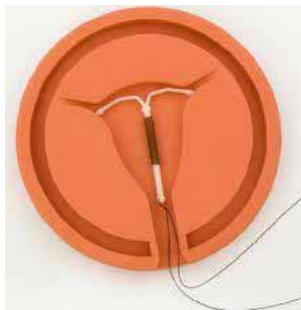
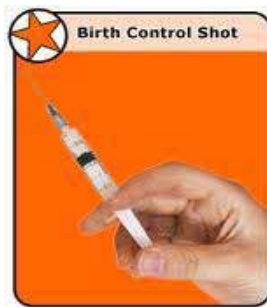


WOMEN'S HEALTH ALERT!!!!

THE PILL KILLS

(Why abortion drugs, birth control drugs, oral contraceptives, other artificial contraceptive methods and abortions are harmful to women's health)



Warning: Abortion and contraceptive drugs and certain reproductive prevention procedures may be harmful to women's health. They are not health care!

Report based upon research by Dr. Angela Lanfranchi, Dr. Phillip Ney and others.

Breaking News!



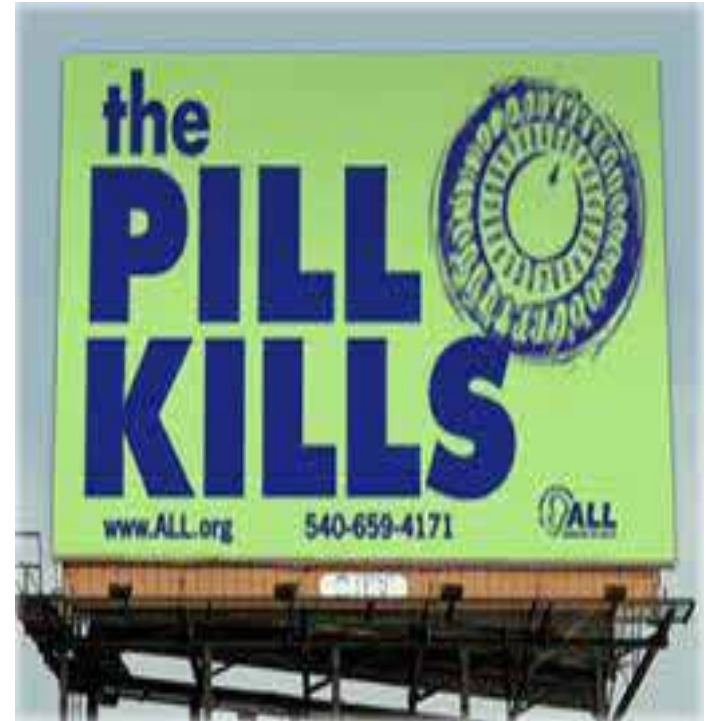
- ▶ There are Life Threatening Medical Consequences of:
- ▶ Abortion drugs, birth control drugs
- ▶ Oral Contraceptives (estrogen–progestin combination drugs),
- ▶ artificial contraceptive devices
- ▶ and surgical abortion on WOMEN’S HEALTH.



How the PILL KILLS

Major Mechanisms

- ▶ They cause your blood to clot
- ▶ They cause cancer
- ▶ They make it easier to get infections
- ▶ They make it more likely you could die a violent death



They Make Your Blood Clot

- ▶ Blood clots in a heart artery causes a heart attack (**MI**)
- ▶ Blood clots in a brain artery causes a stroke (**CVA**)
- ▶ Blood clots in your leg veins causes deep venous thrombosis (**DVT**). And blood clots that break off from the legs and go to the lungs cause a pulmonary embolism (**PE**) which can be fatal known as venous thromboembolism (**VTE**).



They Make Your Blood Clot **MI**

**Women who use the Pill have
three times the risk of MI**

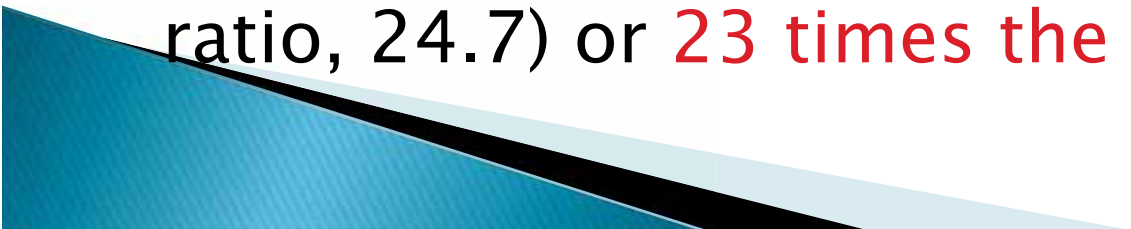
Women with no conventional risk factors (hypertension, hypercholesterolemia, diabetes, or smoking) who used oral contraceptives had a relative risk of myocardial infarction of 3.1 (95 percent confidence interval, 1.0 to 9.2).

The duration of oral-contraceptive use did not differ significantly between patients and controls (median, 10 years).



They Make Your Blood Clot **MI**

Among women who had used oral contraceptives, the risk of **myocardial infarction** was highest among

- ▶ Those with **hypertension** (odds ratio 6.0) or **6 times the risk**
 - ▶ those who **smoked** (odds ratio, 13.6), or **12 times the risk**
 - ▶ those who had **diabetes** (odds ratio, 17.4), or **16 times the risk**
 - ▶ and those who had **hypercholesterolemia** (odds ratio, 24.7) or **23 times the risk**
- 

They Make Your Blood Clot CVA

There is near **twice** the risk of stroke of women on the Pill

There are about 4.4 ischemic strokes for every 100,000 women of childbearing age. Birth control pills increase the risk 1.9 times, to 8.5 strokes per 100,000 women, according to a well-performed "meta-analysis" cited in the article. (A meta-analysis combines the results of multiple studies.) This is still a small risk; there's one additional stroke for every 25,000 women who take birth control pills, according to the article.

The risk is even higher with other risk factors

- ▶ But for women who take birth control pills and also **smoke**, have **high blood pressure** or have a history of **migraine** headaches, the stroke risk is significantly higher



They Make Your Blood Clot **VTE**

Pulmonary embolism **PE** (> 90% from leg clots **DVT**)

Venous Thromboembolism VTE

There is **six times** the risk of blood clots on the Pill

There is **three to four times the risk of pulmonary embolism on the Pill**

- ▶ 10.4 million woman years were recorded, 3.3 million woman years in receipt of oral contraceptives. In total, 4213 venous thrombotic events were observed, 2045 in current users of oral contraceptives. The overall absolute risk of venous thrombosis per 10 000 woman years in non-users of oral contraceptives was 3.01 and in current users was 6.29. Compared with non-users of combined oral contraceptives the rate ratio of venous thrombembolism in current users decreased with duration of use (<1 year 4.17, 95% confidence interval 3.73 to 4.66, 1–4 years 2.98, 2.73 to 3.26, and >4 years 2.76, 2.53 to 3.02; $P < 0.001$) and with decreasing dose of oestrogen.

Pills with androgenic progestins have an additional 60–80% risk of VTE

- ▶ Compared with oral contraceptives containing levonorgestrel those with desogestrel 1.82 (1.49 to 2.22), with gestodene 1.86 (1.59 to 2.18), with drospirenone 1.64 (1.27 to 2.10), and with cyproterone 1.88 (1.47 to 2.42). (eg. Yaz and Yasmin)

The Patch causes estrogen to be 60% higher than the Pill and greatly increases all clotting.

Women with hereditary conditions that cause clotting (protein C & S deficiency, antithrombin III def., Factor V Leyden def.) have even higher rates of VTE.



They cause BREAST cancer

In 2000, the National Toxicology Advisory Panel put **estrogen on its list of carcinogens**. There are metabolites of estrogen which directly damage DNA causing mutations and cancer.

In 2005, the UN's International Agency on Research of Cancer (IARC) reported in their Monograph 91 that **estrogen-progestin combination drugs (the Pill) is a group 1 carcinogen for breast, cervical and liver cancer**. Although the risk of uterine and ovarian cancers were lower on the pill, there is 6 times more breast cancer in women than uterine and ovarian cancers combined.



They cause BREAST cancer

In 2006, Kahlenborn's meta-analysis in the Mayo Clinic Proceedings showed a 44% increase risk of breast cancer in women who took the Pill before having a child.

In 2009, Dole in Cancer Epidemiology and Biomarkers and Prevention showed a 320% increase risk of triple negative breast cancer

Since 1975, the risk of in-situ breast cancer has increased 400% in premenopausal women and invasive breast cancer by 40%



They cause CERVICAL cancer

The risk of cervical cancer does increase with more than five years of the Pill

- Women who use the COCP for five years from age 20 have an increased cumulative incidence of cervical cancer at age 50 years from 38 cases per 10,000 (in never users) to 40 cases per 10,000.
- Women who use the COCP for 10 years from aged 20 years have an increased cumulative incidence of cervical cancer at age 50 years from 38 cases per 10,000 (in never users) to 45 cases per 10,000.



They cause LIVER cancer

Primary liver cancer (hepatocellular carcinoma) is rare in developed countries and **the pill increases risk over 50 –70% in women.**

- ▶ The evidence of OC and liver cancer is based on at least 12 case-control studies, including 739 cases and 5223 controls, which were reviewed in a meta-analysis. The overall RR was 1.57 (95% CI: 0.96–2.54), with some evidence of duration-risk association in six studies. Exclusion of a recent multinational European study increased the pooled RR to 1.70 (95% to 1.12–2.59) and decreased heterogeneity. The association is less strong in studies from developing countries, where hepatitis B and C infections are more common.
- ▶ The pill also increases the risk of benign tumors, hepatic adenomas.
- ▶ The pill increases the risk of focal nodular hyperplasia (FNH) of the liver.



More likely to develop infections

- ▶ Women on the pill were **twice as likely** to **get HIV infection** when compared to women not taking the pill.
- ▶ Women on the pill were **twice as likely** to **transmit HIV** to their partner.
- ▶ Women on the pill were **twice as likely** to have infection with **HPV** (human papilloma virus)



More likely to die a violent death

The Walnut Creek Contraceptive Study

Prospective study of the side effects of oral contraceptives

Journal of Reproductive Medicine **December 1980**

Chapter 9 Mortality

The major causes of death were malignant neoplasms (45%), **accidents or violence (19%)**, and cardiovascular diseases (15%)



More likely to die a violent death

Mortality among contraceptive pill users: cohort evidence from Royal College of General Practitioners' Oral Contraception Study *BMJ* 2010

► Results 1747 deaths occurred in never users of oral contraception and 2864 in ever users.

Compared with never users, ever users of oral contraception had a significantly lower rate of death from any cause (adjusted relative risk 0.88, 95% confidence interval 0.82 to 0.93). They also had significantly lower rates of death from all cancers; large bowel/rectum, uterine body, and ovarian cancer; main gynecological cancers combined; all circulatory disease; ischaemic heart disease; and all other diseases. **They had higher rates of violent deaths**. No association between overall mortality and duration of oral contraceptive use was observed, although some disease specific relations were apparent. An increased relative risk of death from any cause between ever users and never users was observed in women aged under 45 years who had stopped using oral contraceptives 5–9 years previously but not in those with more distant use. The estimated absolute reduction in all cause mortality among ever users of oral contraception was 52 per 100 000 woman years



More likely to die a violent death

The Whys of why violent death more likely

13 March 2010

S. Craig Roberts, Senior Lecturer *School of Biological Sciences, University of Liverpool, Liverpool L69 7ZB*

Hannahford et al. (2010)[1] report convincing evidence for reduction in mortality from several forms of cancer and other disease in women who have used oral contraception compared to never users.

However, they also find a higher rate of violent death among ever users, and that the rate of violent death increases with longer duration of oral contraceptive use, but they are unable to explain these intriguing results. I suggest that recent evolutionary insights into human partner choice may provide a clue.



More likely to die a violent death

There is evidence that use of oral contraception alters women's baseline preferences for men such **that pill users prefer men who are relatively similar to themselves at loci in the major histocompatibility complex (MHC).**

One consequence of being partnered with relatively MHC-similar men is that such

- ▶ **women express lower sexual responsivity toward their long-term partner** compared with women in relatively MHC-dissimilar couples,
- ▶ **reject sexual advances from their partner more frequently,**
- ▶ **and report having had more extra-pair partners.**
- ▶ **In others words : Bad sex, less sex and adultery leads to VIOLENCE.**



More likely to die a violent death

Other evidence points to MHC-similar couples being more likely to experience

- ▶ problems conceiving children, and
- ▶ having less healthy children due to lower MHC-heterozygosity.

Cumulatively, these effects could have real impact on the quality of spousal relationships.



More likely to die a violent death

- ▶ It is not unreasonable to suspect that such effects could also influence rates **of intimate partner violence**. This is the **most common cause of nonfatal injury among women and accounts for more than a third of women murdered in the US**.
- ▶ Furthermore, ex-partners are a key risk factor, which could further emphasize the risk for pill users if the behavioral effects of pill use ultimately influence rates of marital breakdown
- ▶ (No doubt a reason for the fact the greatest cause of death of pregnant women is homicide.)

Kellermann AL, Mercy JA (1992) Men, women and murder: gender-specific differences in rates of fatal violence and victimization. *Journal of Trauma* 33: 1–5.

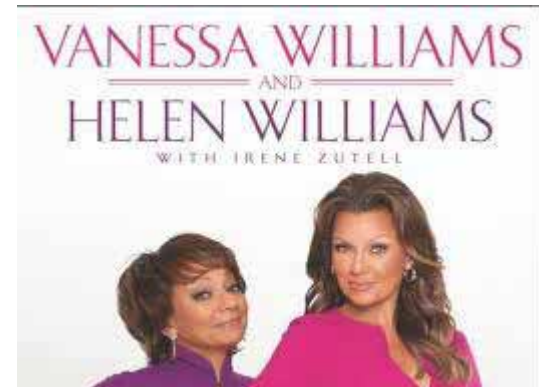


If the Pill is so bad, why do teenagers love it?

- ▶ They get bigger breasts
- ▶ They have lighter periods
- ▶ They have predictable periods
- ▶ They have painless periods
- ▶ They improve their complexion
- ▶ They think they don't have to worry about pregnancy if they give in or slip up



If the pill is so bad why do their parents love it?



- ▶ They think it will keep their kids from getting pregnant
- ▶ It makes them worry less
- ▶ They possess the strong defense mechanism, denial (it's for acne or painful periods)
- ▶ They think it makes their kids “responsible” if they choose to have sex
- ▶ They don't know the medical risks

THE PROBLEM IS HUGE

- ▶ There are approximately 75 million women of reproductive age (15–45 years old).
- ▶ 82% of these women take the Pill
- ▶ Women on THE PILL are more likely to have an MI, a CVA, a PE, get breast, cervical and liver cancers, get HIV and HPV infections and die a violent death.
- ▶ Is this what we want for young women?????????

THE PILL KILLS



The PATCH, the IUS (intrauterine system) and the IUD (intrauterine device) **are** **dangerous too!**

- ▶ Like THE PILL, The PATCH delivers harmful chemicals to the woman's system.
- ▶ Some IUD's contain the same chemicals that THE PILL delivers to the woman's system. They are also called the IUS.
- ▶ The list of side effects is long, and deadly!



Pesticides in Birth Control?

- ▶ IUD contraceptives are Toxic Pesticides!
*Levonorgestrel in IUD is Toxic Pesticide!
- ▶ The intrauterine system (IUS) is a long acting reversible hormonal contraceptive device that is placed in the uterus.
- ▶ An IUS has a hormone cylinder that releases a progestin (progestogen) called levonorgestrel. The only brand currently available is the T-frame LNG-20 IUS, marketed as Mirena Coil by * Schering Health and * Berlex Laboratories (*Bayer).

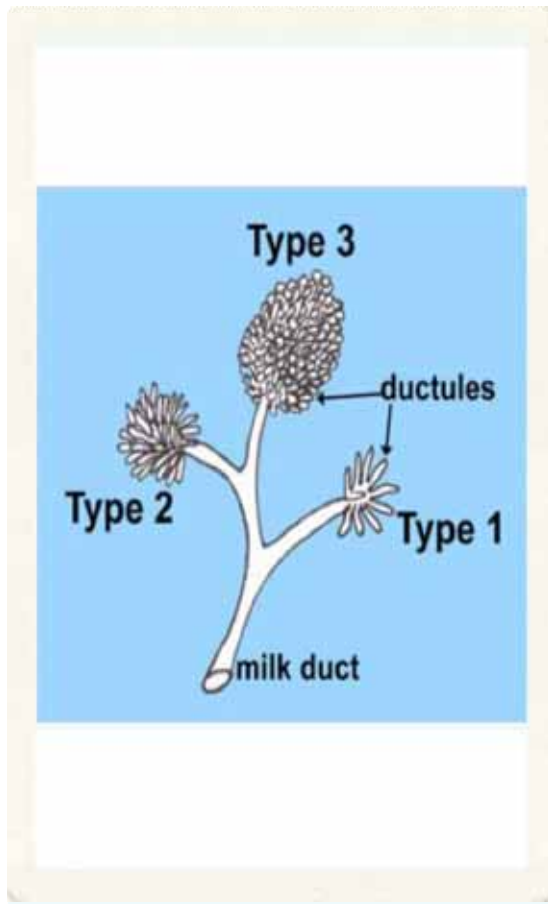


Hummmm?



- ▶ Chemicals in artificial birth control can cause heart attacks, cancer, etc.
- ▶ Abortion is linked to breast cancer
- ▶ Doctors recommend aspirin for heart attack prevention. Komen raises money for “the cure.”
- ▶ Planned Parenthood distributes birth control drugs and is America’s largest abortion provider
- ▶ Connect the ... Sell a woman drugs and procedures that make her sick, and then charge her for the “cure?”

Biological Breast Cancer/Abortion Links



*The Breasts Mature During Puberty and Full Term Pregnancy.

*A breast lobule is a unit of tissue consisting of a milk duct with ductules (glands that make milk).

***During puberty:** Type 1 lobules mature into Type 2 as a result of exposure to the female hormones, estrogen and progesterone. **Type 1 & 2 lobules are immature & cancer susceptible.**

***During full term pregnancy:** Under the influence of fetal pregnancy hormones, the immature lobules mature into Type 4 lobules. **Type 4 lobules contain the early milk, colostrum, and are cancer-resistant.** When they no longer produce milk, they retain the protective genetic changes and become Type 3 lobules.

•Lanfranchi, A. Normal breast physiology: The reasons hormonal contraceptives and induced abortion increase breast cancer risk. The Linacre Quarterly 2009;76:236-249. Available at:

http://www.abortionbreastcancer.com/download/LQ_76_3_2_Lanfranchi.pdf

Factors Which INCREASE Breast Cancer Risk	
Factor	Mechanism
Alcohol	Increases estrogen exposure by impairing liver function
Benign proliferative breast disease	Result of increased estrogen exposure
BRCA genes	Inherited defects in cancer defense genes
Cigarette smoking	Benzopyrenes damage DNA
Contraceptive steroids (in pills, patches, vaginal rings, IUDs or injectable forms)	Increases estrogen exposure
Early menarche (age at which first menstrual periods start)	Increases estrogen exposure
Female sex	Increased estrogen exposure
High socio-economic group	Delayed childbearing
Higher education	Delayed childbearing
Hormone replacement therapy (HRT)	Increases estrogen exposure
Increasing age	Premenopausal: Increases estrogen exposure Postmenopausal: Impairs immune function
Induced abortion	Leaves increased number of immature breast lobules and increases risk of premature births Increases estrogen exposure
Late childbirth (over 30 years old)	Increases exposure of Type 1 & 2 lobules to estrogen before first birth; long susceptibility window
Late menopause	Increases estrogen exposure
Nulliparity (never bearing children)	Maturity to cancer resistant of breast lobules does not occur
Premature birth before 32 weeks	Leaves increased number of immature breast lobules Increases estrogen exposure
Postmenopausal obesity	Increases estrogen exposure
Radiation	Damages DNA
2nd trimester miscarriage	Leaves increased number of immature breast lobules (not associated with decreased estrogen)

Factors Which DECREASE Breast Cancer Risk	
Factor	Mechanism
Breast feeding	Decreases estrogen by decreasing number of menstrual cycles and/or ovulation
Cruciferous vegetables (e.g., broccoli, Brussels sprouts or DIM supplements)	Indole-3-carbinol decreases estrogen exposure by causing estrogen to be changed to an inactive metabolite of estrogen
Early menopause	Decreases estrogen exposure
Exercise	Unknown
Having children (especially starting at a young age)	Decreases number of immature breast lobules
Late menarche (age at which first menstrual periods start)	Decreases estrogen exposure
Omega-3 fatty acids (e.g., olive, flax seed, walnut oils)	Unknown
Oophorectomy (removal of ovaries) before menopause	Decreases estrogen production
Soy isoflavonoids (phytoestrogens)	May block estrogen receptors

Factors Which HAVE NO EFFECT on Breast Cancer Risk	
Factor	Reason
Saturated fat	Saturated fat intake not related to obesity
Spontaneous abortions (miscarriages) in the first trimester	No increased levels of estrogen as found in healthy pregnancies

Breast Cancer and Artificial Hormones

In June 2005, the World Health Organization concluded after review of all studies to date that estrogen-progestin combination drugs used in birth control pills and hormone replacement therapy (HRT) actually **cause** breast, cervical and liver cancer. This is a higher classification of risk than previously reported.¹

Increased breast cancer risk occurs whether these hormones are given orally, by injection, by absorption through the skin, or other means (e.g., birth control pills, Depo-Provera, the Patch, or vaginal rings). Even the newer lower-dose formulations, called "mini-pills," still increase breast cancer risk.

Hormone replacement therapy (HRT), prescribed for the side effects of menopause, such as hot flashes and mood swings, also increases risk through the same mechanisms as birth control pills. The greater the number of years women take HRT, the higher the risk.

One potent synthetic estrogen, DES, has been found to increase risk in mothers and their daughters when taken during pregnancy.²

Like any medication, hormones used carefully and for short periods can be beneficial. Used for long periods of time, they can significantly increase breast cancer risk.

Alternatives to the use of these steroidal medications exist, which do not increase breast cancer risk.



History and Background

- In 1970, breast cancer occurred in 1 out of 12 women.
- In the 1990's that number increased to 1 in 7 women.
- Breast cancer is the only major cancer that is on the rise.
- In 1973, abortion was legalized in this country. Since then, invasive breast cancer has increased by 40% and non-invasive (in situ) breast cancer by 400%.

Structure of the Breast

Breast tissue contains lobules, which are composed of a milk duct and some ductules (milk glands). There are four types of lobules.

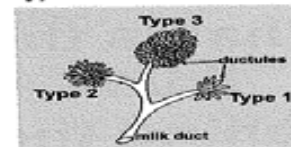
In general,

- Type 1 lobules—present at birth
- Type 2 lobules—form during puberty when estrogen levels rise and breasts develop
- Type 3 lobules—form after Type 4 lobules stop producing milk
- Type 4 lobules—contain colostrum (the early milk)

Before a full-term pregnancy, the breast is composed of 75% Type 1 and 25% Type 2 lobules. Type 1 lobules are where 85% of all breast cancers start as ductal cancers. Type 2 lobules form 10-15% of breast cancers which are called lobular cancer. Types 3 & 4 are resistant to cancer.

Induced abortion before 32 weeks leaves more breast tissue vulnerable to cancer because of increased exposure to estrogen hormones causing increased numbers of Type 1 & 2 lobules formed during the first half of pregnancy.

Types of Breast Lobules



Actual photomicrographs of human breast lobules



Type 1 Lobule



Type 3 Lobule

Fibromyalgia

Psychiatrist and researcher Dr. Philip Ney relates the story of a patient of his who developed fibromyalgia, which causes chronic pain without any apparent cause. He found that she had undergone an abortion just before this pain began, and since then, has developed a theory that in some cases, the pain of fibromyalgia may in fact be caused by chemicals released by the aborted baby's flesh when it is torn apart. These chemicals cross the placenta, and lodge in the mother's nervous system. In reality, she is feeling not her own pain, but that of her aborted child. We have not yet begun to understand all the implications of abortion, and of how destroying a child in the womb destroys the rest of us. Let's pray that our society may forsake abortion and find healing.



Black Women are also targeted for distribution of **Abortion and Birth Control Drugs and Devices** – None of which are Health Care – All have life threatening side effects

- **Abortion and Birth Control Drugs and Devices** are dangerous to all women's health. More Black women suffer from after and side effects (including breast cancer, cervical cancer, strokes and heart attacks) of these procedures, due to the targeting of the Black Community as stated above.
- **Breast Cancer and cervical cancer** are linked to abortion as well as birth control pharmaceuticals. A disproportionate number of Black women suffer from Breast Cancer because they also experience the highest numbers of abortions in America. Birth Control pharmaceuticals also contribute to higher rates of strokes and heart attacks among women. Black women suffer higher rates of breast cancer, cervical cancer, strokes and heart attacks; factors likely attributing to contrived easy and low cost access to abortions and birth control drugs.
- In essence, free or low cost easy access to abortions and birth control drugs to "low income" and "poor" or "underserved" women – including women in the Black community (all of whom are targeted by PPH, abortion community and HHS Mandate) can contribute to **higher mortality rates** among Black women.



Sometimes, abortion also kills mothers along with their babies...



Tonya Reaves had an abortion – formally called a “D and E” or dilation and evacuation procedure – at **Planned Parenthood** at 18 S. Michigan Ave. at 11 a.m., according to documents.

After the **botched abortion**, she was suffering bleeding, and a Fire Department ambulance took her to Northwestern Memorial Hospital at 4:30 p.m.

Then at 5:30 p.m., doctors performed an ultrasound, and **another** dilation and evacuation procedure – basically, **another abortion** – this time at Northwestern.

But after that, there were then more problems, and pain. That warranted a new ultrasound, and a perforation was discovered.

At 10:12 p.m., Reaves was taken back to surgery – and “an uncontrollable bleed was discovered,” documents say.

Reaves was pronounced dead just in the operating room just over an hour later, at 11:20 p.m.

Reaves’ twin sister, Toni Reaves, said this past weekend that Tonya was engaged to be married and had one son – Alvin – who just had his first birthday.

“It happened so fast. She was just fine one day and then the next day she was gone. We’re just trying to figure out what happened... what happened,” Toni Reaves said.

Along with distributing free or low cost “birth control,” many abortion mills have a racist agenda. For example

Abortionist **Ashutosh Ron Virmani** kills children at **A Preferred Women’s Health Center** in **Charlotte, North Carolina**. On July 26 pro-life activists paid a visit to Virmani’s home asking him to repent of aborting babies. The rant that followed was shocking, revealing at least in part what motivates Virmani: overt racism – culminating with his accusation, “Why don’t you adopt those ugly black babies?”

In a Live Action News expose – investigative journalist Lila Rose and her colleagues recorded instances of Planned Parenthood Abortion Clinics admitting that they will accept money to target Black women and their babies for abortion.



Friends, we are faced with a 3 headed monster that resists the Word of the Lord –
“Be fruitful and multiply” (procreate) !

**Racism: No mating with
“inferior” humans who are
not my “color”.**

RACISM

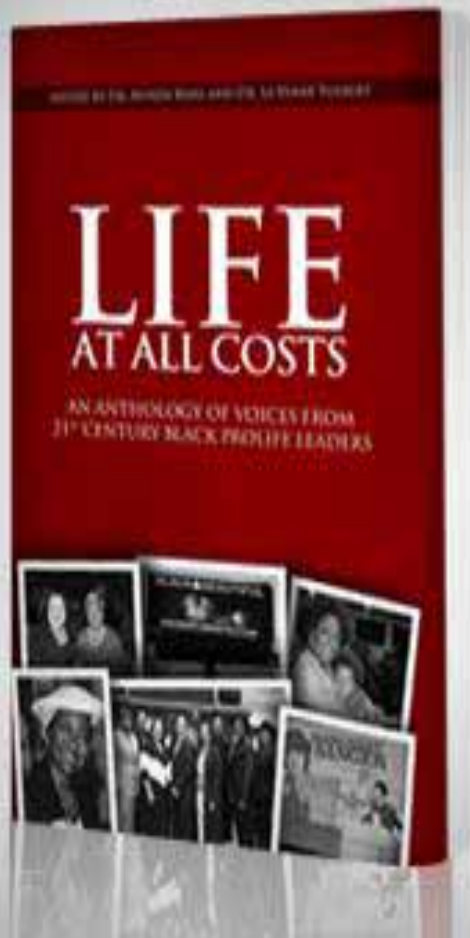
HOMOSEXUALITY

Homosexuality:
Sex between
two men or
two women
= 0 conception
of babies.

**ABORTION
UNNATURAL
CONTRACEPTION**

**Abortion
And
Unnatural Contraception:
No babies born.
Women maimed;
Babies slaughtered**

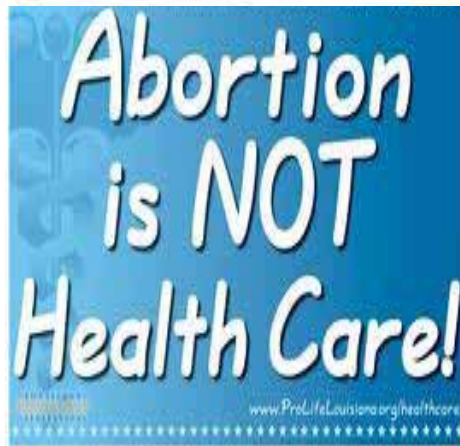




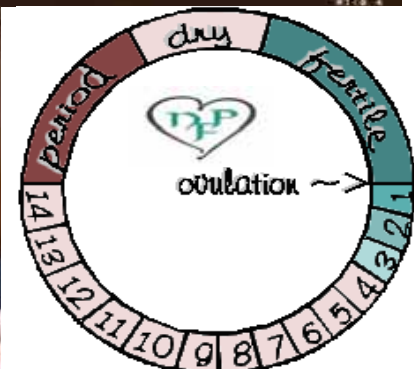
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CAPTURED IN A POWERFUL ANTHOLOGY!"**

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Pro-Life Women's Reproductive Health Care and Reproductive Freedom



Pregnancy
CARE CENTER