

## **II. THE SELECT PANEL HAS ENDANGERED DOCTORS AND WOMEN'S HEALTH**



## TABLE OF CONTENTS

<b>II. THE SELECT PANEL HAS ENDANGERED DOCTORS AND WOMEN’S HEALTH</b>	<b>27</b>
A. McCarthy-Era Tactics	29
B. Refusal to Safeguard Individual Privacy and Safety	31
C. Release of Names	32
D. Attack on Providers	34
E. Attack on Women’s Health Care	36
1. Contraception and Family Planning Services	36
2. Safe and Legal Abortion	39
3. Legislative	40

# THE SELECT PANEL HAS ENDANGERED DOCTORS AND WOMEN'S HEALTH

House Republicans capitalized on the deceptively-edited Daleiden/CMP video allegations to authorize a sweeping investigation of doctors who provide abortions in this country. Armed with a vague and overbroad resolution and unilateral subpoena authority, Chair Blackburn issued sweeping document demands and required doctors and clinic staff to appear and answer questions, many of which strayed far beyond the Panel's authorizing resolution and involved lawful activities, many of which are protected by the Constitution.

Notably, Panel Republicans only interviewed women who perform abortions or work in the reproductive health care field. They did not interview a single representative from a tissue procurement organization, despite the fact that the ostensible need for the Panel was to investigate this purported industry.<sup>1</sup> These health care providers – half of whom are not even involved in fetal tissue donation – were questioned repeatedly about allegations taken directly from the deceptively-edited Daleiden/CMP videos or the websites of other anti-abortion extremists.

Like the seventeen other federal and state investigations into these fraudulent video allegations, the Select Panel uncovered no evidence of wrongdoing by Planned Parenthood or any other providers. Documents and testimony from these witnesses confirmed, however, that providers are under attack in this country and the false videos and follow-on investigations have only increased their risks. Attacks on these providers and women's health care – including legislative restrictions that are not medically necessary – put women's health and lives at risk.

## A. McCarthy-Era Tactics

---

Throughout the investigation, Chair Blackburn used her unilateral subpoena authority – or the threat of that authority – to demand that universities and clinics “name names” of their doctors, researchers, students, laboratory or clinic personnel involved in fetal tissue research or reproductive health care. They also demanded information – and questioned witnesses who appeared before the Panel – about lawful activities, including the receipt of private sources of funding, meetings between colleagues or acquaintances, and whether and how long providers have known each other.

Panel Democrats and entities targeted by Panel Republicans repeatedly asked Chair Blackburn to explain why amassing a sweeping database of names was necessary and how these names were pertinent to her investigation.

In mid-January, for example, Panel Democrats asked Republicans to:

[E]xplain the underlying issues/allegations being investigated and how the requests fit in – specifically asking you about the requests for lists of names of fetal tissue researchers or reproductive healthcare providers because of the privacy and security concerns that accompany those requests.<sup>2</sup>

Entities facing the threat of contempt because of their reluctance to name names also asked for an explanation of why the Chair needed those names. For example, responding to the Chair’s renewed insistence on the names of its researchers and staff contained in a unilateral subpoena, the University of New Mexico again “ask[ed] that you reconsider this request for the naming of our staff individuals,” explaining that:

We do not understand the basis for your demand to know the names of medical practitioners, student doctors, and lab technicians, and the Majority staff has not responded in any manner to our written request that you explain how production of their names is pertinent to your jurisdiction or a legislative purpose.<sup>3</sup>

During the Panel’s first hearing, Representative Jerrold Nadler questioned the need for names and pressed Chair Blackburn to answer this question:

Rep. Nadler: “Madam Chair, will you explain how the names of individual medical or graduate students, researchers, health care providers, and clinic personnel are pertinent to this investigation?”

Chair Blackburn: “No, sir, I am not going to do that.”<sup>4</sup>

Congress’s authority to seek information is broad but not unlimited. Members have an obligation to explain what they are investigating and how the information that they seek furthers an authorized investigation. The Supreme Court has held that: “To be meaningful, the explanation must describe what the topic under inquiry is and the connective reasoning whereby the precise questions asked relate to it.”<sup>5</sup>

Panel Republicans similarly refused to provide an objective basis for demanding information and testimony from doctors who perform abortion – a legal and therefore safe procedure.

Yet – in the fashion of the House Un-American Activities Committee and Senator Joe McCarthy – Panel Republicans used the Panel to punish doctors because they engage in lawful activity that Panel Republicans oppose.

Panel Republicans even tried to criminalize this lawful behavior, submitting a “criminal referral” letter to the New Mexico Attorney General and requesting an investigation of the “too close” relationship between University of New Mexico and a nearby clinic, Southwestern Women’s Options. They expressed displeasure that the University of New Mexico provides

reproductive health care and takes steps to ensure that medical residents and fellows obtain training that is mandated by various accrediting institutions. These activities do not implicate a single criminal law and, in fact, provide exactly the type of critical training opportunities that should be supported.

As Forbes contributor Charles Tiefer wrote regarding Chair Blackburn’s “criminal referral” to the New Mexico Attorney General:

Being “too close” – the committee’s accusation – is exactly the routine relationship that universities and community partners, including medical schools and physicians across the spectrum of medical specialties, have, and that the law allows and should encourage for the sake of medical training and research.<sup>6</sup>

## **B. Refusal to Safeguard Individual Privacy and Safety**

---

Nearly everyone contacted by the Panel Republicans was reluctant to provide names and personal information without protective rules in place. As they explained, providers and researchers already face harassment and violence and identifying anyone in connection with this investigation increases these risks. For example, one organization told the Panel that “Many scientists and physicians are deeply concerned for their safety and that of their patients, colleagues, and students in light of inflammatory statements and reports surrounding fetal tissue donation.”<sup>7</sup>

Similarly, counsel for a clinic explained the need to redact personally identifiable information, including names, home addresses, phone numbers and email addresses, from documents produced to the Panel:

[T]his precaution is especially necessary given the heightened risk [of] harassment, violence, intimidation, and harm associated with disclosure of information related to this politically sensitive topic.<sup>8</sup>

The clinic stressed that “We do not raise these safety concerns lightly. In addition to the murder of Dr. George Tiller in his church in Kansas, there is a well-documented and ongoing threat to individuals involved in or associated with the provision of reproductive health services across the country.”<sup>9</sup>

These concerns are not hypothetical or exaggerated. Since abortion became legal nationwide, doctors and patients have been murdered, clinics have been vandalized, and ongoing threats have put doctors and their families in fear for their safety. In April 2016, the National Abortion Federation reported that “since 1977, there have been 11 murders, 26 attempted murders, 42 bombings, 185 arsons, and thousands of incidents of criminal activities directed at abortion providers.”<sup>10</sup> After the deceptive Daleiden/CMP videos were released, these incidents of violence and harassment surged.<sup>11</sup>

In July 2015 – the month that the first of these videos were released – there was a nine-fold increase in reported incidents of harassment against Planned Parenthood facilities, compared with the prior month.<sup>12</sup> The number of reported death threats against abortion providers also skyrocketed from one in 2014 to ninety-four threats of direct harm in 2015.<sup>13</sup> The number of arson attacks spiked, with four arsons targeting Planned Parenthood facilities in the four-month period following the release of the videos, compared to one in 2014 and none in 2013.<sup>14</sup> In addition, cases of vandalism increased more than five-fold with 67 reported incidents in 2015, up from 12 in 2014.<sup>15</sup> Several individuals targeted by Panel Republicans received graphic death threats after being identified in the inflammatory Daleiden/CMP videos.<sup>16</sup>

In light of the uptick in violence against reproductive health care professionals, federal courts have blocked additional public release of the videos by Daleiden/CMP and have also required public entities to redact names and other personal information when responding to state public records act requests.<sup>17</sup> One of these courts did, however, also permit limited release of materials from Daleiden/CMP to Congress in October 2015 under a subpoena issued by the House Oversight and Government Reform Committee. In doing so, that court expressed its belief “that the committees of Congress will exercise their powers responsibly and with due regard for the rights of affected parties.”<sup>18</sup> Unfortunately, within weeks of the production to Congress, some of the footage from CMP and Mr. Daleiden was posted on the internet.<sup>19</sup>

The editor of the website responsible for that posting initially said that he obtained the videos from a high-ranking congressional staffer “who felt morally compelled to have them released.”<sup>20</sup> Despite this, requests to investigate the potential leak went unanswered by Oversight and Government Reform Chairman Jason Chaffetz and Speaker Ryan.

About a month later, in November 2015, a gunman killed three people, injured nine others, and terrorized patients and providers at a Planned Parenthood clinic that is listed on a website operated by Operation Rescue, a group run by former CMP Board Member Troy Newman. That gunman used the same inflammatory language that has been used repeatedly by Chair Blackburn and others – both before and after these shootings – to describe this investigation.<sup>21</sup>

The increased violence and leaks of material left parties contacted by the Select Panel understandably concerned about revealing names and other personal information, even to Congress. Despite this, Panel Republicans refused to put any rules in place to safeguard names or other personal information. Instead, they publicly identified some of the key targets of their investigation, released names and contact information for others, and have made clear that they remain free to do so.

## **C. Release of Names**

---

After being criticized for demanding that entities and individuals “name names,” Chair Blackburn publicly acknowledged that “we know that it’s important that we act responsibly with each and every name.”<sup>22</sup> However, when asked to confirm the steps that would be taken to protect names in advance of the Panel’s first deposition, Panel Republicans responded:

We will not assure that [individual's] name or any of the other names used in the deposition will remain private. It is entirely possible that the deposition could be made public.<sup>23</sup>

Less than a month later, Chair Blackburn issued a press release identifying another doctor as a target of the investigation and announcing the date, time and location of his deposition.<sup>24</sup> This provider has been the target of harassment by anti-abortion extremists for decades. A fire destroyed his family farm, killing 17 horses and family pets in claimed retaliation for the care he provides to women.<sup>25</sup> A few days after the Chair announced his deposition, and before his scheduled appearance to answer the Panel's questions, a Republican Member of the Panel compared him to a convicted murderer.<sup>26</sup>

In June 2016 letters to the Department of Health and Human Services (HHS), which Panel Republicans leaked to FOX News before they had been mailed to HHS or provided to Democrats, Chair Blackburn included documents that contained names, contact information, and other personal information of doctors and researchers.<sup>27</sup> Republicans redacted identifying information only after Panel Democrats objected; and, therefore, after this information had been provided to the press and posted on the Republicans' website.<sup>28</sup>

During her appearance before the Panel, another doctor under unilateral subpoena from the Chair detailed the harassment and threats that she and others have received at home and at work.<sup>29</sup> That witness and her counsel repeatedly asked the Panel to safeguard her name and those of others that she had been asked to identify. Yet a little more than two months after her deposition, Chair Blackburn identified the doctor in an "interim update" issued by Panel Republicans and posted on the Panel Republicans' website.<sup>30</sup>

In September 2016, Chair Blackburn released the doctor's name again, this time in a notice for a business meeting to vote on release of her deposition transcript without any agreement about appropriate redactions of names or other personal information.

The week before this release, her university's counsel had advised Panel Republicans:

[The University] has been working with campus police and local law enforcement regarding the publication of the names by the Panel Majority, as well as the publication of the address and contact information of its doctors and the lab assistant by a "Liveactionnews" blog that was published during the same week. [The University] is also concerned about the inflammatory rhetoric of both publications, and will be seeking additional security measures to safeguard these individuals and their students.<sup>31</sup>

Knowing this, Panel Republicans still identified the doctor by name in their hearing notice. That information remains on the Republicans' website, despite a request from Panel Democrats to revise and remove that information. At the outset of the investigation, Panel

Democrats proposed that the Panel work to improve safety for providers; but Panel Republicans have only made matters worse.

## **D. Attack on Providers**

---

Although Panel depositions and interviews revealed no evidence of wrongdoing by health care providers, their testimony revealed the extensive, daily harassment, intimidation, and threats of violence directed at them, their families, and women who seek the constitutionally-protected care that they provide. As one clinic employee told the Panel:

I've been followed outside of the clinic before almost nearly to home. I've had protesters in my neighborhood. We have unbelievable amount of security measures. We have two [local police] officers onsite to where our patients are coming in and going out and our doctor to escort us. We've had to put ballistic materials in the clinic. We've had arson threats. We've had vandalism. We get phone calls screeching, "Murderer, murderer," over the phone on an endless basis.<sup>32</sup>

When asked if she was concerned about the safety of her and her colleagues' families, she responded:

Yes. I haven't had anybody directly in front of my house, but it was the entrance to my neighborhood as far as the protesting goes, so I'm not sure if they actually figured out which house was mine on the block, but it was close enough. And my owner said her entire street has been pamphleted, Nazi paraphernalia and "murderer among us" and back to school night was protested for my owner's brother. They scare me.<sup>33</sup>

Another clinic employee described the climate of fear and intimidation she faces going to and from work:

I don't even know how many times I've had to replace my tires on my car because I've had nails and screws in them, you know, just right after I get home from work. It's kind of scary when they know my children's names and what school they go to and where I live. And I never know what's going to happen, but, luckily, I have a pretty strong support system at home. I think I've been followed once, but I'm pretty confident in myself that I would be able to take action, you know, lose them. But just hearing what has happened to other people, I never know when it's going to if it's ever going to happen to me. My license plate they know. Like, all the cars that I drive. I don't know what they would do with that information, but yeah."<sup>34</sup>

The employee also recounted incidents of vandalism against the clinic, including “throwing beer bottles at the clinic,” damaging the clinic’s sign, and smearing feces under the doorknob.<sup>35</sup>

The Panel has also received testimony about the increased threats and violence following release of the deceptively-edited Daleiden/CMP videos. As one individual who was secretly recorded by Daleiden (“PP Witness #2”) explained:

I was immediately subject to many death threats and had to leave my home the day after the video was released. I was provided with 24/7 armed security detail while I was away, and I had to install a new security system before I was able to safely return to my home. I was terrified for the safety of myself and my family. Like many of my colleagues whose faces were shown on the video, I changed my appearance to safely continue my work. I still fear for my safety when I’m out in public.<sup>36</sup>

The Panel heard similar testimony from a doctor who was also surreptitiously recorded in a Daleiden video (“PP Witness #1”):

Since the video's release, I have been subject to many death threats. I had to stop much of my work for several months, and I was under 24-hour security detail in the immediate aftermath of the video's release.<sup>37</sup>

The threats against this doctor (PP Witness #1) and the clinic where she was working started the morning that the videos were first released and, “for the staff’s safety and for [the doctor’s] safety,” she “has never gone back to seeing patients” at that clinic.<sup>38</sup>

These discredited videos have a continued impact on PP Witness #1 and her family:

I still fear for my safety when I'm out in public. More importantly, I fear for the safety of my family members, members who have been harassed simply because they share my name, including some who are even too young to understand what is happening.<sup>39</sup>

Another doctor discussed how the climate of fear and intimidation impacts decisions about whether to practice in the field of reproductive health care. She described the need for clinicians to consider that this choice might endanger their lives because of the violence and harassment directed at doctors who perform abortions.<sup>40</sup> She explained that many residents express fear about potential violence and that some have elected to limit their training time at clinics because of their concerns about violence that might occur while they are there.<sup>41</sup> She also expressed concern that the use of inflammatory language by Panel Republicans to describe this investigation contributes to the atmosphere of fear and puts providers at additional risk.<sup>42</sup>

## E. Attack on Women’s Health Care

---

Access to a broad range of affordable and effective family planning methods – which the Centers for Disease Control and Prevention (CDC) recognized as one of the ten greatest public health achievements of the 20<sup>th</sup> century – is central to the health and wellbeing of women and their families.<sup>43</sup> According to the CDC, family planning allows women to better plan and space pregnancies, increases opportunities for counseling and screening prior to conception, and has decreased infant, child, and maternal deaths.<sup>44</sup>

In February 2016, the American Congress of Obstetricians and Gynecologists (ACOG) underscored the significance of “reproductive life planning” as a means “to reduce unintended pregnancy, promote maternal health, and improve pregnancy outcomes.”<sup>45</sup> While reducing unintended pregnancies through education and access to contraception are key components of this care, access to safe and legal abortion also remains critical:

Levels of unintended pregnancy vary across societies and over time; however, because no reversible method of birth control is perfect and few human beings use methods perfectly, women will always experience unintended pregnancies. Thus, there will always be a need for abortion, and for safe abortion services.<sup>46</sup>

Evidence obtained by the Panel confirmed the importance of access to the full range of family planning services, including access to safe and legal abortion care.

### 1. Contraception and Family Planning Services

As one Planned Parenthood-affiliated doctor (“PP Witness #3”) told the Panel, increasing access to contraception to prevent unintended pregnancy “is actually the single most important thing we can do for maternal safety in terms of women’s life course overall.”<sup>47</sup> She further explained:

Pregnancies that come too soon, too often, too close together are bad for the woman's health in terms of actual medical risks and also to the health of all of her children, both those already born and those in the future because of adverse outcomes associated with pregnancies that are too frequent and too closely spaced.<sup>48</sup>

PP Witness #3 also described the additional, non-contraceptive health benefits of contraceptive care, noting specifically that “birth control pills prevent ovarian and endometrial cancer.”<sup>49</sup> For long-acting reversible contraception (LARC), like the intrauterine device (IUD) and implant, PP Witness #3 explained how recent policy changes have benefitted women by increasing access to “these highly effective” methods of contraception:

The long acting contraceptives are IUDs and implants, and are related to a number of research projects I've been involved in and were little used in previous years in large part due to expense, and it's been an important series of changes in the policy arena that there is now insurance coverage for contraception and particularly through these kinds of contraceptives, and that gives women much better access to these highly effective methods that are very convenient and easy to use and that are having a beneficial effect for the women who want to use them.<sup>50</sup>

Another Planned Parenthood doctor (PP Witness #1) confirmed the importance of family planning services on maternal and infant health:

[W]omen need to be able to choose when they want to have a pregnancy and how to time the interval between their pregnancies.<sup>51</sup>

With specific regard to the “huge” role of contraception in addressing the Zika virus, PP Witness #1 said that Planned Parenthood has “been developing a whole variety of materials and creating educational information for both pregnant patients and non-pregnant patients so they can learn how to protect themselves.”<sup>52</sup> PP Witness #1 also discussed her concerns that “cost is often a barrier to access for patients” and explained:

So the more effective methods, things like IUDs and implants, also tend to be the more costly methods. In reality they're actually more cost effective over time, but often requires a patient to pay a large amount of money up front.

So, for example, if they want a copper IUD, which they can use for up to 12 years, it may cost them \$1,000 to get that IUD, where if you were to average that out over 12 years, it's actually quite inexpensive. But for a patient who doesn't have the money to pay \$30 for a pack of pills every month, it's absolutely impossible for them to access some of those more effective methods.<sup>53</sup>

Confirming that federal funding ensures “care for patients who otherwise just would have no access to contraception, cervical cancer screening, and a variety of other services,” PP Witness #1 also described the range of patients that the organization serves:

We see a very diverse clientele. We see patients with all socioeconomic status. We see patients with all levels of education. We see, as I mentioned, men, women, teens, adolescents. We see older patients. We see, as I mentioned, transgender patients. Really the idea is we want to provide care to anybody who needs care. Their slogan is care no matter what, and it's – it's a reality.<sup>54</sup>

This care is provided in urban and rural settings, and – for patients in some areas – Planned Parenthood is the only entity providing this care.<sup>55</sup>

In spite of the clear public health benefits associated with expanded access to family planning, Republicans in Congress have slashed funding for the Title X family planning program, the only federal program dedicated to supporting family planning services.<sup>56</sup> In the past five years, House Republicans have cut Title X by a staggering \$31 million – these cuts far exceed the \$13.9 million of cuts made in real dollars over the previous 25 years, between 1985 and 2010.<sup>57</sup>

Title X grantees include state and local health departments, community clinics, and safety-net health care providers – including Planned Parenthood health centers – and support a range of reproductive health services, including contraception counseling and provision, testing and treatment for sexually transmitted infections (STIs), and breast and cervical cancer screenings.<sup>58</sup> Title X funding does not go towards abortion.<sup>59</sup> Services provided by Title X clinics helped women avert over one million unintended pregnancies in 2013 alone, preventing 501,000 unplanned births.<sup>60</sup>

While the Affordable Care Act significantly improved access to contraception by requiring most private health plans to cover contraception without patient cost-sharing,<sup>61</sup> Title X remains a critical funding source for bridging coverage gaps and reducing cost as a barrier to access for uninsured and low-income women.<sup>62</sup>

When asked about the importance of federal funding for comprehensive family planning and related health services under Title X of the Public Health Service Act (“Title X”), PP Witness #3 noted that “for every dollar spent on Title [X] there’s a savings of at least five health care dollars in the short run, and so it’s a really excellent investment in health.”<sup>63</sup> As she explained, while the need for these services has increased, federal funding has not:

But the Title [X] budget has not increased. In fact, in real dollars I believe it certainly has not increased even though the people who need care that’s offered by Title [X] clinics has increased a lot over the last couple decades.

Care has also gotten somewhat more complex. These new, highly effective methods [of contraception] are more expensive. So that’s been one challenge. Women in Title [X] clinics also receive a lot of preventive services, and for instance screening for HIV has become part of the bucket. Title [X] provides a lot of services for women in populations heavily hit by the AIDS epidemic and, thus, that’s been an increase in the scope of care provided in these clinics gradually over the last 20 years, all of which is to say the expenses involved in providing care in Title [X] clinics and the demand for care has increased dramatically, but the funding has not increased.<sup>64</sup>

## 2. Safe and Legal Abortion

PP Witness #3 – who has spent more than forty years working on public health and reproductive health care – also told the Panel that “in our own society and in others, legal restrictions on abortion lead to adverse health outcomes but do not lead to a decrease in the amount of abortion overall.”<sup>65</sup> The importance of access to safe abortion care is why Planned Parenthood has designated abortion a “core clinical service” for affiliates and a critical component of women’s reproductive health care:

Abortion is a core service, a core clinical service for Planned Parenthood, and it is part of the continuum of women’s reproductive health care. Abortion has been as far as we know with us always historically in all societies, and when abortion is illegal, my reading of the literature is that that has very little impact on the actual occurrence or even rate of abortion, but it has a huge impact on its safety.

And so for Planned Parenthood to be able to provide this legal service in as safe as possible manner, it is a big improvement in women’s health.<sup>66</sup>

Throughout the investigation, Panel Republicans alleged – without evidence – that “[a]bortion today is about profit, profit, profit”<sup>67</sup> and that “the abortion industry has placed money above the safety of women.”<sup>68</sup> However, research overwhelmingly shows that when abortion is legal, it is one of the safest medical procedures available, with a mortality rate of less than one in 100,000.<sup>69</sup> By comparison, the mortality rate of childbirth is nearly twenty-four per 100,000 live births.<sup>70</sup>

Witnesses interviewed by the Panel consistently denied the accusation that they are motivated by a desire to profit from the care that they provide women.

As a staff member at one clinic explained:

Sometimes terrible things happen in your life, and you just need to be able to have an option. It’s important. It’s hard to look a woman in the face and she has a wanted baby inside of her that’s sick and not going to survive. And most people will never understand what that feels like for her or for us to be there for her. . . I have patients who come in here and talk about if they couldn’t have [an abortion] . . . that they would take their own life.<sup>71</sup>

Another doctor (PP Witness #1) explained that she had decided to dedicate her career to reproductive health care in order to ensure that women have access to safe, quality care:

I think that one of the problems is if there’s just so few providers that I felt it was important for me, feeling that I had skills and

knowledge, to provide that service to patients, but also to teach others to provide that service to patients so that we lower the risks and we ensure that safe abortion is available to as many women as possible.<sup>72</sup>

Finally, an additional doctor (PP Witness #3) confirmed that she viewed her role as necessary to ensuring women have access to reproductive health care:

And there was in medical education and medical practice a real lack of attention to women's reproductive health overall. So the fact that in our society Planned Parenthood picks up those roles was very important to me.<sup>73</sup>

### 3. Legislative Restrictions

PP Witness #1 also provided examples of various legislative restrictions that have been imposed on doctors and clinics that perform abortions, including requiring doctors to submit documentation of every abortion to the state in a manner that doesn't advance public health, requiring clinics to give patients state-mandated but medically inaccurate information about abortion, and demanding costly modifications to facilities.<sup>74</sup>

She explained that these regulations require doctors to “basically violat[e] all of the rules of being a doctor to comply with the law” by forcing them to give women “incorrect or misleading information.”<sup>75</sup> These barriers to care harm women because “by delaying a woman’s access to abortion, we’re actually making it less safe.”<sup>76</sup> As PP Witness #1 also confirmed:

I think if I had to summarize it in one sentence, what I'd say is when abortion is legal or illegal, it doesn't change the amount of abortions that happens.<sup>77</sup>

She went on to note that legal abortion “just improves the safety and protects women.”<sup>78</sup>

Another witness from a Planned Parenthood affiliate (PP Witness #2) described the patient safety concerns caused by changes in publicly funded family planning services<sup>79</sup> and overreaching abortion restrictions in Texas.<sup>80</sup> She stressed that many clinics were forced to close as a result of these burdensome state laws and many women had to seek care out of state, resulting in significant challenges.<sup>81</sup>

## ENDNOTES

---

<sup>1</sup> See Hon. Marsha Blackburn, Op-Ed., *An Investigation in Defense of Life*, USA TODAY (Nov. 10, 2016), <http://www.usnews.com/opinion/articles/2015/11/10/what-to-expect-from-the-house-panel-on-infant-lives-and-planned-parenthood> (stating that “business practices of procurement organizations” will be a top focus on the investigation).

<sup>2</sup> Email correspondence from Select Panel Democratic staff to Select Panel Republican staff (Jan. 19, 2016), on file with the Democratic Members.

<sup>3</sup> Letter from Stephen M. Ryan, McDermott Will & Emery LLP to Hon. Marsha Blackburn, Chair, Select Investigative Panel (Feb. 19, 2016).

<sup>4</sup> *Bioethics and Fetal Tissue: Hearing Before the Select Investigative Panel of the Comm. on Energy and Commerce*, 114th Cong. (unedited transcript 13) (Mar. 2, 2016).

<sup>5</sup> *Watkins v. United States*, 354 U.S. 178, 215 (1957) (setting aside criminal conviction for contempt of Congress for refusal to “name names” when subpoenaed to appear before the Subcommittee of the House Committee on Un-American Activities).

<sup>6</sup> Charles Tiefer, *Congressional Republicans try to criminalize key medical research*, FORBES (July 20, 2016), <http://www.forbes.com/sites/charlestiefer/2016/07/20/congressional-republicans-try-to-criminalize-key-medical-research/>.

<sup>7</sup> Letter from Ass’n of American Medical Colleges et al., to Hon. Marsha Blackburn, Chair, and Hon. Jan Schakowsky, Ranking Member, Select Investigative Panel (Mar. 31, 2016).

<sup>8</sup> Letter to Hon. Marsha Blackburn, Chair, Select Investigative Panel (May 23, 2016).

<sup>9</sup> *Id.*

<sup>10</sup> National Abortion Federation, *2015 Violence and Disruption Statistics* (Apr. 2016), <http://5aa1b2xfmfh2e2mk03kk8rsx.wpengine.netdna-cdn.com/wp-content/uploads/2015-NAF-Violence-Disruption-Stats.pdf>.

<sup>11</sup> *Id.*

<sup>12</sup> Nina Liss-Schultz, *The New, Ugly Surge in Violence and Threats Against Abortion Providers*, MOTHER JONES (Nov. 28, 2015), <http://www.motherjones.com/politics/2015/11/violence-abortion-clinics-planned-parenthood-colorado-springs-shooting>.

<sup>13</sup> Nat’l Abortion Fed’n, *2015 Violence and Disruption Statistics* (Apr. 2016), <http://5aa1b2xfmfh2e2mk03kk8rsx.wpengine.netdna-cdn.com/wp-content/uploads/2015-NAF-Violence-Disruption-Stats.pdf>.

<sup>14</sup> Nina Liss-Schultz, *The New, Ugly Surge in Violence and Threats Against Abortion Providers*, MOTHER JONES (Nov. 28, 2015), <http://www.motherjones.com/politics/2015/11/violence-abortion-clinics-planned-parenthood-colorado-springs-shooting>.

<sup>15</sup> Nat’l Abortion Fed’n, *2015 Violence and Disruption Statistics* (Apr. 2016), <http://5aa1b2xfmfh2e2mk03kk8rsx.wpengine.netdna-cdn.com/wp-content/uploads/2015-NAF-Violence-Disruption-Stats.pdf>.

<sup>16</sup> See, e.g., Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Oct. 19, 2016); Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Oct. 6, 2016); see also U.S. Dep’t of Justice, *Washington Man Pleads Guilty to Sending Death Threats* (Apr. 19, 2016), <https://www.justice.gov/usao-edca/pr/washington-man-pleads-guilty-sending-death-threats>; Jessica Glenza, *Man charged for online violent threats against company over Planned Parenthood fetal tissue*, THE GUARDIAN (Dec. 17, 2015), <https://www.theguardian.com/us-news/2015/dec/17/planned-parenthood-online-violent-threats-stemexpress-fetal-tissue>.

<sup>17</sup> *John Does 1-10 v. the University of Washington, et al*, Case No.C16-1212JLR (W.D. WA Nov. 13, 2016); see also *Nat’l Abortion Fed’n v. Ctr. for Med. Progress*, No. 15-cv-03522-WHO, 2016 U.S. Dist. LEXIS 14485 at \*69-70 (N.D. Cal. Feb. 5, 2016) (granting motion for preliminary injunction).

<sup>18</sup> *Nat’l Abortion Fed’n v. Ctr. for Med. Progress*, No. 15-cv-03522-WHO, 2016 U.S. Dist. LEXIS 14485 at \*69-70 (N.D. Cal. Feb. 5, 2016) (granting motion for preliminary injunction).

<sup>19</sup> Nancy Cook, *‘Confidential’ Planned Parenthood video leaked*, POLITICO (Oct. 22, 2015), <http://www.politico.com/story/2015/10/planned-parenthood-video-leak-215094>.

<sup>20</sup> *Id.*

<sup>21</sup> Richard Fausset, *Suspect in Colorado Planned Parenthood Rampage Declares ‘I’m Guilty’ in Court*, N.Y. TIMES (Dec. 9, 2015), [http://www.nytimes.com/2015/12/10/us/colorado-planned-parenthood-shooting.html?\\_r=0](http://www.nytimes.com/2015/12/10/us/colorado-planned-parenthood-shooting.html?_r=0).

- 
- <sup>22</sup> Kelsey Harkness, *Here's Why Republicans Are Demanding Names in Fetal Tissue Probe*, THE DAILY SIGNAL (Apr. 6, 2016), <http://dailysignal.com/2016/04/06/heres-why-republicans-are-demanding-names-in-fetal-tissue-probe/>.
- <sup>23</sup> Letter from Jessica Hertz and Mary Ellen Callahan, Jenner & Block LLP to Hon. Marsha Blackburn and Hon. Jan Schakowsky (Apr. 25, 2016).
- <sup>24</sup> THE ENERGY AND COMMERCE COMM., SELECT INVESTIGATIVE PANEL, *Select Panel Begins Investigation of Late-Term Abortions [Dr.]* (May 11, 2016).
- <sup>25</sup> Lena H. Sun, *Neb. doctor who performs abortions in Md. talks about security concerns, future of clinic*, WASH. POST (July 24, 2011), [https://www.washingtonpost.com/national/health-science/neb-doctor-who-performs-abortion-in-md-talks-about-security-concerns-future-of-clinic/2011/07/21/gIQAaJMSXI\\_story.html](https://www.washingtonpost.com/national/health-science/neb-doctor-who-performs-abortion-in-md-talks-about-security-concerns-future-of-clinic/2011/07/21/gIQAaJMSXI_story.html).
- <sup>26</sup> Dr. Susan Berry, *Rep. Diane Black: 'Little that Separates Late-Term Abortions [Dr.] from Kermit Gosnell'*, BREITBART (May 16, 2016).
- <sup>27</sup> Letter from Hon. Marsha Blackburn, Chair, Select Investigative Panel, to Dr. Jerry Menikoff, Director, Office for Human Research Protections, Dep't of Health and Human Services (June 1, 2016); Letter from Hon. Marsha Blackburn, Chair, Select Investigative Panel, to Ms. Jocelyn Samuels, Director, Office for Civil Rights, Dep't of Health and Human Services (June 1, 2016).
- <sup>28</sup> See Letter from Select Panel Democrats to Hon. Marsha Blackburn, Chair, Select Investigative Panel (June 3, 2016).
- <sup>29</sup> Deposition of [Dr. Administrator] by the Select Investigative Panel, H. Energy and Commerce Comm. (May 11, 2016).
- <sup>30</sup> THE ENERGY AND COMMERCE COMM., SELECT INVESTIGATIVE PANEL, *Select Investigative Panel Issues Interim Update to the House* (July 14, 2016), <https://energycommerce.house.gov/news-center/press-releases/select-investigative-panel-issues-interim-update-house>.
- <sup>31</sup> Email correspondence from Stephen M. Ryan, McDermott Will & Emery LLP to Select Panel Republican staff (Sept. 12, 2016), on file with the Democratic Members.
- <sup>32</sup> Transcribed Interviews of the Select Investigative Panel, H. Energy and Commerce Comm. (July 21, 2016).
- <sup>33</sup> *Id.*
- <sup>34</sup> *Id.*
- <sup>35</sup> *Id.*
- <sup>36</sup> Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Oct. 19, 2016).
- <sup>37</sup> Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Oct. 6, 2016).
- <sup>38</sup> *Id.*
- <sup>39</sup> Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Oct. 6, 2016).
- <sup>40</sup> Deposition of [Dr. Administrator] by the Select Investigative Panel, H. Energy and Commerce Comm. (May 11, 2016).
- <sup>41</sup> *Id.*
- <sup>42</sup> *Id.*
- <sup>43</sup> Centers for Disease Control and Prevention, *Ten Great Health Achievements in the 20th Century 1900-1999*, 48 MORBIDITY & MORTALITY WKLY. REP. 1073-1080 (2002), [www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm).
- <sup>44</sup> *Id.*
- <sup>45</sup> The American Congress of Obstetricians and Gynecologists, Comm. on Health Care for Underserved Women, Comm. Op. *Reproductive Life Planning to Reduce Unintended Pregnancy*, No. 654 (Feb. 2016), <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Life-Planning-to-Reduce-Unintended-Pregnancy>.
- <sup>46</sup> Susan A. Cohen, *Access to Safe Abortion in the Developing World: Saving Lives While Advancing Rights*, GUTTMACHER INST., Vol. 15 Issue 3 (Oct. 17, 2012), <https://www.guttmacher.org/about/gpr/2012/10/access-safe-abortion-developing-world-saving-lives-while-advancing-rights>.
- <sup>47</sup> Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Nov. 1, 2016).
- <sup>48</sup> *Id.*
- <sup>49</sup> *Id.*
- <sup>50</sup> *Id.*
- <sup>51</sup> Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Oct. 6, 2016).
- <sup>52</sup> *Id.*
- <sup>53</sup> *Id.*
- <sup>54</sup> *Id.*

---

<sup>55</sup> See *id.*

<sup>56</sup> Editorial, *Republicans Take Aim at Poor Women*, N.Y. TIMES (June 22, 2015), [http://www.nytimes.com/2015/06/22/opinion/republicans-take-aim-at-poor-women.html?\\_r=0](http://www.nytimes.com/2015/06/22/opinion/republicans-take-aim-at-poor-women.html?_r=0).

<sup>57</sup> National Family Planning & Reproductive Health Ass'n, *Historical Funding of Title X Shows Major Downturn over the Last Six Years* (last visited Nov. 29, 2016), [http://www.nationalfamilyplanning.org/file/documents---policy--communication-tools/HistoryTitleXFunding\\_Infographic\\_2016.pdf](http://www.nationalfamilyplanning.org/file/documents---policy--communication-tools/HistoryTitleXFunding_Infographic_2016.pdf).

<sup>58</sup> NARAL Pro-Choice America, *Title X Family-Planning Services: Fast Facts* (last visited Nov. 29, 2016), <http://www.prochoiceamerica.org/media/fact-sheets/birth-control-family-planning-title-x-fast-facts.pdf>.

<sup>59</sup> 42 U.S.C. § 300a-6.

<sup>60</sup> Guttmacher Inst., *Title X: The Lynchpin Of Publicly Funded Family Planning In The United States* (Aug. 2015), <https://www.guttmacher.org/article/2015/08/title-x-lynchpin-publicly-funded-family-planning-united-states>.

<sup>61</sup> Adam Sonfield et al., *Impact of the federal contraceptive coverage guarantee on out-of-pocket payments for contraceptives: 2014 update*, 91 CONTRACEPTION 44 (2015), [http://www.contraceptionjournal.org/article/S0010-7824\(14\)00687-8/pdf](http://www.contraceptionjournal.org/article/S0010-7824(14)00687-8/pdf).

<sup>62</sup> Kinsey Hasstedt, *Title X: An Essential Investment, Now More than Ever*, GUTTMACHER INST., Vol. 16, Issue 3 (Sept. 13, 2013), <https://www.guttmacher.org/about/gpr/2013/09/title-x-essential-investment-now-more-ever>.

<sup>63</sup> Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Nov. 1, 2016).

<sup>64</sup> *Id.*

<sup>65</sup> *Id.*

<sup>66</sup> *Id.*

<sup>67</sup> Marsha Blackburn, *What Happened to 'Safe, Legal, and Rare'? Abortion Today is about Profit, Profit, Profit*, NATIONAL REVIEW (Apr. 6, 2016), <http://www.nationalreview.com/article/433689/abortion-clinics-quotas-profits>.

<sup>68</sup> THE ENERGY AND COMMERCE COMM., SELECT INVESTIGATIVE PANEL, *Supreme Court Decision Ignores Concern for Safety of Women & Unborn* (June 27, 2016), <https://energycommerce.house.gov/news-center/press-releases/supreme-court-decision-ignores-concern-safety-women-unborn>.

<sup>69</sup> Suzanne Zane, et al. *Abortion-Related Mortality in the United States 1998-2010*, OBSTETRICS & GYNECOLOGY Vol. 126, no.2, (Aug. 2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4554338/>.

<sup>70</sup> Amy Norton, *U.S. death rate in pregnancy, childbirth raises 'great concern'*, CBS NEWS (Aug. 9, 2016), <http://www.cbsnews.com/news/death-rate-is-up-during-pregnancy-childbirth-in-u-s/>.

<sup>71</sup> Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (July 21, 2016).

<sup>72</sup> Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Oct. 6, 2016).

<sup>73</sup> Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Nov. 1, 2016).

<sup>74</sup> Transcribed Interview of the Select Investigative Panel, H. Energy and Commerce Comm. (Oct. 6, 2016).

<sup>75</sup> *Id.*

<sup>76</sup> *Id.*

<sup>77</sup> *Id.*

<sup>78</sup> *Id.*

<sup>79</sup> Hopkins et. al, *Women's experiences seeking publicly funded family planning services in Texas*, PERSPECT SEX REPROD. HEALTH. 47(2):63-70 (June 2015).

<sup>80</sup> Fuentes et. al, *Women's experiences seeking abortion care shortly after the closure of clinics due to a restrictive law in Texas*. CONTRACEPTION (Apr. 2016).

<sup>81</sup> Deposition of [Dr. Administrator] by the Select Investigative Panel, H. Energy and Commerce Comm. (May 11, 2016).