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PLANNED PARENTHOOD EXPOSED: EXAMINING ABORTION PROCEDURES AND MEDICAL ETHICS AT THE NATION'S LARGEST ABORTION PROVIDER

HEARING

BEFORE THE

COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES

ONE HUNDRED FOURTEENTH CONGRESS

FIRST SESSION

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PLANNED PARENTHOOD EXPOSED: EXAMINING ABORTION PROCEDURES AND MEDICAL ETHICS AT THE NATION'S LARGEST ABORTION PROVIDER

THURSDAY, OCTOBER 8, 2015

HOUSE OF REPRESENTATIVES

COMMITTEE ON THE JUDICIARY

Washington, DC.

The Committee met, pursuant to call, at 2 p.m., in room 2141, Rayburn House Office Building, the Honorable Bob Goodlatte (Chairman of the Committee) presiding.

Present: Representatives Goodlatte, Smith, Chabot, Forbes, King, Franks, Gohmert, Jordan, Poe, Chaffetz, Labrador, Collins, DeSantis, Walters, Buck, Ratcliffe, Trott, Bishop, Conyers, Nadler, Lofgren, Jackson Lee, Cohen, Johnson, Pierluisi, Chu, Deutch, Gutierrez, Richmond, DelBene, Jeffries, Cicilline, and Peters.

Staff Present: Shelley Husband, Chief of Staff & General Counsel; Branden Ritchie, Deputy Chief of Staff & Chief Counsel; Allison Halataei, Parliamentarian & General Counsel; John Coleman, Counsel, Subcommittee on the Constitution and Civil Justice; Kelsey Williams, Clerk; (Minority) Perry Apelbaum, Minority Staff Director & Chief Counsel; Danielle Brown, Parliamentarian & Chief Legislative Counsel; Aaron Hiller, Chief Oversight Counsel; and James Park, Chief Counsel, Subcommittee on the Constitution and Civil Justice.

Mr. GOODLATTE. Good afternoon. The Judiciary Committee will come to order.

And, without objection, the Chair is authorized to declare recesses of the Committee at any time.

We welcome everyone to this morning's hearing on "Planned Parenthood Exposed: Examining Abortion Procedures and Medical Ethics at the Nation's Largest Abortion Provider." And I will begin by recognizing myself for an opening statement.

Before I go to the statement on that, I would like to take a moment to remember the life of former Congressman William Donlon "Don" Edwards, who passed away this month at the age of 100.

Don Edwards was first elected to Congress in 1963, where he had a distinguished career working on the Voting Rights Act, the Civil Rights Act, and served on the House Judiciary Committee during the investigation of the Watergate scandal. During this time

on the Judiciary Committee, Don Edwards served with former Congressman Caldwell Butler, whom I worked for at the time.

When Don Edwards left office in 1995 after 32 years of congressional service, he was succeeded by our very own Zoe Lofgren in California's 16th District. I had the opportunity to serve for 2 years with Congressman Edwards myself and appreciated his service.

And it is now my pleasure to recognize the Ranking Member to share a few words about our former colleague.

Mr. CONYERS. Thank you, Mr. Chairman.

Members of the Committee and our witnesses and all of our friends that are here in the hearing room, I knew Congressman Don Edwards and worked with him, and he has left a lasting legacy.

He was a progressive, principled man who never stopped believing that the coercive power of the government should be subject to the highest levels of scrutiny. And I think we still carry on that tradition in Judiciary even now. And he also wanted us never to forget that our government exists through the consent of the governed with the purpose of preserving, and not eroding, our rights.

I am grateful to have been a friend and a colleague of his during his service and career in Congress, and we will miss him and remember him.

And I thank the Chair.

Ms. LOFGREN. Mr. Chairman?

Mr. GOODLATTE. The gentlewoman from California is recognized.

Ms. LOFGREN. Thank you, Mr. Chairman. I just briefly would like to join in the eulogy for Congressman Don Edwards.

In 1970, I graduated from Stanford University and came out to Washington without a job, and Don Edwards hired me. And I worked for him for 9 years, both here in Washington and also in the California office. We went through the impeachment of Richard Nixon, along with your prior boss, and many other issues.

He was a marvelous man, a mentor to me, and someone who was widely admired not only in the Congress but in the district that he served. I was honored to be able to succeed him in the House of Representatives and kept in frequent touch with him.

He watched all of us in his retirement, and he lived to the ripe old age of 100 years. So he had great satisfaction in his life. He made his mark.

And I would just like Members to know that we will be having a special order about Congressman Don Edwards on the 21st of October, and Members are invited to participate.

And, like Mr. Conyers—I never got to serve with him in the Congress, but, as his staff, I certainly was a huge admirer.

And I thank the Chairman for allowing me these few words.

Mr. GOODLATTE. The gentleman from New York?

Mr. NADLER. Thank you, Mr. Chairman. I would like to add a few words about the late Don Edwards.

I had the honor of serving with him for 2 years; I was elected in 1992. And I knew of him well before I came to Congress. I knew of him as one of the leading defenders of civil liberties in the United States, and I greatly admired him from afar.

When I came to Congress and I told the then-Speaker—I was asked, "What Committees would you like to serve on?" and I said,

"Well, I'd like to serve on the Judiciary Committee." I was told that, well, if I wanted to serve on the Judiciary Committee, I had to get Mr. Edwards' approval as to my attitudes on civil liberties. And so I had an interview with him, and I must have satisfied his interest in my attitude toward civil liberties because he approved it, and I became a Member of this Committee.

But such was the esteem in which he was held by the leadership, that he was given, apparently, that prerogative with new Members. And he richly deserved it. He was a leading voice of civil liberties for many, many years, and he served this country well. And we should thank him for that, thank his memory for that.

I yield back.

Mr. GOODLATTE. The Chair thanks the gentleman.

And now I will begin my opening statement. And we have votes on the floor, but perhaps I and the Ranking Member can get our statements in before we go to vote.

A child's heart begins to form 3 weeks after conception. By the fifth week, her heart begins to beat, pumping blood throughout her little body, and her arm and leg buds begin to grow. Her brain begins to develop. Her eyes and ears begin to form. By the sixth week, her hands and feet begin to form.

The following week, her toes can be seen. During this time, she kicks and will jump if startled. By 8 weeks, the baby's facial features become more distinct. In weeks 9 through 12, the baby may begin sucking her thumb. By 10 weeks, she can yawn. By 11 weeks, she can make a wide variety of facial expressions, including a smile. By 12 weeks, which marks the end of the first trimester, she is capable of making a fist.

But, on any given day, her developing parts, including her heart and brain, may be harvested at many Planned Parenthood clinics that participate in this practice across this country. If her organs are harvested, she will not carry a name. At most, she will be referred to as a "product of conception."

Despite the horrific nature of these practices, Planned Parenthood's outrage has been directed not at the harvesting of baby parts but at the people who caught them talking about doing it on video. Indeed, Planned Parenthood argues that the videos released by the Center for Medical Progress are highly edited, but it is noteworthy to point out that the group hired by Planned Parenthood to review the videos found that their, "analysis did not reveal widespread evidence of substantive video manipulation."

A second analysis, commissioned by Alliance Defending Freedom, reached a similar conclusion. According to that report, the recorded media files indicate that the video recordings are authentic and show no evidence of manipulation or editing, quote/unquote.

Today's hearing is about the content contained within the videos, including admissions made by Planned Parenthood officials that raise serious questions about the treatment of our Nation's children who may be born alive following a failed abortion. For example, the vice president of Planned Parenthood of the Rocky Mountains stated that, in some cases, babies are being born intact. She further stated, "Sometimes we get—if someone delivers before we get to see them for a procedure, then they are intact. But that's not what we go for."

To ensure babies born alive in such instances are given necessary medical care, the House passed H.R. 3504, the "Born-Alive Abortion Survivors Protection Act," which requires that babies surviving an abortion be given the same treatment and care that would be given to any child naturally born premature at the same age and imposes criminal penalties at the Federal level to prevent the killing of innocent human babies born alive.

Moreover, these videos indicate abortion practitioners may have adopted new abortion procedures to avoid the risk of violating the Partial-Birth Abortion Ban Act. In the first video, the senior director of medical services at Planned Parenthood Federation of America stated that, "the Federal abortion ban is a law, and laws are up to interpretation." Today's hearing is in part intended to explore what interpretations by abortion practitioners have arisen since the law's passage.

I look forward to hearing from our witnesses here today.

And it is now my pleasure to recognize the Ranking Member of the Committee, the gentleman from Michigan, Mr. Conyers, for his opening statement.

Mr. CONYERS. Thank you.

Mr. Chairman and Members of the Committee, we want to take a moment to walk through the events that have led up to this hearing.

We know from reports that the gentleman from Arizona, Mr. Franks, and others in the majority had viewed at least some of the videos about a month before they were released. On July 15 of this year, the first video was released to the public. Now, these were posted online over the August break.

Three different House Committees then launched simultaneous congressional investigations. On September 9, this Committee held its first hearing on the topic, at which the witnesses for the majority refused to discuss the videos at the heart of the matter. There have been since two other hearings on this topic, making this the fourth in the House in less than a month. And, finally, the majority has announced that it will create a new taxpayer-funded Select Committee to extend this so-called investigation indefinitely.

As I reflect on these events, I think we are able to draw some conclusions, the first being that there is no evidence in the record whatsoever of illegal activity at Planned Parenthood.

On behalf of its 59 affiliates, the Planned Parenthood Federation of America has provided this Committee with hundreds of pages of documents. The organization is cooperating fully with all three investigations in the House. The documents we have reviewed so far allow us to go point by point to correct the false impressions created by the highly edited, highly misleading videos that nominally inspired these investigations.

Chairman Chaffetz, who sits on this Committee and is running his own investigation into these matters in the Oversight Committee next-door, has agreed with this conclusion. Last week, Wolf Blitzer asked the gentleman from Utah, "Is there any evidence that Planned Parenthood has broken any law?" Mr. Chaffetz answered with the truth: "No, I'm not suggesting that they broke the law."

I'm led to conclude that this hearing, much like the broader attack on Planned Parenthood, may be political theater—may be—de-

signed to rally the conservative base and roll back the constitutional right to choose, wherever possible.

In practice, these investigations have had little to do with the videos, which some went to great lengths not to discuss at our last hearing. They have everything to do with appeasing the most conservative elements of one of the parties during an interparty leadership crisis and a fractious Presidential primary.

Now, we may have a legitimate difference of opinion on *Roe v. Wade*, but it remains the law of the land. And the attempt by some to relitigate a 40-year-old decision places thousands of lives at risk.

Many women enter the healthcare system through a family planning provider. In fact, 6 in 10 women who receive services at a publicly funded family planning center consider it their primary source of medical care. Planned Parenthood alone serves 2.7 million Americans every year.

Abortion procedures make up an incredibly small amount of the services it provides, only 3 percent. For example, in 2013, Planned Parenthood provided 900,000 cancer screenings to women across the country. 88,000 of those tests detected cancer early or identified abnormalities that might signal a greater risk of cancer.

In short, in this way and so many others, Planned Parenthood saves lives. And so the attempt to defund Planned Parenthood places each of those lives at risk. We should be grateful that the effort has been almost entirely unsuccessful, at least so far, on the Federal level.

And, finally, it is important to observe all of the good work this Committee could be doing instead of meeting for the second time on this subject in 30 days. And as we head into our second election season since *Shelby County v. Holder*, this Committee has done very little, could do a lot more, to restore the enforcement mechanisms of the Voting Rights Act.

We have done little to advance comprehensive immigration reform even though proposals remain overwhelmingly popular and would probably easily pass the House. We've got to start acting. And so 11 million men and women are waiting to come out of the shadows and contribute to our economy and communities, and, at this pace, I fear they will have to wait even longer.

And although the scourge of gun violence has touched every one of our districts, including yours, Mr. Chairman, we have all but ignored calls to strengthen background checks and close the gun show loophole.

All of these solutions would save lives. All of them are consistent with our constitutional rights. And the list of missed opportunities is long, and our time is short. We should not spend one more minute or one more taxpayer dollar vilifying Planned Parenthood without a speck of evidence to back these claims. This Committee has too much important work to do.

And I urge my colleagues to help us put this kind of theater behind us. We can do better.

I thank the Chairman and appreciate the opportunity to express my views.

Mr. GOODLATTE. The Chair thanks the gentleman.

There is 1 minute remaining in this vote. Happily, we are amongst 320 Members who have not yet voted. So head to the floor.

And the Committee will stand in recess until these votes conclude and resume immediately thereafter.

[Recess.]

Mr. GOODLATTE. The Committee will reconvene.

And it is now my pleasure to recognize the Chairman of the Subcommittee on the Constitution and Civil Justice, the gentleman from Arizona, Mr. Franks, for his opening statement.

Mr. FRANKS. Well, thank you, Mr. Chairman.

Mr. Chairman, the tiny diaper that I hold in my hand is one made to fit premature born-alive babies. Micro-preemies or ultra-preemies they're called.

And when I first saw one of these little diapers, it moved my heart very deeply, because I think I saw it in the context of the numerous video recordings that have been released in recent months that tragically demonstrate that the Kermit Gosnells of this world have no monopoly on the abortion industry's unspeakable and murderous cruelty to pain-capable unborn children and to little babies who actually survive the trauma of going through an abortion. It is the little babies of exactly this age and stage of development that these little diapers were made to fit.

And, Mr. Chairman, it is easy for me to understand why the abortion industry's shrill response to these videos has been to try to discredit them in every way possible. They really have no choice. Because if they fail to discredit these videos or to dissuade people from seeing them, they know that anyone with a conscience who does watch these videos will finally see Planned Parenthood and the abortion industry for who they truly are, and this murderous industry will be rejected in the hearts of the American people.

However, Mr. Chairman, a forensic digital analysis by Coalfire, Incorporated, of these video recordings conclusively indicate that the videos are indeed authentic and show no evidence of manipulation or deceptive editing.

Now, this conclusion is supported by the consistency of the video file dates, timestamps, the video time codes, as well as the folder and file naming scheme. The uniformity between the footage from the cameras from the two different investigators also confirms the evidence that these video recordings are completely authentic.

Mr. Chairman, our response as a people and Nation to these atrocities incontrovertibly documented by these videos is vital to everything those lying out in Arlington National Cemetery died to save.

The House of Representatives very recently passed H.R. 3504, the Born-Alive Abortion Survivors Protection Act. And I am told that Democrats in the Senate intend to filibuster even this bill that protects not unborn children but, rather, little children who have been born alive.

Now, no one can obscure the humanity and personhood of these little born-alive babies or claim conflict with the now completely separate interests of the mother and the child, nor can they take refuge within this schizophrenic paradox *Roe v. Wade* has subjected this country to for now more than 40 years.

Mr. Chairman, the abortion industry has labored for all of these decades to convince the world that born children and unborn children should be completely separated in our minds. In the past,

they have said that, while born children are persons worthy of protection, unborn children are not persons and are not worthy of protection.

But those same people who now oppose this bill to protect born-alive children suddenly have the impossible task of trying to rejoin these born children and these unborn children back together again and then trying to convince us all to condemn them both, born and unborn, as now collectively inhuman, and neither of them are worthy of protection after all.

To anyone who has not invincibly hardened their heart and soul, an honest consideration of this absurd inconsistency is profoundly enlightening. Because, you see, Mr. Chairman, this country has faced such a paradox before; we have faced such self-imposed blindness before. Because there was a time in our own parliamentary rules in this House that we banned discussion or debate about the effort to end human slavery in America.

But that debate did come, Mr. Chairman, and with it came a time when the humanity of the victims and the inhumanity of what was being done to them finally became so glaring, even to the hardest of hearts, that it moved an entire generation of the American people to find the compassion and the courage in their souls to change their position. And now, to this generation, Mr. Chairman, that moment has come again.

And I would implore every Member of this Committee to ask two questions in the stillness of his or her heart: First, is deliberately turning a blind eye to the suffering and murder of the most helpless of all of our children born alive in the United States of America who we have truly become as a Nation? And, second, is voting against or filibustering against a bill to protect born-alive human babies from agonizing dismemberment and death who I have become and want to be remembered for as a Member of the United States Congress?

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

Mr. GOODLATTE. The Chair thanks the gentleman and now recognizes the Ranking Member of the Subcommittee on the Constitution and Civil Justice, the gentleman from Tennessee, Mr. Cohen, for his opening statement.

Mr. COHEN. Thank you, Mr. Chairman. I appreciate the time, although I don't necessarily appreciate the subject matter.

This is the second time in 30 days we are holding a full Committee hearing ostensibly on whether Planned Parenthood has violated any laws. As Ranking Member Conyers and many others, including Chairman Jason Chaffetz of the Oversight and Government Reform Committee, have made clear, there is no credible evidence supporting any allegation that Planned Parenthood has broken any law.

Ironic that we do this on a day that we honor Don Edwards, who did so much with the Constitution and Civil Justice Committee, who passed so many laws to protect people's civil rights and to move this country forward, and to this date when the Committee does very little.

Knowing that there is no ground to stand on regarding the legality of Planned Parenthood's actions, it is obvious the majority has chosen instead to move the goalposts. I suspect this hearing, like

our last one, will ultimately dissolve into the never-ending argument of whether the Supreme Court rightly decided *Row v. Wade*, which for more than 42 years has guaranteed a women's constitutional right to choose. It is the law of the land. There is no such thing as murder. Murder is unlawful. This is lawful, a woman's choice, and within a certain period of time.

We are not likely to hear anything and learn anything new, but we will hear the same arguments. But one thing we will see is we will get a little bit something new. Most of my Democratic colleagues and I strongly believe in a woman's right to choose and that that is a fundamental right, it is a pillar of women's equality, and the Court got it right in *Roe v. Wade*. And I suspect most of my colleagues on the other side of the aisle believe the opposite—different values, different backgrounds they have than I have. The Court agrees with me.

I also suspect they disagree with me and most of my Democratic colleagues who strongly believe in Planned Parenthood and the 97 percent of its work that is not abortion: critical healthcare services, including health screenings, birth control counseling, particularly cancer, women's cancer.

These services are especially important for women of low income and minority women, for whom Planned Parenthood receives Medicaid reimbursements that constitute most of its Federal funding—Medicaid reimbursement for treating, observing, testing women for cancers and giving them birth control and advice.

In fact, it is against the law to use Federal funding because of the Hyde amendment. So none of that exists.

So we are likely to have an unfocused, scattershot, and ultimately pointless discussion over whether the constitutional right of women to make decisions about their bodies is a good or a bad thing—a question the Supreme Court clearly answered in 1973, but here we are today.

We could be talking about voting rights, something that Don Edwards voted for and greatly supported and my friend Julian Bond, memorialized on Tuesday, championed, but have taken a big step back. We could be talking about gun violence, people dying in Oregon, people dying all around this country, but we are not doing that. We could be talking about pardons and commutations for nonviolent offenders. And, thankfully, the White House is taking action, and this Committee will do some more action on that with a comprehensive bill. And I thank the Chairman for his working with our Ranking Member on that. But we are not.

Let us not forget this entire exercise is based on heavily edited videos doctored to make Planned Parenthood to be engaged in unlawful conduct, which it isn't, including the for-profit sales of fetal organs and tissues.

At this point, I ask unanimous consent to play a compilation prepared by Oversight and Government Reform Committee Democrats of the portion of the unedited video of Dr. Deborah Nucatola, portions that we do not see in the edited video, in which she makes clear that Planned Parenthood does not sell tissue or organs for profit, and to enter that video into the record.

Mr. GOODLATTE. Without objection, the video will be shown and made a part of the record.

Mr. COHEN. Thank you.

And if we could start playing it at 30 seconds and end it at 1:55.

[Video shown.]

Mr. COHEN. Thank you.

I think that is very telling testimony, all edited out and wouldn't be seen in those videos that they are talking about, where she makes clear it is not about making money, it is not Planned Parenthood's policy, and Planned Parenthood's policy is different. Some might donate it for free and give it for free, it is a woman's decision, and it is not our deal. But he kept going, "Right, right, right," like, "Stop saying this. This isn't what I want to hear."

Last night, the Cubs beat the Pirates four to nothing. If they would have edited the game, take out the four runs, and we would still be playing. And that would be as fair a presentation of the game as there has been of this video.

This investigation of Planned Parenthood is based on false premises, one after another after another. It is time to stop wasting time, get on with meaningful work, and stop picking on women and trying to take their choice away.

I yield back the balance of my time.

Mr. GOODLATTE. The time of the gentleman has expired.

We welcome our distinguished witnesses today.

And if you would all please rise, I will begin by swearing you in.

Do you and each of you swear that the testimony that you are about to give shall be the truth, the whole truth, and nothing but the truth, so help you God?

Thank you.

The witnesses may be seated.

And let the record reflect that they all responded in the affirmative.

And I will now begin by introducing today's witnesses.

The first witness is Dr. Anthony Levatino. Dr. Levatino is a board-certified obstetrician-gynecologist. Over the course of his career, Dr. Levatino has practiced obstetrics and gynecology in both private and university settings, including as an associate professor of OB-GYN at the Albany Medical College.

Our next witness is Ms. Susan Thayer. Ms. Thayer worked for nearly 18 years as the center manager of the Planned Parenthood clinic in Storm Lake, Iowa. She was fired in December 2008 when she expressed concerns about webcam abortions. She has since become a strong voice for life and educates the public about abortion and specifically webcam abortions.

Our next witnesses is Ms. Caroline Fredrickson. Ms. Fredrickson is president of the American Constitution Society. She has been widely published on a range of legal and constitutional issues and is a frequent guest on television and radio shows. Before joining American Constitution Society, Caroline served as the director of the ACLU's Washington legislative office and as general counsel and legal director of NARAL Pro-Choice America.

Our final witness is Ms. Luana Stoltenberg. Ms. Stoltenberg is a public speaker for Operation Outcry, a ministry that seeks to educate the public about the devastating consequences of abortion. Ms. Stoltenberg is a resident of Davenport, Iowa.

Welcome to you all.

Your written statements will be entered into the record in their entirety, and I ask that you each summarize your testimony in 5 minutes or less. To help you stay within that time, there is a timing light on your table. When the light switches from green to yellow, you have 1 minute to conclude your testimony. When the light turns red, it signals that your 5 minutes have expired.

And, Dr. Levatino, we will begin with you. Welcome.

TESTIMONY OF ANTHONY LEVATINO, M.D., OBSTETRICIAN AND GYNECOLOGIST, LAS CRUCES, NM

Dr. LEVATINO. Thank you, Chairman and Members of the Committee. I only have 5 minutes, so I'm going to get right to it.

Second-trimester D&E abortion is performed between roughly 14 and 24 weeks of gestation. Your patient today is 17 years old; she's 22 weeks pregnant. Her baby is the length of your hand plus a couple of inches, and she's been feeling her baby kick for the last several weeks. And she's asleep on an operating room table.

You walk into that operating room, scrubbed and gowned, and after removing laminaria, you introduce a suction catheter into the uterus. This is a 14 French suction catheter. If she were 12 weeks pregnant or less, basically the width of your hand or smaller, you could basically do the entire procedure with this, but babies this big don't fit through catheters this size.

After suctioning the amniotic fluid out from around the baby, you introduce an instrument called the Sopher clamp. It's about 13 inches long. It's made of stainless steel. The business end of this clamp is about 2 1/2 inches long and a half-inch wide. There are rows of sharp teeth. This is a grasping instrument, and when it gets a hold of something, it does not let go.

A D&E procedure is a blind abortion, so picture yourself introducing this and grabbing anything you can blindly and pull, and I do mean hard, and out pops a leg about that big, which you put down on the table next to you. Reach in again, pull again, pull out an arm about the same length, which you put down on the table next to you. And use this instrument again and again to tear out the spine, the intestines, the heart, and lungs.

The head on a baby that size is about the size of a large plum. You can't see it, but you've a pretty good idea you've got it if you've got your instrument around something and your fingers are spread about as far as they go. You know you did it right if you crush down on the instrument and white material runs out of the cervix. That was the baby's brains. Then you can pull out skull pieces. And if you have a day like I had a lot of times, sometimes a little face comes back and stares back at you.

Congratulations. You've just successfully performed a second-trimester D&E abortion. You just affirmed your right to choose.

When we talk about abortions even later, 23 weeks and up—and we're talking up to 35 weeks and essentially all the way to term—the most commonly used procedure at this point is called the MOLD technique. I have not done any of these myself, but I can have the abortionists themselves in their clinic describe what we're talking about.

Will you please run my video?

Mr. GOODLATTE. The video will be run.

[Video shown.]

Dr. LEVATINO. So, for $10,000, a woman 27-weeks pregnant gets to labor alone, unattended, in a hotel room, with no one there to watch her vital signs or otherwise attend her. And if her baby delivers into a toilet, her own dead son or daughter, so be it.

Thank you.

[The prepared statement of Dr. Levatino follows:]

Testimony of Anthony Levatino, MD, JD
before the Committee on the Judiciary,
U.S. House of Representatives

Planned Parenthood Exposed: Examining Abortion Procedures and Medical Ethics at the Nation's Largest Abortion Provider

October 8, 2015

Chairman Goodlatte and distinguished members of the committee, my name is Anthony Levatino. I am a board-certified obstetrician gynecologist. I received my medical degree from Albany Medical College in Albany, NY in 1976 and completed my OB-GYN residency training at Albany Medical Center in 1980. In my 35-year career, I have been privileged to practice obstetrics and gynecology in both private and university settings. From June 1993 until September 2000, I was associate professor of OB-GYN at the Albany Medical College serving at different times as both medical student director and residency program director. I have also dedicated many years to private practice and currently operate a solo gynecology practice in Las Cruces, NM. I appreciate your kind invitation to address issues related to Planned Parenthood and late term abortion in general.

During my residency training and during my first five years of private practice, I performed both first and second trimester abortions. During my residency in the late 1970s, second trimester abortions were typically performed using saline infusion or, occasionally, prostaglandin instillation techniques. These procedures were difficult, expensive and necessitated that patients go through labor to abort their pre-born children. By 1980, at the time I entered private practice first in Florida and then in upstate New York, those of us in the abortion industry were looking for a more efficient method of second trimester abortion. The Suction D&E procedure offered clear advantages over older installation methods. The procedure was much quicker and never ran the risk of a live birth. Understand that my partner and I were not running an abortion clinic. We practiced general obstetrics and gynecology but abortion was a definitely part of that practice. Relatively few gynecologists in upstate NY would perform such a procedure and we saw an opportunity to expand our abortion practice. I performed first trimester suction D&C abortions in my office up to 10 weeks from last menstrual period and later procedures in an outpatient hospital setting. From 1981 through February 1985, I performed approximately 1200 abortions. Over 100 of them were second trimester Suction D&E procedures up to 24 weeks gestation.

Imagine if you can that you are a pro-choice obstetrician/gynecologist like I once was. Your patient today is 24 weeks pregnant. At twenty-four weeks from last menstrual period, her uterus is two finger-breadths above the umbilicus. If you could see her baby, which is quite easy on an ultrasound, she would be as long as your hand plus a half from the top of her head to the bottom of her rump not counting the legs. Your patient has been feeling her baby kick for the last

month or more but now she is asleep on an operating room table and you are there to help her with her problem pregnancy.

The first task is remove the laminaria that had earlier been placed in the cervix to dilate it sufficiently to allow the procedure you are about to perform. With that accomplished, direct your attention to the surgical instruments arranged on a small table to your right. The first instrument you reach for is a 14-French suction catheter. It is clear plastic and about nine inches long. It has a bore through the center approximately ¾ of an inch in diameter. Picture yourself introducing this catheter through the cervix and instructing the circulating nurse to turn on the suction machine which is connected through clear plastic tubing to the catheter. What you will see is a pale yellow fluid the looks a lot like urine coming through the catheter into a glass bottle on the suction machine. This is the amniotic fluid that surrounded the baby to protect her.

With suction complete, look for your Sopher clamp. This instrument is about thirteen inches long and made of stainless steel. At the business end are located jaws about 2 ½ inches long and about ¾ on an inch wide with rows of sharp ridges or teeth. This instrument is for grasping and crushing tissue. When it gets hold of something, it does not let go. A second trimester D&E abortion is a blind procedure. The baby can be in any orientation or position inside the uterus. Picture yourself reaching in with the Sopher clamp and grasping anything you can. At twenty-four weeks gestation, the uterus is thin and soft so be careful not to perforate or puncture the walls. Once you have grasped something inside, squeeze on the clamp to set the jaws and pull hard – really hard. You feel something let go and out pops a fully formed leg about six inches long. Reach in again and grasp whatever you can. Set the jaw and pull really hard once again and out pops an arm about the same length. Reach in again and again with that clamp and tear out the spine, intestines, heart and lungs.

The toughest part of a D&E abortion is extracting the baby's head. The head of a baby that age is about the size of a large plum and is now free floating inside the uterine cavity. You can be pretty sure you have hold of it if the Sopher clamp is spread about as far as your fingers will allow. You will know you have it right when you crush down on the clamp and see white gelatinous material coming through the cervix. That was the baby's brains. You can then extract the skull pieces. Many times a little face will come out and stare back at you. Congratulations! You have just successfully performed a second trimester Suction D&E abortion. You just affirmed her right to choose.

For abortions from 24 weeks to near term, the most commonly used procedure today is called the MOLD technique. The name is an acronym of the names of the drugs and devices used to accomplish it, namely: M (Misoprostel), O (Oxytocin), L (Laminaria) and D (Digoxin). While I have no personal experience in the technique, I believe that hearing from the doctors themselves who perform it is most instructive. The following is a brief video that will demonstrate how abortionists at Southwest Women's Options in Albuquerque handle this procedure.

PLAY VIDEO

I want to make a comment on the necessity and usefulness of utilizing second and third trimester abortion to save women's lives. I often hear the argument late-term abortion legal is necessary to save women's lives in cases of life threatening conditions that can and do arise in pregnancy. Albany Medical Center where I worked for over seven years is a tertiary referral center that accepts patients with life threatening conditions related to or caused by pregnancy. I personally treated hundreds of women with such conditions in my tenure there. There are several serious conditions that can arise or worsen typically during the late second or third trimester of pregnancy that require immediate care. In many of those cases, ending or "terminating" the pregnancy, if you prefer, can be life saving. But is abortion a viable treatment option in this setting? I maintain that it usually, if not always, is not.

Before a Suction D&E procedure can be performed, the cervix must first be sufficiently dilated. In my practice, this was accomplished with serial placement of laminaria. Laminaria is a type of sterilized seaweed that absorbs water over several hours and swells to several times its original diameter. Multiple placements of several laminaria at a time are absolutely required prior to attempting a suction D&E. In the mid second trimester, this requires approximately 36 hours or more to accomplish. When performing later abortion procedures, cervical preparation can take up to three days or more.

In cases where a mother's life is seriously threatened by her pregnancy, a doctor more often than not doesn't have 36 hours, much less 72 hours, to resolve the problem. Let me illustrate with a real-life case that I managed while at the Albany Medical Center. A patient arrived one night at 28 weeks gestation with severe pre-eclampsia or toxemia. Her blood pressure on admission was 220/160. As you are probably aware, a normal blood pressure is approximately 120/80. This patient's pregnancy was a threat to her life and the life of her unborn child. She could very well be minutes or hours away from a major stroke. This case was managed successfully by rapidly stabilizing the patient's blood pressure and "terminating" her pregnancy by Cesarean section. She and her baby did well. This is a typical case in the world of high-risk obstetrics. In most such cases, any attempt to perform an abortion "to save the mother's life" would entail undue and dangerous delay in providing appropriate, truly life-saving care. During my time at Albany Medical Center I managed hundreds of such cases by "terminating" pregnancies to save mother's lives. In all those hundreds of cases, the number of unborn children that I had to deliberately kill was zero.

ATTACHMENT

INFORMED CONSENT FOR PREGNANCY TERMINATION TREATMENT, ANESTHETIC, AND OTHER MEDICAL SERVICES

Name of client [redacted]

Address [redacted] ABQ, NM 87114

Birth Date 12/7/90

Date 10/5/12 10/10/12 4D

I, [redacted] request and consent to the performance upon me of a pregnancy termination procedure by vacuum aspiration or standard dilation and evacuation at Dr. Curtis Boyd's office by any of the physicians employed by Curtis Boyd, M.D., P.C.

I further consent to the taking of cultures and performance of reasonably indicated tests and procedures, whether or not relating to presently known conditions, if my medical provider finds these necessary or advisable in the course of evaluation or treatment for pregnancy termination or management of complications.

I have fully and completely disclosed my medical history, including allergies, medical conditions, prior medications, over the counter or other drugs taken, and reactions I have had to anesthetics, medicines, or drugs. I consent to my physicians relying on this disclosure as complete.

I consent that the physician or medical staff may administer such anesthesia and medications as deemed necessary or advisable (including a medication called misoprostol given to prevent bleeding and enhance safety, which has been associated with birth defects), with the exception of *(list any medications which you do not want or are allergic to)*: NKDA

I understand that local and IV anesthetics do not always eliminate all pain, that in a small number of cases, those anesthetics cause severe reactions or even shock or death, and that no guarantee to the contrary has been made to me I further understand that any anesthetic will affect my level of consciousness and may, in a small number of cases, cause bodily reactions or complications requiring additional measures and treatment. I understand that the affect on my level of consciousness will impair my ability to make important decisions or operate machinery; I agree to not drive for a period of 30 minutes - 24 hours postoperatively depending on medications given to me. I request and consent to local and/or IV anesthetics.

I understand that the gestation of my pregnancy is determined through multiple methods that may include a urine test, the first date of my last normal menstrual period, and ultrasound measurements taken here in the clinic. Based on these findings, I consent to treatment deemed appropriate by the physician(s) of the Curtis Boyd Clinic, M.D., P.C.

I fully understand that the purpose is to terminate this pregnancy, and I affirm this to be my personal choice in light of the alternative of continuing the pregnancy to term. No one has coerced or compelled me to make this decision.

I understand that tissue and parts will be removed during the procedure, and I consent to their examination and their use in medical research and their disposal by the clinic and/or physician in the manner they deem appropriate.

I understand that the complications associated with early pregnancy termination are generally much less severe and less frequent than with childbirth. Nonetheless, I realize, as is true of childbirth and any kind of surgery, that there are inherent risks of minor and major complications and death which may occur without the fault of the physician.

No guarantee or assurance has been made to me as to the results that may be obtained. The risk of terminating a pregnancy gradually increases throughout the course of the pregnancy. These comparative risks become approximately equal at 16 -18 weeks of pregnancy and increase so that pregnancy termination at 18 weeks and above involves a greater risk than carrying the pregnancy to term.

The risks and possible complications of pregnancy termination procedures most likely to occur, though only in a small number of cases, include the following:

Perforation: An instrument used in the procedure may go through the wall of the uterus. If this happens, hospitalization may be necessary for repair and/or observation of the perforation and any internal injuries and/or completion of the abortion.

Laceration: In rare cases, the cervical opening and/or cervical canal may be torn. A few stitches to repair the tear are usually all that is necessary. However, this complication can cause severe bleeding and require hospitalization.

Bleeding: This may require an immediate repeat of the abortion procedure, or hospitalization for observation and treatment. If the excessive bleeding occurs some hours or days after the abortion, hospitalization may be necessary, and dilation and curettage may need to be done to remove material retained in the uterus.

Infections: Infections usually respond to antibiotics, but in a few cases, hospitalization is necessary.

Failure to Terminate Pregnancy: (i.e. The procedure fails to end the pregnancy). It is this possibility, among others, that makes a post-operative examination essential. In such a case, another procedure must be performed, since the first one may have affected normal development of the pregnancy.

Tubal Pregnancy: A tubal pregnancy occurs when the fertilized egg implants in the fallopian tube instead of in the uterus. If this condition is unchecked, the fetus develops in the tube until it is large enough to burst the tube. Although the chances of a tubal pregnancy are small, the risk of death from a ruptured tubal pregnancy is very great. This procedure cannot terminate a tubal pregnancy. I understand that this is a preexisting medical condition for which Curtis Boyd's office assumes no medical or financial responsibility.

Hysterectomy (i.e. removal of the uterus): I understand that as a result of certain conditions or some complications (such as perforating, bleeding, or severe infection) a hysterectomy may be necessary.

Pulmonary (Lung) Embolism: (i.e. Blood clot or amniotic fluid clot that may go to the lungs and cause difficulty breathing.) It may require transport to a hospital for evaluation and treatment.

Infertility Although rare, infertility may result from certain complications (such as infection) that remain untreated.

Unintended expulsion: When dilators are inserted and/or Misoprostol is used, the intent is to perform a D&C (suction curettage) or a standard D&E procedure. On rare occasions, unintended expulsion of products of conception may occur.

Emotional Distress: Individual women cope differently with pregnancy termination; most patients go through the process with minimal emotional effects, but in some cases professional help is required. I release the attending physicians and staff from any liability or responsibility for any condition that may result from this procedure, including but not limited to short range or long term psychological effects resulting from my decision to have this procedure.

I understand that my physician and/or counselor will answer any questions or concerns I have, and I will ask such questions before leaving the clinic. If I have concerns or complications after leaving, I agree to call the office of Curtis Boyd, M.D., P.C. immediately. I also agree to have an examination and pregnancy test in two (2) weeks after the abortion, in order to rule out a continued pregnancy or the existence of other problems.

I UNDERSTAND THAT, WHEN POSSIBLE, I MAY BE TREATED FOR ANY RESULTING COMPLICATIONS AT DR. CURTIS BOYD'S OFFICE, AT NO CHARGE TO ME; HOWEVER, SHOULD HOSPITALIZATION BE NECESSARY, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY CHARGES.

I further understand that the medical practice of my physician(s) at Curtis Boyd, M.D., P.C. is to be judged according to those standards reasonably acceptable to other physicians practicing in similar facilities in the Unites States.
I certify that I have read, had explained to me, and fully understand the above informed consent, and that I agree, in light of the consent, to the pregnancy termination procedure I have requested.

Date 10/5/12 10/10/12 4P Signature of Client [redacted]

Witness: Staff Person

Mr. GOODLATTE. Thank you, Dr. Levatino.
Ms. Thayer, welcome.

TESTIMONY OF SUSAN THAYER, FORMER PLANNED PARENTHOOD MANAGER, STORM LAKE, IA

Ms. THAYER. Thank you, Mr. Chairman and Members of the Committee.

From April 1991 to December 2008, I was employed by Planned Parenthood of the Heartland as center manager of its Storm Lake and Le Mars, Iowa, clinics. I spent 17 years learning from the inside out just how Planned Parenthood works. I concluded that no business, certainly no healthcare business, should view a woman's body as a profit center, but that is what Planned Parenthood is all about. They're more concerned with profits than about the health of women.

When I first began working for Planned Parenthood, I was convinced that I was serving my community and the health needs of women. As the parent of 5 children, including 3 adopted kids, and a foster mom to 130 kids over the past 28 years, I didn't fit well into Planned Parenthood's corporate culture. Though during my initial interview I expressed concerns about abortion, I was hired and promoted by Planned Parenthood. I believed that I could help reduce abortion and serve women.

Over time, I learned that I was wrong to trust Planned Parenthood. I'm here today because all people need to know the truth about Planned Parenthood.

In 2002, the remains of a newborn, a full-term child, were discovered in a trash dump in my small Iowa town. After determining that the child had been born alive, the sheriff investigating the murder of this child came to my clinic to seek medical records of potential suspects.

I assumed that Planned Parenthood would want to cooperate with this criminal investigation. Instead, Planned Parenthood turned the murder into a fundraising opportunity and falsely claimed that all women's health records would be compromised and that a woman's right to abortion was under attack. As it often seems to do, Planned Parenthood raised thousands of dollars from this sordid event.

Like most of Iowa's Planned Parenthood clinics, birth control pills were dispensed to patients without the patients ever having been seen by a medical professional. Once a week, a nurse practitioner would come to the Planned Parenthood clinics to sign off on birth control prescriptions that had been dispensed the prior week.

In 2007, I learned more about the truth of Planned Parenthood when it implemented webcam abortion. Here is how this was to work: A woman with a positive pregnancy test would be offered a webcam abortion on the spot so she couldn't change her mind. Next, a nonmedical clinic assistant with minimal training would perform a transvaginal ultrasound and scan the image to a doctor in another location. The doctor would briefly talk to the woman by a Skype television connection. Then the doctor could push a button on her computer that opened a drawer in which were the abortion pills. The woman was told to take one set of pills at the clinic and

then, to complete her abortion, take the second set of pills at home 48 hours later.

Planned Parenthood instructed its clinic workers to tell women who experienced complications at home to report to their local ER. The women were told to say they were experiencing a miscarriage, not that they had undergone a chemical abortion.

Planned Parenthood cut its costs to the bone by performing webcam abortions with virtually no overhead—no onsite doctors, no real medical staff, very little equipment, and no expense for travel to a remote clinic. And yet it charged women the same fee for a chemical abortion as it did for a surgical abortion. Webcam abortion is obviously a big moneymaker for Planned Parenthood.

I expressed my concerns to Planned Parenthood management that webcam abortions were unsafe and possibly illegal. Today, Planned Parenthood's webcam abortion scheme is so financially successful it's been implemented in both Iowa and Minnesota. They touted it as the first in the Nation and had plans to expand webcam abortion to every State.

After I left Planned Parenthood, I realized that it had been fraudulently billing Iowa Medicaid's program. It had filed false Medicaid claims totaling about $28 million. First, through its C-Mail program, it dispensed without a prescription medically unnecessary oral contraceptive pills to Medicaid patients. Second, it billed Medicaid for abortion-related services, in violation of Federal law. Third, it coerced donations from patients, in violation of Medicaid regulations.

Each of these initiatives was implemented to benefit Planned Parenthood's bottom line. None benefited women's health. Planned Parenthood is organized as a tax-exempt nonprofit; nevertheless, these are some of the reasons that it has reported $765 million in excess revenue over the last 10 years.

When I first began working at Planned Parenthood, I trusted them and thought its leaders knew what was right, but I learned that it could not be trusted. In fact, it does not deserve to be trusted by any American, woman or man. Planned Parenthood is more concerned about its bottom line than it is about the health and safety of women.

Thank you.

[The prepared statement of Ms. Thayer follows:]

Testimony of Susan Thayer
before the
Committee on the Judiciary
United States House of Representatives
October 6, 2015

Mr. Chairman and Members of the Committee:

From April 1991 to December 2008, I served as the Center Manager of Planned Parenthood of the Heartland's Storm Lake, Iowa clinic. From approximately 1993 to 1997, I also served as the Center Manager for Planned Parenthood of the Heartland's LeMars, Iowa clinic. I spent 17 years working for Planned Parenthood. I've seen how it operates with my own eyes.

No business, certainly no healthcare clinic, should view a woman's body as a profit center, yet that is exactly what Planned Parenthood does. I want to share with you just a little of my own experience about how Planned Parenthood is focused more on its bottom line than the women it claims to serve. After leaving Planned Parenthood in 2008, I blew the whistle on Planned Parenthood's Medicaid billing practices, filing a False Claims Act lawsuit against Planned Parenthood of the Heartland through my attorneys with Alliance Defending Freedom. But I would like to first explain how I arrived at the point of being a whistleblower.

When I began working for Planned Parenthood I was convinced that I was serving my community. As an adoptive parent of three children and a foster mother of 130, I did not fit well into Planned Parenthood's corporate culture. But I believed the message that by working at Planned Parenthood I could help reduce abortion and serve women. I was wrong.

One of the first times that I saw the truth about Planned Parenthood was in 2002 when a recycling center in my small Iowa town discovered the remains of a newborn child. The Sheriff came to my clinic, seeking records of women who may have been the mother of this child who

was born alive and killed. This was not an abortion. It was a murder investigation. So, maybe naively, I thought Planned Parenthood would want to cooperate. Instead, Planned Parenthood leadership saw this as a fundraising opportunity. Rather than trying to quietly deal with this very sad story, leadership leaked it to the Des Moines Register and capitalized on it, making claims in the media that I knew were completely wrong but which kept the money coming in from around the country to fight this imaginary injustice. A mother killed her born alive child and Planned Parenthood was more interested in profiting off the attention than helping to solve the crime.

I justified working at Planned Parenthood because my own clinic didn't perform abortions. In fact, like most other rural Planned Parenthood locations in Iowa, we rarely had any medical professional present at all. A nurse practitioner would stop by for two to three hours per week to sign off on birth control prescriptions accumulated during the week. So the idea of us performing abortions seemed impossible. But in 2007, leadership implemented webcam abortions. The plan was to make every Iowa clinic into an abortion clinic by having a doctor in a remote location talk to the woman by video. They solved the problem of needing to determine gestational age of the unborn child by having non-medical staff perform transvaginal ultrasounds with minimal training. In response to our concerns, the project manager, Todd Buhacker, told us, "If you are breathing, you can do this. It helps if you've played a video game. It's just like running a joystick."

The doctor would then push a button and a drawer would open with the first abortion pill. She would then take the second pill at home, completing the abortion. We were told to tell women who experienced complications at home to report to the ER and just say they were having a miscarriage. This avoided attention from the local medical community when we would be outsourcing complications to others. Planned Parenthood cut costs to the bone by performing

abortions on a shoestring budget with little medical involvement. But none of this was focused on the woman's health or her best interests. When I raised concerns about this, I was forced out. Echoing my concerns, the Iowa Board of Medicine later adopted a rule that required a physician to personally examine every patient before a webcam abortion to determine gestational age of the unborn child; and to abide by FDA's limits on the use of Mifeprex – the abortion-inducing drug used by Planned Parenthood. This FDA regime limits the use of Mifeprex to 49 days gestation; Planned Parenthood administers this drug for up to 70 days gestation. But, Planned Parenthood successfully challenged this common-sense rule and the Iowa Supreme Court sided with Planned Parenthood.

Finally, Planned Parenthood's focus on its bottom line doesn't just ignore women's best interests. It also takes millions of excess dollars from taxpayers. My federal False Claims Act complaint alleges that Planned Parenthood filed false claims totaling about $28 million with Iowa's Medicaid program for (1) illegally dispensing "medically unnecessary" quantities of oral contraceptive pills and birth control patches to C-Mail Medicaid patients and doing so without a prescription; (2) fraudulently billing the Iowa Medicaid program for abortion-related services; and (3) coercing "donations" from Medicaid patients.

Planned Parenthood has a negotiated price of $2.98 per cycle of birth control pills. But in Iowa and many other states they are allowed to bill Medicaid at the high rate of $35, receiving over $26 in reimbursement every month. This made birth control a high profit margin item for us and we were required to increase birth control billings. In addition to filling prescriptions without a prescription since we usually had no medical professional on-hand, leadership also implemented a "C-Mail program" by which birth control would be automatically mailed – eliminating the need for the woman to return for refills. Given our lower income and younger

clientele this often meant that patients who had stopped using the pill, gotten pregnant, moved, or gone off to college would continue to receive pills in the mail automatically. Sometimes pills would be returned to us undeliverable or refused. They were just rebilled to Medicaid and sent out again. Planned Parenthood would automatically mail – and bill – a three cycle set of pills every 63 days, resulting in a surplus of 21 extra pills every three months. All this meant extra revenue to Planned Parenthood.

Because I had access to the billing system for the whole affiliate, I also know that Planned Parenthood would bill Medicaid for abortion-related services – ultrasounds, office visits, blood tests, medications, and other services that were part of an abortion. These types of Planned Parenthood Medicaid billings for abortion-related services have also been found by government auditors in New York and Washington.

Finally, even though we served a low income clientele we were required by upper management to solicit payment even though Medicaid was billed in full. Our leadership trained clinic staff to inform each client of the total amount of the bill for services rendered during a clinic visit, then asked clients to pay 50% of the amount. We were then told to ask, "How much are you planning to pay today? Will that be cash or credit?" Nearly all clients made some payment of $10 or more either during a visit or later by mail. Planned Parenthood counted those payments as voluntary donations and billed the full amount to Medicaid.

Again, these practices were not intended to better serve women's health. But they obviously benefitted Planned Parenthood's bottom line. It is my understanding that Planned Parenthood has recently been audited in nine states, with all nine states showing overbilling. I am also glad to report that other former Planned Parenthood workers have come forward to complain about similar practices by other Planned Parenthood affiliates.

There is a reason that, despite technically being a nonprofit, Planned Parenthood has reported $765 million in excess revenue over the last 10 years. It is run very much like a business – focused on increasing revenues, placing its own bottom line above the interests of women. And yet leadership would take expensive trips to Europe and Russia and throw elaborate parties at fancy venues.

I started working at Planned Parenthood believing that I could serve young women and make their lives better. Over nearly two decades inside Planned Parenthood, I learned that was a lie. Planned Parenthood is more concerned about its bottom line than it is about the health and safety of women.

Thank you.

Mr. GOODLATTE. Thank you, Ms. Thayer.
Ms. Fredrickson, welcome.

TESTIMONY OF CAROLINE FREDRICKSON, PRESIDENT, AMERICAN CONSTITUTION SOCIETY

Ms. FREDRICKSON. Good afternoon, Chairman Goodlatte and Ranking Member Conyers and distinguished Members of the Committee. My name is Caroline Fredrickson, and I'm the president of the American Constitution Society for Law and Policy. I am testifying today in my personal capacity and do not purport to represent any institutional views of the American Constitution Society. Thank you for providing me the opportunity to testify here today in response to this most recent attack on Planned Parenthood.

Planned Parenthood is a nearly century-old healthcare provider that plays a critical role in securing the right to health care for millions of Americans. Each year, Planned Parenthood health centers provide services such as family planning counseling and contraception, breast exams, and testing and treatment for sexually transmitted infections to 2.7 million patients. And no less than one in five women in the United States has visited a Planned Parenthood health center at least once in her lifetime.

These services help women prevent an estimated 516,000 unintended pregnancies and 217,000 abortions every year. These are services that women, men, and young people in this country desperately need and that many would go without should they lose access to Planned Parenthood's health centers.

Planned Parenthood provides services at approximately 700 health centers, located in every State in the Nation, and 54 percent of these health centers are in rural or medically underserved areas or areas with shortages in health professionals. As many experts have opined, there are simply insufficient numbers of alternative healthcare providers to absorb the patients who need care should they lose access to Planned Parenthood.

Planned Parenthood health centers are particularly crucial for poor women in this country. More than half of Planned Parenthood's 2.7 million patients each year rely on public health programs, such as Medicaid, to cover their costs. And 78 percent of Planned Parenthood's patients live with incomes of 150 percent of the Federal poverty level or less. Indeed, in 68 percent of the counties with a Planned Parenthood health center, Planned Parenthood serves at least half of all safety-net family patients.

Planned Parenthood is an integral part of the healthcare system in this country. It provides critical healthcare services to many women, particularly poor women, who might otherwise go without these services.

This most recent round of attacks on Planned Parenthood was instigated by an anti-choice organization, the Center for Medical Progress, whose members deceptively infiltrated Planned Parenthood clinics and conferences, claiming they worked for a tissue procurement company. The CMP

representatives surreptitiously and possibly illegally recorded meetings with Planned Parenthood staff and then, over the course of several months, released numerous videos of these encounters.

CMP now claims the videos show that Planned Parenthood acted illegally in selling fetal tissue and violating the Partial-Birth Abortion Ban Act.

At the outset, regardless of the content of the videos as released by CMP, which arguably show no wrongdoing at all, those videos are unreliable and unusable as any evidence because they've been so heavily and selectively edited and CMP has not released to anyone the full, unedited versions.

In fact, Planned Parenthood hired experts to review the videos and assess their authenticity. And those experts, including Grant Fredericks, who is a contract instructor of video sciences at the FBI and one of the most experienced video experts in North America, found many deceptive edits in those videos. In many cases, CMP edited dialogue out of context in ways that substantively altered the meaning of the dialogue. In other cases, large segments of dialogue were simply omitted altogether.

There is no question that both the shorter videos and the so-called full-footage videos are selectively and intentionally edited and incomplete. As such, in the words of the expert analysis, 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.

Moreover, every jurisdiction that has conducted investigations into Planned Parenthood's activities have found no wrongdoing. As of this date, six States have completed investigations into whether Planned Parenthood violated any laws in its fetal tissue donation program. All six unanimously concluded that Planned Parenthood did not.

And, in fact, Representative Jason Chaffetz, Chairman of the House Committee on Oversight and Government Reform, whose Committee questioned Planned Parenthood CEO Cecile Richards at length just last week, admitted to CNN's Wolf Blitzer, "No, I'm not suggesting that they broke the law."

In sum, there's absolutely no evidence here that Planned Parenthood has violated any laws.

As we all know, this is one in a long length of videos that have been used to try and undermine women's access to the full reproductive health care that they are entitled to under the law in America and have need of to ensure they can live full lives.

So I respect the Committee and thank you for inviting me here to talk about this important issue.

[The prepared statement of Ms. Fredrickson follows:]

Prepared Statement of Caroline Fredrickson, President, American Constitution Society for Law and Policy

Good morning, Chairman Goodlatte and Ranking Member Conyers and Distinguished Members of the Committee. My name is Caroline Fredrickson, and I am the president of the American Constitution Society for Law and Policy. I am testifying today in my personal capacity and do not purport to represent any institutional views of the American Constitution Society. Before joining the American Constitution Society, I served as the director of the Washington Legislative Office of the American Civil Liberties Union and as general counsel and legal director of NARAL Pro-Choice America. In addition, I have served as chief of staff to Senator Maria Cantwell, deputy chief of staff to then-Senate Democratic Leader Tom Daschle, and, during the Clinton administration, special assistant to the president for legislative affairs. I received my bachelor of arts from Yale University and my law degree from Columbia University School of Law. Thank you for providing me the opportunity to testify here today in response to this most recent attack on Planned Parenthood.

Planned Parenthood is a necessary and integral part of our nation's health care system.

Planned Parenthood is a nearly century-old health care provider that plays a critical role in securing the right to healthcare for millions of Americans every year. In fact, each year, Planned Parenthood health centers provide services to 2.7 million patients, and no less than one in five women in the United States has visited a Planned Parenthood health center at least once in her lifetime. Planned Parenthood provides a wide array of services to its patients each year, including family planning counseling and contraception to 2.1 million patients, more than 1.1 million pregnancy tests, nearly 400,000 Pap tests, nearly 500,000 lifesaving breast exams, screenings to 88,000 women whose cancer was detected early or whose abnormalities were identified and addressed, nearly 4.5 million tests and treatments for sexually transmitted infections, including 700,000 HIV tests, and diagnoses of more than 169,000 sexually transmitted infections, 1.4 million emergency contraception kits, and education programs and outreach to more than 1.5 million people. These services help women prevent an estimated 516,000 unintended pregnancies and 217,000 abortions every year.[1]

These are services that women, men, and young people in this country desperately need, and that many would go without should they lose access to Planned Parenthood's health centers. Planned Parenthood provides services at approximately 700 health centers located in every state in the nation, and fifty-four percent of those health centers are in rural or medically underserved areas, or areas with shortages in health professionals.[2] There are simply insufficient numbers of alternative health care providers to absorb the patients who would need care should they lose access to Planned Parenthood. As Georges Benjamin, executive director of the American Public Health Association, has commented, it is "ludicrous" to suggest that other providers could

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[1] *This is Who We Are: Creating a Healthier World for Women, Men, and Young People*, PLANNED PARENTHOOD FED'N OF AM., https://www.plannedparenthood.org/files/1014/3638/1448/WhoWeAre_Gen.pdf (last updated July 2015) [hereinafter PP Info Sheet].

[2] *Serving Underserved Patient Communities Throughout the Nation*, PLANNED PARENTHOOD FED'N OF AM., https://filemanager.capwiz.com/filemanager/file-mgr/ppfa/Underserved_Patient_Communities_FINAL__3_.pdf (last updated July 2015).

adequately take on Planned Parenthood's patients.[3] Sara Rosenbaum, the Harold and Jane Hirsh Professor of Health Law and Policy and Founding Chair of the Department of Health Policy at George Washington University School of Public Health and Health Services, put it this way: "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."[4] Planned Parenthood provides sorely needed services to women, men, and young people across the country, including and especially in areas where few other health professionals and resources are available.

Planned Parenthood health centers are particularly crucial for poor women in this country. More than half of Planned Parenthood's 2.7 million patients each year rely on public health programs such as Medicaid to cover their costs, and seventy-eight of Planned Parenthood's patients live with incomes of 150 percent of the federal poverty level or less, the equivalent of $36,375 a year for a family of four in 2015.[5] Indeed, in sixty-eight percent of the counties with a Planned Parenthood health center, Planned Parenthood serves at least half of all safety-net family planning patients.[6] As Deon Haywood, executive director of Women With a Vision, Inc., summed it up, an attack on funding for Planned Parenthood "is an outright attack on poor women."[7]

Planned Parenthood is an integral part of the health care system in this country. It provides critical health care services to many women, particularly poor women, who might otherwise go without those services. It is also a well-known and well-liked institution. In a recent poll, forty-seven percent of Americans rated Planned Parenthood positively, compared to thirty-one percent who rated it negatively. A full sixty-one percent of Americans opposed eliminating public funding to Planned Parenthood.[8] With one in five women having used Planned

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[3] Liz Szabo & Laura Ungar, *Family Planning Budgets in Crisis before Planned Parenthood Controversy*, USA TODAY (July 31, 2015), http://www.usatoday.com/story/news/2015/07/30/family-planning-budgets-crisis-before-planned-parenthood-controversy/30861853/.

[4] Sara Rosenbaum, *Planned Parenthood, Community Health Centers, and Women's Health: Getting the Facts Right*, HEALTH AFFAIRS BLOG (Sept. 2, 2015), http://healthaffairs.org/blog/2015/09/02/planned-parenthood-community-health-centers-and-womens-health-getting-the-facts-right/.

[5] PP Info Sheet, *supra* note 1.

[6] Jennifer J. Frost & Kinsey Hasstedt, *Quantifying Planned Parenthood's Critical Role in Meeting the Need for Publicly Supported Contraceptive Care*, HEALTH AFFAIRS BLOG (Sept. 8, 2015), http://healthaffairs.org/blog/2015/09/08/quantifying-planned-parenthoods-critical-role-in-meeting-the-need-for-publicly-supported-contraceptive-care/.

[7] Statement on Jindal Administration Cutting Medicaid Funding to Planned Parenthood, *Defunding Creates Barriers to Services for Low-Income Women and Women of Color*, WOMEN WITH A VISION (Aug. 4, 2015), http://wwav-no.org/wp-content/uploads/Jindal-PP-Press-Release.pdf.

[8] Janie Velencia, *Americans Like Planned Parenthood More Than They Like Politicians*, HUFF. POST (Sept. 29, 2015), http://www.huffingtonpost.com/entry/planned-parenthood-favorable-rating_560aab72e4b0768126ff261a.

Parenthood's services in her lifetime, and nearly two-thirds of Americans opposing the effort to defund Planned Parenthood, Planned Parenthood is clearly a trusted and respected organization. Yet it is an organization that is once again under attack by extreme anti-choice organizations and individuals. And it is an organization that I believe will once again, after months of accusations and investigations, be cleared of any and all wrongdoing.

No evidence has been produced that Planned Parenthood engaged in any wrongdoing or illegal activities.

This most recent round of attacks on Planned Parenthood was instigated by an anti-choice organization, the Center for Medical Progress, whose members deceptively infiltrated Planned Parenthood clinics and conferences claiming that they worked for a tissue procurement company. The CMP representatives surreptitiously (and possibly illegally)[9] recorded meetings with Planned Parenthood staff and then, over the course of several months, released numerous videos of those encounters. CMP now claims that the videos show that Planned Parenthood acted illegally in selling fetal tissue and violating the Partial Birth Abortion Ban.

The videos produced by the Center for Medical Progress have been heavily edited and are not reliable as evidence.

Regardless of the content of the videos as released by CMP, which arguably show no wrongdoing at all, those videos are unreliable and unusable as evidence because they have been edited and CMP has not released full, unedited versions. Planned Parenthood hired research firm Fusion GPS to review the videos and assess their authenticity. Fusion GPS then assembled three teams of experts in video forensics, production, and transcription to review the short videos that have been widely reported on and viewed, as well as the longer versions of those videos which CMP claim to contain "full footage."

The experts, including Grant Fredericks, who is a contract instructor of video sciences at the FBI National Academy and one of the most experienced video experts in North America, found a number of deceptive edits in the CMP videos. In many cases, particularly in the shorter videos, CMP edited dialog out of context in ways that substantively altered the meaning of the dialog. In other cases, large segments of dialog were simply omitted altogether. Even in the longer, so-called "full footage" videos, the experts noted "loss of significant time and image continuity."[10] There is no question that both the shorter videos and the "full footage" videos are selectively and intentionally edited and incomplete. Indeed, even Representative Trent Franks

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[9] *See* Irin Carmon, *Does the Planned Parenthood Video Violate State Recording Laws*, MSNBC (July 16, 2015), http://www.msnbc.com/msnbc/does-the-planned-parenthood-video-violate-state-recording-laws; *see also* Laura Bassett, *Group Behind Planned Parenthood Sting Video May Have Tricked IRS, Donors*, HUFF. POST (July 17, 2015), http://www.huffingtonpost.com/entry/planned-parenthood-sting-video_55a92205e4b0896514d11ac9.

[10] *Analysis of Center for Medical Process Videos*, FUSION GPS 3 (Aug. 25, 2015), *available at* https://istandwithpp.org/files/9414/4068/4146/8-27-15-Analysis-Center-for-Medical-Progress-Videos-Forensic-Report.pdf.

admitted that this committee has neither seen nor requested the full, unedited source footage.[11] As such, in the words of the expert analysis, "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."[12]

Jurisdictions that have conducted investigations into Planned Parenthood's fetal tissue donation activities have universally found no wrongdoing.

At the outset, it is important to note that fetal tissue donation is entirely consistent with federal law. After rigorous debate and analysis, a 1988 blue-ribbon panel, which was called the Human Fetal Tissue Transplantation Research Panel, concluded that "it was acceptable public policy to support research with fetal tissue."[13] In response to and in furtherance of the panel's work, in 1993, Congress overwhelmingly passed the National Institutes of Health Revitalization Act, which codified the legal donation of fetal tissue for research. Under that law, while the sale of fetal tissue is illegal, the reimbursement for actual costs incurred, such as storage, processing, and transportation of that tissue, is not.[14] It is also important to emphasize what a minor portion of Planned Parenthood's resources go toward fetal tissue donation. Of Planned Parenthood's nearly 700 health centers, only one percent offer fetal tissue donation facilitation to patients who request it.[15] Finally, it is important to note that fetal tissue is donated voluntarily by the women who choose to do so, and holds the potential to save lives and end suffering. Fetal tissue research has led to such breakthroughs as the vaccines for polio and rubella, and is currently being conducted for treatments of cancer, blindness, Alzheimer's, heart disease, HIV and diabetes.[16] Despite the known legality and importance of fetal tissue donation and the lack of credible evidence of any wrongdoing on Planned Parenthood's part, this committee, three additional congressional committees, and numerous states have wasted countless resources on fruitless investigations.

As of this date, six states have completed investigations into whether Planned Parenthood violated any laws in its fetal tissue donation program. All six – Missouri, Pennsylvania, Georgia,

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[11] *See* Paul Singer, *Hearing Launches Push to Defund Planned Parenthood*, USA TODAY (Sept. 29, 2015), http://www.usatoday.com/story/news/politics/2015/09/09/hearing-starts-push-defund-planned-parenthood/71916392/.

[12] *Analysis of Center for Medical Process Videos*, *supra* note 10, at 2.

[13] CONSULTANTS TO THE ADVISORY COMMITTEE TO THE DIRECTOR, NATIONAL INSTITUTES OF HEALTH, REPORT OF THE HUMAN FETAL TISSUE RESEARCH PANEL 2 (vol. I, 1988).

[14] 42 U.S.C.A. §§ 289g-2(a) and (e)(3).

[15] Statement of Cecile Richards, President, Planned Parenthood Federation of America, before the House Committee on Oversight and Government Reform (Sept. 29, 2015), *available at* https://oversight.house.gov/wp-content/uploads/2015/09/Richards-PPFA-Statement-9-29-Planned-Parenthood.pdf.

[16] *See* Elizabeth Yuko, *The Simple Reason Why the Right's Latest Planned Parenthood Crusade is So Outrageous*, SALON MEDIA GROUP (July 20, 2015), http://www.salon.com/2015/07/20/the_simple_reason_why_the_planned_parenthood_hoax_is_so_outrageous/; *see also* Nathalia Holt, *The Case for Fetal-Cell Research*, N.Y. TIMES (July 30, 2015), http://www.nytimes.com/2015/07/30/opinion/the-case-for-fetal-cell-research.html?_r=0.

Indiana, Massachusetts, and South Dakota – have unanimously concluded that Planned Parenthood did not violate any laws in its tissue donation programs. Citing a lack of evidence of wrongdoing, seven other states – Iowa, Delaware, Idaho, Minnesota, New Hampshire, Virginia, and Colorado – have declined to investigate Planned Parenthood. [17] In fact, Representative Jason Chaffetz, Chairman of the House Committee on Oversight and Government Reform, whose committee questioned Planned Parenthood CEO Cecile Richards for over five hours just last week, admitted to CNN's Wolf Blitzer: "No, I'm not suggesting that they broke the law."[18] In sum, there is absolutely no evidence here that Planned Parenthood's facilitation of fetal tissue donation by its patients has violated any laws.

Abortion is a safe and legal medical procedure that is an essential component of women's health care.

According to the American College of Obstetricians and Gynecologists, the nation's leading group of professionals providing health care for women, "abortion is an essential component of women's health care."[19] Moreover, abortion is one of the safest medical procedures performed in the United States, with major complications being experienced less than one percent of the time.[20] And finally, three in ten women in the U.S. will have a safe, legal abortion during her lifetime.[21] Women and their doctors clearly understand that abortion is a safe, legal, and essential part of women's health care.

Yet access to abortion is a perennial target of politicians across the country. Between 2010 and 2014, states across the country adopted 231 new abortion restrictions, including mandatory counseling and waiting periods, restrictions on medication abortions, targeted

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[17] *Fact Sheet: States Clear Planned Parenthood in Inquiries Sparked by Video Fraud*, PLANNED PARENTHOOD FED'N OF AM. (Sept. 29, 2015), https://istandwithpp.org/files/1514/4356/6027/9-29-15-State-Investigations-Clear-Planned-Parenthood.pdf.

[18] Press Release, Committee on Energy and Commerce Democrats, Pallone: Committee Republicans Continue Fishing Expedition into Planned Parenthood, Despite Chairman Chaffetz's Admission that he has No Evidence Planned Parenthood Violated Any Laws (Oct. 1, 2015), *available at* https://democrats-energycommerce.house.gov/newsroom/press-releases/pallone-committee-republicans-continue-fishing-expedition-into-planned.

[19] College Executive Board, *Abortion Policy*, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS 1, http://www.acog.org/-/media/Statements-of-Policy/Public/sop069.pdf?dmc=1&ts=20151006T1445087511 (last updated Nov. 2014).

[20] Heather D. Boonstra et al., *Abortion in Women's Lives*, GUTTMACHER INST. 9 (2006), *available at* https://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf; Stanley K. Henshaw, *Unintended Pregnancy and Abortion: A Public Health Perspective*, *in* A CLINICIAN'S GUIDE TO MEDICAL AND SURGICAL ABORTION 11-22 (Maureen Paul, et al., eds. 1999); Ushma D. Upadhyay et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 OBSTETRICS & GYNECOLOGY 175-83 (2015).

[21] Lawrence B. Finer & Mia R. Zolna, *Shifts in Intended and Unintended Pregnancies in the United States, 2001–2008*, 104 AM. J. OF PUB. HEALTH S43-S48 (2014).

regulation of abortion providers, and further restrictions on insurance coverage for abortion.[22] Just this year, an additional fifty-one restrictions have been passed, bringing the total since 2010 to 282.[23] In some states, these laws have already had a devastating impact on access to women's health care. For instance, since Texas passed its infamous House Bill 2, more than half of the state's abortion clinics have closed.[24] As of 2014, the Guttmacher Institute ranked a full twenty-seven states as hostile to abortion, up from only thirteen in 2000.[25]

What women and their doctors also understand is that, without access to safe and legal abortion, women resort to unsafe means to end unwanted pregnancies. Indeed, approximately 21 million women around the world obtain unsafe abortions each year, and complications from these unsafe procedures account for approximately thirteen percent of all maternal deaths.[26] Women who seek access to abortion, like any patient seeking access to essential health care, are entitled to "privacy, dignity, respect, and support."[27] Elected officials should listen to what women and their doctors already know – sham laws and baseless investigations that serve only to burden a woman's right to choose have no place in our nation's statehouses.

The CMP videos are nothing more than the latest pretext for attacking Planned Parenthood and a woman's right to choose.

This is not the first time Planned Parenthood has been under attack and accused of illegal or unethical behavior by anti-choice advocates. In fact, Planned Parenthood recently documented no less than nine times since 2000 that this scene has played out. [28] Anti-choice advocates surreptitiously obtain footage from Planned Parenthood clinics and offices, doctor that footage, and release it to the public. Independent investigators conclude that the footage is heavily edited and holds no evidentiary value. And after a deluge of accusations, hearings, and investigations, Planned Parenthood is cleared of any wrongdoing. This time is no different.

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[22] *In Just the Last Four Years, States Have Enacted 231 Abortion Restrictions*, GUTTMACHER INST. (Jan. 5, 2015), http://www.guttmacher.org/media/inthenews/2015/01/05/.

[23] *Laws Affecting Reproductive Health and Rights: State Trends at Midyear, 2015*, GUTTMACHER INST. (July 1, 2015), http://www.guttmacher.org/media/inthenews/2015/07/01/.

[24] Christina Cauterucci, *Shuttering Texas Abortion Clinics Means More Second-Term Abortions*, SLATE (Oct. 5, 2015), http://www.slate.com/blogs/xx_factor/2015/10/05/as_texas_abortion_clinics_close_second_term_abortions_will_spike.html.

[25] *In Just the Last Four Years, States Have Enacted 231 Abortion Restrictions*, *supra* note 22.

[26] WORLD HEALTH ORGANIZATION, UNSAFE ABORTION: GLOBAL AND REGIONAL ESTIMATES OF THE INCIDENCE OF UNSAFE ABORTION AND ASSOCIATED MORTALITY IN 2008 1-6 (6th ed. 2011), *available at* http://apps.who.int/iris/bitstream/10665/44529/1/9789241501118_eng.pdf; *see also Facts on Induced Abortion Worldwide*, GUTTMACHER INSTITUTE (Jan. 2012), *available at* http://www.who.int/reproductivehealth/publications/unsafe_abortion/induced_abortion_2012.pdf.

[27] College Executive Board, *supra* note 19, at 1.

[28] *The Fanatical Crusade Against Planned Parenthood: Decades of Doctored Videos, Failed Entrapments, and False Accusations*, PLANNED PARENTHOOD FED'N OF AM. (Sept. 21, 2015), https://istandwithpp.org/facts/fanatical-crusade-against-planned-parenthood-decades-doctored-videos-failed-entrapments-and-false-accusations/.

The last accusation of illegal fetal tissue sales by Planned Parenthood came in 2000, and the investigation led to no evidence of wrongdoing. In 2002, accusations surfaced that Planned Parenthood failed to report statutory rape. Again, the investigations led to no evidence of wrongdoing. In 2011, sting videos purported to show that Planned Parenthood covered up sex trafficking and condoned statutory rape. That investigation led to the conclusion that Planned Parenthood had actually gone above and beyond its duties in reporting what it believed was illegal behavior. Nine times since 2000, Planned Parenthood has been under attack based on heavily edited, misleading videos. Nine times since 2000, Planned Parenthood has been completely cleared of wrongdoing. This time is no different.

In fact, even the actors behind this latest attack are no different than those we have seen in the past. David Daleiden, the executive director of the Center for Medical Progress, is affiliated with Live Action, which has repeatedly used the same sting video tactics to harass Planned Parenthood.[29] Indeed, CMP itself is arguably nothing but a front organization for Live Action.[30] And alarmingly, some of CMP's other officers and board members have direct ties to violent extremist groups. Cheryl Sullenger, CMP's senior policy advisor, once served two years in prison for conspiring to bomb an abortion clinic. CMP's secretary, Troy Newman, is also the president of Operation Rescue, which has an open history of violence and which continues to employ Ms. Sullenger.[31] The name Center for Medical Progress may be unknown, and these particular videos may be new, but the actors and the acts are the same as they have been throughout the decades-long attack on Planned Parenthood and a woman's right to choose.

Few people watch these videos and sincerely believe that Planned Parenthood has acted illegally. Surely the Center for Medical Progress does not believe it. These videos are not about alleged illegal sales of fetal tissue. They are not about alleged violations of the Partial Birth Abortion Ban. They are about a persistent campaign by a small group of people who believe that abortion should be illegal, by any means necessary.

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[29] *See* Rachana Pradhan, *Experienced Foe Behind Planned Parenthood Videos*, POLITICO (July 21, 2015), http://www.politico.com/story/2015/07/experienced-foe-behind-planned-parenthood-videos-120439.html#ixzz3h2Dj6Z1L.

[30] *See* Amanda Marcotte, *What is the Center for Medical Progress, the Group Behind the Latest Viral Abortion Video?*, SLATE (July 15, 2015), http://www.slate.com/blogs/xx_factor/2015/07/15/live_action_distributed_the_planned_parenthood_sting_video_why_aren_t_they.html.

[31] *See* Callie Beusman, *Meet the Terrorists in the War on Women*, BROADLY (Aug. 2, 2015), https://broadly.vice.com/en_us/article/meet-the-terrorists-in-the-war-on-women.

Mr. GOODLATTE. Thank you.
Ms. Stoltenberg, welcome.

TESTIMONY OF LUANA STOLTENBERG, DAVENPORT, IA

Ms. STOLTENBERG. Thank you, Mr. Chairman and all of the Committee Members.

My life has been devastated by abortion. I was a teenager when I had my first abortion. I was too afraid to tell my parents that I was pregnant, and my boyfriend didn't want a baby, so I made my appointment with Planned Parenthood.

I was so scared when I arrived. I paid my money, and I sat in the waiting room. I was then taken back to a room with a nurse and asked how I felt about this. I told her this had to be wrong, it had to be a baby. She told me it was just a blob of tissue, that this abortion would be easier and safer than if I carried it to term.

I was a scared teenager with no medical knowledge or experience. They were the trusted medical professionals and adults, so I thought. So I trusted and I believed them, and I went through with the procedure.

The type of abortion that I had was a vacuum aspirator method. This is the most common abortion done in the first trimester. I laid on the table, and I waited for the doctor that I had never met before, which is most times the case, to come in. This doctor was cold, and he was unfriendly. He told me to lie still and that it wouldn't take long.

I had no anesthetic for the pain. He said that I would just feel tugging and a slight sensation and cramping. That was not true. It was the most extremely painful procedure I've ever had done.

I could hear the increased labor every time the suction machine would pull a part or a limb of my baby from my body.

Each time I kept trying to sit up to see what was going into that jar. Was it my baby? They kept pushing me back down and telling me to lie still. As soon as the procedure was over, they quickly wheeled the jar out of the room with my baby's remains.

They knew it was my baby. They saw the head. They saw the feet. They saw the arms.

I wasn't told about fetal development when I was at Planned Parenthood. They didn't tell me that my unborn baby that they were ripping out of my body would have arms, have legs, have a heartbeat, fingerprints, and she could feel pain.

Why didn't they want to tell me that? Were they afraid that I would change my mind? It must have been a wrong choice if, after knowing all the facts, I chose life for my child.

On the way home, I was in severe pain. I laid in the back seat crying and bleeding profusely. And when I got home, I called Planned Parenthood, and I told them about the pain and the bleeding. They told me that this was no longer their problem, that I would need to call my own physician. There was no way I was going to call my own physician. I was too scared. I was too ashamed, and I didn't want my parents to find out what I had done. So I painfully laid there that day and wondered if I would die. The happy, fun-loving Luana did die that day along with my baby. I became depressed, angry. I started drinking heavily. I started doing drugs, and I became very promiscuous. I hated my-

self. My life was spinning out of control. I became pregnant two more times and chose abortion both times. Each experience was similar. To the first, except for the second abortion, they showed me blobs of tissue on slides and told me that that's all they would be removing, not a baby. By the third abortion, I was so ashamed and embarrassed, embarrassed, I didn't even give them my real name. I gave them a friend of mine's name. I cringe to think what would have happened if there would have been complications or I died on the table that day. Who would they have called? Would my parents have ever found out?

Having an abortion didn't solve any of my problems. It only created new ones and larger ones. The way I dealt with them was more alcohol, more drugs, anything to numb the pain, and I even tried to kill myself.

But God had a plan for my life. I found hope and forgiveness in Jesus, and I accepted him as my Lord, and my life began to change. I met a wonderful man, and we were married, and we wanted to start a family, but we were having no success. I went for endless tests. And one of the tests that I had done was a dye test to determine if there were blockages in my fallopian tubes. During the test, my doctor asked if I had ever had abortions, and I admitted that I had three. She showed me on the screen where my tubes were damaged and mangled from the abortion procedure. She said, I would never have children because of the abortion, and she wanted me to have a hysterectomy so I would not have an atopic pregnancy. She left the room, and I laid there paralyzed and let it soak in that the only children I would ever bear I had killed.

I had to tell me husband that he was never going to be able to have his own children because of the choices I had made. I wondered if he would want a divorce. We had a hard road of tears and sleepless nights and counseling sessions. I learned to forgive myself and the abortion workers for not telling me the risks and the possibilities of infertility. I was angry that I was lied to and that I didn't get all the facts so that I could make the choice for myself. I thought they were pro-choice and cared for women. I didn't feel cared for. I felt used, and I felt abused. I live with the consequences and the pain and the regret of abortion every day along with many other women.

In front of me are pages of sworn testimonies of women who have been hurt and abused physically, emotionally, psychologically by Planned Parenthood and other abortion industry in general. I'm here representing them as well as myself, and it is a heavy load. I'm asking you to please consider these stories in mind when you make legislation and when you make decisions about defunding Planned Parenthood and about abortion.

All of us who have been hurt by abortion are being made to pay Planned Parenthood with our tax dollars. You know, that's like being forced to pay your abuser over and over again. Abortion is not health care. It is the taking of an innocent life. Thank you.

[The prepared statement of Ms. Stoltenberg follows:]

Prepared Statement of Luana Stoltenberg, Davenport, Iowa

Luana written statement pg 1

Thank you Mr. Chairman and committee members:

This topic is very important to me. My life has been devastated by abortion.

I had three abortions when I was younger because I believed I had no other choice.

I was a teenager when I had my first abortion. I was too afraid to tell my parents that I was pregnant, and my boyfriend did not want a baby. He told me he would break up with me if I didn't abort, so I made the appointment at Planned Parenthood and my boyfriend drove me to the abortion facility.

I was scared to death during the entire ride. I knew in my heart this was wrong. Everything in me cried out saying "it" is a baby – I was pregnant with a baby.
When we arrived, I paid my money and was seated in the waiting room with several other girls. They took each of us separately into a room to do our paper work and talk to us.
The nurse asked me how I felt about this. I told her I was sure this was a baby and that it couldn't be the right thing to do. She quickly informed me that this was just a "blob of tissue." In fact, she told me this abortion would be safer and easier than if I carried to term.

The staff were all dressed in white uniforms. They were the adults; I was the scared teenager with no medical knowledge or experience. I saw them as medical professionals that I could believe and trust. I was so afraid and desperate that I listened to them, and went through with the procedure.
The type of abortion I would have was vacuum aspiration. It is the most common surgical abortion done in the first trimester.

I lay on the cold table waiting for **a doctor that I had never met**, to do this procedure. That is the case for most women coming into Planned Parenthood.

The doctor came in and was very cold and unfriendly. He told me to lie still – that it wouldn't take long. I was given no anesthetic for the pain.

He said I would feel a tugging sensation and just slight cramping. That was untrue. It was extremely painful, and I didn't think it would ever end.

I could hear the increased labor of the suction machine when a part or limb of my baby was being extracted. Each time I tried to sit up enough to see what was going into that jar – to see if it was my baby, but they kept pushing me back down and telling me to lie still.
As soon as the procedure was over, the jar with my baby's remains was quickly wheeled out of the room so I wouldn't see it.

They knew it was a baby. They saw her head, and her tiny little arms and legs in that jar.

I wasn't told about fetal development. I wasn't told that my nine-week-old, unborn baby, which they were ripping from my body, had a heartbeat at day 18, that her brain waves were functioning at day 40. I wasn't told that she had toes, fingers, and even finger prints – or that all her organs were present and she felt pain.
Why didn't they want to tell me that?
Were they afraid that I would change my mind? They seemed to think it would have been a "wrong choice", if, after knowing all the facts, I changed my mind and chose life for my child.

When the procedure was finished I was sent to a waiting room with the other girls. I was given a cup of juice and some cookies and told if I felt ok in 20 minutes I could leave. After 20 minutes I told them I felt fine, when, in fact, I had never felt worse. I just wanted out of there.

I was given a small pill to take on my way out, and told it would help shrink my cervix. I was in severe pain on the way home. I lay in the back seat crying and bleeding profusely.
When I got in the house, I immediately called Planned Parenthood and told them about the pain and bleeding. I was told that I was no longer their problem and that I needed to call my own physician. There was no way I was going to do that. I was too ashamed and didn't want my parents to find out what I had done. So I painfully laid there and wondered if I would die.

I did die that day. I died on the table with my baby. The happy, fun loving, compassionate, caring Luana died that day. I was never the same.

I broke up with my boyfriend shortly after the abortion. I couldn't stand to look at him. It was too painful. He reminded me of the child I had killed.

I became depressed and angry. I started drinking heavily; doing drugs, and became very promiscuous. I absolutely hated myself. I thought the only way anyone else would possibly love me was if I gave sex in return.

My life was spinning out of control. I became pregnant **two more times**, and chose abortion each time.
Each experience was similar to the first, except the second abortion, I was shown a slide presentation of blobs of tissue. I was told that was what they were removing as it wasn't a baby at all.

By my third abortion I was so ashamed and embarrassed that I didn't even give the abortion facility my real name. I used the name of a friend of mine. I cringe now to think what would have happened if there would have been complications or if I had died. Who would they have called? Would my parents have ever found out what really happened to me?

By this time my life was a mess. Having abortions didn't solve any problems. It only created new and larger ones.

Abortion didn't remove the fact that I was a mother. I was still a mother. It's just that my three children were dead, and I killed them. How do you deal with that fact?

The way I dealt with it was more alcohol, more drugs, deeper depression, self-hatred and self-destructive behavior. I had constant thoughts of wanting to kill myself. I thought of ways I could do it that wouldn't be painful. Then the thoughts turned to actual attempts. I tried to kill myself three different times. The first time I tried to slit my wrists. Twice after that, I turned the gas on in my oven and lay on my kitchen floor, crying waiting for the pain and guilt to go away. Each time friends came banging at my door and interrupted my attempts.

I hated myself for what I had done. I couldn't run away from myself or live with myself. I saw no hope and no way out.

But God had a plan. My Mom came to know the Lord and began praying for me and telling me about Jesus. I found hope and forgiveness in Jesus Christ and accepted Him as my Lord.

My life began to change.
I met a wonderful man, and we were married. We wanted to start a family, but we were having no success.
I went for endless tests. One of them was a dye test to determine if there were blockages in my fallopian tubes.
In the midst of this procedure my doctor looked at me and asked if I had ever had abortions. I had not put it on my paper work and would never tell my doctors because I was too ashamed. I admitted to her that I had three abortions. She showed me on the screen where the suction from the vacuum aspirator damaged and mangled my fallopian tubes. One was 90% blocked and the other was 100% blocked. She informed me that I would **never** be able to have children because of the abortions. She also wanted me to have a hysterectomy because she was afraid of the risk of having an ectopic pregnancy.

After she left the room I tried to process all this information. I literally laid there paralyzed as I let it soak in that I would **never** be able to have children. **That the only children that I would ever carry, I killed.**
I started thinking about my husband. He was a wonderful man who married me knowing my past. How was I going to tell him that he was never going to be able to have his own biological children because of the "choices" I had made before I met him? I couldn't think of a single reason why he should have to live with the consequences of my mistakes. I wondered if he would stay with me or if he would want a divorce.

My husband is a man of honor. He stayed with me for better or worse. It was a very hard road ahead of us. There were a lot of tears, a lot of pain, and a lot of sleepless nights. I went through counseling and Bible studies. I learned how to accept God's forgiveness for what I had done, and to forgive myself.

I had to learn forgiveness. I was angry at the abortion workers for not telling me the risks of the procedure and that it could cause infertility. I was angry that they lied to me and told me it was only a blob of tissue not a baby.

I was angry that they didn't give me all the facts and let me make the "choice" for myself. I thought they were "pro-choice" and cared for women. I didn't feel cared for, I only felt abused and used.

There were also other people in my life that my abortions affected. I called my family together and told my mother and father that they had three grandchildren that they would never hold. I told my brother and my sisters that they had nieces and nephews they would never meet and that would never be a part of our holiday gathering and family photos. I asked them to forgive me for altering our family tree and removing generations from our family linage. I asked them to forgive me for changing what was meant to be, and "playing God" with life.

The most important decision I would ever make in my life was to spare or to end the lives of my children. The worst decision I ever made in my life was to end the lives of my children by abortion. Abortion is final. I can never take back that decision or bring my children back.

I live with the consequences, pain, and regret of my abortions every day, along with many other women.

In front of me are pages of sworn testimonies from women who have been hurt and abused physically and psychologically, by Planned Parenthood and the abortion industry in general.
Each page represents one woman's story of the trauma and deception she endured, and the pain she continues to live with every day.
I am here representing them, as well and asking you to think about **all** of our stories whenever you consider legislation for abortion.

All of us who have been hurt by abortion are being made to pay Planned Parenthood with our tax dollars. It is like being forced to pay you're abuser over and over again.
We pay everyday through our regret.

Abortion is **NOT healthcare** it is the killing of an unborn child.

Thank you

Mr. GOODLATTE. Thank you, Ms. Stoltenberg.

We'll now proceed under the 5-minute rule with questions for witnesses. And I'll begin by recognizing myself.

Before I begin my questioning, I would like to show a quick video that puts a human face on the issues presented here today.

[Video shown.]

Mr. GOODLATTE. Ms. Stoltenberg, thank you for sharing with us your very personal experiences following the three abortions you underwent. On Planned Parenthood's Web site, there are frequently asked questions associated with abortion. One considers whether there are long-term risks associated with abortion stating, "Safe, uncomplicated abortion does not cause problems for future pregnancies," and, "Ultimately, most women feel relief after an abortion."

Based on your experience, do you think these characterizations provide women with all the information they need about the risks associated with the abortion procedure they are about to undergo?

Ms. STOLTENBERG. No, I do not. I didn't hear any of those risks from them, and I don't believe that's a true statement at all. My story proves that, that this was not safe for me. I couldn't have children. And all these stories prove that. People have been physically harmed. I have a friend who lost a daughter on the table of an abortionist. There are ramifications, and it does hurt women.

Mr. GOODLATTE. Thank you.

Dr. Levatino, the 2009 National Abortion Federation textbook on comprehensive abortion care states that, some patients or clinicians prefer initiating the abortion procedure with a nonliving fetus for emotional reasons or to avoid the problem of a transiently living neonate at the time of fetal expulsion. That's on page 185. What, in plain English, are they referring to in this sanitized statement?

Dr. LEVATINO. They are referring to——

Mr. GOODLATTE. Turn your microphone on.

Dr. LEVATINO. I can't remember that microphone.

They are referring to bringing about a fetal death prior to initiating the procedure. You can do that a couple of ways. One is through the use of digoxin, which is actually what was on that video. And another one is through the use of potassium chloride. Potassium chloride is, I'll say, a more dangerous drug, and it is much more difficult to administer effectively to cause fetal death. By injecting digoxin either in large—moderately large doses into the amniotic sac or directly into the fetus, as was shown there, you can cause a fetal death. And that obviates the problem—if you are successful in that, you obviate the problem of a live birth. With a D&E abortion that I described initially, between 14 and 24 weeks and dismembering a baby—dismemberment abortion, if you wish, there's no chance of a life birth at all. But when you use these later techniques where you are essentially inducing labor through the laminaria and another drug called misoprostol, if you don't induce fetal death ahead of time, then you run the risk of a live birth, and then you have the situation of a person under the law, even as our laws are constituted, that has a right to medical care, which is obviously not going to be available in hotel rooms or in clinics. These women need to be in hospitals. I think that's what they're referring to.

Mr. GOODLATTE. Thank you.

One more question, Dr. Levatino. Why did you end your practice of doing abortions?

Dr. LEVATINO. I did over 1,200 abortions over a 4-year period in private practice, not counting the ones that I did during my training. I met my wife during my first year of training at Albany Medical Center. We got married about a year later and found that we had an infertility problem. After years of failed infertility treatment and several years trying to adopt a child, we were blessed with adopting of a little girl that we named Heather in August 1978. As sometimes happens in those situations, my wife got pregnant the very next month, and we had two children 10 months apart. Two months short of my daughter Heather's 6th birthday, she was killed in an auto accident, literally died in our arms in the back of an ambulance. Anyone who has children might think they have some idea of what that feels like, but unless you've been through it yourself, you have no idea whatsoever.

I know people find it hard to believe, but what do you do after a disaster? You bury your child, and then you go back to your life. And I don't remember exactly how long it was after my daughter died that I showed up at Albany Medical Center OR No. 9 to perform my first second-trimester D&E abortion. I wasn't thinking it was anything special; this was routine to me. But I reached in, literally pulled out an arm or a leg, and got sick. You know, earlier on, I described stacking of body parts on the side of the table. It's not to, you know, gross people out, to use a simple term. When you do an abortion, you need to keep inventory. You have to make sure you get two arms and two legs and all the pieces. If you don't, your patient is going to come back infected, bleeding, or dead. So I soldiered on and finished that abortion. And I know it sounds, as I said, hard for people to believe, but I'm telling you straight up my experience. You know, after over 1,200 abortions, first and second trimester up to 24 weeks, and all the rest of it and being very dedicated to it, for the first time in my life I really looked, I really looked at that pile of body parts on the side of the table. And I didn't see her wonderful right to choose, and I didn't see all the money I just made. All I could see was somebody's son or daughter. And I stopped doing late-term abortions after that and, several months later, stopped doing all abortions.

Mr. GOODLATTE. Thank you. The Chair now recognizes the gentleman from Michigan for his questions. We have a vote on and about 12 minutes remaining. So I think if you wanted to proceed, we can get those done.

Mr. CONYERS. Yes, sir. I would like to go forward. Thank you.

And I want to thank all the witnesses, but I have questions for Ms. Caroline Fredrickson, please.

I'm going to quote from our Chairman's memorandum on this hearing, quote: "The Purpose of this hearing will be to hear from witnesses on the issues surrounding the alleged acts of Planned Parenthood."

So, without commenting on its authenticity, does the video played by Dr. Levatino earlier have anything whatsoever to do with Planned Parenthood?

Ms. FREDRICKSON. I don't see the relevance of the video to a hearing that's supposed to be focused on Planned Parenthood itself and any allegations, unsupported as they may be, of wrongdoing. So, no, Mr. Conyers, I don't see how they relate to this hearing.

Mr. CONYERS. Now, can you describe the results of the independent forensic analysis of the videos released by the Center for Medical Progress?

Ms. FREDRICKSON. Yes. The independent examination by the forensic experts found that the videos were completely unreliable because they had been so heavily edited and manipulated and that they could not be shown to prove any evidence of any type of wrongdoing.

Mr. CONYERS. Now, as you note, Ms. Fredrickson, in your testimony, six States—Missouri, Pennsylvania, Georgia, Indiana, Massachusetts, and South Dakota—have looked at the allegations of wrongdoing at Planned Parenthood affiliates.

Can you report, to your knowledge, what they have found?

Ms. FREDRICKSON. All of them found that there was no basis for any finding of any wrongdoing by Planned Parenthood, and so those investigations were dismissed.

Mr. CONYERS. Now, what would happen to women if *Roe v. Wade* were overturned, as you know, the landmark case involving a woman's right to choose? Would women still choose to end their pregnancies? Would those procedures be safer than those provided by Planned Parenthood today?

Ms. FREDRICKSON. Mr. Conyers, it's true and unfortunate that when abortion was illegal in this country, women did seek abortions. And, unfortunately, those illegal abortions are dangerous and put women's lives in jeopardy, and women do, nonetheless, seek out abortions. So it is imperative that abortion remain safe and legal in this country.

Mr. CONYERS. Thank you.

Now, there's some who want to push to defund Planned Parenthood. Some have claimed that there are enough other clinics to absorb Planned Parenthood's patients if Planned Parenthood affiliates are forced to close their doors. Is that true?

Ms. FREDRICKSON. That has been described as actually ludicrous by people, experts in public health who say that there is no way that these health centers could fill the gap that is provided by Planned Parenthood, which is an anchor for women's health care in America and is, in fact, the leading health provider of reproductive health care for women.

Mr. CONYERS. Now, I'm just about through. Is there adequate capacity in the health care system to absorb all of Planned Parenthood's patients?

Ms. FREDRICKSON. No. There is clearly no capacity to absorb those patients. Those patients would, unfortunately, have their needs go unmet. They would be less likely to have family planning counseling and access to contraception as well as to basic sexually transmitted disease testing and breast exams, and as a result, there would be more abortions in this country and not fewer.

Mr. CONYERS. Thank you.

And, finally, what kinds of patients might be particularly harmed if those that want to defund Planned Parenthood were successful in their effort?

Ms. FREDRICKSON. Mr. Conyers, poor women, low-income women in this country, women in rural areas would be the ones who would suffer most from not having access to the critical services that Planned Parenthood provides.

Mr. CONYERS. I thank you very much for your testimony, and I thank the Chairman for the time.

Mr. GOODLATTE. There are 6 minutes remaining in this vote. So the Committee will stand in recess and reconvene immediately after the votes.

[Recess.]

Mr. FRANKS [presiding]. The Committee will now come to order.

And I will recognize the gentleman from Virginia, Mr. Forbes, for 5 minutes.

Mr. FORBES. Mr. Chairman, thank you.

At the end of the classic movie, "Casablanca," an inspector issues an order to round up the usual suspects, and every time my friends on the other side of the aisle have a horrific act that's done or alleged to be done by one of their allies, they issue a similar order to round up the usual excuses. We've heard them all here today: Don't believe your eyes and your ears and what you hear on the video; look somewhere else. And for goodness sake, don't focus on this horrific act when you could be focusing on some other horrific act that people we don't like might have committed. This is just political theater. Somehow or the other, if you are sensitive and don't like the fact that an unborn child is torn apart limb by limb, you really don't talk about that. You have some kind of massive attack on women in general. And don't look at the horrific act that this group might have done because, after all, they might have done other good acts that weren't horrific. And excuses go on and on.

And the reality is there is simply no point. There's nothing that our friends on the other side of the aisle would look at this organization and say, we might like you, but that's just too far, and we can't condone that.

And, Mr. Chairman, I would like to now show a video, since this seems to be the day of the video. If we could roll that.

[Video played.]

Mr. FORBES. Now, Mr. Chairman, we've heard a lot today about editing the videos. There's no evidence, Ms. Fredrickson, I think that you have it all, that this video has been edited or anything has been add to it. So the procedures that were discussed in there of crushing an unborn child in more than one place—an unborn child, by the way, that has a heart, a lung, and a liver that's so well developed that Planned Parenthood would want to save the heart, the lung, and the liver, but would not want to save the life that created. Just one simple question, is that procedure too brutal for you?

Ms. FREDRICKSON. Well, sir, I'd like to respond by saying that, as you started describing this as political theater, I would like to reiterate——

Mr. FORBES. No, ma'am. You could do what you want if you don't want to answer the question, but you are not going to let the clock run on me. Yes or no, is it too brutal?

Ms. FREDRICKSON. Sir, ultimately, this is an attack on women's ability——

Mr. FORBES. That may be, but I've got 5 minutes. You can answer it or not. Do you feel that procedure is too brutal? And I understand if you don't want to answer it, but can you say whether you feel it's too brutal or not? Yes or no?

Ms. FREDRICKSON. Sir, I feel abortion should be safe and legal in this procedure.

Mr. FORBES. Is that procedure too brutal?

Ms. FREDRICKSON. I am not a doctor. I can't comment on——

Mr. FORBES. Okay. Let me ask you this question: If you had a small dog, and you had to put that dog to sleep, would you think it would be too brutal for the veterinarian to crush that dog in two different places?

Ms. FREDRICKSON. I trust women and their doctors to determine what are the best——

Mr. FORBES. Let the record show that Ms. Fredrickson would not answer the question.

Dr. Levatino, is that too brutal?

Dr. LEVATINO. Every abortion involves the destruction of human life. I get frustrated sometimes with the, "Well, it's not a baby; it's a fetus." I think we mostly got beyond the old blob of cells argument. You know what that is? That's your son. That's your daughter. Every abortion results in a dead son or daughter.

I think it's absolutely gruesome. And I thought the example you just gave a minute ago is perfect. If I abused a dog in my town, I'd be arrested. If I did abortions again, first trimester, second trimester, I would be a hero to so many people. It's absurd.

Mr. FORBES. Mr. Chairman, just for the record, you know, the point that I think disturbs so many of us is the exact response we heard from Ms. Fredrickson. They won't say that any procedure is too far or not enough or is too brutal, and that's the purpose of these hearings because there's a big difference between saying there may not be a law to protect against something that may not be illegal and to say there was no wrongdoing done because I think what we heard on that tape was wrongdoing.

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

Mr. FRANKS. I thank the gentleman.

And I now recognize Mr. Nadler from New York for 5 minutes.

Mr. NADLER. Thank you, Mr. Chairman.

We've heard a lot today about saving lives. After 23 years in Congress, I am still shocked by the hypocrisy we continually hear from my friends on the other side of the aisle. Since 2013, there have been over 900 mass shootings across the country, including 300 mass shootings in 2015, an average of more than one mass shooting every day this year. 10,128 people have been killed this year alone. Americans are 20 times more likely to be killed by gun violence than people in any other developed country who are not more or less mentally ill than people in the United States. Although we have 30 percent of the world's population, the U.S. has 90 percent of the world's firearm homicides—I think that's 3 percent of the world's population.

How many hearings have my Republican colleagues held on gun violence since taking over the House since 2011? None. Since

Sandy Hook, there have been 142 school shootings, the most recent strategy occurring on a community college in Oregon. And since the Oregon shooting, 146 people have been killed and 128 shootings in the United States. Not one hearing, not one vote on gun violence.

For comparison's sake, 2 months ago, an extremist liar released a series of heavily edited and probably illegal videos filled with lies about Planned Parenthood, an organization that has been providing comprehensive compassionate health care to women for a century. In the last 30 days, the House has opened three official investigations, spent countless hours in Committee hearings, and just yesterday voted to establish a fourth investigation through a special select Committee. We have taken 20 votes this year alone restricting women's access to health care. This very hearing is the Committee's second in 30 days on Planned Parenthood, despite the fact that this entire farce is knowingly based on lies.

If my colleagues had even one shred of evidence that Planned Parenthood had broken any laws, they would have gone to a State or Federal prosecutor right away. But they didn't, and they don't. Perhaps that's why one of my Republican colleagues Mr. Chaffetz announced on TV just last week that there's no evidence that Planned Parenthood has broken any laws. Imagine how many lives we could save if my colleagues devoted even one half of that attention to stopping the epidemic, and it is an epidemic, of gun violence in this country. My colleagues will claim that we cannot possibly take any action on gun violence because the right to own a gun is protected by the Constitution. It's a very funny argument coming from the other side in light of this shameful hearing. You know what else is protected by the Constitution, a women's right to access abortion and to make her own choices about her health care and whether to get an abortion. Yet the same colleagues who refuse to take any action on gun violence have no problem tossing the Constitution out the window to impose their own moral opinions on all American women.

Measures passed at the State and local level put unbelievable restrictions on a woman's right to access an abortion. Women must endure invasive tests and exams, wait 48 hours before they can undergo the procedure, take time off from work to visit the one facility in the State where abortion is still available, and endure endless badgering and even assault from protesters any time they try to enter a clinic they have a constitutional right to enter. They must face regular shaming from the Republicans on this Committee—almost all men, I may add—for making the choice to exercise their constitutional rights.

Yet there are no such restrictions for acquiring a gun. You can walk into a gun show at noon and walk out 15 minutes later with a high-capacity magazine and a semiautomatic rifle in your hands. No background check, no ID, no way of making sure the gun purchase is going to someone with the proper safety training and with no history of domestic violence. Imagine if we made people jump through the same hoops to buy a firearm as they do for having an abortion. Imagine the invasive questions about why are you getting the gun and whether or not you considered all your options? Imagine the only way to get a gun was to prove through a police report that you have been raped or assaulted in the past or have a lawyer

certify that your life is in imminent physical danger unless you get a gun. Think about being shamed and shouted at and forced to look at graphic images of gun violence as you walk into a gun shop.

That outrage you feel, that nagging feeling that the government has no right to put any restrictions on your constitutional rights: that is what a woman feels every time she tries to make a decision about her health and about whether or not to access her constitutional rights to an abortion. Until this Committee is ready to face the real crisis of gun violence in our country to take a firm stand that enough is enough and it's time for real action, these proceedings will remain a hypocritical farce.

Ms. Fredrickson, are you aware that the Center for Medical Progress obtained its nonprofit status from the IRS by representing itself as a nonprofit based on biomedical research and that they did not indicate their political activities in their application. And is this a fraud? Is this illegal to provide false information to the IRS?

Ms. FREDRICKSON. Mr. Nadler, yes, to your first question.

They did, indeed, make that application, and I do believe it is a fraud and illegal.

Mr. NADLER. Thank you. My last question is, at the moment three House committees and one Senate committee on investigating Planned Parenthood. The majority is proposing using taxpayer dollars to establish a select panel that would launch its own fifth investigation.

What do you make of the fact that the majority has committed these resources to attacking Planned Parenthood and almost none to investigating alleged illegal activity at the Center for Medical Progress?

Ms. FREDRICKSON. Well, I think it indicates that the true agenda here is to undermine women's right to make personal decisions in consultation with her doctor and her family and exercise her constitutional rights to choose her own health care.

Mr. NADLER. As do the testimony of three witnesses who have nothing to say about Planned Parenthood but have to say about abortion generally.

Thank you very much. I yield back.

Mr. FRANKS. I now recognize the gentleman from Iowa, Mr. King.

Mr. KING. Thank you, Mr. Chairman. I thank the witnesses for your testimony here today. And I was just listening to the gentleman from New York about the same hoops to buy a firearm as there is to get an abortion. I suggest, instead, in this city, for example, it's probably much easier to get an abortion than it is to buy a gun or to possess one or to transport one. And that's true also in many States, including Chicago, for example, where we've seen a lot of deaths and desecration that comes from violence there that doesn't seem to be troubling the minority party either.

But I'm looking through your testimony, Ms. Fredrickson, and I notice there that in your testimony you say that you list the numbers of lifesaving breast exams, the number of women whose cancer was detected early, 500,000 exams, 88,000 women whose cancer was detected earlier, very likely did save lives in doing that. I didn't notice—oh, and also that it had prevented an estimated 516,000 unintended pregnancies and 217,000 abortions every year. I haven't seen Planned Parenthood produce a number that actually

took credit for the number of abortions prevented—excuse me, the number—yeah, the number of abortions prevented, neither did I see in this testimony the number of abortions that Planned Parenthood does in a normal year. Could you tell me what that number would be?

Ms. FREDRICKSON. I believe the number is about 350,000 per year.

Mr. KING. What would the typical price be for a typical abortion?

Ms. FREDRICKSON. I do not know. I do not work for Planned Parenthood.

Mr. KING. And could I just then, state, I will, off their Web site, $1,500. And when I punch that through my calculator, it was 340,000 was the number I used, rather than 350, but we're in the ballpark, and at $1,500 each, that turned out to be $510 million. And $510 million happens to be very close to identical to the exact number of the appropriations that would go into Planned Parenthood should the appropriations go forward, which it has out of this House at least for a couple of months. And it's hard for me to accept the idea that this is a nonprofit organization.

And I would turn to Ms. Thayer. Your testimony spoke to that. Seeing those kind of numbers, Ms. Thayer, could you be convinced that Planned Parenthood is nonprofit?

Ms. THAYER. Officially, Planned Parenthood is a nonprofit, but their main concern is really their bottom line. We would have monthly managers' meetings via the very Web cam system that they installed to do the abortions. And on a spreadsheet, they would have our goals, our quotas, for every single service and supply that we had. If we met our goal, that square would be green. If we were 5 percent below, it would be yellow. And if we were 10 percent below our quota, it would be red, and we would have to have a corrective action plan on how to correct that.

And abortion was one of those items. If we didn't do abortions at that center, then we had a goal for abortion referrals.

Mr. KING. Could you say clearly here in your testimony with confidence that in your years working for Planned Parenthood that even though Planned Parenthood has filed as a nonprofit, that they are profit driven?

Ms. THAYER. Well, they are all about the profit. For example, they purchase birth control pills for $2.98 a cycle, bill the Iowa taxpayers $35 a cycle, are reimbursed a little over $26, and then they solicit from the very women that Ms. Fredrickson referred to as very low income, at or below poverty level, a $10 donation per cycle for each pill that goes out, each cycle of pills.

Mr. KING. That's clearly a distinct profit that most businesses would like to see in their margins.

I would like to turn, again, to Ms. Fredrickson. And I recall in your testimony you talk about the gap that would be created if we didn't fund Planned Parenthood. And would you say that there's no way to fill the gap of services that you testified, that there's not a way to fill that gap some other way?

Ms. FREDRICKSON. I think we already have evidence that it is nearly impossible, if not impossible, to fill that gap. The example from Texas, and even in Louisiana, where they have tried to cut

back on Planned Parenthood services and found that they could simply not serve the population that needed those services.

Mr. KING. Tell me, if you would, how did Planned Parenthood grow into this, "service," and into this gap that can't be created another way? Are you submitting then that free enterprise and demand and transportation and funding and resources wouldn't grow another entity or two or three or four or five that would fill the same demand that you're saying that Planned Parenthood only can fill?

Ms. FREDRICKSON. With all due respect, sir, we're talking about Medicaid patients that primarily get those services. So, no, I don't think that they can be filled by the free enterprise system.

Mr. KING. What do you think would happen?

Ms. FREDRICKSON. Well, unfortunately, I think we would have more unintended pregnancy and ultimately, unfortunately, more abortions.

Mr. KING. I just suspect that the witness hasn't considered how this comes together, how free enterprise moves and accepts Medicaid checks, et cetera, how the clinic system works, how the healthcare providers are able to take a look at the marketplace and supply a demand. And I suggest that that would be supplied without any great concern, and I would yield back.

Mr. FRANKS. Well, I thank the gentleman.

And I'll recognize myself now for 5 minutes for questions—forgive me.

I'll recognize now Ms. Jackson Lee for 5 minutes.

Ms. JACKSON LEE. Let me thank you very much, all of the witnesses. Whenever we have witnesses come, it's appropriate for Members of Congress to thank you because we know the sacrifice that you make to come.

Let me also say that this is the Judiciary Committee, and it is important for us to do fact finding but also to maintain and adhere to current stated statutory or court law that has set precedents for the actions that may be in place now. Obviously, as legislators, we have the right to make determinations.

Let me also say that I respect and appreciate the differences of opinion that are in this room and among those in this audience and on the panel as well.

I'm interested in the truth, but I am one who has known people and have lived through the back-alley abortions and seen so many people suffer and die because of choices that they intelligently wanted to make, desperately had to make, and did not have the adequate medical care consultation that was needed.

Let me thank you, doctor. Any time I see a doctor, I want to thank you for taking the oath and recognizing the need for good care. But I do want to go back to what this hearing is all about.

Are you representing—understanding you are under oath, are you representing that the video that you showed was a Planned Parenthood video?

Dr. LEVATINO. No, ma'am, I am not. The reason I brought that video forward, however——

Ms. JACKSON LEE. I have a short period of time.

Dr. LEVATINO. Go ahead, ma'am.

Ms. JACKSON LEE. So you are not—that is not a Planned Parenthood video?

Dr. LEVATINO. That is not a Planned Parenthood video.

Ms. JACKSON LEE. And I want to make clear that the hearing is "Planned Parenthood Exposed: Examining Abortion Procedures and Medical Ethics at the Nation's Largest Abortion Provider."

Ms. Thayer. I'm sorry.

Ms. THAYER. That's okay.

Ms. JACKSON LEE. Let me pronounce it correctly. Are you a lawyer?

Ms. THAYER. No, ma'am.

Ms. JACKSON LEE. Are you trained in nonprofit law?

Ms. THAYER. No, ma'am.

Ms. JACKSON LEE. Would you then have a legal understanding of the rights and responsibilities of a nonprofit and what they are allowed to do?

Ms. THAYER. Well, I ran a nonprofit for almost 18 years.

Ms. JACKSON LEE. But are you a lawyer that understands the law of nonprofits, 501(c)(3)?

Ms. THAYER. No, but I did have an understanding that——

Ms. JACKSON LEE. But not from a legal perspective? So you would not be able to discern the appropriate response to Federal funding being used for Medicaid healthcare matters versus things that you have now become opposed to, which is your right to do? Not from a legal perspective.

Ms. THAYER. One my biggest concerns was why they were soliciting donations, requiring donations from Medicaid-eligible women, and I knew that that wasn't right.

Ms. JACKSON LEE. Well, is that something that you are submitting into the record? Do you have some statements from the Medicaid women that were solicited?

Ms. THAYER. I did that every day that I worked there. Their pills are $35. The donation is $10; will it be cash or credit?

Ms. JACKSON LEE. Well, were you able to discern by the understanding of the bylaws of Planned Parenthood just what those requests might be? They have every right to engage—I'm not saying it's true—in a voluntary perspective. Let me move—in a voluntary request that someone voluntarily may desire to do.

But let me go to Ms. Fredrickson and set the tone for this particular hearing.

It has been said by Congressman Chaffetz, the Chairman of the Oversight Committee, among many hearings that Planned Parenthood did, if I might quote correctly from the hearing, "violated no law." Is *Roe v. Wade* the law of the land?

Ms. FREDRICKSON. Yes, it is.

Ms. JACKSON LEE. Is that the right for women to choose?

Ms. FREDRICKSON. Yes. That provides——

Ms. JACKSON LEE. It's no billboard pronouncement that we are promoting abortions. Is that the case? The law simply is on the Ninth Amendment, the right to privacy?

Ms. FREDRICKSON. Under the Constitution, women have the right to make those personal decisions.

Ms. JACKSON LEE. Not an advertisement and billboard for abortion; it is a right to privacy under the Ninth Amendment?

Ms. FREDRICKSON. Yes.

Ms. JACKSON LEE. Let me also say that the political agenda that has been framed, many of you have seen, I'm not going to ask you that question, but I'd like to focus on your understanding, Ms. Fredrickson, of what Planned Parenthood does. Do they legitimately have health care for women?

Ms. FREDRICKSON. Planned Parenthood is our Nation's leading provider for reproductive health care for women. They provide a critical service. One in five American women go to a Planned Parenthood clinic in their lifetime.

Ms. JACKSON LEE. Let me pursue another line of questioning. In order to make sure that we know that we have—Planned Parenthood, excuse me, has a medical structure, as I understand it, abortion care is included in medical training, clinical practice, and continued medical education. Studies show abortion has 99 percent safe record, but more importantly, the 57,000 members of the American Congress of Obstetricians and Gynecologists maintains the highest standards of clinical practice have indicated that that is the case, and that there's misinformation about how abortions today are handled versus, remember what I said, back alley and coat hanger. Are you familiar with that contrast of what women went through, what I say, 20, 30 years ago versus what they doing today?

Ms. FREDRICKSON. Yes. I understand that before *Roe v. Wade*, many women died in back-alley abortions, and that it's a tremendous advance in this country to have safe and legal abortions available for women.

Ms. JACKSON LEE. Let me add the Fourth Amendment to my line of reasoning as well.

But let me just ask this question as I close: On this video, are you familiar with the name Mr.—I'm sorry. His name is Mr. Daleiden?

Ms. FREDRICKSON. From the videos, yes.

Ms. JACKSON LEE. Yes. Do you realize that he has not publicly released the entire unedited video?

Ms. FREDRICKSON. So I understand that no Member of this Committee has seen the entire unedited videos, yes.

Ms. JACKSON LEE. Do you realize that Mr. Daleiden has taken the Fifth Amendment, meaning not willing to come before any Committee?

Ms. FREDRICKSON. Yes.

Ms. JACKSON LEE. And do you also understand that he stole the ID of a fellow classmate in high school who happened to be a feminist in order to portray the distorted political and biassed video?

Ms. FREDRICKSON. Yes, I understand that is the case.

Ms. JACKSON LEE. If we are here—and I close Mr. Chairman, and I thank you for this. If we are here to find the facts, is it not factual that through all of the hearings we've not heard of any statement about Planned Parenthood in essence violating the law, *Roe v. Wade*, constitutional amendments, and the Bill of Rights? Have you heard that, Ms. Fredrickson?

Ms. FREDRICKSON. No, no one has been able to substantiate any allegation of wrongdoing against Planned Parenthood, and indeed, Mr. Chaffetz has agreed that there is no wrongdoing.

Mr. FRANKS. The gentlelady time has expired.

Ms. JACKSON LEE. Thank you, Mr. Chairman. I yield back.

Mr. CICILLINE. Mr. Chairman, a point of parliamentary inquiry?

Mr. FRANKS. State your point.

Mr. CICILLINE. Mr. Chairman, I would like to know what the proper procedure would be. I think this witness has just testified—this hearing is entitled, "Planned Parenthood Exposed: Examining Abortion Practices and Medical Ethics at the Nation's Largest Abortion Provider." This witness played a tape that he has now admitted under oath was not prepared in connection with Planned Parenthood at all, and so I would ask that it be stricken from the record of this hearing.

Mr. FRANKS. The Chair is the judge of relevancy here, and the gentleman never had suggested anything to the contrary.

Mr. CICILLINE. Well, Mr. Chairman, it was presented to a Committee having a hearing on Planned Parenthood with the clear implication that it was relevant to the hearing. It's not. I'd ask—I make a motion to strike it from the record.

Mr. FRANKS. Well, would you also include in your motion the gentleman from New York's testimony on gun control? Is that relevant to Planned Parenthood?

Mr. CICILLINE. My motion is on the recording that Dr. Levatino presented that he admitted has nothing to do with Planned Parenthood. I've made a motion, Mr. Chairman.

Mr. FRANKS. Well, Mr. Nadler made his motion about—I mean his comments about guns almost entirely——

Mr. CICILLINE. Mr. Chairman, point of order. I've made a motion that that be stricken from the record of this hearing as irrelevant to a hearing on Planned Parenthood, and I'd ask for a vote on my request.

Mr. JOHNSON. I'll second the motion.

Mr. FRANKS. All those in favor, say aye.

Mr. CICILLINE. Aye.

Mr. FRANKS. Would the gentleman restate his motion?

Mr. CICILLINE. The motion is to strike from the record the video of Dr. Levatino, which was not prepared or generated in connection with any service by Planned Parenthood.

Mr. KING. Mr. Chairman——

Mr. CICILLINE. Mr. Chairman, there's already been a vote.

Mr. KING [continuing]. Reserving my right to object, there was a unanimous consent request to enter the information into the record. The gentleman had his opportunity to object at the time the information was——

Mr. CICILLINE. No, that is not true.

Mr. KING [continuing]. Entered into the record. And I object to his motion as being out of order.

Mr. CICILLINE. That is not correct. It was not a unanimous consent. It was——

Mr. KING. I have the floor.

Mr. FRANKS. All those in favor, say aye.

All those in favor, say aye.

Mr. CICILLINE. Of my motion? Aye.

Mr. FRANKS. All those opposed?

The noes have it.

Mr. CICILLINE. I ask for a recorded vote.
Mr. FRANKS. Okay.
Ms. CICILLINE. I ask for a recorded vote.
Mr. FRANKS. Recorded vote has been—I wonder if we are going to be able to strike that video from your memory.
Mr. CICILLINE. All I'm asking is that it be stricken from the record of this hearing. It ought to have some relevance before people bring in a video which has nothing to do with the subject matter at hand.
Mr. JOHNSON. I ask for a recorded vote, Mr. Chairman.
Mr. FRANKS. Recorded vote has been asked.
The clerk will call the roll.
Mr. NADLER. Mr. Chairman, regular order. Could the clerk call the roll? Mr. Chairman.
Ms. WILLIAMS. Mr. Goodlatte?
[No response.]
Ms. WILLIAMS. Mr. Sensenbrenner?
[No response.]
Ms. WILLIAMS. Mr. Smith?
[No response.]
Ms. WILLIAMS. Mr. Chabot?
[No response.]
Ms. WILLIAMS. Mr. Issa?
[No response.]
Ms. WILLIAMS. Mr. Forbes?
[No response.]
Ms. WILLIAMS. Mr. King?
Mr. KING. No.
Ms. WILLIAMS. Mr. King votes no.
Mr. Franks?
Mr. FRANKS. No.
Ms. WILLIAMS. Mr. Franks votes no.
Mr. Gohmert?
Mr. GOHMERT. No.
Ms. WILLIAMS. Mr. Gohmert votes no.
Mr. Jordan?
[No response.]
Ms. WILLIAMS. Mr. Poe?
[No response.]
Ms. WILLIAMS. Mr. Chaffetz?
[No response.]
Ms. WILLIAMS. Mr. Marino?
[No response.]
Ms. WILLIAMS. Mr. Gowdy?
[No response.]
Ms. WILLIAMS. Mr. Labrador?
[No response.]
Ms. WILLIAMS. Mr. Farenthold?
[No response.]
Ms. WILLIAMS. Mr. Collins?
[No response.]
Ms. WILLIAMS. Mr. DeSantis?
[No response.]
Ms. WILLIAMS. Ms. Walters?

[No response.]
Ms. WILLIAMS. Mr. Buck?
[No response.]
Ms. WILLIAMS. Mr. Ratcliffe?
[No response.]
Ms. WILLIAMS. Mr. Trott?
[No response.]
Ms. WILLIAMS. Mr. Bishop?
[No response.]
Ms. WILLIAMS. Mr. Conyers?
[No response.]
Ms. WILLIAMS. Mr. Nadler?
Mr. NADLER. Aye.
Ms. WILLIAMS. Mr. Nadler votes aye.
Ms. Lofgren?
Ms. LOFGREN. Aye.
Ms. WILLIAMS. Ms. Lofgren votes aye.
Ms. Jackson Lee?
Ms. JACKSON LEE. Aye.
Ms. WILLIAMS. Ms. Jackson Lee votes aye.
Mr. Cohen?
Mr. COHEN. Aye.
Ms. WILLIAMS. Mr. Cohen votes aye.
Mr. Johnson?
Mr. JOHNSON. Aye.
Ms. WILLIAMS. Mr. Johnson votes aye.
Mr. Pierluisi?
[No response.]
Ms. WILLIAMS. Ms. Chu?
[No response.]
Ms. WILLIAMS. Mr. Deutch?
Mr. DEUTCH. Aye.
Ms. WILLIAMS. Mr. Deutch votes aye.
Mr. Gutierrez?
Mr. GUTIERREZ. Aye.
Ms. WILLIAMS. Mr. Gutierrez votes aye.
Ms. Bass?
[No response.]
Ms. WILLIAMS. Mr. Richmond?
[No response.]
Ms. WILLIAMS. Ms. DelBene?
Ms. DELBENE. Aye.
Ms. WILLIAMS. Ms. DelBene votes aye.
Mr. Jeffries?
[No response.]
Ms. WILLIAMS. Mr. Cicilline?
Mr. CICILLINE. Aye.
Ms. WILLIAMS. Mr. Cicilline votes aye.
Mr. Peters?
[No response.]
Mr. FRANKS. Mr. Chaffetz?
Mr. CHAFFETZ. No.
Ms. WILLIAMS. Mr. Chaffetz votes no.
Mr. FRANKS. Gentleman from Virginia?

Mr. FORBES. No.
Ms. WILLIAMS. Mr. Forbes votes no.
Mr. NADLER. That's the recorded vote.
Regular order results, please.
Mr. LABRADOR. Mr. Chairman.
Mr. FRANKS. Mr. Labrador?
Mr. LABRADOR. No.
Ms. WILLIAMS. Mr. Labrador votes no.
Mr. NADLER. Regular order. Could we have the results of the vote, Mr. Chairman?
Mr. FORBES. Mr. Chairman.
Mr. FRANKS. The clerk will now——
Mr. FORBES. Mr. Chairman.
Mr. FRANKS [continuing]. Report the vote.
Mr. Forbes.
Mr. FORBES. Parliamentary inquiry, Mr. Chairman.
Mr. FRANKS. State your inquiry.
Mr. FORBES. Mr. Chairman, as I understand, this is a motion to——
Mr. NADLER. Point of order. When we are in the middle of a roll call vote, you can't have a parliamentary inquiry.
Mr. FORBES. I'll ask a ruling from the Chair and take time to ask for the Parliamentarian.
Mr. NADLER. Let's report the vote.
Mr. GUTIERREZ. Report the vote.
Mr. FORBES. The Chairman can consider that.
Mr. FRANKS. State your inquiry.
Mr. FORBES. Mr. Chairman, I just wanted to ask if this was a motion to strike testimony of a witness or a video, and if we had such a motion because I don't recall ever having one in this Committee where we were striking testimony of witnesses that had been made in here.
Mr. FRANKS. As I understand, Mr. Forbes, the minority is asking to strike the video, which, of course, was given to them days ago and is not a surprise to them in any way.
Is that correct?
Mr. NADLER. It was given to us yesterday morning.
Mr. CICILLINE. That's the motion, yes.
Mr. GUTIERREZ. Regular order.
Mr. NADLER. Regular order. Can we have the vote results?
Mr. FORBES. Mr. Chairman, this is regular order to have a parliamentary inquiry—
Mr. FRANKS. Will the gentleman state his order?
Mr. FORBES. Yes, sir, Mr. Chairman. I'll wait until they be quiet, then I'll state my parliamentary procedure once they have gotten quiet.
Mr. GUTIERREZ. Come on.
Mr. FORBES. Okay. They are finally quiet.
Mr. Chairman, have we had a procedure before under our parliamentary rules to strike evidence of a witness because I don't ever remember one taking place in this Committee?
Mr. FRANKS. I'm told not in this Committee.
Mr. FORBES. Okay. All right.
Mr. FRANKS. Please announce the vote.

Ms. WILLIAMS. Mr. Chairman——
Mr. CHABOT. One last thing, Mr. Chairman.
Mr. FRANKS. Mr. Chabot?
Mr. CHABOT. No.
Ms. WILLIAMS. Mr. Chabot votes no.
Mr. Chairman, nine Members voted aye; seven Members voted no.
[The rollcall vote follows:]

1. Motion to strike video played by Dr. Levatino from record.

ROLLCALL NO. 1

	Ayes	Nays	Present
Mr. Goodlatte (VA), Chairman			
Mr. Sensenbrenner, Jr. (WI)			
Mr. Smith (TX)			
Mr. Chabot (OH)		X	
Mr. Issa (CA)			
Mr. Forbes (VA)		X	
Mr. King (IA)		X	
Mr. Franks (AZ)		X	
Mr. Gohmert (TX)		X	
Mr. Jordan (OH)			
Mr. Poe (TX)			
Mr. Chaffetz (UT)		X	
Mr. Marino (PA)			
Mr. Gowdy (SC)			
Mr. Labrador (ID)		X	
Mr. Farenthold (TX)			
Mr. Collins (GA)			
Mr. DeSantis (FL)			
Ms. Walters (CA)			
Mr. Buck (CO)			
Mr. Ratcliffe (TX)			
Mr. Trott (MI)			
Mr. Bishop (MI)			
Mr. Conyers, Jr. (MI), Ranking Member			
Mr. Nadler (NY)	X		
Ms. Lofgren (CA)	X		
Ms. Jackson Lee (TX)	X		
Mr. Cohen (TN)	X		
Mr. Johnson (GA)	X		
Mr. Pierluisi (PR)			
Ms. Chu (CA)			
Mr. Deutch (FL)	X		
Mr. Gutierrez (IL)	X		
Ms. Bass (CA)			
Mr. Richmond (LA)			
Ms. DelBene (WA)	X		
Mr. Jeffries (NY)			
Mr. Cicilline (RI)	X		
Mr. Peters (CA)			
Total	9	7	

Mr. FRANKS. And the motion is agreed to.

I will now recognize myself for 5 minutes for questions.

You know, one of the hallmarks of humanity throughout history is our astonishing proclivity as human beings to obscure, rationalize away an incontrovertible truth in our own minds or before others to achieve some solidarity or temporary acceptance with our own insular peer group. It's always astonished me to what lengths we go on this issue. And I think I know why, because we never really ask this central question. And the central question is: Does abortion kill a little baby? If abortion doesn't kill a little baby, then I'm here to pretty much suggest that we shouldn't be having such a hearing or anything like that. But if abortion really does kill a little baby, then those of us seated in the greatest Nation in the history of the world, the land of the free, home of the brave, are sitting in the midst of the greatest human genocide in the history of humanity. And the victims are the most helpless of all children.

We recently had a vote in the House of Representatives to protect born-alive children. There was not one person to my left that voted for that bill, born-alive children. And I would just suggest that if we've come to the moment in America where we no longer are willing to protect born-alive children, then it is time to reassess who we are and whether or not the Founding Fathers' dreams still has any place in our society.

Mr. Levatino, if a child is born alive during an abortion procedure, a doctor has an ethical duty to save that child, correct?

Dr. LEVATINO. He does. He has an ethical duty to provide care, whether it's lifesaving or palliative.

Mr. FRANKS. Well, the president of Planned Parenthood, Cecile Richards, has said in testimony that she had never heard of such a circumstance happening in Planned Parenthood clinics. Do you believe that among the hundreds of thousands of abortions Planned Parenthood commits every year that there are, in fact, children born alive but die because they do not receive appropriate care?

Dr. LEVATINO. I can't speak specifically from experience regarding Planned Parenthood in that regard. The reason I introduced the video was because Planned Parenthood has stated, and we understand that they do, perform late-term abortions. It has been stated, I believe by Ms. Richards, that they perform late-term abortions, "up to viability," but that was never defined. So if you are going to be talking about late-term abortions in terms of Planned Parenthood, you need to know what the techniques are. That's why I introduced the testimony that I did.

Mr. FRANKS. Well, based on your experience, what is your assessment of how low-income women's health care could be met without Planned Parenthood?

Dr. LEVATINO. With all respect to Ms. Fredrickson, her assertion and backing it up with statements from other people that it is "ludicrous," were her words, that other providers could adequately take on Planned Parenthood patients is—the statement itself is ludicrous.

It's interesting, if you want to learn about low-income women and health care, you should come to southern New Mexico, where I've worked for over 13 years. This map, the Planned Parenthood facilities in New Mexico are in Albuquerque, Santa Fe, and Farmington, the three richest areas in the State. There isn't a single

Planned Parenthood south of Bernalillo County in New Mexico, and there hasn't been for over a decade, the very area that I worked.

Dona Ana County, where I work, is one of the poorest counties in the country. And if you want to understand about indigent care, then come to Dona Ana County, please.

Ms. Richardson has talked specifically about the health care that Planned Parenthood provides, specifically, family planning counseling and contraception, pregnancy test, Pap smears, and breast exams—and oh, STD testing, which she did not mention in her testimony but was in her written testimony. Those are the services they provide. Let me tell you something, the poor people in my area get contraceptive counseling, Pap smears, breast exams, and truly comprehensive health care from our healthcare clinics.

You've heard—this Committee has heard, I know, that there are over 13,000 healthcare clinics across the country. Look at my map again. This is covering in New Mexico in terms of those very same health clinics. And unlike Planned Parenthood, they are not a 9-to-5 business, Monday through Friday. They are there 24 hours a day to serve their women. And their women get taken care of not only if they need just Pap smears or breast exams; they get taken care of if they have a headache or nausea or a stroke or a heart attack or all the other things that happen. That's what we call comprehensive health care, and that's what is available at these clinics.

Five hundred million dollars. As a doctor, I would give you my opinion that $500 million poured into Planned Parenthood would be far better served—those women across the country would be far better served if that money was put into community health centers where women could get truly comprehensive care, not just Pap smears and breast exams.

Mr. FRANKS. I thank the gentleman.

Now I would recognize, I believe, Mr. Cohen from Tennessee for 5 minutes.

Mr. COHEN. Thank you, sir.

Mr. FRANKS. Ms. Lofgren. Forgive me.

Ms. LOFGREN. Thank you, Mr. Chairman.

This hearing is disappointing in so many ways. It's really hard to begin, but let me just say that it is a myth to think that if we were able to defund Planned Parenthood, which I think, legally, we couldn't do, I mean, that there is the capacity to provide the medical services to the women who are being served. And the last time that we had a hearing in this Committee on this same subject, I put a letter into the record of that hearing from the California nonprofit clinics saying they do not have the capacity to pick up the caseload of Planned Parenthood. Just, flat out, they could not do it.

There has been a lot of discussion about abortion here today. And abortion is a very emotional subject for people in this country, and I think that is why we've ended up in the situation we have, which is there is no Federal funding for abortion. There is no Federal funding for abortion. And so if the effort to cut off funding from Planned Parenthood would succeed, we would cut off contraception, but we would not cut off abortion, which is an absurd result, I must say.

You know, I have known women who have had abortions, and I've never met a woman who felt happy about it. This is not a festive occasion. It's a situation where women find themselves, and they make a choice instead of the government telling them what to do. I think of the daughter-in-law of a dear friend of mine who had an abortion late in her pregnancy when she found out that the much-wanted child she was carrying had—all of her brains had formed outside of the cranium. This child was not going to live, and she and her husband were devastated. But she was told by her physician that if she carried this child to term, not only would the child die, but she might die, and, certainly, she would never have the chance of having another child.

We think about the women all over the country who struggle with this decision and make a decision, but one of the important things is to provide for contraception so that women don't have to be faced with that terrible decision. And I do think that one of the most important things that Planned Parenthood does is to provide birth control to women who want to control their own fertility. And if we were to cut off funding for Planned Parenthood, that would not be available to the women—many women—who live in my community in San Jose and in Gilroy. That would just not be available, and I think that would be a very wrong thing.

Now, I think there has been a lot of dirt in the air about the Planned Parenthood as an institution. I'll just say that Planned Parenthood in San Jose is a well-respected organization. I know thousands of women who have told me how much they rely on Planned Parenthood, not only for Pap smears and for birth control and for cancer screenings, but they even do some pediatric care. I mean, they're full service, and it's a really important institution and a well-trusted institution in my district. And that's what I hear from families and from women back home.

Now, this is in contrast to some of the things that have been said here in Washington. You know, earlier in the Oversight and Government Reform Committee, there was a chart indicating that Planned Parenthood performed more abortions than lifesaving procedures in 2013.

I wonder, Ms. Fredrickson. Did you look at that chart? Did you see the hearing?

Ms. FREDRICKSON. No, I didn't see that chart.

Ms. LOFGREN. Okay. I don't think that that's an accurate chart, and, in fact, I think it's since been proven that that is not correct.

Let me ask you about—we've had all these hearings about Planned Parenthood. There's not been any evidence that Planned Parenthood has violated the law in any way.

Are you aware of any hearings that have been held about this CMP group, about whether they filed false tax returns, whether they were operating in compliance with the law?

Ms. FREDRICKSON. So far, I don't believe there have been any congressional inquiries. I do believe there is a court case proceeding, however.

Ms. LOFGREN. Yes, I know that our attorney general in California is looking into it since they incorporated there.

I'll just close, Mr. Chairman, by saying that I hope that this is the end of the persecution of Planned Parenthood. It is important,

the service they provide for the women of America, and I hope that we will stop trying to smear this wonderful institution.

I yield back.

Mr. GOODLATTE [presiding]. The gentleman from Virginia, Mr. Forbes, is recognized.

Mr. FORBES. Mr. Chairman, I make a motion that the video that's part of Mr. Levatino's testimony, that was previously stricken from the record, be made part of the record.

Mr. GOODLATTE. All those in favor of the motion, respond by saying aye.

Those opposed, no.

In the opinion of the Chair, the ayes have it.

And the video is made a part of the record.

I thank the gentleman, and the gentleman is now recognized for his questions.

Oh, who's next?

The gentlewoman from California, Ms. Walters, is recognized for 5 minutes.

You're next. Do you want to pass or do you——

Ms. WALTERS. I pass.

Mr. GOODLATTE. Okay.

The gentleman from Ohio, Mr. Chabot, is recognized for his questions.

Mr. CHABOT. Thank you, Mr. Chairman.

I want to thank you for holding this hearing.

And the gentlelady from California, who I have great respect for, indicated that this hearing is disappointing, and it is, certainly, disappointing that we have to hold a hearing like this about an organization that every year brutally kills hundreds of thousands of unborn, innocent babies and sells their body parts and does that for profit.

I happen to represent most of the city of Cincinnati, and Planned Parenthood does approximately 330,000 abortions. It's the largest abortion provider in this country. They basically wipe out the population of the city of Cincinnati every year. It's about 300,000 people in that particular community, and it's just—so it is very disappointing that we have to have a hearing like this and hear the testimony.

Ms. Fredrickson, you earlier said that—I think your comment about Mr. Chaffetz, saying something along the lines of, "Well, it isn't against the law," and if that's the case, what—the organization that you're here testifying on their behalf today—if it's accurate that what you're doing—destroying little, innocent, unborn lives and selling their body parts for profit—if that's not against the law, then we damn well better change the law and make it against the law because we're supposed to be a civilized society and a civilized country. And to think that that kind of behavior is occurring in these modern times, it makes one wonder what the hell's going on in this country. It's disgusting.

And when I saw these videos—and I know the excuse is, "Oh, well. We didn't know we were being taped," I mean, what a defense. "We didn't know that somebody might actually find out what's going on in the Planned Parenthood facilities all over the country, that it might get out what's going on." I mean, that's a

heck of a defense, and some of the people that are here—and all three of the other witnesses in particular—I think it takes a lot of courage, you know, to experience some of the things that you've experienced over the years and to be willing to come here and testify about what has happened. And thank God that you are willing to do that, and all three, all the stories.

And, Dr. Levatino, I heard you testify in this Committee in the past, and, you know, thank you for coming forward and doing what you're doing now to expose what has occurred.

I guess—and I've probably used up a lot of my time already, but, doctor, I guess, if you could again—and I know you've already said it, but I think it bears hearing it a second time, that—you know, in your past, obviously, you did perform abortions and then at some point in your life decided that "I'm not going to do that anymore."

Could you share again what it was that made that change for you?

Dr. LEVATINO. Because, Congressman, it was the loss of my own adopted daughter that made me look very seriously at what I was doing with abortions.

Mr. CHABOT. Thank you. Thank you.

Ms. Stoltenberg, you indicated that you've—and I know you've got a whole bunch of other women that were in your circumstances, that their lives have been changed. Would you want to share some of the stories of other women? You don't necessarily have to give their names but what you have heard from others and how this has affected their lives so that—there's actually two victims here. There's the unborn child, and there's also the woman, who's been a victim oftentimes, in a Planned Parenthood facility since they're the largest abortion provider.

But could you share, in the brief time that I have left, anything you'd like to say about the other women you've talked to over the years about that?

Ms. STOLTENBERG. I would, sir.

I've heard a lot here today about safe abortion, and all of these women's stories refute safe abortion. We are not having safe abortion in this country. Women are being maimed. They are being harmed. They are not being able to have their own children because of it. Their children are dying on tables. They are turning to alcohol and drugs and suicide. I do post-abortion counseling, and I just counseled a woman in the prior months that has tried to kill herself three different times and almost succeeded.

Why aren't we talking about why this is not safe? These are the stories to tell, and there would be more stacked up here if women were not too ashamed and too afraid to come out and talk about this. And sometimes it doesn't happen for years. I wasn't able to talk about this for 5 years. There are women that won't be able to talk about it for 10 and 20 years. And I've heard multiple stories—hundreds—of how they have been maimed and wounded in every way. I can't even—it was hard for me to even bond with my own child that I adopted because of this procedure.

I'm just begging for you people to protect women. This is not a good choice for women. Protect us. Do the right thing. Instead of looking at pocketbooks, I would like to ask the Committee how many people are receiving donations from Planned Parenthood on

their campaigns, and that saddens my heart because would you choose that over protecting women?

Mr. CHABOT. Thank you very much.

I yield back my time.

Mr. GOODLATTE. The gentleman from Tennessee, Mr. Cohen, is recognized for 5 minutes.

Mr. COHEN. Thank you, Mr. Chairman.

Mr. Franks made a comment about a bill that was on the floor about 3 or 4 weeks ago, a born-alive children bill. On that same day, there was another bill on the floor to defund Planned Parenthood, and nobody on this side voted for them—he's right—and he didn't come to the Subcommittee, and he didn't go to the full Committee for a markup or for a hearing because regular order did not apply because the Pope was going to be here, and we wanted to put the focus on this issue because it was politics.

We're supposed to go to Committees for hearings like we're having today, and if there is a bill—and there's no bill here; this is just show business hearing—then there's supposed to be a markup. There was none of that. It went straight to the floor; no amendments allowed in the Rules Committee. So protocol was just done away with. It was politics, just like Benghazi was politics, and Kevin McCarthy told you it was politics. It accomplished its purpose of hurting the woman who is going to lead this Democratic Party, and the leading——

Mr. KING. Would the gentleman yield?

Mr. COHEN. No, I won't.

And just like that, and he admitted this is what they were doing, and this Planned Parenthood is the same deal.

They're having a special Committee they've now set up, and yet Representive Chaffetz said there is not any evidence that there has been any law violated, and there isn't, and yet we're having a special Committee.

Let me ask Dr. Levatino: You admitted that your video had nothing to do with—nothing to do with Planned Parenthood, correct?

Dr. LEVATINO. The video that was shown was not shot at Planned Parenthood but may be relevant to procedures Planned Parenthood performed.

Mr. COHEN. Don't tell me about relevance. I want—answer the question. It had nothing to do with Planned Parenthood.

Dr. LEVATINO. The video was not shot at Planned Parenthood.

Mr. COHEN. Right. Did you ever work for Planned Parenthood?

Dr. LEVATINO. Yes, sir.

Mr. COHEN. When?

Dr. LEVATINO. When I was a resident.

Mr. COHEN. When you were a resident. Not when you were in private practice, though?

Dr. LEVATINO. Not in private practice, no.

Mr. COHEN. So you didn't do 8 years working at Planned Parenthood?

Dr. LEVATINO. Sorry, sir?

Mr. COHEN. Do you or anybody else on the panel know—because this is talking about medical ethics, is what this is entitled, "Examining Abortion Procedures and Medical Ethics." Does anybody

know one person who lost their medical license because of activity at Planned Parenthood?

Ms. Stoltenberg, do you know of anybody that lost their medical license?

Ms. STOLTENBERG. No.

Mr. COHEN. No?

Ms. Thayer, do you know of anybody that lost their medical license?

Ms. THAYER. No, there was never——

Mr. COHEN. No?

And, Dr. Levatino, do you know of anybody that lost their medical license?

Dr. LEVATINO. I do not.

Mr. COHEN. Medical ethics. Case closed.

Second question: Ms.—I don't have your name right——

Ms. STOLTENBERG. Stoltenberg.

Mr. COHEN.—Stoltenberg.

And I'm sorry for your problems that you've had and your history. Your first abortion was at Planned Parenthood.

Ms. STOLTENBERG. That's correct.

Mr. COHEN. Where was your second abortion?

Ms. STOLTENBERG. Emma Goldman's Clinic.

Mr. COHEN. And where was your third abortion?

Ms. STOLTENBERG. I believe it was at Emma Goldman's, but I don't remember.

Mr. COHEN. And Emma Goldman is not Planned Parenthood, right?

Ms. STOLTENBERG. They do the same types of procedures there.

Mr. COHEN. A lot of places do the same procedures, but this hearing is about Planned Parenthood. So your second and third abortions had nothing to do with Planned Parenthood, right?

Ms. Thayer, you now have a not for profit responsible—what's the name of your not for profit you run?

Ms. THAYER. Cornerstone for Life.

Mr. COHEN. Yeah, and do you draw a salary there?

Ms. THAYER. I get a stipend.

Mr. COHEN. A stipend. And what is that stipend?

Ms. THAYER. $1,000 a month.

Mr. COHEN. A thousand. And when you make—you're considered a "Christian speaker." Do you get paid to make your speeches or just expenses?

Ms. THAYER. Usually, I don't get paid at all.

Mr. COHEN. But you get your expenses?

Ms. THAYER. I'm not getting paid to be here.

Mr. COHEN. Well, I know that. That would certainly be wrong. The government doesn't pay any of us too much.

The fact is this hearing is just like Benghazi. It's just like the Select Committee on Planned Parenthood. It's politics. And yet we've got major problems going on in this country. The whole idea that this is about Planned Parenthood is wrong. And Dr. Levatino has admitted medical ethics, everybody, there's no evidence of any medical ethical impropriety by Planned Parenthood; only a title that's been put up here. And Ms. Stoltenberg has one-third of her

history with Planned Parenthood. It's unfortunate this is the way we're spending our time. It's really unfortunate.

And I appreciate Planned Parenthood for what they do for lower income women, for women who need health services, who need family planning, who need cancer exams, cervical, breast, et cetera, and that are performed by Planned Parenthood. And I'm happy that Medicaid reimburses them, and that's good.

And I yield back the balance of my time.

Mr. GOODLATTE. The Chair recognizes the gentleman from Utah, Mr. Chaffetz, for 5 minutes.

Mr. CHAFFETZ. Thank you, Mr. Chairman.

And I would just caution Members. I've heard my name several times invoked. Members, please be careful using this.

The context of the comments that I made were in relationship to a hearing, as the Chairman of the Oversight Committee, that I conducted. The hearing that we conducted in Oversight was about the finances of Planned Parenthood. We didn't get into the content of what they do. We didn't get into the content of the video. We didn't get into the practices that they do. We didn't get into the fetal body tissue issues. We didn't do that. We were very narrowly focused on the finances.

The point we were making is that Planned Parenthood had revenue of $127 million more than their expenses, and we started to look as a nonprofit organization on what people were making and how they were spending that money. They were sending money overseas. They were spending money and giving it to political organizations. They had a lot of shared services. I think that's a legitimate question as we look at the finances of an organization that is structured as a nonprofit organization.

I was asked a direct question about the finances. That's the way I took the question given that that's what the direction and the drive of the hearing was about. Did we find any wrongdoing? The answer was no, but to suggest——

Mr. JOHNSON. Would the gentleman yield?

Mr. CHAFFETZ. In a minute. I will in just one moment. Just let me finish that thought.

It is inappropriate to suggest that I have come to some grand conclusion about every part of their operation. In the Oversight and Government Reform Committee, we did subpoena the videos. We have some of those videos in the safe. We have jointly worked with the Democrats on that. We had a court ruling earlier this week to get the rest of those videos. There was a temporary restraining order in California that would not have released those videos. The judge recently ruled in our favor. Those videos are now being sent to Congress. They may have arrived in the last few hours, and I'm just not aware of it. And then I will work with Elijah Cummings and figure out the best course on what to do with these videos.

But just caution to Members that it's a bit of a stretch to say that I have done some conclusive investigation on all the actions of Planned Parenthood.

Did I look at the finances and have a hearing specifically as to the revenue portion and how they spend? Yes. Was there any wrongdoing? I didn't find any, but I do think it's a legitimate question for all of us. Why do we send money to an organization where

the revenues exceed their expenses by $127 million? It doesn't sound like an organization that needs to be supplemented by taxpayer dollars. That was my point.

Mr. JOHNSON. Will the gentleman yield for a question?

Mr. CHAFFETZ. And I'm happy to yield.

Mr. JOHNSON. Yes. I just want to ask, Representative, whether or not you have any evidence whatsoever that Planned Parenthood has broken the law in any way.

Mr. CHAFFETZ. I think some of the video that's been out there, the rumors that have been swirling, some of the testimony that we have heard causes a lot of people to legitimately ask and dive into whether or not what they're doing is illegal. I think it's a very legitimate question from an objective point of view, without getting into the emotions of it, and so I think there will continue to be investigations. I voted in favor of the Select Committee, which I think does have to go further and dive deeper into those issues, but I don't think that the final chapter has been written on that. My point was that we were talking specifically about the finances.

And I would remind Members, there was all this criticism that we were going after women, and that is so false. What is the first not-for-profit organization that we went after in the Oversight and Government Reform Committee? It was the NFL. I called out the NFL. They were structured as a not-for-profit organization. We called out Roger Goodell for making an exorbitant salary and taking advantage of the Tax Code, and do you know what? The NFL, to their credit, restructured, and for the first time—I believe it started in July—the 1st of July—they are now no longer a not-for-profit organization.

So, in a very bipartisan way, with Elijah Cummings and the Democrats, we worked on that issue and made a major transformation, a major change. And I think looking at another not-for-profit organization who's taking a lot—hundreds of millions of dollars of taxpayer money—that's a legitimate decision in the context of an $18 trillion-plus debt, and that's the discussion we had. I'm proud of it, and I think we had a very good hearing.

With that, Mr. Chairman, I yield back.

Mr. GOODLATTE. The Chair thanks the gentleman and recognizes the gentleman from Georgia, Mr. Johnson, for 5 minutes.

Mr. JOHNSON. Thank you, Mr. Chairman.

Ms. Stoltenberg, would you mind me having a look at one of the books that you have compiled.

Ms. STOLTENBERG. Would you like me to bring it up to you?

Mr. JOHNSON. No. I'll send someone down to take a look at it.

And while she's coming down to do that, let me ask Dr. Levatino a question.

Sir, is there any circumstance under which you would agree that a woman should have a right to have an abortion to abort a fetus that arose from incest or rape?

Dr. LEVATINO. If I were a Congressman, sir, I would support such a law.

Mr. JOHNSON. You would support a law that would ban abortions——

Dr. LEVATINO. Not ban. Allow.

Mr. JOHNSON. Oh, that would allow. So you believe that a woman should have a right to choose in the case of incest or rape.

Dr. LEVATINO. If a woman is pregnant by incest or rape, her child is innocent, all the same. Morally, I have a great problem with that. Politically, I would vote for such a law.

Mr. JOHNSON. And what about you, Ms. Thayer?

Ms. THAYER. Two wrongs don't make a right. Sperm meets egg. Unique DNA. Heartbeat at 21 days. It's never okay to have an abortion. We have 57 million missing people since 1973.

Mr. JOHNSON. So you went to work at Planned Parenthood knowing that part of the work that Planned Parenthood does is terminating pregnancies?

Ms. THAYER. Well, actually, no, I didn't.

Mr. JOHNSON. You did not know that when you went to work?

Ms. THAYER. No. I started there as a clinic assistant, and I——

Mr. JOHNSON. Well, let me ask you this question.

You are a woman who was fired by Planned Parenthood, and you are a disgruntled ex-employee. Is that correct?

Ms. THAYER. Well, that's what they say, but I'm——

Mr. JOHNSON. Well, you were fired, correct?

Ms. THAYER. I was—they were downsizing.

Mr. JOHNSON. And you are now disgruntled. Is that not correct?

Ms. THAYER. No, that's not correct.

Mr. JOHNSON. So you loved Planned Parenthood?

Ms. THAYER. I loved my work there. There were things that happened there that I knew were wrong, like making——

Mr. JOHNSON. You believe——

Ms. THAYER.—Medicaid eligible women pay for those pills.

Mr. JOHNSON. Do you believe that they should be defunded?

Ms. THAYER. Indeed, I do. I don't think one more dime of taxpayer money should go to an organization that's wrought with fraud.

Mr. JOHNSON. Well, Dr. Levatino—and thank you, Ms. Thayer. You've got a lawsuit pending, by the way, right?

Ms. THAYER. I do, a whistleblower.

Mr. JOHNSON. It's a whistleblower case where, if you win, you'll make a lot of money.

Ms. THAYER. We never really talked about that.

Mr. JOHNSON. Well, you'll make a lot of money if you win. Take it from me.

Ms. THAYER. Well, I don't need a Lamborghini, and my Ford Fiesta is paid for, so I don't know what I would do with that.

Mr. JOHNSON. Well, money doesn't matter, though, to you.

Ms. THAYER. Right. Telling the truth is what matters.

Mr. JOHNSON. All right. Okay.

Well, Mr. Levatino, as far as you know, Planned Parenthood doesn't make political contributions, does it?

Dr. LEVATINO. I have no idea what contributions Planned Parenthood makes.

Mr. JOHNSON. Or if they do make contributions, they don't do it, do they, Ms. Fredrickson?

Ms. FREDRICKSON. I'm not familiar with the entire corporate structure of Planned Parenthood.

Mr. JOHNSON. All right. Well, doctor, are you aware of the stories of the many women whose lives have literally been saved by Planned Parenthood?

Dr. LEVATINO. In what way, sir?

Mr. JOHNSON. Well, that's not my question. My question is, are you aware of that being the case?

Dr. LEVATINO. It's hard to answer the question without knowing in what context you're asking it.

Mr. JOHNSON. Okay. How about you, Ms. Thayer?

Ms. THAYER. I guess I would ask the same question.

Mr. JOHNSON. Okay. You don't want to answer the question then. Well, you haven't heard about the story of Tiffany, who was so broke that she couldn't afford a regular doctor's visit, so Planned Parenthood was her only option and that a routine Pap smear at Planned Parenthood diagnosed her with cervical cancer, the early discovery of which saved her life. Are you not familiar with Tiffany's case?

Ms. THAYER. I guess I would ask how much money they asked from Tiffany after they did her Pap smear.

Mr. JOHNSON. I'm sure that it was gladly payable for her life to be saved.

Ms. THAYER. It would be 50 percent of whatever her charges were that day.

Mr. JOHNSON. It could not be more than the value of her life, I can guarantee you that. I'm sure she's quite happy at the little bit that she paid, but——

Ms. THAYER. If she would have gone to a federally qualified health center, it would have been free.

Mr. JOHNSON. Maybe she could not have gotten transportation.

Ms. THAYER. Well, in my town, it's four blocks from the Planned Parenthood.

Mr. JOHNSON. And that's in your neighborhood, though. But there are other people with different circumstances, and shouldn't you be concerned about them?

Ms. THAYER. Well, there's 20 free clinics for every one Planned Parenthood. I mean, compared to Planned Parenthoods, they're everywhere.

Mr. JOHNSON. And the purpose of this hearing was to shut down Planned Parenthood because of abortion.

Mr. GOODLATTE. The time of the gentleman has expired.

The Chair recognizes the gentleman from Texas, Mr. Gohmert, for 5 minutes. And would you yield back to me briefly?

Mr. GOHMERT. Yes, I yield back.

Mr. GOODLATTE. Thank you.

I just want to state for the record regarding the point Ms. Thayer just made.

In the State of Georgia, there are four Planned Parenthood locations, most or all of which provide abortion services. In Georgia, there are 274 other health care alternatives that provide women's services that do not provide abortions. So, in terms of convenience and location to get to, I think there'd be a good argument that there's much more convenience to get to healthcare facilities. These are public healthcare facilities, too, that do not include abortion services.

I thank the gentleman for yielding.

Mr. GOHMERT. Thank you.

Reclaiming my time, Ms. Thayer, I think there was some effort to cast doubt on your capabilities in working for Planned Parenthood since you were not an attorney. I don't know how many attorneys we have running Planned Parenthood facilities, but I hope there aren't many.

Ms. THAYER. There's typically one, probably, per affiliate.

Mr. GOHMERT. Really? One lawyer per Planned Parenthood affiliate?

Ms. THAYER. Yes. They do lobbying, and they run the PAC, you know, the political action committee, Planned Parenthood.

Mr. GOHMERT. Planned Parenthood has a PAC?

Ms. THAYER. Yes, indeed. They make donations to many——

Mr. GOHMERT. And how many mammograms do those PACs do?

Ms. THAYER. Zero. Planned Parenthood does not do mammograms.

Mr. GOHMERT. So, if we cut Federal funding for Planned Parenthood across the country, how many women would be denied mammograms?

Ms. THAYER. Zero.

Mr. GOHMERT. But if we cut funding for Planned Parenthood, there would be some lawyers that do the lobbying and some people that get political donations that would not be getting those political donations, and lawyers that would have to look for some other form of money and financing, right?

Ms. THAYER. Yes.

Mr. GOHMERT. My friend from California had indicated that it was a myth that if we defund Planned Parenthood that we could provide services to all the women that Planned Parenthood had been helping. And yet, when we hear the actual facts, it turns out, wow, if we provided the money directly to healthcare facilities that do nothing but help women with the full range of services for women, including mammograms and things that Planned Parenthood never does, it sounds like women would have even better services, more services even though a lot of hearts would break for the lawyers that would not be able to get the Federal funding and be able to lobby and donate to our Democratic friends.

I was so pleased with the comment from my friend from Tennessee that Benghazi was politics. That's exactly what we've been trying to get to. It was politics. You had people meeting here in America—in Washington—while people were dying, while Ty Woods was gathering David Ubben and Glen Doherty and going to the rooftop to man guns to try to protect the people in those facilities.

Yes, Benghazi was about politics, and I would love to know what the President was doing that night because I can tell you, if I had people that worked for me—my personal ambassador is missing—I could not go to bed. And yet, apparently, there was plenty of rest before he went to the fundraiser in Las Vegas the next day.

Yes, my colleague is right. Benghazi was about politics, and we need to get to the bottom of why those four people were killed while nobody in Washington that knew what was going on lifted a finger, and why David Ubben doesn't even get an American

plane. Somebody else has to provide a plane. He's on a gurney, and they're beating his leg—blown off—against the sides of that little plane while somebody in Washington knows, but they're doing nothing. You bet it was politics. And a lot of people—four people died, and a lot of people suffered because of that politics.

This is a hearing about Planned Parenthood. My colleagues want to keep talking about Benghazi. I felt like, if they're going to bring it up, we need to say, yes, that was politics, and we need to find out why it was so political instead of coming together as Americans and protecting those people harmed.

My time has expired.

Mr. GOODLATTE. The Chair recognizes the gentleman from Florida, Mr. Deutch, for 5 minutes.

Mr. DEUTCH. Thank you, Mr. Chairman.

Mr. Chairman, it's remarkable to me that the two most important issues of the majority has now collided into one hearing, that a Planned Parenthood hearing has now become a hearing on Benghazi.

Yesterday, the House created a Select Committee to investigate abortion practices, meaning that today's hearing is even more pointless than it was before. The House Judiciary Committee is now one of four Committees here in the House investigating Planned Parenthood.

What exactly are we investigating today? Let's be clear. No one's said this yet, but we just need to be clear about it: The goal of the majority is to return to a Nation where *Roe v. Wade* is not the law of the land and where women do not enjoy the constitutional right that the Supreme Court made clear they have to make decisions about their own body. That's what this is about.

Now, I don't know why we're here. We're not here to talk about the fruitless investigations undertaken by at least six different States, including my own, that have failed to find any illegal wrongdoing by Planned Parenthood. We're not here to discuss the merits of fetal tissue donation given that The New England Journal of Medicine recently wrote that virtually every person in this country has benefited from research using fetal tissue. And we're not here to discuss the Federal court issued this week mandating that The Center for Medical Progress turn over more of its misleading and fraudulent documentation.

This hearing's only purpose is to smear a healthcare provider that serves millions of women every year, a provider that, I might add, enjoys a higher approval rating among the American people than, I would guess, any Member in this body enjoys.

Now, as this Committee contemplates the medical ethics of women's reproductive freedoms, I ask this question: What are the medical ethics of not holding any hearings on a gun violence epidemic that claims the lives of 30,000 Americans every year? What are the medical ethics of not holding a hearing on the 12,000 homicides and accidental gun deaths and the 18,000 gun deaths by suicide that occur every year? And what are the medical ethics of States trying to ban pediatricians from discussing basic gun safety measures with parents?

This House Judiciary Committee has held zero hearings on a gun violence epidemic that claims American lives every day—every day,

an average of 88 Americans die of gunshot wounds—nor has this Committee held hearings on the deadly mass shootings that have inflicted so much grief in communities across America—not after Tucson, not after Aurora, not after Newtown, not after Santa Barbara—and there have been none scheduled after Roseburg and not after any of the more than 200 mass shootings that have already occurred in 2015 alone.

October is Domestic Violence Awareness Month. In 2013 alone, more than 1,600 women were murdered by men, and 94 percent of them were gun deaths. So while this Committee continues its redundant attacks over women's health, it ignores the reality that, every day, American women are murdered due to domestic gun violence. Yet as Congress works to ensure that women face even more humiliating obstacles to safe and legal abortion access, the U.S. Congress stands idly by as violent offenders are still able to skirt background checks and get guns to commit horrific crimes.

The American people are rightly frustrated with Congress for failing to take any action, even the most basic action of closing the gun show loophole in the aftermath of so much devastation. There are dozens of bills that deserve hearings in this Committee of their jurisdiction—this one, the Judiciary Committee. I don't have the time to name them all, but I'll name a few. There's a bipartisan Public Safety and Second Amendment Protection Act, introduced by Congressmen Thompson and King, that would close gun sale loopholes with comprehensive background checks for all purchases. There's Congressman Quigley's TRACE Act that would empower law enforcement to stop the flow of guns through our streets by traffickers who make a living selling guns to criminals. There's Congresswoman Maloney's legislation to lift the ban on Federal research on gun violence and how to best curb it. There's my own legislation, the Safe and Responsible Firearms Transfer Act, to prevent guns from being sold without background checks.

Not one of those bills—not one—has been the subject of a hearing from this Committee, Mr. Chairman, not even a hearing where the majority can bring up witnesses to tell us why bipartisan proposals, supported overwhelmingly by the American people and gun owners, are somehow too extreme. There has not been a single hearing of the 114th Congress on any commonsense improvements to our gun laws. The American people are already frustrated with Congress for failing to act on gun violence. The time for silence on this issue is over.

You know, at the beginning of the hearing today, one of my colleagues talked about the self-imposed blindness—self-imposed blindness. That's the self-imposed blindness that Congress has to gun violence. He said that the humanity of the victims, he hopes, becomes so glaring that it moves an entire generation of the American people. I can only hope that the humanity of the victims of the thousands—tens of thousands of lives lost to gun violence might move this Congress to finally take action.

I yield back.

Mr. GOODLATTE. The gentleman yields back.

The Chair recognizes the gentleman from Idaho, Mr. Labrador, for 5 minutes.

And would the gentleman yield to me briefly?

Mr. LABRADOR. Yes, I will.

Mr. GOODLATTE. I'd like to say that there are right now on the books hundreds of Federal gun control laws and regulations, and yet in the last 6 years, the enforcement—the prosecutions for violations of all of those laws are down by 30 percent.

It seems to me that an Administration that's led by an individual who calls for more laws every time we have one of these tragedies ought to go look in the mirror and determine what's appropriate to do.

Mr. DEUTCH. Will the gentleman yield?

Mr. GOODLATTE. I will not yield. It's the gentleman from Idaho's time.

Mr. DEUTCH. That's why we should have a hearing about it.

Mr. GOODLATTE. It is a problem that can be addressed with the laws that exist now. There are, by the organization that is the actual subject of this hearing today, 350,000, plus or minus, abortions conducted by this organization every year—nearly 1,000, nearly 1,000 a day—and that's why we're here, focused on this hearing today, to make sure that we're aware of whether more laws are needed to protect the lives of the unborn.

I yield back to the gentleman from Idaho and thank him.

Mr. LABRADOR. Thank you, Mr. Chairman, and thank you for making that point that I was also going to make.

It's hard to sit here and be lectured about something like that when, apparently, there's no concern for the child—the lives of children, of babies—babies born alive.

Dr. Levatino, can you tell me how many babies are aborted every single day? Do you know?

Dr. LEVATINO. I have no idea.

Mr. LABRADOR. Do you know, Ms. Thayer?

Ms. THAYER. Well, there's 13 in Iowa every day, and think of it as a kindergarten class every 2 days.

Mr. LABRADOR. Do you know how many late-term abortions there are every single day in Iowa?

Ms. THAYER. No, not exactly.

Mr. LABRADOR. Ms. Fredrickson?

Ms. FREDRICKSON. Well, first of all, I don't think "late term" is actually a technical term, so I don't know how to respond to that. But I don't know the number of abortions that take place every day in American.

Mr. LABRADOR. You don't. Okay. But you're a expert on this issue.

Ms. FREDRICKSON. I'm not here to talk about medical procedures. I'm here to talk about the law.

Mr. LABRADOR. Okay. I was just lectured at the number of deaths, and I just wanted to know if the panel knew how many children who are being killed every single day that we know. Do you know?

Ms. STOLTENBERG. I believe it's almost 4,000 a day, not by Planned Parenthood but by the abortion industry.

Mr. LABRADOR. And do you know how many late-term abortions there are—or over 20 weeks?

Ms. STOLTENBERG. No.

Mr. LABRADOR. Do you know those numbers?

Ms. STOLTENBERG. No, I don't.

Mr. LABRADOR. Okay. Thank you.

I want to continue to emphasize that this is not simply a question of legality of Planned Parenthood's actions. We may never find the answer to that question whether they're legal or not legal, but reducing human beings to commodities by selling fetal body parts for profit, I think everyone should agree, is morally reprehensible.

Based on the testimony presented today, it would also appear that Planned Parenthood has participated in other suspicious behaviors, and all of that at the expense of the American taxpayers. I am not convinced that Planned Parenthood will cease to exist without taxpayer funding. Furthermore, I am not convinced that revoking taxpayer funding from Planned Parenthood would disadvantage women's health to the extent that my colleagues would like to claim.

I want to talk just about my home State of Idaho. It has three Planned Parenthood locations—two in the Boise area, one in southeastern Idaho—and if you look next to that, it has 129 better healthcare alternatives. All three of these centers are within 136 miles of each other in a massive State that stretches for thousands of miles and includes a vast amount of rural areas.

According to Planned Parenthood's own data, the three centers in Idaho served around 7,000 patients 2013. Alternatively, the State of Idaho has 76 federally qualified health center service sites that served a little over 138,000 patients in 2013. Look at that: The difference between 3 and 76; the difference between 7,000 patients and 138,000 patients. So anybody who's making the argument that they're not going to receive health care is really lying to this Committee. These services' sites cover a much broader cross-section of the State and have the capacity to serve a diverse population of Idahoans seeking medical care.

Ms. Fredrickson, can you walk us through the services that Planned Parenthood provides once again?

Ms. FREDRICKSON. Well, the vast majority of Planned Parenthood's services are related to reproductive health care. They provide family planning counseling and contraceptive care as well as cervical cancer tests and breast exams.

Mr. LABRADOR. And how is that different——

Ms. FREDRICKSON. Pap smears.

Mr. LABRADOR. How is that different than the other federally qualified health centers?

Ms. FREDRICKSON. 2.7 million women in America use the Planned Parenthood facilities every year. It's an absolutely critical part of our health care infrastructure.

Mr. LABRADOR. But more women use the other Federal health centers. Is that not correct?

Ms. FREDRICKSON. Public health experts say there is no way that the public health system can absorb the capacity that would be lost if Planned Parenthood was not funded.

Mr. LABRADOR. But the numbers just don't speak to that.

Ms. FREDRICKSON. I defer to the experts as, I think, Congress should.

Mr. LABRADOR. Name one expert.

Ms. FREDRICKSON. I've named in my testimony.

Mr. LABRADOR. And can you name one right now?

Ms. FREDRICKSON. The American Public Health Association.

Mr. LABRADOR. Okay. Thank you. It took you a couple of seconds there.

Mr. GOODLATTE. The Chair recognizes the gentleman from Illinois, Mr. Gutierrez, for 5 minutes.

Mr. GUTIERREZ. Thank you, Mr. Chairman.

First of all, it's legal in the United States of America to have an abortion. It's the law of the land. And we all took an oath to uphold the Constitution and the laws of this land, and I'm going to do that.

Now, it's clear to anybody listening to this procedure that this is about Planned Parenthood because Planned Parenthood offers abortions, but they're not doing anything illegal when they do it, and no one here has testified that they're doing anything illegal.

They object to the fact that they offer abortions because that's their point of view. They don't like the law. They can't change the law. They can't undercut the Constitution of the United States and the Supreme Court. So what do they do? They try to sully the reputation of an organization. And you know what? You guys have opened one big Pandora's box here because, on repeated occasions here today, the majority and their witnesses have questioned the integrity of Members of the minority panel by questioning who it is we receive campaign contributions from.

So, from here forward, we should just open it up, Mr. Chairman, every time on any issue. I want to know how much you get from the NRA. I want to know every dollar you receive from every—and we should just open it up. That would make it great. I'm not that worried about it.

I tell the women of America you are safe because you have a President of the United States that will veto any legislation that comes out of this Committee and might make it to the floor of the House.

He'll veto that legislation, and there's nothing you can do about it. He'll veto that legislation, and they will be safe.

I'm not worried. They can't pick—they've got 250 Members, and they can't figure out how to pick the Speaker of the House. Do you think they're really going to turn back the clock on women in America? They can't even pick their own leader, so I'm not that worried about where we're going. But I will stand up for women because it seems to me that what we're really talking about here today is turning back the clock, turning back the clock, a clock in which I grew up.

When I was born in United States of America, separate but equal was still the law of the land when I was born. The only day I was White was the day I was born, and they put it on my birth certificate because, apart from that, I was never treated equal—certainly separate but not equal—to everybody in this country. And women, yes, had to go to back alleys and cross State lines and had to lose their lives in order to get reproductive healthcare rights in this country. That's true. We all know it.

But let me just suggest the following: My mother's only option was the one option the Government of the United States gave her, which was sterilization. And for hundreds of thousands of Puerto

Rican women, that was the only option. There were other options that my wife and I had. We have two wonderful daughters, two brilliant—and let me just say something. I respect my daughters, and I trust my daughters to make decisions as I do for all women in this country, and we should all respect women to make the decisions that they fundamentally have to make about their lives and their future.

But, moreover, you know something? There's an 8-year difference between my first child and my second child, and the reason was because my wife had control over her reproductive system. And she could have a life, and she could take her education, and she could have a life, and she could have a career, and she could be everything that she can be.

My mom didn't have that ability, and my daughters have greater rights and greater abilities. And I will be damned if I am going to allow on my watch for the rights of women, especially the women who are so important to me in my life, to be turned back by that clock. We're not going to turn back the clock. As much as you wish to turn back the clock, gay people are not going back in the closet. Latinos and Asians and immigrants aren't going to disappear. And women are not going to get back-alley abortions and put their lives at risk again while Americans are standing up for a better, more inclusive, and egalitarian future for everybody in this country.

So, look, nothing here that any of the witnesses have said, even those afforded by the minority, is going to change anything. We're good. We're in a good place because there is a new, growing coalition in America. We all know what it is. It's people who care about Mother Earth. It's people who care about women and their rights. It's people who care about gays and lesbians. It's people who care about immigrants. It's people who care about making sure that we have fair and decent salaries.

And you want to know something? Donald Trump likes to talk about the polls. Well, I've got a poll. And in my poll, the vast majority of the American people want to move forward and not turn back the clock.

Thank very much, Mr. Chairman.

Mr. GOODLATTE. The Chair recognizes the gentleman from Texas, Mr. Poe, for 5 minutes.

And would you yield to me very briefly?

Mr. POE. I'll yield to the Chair.

Mr. GOODLATTE. I just want to make one point that when we passed the Pain-Capable Abortion Act, we introduced into the record evidence that in every demographic group, men, women, people of various races, age, in every demographic group, a majority of the people in this country support prohibiting abortions after 20 weeks.

I thank the gentleman and yield back.

Mr. POE. I thank the Chair. I want to try to get back on the subject that we've been talking about. When Mr. Johnson, on the other side, asked does Planned Parenthood do political contributions, if I remember the testimony, two of you said that Planned Parenthood didn't give contributions to anyone.

Ms, Thayer, do you know whether Planned Parenthood contributes to Federal candidates?

Ms. THAYER. Yes, they do. They have a PAC.

Mr. POE. And what is the name of the PAC, do you know?

Ms. THAYER. No. I don't remember. It's just called a PAC.

Mr. POE. Planned Parenthood PAC?

Ms. THAYER. Yes.

Mr. POE. Would it surprise you in the election cycle 2014, Planned Parenthood PAC contributed a little over $400,000 to Federal candidates?

Ms. THAYER. No. That wouldn't surprise me at all.

Mr. POE. One hundred and thirty-eight Federal candidates, would that surprise you or not?

Ms. THAYER. No.

Mr. POE. $400,000, seems like you could do a lot of other things with $400,000 instead of giving it to people running for Congress.

Ms. THAYER. Well, one thing they could do with it is take some of that money and put doctors or nurse practitioners in the rural centers. In Planned Parenthood in Iowa, we had a nurse practitioner 2 hours a week. And in my almost 18 years there, we had a doctor in the facility probably 3 or 4 times. So all those pills are being dispensed by nonmedical people. I think that would be a much better use of their money.

Mr. POE. And since the minority did bring it up, Mr. Chairman, I would like to introduce in the record the open secrets document of contributions by Planned Parenthood PAC.

Mr. GOODLATTE. Without objection, it will be made a part of the record.

[The information referred to follows:]

Planned Parenthood

- Summary
- Recipients
- Donors
- Expenditures
- PAC to PAC/Party

Contributions to Federal Candidates, 2014 cycle

Select a Cycle: 2014

House

Total to Democrats: $404,907

Total to Republicans: $2,823

Recipient	Total
Adams, Alma (D-NC)	$5,199
Aguilar, Pete (D-CA)	$7,500
Appel, Staci (D-IA)	$3,588
Ashford, Brad (D-NE)	$500
Barber, Ron (D-AZ)	$5,000
Becerra, Xavier (D-CA)	$1,000
Belgard, Aimee (D-NJ)	$7,500
Bera, Ami (D-CA)	$8,610
Beyer, Don (D-VA)	$2,286
Bishop, Timothy H (D-NY)	$10,000
Bonamici, Suzanne (D-OR)	$1,000
Brownley, Julia (D-CA)	$10,000
Bustos, Cheri (D-IL)	$8,000
Bymes, Pam (D-MI)	$3,500
Cain, Emily (D-ME)	$8,906
Callis, Ann (D-IL)	$2,500
Capps, Lois (D-CA)	$10,000
Carson, Andre (D-IN)	$647
Castro, Joaquin (D-TX)	$1,000
Cho, Roy (D-NJ)	$1,000

Clark, Katherine (D-MA)	$2,000
Clay, William L Jr (D-MO)	$1,000
Cleaver, Emanuel (D-MO)	$1,000
Clyburn, James E (D-SC)	$1,000
Cohen, Steve (D-TN)	$274
Coleman, Bonnie (D-NJ)	$2,500
Crowley, Joseph (D-NY)	$0
Davis, Danny K (D-IL)	$1,000
DeGette, Diana (D-CO)	$2,500
DeLauro, Rosa L (D-CT)	$2,997
DelBene, Suzan (D-WA)	$9,732
Duckworth, Tammy (D-IL)	$3,500
Eldridge, Sean (D-NY)	$8,699
Enyart, William (D-IL)	$0
Esty, Elizabeth (D-CT)	$10,000
Fjeld, Laura (D-NC)	$500
Foster, Bill (D-IL)	$4,500
Foust, John (D-VA)	$7,397
Frankel, Lois J (D-FL)	$2,000
Fudge, Marcia L (D-OH)	$1,000
Gabbard, Tulsi (D-HI)	$3,000
Gallego, Pete (D-TX)	$6,000
Gallego, Ruben (D-AZ)	$5,000
Garcia, Joe (D-FL)	$10,000
Graham, Gwen (D-FL)	$5,500
Grayson, Alan (D-FL)	$2,000
Grijalva, Raul M (D-AZ)	$1,000
Grisham, Michelle Lujan (D-NM)	$3,000
Gutierrez, Luis V (D-IL)	$1,000

Hanna, Richard (R-NY)	$2,823
Heck, Dennis (D-WA)	$1,000
Himes, Jim (D-CT)	$2,500
Holt, Rush (D-NJ)	$1,000
Honda, Mike (D-CA)	$1,012
Horsford, Steven (D-NV)	$1,000
Hoyer, Steny H (D-MD)	$1,000
Israel, Steve (D-NY)	$5,726
Kelly, Robin (D-IL)	$3,500
Kilmer, Derek (D-WA)	$1,000
Kirkpatrick, Ann (D-AZ)	$10,000
Kohn, Erin Bilbray (D-NV)	$6,615
Kovach, Janice (D-NJ)	$500
Kuster, Ann Mclane (D-NH)	$7,500
Lara, Rocky (D-NM)	$2,500
Lee, Barbara (D-CA)	$1,000
Lewis, John (D-GA)	$0
Lewis, John (D-MT)	$1,000
Lieu, Ted (D-CA)	$1,038
Lowey, Nita M (D-NY)	$1,822
Maffei, Dan (D-NY)	$10,000
Maloney, Sean Patrick (D-NY)	$10,000
Moore, Gwen (D-WI)	$5,000
Mowrer, Jim (D-IA)	$2,500
Murphy, Pat (D-IA)	$1,500
Murphy, Patrick (D-FL)	$10,000
Nadler, Jerrold (D-NY)	$1,000
Nolan, Rick (D-MN)	$2,500
O'Rourke, Beto (D-TX)	$1,000

Obermueller, Mike (D-MN)	$1,000
Owens, Bill (D-NY)	$1,000
Pallone, Frank Jr (D-NJ)	$1,000
Pelosi, Nancy (D-CA)	$1,000
Peters, Scott (D-CA)	$9,791
Pingree, Chellie (D-ME)	$2,500
Quigley, Mike (D-IL)	$1,000
Recchia, Domenic (D-NY)	$6,000
Renteria, Amanda (D-CA)	$6,000
Rice, Kathleen (D-NY)	$3,500
Robertson, Martha (D-NY)	$4,646
Ruiz, Raul (D-CA)	$10,000
Rush, Bobby L (D-IL)	$0
Savary, Suzanne Joyce (D-CA)	$500
Schakowsky, Jan (D-IL)	$3,330
Schneider, Brad (D-IL)	$6,924
Scott, David (D-GA)	$1,000
Sewell, Terri A (D-AL)	$1,000
Shea-Porter, Carol (D-NH)	$10,000
Sinema, Kyrsten (D-AZ)	$10,000
Sink, Alex (D-FL)	$5,168
Sinner, George (D-ND)	$500
Slaughter, Louise M (D-NY)	$2,000
Speier, Jackie (D-CA)	$1,000
Strouse, Kevin (D-PA)	$1,000
Takai, Mark (D-HI)	$5,000
Takano, Mark (D-CA)	$1,000
Titus, Dina (D-NV)	$1,000
Torres, Norma (D-CA)	$5,000

Trivedi, Manan (D-PA)	$2,500
Tsongas, Niki (D-MA)	$1,000
Veasey, Marc (D-TX)	$2,500
Wager, Michael (D-OH)	$2,000
Wakefield, Margie (D-KS)	$500
Waters, Maxine (D-CA)	$1,000
Waxman, Henry (D-CA)	$1,000
Woolf, Aaron (D-NY)	$3,500

Senate

Total to Democrats: $181,188

Total to Republicans: $0

Recipient	Total
Begich, Mark (D-AK)	$9,000
Booker, Cory (D-NJ)	$8,182
Braley, Bruce (D-IA)	$9,935
Coons, Chris (D-DE)	$7,500
Curtis, Amanda (D-MT)	$500
Durbin, Dick (D-IL)	$9,000
Franken, Al (D-MN)	$9,999
Grimes, Alison (D-KY)	$10,000
Hagan, Kay R (D-NC)	$9,811
Hutto, Brad (D-SC)	$168
Markey, Ed (D-MA)	$17,290
Merkley, Jeff (D-OR)	$8,999
Nunn, Michelle (D-GA)	$7,500
Peters, Gary (D-MI)	$9,999
Reed, Jack (D-RI)	$6,000
Schatz, Brian (D-HI)	$5,000
Shaheen, Jeanne (D-NH)	$8,899
Tennant, Natalie (D-WV)	$2,500

Udall, Mark (D-CO)	$10,000
Udall, Tom (D-NM)	$7,500
Walsh, John (D-MT)	$8,999
Warner, Mark (D-VA)	$9,407
Weiland, Rick (D-SD)	$5,000

Based on data released by the FEC on March 09, 2015.

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Mr. POE. The talk has also been about—and I resent the other side talking about, generalizing those of us over here are against women. I resent that. I have four children, three daughters. I have 11 grand kids, 7 granddaughters. One of those is adopted. And I'm not a female. I agree with that comment. But the idea that we don't like women is absurd. I think many of us are trying to look out for the life of new women coming into the world. What about those women? And I think they're women when they're harvested for their body parts. I'm concerned about those women. So I'm not going to put up with saying that, me, that I'm opposed to women. Let's talk about those women. If Congress doesn't speak for them, who speaks for them? You all speak for them. So I know that's not the issue.

The issue is Planned Parenthood. It's also, I think Planned Parenthood seems to do a pretty good job of marketing Planned Parenthood. Would you agree with that, Ms. Thayer?

Ms. THAYER. Yes, very much so.

Mr. POE. Do you have any idea how much money Planned Parenthood spends on marketing Planned Parenthood?

Ms. THAYER. In Iowa, they marketed the family planning waiver, spent lots and lots of money at the expense of staff raises that year, and made it sound like the family planning waiver was their own creation. And it was actually State dollars.

Mr. POE. I want to apologize to you for the insinuation that you did something wrong by being a whistleblower, and you're being attacked because you talked about or brought evidence about an organization. That's what we do, unfortunately, we attack whistleblowers across the board it seems like.

Also the comment was made that we got to have Planned Parenthood, or there's no other answer. Well, I have this chart, maybe it's on the screen, Mr. Chairman, of Texas where I'm from. And most of these, you can't see them too well; they'll be on the far right on the screen, the Planned Parenthood areas are in the metropolitan areas, 38 of them. But most of Texas is not in the metropolitan area. I mean, the State is the vast State. There are parts over here on the other side with all the white dots where you have federally funded healthcare centers. I would submit to you and to the record there are places in Texas that there are federally funded healthcare centers that aren't on Google Maps. They're in remote districts like where Louie Gohmert is from or in west Texas, in small little towns. So that's not an accurate portrayal of women's health care in the country.

The federally funded healthcare units are everywhere, rural, city. And Planned Parenthood in Texas, anyway, is just in the metropolitan areas. Is that the way you understand it, Ms. Thayer?

Ms. THAYER. Well, and the really important——

Mr. GOODLATTE. The time of the gentleman has expired. Ms. Thayer will be allowed to answer.

Mr. POE. Thank you, Mr. Chairman.

Ms. THAYER. It's important to remember that all those FQHCs have doctors there. And they don't charge Medicaid-eligible women, unlike Planned Parenthood.

Mr. GOODLATTE. The Chair thanks the gentleman, recognizes the gentleman from Louisiana, Mr. Richmond, for 5 minutes.

Mr. RICHMOND. Thank you, Mr. Chairman.

Let me just clear up some things that, Mr. Chairman, you volunteered some statistics on how many gun laws we have. That's exactly why we're asking for a hearing. This Committee could do great things. We had a hearing on GSA's failure to meet the needs of the judiciary, which was the cost of courthouses, building of courthouses in Members' districts. So we really could do big things. But we waste it on things like this.

And my colleague on the other side said what he resents. I resent a whole bunch of stuff. And if people say you oppose women—I didn't say it—but that's between you and women. But I won't have is you saying that Planned Parenthood may or may not have donated to someone affects their positions on choice and other things because I think people make those decisions long before they get to Congress.

The other thing I would say is that the hypocrisy in the room is unbelievable. This year in the State of the Union, the President mentioned that abortions were at an all-time low, which I would think is our goal. Everybody in the room, the goal is to get to zero. The President announces it's at an all-time low, not one person on the Republican side stood up or cheered.

There's a bunch of ways we can try to get to zero. You can try it by doing a law. The rich will fly out of the country and still have them. The poor will go in the alleys and risk their lives so that they can have them.

Or we can still invest in prenatal care, paid parental leave, investing in our foster care system, raising the minimum wage so that women can raise a child. We can do all of those things.

But we're not because we're so stuck on saying that I'm pro-life. Yeah, until the baby is born. And then when the baby is born, you're like: You're on your own. We're not going to help you do anything.

So if we're going to have a conversation and if it's about *Roe v. Wade*, well, we can't do anything about it. As much as the other side would like to be the President and tell him how to handle immigration, Benghazi, and all those other things, you're not the President. As much as you would like the Court to overturn *Roe v. Wade*, none of you are on the Supreme Court. But you're able to run for President. And you're able to express an interest in the Supreme Court.

But we in Congress have a bunch of things that we could be working on and having meaningful hearings to figure out how we get to the ultimate decision or ultimate desire that we want. And if it's zero abortions, then let's talk about how we get there. But you know you're not going to overturn *Roe v. Wade*.

So I just hate that we've come here and we drag witnesses here and put them in the position of testifying on things that they can't control just so we can do messaging. And that is the problem in this country. When we could be actually trying to accomplish something.

And we keep talking about Benghazi. I'm okay with letting the facts play out how they'll play out because I think it is important for the American people to see how government works. And when there's something wrong, you figure out what went wrong and you

try to fix it. But it's too often we try to play gotcha moments when there are no gotcha moments. Instead of being respectful for the deceased, the people who gave their life for this country, and trying to figure out how we prevent things like that from happening again.

So, you know, let me just say, and I'll ask Ms. Stoltenberg, since I do have a minute, do you think that if the law just said you can't have an abortion, that we would go to zero abortions?

Ms. STOLTENBERG. No. I don't believe we would go to zero abortions. But I believe there are many women dying today from legal abortions, probably more so because there are more abortions being done than there were when it was back alley. And there's more women being maimed and hurt and harmed like I was.

Mr. RICHMOND. Do you think the law of the land would have made a decision on your decision? If it was illegal then, do you think it would have made a difference in your decision?

Ms. STOLTENBERG. In my decision? Oh, most definitely. I didn't illegal things. So I would not have had an abortion. And I would be able to see who my children are today.

Mr. RICHMOND. But you do agree some women would, would still have it, even though—if *Roe v. Wade* was reversed, you agree that some women would still have them in back alleys?

Ms. STOLTENBERG. Would still have abortions?

Mr. RICHMOND. Yes.

Ms. STOLTENBERG. Probably, yes. They probably would.

Mr. RICHMOND. And the rich would still fly out of the country and have them in other places?

Ms. STOLTENBERG. Possibly they could. But there would be many lives that would be spared, many.

Mr. RICHMOND. Mr. Chairman, I see my time has expired. So I yield back.

Mr. FRANKS [presiding]. I recognize Ms. DelBene from Washington.

Ms. DELBENE. Thank you, Mr. Chair.

I am deeply disappointed that this Committee is holding another one-sided hearing that's more about politics than factfinding.

The attacks on women's health just never seem to stop. Meanwhile, we're ignoring a long list of bipartisan policies that deserve our attention. Right now, we could be talking about the much needed updates to email privacy laws. We could be talking about leveling the playing field for brick-and-mortar stores. Or we could finally get to work on our country's broken immigration system.

But, instead, we're wasting even more time on an investigation that the majority clearly prejudged before receiving a shred of evidence from Planned Parenthood.

It's shameful, Mr. Chairman. This Committee should be focused on facts, not ideology.

And so far, there are no facts to substantiate the claims made by my colleagues on the other side of the aisle, no evidence that Planned Parenthood has engaged in unlawful activity, period. So let's talk about what we do know: We know that 2.7 million Americans receive essential health care every year through Planned Parenthood. Seventy-eight percent of Planned Parenthood patients are low-income, with incomes at or below 150 percent of the Federal

poverty level. In my home State of Washington, Planned Parenthood annually provides more than 34,000 cancer screenings. And across the country, the services provided by Planned Parenthood help prevent more than 500,000 unintended pregnancies every year.

That last number should give my colleagues pause. If we want to reduce the number of abortions provided in this country, attacking Planned Parenthood is certainly not the way to do it.

But, at this point, it's clear that this investigation isn't about gathering facts at all. It's just part of an extreme ideological agenda to defund Planned Parenthood and take away a woman's constitutional right to choose.

Ms. Fredrickson, your testimony mentioned that Planned Parenthood provides birth control and family planning counseling to 2.1 million patients each year. Could you speak about how women's access to birth control is related to their economic security?

Ms. FREDRICKSON. Absolutely. It's a vital part of women's economic security. Women being able to control when, whether they have children has been a critical part of them being able to enter not quite into equal status in the American economy, unfortunately, but they're on their way. Women are doing better. Women are able to provide better for their families by ensuring that they have the families that they can, at the time when they want to have families or not to have children when they don't want to have children.

Ms. DELBENE. And what would be the impact on women if access to birth control through Planned Parenthood would be restricted?

Ms. FREDRICKSON. Well, there would be many more unintended pregnancies. And, ultimately, there would be many more abortions. So the consequences of defunding Planned Parenthood would certainly lead to an increase in abortions in this country. And it would certainly undermine women's access to basic contraceptive care, which would undermine their ability to earn a living and control their own economic well-being.

Ms. DELBENE. So you believe that it would be harder for women to plan their families, plan their careers if Congress decided to defund this organization?

Ms. FREDRICKSON. It's been a vital part of women being able to have independence, to be able to exercise, to determine their own fertility, to determine when and whether they have children. It allows them to enter into the workforce. It enables them to take care of the children that they have. It enables them to be treated more fairly in the workplace because they do have the choice about whether and when to have children.

Ms. DELBENE. And my colleagues have been, across the aisle, have been talking about how if Planned Parenthood wasn't, if Planned Parenthoods were not available in their regions, it would have no impact on women's access to health care. Again, I ask you what would be the impact on women throughout our country if Planned Parenthood was not available for health care?

Ms. FREDRICKSON. Well, I think the fact that already we've discussed how 1 in 5 American women, that's 20 percent of American women, in their lifetime will use Planned Parenthood services. That's an enormously large number. And 2.7 million people per

year use Planned Parenthood's services. The loss of those, the ability to use a Planned Parenthood health center would be enormous.

Ms. DELBENE. And I think you referenced a study that says that there are not other community health centers or other places who would be able to serve that same population.

Ms. FREDRICKSON. Right. The expert opinion of the American Public Health Association says that there's just not the ability to absorb that capacity, that those women would just go unserved.

Ms. DELBENE. Thank you very much.

Mr. Chair, I yield back.

Mr. FRANKS. The Chair now yields to Mr. Jeffries from New York for 5 minutes.

Mr. JEFFRIES. Thank you, Mr. Chair.

This is an enormous waste of taxpayer money for us to sit here at this hearing when we realize or should realize this is not a legitimate congressional exercise. This is not a factfinding hearing. This is theater. This is a charade. This is stagecraft. This is nothing more than a political hit job on a woman's right to choose, which, by the way, is constitutionally protected.

And I've got the benefit of being one of the least senior Members here, and so I get to sit through much of the hearing. And there are only one or two of us left. And this hearing has gone on for hour after hour after hour. And yet no one has presented a shred of evidence, a scintilla of evidence that Planned Parenthood has done anything wrong.

So I've got a few moments and let me see if I can uncover some evidence of wrongdoing. The hearing is called "Planned Parenthood Exposed"—dramatic—"Examining Abortion Procedures and Medical Ethics at the Nation's Largest Abortion Provider."

Dr. Levatino, you're the only doctor on the panel, correct?

Dr. LEVATINO. Yes, sir.

Mr. JEFFRIES. Do you have any evidence that any Planned Parenthood doctor, nurse, physician has engaged in wrongdoing, violated medical ethics, or lost their license?

Dr. LEVATINO. I do not have such evidence.

Mr. JEFFRIES. And you're the only doctor on the panel, correct?

Dr. LEVATINO. Correct.

Mr. JEFFRIES. Does anyone else on the panel have any evidence that someone has violated their medical ethics?

Ms. THAYER. Well, I would consider it a violation of medical ethics to do Web cam abortions without ever seeing the client or expecting nonmedical people to do medical procedures.

Mr. JEFFRIES. Well, let's have a discussion. You were at Planned Parenthood for 18 years. Is that correct?

Ms. THAYER. Right, about.

Mr. JEFFRIES. And you were terminated?

Ms. THAYER. Yes.

Mr. JEFFRIES. And one of my colleagues asked whether you were a disgruntled employee, correct?

Ms. THAYER. That already come up, yes.

Mr. JEFFRIES. And you disagreed with that characterization I assume, correct?

Ms. THAYER. I did. They were downsizing, let me go.

Mr. JEFFRIES. Okay. Now, you alleged that Planned Parenthood was wrought with fraud. Is that correct?

Ms. THAYER. Correct.

Mr. JEFFRIES. In fact, you brought a Federal court action claiming that they've engaged in fraud, true?

Ms. THAYER. Correct. False Claims Act.

Mr. JEFFRIES. Now, under that False Claims Act, you would it be what is called a relator, correct?

Ms. THAYER. Correct.

Mr. JEFFRIES. And the government has intervened as well in that action, true?

Ms. THAYER. The what?

Mr. JEFFRIES. The government has intervened in that action?

Ms. THAYER. Yes.

Mr. JEFFRIES. Okay. And this was brought where? In the Southern District of Iowa?

Ms. THAYER. Correct.

Mr. JEFFRIES. Now, you testified earlier that you had no idea if you prevailed, whether you would receive monetary benefit. Did I hear that correct?

Ms. THAYER. I said we hadn't discussed it. I had not discussed it with my attorney.

Mr. JEFFRIES. You have not discussed that with your attorney?

Ms. THAYER. No, sir.

Mr. JEFFRIES. Okay. Now, you allege in this action that Planned Parenthood engaged in $28 million of fraud, correct?

Ms. THAYER. Correct.

Mr. JEFFRIES. And as a relator, you're entitled, under Federal law, to between 15 and 25 percent, correct?

Ms. THAYER. I don't know. We've never discussed that.

Mr. JEFFRIES. So you have a licensed attorney who has never discussed with you the fact that if you were to prevail in this lawsuit where you allege $28 million, that you could receive at much as $7 million? That's your testimony here today under oath?

Ms. THAYER. Sir, for me, this is not about the money.

Mr. JEFFRIES. Okay.

Ms. THAYER. Yeah, it is not about the money. I'm here to try to tell the truth about Planned Parenthood and what I experienced in all those years there.

Mr. JEFFRIES. Now, you don't have any evidence that Planned Parenthood engaged in fraud, correct?

Ms. THAYER. I engaged in fraud every single day that I was there.

Mr. JEFFRIES. Was your action dismissed at the district court level?

Ms. THAYER. It was dismissed at district court and then reinstated by the Eighth Circuit Court of Appeals.

Mr. JEFFRIES. Actually that's inaccurate. I've got the decision right here and I want to place it into the record.

First of all, the district court judge dismissed your action because you had no evidence of fraud. By the way, it was a judge appointed by G.W. Bush. You then appealed it to the Eighth Circuit. And they affirmed the decision that you've got no evidence of fraud, remanded on a separate ground, good luck. But I will point out that

the Eighth Circuit Court judges concluded, based on the district court's decision, you failed to plead fraud with specificity pursuant to 9(d).

Mr. FRANKS. The gentleman's time has expired.

Mr. JEFFRIES. And it's a matter of public record.

And I yield back.

Mr. FRANKS. The gentlelady can answer the question if she wants to.

Ms. THAYER. Well, sir, the Eighth Circuit Court of Appeals reversed the district court. And it's now back in district court. We're waiting on a ruling from them.

Mr. JEFFRIES. I would just ask the Chair because you didn't respond to my request, sir, to enter as a matter of record both the——

Mr. FRANKS. Without objection.

Mr. JEFFRIES [continuing]. District court decision and the Eighth Circuit Court decision.

Mr. FRANKS. Without objection.

[The information referred to follows:]

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF IOWA
CENTRAL DIVISION

UNITED STATES OF AMERICA and STATE OF IOWA, ex rel. SUSAN THAYER, individually, Plaintiffs, v. PLANNED PARENTHOOD OF THE HEARTLAND, INC., Defendant.	Civil Case Number: 4:11-cv-00129-JAJ-CFB **ORDER**

This matter comes before the Court pursuant to Defendant Planned Parenthood of the Heartland's (Planned Parenthood's) Motion to Dismiss filed on October 29, 2012. Dkt. No. 31. Plaintiff-Relator Susan Thayer (Thayer) filed a resistance on November 15, 2012, Dkt. No. 32, and Planned Parenthood replied on November 30, 2012. Dkt. No. 38. For the reasons discussed below, Planned Parenthood's Motion to Dismiss is **GRANTED**.

I. BACKGROUND

This case involves claims brought under the federal False Claims Act (FCA) and the Iowa False Claims Act (IFCA). *See* 31 U.S.C. §§ 3729-3733; Iowa Code §§ 685.1-685.7. In the Second Amended Complaint, Thayer alleges that Planned Parenthood submitted false or fraudulent claims for Medicaid reimbursement to the United States and Iowa governments in violation of both the FCA and IFCA. Specifically, Thayer asserts that Planned Parenthood operated four fraudulent "schemes" designed to increase its revenue by systematically submitting fraudulent Medicaid reimbursement claims for prescriptions and services that were not reimbursable–or not reimbursable in the amount claimed–under federal and state law. Each of the four schemes is alleged in four separate counts in the Second Amended

Complaint.

These schemes include allegations that Planned Parenthood: (1) fraudulently billed Medicaid for birth control pills that were either not used by Planned Parenthood patients or not properly prescribed; (2) fraudulently billed Medicaid for abortion-related services in violation of federal law; (3) fraudulently billed Medicaid for the full amount of services that had already been partially paid for by patients; and (4) fraudulently billed Medicaid for more expensive services than were actually performed. In the Second Amended Complaint, Thayer alleges that the frauds occurred "[f]rom at least January 1, 1999, to . . . the present," Dkt. No. 20, ¶ 42, though in Thayer's resistance to Planned Parenthood's motion to dismiss she claims the frauds took place from "early 2006 to December 2008," Dkt. No. 32, ¶ 2. While the Second Amended Complaint details the nature of these four schemes, it does not provide any particular examples of individual fraudulent claims Planned Parenthood allegedly submitted to the government.

Planned Parenthood moves to dismiss the Complaint on three independent grounds. First, it argues that the Complaint fails to meet Federal Rule of Civil Procedure 9(b)'s specificity requirement because the Second Amended Complaint alleges only general "schemes" to submit false claims without identifying any particular false claim submitted to or paid by the government. Second, it argues that Thayer's claims are based on alleged regulatory violations, which cannot constitute FCA claims. Third, it argues that Thayer failed to file the Second Amended Complaint under seal, and the Court should therefore dismiss it with prejudice.

Thayer resisted Planned Parenthood's motion to dismiss, arguing that the Second Amended Complaint pleaded the alleged frauds with sufficient detail to place Planned Parenthood on notice of her claims and to allow Planned Parenthood to adequately respond to the allegations. Thayer also argues that Planned Parenthood was legally required to comply with various Medicaid regulations as a condition of receiving reimbursements. On the issue of filing the Second Amended Complaint under seal, Thayer argues that the sealing

requirement does not apply to complaint amendments and that, in any event, the Second Amended Complaint's allegations all derive from the same fraudulent schemes pleaded in the original Complaint. Finally, Thayer requests the opportunity to amend her Second Amended Complaint if the Court does not deny the motion to dismiss.

Notably, Thayer's resistance does not provide any additional detail about the alleged frauds that was not already provided in the Second Amended Complaint. It does not allege a single example of a fraudulent claim Planned Parenthood allegedly submitted to the government. It does not even suggest that Thayer would be able to allege additional facts if permitted to amend the Second Amended Complaint. Instead, Thayer's resistance merely reasserts a condensed version of the four fraudulent schemes alleged in the Second Amended Complaint and argues that the detail with which Thayer plead the schemes is sufficient to put Planned Parenthood on notice of Thayer's claims.

II. Pleading Standards Under the False Claims Act

"The False Claims Act imposes liability on those who present false claims, or cause false claims to be presented, to the government for payment or approval . . . ." *U.S. ex rel. Raynor v. Nat'l Rural Utilities Co-op. Fin., Corp.*, 690 F.3d 951, 955 (8th Cir. 2012) (citing 31 U.S.C. § 3729(a)(1)-(3)). "The Act's qui tam provisions permit private persons, relators, to sue for violations 'in the name of the government' and recover a share of the proceeds if the suit is successful." *Id.* (citing 31 U.S.C. § 3730(b), (d)). The Act "is intended to encourage individuals who are either close observers or involved in the fraudulent activity [against the government] to come forward . . . ." *U.S. ex rel. Kinney v. Stoltz*, 327 F.3d 671, 674 (8th Cir. 2003). To establish a *prima facie* case under the FCA, a plaintiff must show that "(1) the defendant made a claim against the United States; (2) the claim was false or fraudulent; and (3) the defendant knew the claim was false or fraudulent." *Raynor*, 690 F.3d at 955.

"Because the FCA is an anti-fraud statute, complaints alleging violations of the FCA must comply with Rule 9(b)." *U.S. ex rel. Joshi v. St. Luke's Hosp., Inc.*, 441 F.3d 552, 556 (8th Cir. 2006). Federal Rule of Civil Procedure 9(b) establishes a heightened pleading requirement for fraud cases. It provides that, "[i]n alleging fraud or mistake, a party must state with particularity the circumstances constituting fraud or mistake." Fed. R. Civ. P. 9(b). Rule 9(b) requires that defendants be provided a higher degree of notice in fraud claims than in other cases. *Joshi*, 441 F.3d at 556. To satisfy Rule 9(b)'s requirements, an FCA "complaint must plead such facts as the time, place, and content of the defendant's false representations, as well as the details of the defendant's fraudulent acts, including when the acts occurred, who engaged in them, and what was obtained as a result." *Id.* In other words, the complaint must state the "who, what, where, when, and how" of the alleged fraud. *Id.* (citations omitted).

Rule 9(b)'s specificity requirements are no less stringent in cases involving wide-reaching fraudulent schemes. *See id.* at 557. It is not sufficient for an FCA plaintiff to allege that a defendant's "fraudulent schemes were pervasive and wide-reaching in scope" such that "the defendant[] *must* have submitted fraudulent claims." *Id.* (citing *Corsello v. Lincare, Inc.*, 428 F.3d 1008, 1013 (11th Cir. 2005) (per curiam)) (emphasis added). It is also not sufficient to claim that a defendant's fraudulent scheme effectively made *every* claim submitted to the government false. *See id.* Instead, allegations of "systematic practice[s]" must be supported by specific details. While Rule 9(b) does not require an FCA plaintiff "to allege specific details of *every* alleged fraudulent claim forming the basis of [the] complaint," a plaintiff "must provide *some* representative examples of [a defendant's] alleged fraudulent conduct, specifying the time, place, and content of [its] acts and the identity of the actors." *Id.* In short, an FCA complaint cannot be devoid "of a single specific instance of fraud." *Id.*

In *U.S. ex rel. Joshi v. St. Luke's Hospital*, the Eighth Circuit Court of Appeals discussed Rule 9(b)'s specificity requirement in the context of an FCA claim involving alleged Medicaid reimbursement fraud. The plaintiff in *Joshi* alleged that the defendants–a

doctor and hospital–conspired in a fraudulent scheme to submit false Medicaid reimbursement claims. *Id.* at 554. In allegations strikingly similar to those in this case, Joshi specifically claimed that the defendants billed Medicaid for work that was not performed and supplies that were not used, over-charged Medicaid for work that was performed, failed to follow appropriate medical procedures, falsely certified nurses' work, and failed to supervise work that was being reimbursed in violation of state law. *Id.* Despite the allegation that the defendants engaged in a "systematic practice . . . to submit fraudulent claims over a sixteen-year period," the Eighth Circuit affirmed the district court's decision to dismiss the claim for lack of specificity. *Id.* at 554, 557.

Central to the *Joshi* decision was what the plaintiff's complaint lacked. The complaint failed to meet Rule 9(b)'s specificity requirements because it failed to mention

> (1) the particular CRNAs who allegedly performed patient care and administered anesthesia services unsupervised, (2) when [the defendant doctor] falsely claimed to have supervised or directed CRNAs, (3) who was involved in the fraudulent billing aspect of the conspiracy, (4) what services were provided and to which patients the services were provided, (5) what the content was of the fraudulent claims, (6) what supplies or prescriptions were fraudulently billed and to which patients the supplies or prescriptions were provided, (7) what dates the defendants allegedly submitted the false claims to the government, (8) what monies were fraudulently obtained as a result of any transaction, or (9) how [the plaintiff], an anesthesiologist, learned of the alleged fraudulent claims and their submission for payment.

Id. at 556. And the *Joshi* complaint failed to plead "a single, specific instance of fraud, much less any representative examples." *Id.* at 557. The *Joshi* complaint's shortcomings illustrate the level of particularity required in FCA pleadings.

Understandably, it may be difficult for an FCA plaintiff to identify particular, representative examples of a defendant's long-running fraudulent scheme. But while the law recognizes that an FCA plaintiff bears a "difficult burden" in constructing a complaint based on a fraudulent scheme, "such a burden is not . . . an impossible hurdle to overcome." *Id.* at 560 (internal quotation marks omitted). And "neither the Federal Rules nor the [FCA] offer

any special leniency" to plaintiffs who fail to plead their complaints with the necessary specificity in fraudulent scheme cases. *Id.*

III. DISCUSSION

Like the complaint in *Joshi*, Thayer fails to plead her FCA claim with the necessary level of specificity. Thayer's Second Amended Complaint alleges that Planned Parenthood engaged in "fraudulent schemes" (*see, e.g.*, Dkt. No. 20 at 9 and ¶ 45) to collect Medicaid reimbursements to which it was not entitled. In total, Thayer describes four different fraudulent schemes in the Second Amended Complaint, one in each of the four counts. And Thayer pleads an amount of damages for each scheme based on Planned Parenthood's aggregate activities, rather than any individual false claims. *See* Dkt. No. 20, ¶¶ 84, 91, 107, 117. The Second Amended Complaint certainly describes many aspects of Planned Parenthood's alleged fraudulent schemes in detail, but that detail provides only a bird's eye view of how Planned Parenthood allegedly operated its schemes; it does not provide the type of ground-level specifics regarding *particular fraudulent claims* demanded by Rule 9(b).

Notably, Thayer's 126-paragraph Second Amended Complaint fails to provide a single specific example of a particular fraudulent claim Planned Parenthood submitted to the government, let alone any representative examples. It fails to identify any particular false claim submitted to the government, any particular date on which Planned Parenthood committed fraud, any particular patient related to fraudulent claims, any particular instance in which regulations were violated, any particular caretaker who falsely reported information, or any particular claim that the government wrongly paid. Even after Planned Parenthood's motion to dismiss challenged the Second Amended Complaint's specificity, Thayer's resistance failed to proffer *any* additional, specific instances of Planned Parenthood's alleged fraud. Instead, Thayer's resistance merely restates truncated versions of the "four fraud schemes" discussed in the Second Amended Complaint. *See* Dkt. No. 32-1 at 10 (using the term "four fraud schemes").

Thayer's argument that the Second Amended Complaint "provides more than enough detail to place Planned Parenthood on notice of its frauds" thereby satisfying "both the particularity and policy objectives of Rule 9(b)" is unavailing. *See* Dkt. No. 32, ¶¶ 3-4. Even assuming Thayer's Second Amended Complaint did satisfy Rule 9(b)'s policy objectives–which it does not–the law in this Circuit does not suggest that an FCA plaintiff can eschew *Joshi*'s "representative examples" requirement as long as she can otherwise satisfy Rule 9(b)'s objectives. Rather, *Joshi* makes clear that providing specific examples of fraudulent claims in a fraudulent scheme case is a necessary precondition to meeting Rule 9(b)'s heightened pleading requirements. To allow an FCA plaintiff alternative routes to meeting Rule 9(b)'s requirements would be to give that plaintiff "special leniency," which *Joshi* specifically forbids. *See Joshi*, 441 F.3d at 560. These are the same reasons Thayer may not escape *Joshi*'s particularly requirements simply by claiming that Thayer's position at Planned Parenthood gives her claims a higher "indicia of reliability." *See* Dkt. No. 32-1 at 10.

Moreover, Thayer's Second Amended Complaint does not satisfy Rule 9(b)'s policy goals. Rule 9(b)'s purpose is to "facilitat[e] a defendant's response to and preparation of a defense to charges of fraud . . . ." *Commercial Prop. Investments, Inc. v. Quality Inns Int'l, Inc.*, 61 F.3d 639, 646 (8th Cir. 1995). Generally asserting that a defendant engaged in a fraudulent scheme over the course of two or more years does little to alert that defendant to the specific instances of fraud on which an FCA claim is based. While Thayer's Second Amended Complaint may provide Planned Parenthood with notice of the particular schemes Thayer claims are fraudulent, it fails to notify Planned Parenthood of any particular Medicaid reimbursement claims that Planned Parenthood should be prepared to defend.

Thayer's Second Amended Complaint fails to plead even "a single, specific instance of fraud, much less any representative examples." *See Joshi*, 441 F.3d at 557. While many of Thayer's allegations are detailed, none highlight a specific false claim that Planned Parenthood allegedly submitted to the government. Because Rule 9(b) and *Joshi* require that an FCA plaintiff plead representative examples of an alleged fraudulent scheme, Thayer's

Second Amended Complaint cannot survive Planned Parenthood's motion to dismiss. Therefore, the Court grants Planned Parenthood's.

IV. THAYER'S REQUEST FOR LEAVE TO AMEND

Thayer requests–in a single concluding paragraph–that the Court allow her the opportunity to amend her Second Amended Complaint in the event that the Court finds it to be deficient. *See* Dkt. No. 32, ¶ 6. But Thayer has already amended her original Complaint twice. And even in the face of Planned Parenthood's motion to dismiss, Thayer has not proposed any specific amendments that might alleviate the Second Amended Complaint's defects. Instead, Thayer's resistence to Planned Parenthood's motion to dismiss merely restates the allegations in the Second Amended Complaint. Because Thayer has thus far failed to describe any amendments she could submit to cure the Second Amended Complaint, her request for leave to amend is denied. *See U.S. ex rel. Roop v. Hypoguard USA, Inc.*, 559 F.3d 818, 822 (8th Cir. 2009) (affirming the denial of a plaintiff's request to amend an FCA complaint where the plaintiff requested leave in a concluding paragraph and failed to describe any proposed amendments).

Additionally, Thayer's request for leave to amend (presumably made under Federal Rule of Civil Procedure 15(a)(2)) does not comply with Local Rule 15, which provides that "[a] party moving to amend or supplement a pleading pursuant to Federal Rule of Civil Procedure 15(a)(2) or (d) must describe in the motion the changes sought, and must electronically attach to the motion and file under the same docket entry the proposed amended or supplemented pleading." Thayer's resistance motion does not describe any changes sought, nor were any proposed changes electronically attached. Thus, Thayer's request is independently denied for failing to follow local procedures. *See Raynor*, 690 F.3d at 958 ("A district court does not abuse its discretion in denying leave to amend when a plaintiff has not submitted a proposed amended pleading in accord with a local procedural rule.").

V. CONCLUSION

Upon the foregoing,

IT IS ORDERED that Planned Parenthood's Motion to Dismiss Thayer's Second Amended Complaint is **GRANTED** and the Second Amended Complaint is **DISMISSED**. Thayer's request for leave to amend the Second Amended Complaint is **DENIED**. The Clerk shall enter judgment accordingly.

DATED this 28th day of December, 2012.

JOHN A. JARVEY
UNITED STATES DISTRICT JUDGE
SOUTHERN DISTRICT OF IOWA

United States Court of Appeals
For the Eighth Circuit

No. 13-1654

United States of America and State of Iowa, ex rel Susan Thayer

Plaintiffs - Appellants

v.

Planned Parenthood of the Heartland

Defendant - Appellee

United States of America; State of Iowa

Interested parties

Appeal from United States District Court
for the Southern District of Iowa - Des Moines

Submitted: November 20, 2013
Filed: August 29, 2014

Before WOLLMAN, COLLOTON, and GRUENDER, Circuit Judges.

WOLLMAN, Circuit Judge.

Susan Thayer brought this *qui tam* action against Planned Parenthood of the Heartland, Inc. (Planned Parenthood), alleging that Planned Parenthood violated the

False Claims Act (FCA), 31 U.S.C. §§ 3729-3733, and the Iowa False Claims Act (IFCA), Iowa Code Ann. §§ 685.1-.7, by submitting false or fraudulent claims for Medicaid reimbursement. The district court dismissed her complaint for failure to plead fraud with the particularity required by Federal Rule of Civil Procedure 9(b). We affirm in part, reverse in part, and remand for further proceedings.

I. Background

Planned Parenthood is an Iowa non-profit corporation that provides reproductive healthcare services to patients, including Title XIX Medicaid-eligible patients. From 1991 to December 2008, Thayer was employed as the center manager of Planned Parenthood's clinic in Storm Lake, Iowa. From 1993 to 1997, Thayer also served as the center manager of Planned Parenthood's clinic in LeMars, Iowa. Planned Parenthood operated a total of seventeen clinics throughout Iowa during the period of Thayer's employment.

Thayer's action seeks to recover funds that Planned Parenthood allegedly obtained in violation of the FCA and the IFCA. Thayer's second amended complaint (hereinafter the complaint), alleges that Planned Parenthood wrongfully obtained Medicaid reimbursements for prescriptions and services that either were not reimbursable or were not reimbursable in the amounts claimed. Specifically, Thayer alleges that Planned Parenthood: (1) filed claims for unnecessary quantities of birth control pills that often were prescribed without examinations or were not received by Planned Parenthood patients; (2) sought reimbursement for abortion-related services in violation of federal law and instructed patients who experienced abortion-related complications to give false information to medical professionals at other hospitals, causing those medical professionals to unknowingly file claims for services performed in connection with abortions; (3) filed claims for the full amount of services that had already been paid, in whole or in part, by "donations" Planned Parenthood coerced from patients; and (4) filed claims for more expensive services

than were actually performed by engaging in a process known as "upcoding." Thayer alleges that all of Planned Parenthood's clinics participated in these four fraudulent schemes from early 2006 to December 2008. The complaint, however, does not include any representative examples of the false claims that Thayer alleges that Planned Parenthood submitted for reimbursement.

Planned Parenthood moved to dismiss the complaint, arguing that Thayer failed to allege fraud with particularity as required by Rule 9(b). The district court granted Planned Parenthood's motion, concluding that Thayer failed to meet the pleading requirements of Rule 9(b) as articulated in United States ex rel. Joshi v. St. Luke's Hospital, Inc., 441 F.3d 552 (8th Cir. 2006), because she failed "to provide a single specific example of a particular fraudulent claim Planned Parenthood submitted to the government, let alone any representative examples." D. Ct. Order of Dec. 28, 2012, at 6.

II. Discussion

We review *de novo* a district court's decision to dismiss a complaint under Rule 9(b). In re Baycol Prods. Litig., 732 F.3d 869, 874 (8th Cir. 2013). The FCA imposes liability on those who knowingly "present false claims, or cause false claims to be presented, to the government for payment or approval; [knowingly] use false statements, or cause false statements to be used, to get a false claim paid or approved by the government; or conspire to defraud the government, among other things."[1] United States ex rel. Raynor v. Nat'l Rural Utils. Coop. Fin., Corp., 690 F.3d 951, 955 (8th Cir. 2012) (citing 31 U.S.C. § 3729(a)(1)-(3)). Under the FCA, private individuals are permitted "to bring a civil action in the name of the United States

[1]Because the FCA and the IFCA are nearly identical, case law interpreting the FCA also applies to the IFCA. See Eilbert v. Pelican (In re Eilbert), 162 F.3d 523, 526 (8th Cir. 1998).

against those who violate the [FCA]'s provisions." Baycol Prods. Litig., 732 F.3d at 874. Liability under the FCA attaches "not to the underlying fraudulent activity, but to the claim for payment." Id. at 875 (quoting Costner v. URS Consultants, Inc., 153 F.3d 667, 677 (8th Cir. 1998)).

A. Pleading Standard Under the FCA

"Because the FCA is an anti-fraud statute, complaints alleging violations of the FCA must comply with Rule 9(b)." Joshi, 441 F.3d at 556. Rule 9(b) requires a party alleging fraud to "state with particularity the circumstances constituting fraud[.]" "This particularity requirement demands a higher degree of notice than that required for other claims." United States ex rel. Costner v. United States, 317 F.3d 883, 888 (8th Cir. 2003).

We explained in Joshi that to satisfy Rule 9(b)'s particularity requirement, "the complaint must plead such facts as the time, place, and content of the defendant's false representations, as well as the details of the defendant's fraudulent acts, including when the acts occurred, who engaged in them, and what was obtained as a result." 441 F.3d at 556. In other words, "the complaint must identify the 'who, what, where, when, and how' of the alleged fraud." Id. (quoting Costner, 317 F.3d at 888). Moreover, we stated that although an FCA complaint need not include the "specific details of *every* alleged fraudulent claim" when a relator alleges that a defendant engaged in a systematic practice or scheme of submitting fraudulent claims, the complaint "must provide *some* representative examples of [the defendant's] alleged fraudulent conduct, specifying the time, place, and content of [the defendant's] acts and the identity of the actors." Id. at 557.

Thayer concedes that she did not provide any representative examples of the false claims in the complaint. She argues, however, that neither Rule 9(b) itself nor Joshi requires that representative examples be pleaded in every FCA complaint that

alleges a systematic practice or scheme of submitting false claims. We agree, and conclude that Joshi's representative-examples requirement need not be satisfied with respect to some portions of the complaint.

Dr. Joshi was an anesthesiologist who had practiced at St. Luke's Hospital from 1989 to 1996. Id. at 554. His April 2004 *qui tam* action against the hospital and the hospital's chief of anesthesiology alleged, among other things, that the hospital had systematically violated the FCA over a sixteen-year period by seeking Medicare reimbursements at higher rates than those to which it was entitled and by submitting claims for services that were not performed and supplies that were not provided. Id. at 554, 557. He did not identify the details of any of the false claims in his complaint but instead alleged that every claim submitted was fraudulent. Id. at 554-56. In concluding that the complaint failed to satisfy Rule 9(b), we explained that "Dr. Joshi's allegation that 'every' claim submitted by St. Luke's was fraudulent lack[ed] sufficient 'indicia of reliability[,]'" id. at 557, because, as an anesthesiologist rather than a member of the hospital's billing department, he failed to provide the factual basis for his "knowledge concerning the alleged submission of fraudulent claims," id. at 558. We held that to satisfy Rule 9(b), he was required to plead at least some representative examples of the false claims. Id. at 557.

Unlike Dr. Joshi, who had no direct connection to the hospital's billing or claims department and could only speculate that false claims were submitted, Thayer was the center manager for two of Planned Parenthood's clinics, oversaw Planned Parenthood's billing and claims systems, and was able to plead personal, first-hand knowledge of Planned Parenthood's submission of false claims. In these circumstances, we find persuasive the approach of those circuits that have concluded that a relator can satisfy Rule 9(b) by "alleging particular details of a scheme to submit false claims paired with reliable indicia that lead to a strong inference that

claims were actually submitted."[2] United States ex rel. Grubbs v. Kanneganti, 565 F.3d 180, 190 (5th Cir. 2009); see also Chesbrough v. VPA, P.C., 655 F.3d 461, 471 (6th Cir. 2011); Ebeid ex rel. United States v. Lungwitz, 616 F.3d 993, 998-99 (9th Cir. 2010); United States ex rel. Lemmon v. Envirocare of Utah, Inc., 614 F.3d 1163, 1172 (10th Cir. 2010); cf. United States ex rel. Nathan v. Takeda Pharm. N. Am., Inc., 707 F.3d 451, 457 (4th Cir. 2013) (indicating that a relator need not identify individual false claims in order to satisfy Rule 9(b) if the "specific allegations of the defendant's fraudulent conduct necessarily led to the plausible inference that false claims were presented to the government[,]" but that representative examples are required if a defendant's actions "*could* have led, but *need not necessarily* have led, to the submission of false claims"), cert. denied, 134 S. Ct. 1759 (2014); United States ex rel. Duxbury v. Ortho Biotech Prods., L.P., 579 F.3d 13, 29 (1st Cir. 2009) (explaining that in *qui tam* actions in which the defendant allegedly caused third parties to file false claims, "a relator could satisfy Rule 9(b) by providing 'factual or statistical evidence to strengthen the inference of fraud beyond possibility' without necessarily providing details as to each false claim"); United States ex rel. Lusby v. Rolls-Royce Corp., 570 F.3d 849, 854 (7th Cir. 2009) ("We don't think it essential for a relator to produce the invoices (and accompanying representations) at the outset of the suit."); Corsello v. Lincare, Inc., 428 F.3d 1008, 1012 (11th Cir. 2005) (per curiam) (stating that to satisfy Rule 9(b), an FCA "complaint must contain 'some

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[2]Planned Parenthood argues that because we have continued to require relators to plead representative examples of the false claims in order to satisfy Rule 9(b) in cases following Joshi, we should not excuse Thayer's failure to plead representative examples. See United States ex rel. Dunn v. N. Mem'l Health Care, 739 F.3d 417, 420 (8th Cir. 2014); Baycol Prods. Litig., 732 F.3d at 878-80; United States ex rel. Ketroser v. Mayo Found., 729 F.3d 825, 829 (8th Cir. 2013); United States ex rel. Vigil v. Nelnet, Inc., 639 F.3d 791, 797-98 (8th Cir. 2011); United States ex rel. Roop v. Hypoguard USA, Inc., 559 F.3d 818, 822-25 (8th Cir. 2009). Like Joshi, however, these cases are distinguishable because the relators did not have access to the defendants' billing systems and were not able to plead personal knowledge of the defendants' submission of false claims.

indicia of reliability'" to support the allegation that a false claim was submitted to the government).

As Judge Higginbotham explicated in Grubbs, Rule 9(b) "is context specific and flexible and must remain so to achieve the remedial purpose of the False Claim Act." See 565 F.3d at 190. Allowing a relator to satisfy Rule 9(b) by pleading the "particular details of a scheme to submit false claims paired with reliable indicia that lead to a strong inference that claims were actually submitted" fulfills the objectives of Rule 9(b) "without stymieing legitimate efforts to expose fraud." Id. These objectives include both providing the defendant with adequate notice of the relator's claims and protecting the defendant from baseless claims. Id. at 190-91. We agree that "[s]tating 'with particularity the circumstances constituting fraud' does not necessarily and always mean stating the contents of a bill." Id. at 190.

Given Rule 9(b)'s objective of protecting defendants from baseless claims, relators whose allegations lack sufficient indicia of reliability should be required to plead representative examples of the false claims because their allegations are more likely to be unfounded. In contrast, a relator who provides sufficient indicia of reliability to support her allegations that false claims were submitted, such as by pleading details about the defendant's billing practices and pleading personal knowledge of the defendant's submission of false claims, fulfills Rule 9(b)'s objective of protecting the defendant from baseless claims. Accordingly, we conclude that a relator can satisfy Rule 9(b) without pleading representative examples of false claims if the relator can otherwise plead the "particular details of a scheme to submit false claims paired with reliable indicia that lead to a strong inference that claims were actually submitted." Id. To satisfy the "particular details" requirement of our holding, however, the relator must provide sufficient details "to enable the defendant to respond specifically and quickly to the potentially damaging allegations." United States ex rel. Costner v. United States, 317 F.3d 883, 888 (8th Cir. 2003).

B. The Complaint

Applying this standard to the allegations in the complaint, we conclude that Thayer has pled sufficiently particularized facts to support her allegations that Planned Parenthood violated the FCA by filing claims for (1) unnecessary quantities of birth control pills, (2) birth control pills dispensed without examinations or without or prior to a physician's order, (3) abortion-related services, and (4) the full amount of services that had already been paid, in whole or in part, by "donations" Planned Parenthood coerced from patients. Thayer adequately alleges the particular details of these schemes, such as the names of the individuals that instructed her to carry out these schemes, the two-year time period in which these schemes took place, the clinics that participated in these schemes, and the methods by which these schemes were perpetrated. Moreover, she alleges that her position as center manager gave her access to Planned Parenthood's centralized billing system, pleads specific details about Planned Parenthood's billing systems and practices, and alleges that she had personal knowledge of Planned Parenthood's submission of false claims. Thayer's claims thus have sufficient indicia of reliability because she provided the underlying factual bases for her allegations. See Corsello, 428 F.3d at 1012-14 (describing the indicia of reliability required under Rule 9(b)). Accordingly, because Thayer pleaded the particular details of these schemes as well as the bases for her knowledge of these details, these allegations are sufficient to withstand Rule 9(b)'s particularity requirement.

Thayer's allegations that Planned Parenthood violated the FCA by causing other hospitals to unknowingly submit claims for abortion-related services and by upcoding, however, are not sufficient to satisfy Rule 9(b). We address these allegations in turn.

1. Causing Other Hospitals to Submit False Claims

As set forth above, Thayer contends that Planned Parenthood violated the FCA by instructing patients who experienced abortion-related complications to give false information to medical professionals at other hospitals, causing those medical professionals to unknowingly file claims for services performed in connection with abortions. Specifically, Thayer alleges that Planned Parenthood's clinic personnel were instructed to tell patients who received abortions "to report to the local hospital emergency room in case of hemorrhage or other serious side effect and to advise local hospital emergency room personnel that [they] had suffered a 'miscarriage' and to seek Title XIX-Medicaid coverage for such 'miscarriage.'" Thayer further alleges that she learned that false claims were subsequently filed by local hospitals "as a direct result of Planned Parenthood['s] . . . instructions to clients to falsely tell the hospitals that they were merely suffering a miscarriage." These allegations fail to satisfy Rule 9(b) because they lack sufficient indicia of reliability. Thayer does not allege that she had access to the billing systems of the unidentified local hospitals, nor does she contend that she had knowledge of their billing practices. As a result, Thayer is only able to speculate that false claims were submitted by these hospitals. Because Thayer failed to provide a factual basis for her knowledge of these alleged false claims, we are unable to infer that false claims were submitted. Accordingly, we affirm the dismissal of these allegations.

2. Upcoding

The complaint alleges that Planned Parenthood scheduled large numbers of clients for visits during the short windows of time in which physicians would be available at the clinics. Thayer contends that Planned Parenthood then violated the FCA by "bill[ing] visits . . . as problem visits, using CPT codes 99212-99215 (for existing patients) and 99201-99205 (for new patients) for services performed during this window of time even though the physician would usually only briefly look into

the room from the hallway at the client or not even see the client[.]" In addition, Thayer alleges that Planned Parenthood used problem codes in billing even "where the client had no medical problem and was only seeking family planning services[.]" These allegations also fail to satisfy Rule 9(b). Although Thayer is not required to plead representative examples of the false claims, she still is required to plead the particular details of the scheme to submit false claims. Thayer's conclusory and generalized allegations that Planned Parenthood violated the FCA by engaging in upcoding do not meet this requirement. For example, Thayer failed to allege when or how often upcoding took place at the various clinics, who or how many physicians engaged in upcoding, or what types of services were involved in the upcoding scheme. Moreover, instead of alleging what monies were fraudulently obtained as a result of the alleged upcoding, Thayer merely contends that "the United States and Iowa have been damaged in an amount to be proven at trial." We thus affirm the dismissal of Thayer's upcoding allegations.[3]

C. Federal Rule of Civil Procedure 12(b)(6)

In addition to meeting Rule 9(b)'s particularity requirement, complaints alleging violations of the FCA "must contain sufficient factual matter, accepted as true, to state a claim to relief that is plausible on its face." Vigil, 639 F.3d at 796 (quoting Ashcroft v. Iqbal, 556 U.S. 662, 678 (2009)). Independent of its argument that Thayer's allegations fail to satisfy Rule 9(b), Planned Parenthood asserts that Thayer's claims should be dismissed because she failed to state FCA claims as a matter of law. Specifically, Planned Parenthood argues that the complaint should be dismissed because (1) her allegations are based on alleged regulatory violations that cannot serve as bases for liability under the FCA, (2) she failed to identify regulations

[3]In light of this conclusion, we need not address Planned Parenthood's alternative argument that, at a minimum, the upcoding allegations should be dismissed because Thayer failed to file those allegations under seal.

that prohibit Planned Parenthood's practices, or (3) the applicable regulations actually permit Planned Parenthood's conduct. The district court did not consider these arguments in light of its decision to dismiss the complaint on the basis of Thayer's failure to plead representative examples of the false claims. On remand, the district court should consider whether any of Thayer's remaining allegations survive these challenges. Our holding with respect to the Rule 9(b) issue, however, should not be read as in any way expressing a view on Planned Parenthood's Rule 12(b)(6) arguments.

III. Conclusion

The judgment is affirmed in part and reversed in part. The case is remanded to the district court for further proceedings consistent with this opinion.

Mr. FRANKS. The gentleman from Rhode Island.

Mr. CICILLINE. Thank you, Mr. Chairman.

I thank the witnesses.

I've now sat through the entire hearing. And I still don't exactly know what we're doing here. It's clear that this is not a hearing about the wrongdoing of Planned Parenthood because there is no evidence of wrongdoing. There is no testimony that has been presented that Planned Parenthood engaged in any wrongdoing. There have been six States that have reviewed this and concluded that Planned Parenthood has done nothing wrong. Seven other States cited a lack of evidence of wrongdoing and declined to investigate.

Then somebody suggests it's about defunding Planned Parenthood. I'm not sure that's it.

What I think the hearing is about, as best I can tell, having listened to every single one of my colleagues is, a fundamental view of some of the witnesses here that *Roe v. Wade* was wrongly decided. You have a right to that opinion. But what you don't have a right to do is smear a vital healthcare organization to advance that argument.

There are people, and I respect deeply, there are people who have different views on whether or not *Roe v. Wade* was rightly decided, whether women should have full control over their reproductive health. I happen to think it was properly decided. You may disagree. But what I think is wrong and really regrettable is rather than having a hearing that says, "Was *Roe v. Wade* decided properly," and we could have a public forum and have a debate about it, but this hearing is entitled and tries to insinuate that Planned Parenthood has done something wrong. The title of the hearing is, in fact, "Planned Parenthood Exposed: Examining Abortion Procedures and Medical Ethics of the Nation's Largest Abortion Providers."

So the hearing is intended somehow to suggest that by just attacking Planned Parenthood, we can undermine the decision of *Roe v. Wade*.

I think it's very clear that Planned Parenthood provides critical services to women all across this country: 2.7 million individuals access health care through Planned Parenthood. That includes, by the way, and specifically, Ms. Fredrickson, that includes a range of breast cancer screenings, Pap smears, exams for sexually transmitted diseases, HIV tests, cervical cancer, a whole range of services. Is that correct?

Ms. FREDRICKSON. Yes, sir.

That's the vast majority of what Planned Parenthood does.

Mr. CICILLINE. Ninety-seven percent of the services they provide, is that correct?

Ms. FREDRICKSON. Yes. That's correct.

Mr. CICILLINE. And Planned Parenthood is a respected healthcare organization. And some have suggested: Well, if we just close Planned Parenthood, people can get services elsewhere.

As you've indicated in your written testimony, the experts who have looked at that said it is ludicrous and people who make such a claim fundamentally misunderstand the healthcare system. Is that correct?

Ms. FREDRICKSON. That's absolutely correct.

Mr. CICILLINE. And so we're left with a hearing that lasted several hours in which people have made some assertions, played videos, some of which had nothing to do with Planned Parenthood, presumably made some claims that have nothing to do with the procedures followed by Planned Parenthood in an effort to bolster their position against the decision *Roe v. Wade*.

What I think is regrettable is that I think Planned Parenthood has demonstrated unequivocally that it is a vital healthcare organization, that millions of women and families rely on Planned Parenthood, that the individuals who work there are professional, individuals of integrity who do their jobs and take their jobs seriously.

And there was a suggestion that they're all motivated by profit. I've been to Planned Parenthood. I've been to a clinic. I've spoken to the individuals, the men and women who work there. And I want to say that my experience has been just the opposite. These are dedicated, committed professionals.

And I think it does a disservice to the seriousness of the debate about the issue of abortion to malign an organization that does important work and that is saving lives. We can have a real debate as to whether or not the Supreme Court should change its decision on *Roe v. Wade*. I think they shouldn't.

But it is settled law. It's the law of the land. And the way you challenge that is you bring a case and you make a different legal argument. You don't attack individuals who are following the law, who are performing a legal medical procedure that is saving lives of women in this country. I regret that we spend time doing that.

I thank the witnesses for being here. I hope that we can focus on the real issues that were mentioned: immigration reform, making sure we pass the Marketplace Fairness Act, dealing with the scourge of gun violence in this country. The agenda of this Committee is very long. Let's get to work on the issues that matter to the American people.

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

Mr. FRANKS. I want to thank all the witnesses for being here today. This concludes today's hearing. Thanks to our audience.

And, without objection, all Members will have 5 legislative days to submit additional written questions for the witnesses or additional materials for the record.

And, with that, thank you, this hearing is adjourned.

[Whereupon, at 6:40 p.m., the Committee was adjourned.]

APPENDIX

Material Submitted for the Hearing Record

AMERICANS UNITED FOR LIFE

October 7, 2015

The Honorable Bob Goodlatte, Chairman
United States House of Representatives Committee on the Judiciary
2138 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Goodlatte and Members of the House Judiciary Committee:

Americans United for Life (AUL) applauds the House Committee on the Judiciary for holding a hearing "examining abortion procedures and medical ethics" at Planned Parenthood, the nation's largest abortion provider. The vast majority of Americans who have seen the Center for Medical Progress (CMP) investigative footage that uncovered Planned Parenthood's shocking practice of harvesting baby organs in exchange for profit have been appalled.

Unfortunately, though, the callous disregard for life and law at Planned Parenthood was unsurprising. AUL has extensively documented scandals rampant throughout the abortion industry, which operates as a red-light district of medicine.

To buttress the testimony that will be heard by the Committee in its hearing, AUL offers the following memorandum documenting that:

1. Planned Parenthood has stated its intent to expand its profitable but dangerous and barbaric later-term abortion practices.
2. Planned Parenthood's profit-motivated altering of abortions to harvest baby organs may include infanticide-like partial-birth abortions.
3. Evidence suggests that Planned Parenthood's baby organ harvesting business may result in and/or rely on babies being born alive.
4. Planned Parenthood clinics have provided women with "meat-market style" abortions to the detriment of their health and safety.
5. Planned Parenthood misuses dangerous abortion drugs.

The abortion industry—including Planned Parenthood—is rife with abuses that compound abortion's inherent harms to women. The facts show that Planned Parenthood's abortion business prioritizes profit over health and safety, life and the law.

I. Planned Parenthood has stated its intent to expand its profitable but dangerous later-term abortion practices.

Polling consistently shows that a strong majority of Americans oppose killing unborn children in the second and third trimester of pregnancy.[1] Later-term abortions are also undisputedly more dangerous to women. Yet Planned Parenthood not only fights against any restrictions to its later-term abortion practice, it has clear intentions to grow that aspect of its business.

Planned Parenthood Federation of America Senior Medical Director, Dr. Deborah Nucatola, made clear that later-term abortions are a growing business at Planned Parenthood and that Planned Parenthood has an eye towards further expansion:

> [T]here's a lot of conversation about who goes to the legal limit in their state, if they don't go to the legal limit in their state why don't they, is there another provider that does? So we're about to start doing some mapping work to say, you know, are there states where nobody's going to the legal limit? And if not, why not, and what can we do about that?[2]

Planned Parenthood's strategic effort to grow its later-term abortion business is confirmed by the fact that Deborah VanDerhei, the National Director, Consortium of Planned Parenthood Abortion Providers (CAPS), is an Advisory Board Member of the Later Abortion Initiative.[3] The goals of the Later Abortion Initiative include to "increase the number of sites where later abortion is available" and to "expand the number of physicians who can perform later abortion, especially at 20 weeks' gestation and beyond."[4] The Later Abortion Initiative seeks to expand the locations where late term abortions are offered with the ultimate goal of increasing the numbers of later-term abortions that are performed.

Not only does public opinion strongly oppose the killing of babies in the second and third trimester, later-term abortions are more harmful to women. The facts are undisputed that the later in pregnancy an abortion occurs, the riskier it is and the greater the chance for significant complications. Even the abortion industry readily acknowledges this fact.

For example, a well-respected, peer-reviewed journal that is frequently cited by abortion advocates documents that later-term abortions carry "exponentially" higher risks:

> Abortion has a higher medical risk when the procedure is performed later in pregnancy. Compared to abortion at eight weeks of gestation or earlier, the relative risk increases exponentially at higher gestations.[5]

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[1] *See e.g.* http://www.gallup.com/poll/1576/abortion.aspx

[2] Full footage and transcripts for each interview with Planned Parenthood's employees are available at http://www.centerformedicalprogress.org/cmp/investigative-footage/.

[3] *See Later Abortion Initiative, Advisory board and staff*, http://www.laterabortion.org/advisory-board-and-staff.

[4] *See Later Abortion Initiative, About the initiative*, http://www.laterabortion.org/about-initiative.

[5] L.A. Bartlett et al., *Risk factors for legal induced abortion-related mortality in the United States*, OBSTETRICS & GYNECOLOGY 103(4):729-37 (2004). "The risk of death associated with abortion increases with the length of pregnancy, from one death for every one million abortions at or before eight weeks gestation to one per 29,000 abortions at sixteen to twenty weeks and one per 11,000 abortions at twenty-one or more weeks."

The relative risk of mortality increases by 38 percent for each additional week after 8 weeks gestation.[6] That means a woman seeking an abortion at 20 weeks (five months) is 35 times more likely to die from abortion than she was in the first trimester. At 21 weeks or more, she is 91 times more likely to die from abortion than she was in the first trimester.

Researchers have concluded that it may not be possible to reduce the risk of death in later-term abortions because of the "inherently greater technical complexity of later abortions."[7] This is because later-term abortions require a greater degree of cervical dilation, with an increased blood flow in a later-term abortion which predisposes the woman to hemorrhage, and because the myometrium is relaxed and more subject to perforation.[8]

The CMP investigation perhaps sheds additional light on why the abortion industry—led by Planned Parenthood—vehemently fights against any common-sense, common-ground restrictions on its later-term abortion business. Later-term abortions are "necessary" for the harvesting of baby organs that Planned Parenthood does in exchange for money. The more developed a baby, the more valuable his parts.

II. Planned Parenthood's profit-motivated altering of abortions to harvest baby organs may include infanticide-like partial-birth abortions.

Americans strongly oppose partial birth abortion, a procedure that kills infants mere inches from birth. The federal law prohibiting the barbaric practice was passed in 2003 with strong bipartisan support in both the House[9] and Senate.[10] Against lawsuits filed by Planned Parenthood[11] and other abortionists, the United States Supreme Court, upheld this most basic, commonsense law, holding that "[t]here can be no doubt the government 'has an interest in protecting the integrity and ethics of the medical profession.'"[12]

The Court explained that Congress had fairly concluded that "specific regulation" was necessary to ban abortions that involve the partial delivery of a living fetus. Partial-birth abortion "implicates additional ethical and moral concerns that justify a special prohibition."[13] Citing to the Congressional Findings, the Court held that Congress was justified in proscribing an abortion procedure with a "disturbing similarity" to infanticide.[14]

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[6] *See id.* at 729, 731.
[7] *Id.* at 735.
[8] *Id.*
[9] *See* http://clerk.house.gov/evs/2003/roll530.xml
[10] *See* http://www.senate.gov/legislative/LIS/roll_call_lists/roll_call_vote_cfm.cfm?congress=108&session=1&vote=00402
[11] In *Gonzales v. Planned Parenthood Federation of America* Americans United for Life represented the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), Senator Tom Coburn, M.D., Representative Michael Burgess, M.D., Representative Phil Gingrey, M.D., Representative Dave Weldon, M.D., C. Everett Koop, M.D., ScD., Edmund D. Pellegrino, M.D. in an *amicus curiae* filed brief before the Supreme Court. AUL's brief countered false claims presented by the abortion industry to preserve its practice of infanticide, detailing how partial-birth abortions are not "the safest medical option" and are never "medically necessary." The gruesome and inhumane partial-birth abortion procedure benefits neither mothers nor babies. The AUL brief is available at http://aul.org/files/amicus-briefs/pdf/GonzalesvPP.pdf
[12] *Gonzales v. Carhart*, 550 U.S. 124, 157 (2007).
[13] *Id.* at 158.
[14] *Id.* at 158.

Sadly, there is probable cause to investigate whether Planned Parenthood and other abortionists continue to denigrate the integrity of the medical profession by skirting the strongly supported law. Evidence suggests abortionists may be continuing to use partial-birth abortions with the specific goal of harvesting these babies' organs for sale.

The trial transcripts from the partial-birth abortion cases are deeply unsettling. They reflect the inhumane and callous attitude the abortion industry takes towards human life and dignity. They are also worth revisiting as Planned Parenthood's baby organ harvesting business suggests

In opening arguments in the Nebraska case *Carhart v. Ashcroft*, the attorneys challenging the federal partial-birth abortion ban argued that "intact removal of the fetus is desirable as early as 12 to 15 weeks of pregnancy."[15] Notably, the harvesting of baby organs at Planned Parenthood and other abortion clinics likewise occurs at this stage of pregnancy. It is precisely because these babies are already well-developed—with eyes, toes, fingernails, brains, and beating hearts—that they are more marketable for Planned Parenthood's fetal tissue harvesting business.

Troublingly, PPFA President Cecile Richards has admitted that PPFA's guidance to its affiliates allows abortionists to alter abortion procedures to harvest baby organs in exchange for money, so long as in the abortionist's view the alteration is not "substantive."[16] This guidance deviates from federal law's clear statement that there must be an assurance that "no alteration of the timing, method, or procedures used to terminate the pregnancy was made solely for the purposes of obtaining the tissue."[17]

Dr. Deborah Nucatola, PPFA's Senior Medical Director described how she, in fact, treats abortions differently based on whether or not she intends to harvest a baby's body parts. When asked "how much of difference can that actually make if you know kind of what's expected or what [body parts] we need?" Dr. Nucatola replied: "It makes a huge difference."

When an abortionist's focus and priority is harvesting baby body parts, the risks to the woman (inherent in every abortion) increases. The desired outcome is not only a dead baby, and the added goal of preserving the baby's valuable parts for sale may, as Dr. Nucatola describes, require manipulations. Greater manipulations to the baby translate to greater chances of uterine perforation.[18]

Adding to the concern, Planned Parenthood's Deborah Nucatola declared to undercover investigators that federal law's clear prohibition on partial-birth abortions was "open to

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[15] *See Carhart v. Ashcroft* trial transcript at (167:7-9).
[16] *See* Cecile Richards Aug. 27, 2015 letter to Congressional leadership *available at* http://ppfa.pr-optout.com/ViewAttachment.aspx?EID=mr9WXYw4u2IxYnni1dBRVmMQR51KNkcLKWgR2hTdC2Y%3d.
[17] 42 U.S.C. § 289g-1.
[18] In the *Carhart v. Ashcroft* trial, when Dr. Jill Vibhakar, Planned Parenthood of the Heartland's Medical Director, was questioned about "steps to avoid uterine perforation" while performing and abortion, she confirmed that "within the uterus" she tries to "minimize the amount of manipulation." *See* trial transcript at (378:15-23).

interpretation."[19] Dr. Nucatola's "interpretation" of the law includes a problematic description of intent that is tantamount to deliberate ignorance.

> So if I say on Day 1 I do not intend to do this, what ultimately happens doesn't matter. Because I didn't intend to do this on Day 1, so I'm complying with the law.[20]

Particularly problematic is Dr. Nuctola's description about "steps that can be taken to try to ensure" procurement of brain tissue.[21] Dr. Nucatola describes an abortion procedure that has a troubling similarity to the description of an illegal partial-birth abortion, deliberately changing the baby to breech presentation so that the mother is dilated enough by the time the abortionist is ready to deliver the baby's head, or in her words "evacuate an intact calvarium at the end."[22] Dr. Nucatola offers this description as what abortionists "in general" actually do to procure a baby's brain tissue. Dr. Nucatola boasted to the undercover actors "[a]nd, we've been pretty successful with that, I'd say."[23]

The use of partial-birth abortion to harvest baby organs that Planned Parenthood sells to tissue procurement companies perhaps explains why the abortion industry fought in court to retain its infanticide-like practice. It is flatly unacceptable for Planned Parenthood to now "interpret" for itself a right to bypass the law.

III. Evidence suggests that Planned Parenthood's baby organ harvesting business may result in and/or rely on babies being born alive.

In order to preserve baby organs for sale, Planned Parenthood's later-term abortion practice appears to have an increased risk of infants being born alive. And Planned Parenthood appears to have no intention to offer these children comfort and care and treat them as persons as is required by law.

In 2002, Congress passed the *Born Alive Infant Protection Act* (1 U.S.C. §8) by a resounding voice vote in the U.S. House of Representatives, and 98-0 in the U.S. Senate. On the Senate floor, Sen. Boxer voiced her strong support for the bill, exclaiming, "Who would be more vulnerable than a newborn baby?" She continued, stating "all of our people deserve protection, from the very tiniest infant to the most elderly among us."[24]

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[19] Full footage and transcripts for each interview with Planned Parenthood's employees are available at http://www.centerformedicalprogress.org/cmp/investigative-footage/.
[20] *Id.*
[21] *See id.* "And with the calvarium, in general, some people will actually try to change the presentation so that it's not vertex, because when it's vertex presentation, you never have enough dilation at the beginning of the case, unless you have real, huge amount of dilation to deliver an intact calvarium. So if you do it starting from the breech presentation, there's dilation that happens as the case goes on, and often, the last, you can evacuate an intact calvarium at the end."
[22] *Id.*
[23] *Id.*
[24] Congressional Record, S7062-S7064, June 28, 2001.

The obvious need for the legal protection of infants born alive after an attempted abortion remains a non-partisan issue. In a hearing held by this Committee in September, abortion "rights" supporter Rep. Jerry Nadler (D-NY) exclaimed, "anyone who kills a child outside—that has been born outside the womb, anyone who stands idly by and does not help it survive is guilty of murder or manslaughter, period, no questions asked."[25]

A serious concern that Planned Parenthood fails to adhere to the federal *Born-Alive Infant Protection Act* arises from the fact that in the Congressional hearings held thus far witnesses, including PPFA President Cecile Richards, have responded to questions regarding the federal law that protects babies born at any stage of development by hiding behind an irrelevant "viability" marker. Babies that survive an abortion at a Planned Parenthood clinic are persons under federal law when they are born *at any stage of development*, regardless of whether Planned Parenthood perceives their projected life-span to be short or long.

The truth, that babies are alive before so-called "viability" was echoed—by abortionists themselves—throughout the *Carhart v. Ashcroft* trial. Dr. Jill Vibhakar, Planned Parenthood of the Heartland's Medical Director, noted that her colleagues at the University of Iowa used fetal-demise drugs at later gestations, "to prevent the birth of a living fetus."[26] She further clarified that the purpose of the University's policy of inducing fetal demise was to avoid the birth of babies who were "not necessarily viable but just living at the time of birth." [27] Infamous abortionist Leroy Carhart, the named plaintiff in the partial-birth abortion case, described that "[n]ormally, my 16 and 17-week patients are -- the fetuses are alive at the time of the final delivery."[28]

But in order to harvest baby organs for sale, the abortionist cannot use a feticide drug, such as digoxin. Their organs must be, as PPFA Senior Medical Advisor Dr. Carolyn Westhoff describes, "fresh."[29]

Comments made by employees of Planned Parenthood and tissue procurement companies throughout the CMP investigative videos raise credible concerns that many infants are born alive after an attempted induced abortion at Planned Parenthood.

Asked "is there still circulation in the heart once you isolate it?" Dr. Ben Van Handel Executive Director, Novogenix Laboratories LLC replied: "**So you know there are times when after the [abortion] procedure is done that the heart actually is still beating**."[30]

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[25] Video footage of the hearing is available at https://www.youtube.com/watch?t=4783&v=M_gAyNhnGz8. Rep. Nadler's quoted remarks begin at 1:19:28.
[26] *See* trial transcript at (347:19)
[27] *See id.* at (393:18-394:5)
[28] *See id.* at (617:20-24)
[29] The full footage of CMP's discussion with Dr. Carolyn Westhoff is available at https://www.youtube.com/watch?v=oar7sw0UtOg
[30] Dr. Van Handel's comments are featured in the Human Captial documentary web series, Episode 3: Planned Parenthood's Custom Abortions for Superior Product *available* at http://www.centerformedicalprogress.org/human-capital/documentary-web-series/.

Planned Parenthood of the Rocky Mountains, Vice President and Medical Director, Dr. Savita Ginde remarked that women sometimes deliver intact babies before Planned Parenthood is able to dismember them. "**Sometimes, we get- if someone delivers before we get to see them for a procedure, then they are intact**, but that's not what we go for."[31]

That women scheduled for abortions are delivering "intact babies" is confirmed by the experience of Perrin Larton, Procurement Manager for Advanced BioScience Resources (ABR). "I literally have had women come in and go in the OR and they're back out in 3 minutes and I'm going 'what's going on?' '**Oh yeah. The fetus was already in the vaginal canal whenever we put her in the stirrups it just fell out**.'"[32]

Planned Parenthood of the Gulf Coast, Ambulatory Surgical Center Director, Tram Nguyen explained multiple times that babies are delivered intact at Planned Parenthood[33]:

- "It varies by gestation, **sometimes they come out really intact**."
- "So it all depends, **sometimes like I said, they come out really intact**."
- **"We can never intend to complete the procedure intact- you can't intend to, but it happens."**

Cate Dyer, CEO, StemExpress, LLC, appears to confirm that intact babies are a common experience: "[i]f you had **intact cases, which we've done a lot**, we sometimes ship those back to our lab in its entirety."[34]

The testimony of Holly O'Donnell, a former procurement technician for StemExpress, LLC, confirms the necessity of a full-scale investigation into the failure to provide care for infants born alive. She describes the harrowing experience of procuring a brain from a baby whose heart was beating after an attempted abortion:

> This is the most gestated fetus and the closest thing to a baby I've ever seen… and **she taps the heart and it starts beating**… I knew why that was happening, the nodes were still firing and **I don't know if that means it's technically dead or it's alive**. It had a face, it wasn't completely torn up. Its nose was pronounced. It had eyelids. … **Since the fetus was so intact she said 'ok, well, this is a really good fetus and it looks like we can procure a lot from it. We're going to procure brain.**[35]

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[31] Full footage and transcripts for each interview with Planned Parenthood's employees are available at http://www.centerformedicalprogress.org/cmp/investigative-footage/.

[32] Perrin Larton's comments are featured in the Human Captial documentary web series, Episode 3: Planned Parenthood's Custom Abortions for Superior Product *available* at http://www.centerformedicalprogress.org/human-capital/documentary-web-series/.

[33] Full footage and transcripts for each interview with Planned Parenthood's employees are available at http://www.centerformedicalprogress.org/cmp/investigative-footage/.

[34] Full footage and transcript for the interview with Cate Dyer is available at http://www.centerformedicalprogress.org/cmp/investigative-footage/.

[35] Holly O'Donnell's testimony is featured in the documentary web series, "Human Captial," which is available at: http://www.centerformedicalprogress.org/human-capital/documentary-web-series/.

There is probable cause to investigate whether Planned Parenthood's baby organ harvesting business results in and relies on killing infants born alive after an attempted induced abortion, who are persons entitled to legal protection under 1 U.S.C. § 8.

IV. Planned Parenthood clinics have provided women with "meat-market style" abortions to the detriment of their health and safety.

The facts contradict Planned Parenthood's bald claim that it "has extremely high medical and ethical standards."[36]

There is, of course, the tragic story of Tonya Reaves, a 24-year-old mother with a young son, who bled to death in July 2013 after her uterus was lacerated during an abortion at a Planned Parenthood clinic on Chicago's Michigan Avenue.[37] Reports suggest that the Planned Parenthood clinic's delay in seeking emergency care directly contributed to Tonya's death.

Whistleblower Holly O'Donnell, a former procurement technician with StemExpress, has testified that Planned Parenthood abortionist Dr. Ron Berman "had a reputation for going viciously fast." She explained that "if we didn't watch him, we would lose our specimens." And that "[i]f there wasn't a girl in the room, he would get mad. He would pace the hallways, if there wasn't something to do." Dr. Mary Gatter, Planned Parenthood Federation of America's Medical Directors' Council President described the atmosphere at a Planned Parenthood abortion clinic as "rush, rush, rush."[38]

Rushing through abortion patients may ensure Planned Parenthood clinics meet revenue quotas, but it has devastating consequences for women's health. Consequences that women may not even realize are attributed to their poor abortion care.

Jayne Mitchell-Werbrich, a registered nurse who left Planned Parenthood of Delaware because of its "meat market type assembly line care," not because of any change-of-heart on abortion, testified before the Delaware Senate about serious health hazards she witnessed, including the clinic's mishandling of RhoGAM.[39] Failure to give RhoGAM within the recommended time to a woman with an Rh negative blood type means a future pregnancy could be dangerous to both mother and child. "The administration of RhoGAM was often missed due to the meat market type assembly line care that Planned Parenthood provides their patients," Nurse Mitchell-Werbich testified. "The sad thing is that these women may not even realize the fact that Planned Parenthood could be at fault for [their] medical tragedies even years after they had their abortions at Planned Parenthood."

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[36] *See e.g.*, PPFA Rogers Evans July 17 letter to E&C Committee Chairman Fred Upton *available at* https://www.plannedparenthood.org/files/7714/3741/4123/Letter_to_Chairman_Upton.pdf

[37] *See Report of Postmortem Examination*, OFF. OF THE MED. EXAMINER, COOK COUNTY, ILL. (July 26, 2012), obtained by Operation Rescue, *available at* http://operationrescue.org/pdfs/Reaves%20Autopsy%20Report.pdf

[38] Full footage and transcripts for each interview with Planned Parenthood's employees are available at http://www.centerformedicalprogress.org/cmp/investigative-footage/.

[39] Full text of Jane Mitchell-Werbrich's testimony before the Delaware Senate on May 29, 2013 is available at http://aul.org/downloads/jayne_mitchell-werbrich_testimony.pdf

The systemic abuses at Planned Parenthood demonstrate that "legal" abortion is not "safe" abortion.

V. Planned Parenthood's misuse compounds the risks to women of dangerous abortion drugs.

While Planned Parenthood is understandably being investigated for abuses in its surgical abortion business, because of the baby organ harvesting scheme uncovered by CMP, Planned Parenthood's rampant abuses of chemical abortions should not be overlooked.

Planned Parenthood Federation of America's Medical Directors' Council President Dr. Mary Gatter told the CMP investigators "[y]ou know, when we first [started doing chemical abortions], we got calls from 12-year-old kids who hadn't told their parents they were coming in, who were horrified, they were now bleeding, cramping, some of them went to emergency rooms."

When Planned Parenthood's dangerous misuse of chemical abortions was highlighted by AUL's *The Case for Investigating Planned Parenthood*, the organization responded, in part, that off-label use was "common practice."[40] Women deserve better than to have concerns for their health and safety dismissed because it is "common" to abuse them.

Chemical abortions are known to be dangerous. "Since its approval in September 2000, the Food and Drug Administration has received reports of serious adverse events, including several deaths, in the United States following medical abortion with mifepristone and misoprostol," notes the FDA website.[41] A 2011 FDA report[42] accounts for at least 2,207 severe adverse events associated with the use of the abortion drug regimen (also commonly referred to as "RU-486"), including hemorrhaging, blood loss requiring transfusions, serious infection, and death.

Thousands of reported instances of serious adverse events, including death, already raises alarm. The concern for women's health and safety is heightened when considering the known inadequacies of what is being reported to the FDA about chemical abortions.[43]

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[40] AUL's analysis and point-by-point rebuttal to Planned Parenthood's response is *available at* http://www.aul.org/wp-content/uploads/2011/07/AUL-Rebuttal-to-PP-7-11-11.pdf (last visited Sept. 11, 2012).

[41] *Mifeprex (mifepristone) Information*, U.S. FOOD & DRUG ADMIN, U.S. DEP'T. OF HEALTH & HUM SERVS. (Jul. 19, 2011), http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm111323.htm

[42] The FDA report, "Mifepristone U.S. Postmarketing Adverse Events Summary through 04/30/2011," is *available at* http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM263353.pdf

[43] *See e.g.* Margaret M. Gary, M.D. and Donna J. Harrison, M.D., *Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient*, 40(2) ANNALS OF PHARMACOLOGY 191 (2006). The 2006 review of Adverse Event Reports (AERs) related to the use of the RU-486 drug regimen, conducted by Dr. Margaret M. Gary, M.D. and Dr. Donna J. Harrison, M.D. found, "AERs relied upon by the FDA to monitor mifepristone's postmarketing safety are grossly deficient due to extremely poor quality." Drs. Gary and Harrison noted that the deficiency in the AER reports was widespread and consequential. "[A] majority of the AERs analyzed do not provide enough information to accurately code the severity of the adverse event in question. The deficiencies were so egregious in some instances as to preclude analysis."

Planned Parenthood openly violates the FDA protocol in multiple ways, and Planned Parenthood's own studies acknowledge that its off-label use of chemical abortions has come at the cost of women's lives and "higher-than-expected" consequences to their health.

According to a 2009 Planned Parenthood study, only after women suffered serious infections and died did Planned Parenthood stop the vaginal use of misoprostol, an off-label practice never approved by the FDA.

> Prompted by the deaths that occurred after medical abortion and internal data that show a higher-than-expected rate of serious infection, [Planned Parenthood Federation of America] changed its medical abortion protocol at the end of March 2006.[44]

Flying in the face of supposed-concern for women's health, the same Planned Parenthood study documents another dangerous off-label use that it has *not* discontinued. Because of the high failure rate and the risks involved with RU-486 in later pregnancies,[45] the FDA limited approval for use only in the first 49 days from the start of a woman's last menstrual period.[46] Planned Parenthood, by its own admission, ignores this limitation.

These concerns are compounded by the known limitation of the Adverse Event Reporting system. As detailed by Michael F. Mangano, Principal Deputy Inspector General of the Department of Health and Human Services, in his testimony before the U.S. Senate committee, "Adverse Event Reporting systems typically detect only a small proportion of events that actually occur. They are passive systems that depend on someone linking an adverse event with the use of a product, then reporting the event … Adverse Event Reports in and of themselves typically cannot generate conclusive evidence about the safety of a product or ingredient. Rather the system generates signals that FDA must assess to confirm if, in fact, a public health problem exists… With limited information to draw upon to generate signals, it is not surprising that FDA rarely reaches the point of knowing whether a safety action is warranted to protect consumers." *See Hearing on consumer safety and weight-loss supplements. Before the Subcomm. on Oversight of Gov't Mgmt, Restructuring, and the District of Columbia, S. Comm on Gov't Affairs.* 107th Cong. (2002) (statement of Michael F Mangano, Principal Deputy Inspector General, Office of Inspector Gen., U.S. Dep't of Health & Human Servs.), *available at* http://www.hsgac.senate.gov/subcommittees/oversight-of-government-management/hearings/when-diets-turn-deadly-consumer-safety-and-weight-loss-supplements.

[44] Mary Fjerstad, N.P., M.H.S., et al, *Rates of Serious Infection after Changes in Regimens for Medical Abortion*, 361 NEW. ENG. J. MED. 145 (2009). Mrs. Fjerstad and Dr. Cullins report having been employed by Planned Parenthood Federation of America (PPFA) at the time of the study. Drs. Lichtensberg and Trussell report serving on the PPFA National Committee. "No other conflict of interest relevant to this article was reported."

[45] *See* Spitz et al,, *Early pregnancy termination with mifepristone and misoprostol in the United States*, 338 NEW ENG. J. MED. 1241 (1998).

[46] *See* U.S. Food & Drug Admin., *Mifeprex (mifepristone) Information* (Feb. 24, 2010), *available at* http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm (last visited Sept. 11, 2012). In addition, the "Prescriber's Agreement" for Mifeprex (mifepristone) states unequivocally, "you must provide Mifeprex in a manner consistent with the following guidelines"including,

> Under Federal law, you must fully explain the procedure to each patient, provide her with a copy of the Medication Guide. You must fully explain the procedure to each patient, provide her with a copy of the Medication Guide and PATIENT AGREEMENT, give her an opportunity to read and discuss them, obtain her signature on the PATIENT AGREEMENT, and sign it yourself.

Available at
http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111364.pdf

Medical complications, such as hemorrhaging—which require hospitalization for emergency treatment—increase with pregnancies of 57-63 days gestational age.[47] And Planned Parenthood's researchers acknowledged that they "do not have data available on the rates of follow-up of women after medical abortion, and it is possible that the reporting of serious infection is incomplete."[48]

In addition, former Planned Parenthood abortion clinic director, Abby Johnson, testified before the Texas Senate in 2011 that "there is no doctor-patient relationship" at Planned Parenthood clinics.[49] Ms. Johnson recounts that for most chemical abortions, there was no physician on site, and neither was there an examination of the patient before the chemical abortion, or a follow-up visitation after the procedure.[50]

In her "whistleblower" lawsuit filed against Planned Parenthood of the Heartland, former employee Sue Thayer alleges that, lacking the ability to care for these women at their own facilities, Planned Parenthood's telemedicine abortion patients who later experienced significant bleeding were told "to go to an emergency room and report that they were experiencing a spontaneous miscarriage."[51] Lying to a healthcare provider about the cause of the patient's condition leads to a host of obvious problems including inappropriate care and inaccurate reporting of abortion complications.

Conclusion

Our vision at AUL is a nation where everyone is welcomed in life and protected by law. We have been committed to defending human life through vigorous judicial, legislative, and educational efforts since 1971, and we are encouraged by the Committee's commitment to fully investigating the abuses at Planned Parenthood that harm mothers and their babies.

Please let me know if you have any questions or would like additional information regarding the inherent harms of abortion and the abuses at Planned Parenthood and other abortion providers that compound these risks. I hope you and members of the House Committee on the Judiciary will find this information helpful in your work and deliberations.

The PATIENT AGREEMENT, requiring signature of patient and provider, states, "I believe I am no more than 49 days (7 weeks) pregnant." *Available at* http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM111332.pdf

[47] *See* Spitz et al., *Early pregnancy termination with mifepristone and misoprostol in the United States*, 338 NEW ENG. J. MED. 1241 (1998).

[48] *See* Fjerstad et al. *supra* at 150. Further the study noted, "a potential concern is that serious infections may have been more likely to be underreported [after Planned Parenthood discontinued its vaginal administration of the drug] since the intense scrutiny during Period 1 (after the reports of deaths from clostridial infections) had waned."

[49] *See* Alexa Garcia-Ditta, *Pro-Life Convert Takes the Floor in Sonogram Debate*, Texas Observer, (Feb. 9. 2011), *available at* https://www.texasobserver.org/tags/senate/itemlist/category/46-observations?start=14

[50] *Id.*

[51] Second Amended Complaint at 45, United States and Iowa *ex rel* Thayer v. Planned Parenthood of the Heartland, No. CV00129 (S.D. Iowa July 26, 2012).

Sincerely,

Charmaine Yoest

Dr. Charmaine Yoest, Ph.D.
President and CEO
Americans United for Life

October 23, 2015

Dear Chairman Goodlatte and Ranking Member Conyers:

Numerous inaccurate statements were made about the safety of abortion and fetal development during the House Judiciary Committee hearing entitled "Planned Parenthood Exposed: Examining Abortion Procedures and Medical Ethics at the Nation's Largest Abortion Provider." We would like to share with the Committee responses to these assertions, as well as factual information about the safety of abortion, the importance of access to legal abortion, and the widespread acceptance of both within the medical community. We hope this information will help inform the Committee's actions in this area.

Without question, legal abortion in the United States has improved women's health. From 1958-1967, prior to the *Roe v. Wade* decision, at least 3,400 women died from illegal abortion procedures.[i] Many other women survived, but endured illegal abortions in horrible circumstances that often left them with dangerous medical complications. The number of deaths dropped to nearly zero after abortion was made legal, as the medical community had predicted. We have long known that legal, accessible abortion means safe abortion. Indeed, legal abortion is one of the safest medical procedures doctors provide in the United States.[ii]

The risk of a major complication from first-trimester abortion, when 88% of abortions take place, is very small—less than 0.05%.[iii] As the pregnancy advances, the medical risks with abortion increase from one death for every one million abortions at or before 8 weeks to one per 29,000 at 16 to 20 weeks—and one per 11,000 at 21 weeks or later.[iv] In comparison, the risk of death from continued pregnancy and delivery is approximately 8.8 per 100,000.[v] Given the increased risks with gestation, prompt access to abortion is crucial to women's health.

One witness claimed her abortions had damaged her Fallopian tubes, rendering her unable to become pregnant. Abortion, when performed correctly, does not damage the Fallopian tubes. Fallopian tube damage can cause infertility, but abortion does not cause infertility. Abortions performed in the first trimester pose virtually no long-term risk of infertility, ectopic pregnancy, spontaneous abortion (miscarriage) or birth defect, and little or no risk of preterm or low-birth-weight deliveries.[vi]

Certainly, some pain and bleeding after an abortion are normal. The standard of care in the United States is to provide every patient with a 24-hour emergency contact number should any problems or questions arise.

Another witness questioned whether an abortion could ever be medically necessary. In fact, t many medical conditions that can arise during or be exacerbated by pregnancy may make abortion medically necessary, even needed to preserve a patient's health or life. Such conditions can include pulmonary hypertension, Marfan's syndrome, severe valvular heart disease, Eisenmenger's syndrome, cyanotic heart defects, hormonally sensitive cancers, kidney disease, preterm premature rupture of membranes with sepsis, placenta previa, severe preeclampsia, HELLP syndrome, and ovarian hyperstimulation syndrome.

There was also discussion of women suffering depression, suicidal thoughts, and increased drug use, among other mental health problems after abortion. In reality, one in three U.S. women has an abortion by 45 years of age;[vii] virtually no women regret their decisions.[viii] In fact, the vast majority of women

report feelings of satisfaction and relief.[ix] A thorough review by the American Psychological Association's Task Force on Mental Health and Abortion in 2008, and subsequent update in 2009 found that: "Major methodological problems pervaded most of the research reviewed. The most rigorous studies indicated that within the United States, the relative risk of mental health problems among adult women who have a single, legal, first-trimester abortion of an unwanted pregnancy is no greater than the risk among women who deliver an unwanted pregnancy. Evidence did not support the claim that observed associations between abortion and mental health problems are caused by abortion per se as opposed to other preexisting and co-occurring risk factors. Most adult women who terminate a pregnancy do not experience mental health problems. Some women do, however. It is important that women's varied experiences of abortion be recognized, validated, and understood."[x]

Statements were made at the hearing about the presence of fetal pain, even as early as 9 weeks into pregnancy. Rigorous scientific reviews of the evidence on fetal pain in the Journal of the American Medical Association (JAMA), by the Royal College of Obstetricians and Gynaecologists, and in the Journal of Maternal-Fetal and Neonatal Medicine concluded, as recently as 2012, that fetal perception of pain is unlikely before the third trimester, 27 weeks.[xi]

We know that people have many feelings when it comes to abortion. Our organizations believe women should have access to safe high quality medical care when they need it. We know that barriers to abortion only increase reliance on unsafe abortions. We strongly urge Members of Congress and all policymakers to rely on facts and medical scientific evidence when considering legislative action related to abortion and other aspects of women's health.

Sincerely,

American Congress of Obstetricians and Gynecologists
Physicians for Reproductive Health

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[i] Henshaw, S, Unintended pregnancy and abortion in the USA: Epidemiology and public health impact, *Management of Unintended and Abnormal Pregnancy* at 33 (2009).
[ii] Raymond EG and Grimes DA, The comparative safety of legal induced abortion and childbirth in the United States, *Obstetrics & Gynecology*, 2012, 119(2): 215–219.
[iii] Weitz TA et al., Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver, *American Journal of Public Health*, 2013, 103(3):454–461.
[iv] Bartlett LA et al., Risk factors for legal induced abortion-related mortality in the United States, *Obstetrics & Gynecology*, 2004, 103(4):729–737.
[v] Raymond, supra note 2.
[vi] Id.
[vii] Jones RK and Kavanaugh ML, Changes in abortion rates between 2000 and 2008 and lifetime incidence of abortion, *Obstetrics & Gynecology*, 2011, 117(6):1358-1366.
[viii] Rocca CH, Kimport K, Roberts SCM, Gould H, Neuhaus J, and Foster DG, Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study, 2015, PLoS ONE 10(7): e0128832. doi:10.1371/journal.pone.0128832.
[ix] Id.
[x] Major B et al., Abortion and mental health: Evaluating the evidence, *American Psychologist*, 2009 64(9): 863-890. See also American Psychological Association, Task Force on Mental Health and Abortion, Report of the Task Force on Mental Health and Abortion (2008).
[xi] See, e.g. Lee SJ, Ralston HJP, Drey EA, Partridge JC, Rosen MA. Fetal pain: A systematic multidisciplinary review of the evidence. JAMA 2005; 294: 947-954.

October 7, 2015

Dear Chairman Goodlatte and Ranking Member Conyers:

We write to you as organizations opposed to Congress' continued targeting of Planned Parenthood and women's health care, particularly abortion. The Judiciary Committee hearing scheduled for October 8, 2015, is just the latest in a series of coordinated attacks that have taken place since the House returned from its August recess. This myopic and dangerous focus on taking away women's access to critical health care must end.

Planned Parenthood is a leading provider of high-quality, affordable reproductive health care for women and men, including young people and low-income patients. Without Planned Parenthood, nearly three million people annually would lose access to their preferred provider for health care that includes birth control, cancer screenings, and STI screenings and treatment. Despite this, anti-women's health politicians have been attacking it for years. The latest round of attacks was prompted by the release of heavily-edited, deceptive videos that made false claims about Planned Parenthood.

Based on nothing more than these deceptive videos, some members of Congress are intent on defunding Planned Parenthood. In the last month alone, the House of Representatives has voted three times to defund it and three separate committees have convened hearings. All of this has amounted to nothing but political theater at its worst and is part of a broader political agenda to take away women's access to abortion.

No investigation has yielded any evidence to support the allegations. In fact, every investigation that has been completed has cleared Planned Parenthood of all wrongdoing.

This targeting of Planned Parenthood is just part of a larger systemic effort to deny women access to abortion. States have passed 282 restrictions on abortion in the past five years, and just this year alone, Congress has used the political process to try to undermine access to reproductive health care at least 75 times, including introducing and voting on multiple bills and amendments that would restrict women's health.

Abortion is an essential component of comprehensive reproductive health care. One in three women will have an abortion in her lifetime. It is one of the safest medical procedures: less than a quarter of one percent of abortions result in a major complication.[1] In fact, abortion has about the same rate of complications as colonoscopies. Women are safer and healthier when they have access to the full range of health care services.

[1] Upadhyay, Ushma D., Sheila Desai, Vera Zlidar, Tracy A. Weitz, Daniel Grossman, Patricia Anderson, and Diana Taylor. "Incidence of Emergency Department Visits and Complications After Abortion," *Obstetrics & Gynecology* 125, no. 1 (2015): 175-183. Weitz, Tracy A., Diana Taylor, Sheila Desai, Ushma D. Upadhyay, Jeff Waldman, Molly F. Battistelli, and Eleanor A. Drey. "Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver," *American Journal of Public Health* 103, no. 3 (2013): 454-461.

Moreover, the U.S. Constitution guarantees a woman's right to safe, legal abortion care. Yet many Members of Congress and state legislators appear eager to pass blatantly unconstitutional laws that are meant to push the legal boundaries of *Roe v. Wade*. They want to interfere in women's decision-making, tell health care providers how to practice medicine, disregard evidence based standards of care, and shame and judge women for having an abortion.

Despite the fact that abortion is a safe and legal medical procedure, anti-women's health politicians continue their efforts that disrespect women's autonomy and threaten their constitutional right to abortion. This week's hearing on Planned Parenthood is just more of the same. We urge the Committee to stop targeting those who provide or access this safe, legal, necessary care.

Sincerely,

Advocates for Youth
American Association of University Women (AAUW)
American Civil Liberties Union
Catholics for Choice
Center for Reproductive Rights
Feminist Majority Foundation
Ibis Reproductive Health
Institute for Science and Human Values, Inc.
Jewish Women International
Maryland Women's Coalition for Health Care Reform
NARAL Pro-Choice America
National Abortion Federation
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 Partnership for Women & Families
National Women's Health Network
National Women's Law Center
People For the American Way
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Institute
Religious Coalition for Reproductive Choice
Reproductive Health Technologies Project

Sexuality Information and Education Council of the U.S. (SIECUS)
UltraViolet
URGE: Unite for Reproductive & Gender Equity

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