

fertilized egg, it won't implant and grow because of the less hospitable endometrium." I then asked Hill if he was certain the pill made implantation less likely. "Oh yes", he replied. I said, "So you don't think this is just a theoretical effect of the Pill?" He said the following, which I draw directly from my extensive notes of our conversation: "Oh no, it's not theoretical. It's observable. 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 by the naked eye – and under a microscope. At the time when the endometrium would normally accept a fertilized egg [sic], if a woman is taking the Pill it is much less likely to do so." [HLA Action News, Winter 1999]

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Pamphlet 082

The Link Between Contraceptives and Abortion

Physicians for Life

Some question the assertion by others that hormonal birth control substances (i.e. birth control pills, implants like Norplant, Implanon, and injectables like Depo-Provera) can trigger a "post-fertilization effect" which may be an abortifacient mechanism, and as such are sometimes responsible for causing a newly formed embryo to be aborted at 6-10 days after fertilization. This is referred to as a "chemical abortion".

There is a compelling consensus among birth control manufacturers, population control advocates, and the Federal Drug Administration (FDA) that chemical abortions are taking place with the use of contraceptives. We would like to quote from a few of their statements.

In 1976, the FDA mandated that physician and patient package inserts accompany the distribution of the Pill. The agency's proposed warning read: "...oral contraceptives are of two types. The most common...is a combination of an estrogen and a progestin, the two kinds of female hormones...this kind of oral contraceptive works principally by preventing release of an egg from the ovary. The second type of oral contraceptive, often called the mini-pill contains only a progestin. It works, in part, by preventing release of an egg from the ovary, but also by keeping sperm from reaching the egg and making the uterus (womb) less receptive to any fertilized egg that reaches it." (emphasis added) (Federal

Register, 7 Dec 76, page 53640). Physician package inserts for the Pill are still required today and they still use language that indicates the Pill, Depo-Provera and Norplant inhibit implantation.

Eugenicist and population control zealot, Margaret Sanger, was the founder of Planned Parenthood. According to Gregory Pincus, co-developer of the Pill, Sanger, who also supported abortion, visited the researcher and expressed her interest in developing a birth control Pill as a means of curbing the “population explosion”. She promised research money for its development.

Dr. Robert Kistner of Harvard, who shared Margaret Sanger’s “population control” zeal said, “Our efforts to control population growth should not lead to mass guilt about methodology. It would be tragic if an effective post-coital pill or long-term progestational agent were declared illegal because of its abortifacient effect.”

In 1952, Planned Parenthood’s Dr. Abraham Stone noted that any mechanical, chemical or “...biologic method that would prevent ovulation or fertilization merely prevent life from beginning...Measures designed to prevent implantation fall into a different category. Here there is a question of destroying a life already begun.”

The FDA approved the Pill for limited use in 1960. Because of health problems, the Pill’s high levels of estrogen were reduced, but less estrogen (in today’s Pill) allows greater breakthrough ovulation (and subsequent fertility). After much study, a 1969 FDA Advisory Committee, chaired by Planned Parenthood associate Dr. Lewis Hellman, released a report commenting on the Pill’s varied mechanisms and contraceptive effectiveness, concluding

“...Both of these alter the ability of the endometrium to participate in the process of implantation.” (emphasis added) Former Planned Parenthood president, Dr. Alan Guttmacher, is also on record as recognizing the triple mode action of the Pill. (FDA Advisory Committee on Obstetrics and Gynecology, Second Report on the Oral Contraceptives, 1 August 1969).

At a 1959 Planned Parenthood symposium Swedish researcher Bent Boving, emphasized to his colleagues the need to use the proper semantics. He said, “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.” Apparently some of the verbal semantics are coming back into play to try to cover up the obvious – the abortifacient nature of many of today’s contraceptives.

[The majority of the above material is taken from “A Declaration of Life” by Pro-Life Physicians prepared by the Public Policy of American Life League, Inc, www.all.org. It is signed by 103 physicians.]

Randy Alcorn, a research who hoped to prove that the oral birth control pills are not abortifacients, had a “lengthy and enlightening” dialog, on 24 March 1997, with Richard Hill, a pharmacist who worked for Ortho-McNeil’s product information department. Ortho-McNeil is one of the largest Pill manufacturers.

“...I asked him, “Does the Pill sometimes fail to prevent ovulation?”. He said, “yes”. I asked, “What happens then?” He said, “The cervical mucus slows down the sperm. And if that doesn’t work, if you end up with a