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"CONTRACEPTION"

THE ABORTIVE RISKS  
OF THE PILL.

Dr. William F. Colliton, Jr., FACOG\*

Brian D. Fusonie, Esq.  
Vice President, New Hampshire Right To Life

Foreword by: Dr. Paul A. Byrne, President of  
The Catholic Medical Association, 1997-98

A Woman's Right To Know -- Taking Action:

The Attorney General of NH reports that a charity has a "heightened fiduciary duty" of "candor." This heightened duty requires "*not honesty alone, but the punctilio of honor the most sensitive*" in its dealings and representations to women when inducing them to use its products or services. The failure to plainly and fully disclose the abortive nature and effects of the Pill, Norplant, Depo-Provera, and IUD is criminal. It is misleading and gravely offensive. This information must be included in the advertisement of these methods to prevent the *deception* of women and men.

"The nature, appearance, or intended use of a product may create the impression on the mind of the consumer ... And *if the impression is false, and if the seller does not take adequate steps to correct it, he is responsible for an unlawful deception.*" "The issue is whether the act or practice is likely to mislead."

*FTC Policy Statement On Deception.*



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TO BE IN THE  
BOOKLET.

SIMPLY FOR  
FORMATTING.

*"It is urgent and essential that everyone, especially women, become aware of the abortifacient effect of 'the pill' and how it is fraudulently prescribed to them. I am sure that such information will be upsetting to women who have been given the impression that 'the pill' simply prevents pregnancy. What Mr. Fusonie and Dr. Colliton write is true and accurate. Please help everyone, especially women to become aware that 'the pill' has the potential every month of causing an abortion." -Dr. Paul A. Byrne, President of The Catholic Medical Association 1997-98.*

*"Fundamentally, these pills take over the menstrual cycle from the normal endocrine mechanisms. In doing so, they... change the characteristics of the uterus so it is not receptive to a fertilized egg." -Dr. J. Richard Crout, FDA, admitting the risk of post-fertilization abortion.*

The birth prevention pills sold to women today do not always prevent conception. In such cases, the pill can prevent a birth by inducing changes in the woman's fallopian tubes, uterus, and hormone secretions that can cause the newly conceived child to be aborted. While the abortifacient actions of the pill have been known since the pill was tested in the late 1950s, **few women have been properly informed** about this risk when prescribed it. **This remains among the most deceptive practices in medicine today.** Many of the women who have used birth control believing it to be exclusively "contraceptive" would never have considered taking a prescription that could end the life of a conceived child had they but known that fact. This betrayal of the trust of women patients should be prevented, both as a matter of simple justice and because of the legal and ethical obligation of all physicians to provide their patients full information about the risks associated with medications or a procedure they prescribe to them.

#### **The Physician's Duty :**

Informed consent standards require physicians to disclose risks to which a patient may attach significance in deciding whether or not to undergo a procedure or to use a drug or device. Few would argue that when a woman requests a "contraceptive" she thereby consents to using what can in any month of its use cause an abortion. **"True consent to what happens to oneself... entails an opportunity to evaluate knowledgeably the options available and risks attendant upon each [method]." *Canterbury v. Spence*, 464 F.2d 772.** In *Roe v. Wade*, the Supreme Court reaffirmed **the right of physicians to refuse to prescribe abortifacient chemicals and devices rather than be "required to perform any act violative of personally-held moral principles."** 410 U.S. 113. Many physicians refuse to

prescribe the pill because it may cause an abortion instead of preventing conception. At least 43 states have statutes protecting their right not to prescribe it.

A recent document entitled *A Declaration Of Life* was signed by two hundred physicians, including: Paul A. Byrne, MD, President of the Catholic Medical Association, a Neonatal/Perinatal and Pediatric physician; Thomas W. Hilgers, MD, OB-GYN and Reproductive Medicine; Anne Marie Manning, M.D., OB-GYN and Diplomate American Board of Obstetrics & Gynecology; Kathleen M. Raviele, MD, OB-GYN; Julie A. Mickelson, M.D., OB-GYN; Ronald A. Prem, MD, Professor and Chairman Emeritus, Department of Obstetrics & Gynecology, University of Minnesota Medical School; Peter Danis, M.D., Chairman of Family Medicine, St. John's Mercy Medical Center; W.A. Krotoski, M.D., Ph.D., MPH and former Medical Director of the U.S. Public Health Service; Karen E. Karn, M.D., OB-GYN; Douglas O'Mara, MD, Pediatrics; Kathryn R. Watson, M.D., Internal Medicine, Diplomate American Board of Family Practice and American Board of Medical Genetics; and one of the present authors, William F. Colliton, Jr., M.D., who taught as a Clinical Professor of Obstetrics & Gynecology at George Washington University. Each denounced hormonal birth control on grounds it acts "part of the time, by design, to prevent implantation of an already conceived human being" and thus causes an abortion.

Yet what about the woman? How grave an injustice it would be if the law were to protect physicians from prescribing the pill because it may cause an abortion, but it permitted physicians to prescribe the pill to women without fully informing them of those same abortive effects. The law is not so inconsistent. Every woman has a right to be told the pill may prevent one or more births by causing what according to the same *personally-held moral principles* is an abortion.

### **The Normal Scenario :**

To understand the effects of the pill on the woman's reproductive system and how it can cause an abortion, it is helpful to begin with a basic explanation of how the woman's body functions when not using the pill. From the first year of their studies and throughout their training, medical students learn about the normal ovarian cycle and its impact on the inside lining of the womb (endometrium). Under the influence of the ovarian follicle, the endometrium undergoes remarkable growth during the first half of the menstrual cycle (the proliferative phase). Then under the influence of the luteinizing hormone, the follicle that has grown the most bursts, releasing the egg in what is known as ovulation. The cells lining the wall of the now empty

follicle (corpus luteum) begins to produce another hormone, progesterone, which prepares the uterus for implantation. The endometrium increases in thickness and becomes much more lush, rich in blood supply and secretions containing nutrients, ready to receive, nourish and sustain a newly conceived child.

### **The Pill's Effects — A "Hostile" Endometrium:**

As early as 1959, *The Journal of The American Medical Association* in a study on ". . . Effects Of New Steroid Hormonal Substances" reported that when a progestational agent is taken as birth control, it causes "a relatively consistent distortion of the pattern of endometrial development, so that it seemed unlikely that normal implantation could occur in such endometria [ ]." Tyler, April 18, 1959.

More recent commentaries confirm that when using the pill the endometrium becomes "thin" and "atrophic." In regard to the effects of this endometrial "thinning" on implantation, "[m]ost studies have noted that a decrease of even one millimeter in thickness yields a substantial decrease in the rate of implantation. In two studies, when the endometrial lining became too thin, no implantations occurred. Abdalla [ ]; Dickey [ ]." *The Oral Contraceptive Pill*, C. Kahlenborn, MD, at n. 9. Birth control pills have been documented to cause a "57%" thinning of the endometrium as compared to non-pill users. *Id.*; Brown HK et al., *Radiology*, 1991.

Randy Alcorn, a Protestant Minister researching the abortive nature of the pill, asked Ortho-McNeil as a large pill manufacturer if the pill causes changes in the woman's endometrium that prevent the implantation of a child. The Ortho-McNeil representative responded: "We know what an endometrium looks like when it's rich and most receptive to the fertilized egg. When the woman is taking the Pill, you can clearly see the difference, based both on gross appearance - as seen with the naked eye - and under a microscope. At the time when the endometrium would normally accept a fertilized egg, if a woman is taking the Pill it is much less likely to do so." *Does The Birth Control Pill Cause Abortions?*, Randy Alcorn, 29-30. Many other Protestant ministers around the world are protesting the abortive nature of the pill.

So-called 'feminist' abortion advocates also admit in *Our Bodies, Ourselves* that "the pill ... keeps the lining of your uterus from developing properly so ... the fertilized egg will not be able to implant."

### **What If A Pill Is Missed?**

A woman can typically expect to ovulate between 2-28% of the time using the standard 'low dose' pill. Dr. Don Gambrell reported a 14% breakthrough ovulation rate at a recent 1998 meeting of the

American Assoc. of ProLife Obstetricians & Gynecologists. Anytime ovulation occurs, and thus any time an egg is released, a new conception may result.

Chowdhury et al found 26% and 28% of women volunteering to miss birth control pills on two consecutive days in closely monitored cycles evidenced medical indications they had ovulated. Despite "escape ovulation" and its associated rise in progesterone, that would normally prepare the endometrium to receive a new life if the women were not taking the pill, it was instead found that "the endometrium was suppressed in all women" and had "atrophic glands." *Id.* In 14% of the women missing pills in the first cycle and 37% of those missing pills in the fourth cycle, "the endometrium was so scanty that a suitable endometrial biopsy specimen could not be obtained." *Id.* Biopsies are not useful then in determining if ovulation has occurred while on the pill. We can expect a lower ovulatory progesterone level when a rise in progesterone occurs if a luteolytic effect results and a deficient endometrium.

If a woman misses a pill, therefore, fertilization will be even more likely and the newly conceived child will arrive in an endometrium that continues to be hostile to implantation. Other methods, including the minipill, Depo Provera, and Norplant, can fail to suppress ovulation 50% of the time, in some cases more. See Pharmacia & Upjohn's "Patient" leaflet for Depo Provera; see Norplant, Brache et al (1990); Shaaban et al (1993). The less ovulation is suppressed, the greater the risk a child will be conceived and aborted.

Depo Provera inserts admit: "In clinical studies ... 55% of the women studied reported no menstrual bleeding ... The reason that your periods stop is because ... your ovaries do not release an egg ..." Hence, it admits 45% have 'periods' because "ovaries do ... release an egg ..." Yet a child can be aborted because "DEPO-PROVERA ... results in *endometrial thinning*." "[It] causes changes in the lining of your uterus that make it *less likely* for [implantation] to occur."

#### **The Postcoital Effects Of The 'Pill' :**

The postcoital effects of these hormones in preventing births (not "conceptions") provides clear proof of their mechanism of preventing a child from implanting into the uterus. The FDA and manufacturers of various pills and of Preven have admitted these hormones work postcoitally, in part, by altering the endometrium so as "to prevent a fertilized egg from implanting. . ." AP (1997). The post coital mechanisms by which they prevent births is achieved *when ovulation has not been suppressed, and when cervical mucus has not been altered from its normal ovulatory state*. The remaining possibilities are abortifacient. There is noway around this fact.

When given in the week after ovulation, the prevention of birth is without question more likely due to its abortifacient effects. *Contraceptive Technology* reports on "Postcoital" mechanisms that "Hormonal methods . . . cause an absent or dysfunctional luteal phase hormone pattern . . . result[ing] in out-of-phase endometrial development, so the uterine lining is unsuitable for implantation." 16th Ed. at 416

If Preve does this after conception, can anyone assume the "hostile" changes physicians admit are caused by daily doses of the pill will not also result in an abortion in any month the pill is taken? No.

### **\*Post-Implantation Abortion:**

As indicated above, hormonal birth prevention is reported to work, in part, by causing the premature decay of the corpus luteum. *Contraceptive Tech.*, 14th Ed., 192. The synthetic progesterone in the pill binds to the progesterone receptor sites in the woman's womb and tells her body that she already has enough progesterone in her system. This can cause her corpus luteum to cut back secretion of her own progesterone and the corpus luteum begins to decay. Infertility cases and texts report corpus luteum deficiencies as a major reason for inadequate endometrium. **Yet a second abortive effect can happen after implantation.** "Removal of the corpus luteum from the human female during these early stages of pregnancy results in abortion . . ." *Human Embryology*, W.J. Hamilton, MD, at 24. Once conception occurs, studies show an abortion results if the corpus luteum is removed prior to the 25th day of pregnancy. (*Id.*) This was known long before the "pill."

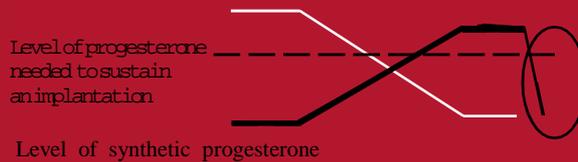
What then happens when *the pill or any other factor* causes a woman's corpus luteum to be deficient during the same critical period and the 'synthetic' progesterone in the pill is suddenly removed from the woman's system at the end of the pill cycle? It "leads to endometrial shedding." (*Cont. Tech.*, 14th Ed.) Should this happen after a life has implanted into the womb, it is a "menstrual abortion." The child is shed with the lining of the womb. **Only if the corpus luteum and child are secreting enough natural progesterone to sustain a pregnancy will the sudden withdrawal of progesterone (progestin) at the end of the pill cycle not abort a child who has just implanted.**

*Even when not taking the pill, it can be expected some women will have luteal deficiency, and many (if not most) at least one episode or more.* We must expect women using the pill will experience luteal deficiencies and, as texts indicate, at higher rates. A woman never knows if her pill induced "period" is an abortion.

Hence, pill inserts warn: **"The administration of oral contraceptives to induce withdrawal bleeding should not be used as a test for pregnancy."** Lo-Ovral 'pill' insert. If a woman conceives while on the pill

**\*POST - IMPLANTATION ABORTIONS  
CAUSED BY THE PILL** ( Illustrative - Not To Scale )

Woman's Own Progesterone Secretion /  
Corpus Luteum Function



With the increase in progesterone from the pill, your corpus luteum may decrease its secretion of progesterone necessary to sustain an implantation. It must be expected that most women will have episodes of decreased progesterone production. When pills no longer contain progesterone at the end of the pill cycle, your womb "sheds" its lining in an induced "period" that can be an abortion if a child is in the womb. (By later cycles, the child and woman will be secreting enough progesterone to sustain the pregnancy.) Again, abortion may also result if for any other reason you have an episode of luteal deficiency when the pill suddenly withdraws synthetic progesterone from your system.

(See next page)

it may still induce "withdrawal bleeding" which aborts her child. The mere fact she does not give birth to a child but "bleeds" does not prove she was not pregnant before the pill-cycle induced such bleeding. As a Director of a chain of pharmacies admits: "There is some probability that the egg will be fertilized prior to menstruation. That's what the pill does, it brings about menstruation." It brings about an abortion.

*Two Sides Of The Same Mechanism :*

There are at least 5 mechanisms that cause post-implantation abortion under the appearance of "withdrawal bleeding," or what some studies call "menstrual abortion" by the "shedding" of the lining of the uterus. These include [1] causing the decay or [2] lowered output of the corpus luteum resulting in the decline or withdrawal of progesterone; [3] decreasing the ability of the uterine and other reproductive structures and cells to synthesize existing progesterone; [4] producing a partial-withdrawal in the body's detection of progesterone; [5] inducing "functional withdrawal" of progesterone by blocking the progesterone receptor sites with a compound which has an affinity for progesterone receptor sites. Each of these can and do cause the same result: endometrial "sloughing" and contractions to expel the contents of her uterus -- *including the implanted embryo.* "Withdrawal bleeding."

More than one effect is operative in most hormonal abortifacients. Hence, one finds in studies the mention of various of these effects, partial mention of some of them, or focus on one of them alone. The tendency is to want a single effect, a sole mode of action, but each of these are intricately interrelated and often speak about the same abortive event when birth prevention is used.

**Sample Studies: Methods Producing The Same Effect:**

"Fraenkel and Cohn (1901) [ ] showed that, in rabbits, removal of . . . a corpora lutea alone, **prevented implantation, if performed before this occurred, and caused abortion if the experiment was carried out between the time of implantation and the eighteenth day of gestation.**" Hamilton, *Human Embryology* (1957). "In [humans and monkeys] pregnancy, after implantation, is unaffected by ovariectomy [once] the placenta is capable of supplying enough of the 'ovarian' hormones to maintain pregnancy." *Id.* "Removal of the corpus luteum from the human female during these early stages of pregnancy results in abortion . . ." *Id.*, 24. "If the [withdrawal was induced in rabbits] between the twentieth and 32nd day there was **occasionally no effect.**" "**Occasionally**" a child will survive and be born. Sometimes a child will be born even when using the pill.

"There are also research efforts to develop . . . **a pill to induce menstruation whether or not conception has occurred.** Several substances are being clinically tested for their potential in [1] **suppressing the corpus luteum or [2] in some other way blocking progesterone production . . .** Other agents being studied are those that are capable of [3] **blocking the progesterone-receptor sites** in the uterine endometrium . . . or [4] **drugs that inhibit cellular synthesis of progesterone.**" *Biology of Women*, Ethel Sloane (1985).

"**LUTEOLYSIS**, the degeneration of the corpus luteum, causes rapid decline in ovarian estrogen and progesterin production that leads to **endometrial shedding. Sustained corpus luteum function is essential for pregnancy.** The administration of exogenous estrogen as a postcoital contraceptive may result in **luteolysis, and prolonged exposure to an estrogen-progesterin combination [i.e., the 'pill'] or to progesterin alone probably causes inadequate corpus luteum function in the . . . cycles in which ovulation has occurred.**" Then the pill removes progesterin. *Contraceptive Tech.*, '88-89.

*Our Bodies, Ourselves* reports of the induced shedding: "pills to see whether they will bring on your period . . . sometimes called a hormone withdrawal test, is **not an accurate test for pregnancy . . . The drugs used are synthetic hormones (usually progesterin) . . .**" "Take your last pill. [ ] **Sudden drop in estrogen and progesterin makes the lining of your uterus start to disintegrate.**" Of "breakthrough bleeding" it states: "This is vaginal bleeding or staining between periods. If there isn't enough estrogen or progesterin in the pills you are taking to support the lining of your uterus at a given point in your cycle, **a little lining will slough off. . . . This may also occur if you miss a pill. . . . With progesterin-only pills, this is very common.**" *Id.*, at 243. The lining sloughs off? This is abortive. *Contraceptive Technology* also admits episodes of "spot bleeding" can be an "abortion." A woman never knows.

"**The administration [withdrawal] of oral contraceptives to induce withdrawal bleedings should not be used as a test for pregnancy.**" Lo-Ovral, Triphasil-28 and other inserts. Withdrawal bleeding does not mean there was no child.

"[U]sing low dose of [norethisterone (NET)] microcapsules (total NET dose 2.5 mg; daily dose approximately 0.03 mg./day) ... *The continuous administration of NET during the cycle of conception had no effect on ovulation, [or] fertilization ... 67% pregnancies, however, ended in abortion ... The results of this study demonstrate that early abortion should be considered as a mechanism of anti-fertility (sic) action for NET when administered continuously in low doses. These findings are contrary to the generally accepted explanation that low-dose synthetic progestins exert their contraceptive effect by inhibiting sperm transport and/or by preventing implantation.*" "Progestogens when administered continuously by oral ingestion [ ], vaginal rings [ ], subdermal implants [ ] or injectable formulations [ ] exert potent antifertility effects even though ovulation may not be inhibited. ... There is also evidence to suggest that continuous administration of progestogens in low doses interferes with ovarian biosynthesis and/or metabolism of progesterone [ ]... [which] provides a basis for suspecting that progestogens when administered continuously have early abortifacient effects because progesterone is necessary for the maintenance of early pregnancy." Beck et al, *Demonstration Of An Early Abortifacient Effect Of Norethisterone*, *Contraception* 25:1, 97 (1982). **Post-implantation abortion was a 67% "mechanism" in this study of an oral microcapsule.**

"The effects [of missed pills found 20% of] subjects on triphasic preparation showed follicular growth followed by insufficient luteal function." "From earlier studies we concluded, ... [when] women missed the combination of 1.0 mg norethisterone +30 lg ethinylestradiol for two consecutive days ... elevated ovulatory-like plasma progesterone levels were found in almost one-third of the subjects." "The ovarian reaction of the subjects was classified ... Type A indicates no follicular activity as evidenced by ... estradiol and progesterone levels; **type B is characterized by a marked follicular activity but no luteal function; type C is normal follicular function associated with an inadequate rise in luteal activity; and Type D represents normal cyclic function as reflected by normal estradiol and progesterone levels [despite taking the pill.]**" "40% Triphasic and 40% Monophasic pill users were Ovarian reaction B" "20% Triphasic users were Ovarian reaction C." "10% Monophasic pill users and 10% Triphasic pill users were Ovarian reaction D." Landgren, "... *Follicular Growth And Luteal Function of 'Missing The Pill'*" (1991).

**Summary: 70% pill users potentially ovulating.**

"RU486 ... is a synthetic steroid which binds to endometrial progesterone receptors and acts as a progesterone antagonist [ ]. Progesterone antagonist activity is assumed to be the mechanism underlying the induction of menses by RU486 in human and non-human primates [ ]. ... **RU486 has been shown to [1] decrease serum progesterone levels and [2] impair luteal function ...**" "Our findings show that RU486 can have a **direct effect on [3] progesterone biosynthesis ... [4] directly inhibits ovarian steroidogenesis ... appears to [5] interfere with cellular growth and [6] metabolism** in cells with **progesterone receptors [ ]**." Dimattina et al, *Effect Of The Antiprogestin RU486 On Progesterone Production ... Inhibition Of The Ovarian 3 $\beta$ -Hydroxysteroid Dehydrogenase*, *Contraception* 34:2, 199 (1986). **These are the mechanisms the low dose birth 'control' pill is reported to include, caused by progestin binding to the same receptors and then its withdrawal.**

"Progesterone ... plays a pivotal role in ... almost all phases of the menstrual cycle and all stages of pregnancy. ... *The sudden withdrawal of progesterone at the end of the ... cycle leads to the constriction of spiral arteries and, in turn, to menstruation in human beings and nonhuman primates.* The [1] *decrease in serum progesterone concentrations* or its [2] *functional withdrawal* in the myometrium and decidua are the most important events during parturition in various animals." Hertig et al. (1956), evaluated luteal-phase [endometrium]... for the presence of early gestations ... [and] embryos were found in the uteri ... before day 19-20, whereas implanted embryos were uniformly found from cycle day 21 onward. More recent studies ... defined a presumed window of implantation spanning cycle days 20-24 (Bergh et al. 1992). " *The Endometrium As Target...* (1997) What happens if you give a woman a pill that removes progesterone on day 21? On day 22? 24? 28? You are very likely to induce an abortion.

*"Wastage of foetus or embryo. ... Wastage Of The Foetus Or Embryo ... If this effect is desired, it should be brought about as soon after implantation as possible, hence treatment should start at about the 21st day of the menstrual cycle ... Menstrual Regulation ... leading to the same result ... [is] due to ... interference with a specific mechanism which is of vital importance to the maintenance of the pregnancy. One obvious possibility is [1] the interference with the production or the effect of HCG, the signal from the trophoblast which maintains an adequate function of the corpus luteum. Other possibilities would include an anti-progesterone which [2] blocks the progesterone receptors, or [3] the destruction of the corpus luteum."* J. van der Vies, *Conception, Contraception, Miscarriages, Acta Endoc. Logica, Suppl. 215, 87, 91, 101 (1978)*

"Successful" pregnancy, "normally timed implantation" losses and "losses with late implantation" are associated with progressively stark decreases in corpus luteum secretion. "[Studies] reported variability among losses in degree of corpus luteum response to the conceptus and timing of first detectable hCG ... This reflects a lack of corpus luteum rescue, especially in early pregnancy losses with late implantation. Presumably, the hCG signal came too late to effectively maintain corpus luteum function." "Late implantation in cycles of early pregnancy loss has also been reported by Lenton et al [1]. *Delay in the hCG signal could be caused by [1] later fertilization, [2] slow tubal transport, [3] slow development of the conceptus after fertilization, or [4] problems with the early stages of ... implantation ... Factors as subtle as [5] the pulse frequency of progesterone secretion or as direct as [6] the endometrial response to ovarian signals may be important determinants of early pregnancy loss ...*" Baird et al, *Hormonal Profiles of Natural Conception Cycles Ending In Early, Unrecognized Pregnancy Loss*, J. Clin. Endoc. and Metab., Vol. 72, No. 4, 793 (1991).

**Each of these possible causes of implantation loss is a long-reported mechanism of the commonly prescribed combined low dose birth prevention pill!** What then if you design a pill that can induce luteolytic decreases in corpus luteum secretion, changes in the fallopian tubes and delayed embryo transport, and can fill or partially fill a woman's progesterin receptors, and can mask or inhibit a child's own secretions, and then you make it so it suddenly withdraws progesterin in say 1 to 10 days after a normal or late implantation? "The Pill."

## BILL OF RIGHTS FOR WOMEN :

"To hide the truth is indeed an abuse and **a grave omission** . . . [O]ver the years, there has been, just as there is now, **culpable silence** . . . [about] so-called contraceptives that also have an abortifacient effect." The Pontifical Council For The Family, *Instr. Lab.*, I.

"It is being demonstrated . . . [by] chemical products, intrauterine devices and vaccines which, distributed with these are used as contraceptives, **really act as abortifacients** in the very early stages of the development of the life of the new human being," John Paul II, *Evang. Vitae*, 13

**"Abortion ... includes the interval between conception and implantation of the embryo."** The Catholic Bishops' *Ethical And Religious Directives*, 15

"Intrauterine device (IUD) acts as an abortifacient. Birth control pills **may** act as contraceptive . . . or **may** act as an abortifacient by altering lining tissue of uterus and interfering with implantation." The Nat'l Conf. Of Catholic Bishops, *Handbook . . . For Marriage Prep.* pg. 43

"Priests, in their catechesis and in their preparation of couples for marriage are asked to maintain *uniform* criteria with regard to the evil of the contraceptive act . . ."  
"A specific and more serious moral evil is present in the use of means which have an abortive effect, **impeding the implantation** of the embryo which has just been fertilized **or ...causing its expulsion**" *Vademecum ... On Conjugal Life*, 3:16,14; 2:5

"Nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo . . . nor can he or she consent to it, **either explicitly or implicitly**." John Paul II, *Evang. Vitae*, 57.

"Since it must be treated from conception **as a person**, the embryo must be defended in its integrity ... like any other human being." *The Catechism*, n. 2274.

"Anyone who causes an abortion or cooperates directly with it, **even if only by consent**, commits a very serious sin . . ." Paul VI, '78 "All" such persons are by that fact **"automatically excommunicated."** John Paul II, '95

"The use of substances . . . which **impede the implantation** of the fertilized embryo **or** which cause its premature **detachment** is also an act of **abortion**. [One] who would knowingly **prescribe** or **apply** such substances or means **would cooperate in the abortion**" committed by the person using it. *Charter For Health Care Workers*, 142

"Let us consider next a case in which someone has a product whose precise character is uncertain. It **maybe** [contraceptive in nature], it **maybe** [abortive in nature] . . . **If one is willing to do evil, being unsure precisely what evil he does, he is willing to do the worst of the evils which he thinks he might be doing.**" *Contraception & The Natural Law*, Appendix re: Abortifacients, Germain Grisez, Moral Theologian and Seminary Professor

### Bill Of Rights Continued:

“The moral dimension [of abortion] is identified in the termination of any pregnancy before the fetus has attained viability, irrespective of the civil law of any particular jurisdiction or the canonical implications...; whether by separation of the living fetus from the uterus ... or by the dismembering and evisceration of the fetus in the uterus... ***or even by the prevention of implantation of the embryo, e.g., by the use of intrauterine coils [\* or chemicals as the birth control pill] and similar so-called contraceptive devices that are, from a moral viewpoint, rather abortifacients than contraceptives.***”  
*The Catholic Encyclopedia*, 28.

Again, as stated accurately by Germain Grisez, when a man and a woman directly intend to prevent the birth of a child by what they know or have reason to suspect *may* in any given month prevent the implantation of a conceived child or *may* cause the detachment or destruction of an implanted child -- rather than always preventing fertilization -- they *consent* to causing an abortion if they use such a pill or device to achieve their intended and desired effect of preventing a birth. In addition, a man who fires a gun into a field he has reason to suspect may have a child playing in it *consents* to murdering a child by firing the gun into the field when he does not have certainty that the child is not in it. ***Similarly, a woman who uses the ‘pill’ consents to murdering a child*** who may be conceived and in her womb while she is using the pill. ***It is pill-cycle roulette.***

Tylenol capsules are discovered to be laced with cyanide. Planned Parenthood says: “Nothing should be said, so as not to cause fear among women who need Tylenol.” Should women be told? Yes. It is unlawful not to disclose the risk to human lives.

Consider a man who points a gun at his pregnant wife’s womb. The gun has 99 empty cartridges and 1 cartridge with a bullet. He says: “It is not likely I will murder a child if I pull the trigger only once.” He pulls the trigger -- and the one bullet among 99 blanks is fired into her womb killing her baby. So too, a man and woman who use an artificial method of birth prevention that includes abortive mechanisms *consent* to murdering any child they conceive while using it, since they decided to use that method despite its known or suspected abortive properties, which can in any month of its use murder a child.

***No one is innocent of murdering a child when they willingly use what they know or suspect is also abortive.*** This principle of moral accountability for the foreseeable consequence of an action is a cornerstone of civil law and moral doctrine. American Jurisprudence and Canon Law are founded on this principle.

### Admissions By The U.S. Supreme Court :

In *Webster v. Reproductive Health Services*, 492 U.S. 490, the lawyer for the abortion facility admitted to the Supreme Court in Oral Argument: "*The most common forms of . . . contraception today, IUDs, low dose birth control pills which are the safest type of birth control pills available, act as abortifacients. They are correctly labeled as both. . . . Science and medicine refer to them as both. . . . The bright line [dividing contraception and abortion], if there ever was one, has now been extinguished.*" Oral Arguments, Case No. 88-605, 27-28; Wash. Post, A.16, 4/27, 1989.

Planned Parenthood more recently filed a report with the New Hampshire legislature admitting the pill causes changes in the endometrium "which reduces the likelihood of implantation." Planned Parenthood has also admitted, including in a prior handbook, that for those who believe the conception of a new human life occurs at fertilization, as long reported in medical texts and dictionaries, the prevention of implantation is an "abortion."

The Supreme Court Justices who wrote in response to the above arguments, including the Justices most in favor of abortion, agreed with the admissions of the defendant abortion provider, Reproductive Health Services, that what are sold as 'contraceptives' may at times cause a post-fertilization abortion. Even pro-abortion Justices Blackmun, Brennan, and Marshall admitted some methods may induce abortions. They joined to write: "*In this case, moreover, because the preamble defines fetal life as beginning upon 'the fertilization of the ovum of a female by a sperm of a male,' . . . the use of contraceptive devices, such as the IUD . . . may operate to prevent pregnancy only after conception as defined by the statute.*" 492 U.S. 409, 539. The same consequences in regard to the 'pill' were observed by Justice Stevens, who noted: "*[A]n IUD, 'works primarily by preventing a fertilized egg from implanting.' . . . Low-level estrogen 'combined' pills -- a version of the ordinary, daily ingested birth control pill -- also may prevent the fertilized egg from reaching the uterine wall and implanting.*" *Id.*, at 563.

Sandra Day O'Connor similarly admitted some methods are "*postfertilization*" abortifacients. *Id.*, at 522.

Hence, pro-abortion Justices have judicially admitted the IUD, pill, and other methods may prevent a birth, not by contraceptive mechanisms, but by effects which according to the long-standing scientific and medical definition of when life begins and the beliefs of Catholics, Greek Orthodox, Evangelicals, and other Protestants, is the murder of a conceived child. *Our "personally-held moral principles" hold that "conception" is at the moment "the ovum is fertilized."*

In *Webster v. Repro. Health Serv.*, the Court recognized a constitutional right to believe life begins at fertilization and thus to categorize the pill and IUD as abortifacients. Physicians and registered 'charities' may not disrespect the rights of their patient to have this belief, but must honor it as sacred and inviolable.

EXHIBIT A

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**ORIGINAL**  
OFFICIAL TRANSCRIPT  
PROCEEDINGS BEFORE  
THE SUPREME COURT  
OF THE  
UNITED STATES

**CAPTION:** WILLIAM L. WEBSTER, ATTORNEY GENERAL OF MISSOURI, ET AL., Appellants V. REPRODUCTIVE HEALTH SERVICES, ET AL.  
**CASE NO:** 88-605  
**PLACE:** WASHINGTON, D.C.  
**DATE:** April 26, 1989  
**PAGES:**

**\*Admission By The Abortion Facility During Oral Arguments :**

When abortionists admit the pill is abortive to the Supreme Court and to Legislatures, why do they not tell women in their advertisements purporting to explain how it prevents births?

14 QUESTION: I don't see why a court that can  
15 draw that line can't separate abortion from birth  
16 control quite readily?

17 MR. SUSMAN: If I may suggest the reasons in  
18 response to your question, Justice Scalia. The most  
19 common forms of what we generically in common parlance  
20 call contraception today, IUDs, low dose birth control  
21 pills which are the safest type of birth control pills  
22 available, act as abortifacients. They are correctly  
23 labeled as both.

24 Under this statute, which defines  
25 fertilization as the point of beginning, those forms of

27

1 contraception are also abortifacients. Science and  
2 medicine refers to them as both. We are not still  
3 dealing with the common barrier methods of Griswold. We  
4 are no longer just talking about condoms and  
5 diaphragms.

6 Things have changed. The bright line, if  
7 there ever was one, has now been extinguished.

**Right Of Conscience To Refuse Abortifacients:**

Over 43 States have Statutes. (See also the NH Constitution.)  
"Abortifacient" means any instrument, medicine, drug, or any other substance or device which is known to cause fertilized ovum death ... whether or not the fertilized ovum is known to exist when such substance or device is employed." IL "No [one]... shall be required to aid, abet, or facilitate ... [in] dispensing of an abortifacient." PA "No person ... shall be coerced ..." MA, see WI. "[nor ] participate, directly or indirectly ..." TX "Any person may refuse ..." NY "No person is required to perform, induce..." OK "No person shall be required to perform or participate in any [act]..." AR; "No person shall, in any way, be required to perform or participate in any abortion." WY, see N.J. Because: "All persons shall have the right to refuse ..." MN; see LA.

### What Is The "Reported Pregnancy" Rate?

Despite the effects of the pill that can prevent either fertilization or implantation, there are between 5-7 pregnancies reported in every 100 women who use the low-dose pill each year. This does not include "unreported" pregnancies. Cervical mucus changes do not reliably prevent conception. Instead, reported pregnancies represent children who survived the changes to the fallopian tubes, Bronson RA, 1981, endometrium, luteolysis, and sudden removal of progesterone at the end of the pill cycle; all of which are abortive. Again, no pro-life physician would advise a woman to take what would prevent the implantation of a conceived child, or to undergo a procedure that suddenly removes progesterone from her system after implantation, or in any other way induces a "period"! For every "reported" pregnancy while taking the pill, the number of children aborted is most likely *many*.

### Christian Doctrine On Conception :

In addition to the teachings of the Church on page 11 of this booklet which prohibit the use of pills or devices that prevent implantation or cause the expulsion of a fertilized embryo, it is worth mentioning a proof from Scripture illustrating that all children must be respected as a *totality of soul and body from the moment the ovum is fertilized. Evangelium Vitae, n. 60.*

Christians believe as doctrine that Jesus ("Yeshua") was "incarnated," becoming a human child like us in all respects (except sin). Gabriel announced to Mary she would "conceive" a child and that her cousin Elizabeth was in "her *sixth month*" of pregnancy with her child, John the Baptist. Scripture says Mary went to visit Elizabeth upon hearing this news, which scholars know was, traveling by foot, a *two day* journey. "Mary remained with [Elizabeth] about *three months* and then returned to her home" after John's birth. Lk 1:56. Luke was a physician who would have paid attention to these details which *account for the 9 months John the Baptist was in the womb*. Mary was not pregnant at the time Gabriel appeared to her. But she was pregnant at the end of the 2 day journey. At that moment the Holy Spirit in John the Baptist ("filled with the holy Spirit even from his mother's womb" Lk 1:15) caused John to "leap for joy" in Elizabeth recognizing the Christ child was near in His pre-implanted state of development. *Christ, the Son of David, was conceived from 'flesh' of David's blood line and hence Mary's ovum.* Were this not true, Mary would not have "conceived" as a woman. She would have been a *surrogate mother, an incubator, but not a co-creator*, not a woman who "conceived" a son. He would not be of David's blood. The Covenant would have been broken:

“[David,] I will raise up your heir after you, *sprung from your loins,*” 2 Sam. 7:11-13. “I will not violate my covenant; the promise of my lips I will not alter. Once, by my holiness, have I sworn; I will not be false to David...” Ps 89:4-5. “Therefore the Lord himself will give this sign: *the virgin shall be with child, and bear a son,* and shall name him *Immanuel.* ... For a child is born to us, a son is given us; upon his shoulder dominion rests. They name him Wonder-Counselor, God-Hero, Father-Forever, Prince of Peace. His dominion is vast and forever peaceful. From David’s throne, and over his kingdom, which he confirms and sustains by judgment and justice, both now and forever.” Isa. 7:14; 9:5-6. “Do not be afraid, Mary, ... Behold, **you will conceive** in your womb and bear a son, and you shall name him Jesus. He will be great and will be called Son of the Most High, and the Lord God will give him the throne of David his father.” Lk 1: 30-36. “**Christ Jesus ... descended from David according to the flesh.**” Rom. 1:3. Her ovum.

Equally true, He was conceived by a pure act of *creation*, not by His *destruction* nor *possession* of another living organism. Christ became His first cell. “*The Word was made flesh.*” No physician nor woman can claim to be pro-life who prescribes or uses a pill that could prevent Him as an embryo from implanting into Mary’s womb.

“By his incarnation the Son of God ... reveals to humanity ... the incomparable value of every human person ... [as] the Word of God who was made flesh (cf. Jn 1:14) ... [I]n fact, **from the time that the ovum is fertilized**, a life is begun ... the life of a new human being ... [hence] the result of human procreation, from the first moment of its existence, must be guaranteed that unconditional respect which is morally due to the human being in his or her *totality and unity as body and spirit*. ... [R]ejection of human life, in whatever form that rejection takes, is really a rejection of Christ. ... ‘Whoever receives one such child in my name receives me’ (Mt. 18:5)”  
- John Paul II, *Evangelium Vitae*, 60.

There is no division between the creation of a human being’s body and his or her spiritual soul. It must be one same act of creation or we have a very serious problem of possession of another living organism and/or symbiosis. Two separate entities, instead of one created child. Hence, John Paul II’s teaching from *Evangelium Vitae* is correct that from “the time that the ovum is fertilized” the “human being” exists “in his or her totality and unity as body and spirit.” n. 60

Divine Law states: “You shall not kill.” All acts to prevent a child from implanting into the womb or being born is an abortion. “Whatsoever you do to the least of these my brothers, that you do to me.” (Mt 25:40)

#### **Conclusion:**

The pill and other hormonal methods of birth control do not always prevent ovulation and the conception of a child, but alter the endometrium and cause changes in the woman’s cycle that can result in an abortion. In light of the policies mandating informed consent, every woman sold hormonal birth prevention, including the pill, has a right to be told they are abortifacients and include in each month of their use the risk of inducing an abortion.

### DEPO-PROVERA :

Planned Parenthood's advertisements assure Depo-Provera, Norplant, and Birth Control Pills act to prevent fertilization, saying each "prevents release of egg" or "keeps sperm from joining an egg." But the manufacturers and medical community admit each have postfertilization and therefore abortive mechanisms. Pharmacia & Upjohn admit in its February 1998 DEPO-PROVERA patient insert:

**CLINICAL PHARMACOLOGY:** "DEPO-PROVERA Contraceptive Injection acts by preventing your egg cells from ripening. If an egg is not released from your ovaries during your menstrual cycle, it cannot become fertilized by sperm and result in pregnancy. DEPO-PROVERA Contraceptive Injection **also causes changes in the lining of your uterus** that make it less likely for pregnancy to occur."

While the manufacturer deceptively defined "pregnancy" as implantation, rather than at fertilization, it disclosed more than Planned Parenthood tells young women when it advertises this same product to them. It also ignores even the physician insert:

**"CLINICAL PHARMACOLOGY:** "DEPO-PROVERA ... **results in endometrial thinning.**" "In clinical studies ... 55% of the women studied reported no menstrual bleeding ... The reason that your periods stop is because ... your ovaries do not release an egg"

Again, this is an admission that **as many as 45% of the women continue experiencing 'periods' while on Depo Provera because "ovaries do...release an egg..."** Upjohn has not promised its product will prevent eggs from being released in 45% of the months it is used, or that a child will not then be aborted by the "changes in the lining of the womb" it does assure women Depo-Provera causes.

"Depo Provera . . . by intramuscular injection . . . for prolonged periods produced **atrophic changes** in the endometrial glands and decidual changes in the stroma, **with eventual true atrophy.**" "Infertility due to inadequate luteal phase -- **Inadequate function of the corpus luteum** may be a factor in infertility ... [preventing] maintenance of an adequate secretory endometrium. **An adequate secretory endometrium is essential to provide the proper uterine environment for nidation to take place.**" Physician's Desk Reference, Depo-Provera, 1969.

As reported earlier, Norplant and the minipill also fail to suppress ovulation 20 to 80% of the months they are used.

### INTRAUTERINE DEVICES (IUDs) :

"Mode of Action: ... The most widely accepted theory is that the IUD ... cause[es] a nonspecific inflammatory reaction ... a similar kind of reaction would occur against bacteria. The presence of an IUD in the uterus evokes a ... release of large numbers of phagocytic white blood cells that have the ability **to engulf and devour cells ...[including] attack the embryo.**" *Biology of Women*, Ethel Sloane, (1985). "**Exposure of embryos to an IUD-bearing uterus ... resulted in a failure to recover 85 percent of them.** Results indicated that an IUD ... [is] directly causing the death of embryos" "There were ... [a] **number of reabsorption sites.**" "This suggested that, normally, [white blood cells] are involved ... responsible for the **disappearance of the blastocysts**" as "**abortive implants.**" Holub, (1971). "Much is known about the foreign body inflammatory reaction created ... by the IUD. The presence of an IUD prompts a chronic state of low-grade inflammation associated with the presence of a large number of phagocytic leukocytes ... [and postcoitally] their **mechanism of action is to prevent or quickly abort implantation**" Spinnato, *Mechanism of Action of [IUD] And Its Relation To Informed Consent* (1997). IUDs also "**dislodge the implanted embryo.**"

## EXHIBIT B

NEW HAMPSHIRE CONSTITUTION

# CONSTITUTION OF NEW HAMPSHIRE

## PART FIRST – BILL OF RIGHTS

[Art.] 2. [Natural Rights.] All men have certain natural, essential, and inherent rights - among which are, the enjoying and defending life and liberty; acquiring, possessing, and protecting, property; and, in a word, of seeking and obtaining happiness. Equality of rights under the law shall not be denied or abridged by this state on account of race, creed, color, sex or national origin.

All are protected from being deceived to prescribe an abortifacient. Yet Planned Parenthood deceives women to use them.

If a PPFA doctor was to deceive a woman by giving her what he knows or suspects is an abortifacient, but tells her it is a “contraceptive” to induce her to have sexual relations with him, he would be sentenced for battery and rape, having obtained her consent by fraud. But ‘charitable’ groups as Planned Parenthood do it every day. They legally owe “candor” and “the punctilio of honor the most sensitive” to women they induce to purchase their pills and devices, yet think they have a right to deceive and betray women, obtaining their consent by the same deception.

It is *commercial rape* for a profit — at the expense of women and their children. It is battery and deception. It is murder.

[Art.] 4. [Rights of Conscience Unalienable.] Among the natural rights, some are, in their very nature unalienable, because no equivalent can be given or received for them. Of this kind are the Rights of Conscience.

June 2, 1784

[Art.] 5. [Religious Freedom Recognized.] Every individual has a natural and unalienable right to worship God according to the dictates of his own conscience, and reason; and no subject shall be hurt, molested, or restrained, in his person, liberty, or estate, for worshipping God in the manner and season most agreeable to the dictates of his own conscience; or for his religious profession, sentiments, or persuasion; provided he doth not disturb the public peace or disturb others in their religious worship.

“In attempting to ensure that a woman apprehend the full consequences of her decision, the State furthers the *legitimate purpose of reducing the risk* that a woman may [use an abortifacient procedure, pill, or device], *only to discover later, with devastating psychological consequences, that her decision was not fully informed.*” *Planned Parenthood v. Casey*. This applies with *greater force* when a woman requests a “contraceptive” *only to discover later* she was prescribed an abortifacient and may have aborted a child! “As the patient must bear the expense, pain and suffering ... [her] right to know all material facts pertaining to the proposed treatment cannot be dependent upon the self-imposed standards of the medical profession.” *Cooper v. Roberts*.

### Informed Consent Is A Fundamental Right:

The right of every patient to *informed consent* has been recognized as both a “common law” right, as well as a ‘*liberty*’ interest guaranteed by the Fourteenth Amendment of the U.S. Constitution. *Cruzan v. Director, Mo. Dept. of Health*, 497 U.S. 261 [1990]. The same “liberty” interest or right of “person” is protected by the New Hampshire Constitution. It is founded on inalienable principles of personal autonomy and the right of patients to be free from non-consensual invasions into their persons, bodily, spiritually, and religiously. *Id.*, at 269-70, 277. It protects each patient’s *right to decide* for themselves what risks to which they are willing to be subjected, and the *right to refuse* a treatment and risks they do not desire. *Id.*, at 277-78; *Canterbury v. Spence*, 464 F2d 772.

EXHIBIT C

Dear Attorney General McLaughlin and Director DeLucia,

In defense of the medical profession, women, and their children in the state of New Hampshire and in regard to the practice of scientifically valid and ethical care of my own patients, I acknowledge my support of Attorney Brian Fusonie's complaint regarding the proper disclosure of information related to hormonal and mechanical methods of birth prevention.

Most physicians, medical ethicists and human biologists support the theory that human life begins (i.e., "concepts") at the moment of fertilization when the DNA of the male sperm and female ovum unite to form one distinct human "conceptus." The medical profession recognizes this moment of human *conception* as a fundamental and crucial biological event at which time the one cell child becomes a unique independent human *concept* permanently fixed and inscribed in his or her being. ... ***Women certainly have an equal right to believe as a matter of medical science alone, notwithstanding their rights according to their deeply-held moral beliefs, that a child is conceived as a conceptus at the moment her released ovum becomes fertilized.***

After fertilization, the conceptus rapidly grows within the fallopian tube as it migrates towards the mother's uterus. After its six day journey the child is called a blastocyst and has already amassed up to 256 cells.

Many reputable scientific studies have shown that most of the contemporary birth prevention formulations exert their effect by a variety of differing mechanisms, including: inhibiting ovulation, *delaying fallopian tube transport of the conceptus*, or by adversely *altering the endometrium producing a hostile environment for the subsequent implantation* of the blastocyst. It has been determined that the use of the more popular low-estrogen birth prevention pills is more likely to be associated with "breakthrough" ovulation. If fertilization then occurs, ... ***birth prevention pills will cause the blastocyst to migrate improperly and/or directly interfere with normal implantation. Some hormonal birth prevention pills and intrauterine devices exert their abortive effect following implantation.*** Thus, all of these medical "techniques" of birth prevention can and will cause the direct abortion of the multi-celled child.

***One can hardly imagine that a woman who reverences human life from the moment of conception would not want to be told that a drug or device prescribed to her is also admitted to have several abortifacient mechanisms.*** Yet many so-called "women's health clinics" are advertising and selling women abortive drugs and devices without informing them they may abort a child while using them. As the abortifacient properties of the birth prevention pills are generally known, it is the physician or clinic's utmost responsibility to inform the patient of their abortifacient effects. Not to do so would result in a serious breach in informed consent ... The State of New Hampshire, and the distinguished office of the Attorney General and its division overseeing the enforcement of the duties and promises of Charitable Corporations, have a privileged responsibility to protect the rights of all citizens from such deception. If physicians or other medical clinics are not properly informing their patients about the abortifacient effect of birth prevention pills and devices, you have the responsibility to insure stewardship and accountability on behalf of those people offended.

Respectfully yours,



Douglas O'Mara MD, FAAP, MCNEP

## EXHIBIT D

Dear Attorney General McLaughlin and Director DeLucia,

At *A Woman's Concern* ... we counsel hundreds of clients in person, per year, as well as some 1,500 additional women by telephone. Prior to calling or visiting *A Woman's Concern*, many of our clients ... have obtained so-called family planning services ranging from condoms and spermicides to what they are told are oral "contraceptive" pills (hereafter referred to as BCPs), Norplant, Depo Provera, and 'morning after pills.' ... More often than not, women have very little understanding of the immediate and long-term health risks associated with these drugs and devices. *Virtually no woman has been told that Depo Provera, Norplant, and BCP's may indeed act as abortifacients.*

***In fact, most of our clients who are (or had been) using BCPs, Depo Provera and so-called morning after regimens are doing so expressly because of a stated wish and mistaken hope not to abort a child.*** I vividly recall a teenager who came to this office ... who expresses very strong moral and religious convictions against abortion. However, at no time prior to her visit to *A Woman's Concern* had this young woman been fully informed of the potential abortifacient mechanism of BCPs.

In addition to failing to inform women that so-called "contraceptive" pills, *Depo Provera and Norplant can and may indeed act by preventing implantation/nidation of their newly conceived offspring -- or cause his or her destruction soon after implantation through what is known as a progesterin "withdrawal" mechanism* -- Planned Parenthood and similar entities routinely downplay these chemicals side effects and health risks. Numerous clients at our centers report significant and troubling weight gain, hair loss and depression as a result of using Depo Provera. ...

Not surprising ... more than 25 published, prospective and retrospective studies from around the world reveal a consistent, significant positive association between induced abortion and breast cancer incidence. One of those studies, published in the November 1994 Journal of the National Cancer Institute, was led by Dr. Janet Daling of the Fred Hutchinson Cancer Research Center in Seattle, Washington. Daling, who is pro-choice, found that having just one induced abortion raises a woman's risk of contracting breast cancer by an average of 50%.

***Because so-called hormonal "contraceptives" can and do, indeed, act as abortifacients, it is not surprising that studies have also found a connection between the use of BCP's and a 20-88% increased breast cancer incidence.*** ...

Wing et al, *Age-Specific Differences ... Between Oral Contraceptive Use and Breast Cancer.*, *Cancer* (Supplement), 71:1506-17 (1993); Rosenberg et al, *Case-Control Study of Oral Contraceptive Use and Risk of Breast Cancer*, *Am. J. of Epidemiology*, 143:25-27 (1996); White et al, *Breast Cancer Among Young US Women In Relation To Oral Contraceptive Use*, *JNCI* 86:505-514 (1994). Brinton et al, *JNCI*, 87:827-35 (1995); *The Lancet*, 347: 1713-1727 (1996).

It should always be noted that *abortion -- whether by surgery, pill, drug or device -- is an invasive, irreversible process* that, like any other medical intervention, poses inherent risks and complications. *To deny women access to information about those risks is fundamentally demeaning.* ... Again, in light of the authority that has been entrusted to you by the people of New Hampshire, I ask that you hold Planned Parenthood accountable to fundamental standards of informed consent.

Sincerely,



Teresa Donovan  
Director, Metro West



# Catholic Medical Association

850 Elm Grove Road • Elm Grove, Wisconsin 53122  
414-784-3435 • Fax 414-782-8788 • E-mail: cathmed@cathmed.com

*"Upholding the principles of the Catholic faith and morality as related to the science and practice of medicine"*

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June 8, 1999

Dear Mr.

Dr. William Colliton has forwarded to me an article entitled "Deceived by 'Contraception'—The Abortive Effects of the Pill," authored by Mr. Brian Fusonie and Dr. Colliton. This letter is written to encourage your printing this article. It is urgent and essential that everyone, especially women, become aware of the abortifacient effect of "the pill" and how it is fraudulently prescribed to them. I am sure that such information will be upsetting to women who have been given the impression that "the pill" simply prevents pregnancy. What Mr. Fusonie and Dr. Colliton write is true and accurate. Please help everyone, especially women to become aware that "the pill" has the potential every month of causing an abortion.

If you have any questions, please call

Sincerely,

  
Paul A. Byrne, M.D.  
Immediate Past President

**NH RSA Chapter 637 :**

"A person commits theft if he obtains or exercises control over [money] of another by deception . . . whereby "deception occurs when a person purposefully . . . (a) Creates or reinforces an impression which is false . . . (b) Fails to correct a false impression which he previously has created or reinforced . . . or which he knows to be influencing another to whom he stands in a fiduciary or confidential relationship." Planned Parenthood admits the pill has post-fertilization, thus abortifacient effects, not denying that to many they are abortifacients. See Oral Argument. Yet they steal from women, including teenagers, by omitting this in advertisements to create a false impression that the pill is not abortive.

**Lloyd J. Duplantis, P.D.**

Brian Fusonie, Esq.  
POB 1665  
Manchester, N.H. 03105

Dear Mr. Fusonie,

I have been a registered pharmacist involved almost exclusively in retail pharmacy since 1969. During this period, I have seen the introduction and development of the birth control pill. From the beginning, there was a deliberate attempt on the part of the pharmaceutical manufacturers to cover up and downplay a major mode of action of these chemicals – a qualitative alteration of the woman's uterine lining. The fertilization of a female ovum by a male sperm is accepted and taught by most medical and moral authorities as conception or the time life begins. This inhibition and disruption of the implantation function of the developing blastocyst then falls out of the range of contraception and is actually abortifacient. Any chemical acting in this manner and constantly having this potential cannot rightfully be classed as contraceptive, but must in fact be labeled as an abortifacient. This is morally abhorrent to many people's sensibilities, thus the avoidance and deliberate denial on the part of the birth control manufacturers to prominently display this mode of action.

Rather than produce chemicals that do not have this mode of action, the more recent products actually rely upon this uterine lining alteration to a much higher degree.

Clear evidence that this deliberate deception is still in effect is that none of the patient information leaflets distributed by the major pill manufacturers state or even elude to the fact that these chemicals have an abortifacient mechanism of action. This mode of action is clearly stated at the very beginning of the leaflet intended for the physician under the Clinical Pharmacology section.

Because of the clear abortifacient action of all current pill formulations on the market, I do not dispense these products for contraceptive purposes. I distribute information to all women seeking these products as to why I have implemented this policy. I also add an auxiliary label to all products being used for medical indications which have this abortifacient potential in order that those clients can be more fully apprised of the nature of these chemicals.

I hope this information has been helpful. Best Wishes!

Sincerely,  
  
Lloyd J. Duplantis, Jr., P.D.  
President  
Pharmacists for Life, Intl.

**“You will know the truth, and the truth will make you free.’ These words contain both a fundamental requirement and a warning: the requirement of an honest relationship with regard to truth as a condition for authentic freedom [of consent].”** John Paul II, *Redemptor Hominis*, 12 cit. Jn 8:32. The opposite of “coercion” is “candor,” “forthrightness.”

The law requires of Planned Parenthood “*not honesty alone, but the punctilio of honor the most sensitive,*” as the good will fiduciary responsibility *to never even risk deceiving the one entrusted to your representations and care to do what they would never do of their own free informed consent.* It is an age-old and universally denounced *malice to “manipulate”* words to betray such trust. Hence when Confucius was asked “what must be done to set the world right?”-- he thought and replied: **“I would insist on the exact definition of words.”** John Paul II also writes that we must “call things by their proper name.”

A person is free from knowing the truth -- not by “manipulating” words to deprive her of true consent. Planned Parenthood wanted the money from purchases of the ‘pill’ by teenagers and other women, not each woman’s *right to refuse* to murder a child. It wants even the words of its fiduciary promises to be emptied of any meaning other than what will help fill its purses at any moment. No real promises, no true definitions, no real rights - just whatever it wants.

**“PPFA President Faye Wattleton ... said, ‘It is immoral and inhuman to coerce the [ ] decisions of any individual ... [E]very woman and man deserves the knowledge and the means to make healthy, private choices, free from ... manipulations.’”**  
Planned Parenthood, Annual Report (1990).

Really? Then explain Planned Parenthood’s motives from the following passage:

Swedish researcher Bent Boving, at a 1959 **Planned Parenthood-Population Council symposium** noted that: **“Whether eventual control of implantation can be reserved the social advantage of being considered to prevent conception rather than to destroy an established pregnancy could depend upon something so simple as a prudent habit of speech.”** The advice was not isolated. At the 1964 Population Council symposium Dr. Samuel Wishik pointed out that acceptance or rejection of birth control would depend on whether it causes an early abortion. Dr. Tietze, of Planned Parenthood and the Population Council suggested, as a public relations ploy, **“not to disturb those people for whom this is a question of major importance.”** Tietze added that ...“if a medical consensus develops and is maintained that pregnancy, and therefore life, begins at implantation, **eventually our brethren from the other faculties will listen.”**

Those admissions of Planned Parenthood’s deliberate and methodical plan of “manipulation” rather than of full and informed consent is reported by *A Declaration Of Life*, signed by 200 Physicians, including a number of Gynecology and Obstetrics professors and family practitioners. They each condemn this indefensible deception of women.

EXHIBIT F

**“We, the undersigned physicians, do therefore declare that the pill and similar birth control products act, part of the time, by design, to prevent implantation of an already created human being. These products clearly cause an early abortion and are -- despite the semantic gymnastics of their ardent apologists -- abortifacient.”**

(This declaration was prepared by the department of Public Policy of American Life League, Inc. It was circulated to members of the medical and scientific communities for review and endorsement. The physicians listed below have all signed statements of agreement with the declaration. Their signed statements are on file at American Life League, P.O. Box 1350, Stafford, VA 22555)

Signatories:

1. Thomas W. Hilgers, M.D. Sr. Medical Consultant—Obstetrics, Gynecology, Reproductive Medicine & Surgery	NE	17. Konrad A. Prem, M.D. Professor and Chairman Emeritus; Department of Obstetrics & Gynecology; University of Minnesota Medical School	MN
2. Anne Marie Manning, M.D. OB/GYN; Diplomate American Board of Obstetrics & Gynecology	PA	18. William L. Toffler, M.D. Professor of Family Medicine—OHSU	OR
3. Karen Dembeck Poehsles, M.D. Family Medicine; Attending Physician—Dept. of Emergency Medicine, University of Virginia	VA	19. Roberts M. Chilmigras, M.D. Family Practice	MS
4. Patrick James Baggot, M.D. OB/GYN; Maternal Fetal Medicine; Genetics	NE	20. Mark J. Rollo, M.D. Family Practice	MA
5. J. Michael Conover, M.D. Diplomate American Board of Otolaryngology; Fellow American Academy of Otolaryngology; Fellow American College of Surgeons; Fellow American Society for Head and Neck Surgery; Fellow American Academy of Facial Plastic and Reconstructive Surgery	MO	21. Paul A. Carpentier, M.D. Family Practice; Natural Family Planning consultant	MA
6. John C. Wiles, M.D. Diplomate & Fellow American Board of Family Practice	OH	22. John Damiani, D.O. Urologic Surgery	MI
7. Lauren A. Welch, M.D. FACS; Surgery; Forensic Medicine	KS	23. Michael B. Dixon, M.D. OB/GYN	MO
8. Michael C. Skoch, M.D. DARET, NFPMC, Family Practice; Adjunct Clinical Professor, Dept. of Family Medicine, University of Nebraska Medical College	NE	24. Paul J. Eby, M.D. Occupational Medicine; Family Practice	OH
9. Douglas S. Brew, M.D. Family Practice (with maternal care)	MN	25. William D. Parker, M.D. FAAP; Pediatrics	LA
10. Arthur J. Stehly, M.D. OB/GYN	CA	26. Jerrold C. Black, M.D. Family Practice	NE
11. Norman L. Virmid, M.D. Neonatal/Perinatal Medicine; Pediatrics	MN	27. Austin T. Welsh, Jr., M.D. Family Practice	AR
12. Lawrence L. Lyons, M.D. Family Practice; Emergency Medicine; Board member of Catholic Medical Association	PA	28. Stephen T. Kondash, M.D. Ophthalmology	OH
13. Arthur C. Sipko, M.D. MPH, FACPM, FACOEM	OH	29. David W. Talafuse, M.D. Family Practice	TX
14. Paul A. Byrns, M.D. Neonatal/Perinatal Medicine, Pediatrics, President, Catholic Medical Association	OH	30. Albert S. Callie, M.D. Pediatrician; Fellow American Academy of Pediatrics	AZ
15. David G.C. McAnn, M.D.	GA	31. Jay E. Carpenter, M.D. Internal Medicine	FL
16. Kathleen M. Raviolo, M.D. OB/GYN	GA	32. Paul J. Spencer, D.O. Family Practice	MN
17. Phillip D. McNeely, M.D. Family Practice	NE	33. Eric D. Norton, M.D. CNFPMC; Family Practice	SC
18. James L. Rouston, M.D. Anesthesiology; Natural Family Planning, Medical Consultant	GA	34. Jeffrey J. Starre, M.D. Family Practice	OH
19. William A. Chngman, M.D. FAAP; Pediatrics	OK	35. Patrice Horrick, M.D. Ph.D. Family Practice; Diplomate ABFP	KS
20. Mary Kathleen Dixon, M.D. Pediatrics	MO	36. Samuel A. Nigro, M.D. Psychiatrist	OH
21. Hector Ascuncion, M.D. Family Practice	MD	37. William L. Martin, M.D. Family Practice	AZ
22. David R. Lux, M.D. Family Medicine; Diplomate American Board of Family Practice; Fellow American Academy of Family Physicians	NE	38. Stephen A. Spaulding, M.D. F.A.A.F.P.; Family Practice; Obstetrics and Obstetrical Ultrasound	NY
23. Michael V. Rock, M.D. FACP, FACC; Internal Medicine and Gastroenterology	AZ	39. James J. Joyce, M.D. Family Practice	MN
24. Timothy Heller Fischer, M.D. Family Medicine	NE	40. Miagros C. Flores, M.D. Internal Medicine; Cardiovascular Diseases	MI
25. Karl G. Rose, M.D. General Practice	OH	41. Douglas O'Mara, M.D. Pediatrics	NH
26. Jo A. Wikar, M.D. Family Practice	NE	42. John S. Kelly, M.D. Colon and Rectal Surgery	VA
27. Joseph C. Evers, M.D. Fellow American Academy of Pediatricians	VA	43. Peter Dennis, M.D. Chairman of Family Medicine, St. Johns Mercy Medical Center	MO
28. Peter Sultana, M.D. Family Medicine, USMLE	MO	44. Anthony Kam, M.D. General Surgeon	MI
29. John B. Shea, M.D. Diagnostic Radiology	Ontario, Canada	45. Howard L. Pennington, M.D. Associate Professor of OB/GYN at UCLA	CA
30. Patrick J. Scarpitti, M.D. Family Practice; American Academy of Family Physicians	OH	46. Thomas E. Lieser, M.D. MPH; Family Practice	OH
31. George E. Maloof, M.D. Psychiatry; Board Certified	CA	47. W. A. Krotoski, M.D. Ph.D., MPH; Medical Director—U.S. Public Health Service (Ret)	LA
32. Kathryn R. Watson, M.D. Internal Medicine; Diplomate American Board of Family Practice; Diplomate American Board Medical Genetics	CA	48. Joseph L. DeStefano, M.D. Family Practice/Psychiatry	IN
33. Jessup M. McDonnell, M.D. Orthopedic Surgeon	OH	49. Frank J. Fedini, Jr., M.D. Cardiovascular Diseases	IL
34. Thomas F. Warner, M.D. Professor of Pathology	WI	50. Leonard P. Rybak, M.D. Otolaryngology; Professor of Surgery Otolaryngology; University School of Medicine	IL
35. Robert R. Desmond, M.D. General Practice and Emergency Medicine	OH	51. Paul L. Hays, M.D. Obstetrics and Gynecology; Infertility	NE
36. Thomas C. Benin, M.D. Family Practice	AR	52. Charles M. Cargille, M.D. Reproductive Endocrinology; Internal Medicine; Mental Retardation	LA
37. Anne M. Nealen, M.D. Pediatrician; Fellow American Academy of Pediatrics, NEP Instructor	150. Matthew Glick, D.O. Osteopathic Physician; Family	53. Walt F. Weaver, M.D. Cardiology; Chairman, Ethics Committee SECHC	NE
38. David Maglin, D.O. Family Practice	151. Jill E. Glick, D.O.	54. Jeffrey E. Mathews, M.D. Gastroenterology	MO
		55. Arthur H. Canley, M.D. Orthopedic Surgeon	CA
		56. Karen E. Karr, M.D. OB/GYN	MN

**SIGNATORS AS OF OCTOBER 18, 1999**  
For an updated list of signatories contact:  
American Life League, Inc.  
P.O. Box 1350, Stafford, VA 22555  
540-659-4171 • www.all.org

“Dear Attorney General McLaughlin, I am writing in support of the complaint filed by Attorney Brian Fusonie which addresses the intentional and orchestrated deception of women ... We further recognize the duty of the Attorney General to protect the citizens from fraud.”

- Judie Brown, President of *American Life League*

“Dear Attorney General McLaughlin and Director DeLucia, I write to you on behalf of the Society for Law, Life, and Religion ... SLLR supports the legal efforts ... to compel full and accurate disclosure that many common methods of contraception are abortifacient in their operation and effect.”

- George Fibbe, *Society For Law, Life, and Religion*  
Harvard Law Student

“In addition, many medical reports and commentaries published by abortion promoters admit the existence of post-implantation mechanisms for the IUD and BCP's. ... [All] must operate on the established fact that a woman will likely have episodes of ovulation, potentially numerous months in which she releases an ovum. They must treat each woman as if she will be on the higher end of the ovulation spectrum. To do differently would be indefensible as a matter of advertising and medical ethics.”

- Dr. William F. Colliton, Jr., FACOG, Clin. Professor, Ob-Gyn

“Most of the contemporary birth prevention formulations exert their effect by a variety of differing mechanisms, including: inhibiting ovulation, delaying fallopian tube transport of the conceptus, or by adversely altering the endometrium to prevent implantation of the blastocyst. Some hormonal birth prevention pills and intrauterine devices exert their abortive effect following implantation. Thus, all of these ... will cause the direct abortion of the multi-celled child.”

- Dr. Douglas O'Mara, Pediatrician, New London, NH

“Planned Parenthood's deceptive practice of dispensing 'contraceptives' to women and minors without providing them with complete and accurate information about the abortifacient properties of these drugs ... I have personally spoken with teens outside of Planned Parenthood's Teen Options Clinic. They have openly admitted that this information is withheld from them.”

- Elizabeth J. Breuder, President, NHRTL, Hillsborough Chapter

“I vividly recall a teenager ... who expressed very strong moral and religious convictions against abortion. However, at no time prior to her visit to *A Woman's Concern* had this young woman been fully informed of the potential abortifacient mechanism of ... so-called 'contraceptive' pills ... [including a child's] destruction soon after implantation through what is known as a progestin 'withdrawal' mechanism.”

- Teresa Donovan, *A Woman's Concern*, Director, Metro West

“Thank you for ... the opportunity to aid in your work of exposing Planned Parenthood and its criminally misleading claims. We applaud and firmly support your work on this important project.”

- Christine Percheski and Conor Dugan, President and  
Past President, Dartmouth Coalition For Life

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