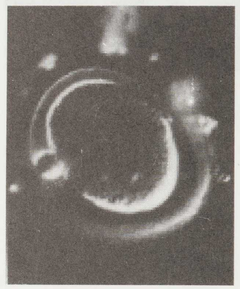
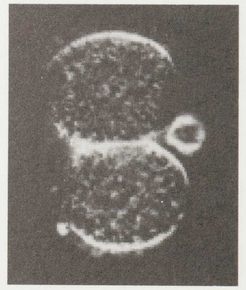
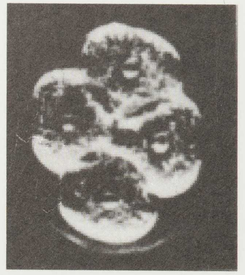
abortive. With regard to the birth control pill, for example, they will argue that most of the time they act as contraceptives, which is probably true. But at the same time they deny that at least some of the time they are clearly abortive. This denial has become a part of their practice to the extent where it is no longer a part of their ethical sensitivity. When talking to women about any of these devices and chemicals, their presentation avoids telling the patient about the possibility that they might be abortive. So the physicians, in order to justify their own practices, have kept this information from people. Part of our responsibility is to bring that information to people so they can begin to look at this more carefully and make moral and ethically-true decisions.

HARTFORD: Larry, I know that you have undergone a spiritual conversion when it comes to dealing with chemical abortion. In your own practice you came to the decision that you no longer were going to merely oppose so-called birth control pills in an abstract way, but you were not going to sell them in your store. Could you tell us briefly how that conversion occurred in your life?







". . . it is doubling, and doubling, and doubling."

FRIEDERS: Well, Denny, I'm happy to talk about that. My thinking was first challenged around 1986 or 1987. At that time there had been a convict executed in Texas, and I read a letter to the editor in one of the pharmacy journals from a person who was condemning the act of using medicines, things that are supposed to heal, to kill. You see, they have to have a pharmacist prepare the compound and administer it. The person who wrote this letter of opposition was a man named Bo Kuhar, who I learned was the President of a group called Pharmacists for Life. I contacted him about that issue. In subsequent conversations, he made me aware of the fact that involvement with birth control pills also created alarming moral problems.

Even though I knew the science in an intellectual sense, the ramifications of the truth started to become clearer to me. At that time I was still selling birth control pills. I figured even if they were bad, if customers don't buy them from me they'll buy them from someone else, and it's not my job to impose my morality on these customers, etc., etc.—all the line of basically illogical rhetoric that people use. But I had people praying for me, and I was attending church on a regular basis at that time. It became more and more obvious that the more I sold these things, the more I felt torn. I knew I was doing something contrary to my Christian beliefs.

Then I was put in touch with more pharmacists who had the same experience and who had stopped selling the pills. Mr. Kuhar stopped selling them in his store. A fellow named Paul Reckenbauck in Ohio discontinued the sale of them in his store. Another fellow named Phil Brooks and I contacted them all and talked to them. Not once did anybody order me to stop, they all kindly said that was a decision that was mine to make. They all did say, however, that they would pray for me. They promised to ask God for wisdom and courage for me. The last conversation I had was in a small prayer group just sitting around talking with some people, and someone said, "Well you know what you have to do." So we discontinued the sale. We were filling anywhere between 100-200 prescriptions a month for the pill, and we prepared a letter to physicians and customers letting everyone know what we were going to do and when we were going to do it, and then we did it!

The first contact I had with someone coming for a birth control pill was a young family, a newly married Jewish couple. They tentatively handed me their prescription, and I thought "This is it; this is my first consultation telling someone I can't do this." So I got my packet of information, and I asked the young couple to go with me to my desk area in the back. I began to explain to them why I no longer sold the pills, and I had my information on natural family planning that I was ready to offer, when the young girl broke down sobbing almost hysterically. At that time I felt I had perhaps made a mistake. I shot up a quick prayer —"Lord, this is not a good start for this change in my life. It could have been easier, couldn't it?" But, as it turns out, the girl explained that her mother had breast cancer, and her aunt had died of cancer. She did not have all the knowledge, but she believed that birth control pills somehow had contributed to certain types of cancers. And so she had been really afraid of them. The tears were actually tears of relief, and she was very happy to know that somebody said "I don't think you ought to take these things." After that point it was all easy. I had critics call and complain; I had letters written; but essentially it got easier.

HARTFORD: Dr. Hilgers, many people would say that Mr. Frieders, overreacted in his decision not to sell any birth control pills. They might argue that their own doctor prescribes birth control pills but only the types that do not endanger the unborn. Are there any birth control pills out there that do not have this potential to abort a developing child?

HILGERS: Denny, there are none! At my last count in looking at the Physicians Desk Reference, which is the big book that all doctors possess which describes all the medicines that are on the market, there were 44 different types of birth control pills. You see, when we talk about the birth control pill we are not talking about the same pill. At least 44 different ones exist, and they have different concentrations of chemicals that make them work. None of these so-called birth control pills have a mechanism which is completely contraceptive. Put the other way around, all birth control pills available have a mechanism which disturbs or disintegrates the lining of the uterus to the extent that the possibility of abortion exists when break-through ovulation occurs.

HARTFORD: Regarding the chances of "breakthrough" ovulation, Dr. Hilgers, just how high could that figure be?

HILGERS: I would say that most birth control pills on the market have anywhere from a four percent to ten percent chance of allowing "breakthrough" ovulation. There are pills called mini-pills which contain only a progesterone-like hormone where the percentage of ovulations are probably more in the 50 to 60 percent range. But those are not used as commonly. So, the most common birth control pill probably is in the range of two to ten percent.

HARTFORD: It can hardly be disputed that local pastors encounter a dramatically different attitude to children in their premarital counseling than what existed even a generation ago. I'm sure that both of you have encountered this in your own fields as well. You certainly have had to deal with men and women who expect from you advice on birth control, Dr. Hilgers, how do you deal with what is, at its base, an anti-child bias? What do you say to them?

HILGERS: Denny, my job is rather easy in this respect because in about two minutes I can describe for them how a woman's body itself can tell them with remarkable accuracy when she is fertile and when she is not fertile. For the most part, my patients are like men and women throughout the West; that is, they are unaware of the inherent dangers of birth control pills and devices.

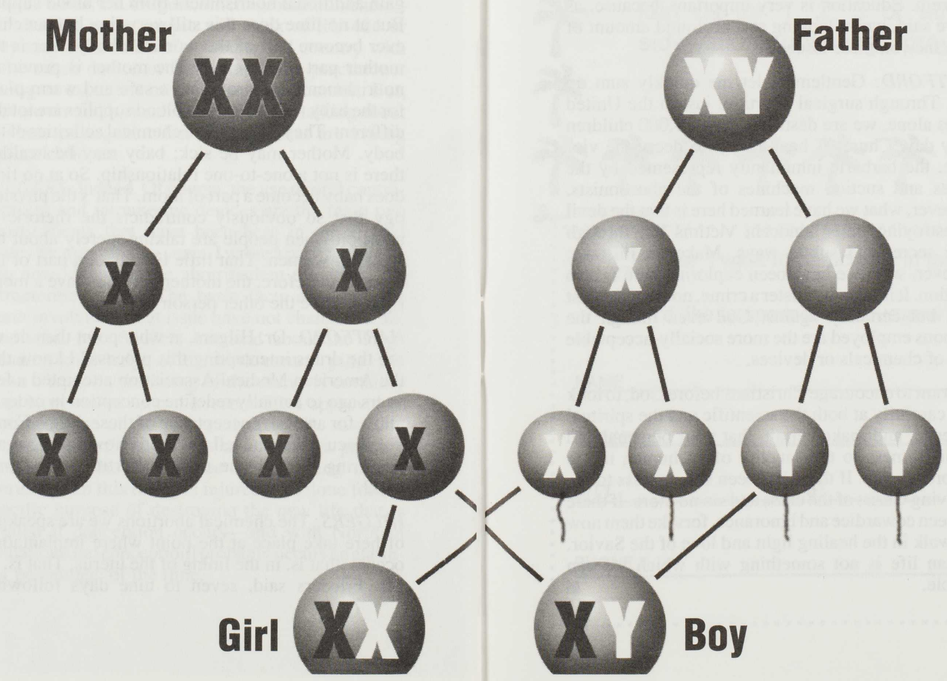
People often have this notion that's been sold for many years that the much-derided "calendar rhythm" method of some forty years ago doesn't work. But that's irrelevant to a discussion of modern methods. Indeed, contemporary methods of natural family planning, which carefully define the times of a woman's fertility and infertility are very, very effective for both achieving and avoiding pregnancy.

So, again Denny, my job is pretty easy because it involves good news about their health, their emotional and spiritual lives, and their responsibilities. They're often rather startled because nobody's ever told them this before, but generally they are very happy to learn the facts, and we then build on that secure foundation.

HARTFORD: Your advice must be unlike that of many OB/GYN doctors, is it not?

HILGERS: I'm afraid so. It has occurred to me recently that birth control pills are probably the major medicine that gynecologists prescribe. People usually think of the pill as just for contraceptive purposes, but doctors prescribe them for ovarian cysts, to eliminate unusual bleeding, to regulate the cycle when the cycle might be too long or too short, to treat endometriosis, to treat pre-menstrual tension syndrome, and so on. There's a variety of conditions that bring a patient into the gynecologist, and that doctor will often put them on the birth control pill to solve it. But you see the birth control pill doesn't solve any of that. It only suppresses the system - it only covers it up or disguises the underlying cause of all these different kinds of problems. This is a tremendous tragedy.

Since I haven't been involved in the prescription of birth control pills for many years, I have instead been studying all of this, so that now we can offer genuine treatments for these disorders. By using a health-maintenance system, we can tell if women have ovarian cysts, we can tell if they have unusual bleeding, and what the causes are. If they have premenstrual syndrome, for instance, we can cooperatively treat their menstrual cycles and ovulation cycles in a way that's not merely suppressive or, worse yet, actually destructive. So it's a whole new way, really, of practicing medicine and it is very exciting and very rewarding. It uses the skills and talents that I've spent a lot of time trying to learn over many years in a way that's really constructive to my patients.

HARTFORD: Larry, you also take a position on the pill which is unpopular with many in your profession. You argue effectively, however, that since the pill is not a medicine, it is actually a strange thing for pharmacists to prescribe.

FRIEDERS: You're right. Dr. Hilgers' point is a very important one. Not one of the maladies for which the pill is commonly prescribed is documented in the official literature or in the package inserts. So to use those pills for something other than its only indication, which, of course, is to prevent pregnancy, is to