



# CONNECTOR



LIFE ISSUES INSTITUTE, INC.

SERVING THE EDUCATIONAL NEEDS OF THE PRO-LIFE MOVEMENT

## DISPELLING THE MYTHS

### *behind conception, contraception and abortifacient drugs*

*By J. C. Willke, MD and Bradley Mattes, MBS*

There is a significant amount of misinformation circulating regarding human fertilization, embryo implantation and the first week of life. Here are the known scientific facts.

When sperm are deposited in a woman's vagina, they swim through the cervix (the mouth of the womb), through the uterus and out through her fallopian tubes. This journey can take as short a time as 30 minutes. At the end of the tube is the ovary. If an ovum (egg) waits, a sperm can penetrate the ovum resulting in fertilization. Sperm can survive as long as a week within the female genital track, but are probably only capable of fertilizing an ovum for about 48 hours after intercourse. During monthly ovulation an egg breaks out of the surface of the ovary. From the time ovulation occurs, and the egg becomes available for union with a sperm, it is capable of being fertilized for probably not much more than twelve hours. It is because of these rather narrow time frames that the great majority of acts of natural intercourse do not result in a pregnancy.

If and when a sperm does penetrate the shell of the ovum, it sheds its tail, and will proceed slowly into the center of the ovum. Its 23 chromosomes will line up next to the ovum's 23 chromosomes, thus constituting a new cell, a fertilized ovum of 46 chromosomes. From the entrance of the

sperm until the first cell division is a period of about 24 hours.

What is present at fertilization is an entire new human body, even though it is yet a single cell. This is the most complicated cell in the universe, for it contains within itself all of the information that is needed for this human to develop into a mature adult.

The embryo then floats freely down through the mother's tube. During this first week, the one cell divides until this new being constitutes millions of cells. When this new human is one-week-old, he or she plants within the lining of the mother's uterus, burrows into the spongy, nutritive wall of her womb, contacts the mother's blood stream and sends a chemical, hormonal message. This message goes to a gland at the base of her brain and tells the mother's body that there is a new occupant. Accordingly, this gland sends hormones into the woman's body that prevent her from menstruating.

But we are told that pregnancy doesn't begin until implantation and that any medication or object which prevents that planting is in fact a contraceptive and will "prevent pregnancy." What has happened has been a redefinition of the terms used. They now tell us that "pregnancy" does not begin until one week after fertilization, the time of implantation. This has

fooled untold numbers of people, including many doctors. But we are not talking about the mother's body. It is quite obvious that life does not begin when this new human life is one week old. Life begins when the sperm penetrates the ovum.

The outgrowth of this new redefinition of the word "pregnancy" has been to also redefine "conception" as the time of implantation rather than the time of union of sperm and ovum. This has resulted in the claim that contraception "prevents pregnancy" any time during the first week of this tiny new human's life, e.g., even though many forms of contraception prevent a living human embryo from implanting, and thus kills him or her, they are still spoken of as "preventing pregnancy."

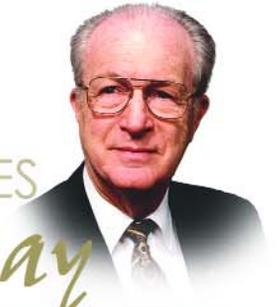
My colleague, Bradley Mattes, will now detail specific examples.

Hormonal contraception uses the synthetic forms of the hormones progesterone and estrogen. These synthetics are typically called progestin and ethinyl estradiol. The primary function of hormonal forms of birth control prevent ovulation. But it's helpful to understand that some forms of hormonal contraception prevent a woman's egg from fully developing each month. The egg is actually released, but since it is immature, sperm are unable to fertilize it and conception is prevented from

*Continued on page 3*



LIFE ISSUES  
*Today*



with J.C. Wilke, MD

## Impact of One Woman's Choice

I received a letter from a mother who tells of the experience of her son, Robert, in a high school class. The teacher told them a story and asked them to comment.

“The class was told that a girl in high school had become pregnant. The teacher then elaborated on the situation. This girl was from a very poor family, yet had a high IQ and would probably be one of the few of her family to get out of poverty. She had already been offered a full scholarship to one of the leading universities in the country.

“Her only living relatives were a full-time working mother and a sickly grandmother. She had no other persons to turn to for care for a baby and would have had to quit school to take care of the soon-coming baby. She would lose the scholarship if she quit school and would then more than likely follow her family history into poverty.

“The teacher asked, ‘What should she do?’ Just about everyone in the class gave their opinion, almost all of them agreeing that she should have an abortion and stay in school. It was then that my son, Robert, raised his hand to give his opinion. He looked around the classroom for a moment and then said, ‘If it were left up to you, I would not be here today. That girl was like my mother. You see, I was adopted. My mom was in a similar situation. She chose, though, to give life to me and then

loved me enough to place me in the loving arms of adoptive parents.’

“After this statement, the other kids in the class came over and apologized to my son. Many of the girls cried or had tears in their eyes. His story had brought home to them that a fetus is more than just a piece of flesh—it’s a real person. Even the teacher then concluded the class by saying that if one looks diligently enough for another alternative, they will undoubtedly find a satisfactory solution.”

This boy’s adoptive mother also enclosed a letter that she had written to his unknown birth mother. Let me share just one paragraph out of it:

“We may never know the difficulties you have faced in making your choice not to abort. We do know the joy of raising and loving the child that you gave the right to live. We reach out to you, dear mother that you are, over the span of many years to tell you how much we have to thank you for. We love and pray for you, wherever you may be. We, who are the mother and father of Robert, your son, pray for you. Thank you for not aborting our son. We love him dearly. May God always bless and keep you in His amazing love.”

taking place. It is also interesting that some makers of hormonal contraception warn against using their product if a woman has had breast cancer or has a family history of breast cancer.

The older forms of hormonal contraception are referred to as first- and second-generation. The newer forms, several of which you currently see advertised on TV, are called third- and fourth-generation contraception.

The purpose of the following information is to provide a basic understanding of how all forms of contraception work and, specifically, whether or not they have any abortifacient function.

**The Birth Control Pill** is the most popular and widely used method of hormonal contraception. It involves taking a month-long series of pills—three weeks of pills containing hormones, and one without. This allows the woman to have a menstrual period. The Pill contains two synthetic hormones, progestin and ethinyl estradiol and has three mechanisms: 1) it prevents ovulation, 2) thickens the cervical mucus, which makes it harder for sperm to enter the uterus and 3) affects the endometrium or lining of the womb to make it more hostile to implantation. This means the tiny developing baby (embryo) cannot attach to the uterine lining and dies, which is a very early abortion. Even so, they define this as “preventing pregnancy.”

**Plan B** or Emergency Contraception is designed for emergency use and not recommended to be used as a regular method of birth control. Plan B One Step is a single pill containing a high dose of progestin, and is available to women without prescription if they are 17 or older. It claims that if taken within 72 hours of “unprotected” sex, it will prevent ovulation, but it also prevents the already conceived embryo from implanting in the endometrium, causing an early abortion.

According to the pro-abortion blog site, Reproductive Health Reality Check, Plan B isn’t as effective as first touted, which has caused financial backers to put funding on hold. In addition, the blog

site acknowledged that women are “abusing” Plan B by repeatedly using it instead of other birth control methods.

**The IUD** or intrauterine device is available in two different types in America. The hormonal IUD called Mirena, and the copper IUD called Paragard. Mirena releases levonorgestrel, which is a progestogen. Its primary function is to prevent implantation by the tiny developing human (embryo).

Preventing ovulation appears to function as a distant second. A study of women, one year after inserting the IUD, showed about one-half (45%) of women were still ovulating. After four years, 75% of women were ovulating. Obviously, the greater the number of women ovulating means the higher the chance for fertilization to occur. Other mechanisms of Mirena include thickening the mucus of the cervix, thus not allowing sperm to enter the uterus, or affecting the mobility or survival of sperm.

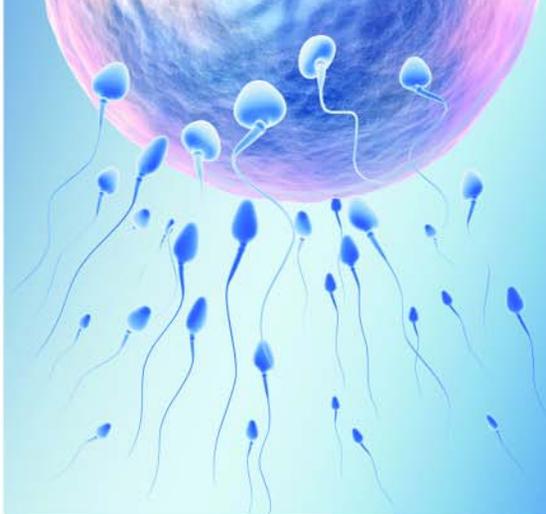
If fertilization occurs, most likely the tiny unborn child will be prevented from attaching to the lining of the womb and he or she will die. This is a very early abortion.

The copper IUD’s effectiveness comes from a continuous release of copper into the uterine cavity; however, they aren’t sure why this works. The general consensus is that this is accomplished by preventing implantation of the human embryo.

With both forms of IUD, if the woman becomes pregnant, she has a greater chance of having an ectopic or tubal pregnancy. This is when the tiny developing baby attaches to the lining of the fallopian tube and may threaten the woman’s life.

The IUD is not considered safe for women if they have not first given birth to at least one child, have a history of or had breast cancer, or have multiple sexual partners.

**NuvaRing** is a flexible ring about two inches in diameter. It is inserted vaginally once a month and continuously delivers the same hormones found in the Pill and



“They tell us that “pregnancy” does not begin until one week after fertilization, the time of implantation.”

functions with the same three mechanisms. The only difference is the way the drug is administered.

After three weeks, the ring is removed and, after seven days, another is inserted. NuvaRing is part of a third-generation hormonal drug that is growing in controversy. According to a May/June 2009 article in *Mother Jones*, there are more than 100 lawsuits accusing the contraception of being unsafe, mostly due to blood clots. Some women have died. It’s speculated that vaginally absorbing the drugs into the blood system has a more potent impact and increases the likelihood of adverse side effects.

**Yaz and Yasmin** are not the same thing; however, they are very similar. Both are classified as a fourth-generation birth control pill that contains two synthetic hormones: progestin and ethinyl estradiol. There is only a slight difference in dosage of the two drugs. Yasmin has a slightly higher level of ethinyl estradiol than Yaz.

*Continued on page 6*



LIFE ISSUES INSTITUTE, INC.  
SERVING THE EDUCATIONAL NEEDS OF THE PRO-LIFE MOVEMENT

1821 W. Galbraith Rd., Cincinnati, OH 45239

Phone: 513.729.3600

E-mail: [info@lifeissues.org](mailto:info@lifeissues.org) • [www.lifeissues.org](http://www.lifeissues.org)

President & Publisher

J.C. Willke, MD

Editor in Chief

Bradley Mattes

Design

Andrew W. Mellish

The official quarterly publication of Life Issues Institute.

Vol. 19 Number 1 Subscription \$25.

© Life Issues Institute, Inc. 2010

**Articles may be reproduced with acknowledgment of their source.**



# CHANGE BABIES CAN LIVE WITH

BY J. C. WILLKE, MD

The pro-life movement is not partisan; however, in national elections Republicans are overwhelmingly more pro-life than Democrats. Accordingly, evidence of a Republican resurgence this fall may have a substantial impact on the future of unborn babies. Fred Barnes of the *Weekly Standard* recently said, "The good news for the Republicans in 2010 is that they are ahead in 6 races for Senate seats now held by Democrats, and lead or are tied in 6 open seats where Republicans are retiring. In the House, Republicans figure to win a minimum of 20 seats as things now stand. There is a good bet that Republicans will have a majority of the nation's governors after the mid-term elections. And the bad news? There is no bad news."

Granted, Fred Barnes is a conservative Republican; nevertheless, this is not all wishful thinking. At present, it doesn't look like the Republicans will gain 10 in the Senate, or 40 in the House to capture a majority, but there is a trend in that direction.

Polls now indicate that the Republicans may pick up as many as 5 seats in the Senate. Considering that in 2012 there are only 9 Republicans running for reelection compared to 24 Democrats, this year's election could set the stage for the Republicans to take over the Senate in 2012. In that event, pro-life senators would likely control the agenda instead of the current pro-abortion senators. Let's look at some individual races.

Almost certainly, pro-abortion Harry Reid (D) of Nevada will be defeated. In Colorado, popular pro-life Jane Norton (R) is running ahead of incumbent Michael Bennet (D) for the Senate. In Arkansas, pro-abortion incumbent Blanche Lincoln (D) is, unbelievably, running behind all four Republicans who seek to oppose her.

The Delaware seat, vacated by Joe Biden, finds moderate Mike Castle (R)

leading all potential Democrats. Vice President Joe Biden's son has now declined to run. Pennsylvania, which at first looked like a shoe-in for pro-abortion Arlen Specter (D), has changed. Specter has a tough primary fight, with the winner running against pro-life Pat Toomey (R) who is polling ahead of both of them.

Mostly pro-abortion Byron Dorgan (D) is vacating his Senate seat in North Dakota, the popular and pro-life Governor, John Hoeven (R), is likely to run and would almost certainly replace him. In Illinois, Barack Obama's old Senate seat, temporarily held by a pro-abortion Democrat, is up for grabs and Congressman Mark Kirk (R) is running even in the polls.

The 6 open Republican seats all look pretty secure. At this writing, it looks like Florida Republicans may favor pro-life Speaker Marco Rubio over moderate Governor Charlie Crist, and either should win the general election. The Kansas seat is being vacated by Sam Brownback (R) who is odds-on favorite to be its next governor. A Republican is all but certain to replace him. The 2 candidates, Reps. Jerry Moran and Todd Tiahrt, are both solidly pro-life.

New Hampshire, which recently has trended Democrat, now finds reportedly pro-life Attorney General Kelly Ayotte (R) leading in its Senate race. Ohio has always been and will remain an important swing state. Republican George Voinovich is retiring, with pro-life Rob Portman (R) leading as his replacement. In Kentucky, Jim Bunning (R) was very weak and has decided not to seek reelection. This has increased the chances for a Republican replacement.

From here it looks as if we are going to see a Republican wave this fall. If in fact this continues to develop, it may well convince more pro-abortion Democrat incumbents that they should retire. More of

their open seats would mean added opportunities at filling them with pro-life Republicans. According to Fred Barnes, Republicans to date have been very successful in lining up what he calls "top-tier" candidates in literally every district that might conceivably elect a Republican. Among these, of special interest, is pro-abortion Rahm Emanuel's seat in Chicago. He is currently the President's chief of staff.

Turning to governors, the Republicans have a clear shot in Massachusetts, Pennsylvania, Colorado, Wisconsin, Minnesota, and may well be competitive in Ohio, California, Michigan and Illinois.

The fact that this is an off-year election in which voters tend to be more senior, more Caucasian and more conservative is statistically in the Republican's favor.

Enthusiasm is a factor. The cloud of pessimism that permeated Republican hopes a year ago has lifted, and if trends continue, we may very well see more enthusiasm and excitement on the Republican side which, of course, would bring out more of its voters. This will likely be the result, as a 10% unemployment rate shows no sign of abating in the near future.

Whatever direction Mr. Obama's health care initiative takes, it looks from here, as far as the election is concerned, that it is a lose-lose situation. It seems obvious that the main Democrat counterattack will be to continue to tie the present troubles to former President George W. Bush. There is a saying in the South, however, that that dog won't hunt. After a full two years, the problems such as they are, or will be, are squarely on Mr. Obama's shoulders and not Mr. Bush's. 🌀

# One Woman's Journey

by Bradley Mattes



Abby Johnson made international headlines after announcing she'd changed her mind on abortion. Abby isn't just anyone, that's why it made headlines. She was the director of a Planned Parenthood (PP) abortion facility in Bryan, Texas.

Abby had been steeped in an abortion industry environment for eight years, the first three of them as a volunteer. She was recruited by a PP staffer at an Opportunities Fair on the campus of Texas A&M University. Eventually she was promoted to director and overseeing all aspects of the abortion facility. The conversion of such a highly-placed individual in the abortion industry is good reason for international headlines.

I sat down with Abby to interview her for my weekly TV program, *Facing Life Head-On*. I fully expected her information to be informative, but some of her words even took this 35-year pro-life veteran by surprise. I began to understand why PP tried but failed to muzzle Abby in court so she couldn't divulge any of their industry secrets.

Planned Parenthood would have you think counseling, informed choice and the well-being of women are foremost in their minds as every woman walks through their doors. Abby has dispelled all those myths and is revealing the shocking truth about their real agenda.

Abby told me PP's financial condition is deteriorating as more people come to the realization the organization is synonymous with abortion. Even her staff was ashamed to tell family and friends where they worked. As her center slipped into financial red ink while providing contraceptive services, Abby said her bosses were "hounding" her to bring in more abortion customers.

That's when she asked, "Isn't our mission about prevention to make abortion rare?" Abby wasn't prepared for the shocking answer. Her supervisor responded, "Abby you've really got to get your priorities straight. Abortion needs to be your priority, because that's where our money is."

Abby and I talked about abortion counseling, informed consent and available options for women. She told me women are getting none of them, and further, PP isn't even making an attempt. Abby actually tried to integrate these vital services during the last few years of her employment at PP, even bringing in adoption experts and Medicaid counselors. The response of her supervisors was—STOP! Abby believes it's because there's no money in these types of benefits for women who are contemplating an unexpected pregnancy. In the end, abortion is basically the only choice offered to pregnant women.



This former PP director confirmed the abortion industry's reputation for harboring an anti-male, hardcore feminist attitude. Men were clearly not welcome participants anytime throughout the abortion process if they weren't 100% supportive of PP's goal—aborting the baby and collecting a fee.

Then it happened. It started out as an average day at PP, but this time Abby was asked to assist the abortionist with a suction abortion of a 13-week-old baby. Few abortions are ultrasound-guided, even though it's safer for women, because the added measure takes an extra five minutes, and time is money in the abortion industry. As "fate" would have it, the abortionist asked Abby to hold the ultrasound probe in place during the abortion. She thought it would be a good "learning experience." What Abby didn't realize then was that the next few minutes would change her life forever.

As she saw the "perfect profile" of the preborn child, Abby said it was if "somebody just slapped me" and the truth about abortion was revealed to her. Abby said she was horrified by witnessing the death of another human being and immediately thought about "all the other women I had lied to." It may have been just another routine abortion to those around her, but Abby silently whispered "Never again."

What enabled Abby to physically walk away from the abortion industry was the loving attitudes she experienced from pro-lifers outside her PP abortion facility, as well as the pro-life women help center a few doors down. Abby's advice to the pro-life movement is to approach mothers and fathers going in for abortions and the abortion mill staff with gentle love and concern. It may not produce results the first day, but Abby assured me that it's the most effective tool we have in our arsenal to change hearts and minds of these individuals.

Abby's journey from Planned Parenthood to pro-life is cause for celebration. Further, she has exposed the real agenda of this abortion giant, and shows us how to more effectively reach hearts and minds to save lives and protect women.

If you'd like to watch my entire TV interview with Abby Johnson, visit our website at [www.facinglife.tv](http://www.facinglife.tv) or you can order both episodes on DVD while there. 



Both Yasmin and Yaz function identically. They prevent ovulation, thicken the mucus of the cervix and make the endometrium more hostile to implantation. This medication is also used to treat the symptoms of premenstrual dysphoric disorder (PMDD).

*...specifically, whether or not they have any abortifacient function.*

Yaz and Yasmin have proven to be even more controversial than NuvaRing. Consumer advocates have called on the FDA to recall the drugs. The FDA has accused Yazmin of misrepresenting their products and downplaying adverse side effects in their advertising. A class action lawsuit has been filed against Yaz products on behalf of 74 women who have developed severe health problems from these drugs.

**The Minipill** is similar to the regular birth control pill, except that it contains only progesterin. As a result, this pill must be taken every day of the month, compared to the regular birth control Pill that requires only three weeks. The Minipill still operates using the three common mechanisms of hormonal contraception: preventing ovulation, thickening the mucus of the cervix and making the endometrium more hostile to implantation, which is a very early abortion. It is considered less effective than the combined progesterin and estrogen pill.

The progesterin-only pill is considered to be Continuous Birth Control. This usually results in stopping the woman's menstrual period (a selling point of the drug). Types of birth control pills that are considered Continuous Birth Control are Seasonale, Seasonique and Yaz.

**The Patch**, called Ortho Evra, is a thin, square patch that adheres to the skin. Women wear it on the lower abdomen, below the belly button, and it is replaced weekly. Its function is identical to the Pill in that it utilizes the common three mechanisms: preventing ovulation, thickening the

mucus of the cervix and making the endometrium more hostile to implantation of a tiny developing human.

The patch is the most controversial of all birth control methods when it comes to the safety and well being of women. The patch delivers 60% more estrogen than the Pill because it is absorbed directly through the skin. The Pill's delivery system—the digestive tract—mitigates the effectiveness of these drugs. The Associated Press reported that a woman's risk of dying or experiencing a survivable blood clot while on the patch was about three-times higher than while on the Pill. It's also been reported that several women have died and numerous lawsuits have been filed on behalf of those who say they were adversely affected by the patch.

**Depo-Provera** is like the Minipill, a progesterin-only drug, but it is injected every three months into the woman's arm muscle or buttocks. Since it is progesterin only, it functions in the same way the Minipill does, including the prevention of implantation.

**Norplant** is a number of hormonal matchstick-sized rods implanted under the skin, usually in the upper arm. However, it is no longer available in the United States.

**Diaphragm & Condoms:** The diaphragm is a flexible rubber, dome-shaped disk that fits over the cervix in the vagina to block sperm from entering the cervix. The condom—both male and female versions—also prevent sperm from entering the uterus. All three of these are barrier forms of contraception and do not involve abortion.

**Spermicides/Sponge:** The sponge is a soft disk about 1½" in diameter. It's coated with nonoxynol-9 spermicide and is inserted into the vagina. Its function is to kill sperm or block their entrance into the uterus.

Spermicide comes in various forms: foam, cream, jelly or suppository.

Its function is also to kill sperm or block them from entering the uterus. Neither the Sponge or other Spermicides have an abortifacient function.

**Sterilization** is the surgical process of permanently sterilizing women or men. A tubal ligation severs and ties off the woman's fallopian tubes, which prevents fertilization from occurring. A vasectomy severs and ties off the vas deferens or the tubes to the man's testicles. There is no guarantee that these procedures can be reversed. Abortion is not involved with either of these forms of sterilization.

**Natural Family Planning** is the process of abstaining from sexual intercourse during the time a woman is fertile and able to conceive. To determine when ovulation occurs, the woman observes changes that occur within her body. There are two methods of natural family planning. One is the process of observing changes in cervical mucus. During ovulation, the mucus becomes stretchy, clear and slick. The other method is a daily monitoring of the woman's temperature, which will slightly rise during ovulation. Natural family planning has no abortifacient function.

Hopefully we've clarified the myths and misconceptions regarding fertilization, the first days of life and abortion's role in some forms of contraception. Recently Laura Wershler, executive director of Sexual Health Access Alberta (formerly known as Planned Parenthood Alberta), lamented the lack of knowledge in her field regarding natural family planning. She says more women are looking for alternatives to hormonal contraception. She cites a trend toward natural products, better health and environmentalism. There have been several reports on adverse side-effects of synthetic estrogens on fish in the world's water systems. And there are particular health concerns regarding the third- and fourth-generation hormonal contraception products that have been introduced into society. 🌀



## THE MAJORITY IS SPEAKING

They say that for each year of a human's life, it's seven for a dog. The life-year comparison for man and computer is even greater. But there's one that gets the prize hands down—one life-year for humans versus politics. Just 12 short months ago pro-lifers were reeling from the installation of the most pro-abortion president and congress in history. Reality quickly showed that our fears were well-founded. They began an all-out attack against America's unborn babies. The pro-life movement was also in the Obama administration's crosshairs.

What a difference a year can make in politics! For more detail on what 2010 may have in store, read Dr. Willke's article on page 4. I'd like to add a grassroots perspective to his encouraging electoral predictions. Having just returned from a whirlwind week of travel, I am very encouraged about the future of stopping abortion.

The film crew and I went to Houston, TX to cover a huge protest against Planned Parenthood. It's building the largest abortion mill in the Western Hemisphere. Watch for the soon-to-be aired episode on *Facing Life Head-On* (visit [www.facinglife.tv](http://www.facinglife.tv) for details). The mill will be the second largest in the world—second only to one in China. It is 6 stories and 78,000 square feet of killing center, with the entire 3rd floor dedicated exclusively to late-term abortion. And it's located smack-dab in the middle of 4 minority neighborhoods, all at least 80% Black or Hispanic.

What the crew and I witnessed during this two-day event was heartening to say the least. Over 10,000 of Planned Parenthood's neighbors took them on in a

public way. The crowd was upbeat, passionate and diverse, not to mention young. Those who are the very target of Planned Parenthood's marketing plan said loudly and clearly, "We don't want your abortions! Go away!"

During a silent walk through impoverished minority neighborhoods, 3 media helicopters circled overhead. Satellite trucks from major media networks had a constant presence. An expansive bank of TV cameras captured the press conference outside the abortion mill under construction. The pro-life community of Houston had been awakened and is moving into action to defend the defenseless. It's an unmistakable sign that the majority is speaking and they're calling out for life.

From Houston I traveled to Washington, DC for pro-life leadership meetings and to take part in some of the events surrounding the 37th anniversary of *Roe*. People were pouring into the nation's capitol by the tens of thousands for the 36th March for Life. Every year Americans gather, often in winter's cold grip, to demonstrate to Congress, the President and the world that a compassionate nation doesn't need abortion. Unfortunately, I wasn't able to stay for the March for Life. I had to fly to San Francisco where I was meeting the film crew to cover the 6th annual Walk for Life West Coast. Here was a bunch of gutsy pro-lifers making a very public stand against abortion in arguably one of the most liberal and pro-abortion cities in the nation.

The night before the Walk I interviewed Eva Muntean and Dolores Meehan, the organizers of the event from its conception. They're pro-lifers with attitude—the good kind! You don't lead

thousands of pro-lifers down the Embarcadero, with thousands of aggressive pro-abortion counter protesters, unless you've got backbones and wills of steel.

That was the situation during their first Walk in 2005. The hardcore pro-abortion counter protesters, organized by Planned Parenthood, numbered half the size of those walking. Even the San Francisco mayor and members of City Counsel protested. There were several arrests that day, but only of pro-abortion activists. Pro-life walkers remained calm, quiet and polite. It was a public relations disaster for Planned Parenthood. Since then the number of counter protesters has dwindled to a handful, while the size of the crowd standing up for life grew to an estimated 40,000 this year. In spite of pouring rain, cold temperatures and a hostile environment, these ambassadors for life walked for those who can't—preborn children.

At the end of the procession it turned into a family picnic environment. Teens threw Frisbees and footballs, while young parents sat on blankets tending to babies. Vendors dispersed food and pro-life information.

From coast to coast and everywhere in between, including deep in the heart of Texas, more and more people are coming face-to-face with the reality of abortion and saying yes to life. The worm is turning at an amazing speed in this ongoing battle to protect innocent human life, so we must not lose faith or diminish our efforts. This is shaping up to be an exciting and victorious year for the babies, but the task ahead is great. We must continue to give everything we've got because the majority is speaking out for life. 🌀



1821 W. Galbraith Rd.  
Cincinnati, OH 45239

*IN THIS ISSUE*

- 1 *DISPELLING THE MYTHS*
- 2 *IMPACT OF CHOICE*
- 4 *CHANGE BABIES CAN LIVE WITH*
- 5 *ONE WOMAN'S JOURNEY*
- 7 *THE MAJORITY*
- 8 *NEW HOPE*

ADDRESS SERVICE REQUESTED

**STATES**

**X  
C  
H  
A  
N  
G  
E**

*New Hope for Infertility*

The focus of this article contrasts sharply with the front page. Here we address the problem of the *lack* of conception and share a potential solution. Many oppose in-vitro fertilization in part because it almost always involves the discarding, i.e., killing of human embryos during the process. It is also very costly and much more complicated than a new system, the Conception Kit.

Available by prescription only, this FDA-cleared Kit works with normal sexual intercourse to enhance the couple's chances of conceiving a child. It includes everything needed in a 3-month comprehensive program to help couples conceive in the privacy of their home by concentrating all available sperm where they need to be at the best time for conception to occur.

After intercourse, semen is transferred from the semen collector to a soft and flexible Conception Cap. This is inserted into the vagina and placed over the cervix. A clinical trial showed that 24% of couples became pregnant within the first month.

Dr. Willke, who has delivered many babies during his medical career, endorses the Conception Kit as an acceptable way to enhance reproduction while fully respecting innocent human life. It has also been designed to be compatible with Catholic teaching regarding conception. For more information on the Conception Kit visit: [www.conceptionkit.com](http://www.conceptionkit.com)

