provide a broader range—these facilities actually provide a broader range of services than what is offered at Planned Parenthood—for instance, mammograms?

Ms. RICHARDS. I'm not an expert on what all community health centers provide. I know we work in close collaboration with them, and, in fact, often they send us their patients that they can't see for birth control.

Mrs. BLACK. But you will acknowledge that you do not provide mammograms, which was acknowledged in this committee today?

Ms. RICHARDS. We've never made any—

Mrs. BLACK. So that would say that they do actually provide more extensive services than what you provide there at Planned Parenthood.

Ms. RICHARDS. What I said to you, though, is I don't know what all the community health centers provide. We're very clear about

what we do provide at Planned Parenthood and about the number of women who voluntarily choose to come to us because of our care—

Mrs. BLACK. So, reclaiming my time again, because I have just a very short period of time.

So knowing that the House-passed bill actually increases public health funding and redirects those Federal dollars to clinics that offer more preventative health care than Planned Parenthood, you can't substantiate your claim that the bill blocks access to care. It does not block access to care.

Now, I do want to just end this by saying—

Ms. RICHARDS. I simply disagree.

Mrs. BLACK. —that you had a statement that you made, that quality, affordable health care is your entire mission. And you made that statement. I actually wrote it down when you made it.

Why would you not make an executive decision, then, to temporarily discontinue your abortion services, which only represents, by your testimony, 3 percent of the services that you provide, and continue providing what you consider to be your entire mission of 97 percent of the services provided?

Ms. RICHARDS. Well, because abortion is a legal service in America.

Mrs. BLACK. But—

Ms. RICHARDS. And we think it's important that women—you quoted me as saying quality, affordable health care, and that includes access to quality and affordable abortion services, as well.

Mrs. BLACK. But you acknowledge that—do you say abortion is health care? Do you consider that health care?

Ms. RICHARDS. Yes, it's a healthcare service for women. In fact, 3 in 10 women in this country have accessed an abortion at some point.

Mrs. BLACK. So you define health care—abortion as health care.

Ms. RICHARDS. It absolutely is part of women's health care, and women will tell—I think women would agree.

Mrs. BLACK. Well, I'm a nurse, and if you look at medicine, abortion is not health care. It is not considered to be health care.

Now, let me turn to one other thing that you continue—

Ms. RICHARDS. We just simply agree to disagree on this matter.

Mrs. BLACK. Well, let's look at the definition.

But let me just finish up here, because you have continued to say that these videos were doctored. Are you aware of a report that just came out today that has been released by Coalfire that shows in their report—and they say the “forensic analysis removes any doubt that the full-length undercover videos released by the Center for Medical Progress are authentic and have not been manipulated. Analysts scrutinized every second of video recorded during the investigation released by CMP to date and found only bathroom breaks and other non-pertinent footage had been removed.”

I would say, if you were to compare the two companies now that have done this investigation, you see Coalfire has reported on every second of those released audio and video investigation footage as opposed to the Fusion report, which only had four full-length videos.

So I think this discussion, Mr. Chairman, is still yet to be had about just what these videos do show and the fact that they perhaps, coming from Fusion, are not doctored.

Thank you, Mr. Chairman. I yield back.

Chairman CHAFFETZ. I thank the gentlewoman.

The end is in sight. Ms. Richards, you've been exceptionally kind with your time, and generous. We have a couple of cleanups that we need to do here, a couple other questions, and then we will be concluding.

We'll start by recognizing the gentleman from Ohio, Mr. Jordan.

Mr. JORDAN. Thanks, Mr. Chairman.

Ms. Richards, since the videos surfaced, has anyone from CMS or HHS contacted you, any of your board members, or any of your staff?

Ms. RICHARDS. Since the videos surfaced—

Mr. JORDAN. Surfaced, July 14. Has anyone from the Health and Human Services or CMS contacted you or anyone on your staff or board?

Ms. RICHARDS. I don't know. I could—I don't know.

Mr. JORDAN. We need the answer to that.

Ms. RICHARDS. That's a—I mean, we have a very big staff, so—

Mr. JORDAN. Has anyone from the inspector general's office at HHS contacted you, anyone on your board, any one of your staff?

Ms. RICHARDS. If you're going to ask me about everything—about any contact with any—we have a big board, and we have a very big staff. So I'm—I can't really—

Mr. JORDAN. Has the Attorney General of the United States, Loretta Lynch, contacted you—

Ms. RICHARDS. No.

Mr. JORDAN. —contacted Planned Parenthood, anyone at Planned Parenthood?

Ms. RICHARDS. Well, she may have—I don't know. I—

Mr. JORDAN. You don't know?

Ms. RICHARDS. I have hundreds of staff, and we have a very large board.

Mr. JORDAN. Has anyone from the Justice Department contacted Planned Parenthood since the videos surfaced?

Ms. RICHARDS. And I'm telling you I don't know if you're asking about everybody that's involved in Planned Parenthood—

Mr. JORDAN. You don't know? So, I mean, if the Justice Department would contact Planned Parenthood, it would seem the person who's in charge of Planned Parenthood would know the answer to that question. You don't know?

Ms. RICHARDS. Well, we have a very large staff. And so you're asking me—

Mr. JORDAN. But you're here testifying, the videos and the funding and everything else in front of a congressional committee. And I'm just asking—

Ms. RICHARDS. Mr. Jordan—

Mr. JORDAN. I mean, there's potentially four crimes that—potentially, we don't know, but may—four crimes may—transferring fetal tissue for valuable consideration, changing the procedure to obtain—to solely obtain tissue, doing this without patients' consent, and performing partial-birth—there's potentially four Federal

crimes. And all I'm asking is, has the Justice Department contacted you?

Ms. RICHARDS. What you asked me not is whether they had contacted me. You asked if they had contacted anyone at Planned Parenthood or anyone on our board.

Mr. JORDAN. You're here representing Planned Parenthood. Have they contacted Planned Parenthood?

Ms. RICHARDS. And I said to you I will find out. I don't know.

Mr. JORDAN. Since the videos have surfaced, have you had any conversations with the President of the United States?

Ms. RICHARDS. No, I have not.

Mr. JORDAN. Since the videos have surfaced, have you been to the White House?

Ms. RICHARDS. No, I have not.

Mr. JORDAN. How many times have you been to the White House?

Ms. RICHARDS. During what period of time?

Mr. JORDAN. Since Mr. Obama's been President.

Ms. RICHARDS. I don't know. That's been, I think, 7 years, so I would have to get back to you on that.

Mr. JORDAN. Our count shows that you, your board members, and senior staff have been to the White House 151 times in 6 1/2 years. I'm just curious—that's why I asked the question—if you've been to the White House or you talked to the President since these videos have surfaced.

Ms. RICHARDS. And I said I had not.

Mr. JORDAN. And you'll get back with me on if the Justice Department has contacted you since these videos have surfaced.

Ms. RICHARDS. Well, I think you listed several folks, so I'm happy to work with the committee and find out what all you need to know.

Mr. JORDAN. CMS, HHS, inspector general, Justice Department. Justice Department is the most important.

Ms. RICHARDS. I'll work with the committee staff and work with my team.

Mr. JORDAN. I would—I thank the chairman. I'll yield to the gentleman from South Carolina.

Mr. MULVANEY. Thank you.

Ms. Richards, I want to follow up very briefly on the line of questioning that Mr. Clay had earlier this afternoon. He asked you if any—if there were any Federal funds being used in what he termed the tissue transfer program.

Do you remember that question, ma'am?

Ms. RICHARDS. It's been—I'll be honest, it's been a long day.

Mr. MULVANEY. That's fine. Well, he did ask you, and I think—my recollection is that you said no, and then you paused, and then you said not that you were aware of, and then he continued the question.

That caught my attention—

Ms. RICHARDS. Okay.

Mr. MULVANEY. —because it struck me that the answer to that question should be an unmitigated no, not no, not that you are or I am aware of. So let me ask you this—

Ms. RICHARDS. Well, I certainly don't believe so. Again, it's—I've been here for several hours, and so I'm just being——

Mr. MULVANEY. Fair enough, but let's start from scratch and just say——

Ms. RICHARDS. —just trying to be very careful.

Mr. MULVANEY. Okay. Are any Federal funds being used in relation to what we have described here today as the tissue transfer program?

Ms. RICHARDS. I do not believe so.

Mr. MULVANEY. Okay. Since that is other than an unmitigated no, I'm going to ask you some followup questions.

Have you done any investigation to find out if Federal funds have been used in that program?

Ms. RICHARDS. I don't believe they have been, and so there hasn't been any need for any investigation into that. But I'm certainly happy to get back to you on it.

Mr. MULVANEY. No, you don't have to—I think you answered the question. I asked you if you had done any investigation, and you said no.

Ms. RICHARDS. Well, because I don't think it's been a——

Mr. MULVANEY. That's fine. I mean, that's your motivation. You may not care. But the answer to my question is——

Ms. RICHARDS. I did not say I do not care. And I——

Mr. MULVANEY. You could say you couldn't have time, but the point of the matter is, you have not done any investigation on this point, correct?

Ms. RICHARDS. That's not what I said. I said I'm not aware, and I will absolutely be happy to get back to you——

Mr. MULVANEY. Okay. Then let me——

Ms. RICHARDS. —and it's not because I don't care, and it's not because I don't pay attention, at all.

Mr. MULVANEY. Again, not trying to put words in your mouth, Ms. Richards, but let me ask the question again. Have you done any investigation as to whether or not any Federal funds have been used in the tissue transfer program?

Okay. By the way, who's the bald guy sitting behind you? Is he a lawyer?

VOICE. I'm a lawyer.

Mr. MULVANEY. Okay. That's fine. Could you—what is your name, sir?

VOICE. I represent Planned Parenthood.

Chairman CHAFFETZ. Hold on, hold on.

Mr. MULVANEY. That's fine. I just want to know who you are, because you actually——

Chairman CHAFFETZ. The questions will go to the witness.

Mr. MULVANEY. Okay. Then I'll ask the witness——

Ms. RICHARDS. Okay. I'm happy to get back to you on this, and I really——

Mr. MULVANEY. No. No, no, no. No. I'm asking you a question. Have you——

Ms. RICHARDS. And I think I've answered it as many times as I can answer. And I am sorry that my answer isn't satisfactory to you. I've been here 5 hours now, and I'm trying to just make sure I'm as responsive as I can be, so——

Mr. MULVANEY. Okay. So just so the record is clear—

Ms. RICHARDS. Okay.

Mr. MULVANEY. —because there's a young lady here making a record of this, I'm going to ask the question one more time, and then you can give me the answer that you deem to be responsive to this question.

Have you made any investigation into whether or not Federal funds have been used in the transfer of fetal tissue or fetal parts?

Ms. RICHARDS. I have not made any investigation to that specific question.

Mr. MULVANEY. Okay. Thank you. Is it possible, then—

Chairman CHAFFETZ. I think—

Mr. MULVANEY. —that Federal money is being used for that program?

Ms. RICHARDS. I don't believe so.

Mr. MULVANEY. But that's not based on an investigation, is it?

Ms. RICHARDS. I feel like we're kind of—I think we just keep repeating the same questions.

Mr. MULVANEY. No, it'll end the discussion today, but it certainly won't end it.

Thank you, Mr. Chairman.

Chairman CHAFFETZ. I thank the gentleman.

A few things just for followup, just so—we've had hours' worth of discussion. There are some things that we would like to follow up. So I'd like to go through that list as we conclude. Then we'll recognize Mr. Cummings, and then I will wrap up.

We would like to get the name and number of affiliates that received the majority of their revenues from abortion services. If there's clarification as to what we are looking for, let me know, but this is—that is one question.

Ms. RICHARDS. I'm just going to try to write it down as you go.

Chairman CHAFFETZ. Yeah. And you've got plenty of staff there. They'll write it down. I don't mean to have to have you take notes. But if you have a question, I want you to be able to ask me as we're kind of doing this.

We are looking for the amount of revenue by affiliate for abortion services. So you had the—that should be pretty straightforward.

We would like to know which affiliates provide which services.

Ms. RICHARDS. I believe you have that, but I'm happy—we're happy to provide that.

Chairman CHAFFETZ. We're still—we want to make sure we've got it crystal-clear. I think we have portions of it, but we don't have all of it.

Ms. RICHARDS. Okay.

Chairman CHAFFETZ. The names of organizations and the countries that Planned Parenthood gives funds to overseas. So, based on the tax returns and reports, you're sending money to overseas. Some of them that have been listed as investments; some have been listed as other things.

We'd like to get some detail and specificity as to how much is going to which countries and what those are for. Is that fair?

Ms. RICHARDS. I really have to talk to my team about that, but I will.

Chairman CHAFFETZ. Is that—okay.

Ms. RICHARDS. And I'm happy to talk to the committee staff about what it is they're trying—

Chairman CHAFFETZ. That's great. A lot of this will be followup with committee staff. I just want to make sure that we're on the record, what we're asking for.

We obviously have some concerns about the Planned Parenthood Action Fund. So we're trying to get to the duties performed and compensation received for all Planned Parenthood or affiliate employees. This can be either by—for the Planned Parenthood Action Fund or for either of the—I believe there are two 527 organizations.

One of our concerns is the shared services and the sharing of employees between political activities and nonpolitical activities. And we would like to understand how broad-based that is.

Ms. RICHARDS. Okay.

Chairman CHAFFETZ. Okay.

The cost of reimbursement for both contraception and abortion. And abortion, obviously, breaks down into in-clinic as well as the pill.

Ms. RICHARDS. Actually, there's a lot of other kinds of contraception too.

Chairman CHAFFETZ. Yes. Contraception I left as broad as I could, but for the abortion services—

Ms. RICHARDS. I'm just saying I think it's important. I'm not sure we really got into much of that conversation about how birth control—how many different kinds of birth control there are now. Because it's one of our specialties.

Chairman CHAFFETZ. Okay. Well, help us understand what services and money you're allocated and what the costs of that are. Because there were some points that should be helping to drive down those costs, and we're just not understanding the ratio and why—

Ms. RICHARDS. Yes, I think there was some—I mean, I—

Chairman CHAFFETZ. Yeah.

Ms. RICHARDS. That's why—

Chairman CHAFFETZ. It needs clarification. And I'm not asking for it—

Ms. RICHARDS. It was clear that folks weren't aware of the various costs of different kinds of contraception.

Chairman CHAFFETZ. Exactly. And that's where we need help. Not right now, just as a followup.

We would appreciate—the travel seems excessive to us. Now, we're looking at it from afar; there may be a very plausible explanation. But when you have a nonprofit organization who says they're trying to put every dollar they can towards women's health and then people are buying first-class tickets and getting private aircraft and chartered aircraft, we'd just like to have an explanation of that. Fair enough?

Ms. RICHARDS. Yeah, I have no idea where that's coming from. But I'm making a list.

Chairman CHAFFETZ. It's in the tax returns.

Ms. RICHARDS. I'm making a list.

Chairman CHAFFETZ. That's where we see it. That's where we see it. There's boxes to check for certain things. And we would appreciate some clarification.

Ms. RICHARDS. Happy to provide.

Chairman CHAFFETZ. A list of political organizations Planned Parenthood collaborates with, including the names and compensation of received and shared employees. I think I covered that in general, but—I'll keep going. You understand what our question there is.

And then, if there are political donations to Democrats and Republicans, I think most of that is probably, financially, is probably publicly disclosed, but if you could help us with that.

That's a lot.

Let me yield now, or let me recognize the gentleman from Maryland, and then we will wrap up.

Mr. CUMMINGS. As I listen to the questions that you have to answer and the information that you've just been asked to provide, I cannot help but think about the IRS. Our Republican friends said that there were certain organizations that people in the IRS didn't like. They even accused the President. And then they decided that they—they said it was unfair. And I understand what they were saying, to go through and ask the same kind of things that he's asking you for. I just want to make—I just—it just hit me as I'm sitting here and I'm listening to all of this. I think it's something that we ought to give some serious thought to.

Ms. Richards, I want to thank you for your testimony.

You know, as I was sitting here, I was just thinking about a question—some questions that were asked of you earlier. And the implication was, in even asking the question, that you do not respect those who may have a different view with regard to abortion.

And, you know, I think that that is such—so unfair. Because I think—I have heard very few people in this Congress ridicule us if one group believes that a woman should have control over her own body and should be able to choose abortion if she likes, she and her family and, you know, her God, if she makes that decision, and then the other ones who don't believe in abortion. I have not. And I've been here 20 years.

I think we basically respect each other's opinions, period. I mean, is that—right? I mean, you respect—

Ms. RICHARDS. Yes.

Mr. CUMMINGS. Because a lot of this is a real personal thing. Am I right?

Ms. RICHARDS. Absolutely. It is.

Mr. CUMMINGS. But there's one thing that we seem to be sort of glossing over and sort of moving around: It is the law. I mean, it's the law. You may not like the law, but it's the law. And you are doing what is within the bounds of the law.

And, you know, there are a lot of things I don't like, a lot of laws I don't like. But I still live in the United States of America, and there is a system of government. And, as a lawyer and as a Member of the Congress, I'm sworn to uphold those laws. Now, I might want to change them. I'll do everything in my power to change the ones I don't like. But, in the meantime, that's where I am.

So I just want to make sure that, you know, that nobody walks out of here saying, oh, you know—because people have differing views does not mean that you don't respect the other person's view. I've never gotten that impression from you. I've read a lot of things you've written. And so is that accurate? Is that a fair statement?

Ms. RICHARDS. Well, I hope I've showed today that I have total respect for this Congress, I have respect for people of different points of views. And I really think that's—it is important that we show a respect for people who may make different decisions in their lives.

And I think we need less judgment and more empathy in this country for people who may simply have different circumstances that we can never know about.

Mr. CUMMINGS. Now, Mr. Chairman, I just have a few questions of you so that we'll be real clear. I would just like to ask a couple of clarifying questions to help our members understand what our next steps are.

Republicans have announced that they plan to establish a new select subcommittee—and I don't know how much you know about all this, but I've got to ask—to take over this investigation. The question is, will that subcommittee have jurisdiction going forward, or will the Oversight Committee continue this investigation of Planned Parenthood? Do you know?

Chairman CHAFFETZ. It's the intention of the committee to continue to pursue the duly issued subpoena and obtaining all the videos.

According to the information I have from the Speaker, the body will consider a bill—I think it's a bill; maybe it's under a different structure—next week for the formation of this select panel. It may be empowered with subpoena authority. We're not sure, haven't seen that yet. But the Speaker indicated this morning that that will come before the body next week.

Mr. CUMMINGS. Now, as we both know, when the Benghazi Select Committee was created, all of the standing committees had to turn over all of their records to the select committee. Is that what we are going to do? Is that consistent with what you know so far?

Chairman CHAFFETZ. I don't know.

Mr. CUMMINGS. All right.

And do you know whether this new select committee—subcommittee will be given additional taxpayer funding to pay to investigate the Planned Parenthood?

Chairman CHAFFETZ. I don't know the structure, I don't know the length, I don't know the powers, and I don't know the funding.

Mr. CUMMINGS. And my last question—and I was unclear on your response to a question on this earlier. Do you plan to invite Mr. Daleiden to testify? And if so, when do you plan to do that, if so?

Chairman CHAFFETZ. We need to, A, clarify the disposition of these videos. Given that there's a temporary restraining order, we need to have that loosened up. When we obtain all of those videos, we'll work in partnership with you and develop a plan on how to deal with those.

I don't know what the structure of this new select committee, how that affects it, but we'll cross that bridge when we get to it.

The first step is to obtain all the videos, and I'm glad to see you agree with us.

Mr. CUMMINGS. Yes, definitely.

The reason that I'm asking is because all of the Democrats on this committee have requested a minority day of hearings with Mr. Daleiden under the House rules. If our committee is going to yield to the new select subcommittee, then we may consider withdrawing our request. But if our committee is going to continue in addition to the select subcommittee, then we may very well insist on our rights to have Mr. Daleiden testify.

Can you shed any light on this?

Chairman CHAFFETZ. Again, the first step is getting all the videos, and, at that point, we'll make a determination.

Mr. CUMMINGS. To reserve our rights, I'm going to submit our September 21 letter for the record requesting a minority day of hearings.

Mr. CUMMINGS. But I look forward to talking with you further about this issue, as we've been working together extremely well. But I want to make sure I protect our members' rights.

Chairman CHAFFETZ. Very good. I appreciate it.

Mr. CUMMINGS. And last but not least, again, Ms. Richards, I want to thank you for your cooperation. You have been extremely cooperative. We have not always had that. You got a lot of compliments from up here about the cooperation you have provided, and we really do appreciate it.

And, on behalf of so many women, people like my mother-in-law and so many others, I want to thank you. Because I know of so many women who, if it were not for Planned Parenthood, would be in a terrible way. And so thank you very much.

Ms. RICHARDS. Thank you.

Chairman CHAFFETZ. Ms. Richards, again, thank you for your participation here today. You've been very generous with your time. I think you've honestly tried to share your thoughts and perspectives.

I know it's hard and a long day, but we do appreciate your willingness to voluntarily come, provide your testimony in advance, all the things that we look for. We do appreciate that.

With that, the committee stands adjourned.

[Whereupon, at 3:20 p.m., the committee was adjourned.]

APPENDIX

MATERIAL SUBMITTED FOR THE HEARING RECORD

September 29, 2015
10 a.m. – Rayburn 2154
Congressman Gerald E. Connolly (VA-11)

**Committee on Oversight and Government Reform:
“Planned Parenthood’s Taxpayer Funding”**

Mr. Chairman, it would be novel if today’s hearing actually focused on the subject of its title, the taxpayer funding of Planning Parenthood, yet I suspect most of this inquisition will be aimed at the small scope of Planned Parenthood’s activities that are *not* funded with taxpayer dollars. The Republican majority has maintained a steady drum beat of attacks against Planned Parenthood, and, in this latest salvo, it is trying to use surreptitiously-made and heavily-edited videos, coupled with graphic language and hyperbole about a research program in which just two of Planned Parenthood’s 59 affiliates participate, to provoke public outrage. It would be one thing if my colleagues were interested in providing thoughtful oversight of Planned Parenthood’s use of federal dollars to provide essential health and reproductive services for women, but the reality is this is just another attempt in their decades-long effort to overturn *Roe v. Wade* and bar access to abortions altogether.

There are no fewer than four congressional committees investigating the sensational claims made by the so-called Center for Medical Progress in these videos, and thus far, there has been not one shred of evidence to support its claims of misconduct on the part of Planned Parenthood. Apparently that is not enough to satiate the critics because the House is about to create a new subcommittee to exclusively investigate the actions of Planned Parenthood. This comes on the heels of a handful of bills brought up for vote by the House majority just this year to restrict access to abortion services and to defund Planned Parenthood. And of course, some in the majority have been using this issue as leverage in a political power struggle with Speaker Boehner over whether to force a government shutdown, which culminated in the Speaker’s resignation last week. So let’s not be deceived by the true purpose of today’s hearing. My dear friend Jim Boren, a noted humorist, used to say, “If you’re going to be a phony, at least be sincere about it.”

I would like to commend Ms. Richards for making herself available to the committee and turning over more than 20,000 pages of documentation as part of this partisan charade. Contrast that with her accuser, David Daleiden, who has not accepted an invitation from the Ranking Member to appear here today to answer questions about the Center for Medial Progress or these videos and, until last Friday, had not responded to the Chairman’s own request and subpoena for the unedited videos and documents. As of yesterday afternoon, the minority staff still had not reviewed information provided at the last minute by Mr. Daleiden. I also find it curious that the committee has shown no interest in investigating charges that Mr. Daleiden may have violated federal law in misrepresenting the Center for Medical Progress in its application to the IRS for 501(c)(3) tax-exempt status and may have violated California privacy laws in taping these conversations without the consent of Planned Parenthood staff. As I recall, this committee

has expressed great interest in the veracity of the IRS' handling of applications for tax-exempt status from other organizations engaged in political activities.

Though it may not carry much weight now, I remind my colleagues that Speaker Boehner was quoted saying, "facts first," when questioned by reporters about efforts to defund Planned Parenthood. While I respect the opposing views of my colleagues on this issue, I would say to them, you are entitled to your own opinions but not your own facts. Contrary to what some of my colleagues assert, there are no altruistic health care providers waiting in the wings to fill the gap in reproductive health care services for low-income women in some of these communities if they succeed in shuttering Planned Parenthood. The reason Planned Parenthood has become a primary provider of contraceptive services and cancer screenings, if not the sole provider in some communities, is that others in the medical field have made the business decision that it is not financially sustainable for them to do so. CBO says, "The people most likely to experience reduced access to care would probably reside in areas without access to other health care clinics or medical practitioners who serve low-income populations." The reduction in family planning services to help women avert pregnancies would actually result in a \$130 million increase in Medicaid spending to account for the growth in unplanned births. CBO also notes that some of those additional children could themselves qualify for Medicaid and other federal assistance programs, further increasing the cost.

In addition, in states like mine, where Republicans have blocked the expansion of Medicaid coverage, low income women would find it even more difficult to find health and reproductive services. In Virginia alone, seven Planned Parenthood centers offered services to nearly 26,000 patients in 2013, for which the most recent data is available. Those visits included nearly 18,000 consultations for contraception and more than 6,200 cervical and breast cancer screenings. In many cases these are patients who would otherwise go without these services if not for Planned Parenthood. Nationwide, one in five women have relied on Planned Parenthood at one point in their lives for health services.

Planned Parenthood's core services include providing birth control, breast exams, pregnancy testing, identifying and treating sexually transmitted infections, and other reproductive health services. Unfortunately, we won't hear much about the provision, funding, or availability of those services here today. Rather than look at the real health challenges and access to care facing low-income women in our communities, this hearing will attempt to use specious claims to indict one of the organizations that has stepped forward to offer critical care where the government and medical community have failed to deliver.

The Honorable Mitch McConnell
Senate Majority Leader
317 Russell Senate Office Building
Washington, D.C. 20510

The Honorable John Boehner
Speaker of the House
1011 Longworth House Office Building
Washington, D.C. 20515

The Honorable Harry Reid
Senate Minority Leader
522 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Nancy Pelosi
House Minority Leader
233 Cannon House Office Building
Washington, D.C. 20515

July 27, 2015

Dear Senate Majority Leader McConnell, Senate Minority Leader Reid, Speaker Boehner, and House Minority Leader Pelosi,

The undersigned 92 organizations stand with Planned Parenthood Federation of America during this time of vicious political attack. And we stand with the millions who rely on Planned Parenthood for health care. Planned Parenthood has provided compassionate and critical health care to women, men, and young people for over 100 years and is an integral and necessary part of our health care system.

The organization that released heavily edited video did so as part of an extreme and entrenched campaign to end the availability of lawful and safe abortion in this country. This is not the first time that Planned Parenthood has been targeted in an underhanded manner by those who want to take away the right to abortion and the full range of reproductive health services. There have been other heavily edited videos, attempts at both the federal and state levels to take away Planned Parenthood's funding, and attacks targeting organizations that work with Planned Parenthood (such as the recent outrageous decision to delay a bill establishing a commemorative coin that would raise funds for breast cancer research because one of the beneficiaries would have been Susan G. Komen For the Cure, which funds Planned Parenthood to provide breast cancer screening).

Through it all, Planned Parenthood has continued to provide 2.7 million women and men annually with high quality affordable health care. Planned Parenthood provides a wide range of health services, including abortion, birth control, breast and cervical cancer screenings, and STD and HIV screenings. For many uninsured and under-insured people, Planned Parenthood is the only source they have for these services.

The organizations signing this letter work closely with Planned Parenthood and know of its employees' dedication to assisting their patients and advocating for women throughout the country. Many of us work on behalf of those who rely on Planned Parenthood's compassionate,

high quality care and know how important it is that it continues to be available to those who need it.

Planned Parenthood clinics that participate in fetal donation programs assist those who choose to donate fetal tissue for research – research that has led to important advances in health care, such as vaccines for rubella, and has the potential to lead to breakthroughs in fighting Parkinson’s Disease, Alzheimer’s, and heart disease. Planned Parenthood and other providers are an important source of tissue for this potentially life-saving research. We should honor and respect women and families who make the decision to donate tissue for scientific and medical research, not demean them and the providers who carry out their wishes.

We support Planned Parenthood and ask that you see these politically-motivated attacks for what they are – an attempt to manipulate public opinion, to vilify trusted health care providers, and to advance efforts to take away women’s access to abortion and other important health services.

Sincerely,

A Fund, Inc. (Kentucky)
Abortion Care Network
AccessMatters
Access Reproductive Care-Southeast
ACCESS Women's Health Justice (California)
Advocates for Youth
Alabama Reproductive Rights Advocates
American Association of University Women (AAUW)
American Civil Liberties Union
American Federation of State, County & Municipal Employees (AFSCME)
American Medical Student Association
American Public Health Association
Americans United for Separation of Church and State
Association of Reproductive Health Professionals
Atlanta Pro Choice Action Committee
Backline
Black Women’s Health Imperative
California Women's Law Center
Catholics for Choice
Center for Reproductive Rights
Center on Reproductive Rights and Justice at UC Berkeley School of Law signs
Civil Liberties and Public Policy
CHOICES. Memphis Center for Reproductive Health
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
Emergency Medical Assistance, Inc. (Florida)
Feminist Majority
Freedom From Religion Foundation, Inc.
Healthy and Free Tennessee
Innovation Ohio

Institute for Science and Human Values, Inc.
Ibis Reproductive Health
Iowa Abortion Access Fund
Ipas
Jane's Due Process, Inc.
Jane Fund of Central Massachusetts
Jewish Women International
Kentucky Health Justice Network
Legal Voice
Lilith Fund (Texas)
Mabel Wadsworth Women's Health Center
Maine Family Planning
Maine Women's Lobby
Maryland Women's Coalition for Health Care Reform
Medical Students for Choice
Metropolitan Community Church
Montana Coalition Against Domestic and Sexual Violence
NARAL Pro-Choice America
National Abortion Federation
National Asian Pacific American Women's Forum
National Center for Lesbian Rights
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Latina Institute for Reproductive Health
National LGBTQ Task Force Action Fund
National Network of Abortion Funds
National Organization for Women
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
Network for Reproductive Options (Oregon)
New Jersey Abortion Access Fund
New York Abortion Access Fund
Northwest Health Law Advocates
Options Fund (Wisconsin)
Oregon Foundation for Reproductive Health
People For the American Way
Physicians for Reproductive Health
Population Connection Action Fund
Religious Coalition for Reproductive Choice
Religious Institute
Reproductive Health Technologies Project
Secular Coalition for America
Service Employees International Union
Sexuality Information and Education Council of the U.S. (SIECUS)

Society of Family Planning
South Carolina Coalition for Healthy Families
Southwest Women's Law Center
Texas Equal Access Fund
The Freedom Fund (Colorado)
The National Crittenton Foundation
UltraViolet
Unitarian Universalist Association
URGE: Unite for Reproductive & Gender Equity
Vermont Access to Reproductive Freedom Fund
Wisconsin Alliance for Women's Health
Women for Women (Wyoming)
Women's Health & Education Fund of Rhode Island
Women's Law Project
Women's Medical Fund, Inc. (Wisconsin)
Women's Reproductive Rights Assistance Project (California)
Women's Media Center

United States Senate
Washington, DC 20510

U.S. House of Representatives
Washington, DC 20515

August 3, 2015

Dear Members of Congress,

As organizations committed to the civil and human rights, health equity, and well-being of Latino/as, our families, and our communities, we the thirteen undersigned organizations urge you to oppose all efforts to defund Planned Parenthood Federation of America (PPFA) or other healthcare providers that Latinos/as rely on for high quality care.

The recent manipulated and misleading attacks on PPFA are yet another political attempt to target providers of reproductive health services. The real agenda behind these attacks is to block access to basic health services, particularly for low-income communities, women of color, and young people. These tactics also create an atmosphere of fear and shame intended to intimidate women who seek abortion and those who provide the much needed care.

Such attacks on PPFA, a critical provider of vital health services to low-income women and women of color, threatens to unravel the reproductive health safety net that our Latino/a community relies on. We have already seen such efforts as in Texas when the state legislature authorized the “affiliate rule” that barred all Planned Parenthood health centers from receiving state funds. In 2012, the first full year following the devastating cuts to family planning funding and implementation of the “affiliate rule,” Texas met only 13 percent of the need for publicly funded contraception—less than half of national totals for the same year.¹

Furthermore, defunding PPFA would have a devastating impact on the Latino/a community which experiences higher rates of reproductive cancers, unintended pregnancy, and sexually transmitted infections than most other groups of people in the U.S. In fact, according to the latest statistics from the Centers for Disease Control and Prevention, Latinas have the highest cervical cancer incidence rates.¹¹ Latinos/as, including LGBTQ Latinos/as, immigrant women, and women of color experience system barriers such as cost, lack of available clinics, insufficient culturally and linguistically competent health systems, and discriminatory immigration policies that make it difficult for individuals and communities to access routine healthcare. For decades, Latinos/as have been the most uninsured racial and ethnic group.

That is why our communities rely on Planned Parenthood for quality healthcare. In 2013, PPFA’s clinics served 575,000 Latinos/as, which was 22 percent of their overall patients. We will not tolerate any attempts to cut Latinos/as off from this care.

We strongly urge you to oppose all proposals to defund PPFA and stand with the undersigned organizations to protect the right to health care for Latinos/as and other persons of color. If you have any questions, please do not hesitate to contact Ann Marie Benitez, Senior Director of Government Relations, at National Latina Institute for Reproductive Health at annmarie@latinainstitute.org.

Signed,

Casa de Esperanza

Farmworker Justice

Hispanic Federation

Labor Council for Latin American Advancement

LatinoJustice PRLDEF

League of United Latin American Citizens

Mexican American Legal Defense and Educational Fund

National Alliance of Latin American and Caribbean Communities

National Hispanic Media Coalition

National Latina Institute for Reproductive Health

Presente

U.S.-Mexico Foundation

VotoLatino

¹ Jennifer Frost et al., Contraceptive Needs and Services, 2012 Update, GUTTMACHER INST. 19-20 (2014), <http://www.guttmacher.org/pubs/win/contraceptive-needs-2012.pdf> (showing that Texas met only 13 percent of the demand compared to a national total of 31 percent)

² Centers for Disease Control and Prevention. Cervical Cancer Rates by Race and Ethnicity. <http://www.cdc.gov/cancer/cervical/statistics/race.htm>. Accessed on July 31, 2015.

Analysis of Center for Medical Progress Videos

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CMP Analysis
August 25, 2015

Executive Summary

At direction of counsel to Planned Parenthood, Fusion GPS analyzed a series of videos recently released by the **Center for Medical Progress (CMP)** purporting to represent undercover sting operations against **Planned Parenthood**. Fusion GPS also commissioned experts to review the videos and conducted preliminary research into the CMP organization and its personnel.

Between July 14th and August 4th, 2015, CMP released a series of videos depicting Planned Parenthood staffers in conversation with CMP operatives posing as employees of a biomedical firm that procures fetal tissue for sale to stem cell researchers. The videos attempt to show that Planned Parenthood profits from the sale of fetal tissue, and, secondarily, that its doctors follow an abortion procedure that violates the so-called “partial birth” abortion ban. A thorough review of these videos in consultation with qualified experts found that they do not present a complete or accurate record of the events they purport to depict.

Each release by CMP contained a short edited video, between eight and fifteen minutes in length, that intercuts clips from the undercover recordings with other content, and a “full footage” video that claims to provide the raw, unedited footage of each interview. A video forensics expert, a television producer, an independent transcription agency, and Fusion GPS staff reviewed this material. While these analysts found no evidence that CMP inserted dialogue not spoken by Planned Parenthood staff, their review did conclude that CMP edited content out of the alleged “full footage” videos, and heavily edited the short videos so as to misrepresent statements made by Planned Parenthood representatives. In addition, the CMP transcript for the “full footage” video shot at Planned Parenthood’s Gulf Coast facility in Texas differs substantially from the content of the tape.

At this point, it is impossible to characterize the extent to which CMP’s undisclosed edits and cuts distort the meaning of the encounters the videos purport to document. However, the manipulation of the videos does mean they have no evidentiary value in a legal context and cannot be relied upon for any official inquiries unless supplemented by CMP’s original material and forensic authentication that this material is supplied in unaltered form. The videos also lack credibility as journalistic products.

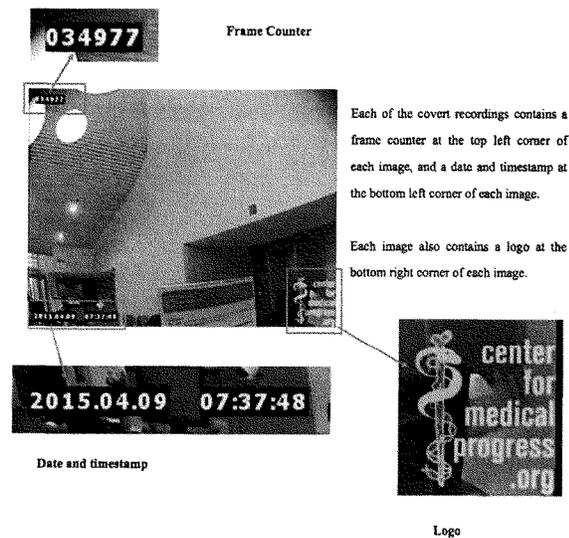
Video Analysis

Full Footage Video Analysis

Fusion GPS analysts reviewed all four of the “full footage” videos released by the Center for Medical Progress, totaling more than 12 hours of tape. This analysis did not reveal widespread evidence of substantive video manipulation, but we did identify cuts, skips, missing tape, and changes in camera angle. A forensic video expert, Grant Fredericks, reviewed segments of tape identified as suspicious during this preliminary review. This professional analysis revealed that the full footage videos contained numerous intentional post-production edits.

All four videos feature a younger man posing as “Robert”¹ and a middle-aged woman posing as “Susan,” both of Biomax, a biological sample procurement company specializing in tissue for stem cell research. “Robert” displays detailed technical knowledge of abortion procedure, sample collection, and stem cell research. “Susan” claims to be the CEO of Biomax and appears to be focused on the financial aspects of tissue collection.

All four videos contain a frame counter and date and timestamp. Mr. Fredericks notes that the type of hidden cameras likely used to create these recordings typically allow users to encode the date and



Each of the covert recordings contains a frame counter at the top left corner of each image, and a date and timestamp at the bottom left corner of each image.

Each image also contains a logo at the bottom right corner of each image.

time prior to recording. Removal or manipulation of encoded timestamps and frame counters leaves evidence behind in the final video. Mr. Fredericks identifies “loss of significant time and image continuity” attributable to post-production edits. While many of these edits removed likely-irrelevant content from the beginning and end of the interviews, all four videos also contained intentional edits that removed content from the middle of the videos.

¹ In some videos, “Robert” uses the last name “Sarkis.”

CMP Video Analysis
August 25, 2015

**“Intact Fetuses 'Just a Matter of Line Items' for Planend (sic) Parenthood TX Mega- Center”
(hereinafter “Texas”)**

This video depicts nearly six hours of conversation between Melissa “Missy” Farrell of Planned Parenthood Gulf Coast and “Robert Sarkis” and “Susan” of Biomax. The video also depicts Planned Parenthood lab facilities and shows tissue collected from aborted fetuses at various gestational stages.

The Texas video is likely the most substantially manipulated of the four full footage videos reviewed in this report. Mr. Fredericks’ analysis reveals that “approximately 30 minutes” of the meeting are missing from the video shortly after the eighth minute of recording. The clock superimposed on the video skips from 07:46:47 to 08:15:15 from one frame to the next.

Lighting levels and the Planned Parenthood staffer’s ID badge at 08:15:15 match the content in the short video that is missing from the full video, suggesting that the content comes from the missing excerpt. This gap also coincides with approximately 4000 words of dialog in the CMP transcript that does not appear in the video. We discuss the short videos and transcripts in detail below.



Left: Texas “full footage” video at running time 00:08:59:03. Right: Texas “full footage” video at running time 00:08:59:04 (note that running times are continuous and differ from timestamps).

CMP Video Analysis
August 25, 2015

About 30 minutes later, the camera's frame counter skips ahead 7,583 frames and the timestamp skips from 08:44:26 to 08:44:39. Mr. Fredericks concludes that "this is an edit caused by human intervention in a post-production environment." Mr. Fredericks finds a similar edit at 12:58:43 by the camera's timestamp, in which the timestamp on the following frame reads 13:50:18. He concludes that this too is a post-production edit resulting in the omission of nearly an hour of recording.

Mr. Fredericks also notes that audio is out of sync at various points within this recording, a common feature in edited video. Many segments of the video contain dialog spoken off-camera, but neither Mr. Fredericks nor Fusion GPS staff identified any evidence of audio manipulation within the video segments provided.

CMP's video editors overlooked identifying information contained within the Texas video. At 13:11:59 on the video's timestamp, CMP operatives can be seen handling a credit card that appears to bear the name "Brianna Allen." At 13:59:36, facial blurring introduced in postproduction to obscure interviewers and other individuals' identities briefly moves off of "Susan's" face.

Planned Parenthood VP Says Fetuses May Come Out Intact, Agrees Payments (hereinafter "Colorado")

Like the Texas video, the Colorado tape depicts "Robert" and "Susan" in conversation with Planned Parenthood staff, and shows footage of a lab facility and the fetal tissue contained therein. Mr. Fredericks identified numerous stops and starts in this tape.

The Colorado video's timestamp skips from 10:27:07 to 11:01:40, and the frame counter skips from 030742 to 041744. This edit, which Mr. Fredericks identifies as the result of human intervention post-production, results in more than 30 minutes of missing video. Similar edits omit two to three minutes of audio and video each at approximately 11:24:49, 11:36:47, and 11:41:44 by the encoded timestamp. Another edit at 12:35:50 omits 10 minutes of audio and video information.

At 11:45:46 on the video's timestamp, Mr. Fredericks identifies an edit that may reflect manual stoppage of the camera during recording. Oversaturation, blurring, and a change in camera angle prior to stoppage indicate the movement of a hand toward the camera lens. These effects also are consistent with the operator pushing a button to stop recording. The next image starts in the middle of a recording "packet" at 12:21:55, indicating removal of material recorded immediately after the operator resumed recording. CMP omitted the video immediately following camera stoppage from its "full footage" tape, which means the video does not constitute the full footage of this encounter.

Planned Parenthood representatives asked Fusion GPS to analyze two segments of dialog in this video that were deemed to be suspicious.

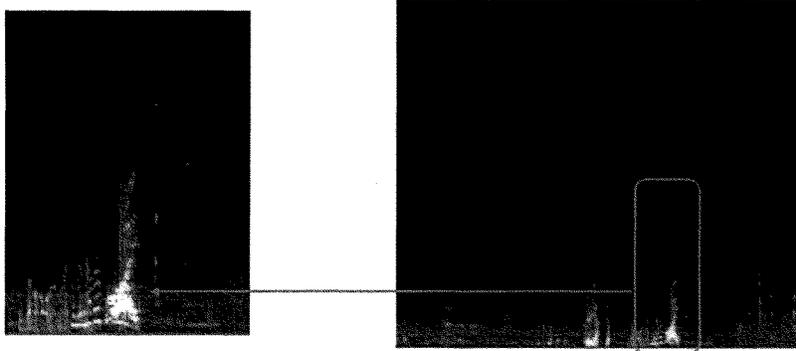
The first segment, approximately an hour and 20 minutes into the video's running time, depicts Planned Parenthood staff off-camera saying a phrase that CMP claims was, "It's a baby." Fusion GPS analysts and independently contracted transcriptionists found this dialog to be unintelligible. Because of the poor quality of the recording, the compression of the file by Youtube, and the lack of access to the original file, it is not possible to enhance the sound sufficiently to determine what is being said.

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Neither internal nor expert analysis found any artifacts of editing in or around this segment that would suggest the audio was inserted or manipulated using technical tools. Rather, Fusion GPS analysts conclude that this segment simply consists of incomprehensible background chatter picked up by the CMP operative's hidden camera. In our view, CMP created the purported statement, "it's a baby," either through transcription error or intentional fabrication.

Careful review by a number of analysts leads Fusion GPS to conclude that "it's a baby" would be an incongruent statement for the lab tech to make in the context of a lengthy and technical examination of human fetus specimens. In the period prior to this discussion, the CMP operatives and the Planned Parenthood personnel are inspecting a pair of human fetus specimens and engage in a relatively technical discussion of how to identify specific internal organs such as the liver and thymus. Suddenly declaring in the midst of this examination that the subject specimen is "a baby" simply makes no sense.

A second segment of dialog depicts a Planned Parenthood staffer allegedly saying "another boy" approximately two hours and 30 minutes into the video's running time. Again, neither internal nor external analysis found evidence that CMP inserted or manipulated this dialog post hoc. Mr. Fredericks found the audio spectrum to be consistent and continuous before, during, and after this dialog.



Audio spectrum showing a Planned Parenthood representative saying, "It's a boy" approximately two and a half hours into the Colorado tape's running time. This image shows no evidence of audio manipulation.

Although it is unlikely that this dialog was edited in, Fusion GPS finds that the statement lacks context and may have been elicited by CMP's own operatives, who engaged in elaborate efforts to bait Planned Parenthood personnel into using language that could be portrayed as incriminating or otherwise inappropriate.

The analyst says "another boy" despite the fact that there is no prior mention of the gender of fetal specimens at any other point in the videos or transcripts. Given that expert analysis found that more than 30 minutes are missing from the Colorado tape prior to this point we deem it likely that CMP deleted initial discussions of fetal gender, most likely by its own personnel.

CMP Video Analysis
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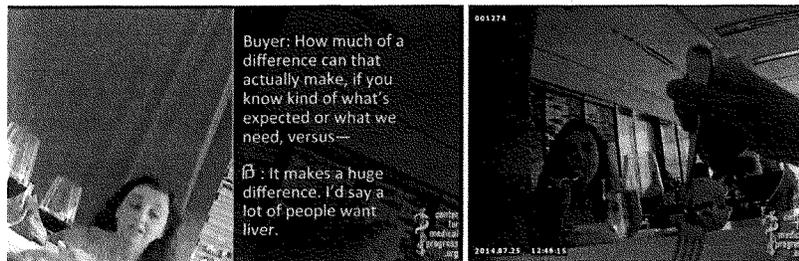
While CMP's undisclosed edits in the earlier portion of the Colorado tape make it impossible to know the broader context of the conversation that led the Planned Parenthood technician to say "another boy," the available tape shows that CMP operatives repeatedly attempted to bait Planned Parenthood staff into discussing the physiology of fetal specimens in lay terms. "Robert" asks, "Was that just the little bits of the skull?" "This is rib cage right here, right?" "This could be neural tissue, could it?" This is part of the pelvis right here, is it not? and many other questions that seem designed to elicit "soundbites" pertaining to fetal viscera. It is thus likely that the removed video contains dialog in which CMP operatives ask about the gender of a specimen.

"Planned Parenthood Uses Partial-Birth Abortions to Sell Baby Parts" (hereinafter "California 2014")

According to encoded timestamps on the CMP video displaying July 25, 2014 (and, in one segment, July 25, 2013), the California 2014 video takes place more than six months prior to the other recordings. This video portrays Deborah Nucatola, Senior Director of Medical Services for PPFA, at a lunch meeting with "Robert" and "Susan."

Mr. Fredericks concludes that "this video has been edited significantly." He identifies a change to the superimposed Center for Medical Progress logo left behind as an artifact of editing system error.

At 14:32:07 on the video's timestamp, the timestamp skips ahead four minutes and the date changes from July 25, 2014 to July 25, 2013. Mr. Fredericks identifies this as a change from footage recorded on one camera to footage recorded on a second device. One minute later, the time stamp jumps ahead by five minutes and the date stamp reverts to 2014, representing a shift back to the original recording device. Visual review of the short and long videos from both California interviews shows clear shifts in perspective from one camera to another.



Left: California 2014 short video at running time 00:03:02. Right: Same dialog in California 2015 "full footage" video (at 00:29:05)

The California 2014 video also contains in-segment edits. The encoded timestamp skips from 4:38:06 to 14:41:08, representing at least three minutes of missing video.

CMP Video Analysis
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It is not possible to estimate the extent to which CMP's undisclosed edits and cuts distort the meaning of the first California video. However, the blatant manipulation of this video renders it useless as "evidence" and means it cannot be relied upon in official inquiries as a credible record of events unless the record is supplemented by CMP's original unedited material.

Second Planned Parenthood Senior Executive Haggles Over Baby Parts Prices (hereinafter "California 2015")

This video, apparently recorded on February 6, 2015, depicts a lunch meeting between "Robert" and "Susan" of Biomax and Planned Parenthood representatives Mary Gatter (President of Medical Directors' Council for PPFPA) and Laurel Felczer (Senior Director of Medical Services for Pasadena and San Gabriel Valley).

Like the California 2014 video, this video clearly shows that CMP edited together footage from two different cameras. The video's time stamp jumps backwards from 12:04:53 to 12:04:24 due to what Mr. Fredericks identifies as post-production insertion of tape from a second camera. The second camera used in the California 2015 recording takes longer segments of video, but is otherwise similar to the cameras used in other recordings.

At the edit point, the first interviewer is seen walking away from the camera.



The male interviewer is tall, slender, with a short beard.



At the point of this edit, the video briefly shows the male interviewer walking away from the camera. The interviewer physically resembles CMP founder David Daledin, though video evidence is insufficient to conclusively determine the interviewer's identity.

Footage of the male interviewer visible in the "California 2014" tape.

Short Video Analysis

Fusion GPS analysts and Mr. Fredericks reviewed CMP's short videos in conjunction with the "full footage" tapes and conclude that the short videos significantly distort and misrepresent the conversations depicted in the full footage videos. Mr. Fredericks notes that the short videos contain "edited conversations where some spoken words are eliminated and some spoken words are added out of context." The short videos of both the California 2014 and California 2015 interviews contain camera angles not visible in the corresponding "full footage" videos. The short video of the Texas interview contains video and audio that do not appear in the Texas "full footage" video.

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Fusion GPS consulted with an experienced reality and documentary television producer, Scott Goldie, for an expert opinion of the editing techniques used in the short videos. Mr. Goldie identifies the use of ominous music, replays, color manipulation, “scratch” effects, strategic display of frame counters and timestamps, all chosen to create “gotcha” moments.

Mr. Goldie points out that in all four short videos, most of the dialog about compensation comes not from Planned Parenthood representatives but instead from CMP operatives posing as buyers:

[I]t's the “buyer” who is doing all the talking. The “buyer” states: “It's gold out there”, “So beneficial”, “change the procedure a bit”, “financial gain”, “I want you to be paid”, “compensates”, “financially helping you”, “financial benefits”, “grow the clinic”, these are all leading statements voiced by the “buyer”. But Farrell simply agreeing to these statements is enough to paint her in a bad light.

This is consistent with Fusion GPS analysts' assessment of the “full footage” videos. In all four interviews, CMP operatives repeatedly bring up compensation, often trying to bait Planned Parenthood representatives into making mercenary statements or naming a higher price for donated tissue. In the California 2015 video, the female interviewer explicitly tells Planned Parenthood representatives that the compensation that they requested for fetal tissue donation is “way too low.” In the Colorado video, she tells Planned Parenthood representatives that she wants to pay “top dollar.”

The short videos take a great deal of dialog out of context so as to substantively and significantly alter the meaning of the dialog contained in the long videos. For example, Melissa Farrell's statement about “diversifying the revenue stream” for her clinic in the Texas video occurs in the context of a conversation about expanding the services available to patients. In the California 2014 video, Dr. Nucatola's statement that Planned Parenthood wants to donate tissue “in a way that is not perceived as This clinic is selling tissue. This clinic is making money off of this” precedes a discussion of the costs involved in collecting tissue.

Transcript Analysis

Fusion GPS contracted the services of an independent transcription agency, TranscriptionWing², to transcribe all four “full footage” videos and the corresponding short videos. This was an ordinary arms-length commercial engagement, and TranscriptionWing was not informed of the purpose of the request nor of the ultimate client. Fusion GPS analysts then compared these transcripts to transcripts provided by CMP, and, in the case of significant discrepancies, to the videos themselves. All four transcripts by CMP contain substantive omissions, and the Texas transcript appears to be grossly edited.

The style, errors, and patterns of omission in the CMP transcripts lead Fusion GPS to conclude that CMP most likely transcribed the videos “in-house,” rather than contracting transcription to an independent agency. This would also explain the significant discrepancies between the CMP transcript of the Texas footage and what appears on the tape. It appears that CMP transcriptionists reviewed an

² <http://www.transcriptionwing.com/>

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earlier version of the Texas tape, or possibly that they transcribed recorded “packets” from the raw tape individually before CMP cut the “full-length” video together.

In all four transcripts, CMP omits the names used by its operatives, the company name Biomax, and dialog in which the CMP operatives offer their (presumably fictionalized) back stories. In the California 2014 transcript, CMP’s version omits more than 670 words of dialog mostly pertaining to “Susan’s” backstory. In the California 2015 video, “Susan” alludes to accidentally calling the male interviewer “David, which is his middle name.” In the Colorado video, the male interviewer introduces himself as “David” before correcting himself to say that David is his middle name and that he goes by Robert. These apparent errors provide further evidence to bolster the suspicion that the male interviewer is, in fact, CMP leader David Daleidin. CMP omits all mention of the name “David” in its transcripts.

Many CMP transcripts also alter their operatives’ dialog so as to make it seem less like they are baiting Planned Parenthood staff into making unethical statements. For example, in the Colorado transcript, CMP portrays its staff as consistently asking about specimens of a different gestational age than they actually request in the videos.

The Texas video transcript contains the most significant discrepancies. CMP’s version of the transcript contains over 4,000 words of dialog that does not appear in the independent transcript or the video.³ In this dialog, Melissa Farrell allegedly discusses her “a la carte” budget (a phrase she also uses elsewhere in the video) and she and “Robert” engage in a detailed discussion of intact fetuses and the use of medically-induced abortions. Some of this dialog appears to correspond with video used in the short, edited version of the Texas video.

At other points, the CMP transcript of the Texas video appears to omit dialog totaling over 4,000 words.⁴ In this segment, apparent in the independent transcript and the video, Farrell asserts that Planned Parenthood will not collect tissue from minors or incarcerated people. Also in this segment, “Susan” asks if Biomax can offer participation bonuses to doctors, and Farrell responds, “no way.” Whereas the content that CMP inserts into its transcript serves to portray Farrell as flexible regarding Planned Parenthood policies and regulations, the content it omits portrays her as committed to following ethical and legal guidelines.

The numerous errors, discrepancies, and omissions in the CMP transcripts render them useless as “evidence.” They also cannot be relied upon in official inquiries as a credible text record of what is said in the videos.

³ CMP transcript of Texas “full footage” video, pp. 5-15

⁴ TranscriptionWing transcript of Texas “full footage” video, pp. 46-56 and pp. 113-115.

Digital Forensics Analysis Report

Delivered to Alliance Defending Freedom

September 28, 2015

Prepared by Coalfire Systems, Inc.

Confidential information
This Executive Summary of this report shall not be excerpted without prior written permission of Coalfire.

Executive Summary

In September, 2015, CGS, the prime contractor on behalf of Alliance Defending Freedom, engaged Coalfire Systems, Inc., the sub-contractor (hereinafter "Coalfire") to conduct a computer forensics analysis of certain raw video and audio data files. Coalfire's objectives for this project are to:

- Forensically evaluate video and audio files provided by The Center for Medical Progress ("the Organization") through CGS ("raw" video and audio), and determine whether the raw video or audio content of the files have been edited or otherwise altered;
- Compare the raw video and audio to certain files posted to YouTube ("Full Footage" videos and a "Supplemental" video) for the purpose of determining inconsistencies between the files.

The scope of Coalfire's analysis did not cover or include:

- Validation of those individuals depicted in the video or audio, who recorded the video and audio files, the location where they were recorded, when they were recorded, or the purpose of the recordings;
- Providing an opinion on the chain of custody prior to receipt of source materials by Coalfire;
- Coalfire's analysis was limited to only the source materials received from the Organization and did not include interviews of participants in the videos or audio.

A flash drive containing recorded media was received via FedEx by Coalfire on September 17th, 2015, where it was examined using industry-standard forensic tools and techniques. The flash drive contained (i) a total of ten (10) videos with audio recorded on two (2) separate devices, and (ii) a total of eight (8) audio recordings made with two (2) audio-only devices.

Coalfire's analysis of the recorded media files contained on the flash drive indicates that the video recordings are authentic and show no evidence of manipulation or editing. This conclusion is supported by the consistency of the video file date and time stamps, the video timecode, as well as the folder and file naming scheme. The uniformity between the footage from the cameras from the two Investigators also support the evidence that the video recordings are authentic.

With regard to the "Full Footage" YouTube videos released by the Organization, edits made to these videos were applied to eliminate non-pertinent footage, including "commuting," "waiting," "adjusting recording equipment," "meals," or "restroom breaks," lacking pertinent conversation. Any discrepancies in the chronology of the timecodes are consistent with the intentional removal of this non-pertinent footage as described in this report.

Furthermore, four of the five raw video recordings, which also contained audio captured from the video recording device, are accompanied by a raw audio recording captured from a separate audio-only recording device. The raw audio-only recordings last for the duration of their associated raw videos. These raw audio recordings support the completeness and authenticity of the raw video recordings since they depict the same events within the same duration as captured from the two separate video recorders.

Evidence Acquisition Processing Procedures

Coalfire employed industry standard tools and techniques throughout handling, processing, and analysis of the evidence. A sealed FedEx Express envelope was received into Coalfire Labs via FedEx Overnight delivery on September 17, 2015 at 8:35 AM (MST). A Chain of Custody was established upon opening the package. The package contained one USB flash drive sealed in a FedEx label pouch. Details about the enclosed media are included below.

Device Make/Model	Device Serial Number	Description	Device Serial Number	Capacity
PNY "Turbo Plus" flash drive	2CE00713QB	USB flash drive (silver) USB 3.0	UID: 1C233FA33C1C2A38	128 GB

Coalfire used a Logicube Falcon to create a raw DD image of the evidence onto a previously wiped hard drive. The images were verified by their hash values. A working copy of the original image was created onto a previously wiped hard drive. All subsequent analysis was performed on the working copy forensic image, not on the original media or the original forensic image acquisition. The analysis was performed on a dedicated forensic workstation using AccessData's Forensic Toolkit (FTK) version 5.6.3.16, VLC Player version 2.2.1, Apple QuickTime version 7.7.8, and iZotope RX Advanced.

Analysis

File and Folder Analysis

There were a total of 29 folders residing on the flash drive. Each of the folders shows a modified, accessed, and created date of 2015-09-13 UTC with the modified and created time stamps between 2015-09-13 03:36:03 UTC and 2015-09-13 04:57:35 UTC. Copying a folder from a source drive to a destination drive results in the creation of a new modified and created date and time stamp on the destination drive. The date and time stamp from the source drive directory does not carry over to the directory created on the destination drive. This suggests that the date and time stamps for the folders located on the flash drive are indicative of when the folders were copied from the original source drive to the flash drive.

The root consisted of 5 directories which are listed below with their creation time and date stamps.

Directory Name	Created
[root]\052215Dyer dinner	2015-09-13 03:36:47 UTC
[root]\072514DebNucataola	2015-09-13 03:36:03 UTC
[root]\PPGC040915	2015-09-13 03:36:32 UTC
[root]\PPPSGV020615	2015-09-13 03:36:15 UTC
[root]\PPRM040715	2015-09-13 03:36:26 UTC

Directories contained within the root of the flash drive

Within these directories were two subdirectories, each with the name of a male and a female. The male name will hereinafter be referred to as "Investigator 1" and the female name as "Investigator 2." Within each of these folders were either a subdirectory named "MyRecord" or a folder named with a numeric date. Where there was a "MyRecord" folder present, the "MyRecord" folder contained a subdirectory named by numeric date. The folders named by numeric dates contained recorded video files corresponding to the numeric date of the folder. The five directories in the root listed above delineate five separate dates of video recordings which is explained in further detail below.

The folders named with numeric dates contained video files. In total, there were 86 AVI video files on the flash drive. The metadata for the AVI video files does not contain any metadata or unique file signatures to indicate the video recording device that was used to create the video. Review of the video content reveals that the video files were captured from two separate video recording devices which are separated into the Investigator 1 and Investigator 2

directories. The numeric dates within the video file names are consistent throughout all other folder names in the path to any given video file. Examples of the folder and file naming schemes are shown below.

- [root]\072514DebNucata\{Investigator 1}\MyRecord\20140725\FNND0569_20140725114841.AVI

The example above shows a folder naming structure containing the "MyRecord" subdirectory. In the example above, the root directory name contains a numeric date of 7/25/2014, a subdirectory with a name containing the numeric date 7/25/2014, and containing a video file with a file name including the numeric date 7/25/2014. Another example of the folder and file naming structure is shown below.

- [root]\PPGC040915\{Investigator 2}\20150409\FNNI0773_20150409071900.AVI

In the example above, the root directory name contains the numeric date 4/9/2015, a subdirectory with a name containing the numeric date 4/9/2015, and containing a video file with a file name including the numeric date 4/9/2015.

Contrary to folders, the last modified and created date and time stamps of a file is preserved when the parent folder it resides in is copied from a source drive to a destination drive. Therefore, the last modified date and time stamps of the video files contained on the flash drive were preserved from the original source files. The video files residing on the flash drive show last modified and created time stamps between 2015-02-06 20:47:28 UTC to 2014-07-25 22:18:26 UTC. Review of the video file modified date stamps shows that they are consistent with the numeric dates reflected in the video file names as well as the folders in the path of those video files. Furthermore, the date stamps embedded within the videos themselves are consistent with the date stamps of the folders in the video file path.

An example of the relationship between the video file name and file created date stamp is shown below.

Video File Name	Created
FNNI0773_20150206130219.AVI	2015-02-06 22:02:18 UTC

Video file name and created date stamp relationship

The AVI file names also contain a number representing the timecode that is embedded in the first frame of that video file. An example of this is shown below.

- [root]\PPGC040915\{Investigator 1}\FNND0569_20150409081515.AVI

In this example (on the following page), the video file named FNND0569_20150409081515.AVI shows a date of 4/9/2015 and a first frame timecode of 08:15:15. Below is a screenshot of the first frame (frame 000000) of the 20150409081515.AVI video.



First frame from video file [root]\PPGC040915\{Investigator 1}\FNND0569_20150409081515.AVI

There were some videos, however, where the first frame does show a timecode that is one second behind the time shown in the video file name.

All of the AVI video files are 1011 MB in size or smaller. When the modified time stamps are in chronological order, it is evident that a new video file is created once the preceding video file size reaches 1011 MB during continuous recording. This is demonstrated by noting the final timecode embedded in the last frame of the video and comparing it to the timecode in the first frame of the next video in sequence (the first frame timecode number is also contained in the video file name). It is a common feature of video recording devices to capture continuous recording in numerous smaller separate files to avoid issues with file systems that cannot accommodate large file sizes and to minimize data loss in the case of file corruption as result of hardware failure (dead battery, malfunction, etc.). Review of the AVI files that were smaller than 1011 MB appears to be the result of a manual stop performed on the recording device by the camera operator.

Video File Recording Path	Continuous Video Recording Segments
052215Dyer dinner072514DebNucatola\{Investigator 1}\MyRecord\20140725	Continuous recording from 2014.07.25 11:48:41 to 2014.07.25 15:18:26 (frame 019233)
072514DebNucatola\{Investigator 2}\MyRecord\20130725	Continuous recording from 2013.07.25 11:41:24 to 2013.07.25 15:15:21 (frame 058664)
PPGC040915\{Investigator 1}\20150409	Continuous recording from 2015.04.09 07:18:22 to 2015.04.09 13:09:37 (frame 017915) Continuous recording from 2015.04.09 13:16:58 to 2015.04.09 14:56:40 (frame 025881)

PPGC040915\{Investigator 2}\20150409	Continuous recording from 2015.04.09 07:19:00 to 2015.04.09 13:20:01 (frame 062200)
PPPSGV020615\{Investigator 1}\20150206	Continuous recording from 2015.02.06 11:51:07 to 2015.02.06 13:34:49
PPPSGV020615\{Investigator 2}\20150206	Continuous recording from 2015.02.06 11:49:47 to 2015.02.06 13:36:05 (frame 060765)
PPRM040715\{Investigator 1}\MyRecord\20150407	Continuous recording from 2015.04.07 08:16:16 to 2015.04.07 13:04:06 (frame 006180) Continuous recording from 2015.04.07 13:05:19 to 2015.04.07 14:31:28 (frame 001483)
PPRM040715\{Investigator 2}\MyRecord\20150407	Continuous recording from 2015.04.07 08:16:08 to 2015.04.07 14:12:40 (frame 054178)

Continuous video recording segments

Based on this evidence presented in this section, Coalfire concludes that the video files located on the flash drive are accurate representations of the raw unedited footage captured by the original video camera with reliable and consistent timecodes.

Video Content Analysis and Comparison

The video recordings created by both Investigator 1 and Investigator 2 depict many of the same scenes from two different perspectives as captured by their individual cameras. The timecodes embedded in the video recordings are not synced to each other. Coalfire determined the approximate offsets of the two video cameras for each day of recording.

Video Recording Top Parent Directory	Offset of Investigator 2 Camera to Investigator 1 Camera
052215Dyer dinner	Approximately +00:00:32
072514DebNucatola	Approximately -00:04:03
PPGC040915	Approximately -00:00:50
PPPSGV020615	Approximately -00:00:29
PPRM040715	Approximately -00:00:50

Video Camera Timecode Offset

By establishing the offset in timecode, Coalfire was able to compare events from each of the cameras as they happened in real time. This was critical when comparing the raw footage videos contained on the flash drive to the Full Footage videos released by the Center for Medical Progress on YouTube. The Full Footage CMP YouTube videos are listed below and uploaded by the YouTube user "The Center for Medical Progress".

Full Footage YouTube Video Name	YouTube Video URL
FULL FOOTAGE: Planned Parenthood VP Says Fetuses May Come Out Intact, Agrees Payments...	https://www.youtube.com/watch?v=wV2U9unl1NM

FULL FOOTAGE: Planned Parenthood Uses Partial-Birth Abortions to Sell Baby Parts <https://www.youtube.com/watch?v=H4UjIM9B9KQ>

FULL FOOTAGE: Intact Fetuses "Just a Matter of Line Items" for Planned Parenthood TX Mega-Center https://www.youtube.com/watch?v=MCiD9_Ict44

FULL FOOTAGE: Second Planned Parenthood Senior Executive Haggles Over Baby Parts Prices <https://www.youtube.com/watch?v=vwAGsjoorvk>

Full Footage CMP YouTube videos

After these "FULL FOOTAGE" videos were posted, an additional video was posted by the Organization on August 30, 2015 (the "Supplemental Full Footage Video") that is of the same time duration as missing footage from the "FULL FOOTAGE: Intact Fetuses 'Just a Matter of Line Items' for Planned Parenthood TX Mega-Center".

Supplemental YouTube Video Name	YouTube Video URL
Part 2 Supplement TX FULL FOOTAGE: Intact Fetuses "Just a Matter of Line Items" for PP	https://www.youtube.com/watch?v=wV2U9unl1NM

Supplemental Full Footage CMP YouTube video

Coalfire reviewed any and all inconsistencies in timecode apparent in the Full Footage videos for comparison to the raw video footage corresponding to those videos. Notes were made upon review of the raw video content which described the events that took place during the missing footage that was edited from the Full Footage videos. Events that were left out of the Full Footage videos lacked pertinent conversation. The events depicted in the missing footage fell into five common categories: commuting, waiting, adjusting recording equipment, meals, and restroom breaks. "Commuting" footage consists of Investigator 1 and 2 driving in car to locations, or walking outside to locations outside or inside a building. "Waiting" footage consists of Investigator 1 and 2 waiting to engage with primary Planned Parenthood subject, or other personnel, usually in a lobby, office, or a restaurant table. "Adjusting recording equipment" footage consists of times when Investigator 1 and 2 are manually setting camera or audio recording device equipment, adjusting the equipment, or changing the batteries. "Meal" footage consists of Investigator 1 and 2 eating. "Restroom break" footage consists of Investigator 1 or 2 going to the restroom primarily to relieve themselves.

FULL FOOTAGE: Intact Fetuses "Just a Matter of Line Items" for Planned Parenthood TX Mega-Center

Begins 2015.04.09 07:37:48 (034977)

Ends 2015.04.09 14:50:13 (014278)

Corresponding raw video recordings: PPGC040915

Investigator 1 begins video recording at 07:18:23 and ends video recording at 14:56:40

Investigator 2 begins video recordings at 07:19:00 and ends video recording at 13:20:01

Gap from beginning of raw footage to beginning of Full Footage at 07:37:48

Adjusting recording equipment – Commuting – Waiting

Gap from 07:46:47 to 08:15:15

The 07:46:47 stop coincides with the end of the raw video file named FNND0569_20150409071822.AVI. The next file in the sequence (FNND0569_20150409074648.AVI) starts at 07:46:48 (frame 000000) and ends at 08:15:09 (frame 051046). The next video file in sequence (FNND0569_20150409081515.AVI) starts at 08:15:15 (frame 000000). The missing footage between in the Full Footage YouTube video between 7:46:47 and 8:15:15 matches the time duration of the raw video file FNND0569_20150409074648.AVI.

Coalfire reviewed the content of the Supplemental Full Footage video against the raw video and audio and determined that the supplemental video matches the timeframe, timecodes, and events depicted in the raw video file FNND0569_20150409074648.AVI.

Gap from 08:44:26 to 08:48:39

Restroom break – Waiting

Gap from 12:58:43 to 13:50:18

Commuting – Restroom break - Waiting

Raw video footage after end of Full Footage video at 14:50:13

Commuting (example follows)



Investigator 1 PPGC040915 "commuting" footage video frame

[FULL FOOTAGE: Planned Parenthood VP Says Fetuses May Come Out Intact, Agrees Payments...](#)

Being: 2015.04.07 09:10:10 (frame 045843)

End: 2015.04.07 14:17:27 (frame 027478)

Corresponding raw video recordings: PPRM040715

Investigator 1 begins video recording at 08:16:16 and ends video recording at 14:31:28

Investigator 2 begins video recordings at 08:16:08 and ends video recording at 14:12:40

Gap from beginning of raw footage to beginning of Full Footage at 09:10:10

Adjusting recording equipment – Commuting

Gap from 10:27:07 to 11:01:40

Meal – Waiting (example follows)



Gap from 11:24:49 to 11:27:37

Waiting

Gap from 11:36:47 to 11:39:25

Waiting

Gap from 11:41:43 to 11:43:54

Waiting

Gap from 12:35:50 to 13:43:46

Restroom break – Adjusting recording equipment – Waiting

Gap from 11:45:46 to 12:21:55

Waiting

Raw video footage after end of Full Footage video at 14:17:27

Commuting – Waiting – Restroom break

FULL FOOTAGE: Planned Parenthood Uses Partial-Birth Abortions to Sell Baby Parts

Begin: 2014.07.25 12:17:07

End: 2014.07.25 15:02:33

Corresponding raw video recordings: 072514DebNucatola

Investigator 1 begins video recording at 11:48:41 and ends video recording at 15:18:26

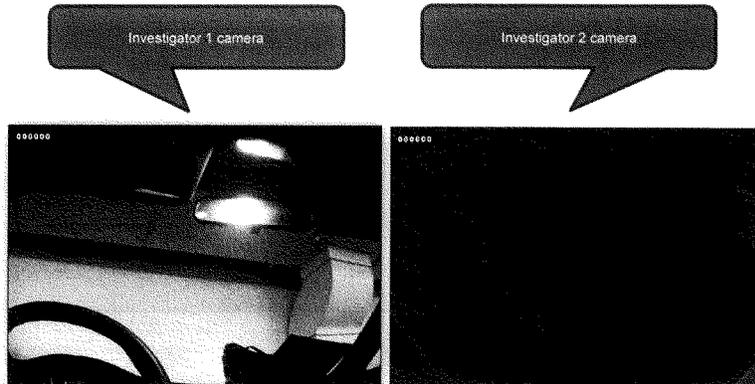
Investigator 2 begins video recordings at 11:41:24 and ends video recording at 15:15:21

Timecode and year change from 2014.07.25 14:32:07 to 2013.07.25 14:28:04

Restroom break

In the Full Footage video, the video recording starts from Investigator 1. When Investigator 1 excuses himself for the restroom, investigator 2's camera is used to follow the conversation at the table. The -00:04:03 offset from Investigator 2's camera to Investigator 1's camera explains the jump in time.

The raw video shows that Investigator 1's camera shows the date stamp 2014.07.25 while Investigator 2's camera shows the date stamp 2013.07.25.



The first frame from the footage on 7/25 shows that the date stamps show a one year difference

Since the raw video recordings both depict the same events in real time, the discrepancy in the date stamp year is attributed to the two camera's date and time settings not being synced to each other.

Gap from 14:38:06 to 14:41:08

Restroom break (example follows)



Investigator 1 072514DebNucatola "restroom break" footage video frame

Raw video footage after end of Full Footage video (15:02:33)

Restroom break – Waiting – Commuting

FULL FOOTAGE: Second Planned Parenthood Senior Executive Haggles Over Baby Parts Prices

Begin: 2015.02.06 12:03:05

End: 2015.02.06 13:16:13

Corresponding raw video recordings: PPPSGV020615

Investigator 1 begins video recording at 11:51:07 and ends video recording at 13:34:49

Investigator 2 begins video recordings at 11:49:47 and ends video recording at 13:36:05

12:04:53 jumps back to 12:04:24

Restroom break (example frame on the following page)



Investigator 2 PPPSGV020615 “restroom break” footage video frame

The Full Footage video starts on Investigator 1’s camera who is shown standing up from the table at 12:04:53. The video then switches to Investigator 2’s camera at 12:04:24 which shows Investigator 1 walking from the table towards the restroom. The Full Footage video uses Investigator 2’s camera for the remainder of the video. The time difference is attributed to the -00:00:29 offset of Investigator 2’s camera to Investigator 1’s camera.

Raw video footage after end of Full Footage video (13:16:13)

Waiting – Commuting

Audio Content Analysis

With the exception of the “052215Dyer dinner” directory, each day of video recording was accompanied by MP3 audio recordings within the Investigator 1 and Investigator 2 folders. This resulted in audio recordings from the point of view of both Investigator 1 and Investigator 2 that are separate from the audio captured by the video recording device. Like the video recordings, the audio files contained a numeric date in the file name. An example of one of the audio recording file paths is shown below.

Audio File with Path	Created
[root]\PPPSGV020615\Investigator 1\150206_001.MP3	2015-02-06 21:52:37 UTC

This MP3 audio recording exhibits a file name containing the date 2/6/2015 which is consistent with the numeric dates in the names of the other folders and files contained in the top level parent directory. The creation date of this file is also consistent with the date contained in the names of the files and folders contained within the top parent directory.

The metadata embedded in the header of the hexadecimal data reveals that this audio recording was captured with a Sony IC Recorder model ICD-UX533. The metadata also reflects the date the recording was created which is consistent with the file date stamp.

The image shows a hexadecimal dump of an MP3 file's metadata. Three callout boxes point to specific hex values:

- Sony flash voice recorder model ICD-UX533:** Points to the hex value '45 31 00' which corresponds to the ASCII string 'ICD-UX533' in the 'TIT2' field.
- MP3 metadata audio recording file date stamp:** Points to the hex value '00 00 00' which corresponds to the 'TPE1' field, indicating the recording date.
- Sony IC Recorder MP3:** Points to the hex value '20 4D 50' which corresponds to the 'TENC' field, indicating the recording date.

Metadata from [root]\PPPSGV020615\{Investigator 1}\150206_001.MP3 Audio File

The audio recordings were started shortly before or after their corresponding video recordings and span the duration of the video recordings or more. Below is a chart with details about the audio recording.

Audio File with Path	Created	Duration
[root]\072514DebNucata\{Investigator 1}\140725_002.MP3	2014-07-25 18:47:00 UTC	03:28:28
[root]\072514DebNucata\{Investigator 2}\140725_001.MP3	2014-07-25 18:40:41 UTC	03:31:59
[root]\PPPSGV020615\{Investigator 1}\150206_001.MP3	2015-02-06 21:52:37 UTC	01:47:20
[root]\PPPSGV020615\{Investigator 2}\150206_001.MP3	2015-02-06 20:47:28 UTC	01:46:08
[root]\PPRM040715\{Investigator 1}\150407_001.MP3	2015-04-07 15:16:50 UTC	06:16:22
[root]\PPRM040715\{Investigator 2}\150407_001.MP3	2015-04-07 15:20:16 UTC	06:16:49
[root]\PPGC040915\{Investigator 1}\150409_001.MP3	2015-04-09 14:20:20 UTC	07:39:57
[root]\PPGC040915\{Investigator 2}\150409_001.MP3	2015-04-09 14:21:53 UTC	07:41:43

MP3 Audio Recording Files

Much like the footage from the two separate cameras, Coalfire was able to time align the audio recordings to the video footage to allow for review of any inconsistencies or anomalies in their content with both the video and audio recordings from the two video cameras.

JASON CHAFFETZ, UTAH
CHAIRMAN

ONE HUNDRED FOURTEENTH CONGRESS

REBEAH E. CUMMINGS, MARYLAND
RANKING MEMBER

Congress of the United States
House of Representatives

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September 21, 2015

The Honorable Jason Chaffetz
Chairman
Committee on Oversight and Government Reform
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

We have been informed that the Committee intends to hold a public hearing with Planned Parenthood on September 29—just one day before Congress must pass a Continuing Resolution to keep the federal government operating.

Based on numerous press reports over the past several weeks, this appears to be part of a broader power struggle to unseat House Speaker John Boehner, led by an extreme wing of the Republican Party that is using this issue to force a government shutdown unless the Speaker bows to their demands.

More than half of the founding members of the House Freedom Caucus are also Members of the Oversight Committee, including one senior Republican who has been vocally pressing Speaker Boehner to step down. In conducting the Oversight Committee's investigation, you have teamed with the Chairman of the Freedom Caucus, and together you have sent five different letters seeking documents over the past month.

We recognize and respect the right of all Members of the House to express their opinions, but we do not believe our Committee should be dragged into an internal Republican political battle that has been churning for years. Another Republican shutdown would cause horrendous results for our nation, particularly since the shutdown two years ago cost the American economy \$24 billion, according to Standard & Poors.

Editorial boards across the country have condemned this latest Republican threat as a "kamikaze stunt,"¹ "crazy,"² and "doomed-from-the-start."³

¹ *No to Another Government Shutdown*, Miami Herald (Sept. 5, 2015).

² *Not Another Shutdown*, Baltimore Sun (Sept. 9, 2015).

³ *GOP, Spare Us Another Foolish Government Shutdown*, Los Angeles Times (Sept. 18, 2015).

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With respect to the upcoming hearing, we have been informed that you intend to invite Planned Parenthood. We believe it is fundamentally unfair to hold a public hearing to essentially indict Planned Parenthood in the court of public opinion without hearing directly from their accuser, David Daleiden, who deceptively edited secretly-recorded videos in an ultimately unsuccessful three-year crusade to entrap Planned Parenthood.

Mr. Daleiden and his organization, the Center for Medical Progress (CMP), engaged in a host of potentially illegal activities, including filing false documents with government agencies, falsely impersonating a legitimate business concern, soliciting charitable contributions under false pretenses, and secretly recording Planned Parenthood officials without their consent. Despite all of these machinations, the Committee has obtained no credible evidence that Planned Parenthood violated any law.

We believe all Committee Members should have the opportunity to question Mr. Daleiden directly at the hearing, especially since Republican Members reportedly have been in contact with CMP and its representatives for months. For these reasons, if you decide to proceed with this hearing, we respectfully request that Mr. Daleiden be invited to testify.

We understand that many Members hold very strong feelings regarding these matters—including both Democrats and Republicans—and we have generally been impressed with the improvements in the way the Committee has been run under your leadership.

However, we strongly oppose this biased, one-sided attack against Planned Parenthood that disregards the questionable activities of Mr. Daleiden merely to help the House Freedom Caucus shut down the government and potentially oust Speaker Boehner—all while jeopardizing healthcare services for millions of women across the country.

Use of Planned Parenthood Issue to Challenge the Speaker

Multiple press accounts over the past month have reported that the House Freedom Caucus is attempting to oust Speaker John Boehner by forcing a government shutdown unless all funding for Planned Parenthood is stripped from the upcoming Continuing Resolution.

On July 28, 2015, two weeks after Mr. Daleiden publicly released the first of his secretly-recorded videos, Rep. Mark Meadows, a founding Member of the Freedom Caucus and a senior Member of the Oversight Committee, introduced a resolution to unseat Speaker Boehner.⁴ Rep. Meadows reportedly stated that “he or another conservative could force a vote to replace Boehner if they’re unhappy with his leadership through the month.”⁵

⁴ *GOP Congressman Launches Bid to Oust John Boehner as House Speaker*, Washington Post (July 28, 2015) (online at www.washingtonpost.com/news/post-politics/wp/2015/07/28/rep-mark-meadows-makes-bid-to-oust-boehner-from-speakership/).

⁵ *Congress’ Planned Parenthood Fight Complicated By Leadership Challenge*, ABC News (Sept. 14, 2015) (online at <http://abcnews.go.com/Politics/congress-planned-parenthood-fight-complicated-leadership-challenge/story?id=33748353>).

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The next day, on July 29, 2015, Rep. Jim Jordan, the Chairman of the Freedom Caucus and also a senior Member of the Oversight Committee, joined 17 other Republicans in sending a letter to Speaker Boehner warning that they “will not support any funding resolution—an appropriations bill, an omnibus package, a continuing resolution, or otherwise—that contains any funding for Planned Parenthood, including mandatory funding streams.”⁶

Rep. Jordan had stated previously that he and other conservative Republicans are “fed up” with the current Republican leadership and that he founded the Freedom Caucus with the goal of “moving things in a conservative manner.”⁷

In fact, more than half of the founding Members of the Freedom Caucus also sit on the Oversight Committee, including Reps. Justin Amash, Ron DeSantis, and Mick Mulvaney.⁸ They have declared that their goal is to “push the entire conference to the right” and have stated that they “oppose any spending measure that contains funding for Planned Parenthood.”⁹

Response from Republican Leadership

Speaker Boehner reportedly opposes forcing a government shutdown on this issue. According to one press account, Speaker Boehner’s supporters argue that he “is being ‘blackmailed’ by conservative hard-liners into supporting a government shutdown.” They reportedly “want Boehner to do whatever it takes to shut off funding for the group, even if it means a shutdown.” According to this account:

The warning to Boehner is obvious: The speaker can either do what they want on Planned Parenthood, or they’ll force a vote to replace him.¹⁰

⁶ Letter from Rep. Mick Mulvaney, et al. to Speaker John Boehner, Majority Leader Kevin McCarthy, and Majority Whip Steve Scalise (July 29, 2015) (online at <https://edit-mulvaney.house.gov/sites/mulvaney.house.gov/files/DefundPPFinal07292015.pdf>); Heritage Action for America, *Defund Planned Parenthood* (online at http://heritageaction.com/defund-planned-parenthood/?utm_source=heritageaction&utm_medium=email&utm_campaign=gr-hill&utm_content) (accessed Sept. 16, 2015).

⁷ *‘Fed Up’ Conservatives Plot Revenge Against Boehner*, Washington Examiner (June 23, 2015) (online at www.washingtonexaminer.com/fed-up-conservatives-plot-revenge-against-boehner/article/2566818); *Rep. Jim Jordan to Co-Found New GOP ‘House Freedom Caucus’*, Cleveland.com (Jan. 26, 2015) (online at www.cleveland.com/open/index.ssf/2015/01/rep_jim_jordan_will_head_new_g.html).

⁸ *House Republicans Form House Freedom Caucus* (Jan. 26, 2015) (online at <http://jordan.house.gov/news/documentsingle.aspx?DocumentID=397889>).

⁹ *Meet the Freedom Caucus*, National Review (Jan. 26, 2015) (online at www.nationalreview.com/article/397170/meet-freedom-caucus-joel-gehrke); *House Freedom Caucus Statement Regarding Planned Parenthood Funding* (Sept. 10, 2015) (online at <http://jordan.house.gov/news/documentsingle.aspx?DocumentID=397949>).

¹⁰ *House GOP Obsessed with Boehner’s Future*, Politico (Sept. 15, 2015) (online at www.politico.com/story/2015/09/john-boehner-future-as-speaker-2015-213602).

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This press report also described the Freedom Caucus' plans for the next two weeks:

Twenty-five Republicans voted against Boehner for speaker back in January, and Rep. Mark Meadows (R-N.C.) reignited the debate when he proposed a motion to 'vacate the chair' in late July, essentially calling a vote on whether Boehner should continue as speaker. Those close to Boehner say they expect Meadows or another hard-liner to offer the motion again in coming weeks, depending on what happens with Planned Parenthood.¹¹

This latest Republican effort to force a government shutdown has also been criticized by Senate Majority Leader Mitch McConnell, who warned that it is "a tactic that's been tried going back to the '90s, frequently by Republican majorities that always have the same ending." He explained: "There's no education in the second kick of a mule."¹²

In addition, last week, even conservative Republican Rep. Tom McClintock publicly rejected this tactic and resigned in protest from the Freedom Caucus. In a letter to Caucus Chairman Jim Jordan, Rep. McClintock warned that the plan to shut down the federal government would only "alienate the public," adding that the Freedom Caucus' "many missteps have made it counterproductive to its stated goals." He proclaimed: "I no longer wish to be associated with it."¹³

Oversight Committee Investigation

With respect to the Oversight Committee's investigation, Ranking Member Cummings sent a letter to you on September 3, 2015, objecting to proceeding with a one-sided investigation that has identified no credible evidence that Planned Parenthood engaged in illegal activity. He requested, if you chose to move forward, that the Committee also investigate the actions of Mr. Daleiden and his organization, which—in contrast to Planned Parenthood—may have violated numerous state and federal laws in their clandestine effort to entrap Planned Parenthood.¹⁴

For example:

¹¹ *Id.*

¹² *McConnell: GOP Shouldn't Shut Down Government Over Planned Parenthood*, Politico (Aug. 6, 2015) (online at www.politico.com/story/2015/08/mitch-mcconnell-planned-parenthood-government-shutdown-121096).

¹³ Rep. Tom McClintock, *Congressman McClintock Today Announced His Resignation from the House Freedom Caucus* (Sept. 16, 2015); Letter from Rep. Tom McClintock to Rep. Jim Jordan, Chairman, House Freedom Caucus (Sept. 16, 2015) (online at <https://mcclintock.house.gov/newsroom/press-releases/congressman-mcclintock-today-announced-his-resignation-from-the-house>).

¹⁴ Letter from Ranking Members Elijah E. Cummings and John Conyers to Chairmen Jason Chaffetz and Bob Goodlatte, House Committee on Oversight and Government Reform and House Committee on the Judiciary (Sept. 3, 2015).

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- Under Mr. Daleiden's leadership, CMP obtained 501(c)(3) tax-exempt status and apparently solicited charitable contributions under false pretenses.¹⁵
- Mr. Daleiden and his associates apparently filed official paperwork with the State of California to create a sham tissue procurement company called BioMax Procurement Services LLC.¹⁶
- Mr. Daleiden and his associates apparently used fake identification to pose as sales representatives from BioMax—reportedly even going so far as to assume the identity of a former high school classmate of Mr. Daleiden's.¹⁷
- Mr. Daleiden and his associates secretly recorded Planned Parenthood personnel and other individuals over the course of three years without their consent and in possible violation of state invasion of privacy laws.¹⁸

With respect to the undercover videos released by Mr. Daleiden, a forensic analysis recently concluded that even the purported "full footage" videos contain "cuts, skips, missing tape, and changes in camera angle," as well as "numerous intentional post-production edits" that in one case resulted in "more than 30 minutes of missing video." This analysis found that the underlying video transcripts contain "numerous errors, discrepancies, and omissions" that "render them useless as 'evidence.'"¹⁹

Unfortunately, you did not respond to Ranking Member Cummings' letter requesting a balanced and even-handed investigation.

¹⁵ Letter from Citizens for Responsibility and Ethics in Washington to Commissioner John A. Koskinen, Internal Revenue Service (July 23, 2015). *See also Group Behind Planned Parenthood Sting Video May Have Tricked IRS, Donors*, Huffington Post (July 17, 2015) (online at www.huffingtonpost.com/entry/planned-parenthood-sting-video_55a92205e4b0896514d11ac9).

¹⁶ *With Planned Parenthood Videos, Activist Ignites Abortion Issue*, New York Times (July 21, 2015) (online at www.nytimes.com/2015/07/22/us/with-planned-parenthood-videos-activist-ignites-abortion-issue.html); *What is the Center for Medical Progress, the Group Behind the Latest Viral Abortion Video*, Slate (July 15, 2015) (online at www.slate.com/blogs/xx_factor/2015/07/15/live_action_distributed_the_planned_parenthood_sting_video_why_aren_t_they.html).

¹⁷ *Exclusive: The Faces and Fake Names of People Behind Planned Parenthood Attack Videos*, RH Reality Check (July 28, 2015) (online at <http://rhrealitycheck.org/article/2015/07/28/exclusive-faces-fake-names-people-behind-planned-parenthood-attack-videos/>).

¹⁸ *Kamala Harris to Review Group Behind Planned Parenthood Abortion Videos*, Sacramento Bee (July 24, 2015) (online at www.sacbee.com/news/politics-government/capitol-alert/article28666714.html).

¹⁹ *CMP Analysis*, Fusion GPS (Aug. 25, 2015).

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To its credit, Planned Parenthood has been extremely cooperative with the Committee's investigation.

On August 14, 2015, you joined Freedom Caucus Chairman Jim Jordan in sending a letter to Planned Parenthood requesting seven broad categories of information covering the past five years, including information about the sources of its funding, forms submitted to the Internal Revenue Service, and the 50 highest-paid Planned Parenthood employees.²⁰

Planned Parenthood has now delivered more than 20,000 pages of documents in four productions, on September 3, 11, 14, and 18, and they are producing additional documents on a rolling basis. In contrast, Mr. Daleiden has not produced a single document.

In the interest of conducting balanced oversight, Ranking Member Cummings sent a parallel letter to Mr. Daleiden similarly requesting seven broad categories of information covering the past five years, including the sources of his group's funding, forms submitted to the Internal Revenue Service, and the 50 largest donors to CMP.²¹

In response, the Life Legal Defense Foundation sent a short letter on September 2 acknowledging receipt of this request and noting that "CMP will endeavor to timely respond to your inquiries once our legal counsel has had an opportunity to review your requests."²²

The following week, on September 9, you issued a press release announcing that you planned to "expand" the investigation of Planned Parenthood.²³ On that date, you and Rep. Jordan sent your own request to Mr. Daleiden asking him to produce full copies of all unedited videos, including footage that a California court had restricted from public release with a temporary restraining order.²⁴

²⁰ Letter from Chairman Jason Chaffetz and Rep. Jim Jordan, House Committee on Oversight and Government Reform, to Cecile Richards, President, Planned Parenthood Federation of America (Aug. 14, 2105) (online at <https://oversight.house.gov/wp-content/uploads/2015/08/2015-08-14-JC-JJ-to-Richards-PP-Planned-Parenthood.pdf>).

²¹ Letter from Ranking Member Elijah E. Cummings, House Committee on Oversight and Government Reform, to David Daleiden, Chief Executive Officer, Center for Medical Progress (Aug. 20, 2015) (online at <http://democrats.oversight.house.gov/news/press-releases/documents-sought-from-group-that-may-have-violated-law-in-targeting-planned>).

²² Letter from Catherine Short, Life Legal Defense Foundation, to Ranking Member Elijah E. Cummings, House Committee on Oversight and Government Reform (Sept. 2, 2015).

²³ House Committee on Oversight and Government Reform, *Committee Expands Investigation into Planned Parenthood Videos* (Sept. 9, 2015) (online at <https://oversight.house.gov/release/committee-expands-investigation-into-planned-parenthood-videos/>).

²⁴ Letter from Chairman Jason Chaffetz and Rep. Jim Jordan, House Committee on Oversight and Government Reform, to David Daleiden, Executive Director, Center for Medical Progress (Sept. 9, 2015).

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You and Rep. Jordan also requested documents from Mr. Daleiden, but only those “relating to the acquisition, preparation, and sale of fetal tissue.” You did not agree to a request by Ranking Member Cummings to seek numerous other categories of documents that would have helped the Committee investigate the potentially criminal activities of Mr. Daleiden and his associates.

To date, Mr. Daleiden has produced no videos or documents in response to your request. As a result, on September 15, 2015, you issued a subpoena for these materials, explaining in an accompanying press release: “This subpoena is a demand for transparency. The action of the court will not thwart or impede Congress’ Constitutional duty and right to conduct effective oversight.”²⁵

In holding next week’s hearing, it is clear that the Committee will be relying extensively on the results of Mr. Daleiden’s potentially illegal and covert activities, his secretly-recorded videos, and his documents that have now been subpoenaed. For precisely this reason, it is critical to hear from him directly at next week’s hearing.

Request for Mr. Daleiden’s Testimony

If you decide to go forward with the hearing on September 29, we respectfully request that the Committee invite Mr. Daleiden to testify. If you choose not to invite him, we ask that he be invited to testify as the minority-requested witness. If you also choose to decline this request, we hereby exercise our rights under House rule XI clause (2)(j)(1), which states:

[T]he minority members of the committee shall be entitled, upon request to the chair by a majority of them before the completion of the hearing, to call witnesses selected by the minority to testify with respect to that measure or matter during at least one day of hearing thereon.

For this request to be meaningful, we ask that you schedule this minority day of hearings on the same day as the hearing with Planned Parenthood—September 29—so all Committee Members have the opportunity to question both Planned Parenthood and Mr. Daleiden prior to the House vote on the Continuing Resolution the next day. We respectfully request your response to this letter by September 23, 2015.

Sincerely,

²⁵ House Oversight and Government Reform Committee, *Chairman Issues Subpoena for Unedited Planned Parenthood Videos* (Sept. 15, 2015) (online at <https://oversight.house.gov/release/chairman-issues-subpoena-unedited-planned-parenthood-videos/>).

Eljiah E. Cummings

Eleanor H. Norton

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Brenda D. Lawrence

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Michelle Lujan Grisham

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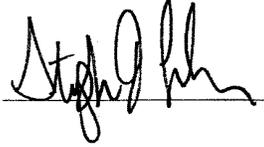
Matthew K. Crutcher

Peter Welch

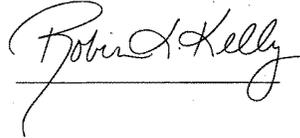
Al Green

Brenda J. Boyle

The Honorable Jason Chaffetz, Chairman
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Handwritten signature of Robin A. Kelly in black ink, written over a horizontal line.
