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# Interview: Lloyd J. Duplantis, Ph.D.

by

**Fr. Anthony Zimmerman**

*Fr. Zimmerman has been a missionary in Japan since 1948. Fr. Zimmerman interviewed Dr. Duplantis, a pharmacist, on December 7, 1997, in Tokyo. On that date, a debate was taking place in Japan over that nation's ban on the birth control pill.*

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**Fr. Zimmerman:** Thank you, Dr. Duplantis, for coming to Japan at the invitation and sponsorship of Dr. Kunio Hirata of Nagoya, with the encouragement of His Eminence Peter Cardinal Shirayanagi, and under the guidance of Archbishop Kaname Shimamoto, Bishop of Nagasaki and Chairman of the Committee for the Family, National Conference of Catholic Bishops of Japan. You have completed your lectures in Tokyo, Nagoya, Nagasaki, and Fukuoka during November 30 - December 5, 1997, and have visited the Welfare Ministry. I understand that the officials at the Ministry asked you for more data to back up your statements that lifting the ban on birth control pills in Japan would not be wise.

I'd like to begin this interview with you, Dr. Duplantis, by telling what happened to the housekeeper of my younger priest brother when he was pastor in a Chicago parish some thirty years ago. One evening after she finished her work at the rectory, she went home and there fell over dead. She was on the pill. My brother was shocked, of course, and ever after we have no kind feelings for the pill. That was in the 1960s when the dosage was strong. Did any of your acquaintances ever suffer a tragedy from the pill?

**Dr. Duplantis:** Yes, as a matter of fact, several did, Father. I have had cases happen very close to me. Back in the mid 1980s the daughter of a

good friend of ours came to our class on natural family planning with her husband. She came from a strong Catholic family. We took it for granted that they were using natural family planning because they had completed our course. Then we got a call one day, that she was seriously ill. Subsequent to that, she died. Here again was a twenty-year-old woman who had dropped dead; she had a stroke. And so right away I suspected that for some reason she must have taken the birth control pill, even though they had come to our class just a few months before. Well sure enough, they decided that they needed to be surer than with the method we gave them to not have children, and so they opted to get on the birth control pill. She was one of the tragic "Russian Roulette" victims. You just don't know who is going to be impacted quickly by these pills. Her husband had gone to work and called back. She hadn't shown up at her work place, and when he went home to see what was wrong, she was lying on the floor near the door. She died soon after.

There was another neighbor of mine who was on the birth control pill; she was an older woman, and they wanted to do some testing on her in the hospital. She was allergic to a dye, and had a stroke. She's still paralyzed today, after twenty years. *(Editor's note: Dr. Duplantis later learned that the test of this woman showed an aneurism in the brain due to the pill. She suffered an allergic reaction to the iodine dye.)*

Then a couple of other instances: my wife had an aunt whose daughter was a career woman; she did not want children, and had never had a child; and one day, just as you told me about your brother's housekeeper, this woman about thirty-five years old dropped dead on her father's back porch. I went to the funeral home and her mother came up to me and said: "We know it's the birth control pill that killed her because when they did an autopsy they found that she had a previous heart attack that she didn't know about. And we know that smoking was bad." I asked her mother whether I could get a medical record with the death certificate, correlating those two things, and so she got it for me. That's the only medical and death certificate I have ever been able to get. Interestingly enough, the death certificate makes no mention of any medicine she was on. It just says she died of a heart attack. That's what I think is happening on a tremendous scale. When you see a young woman die between 20 and 40 years of age, I've been systematically trying to find out why, but it's very difficult to trace it, to find out why they died, what they died of.

And then most recently this happened with the low dose pills, the new type with desogestrel, which was approved for the USA in 1993. This type had been developed previously and had been experimented with in Europe. When it was approved in the United States it was stated to be the safest pill there is. Well, my cousin had one child, didn't want any more.



She was taking birth control pills and was very happy about it. The physician had changed it to this particular pill. Then she started having headaches; when she went to the physician, he assured her that it had nothing to do with the pill. That's a very common thing for doctors to say in the case of birth control pills. The physicians refuse to believe that there could be anything possibly wrong with these pills. They're just convinced that this is like sliced bread and apple pie. She, one day, stroked out. Large clots developed all over her body. She was in a coma, and in intensive care, and she barely survived. She went through a great deal of rehabilitation; she can barely function to some degree, but she will be totally disabled for the rest of her life.

This is the most recent occurrence. But as you can see, I've had some very close circumstances; I read similar things in the papers. And the other night on the internet I was reading – it was almost exactly the same verbatim situation as that of my cousin which I just related. On the internet is a girl making a statement that she was on the pill and she was having headaches. She suspected she was having problems with the pill, but her doctor insisted that she needed them, and didn't say it was caused by the pill. I responded to her that that was an absolute red flag to discontinue these pills because that's a precursor to many serious side effects.

Such things are happening again and again. It's everywhere. And yet people are refusing to believe it. But you can pick up articles where coroners provide the facts. They are charged with investigating what caused deaths when circumstances are unusual. A coroner in England wrote an article in the *Lancet*, August of 1997, sounding the alarm. He said he has had four deaths of young women that were all on the birth control pill quite recently and there is need for an investigation. It's the coroners who know the answers. Nobody is owning up, nobody is saying that the pill is killing these people. This is just one district of England. He had four in his district, in a very short time, maybe a year's time, maybe two years. I am contending that when these girls are dying on these pills, these young girls, they are simply written off as cardiac arrest, of no known cause, of strokes, and that's it. Then they're buried, and the records are hidden.

**Fr. Zimmerman:** So then these older pills with the strong estrogen content, they were very dangerous. But the mini-pill is supposed to stop those dangers and deaths. Isn't that right?

**Dr. Duplantis:** Regarding the mini-pill, there's a misunderstanding. The mini-pill is actually a progestin-only pill. There is no estrogen in the mini-pill. The term micro-pill very often refers to very low doses of estrogen

and progesterone only. But basically the low dose pill is the current formulations of estrogen and progesterone. An interesting situation developed, because at first it was thought that it was just the estrogen which was causing serious problems, so they tried to keep reducing the estrogen. But they found out most recently with these new pills that it's a combination of certain types of progestins and estrogens that also cause serious side effects because of the way these products are metabolized in the system.

The mini-pill is supposedly going to stop the serious side effects which are the cardiac arrests and the strokes. In reality it probably does. The mini-pill is progestin only, much like the Depo-provera shot and Norplant. The mini-pill is probably being promoted because of a misunderstanding. And when people say that it has reduced the side effects, that's true; it has reduced the serious cardiac arrest and stroke effects to some degree.

But you cannot use these types of pills in young women; and most of the older women don't like them either, because these products cause disturbances in the menstrual flow. Without any estrogen content, the cycle goes wacky right away. You start getting heavy bleeding, or sporadic bleeding, and you don't get normal menses, so there right away people understand that there is something wrong with them. Also, these products make women gain weight much more than the other pills. Weight gain goes generally with all the pills because, interestingly enough, one of the ways that these hormones affect women's pituitary glands is much like pregnancy.

You know how pregnant women get so hungry all the time; the closer they get to the delivery date, it seems like everything they see they want to eat. It's an effect of the progesterone and the estrogen on the pituitary gland that actually stops your satiable appetite from kicking in. In other words, you don't ever feel full anymore. That's an interesting thing. And so that's why women gain weight so much on the pill, because the normal bodily triggering mechanism that lets you know you're full after a while doesn't work properly. And so they're constantly hungry. That doesn't work well with women who want to stay shapely and sensual. So the mini-pill is more guilty than any other because it induces weight gain much more.

In addition the mini-pill makes women feel bad more than the estrogen-progesterone content pills. With the mini-pill there is a lesser incidence of serious side effects, but a greater incidence of what I call "misery" effects. These are depression, anxiety, insomnia, weight gain, and menstrual disorder. When they promote the mini-pill saying it's safer, that's true. But that's not the pill that most women are going to take.



As regards libido, that's reduced in all the birth control pills. These pills affect the women both physiologically and psychologically. Physiologically these pills alter the cervical mucus in a woman, and they also alter the arousal mucus. The cervical mucus is altered to some extent, causing it to be more dry. The same with the arousal fluid. What seems to be altered is that the woman has a generally dryer sensation and therefore intercourse is not as pleasant to her as it ought to be. And then, emotionally, a woman is most interested in sexual relations during her time of ovulation. And so if you're inhibiting ovulation, then the period when she is most interested in sex is stopped. Then she is dry throughout the month.

So really her interest in the purpose for making herself available to the man is greatly diminished. Everyone knows the kind of jokes that sometimes go around, that sometimes women are not interested at all, and sometimes they are. Well this is a very real thing. The roller coaster of her hormone cycle is there for a purposeful reason. When she is ovulating, when she is fertile, she is most interested. So if you give her a pill, and she's not interested, it starts deteriorating her relationship.

**Fr. Zimmerman:** The husband understands this, of course.

**Dr. Duplantis:** The husband doesn't understand this, and he is not very patient. Why? Because here they both agreed for her to take something that will make herself available to her husband at any time. So he doesn't have to be as kind, he doesn't have to be considerate, he's not told "NO." You see, an important point about natural family planning is the husband is told "NO." They made an agreement and they have to wait. And just a short wait is very trying on some men. And it creates a lot of interest in their wife. So they have a tendency to be nice and polite, to communicate with her.

But if she's taking the pill, he knows it doesn't matter. He just says, "I want you NOW!" She's not interested, not now, not ever. And the more that goes on, the more it creates an environment where she is way less interested. He's going to find his interest somewhere else, if she's not interested. When they have intercourse, it's just a kind of mutual masturbation. More so, it's a masturbation on the part of her husband, and the wife is just lying there and being miserable. It's not very good for a relationship. This is very much what is happening and this is part of what is causing the scandal of divorce of over 50 percent of our marriages in the United States.

**Fr. Zimmerman:** Fifty percent of the marriages...

**Dr. Duplantis:** Are ending in divorce, that's right. I think it's roughly two million marriages a year, and one million, or 1.1 million are actually ending in divorce. Of course the marriage will last longer than a year, but statistically speaking, the fact that over 50 percent of the marriages deteriorate has much to do with contraception.

**Fr. Zimmerman:** May I add that divorces shot up dramatically in the USA with the introduction of the pill. There were 393,000 divorces per year in 1960 when the pill came on the market, and in 1975 there were over a million, an increase of 250% during the first decade and a half of the pill era. Statistics shot up like a skyrocket. But you also pointed out during your talks that divorces among couples married in the church who continue to go to church and pray at home and are faithful, are still very low. If I am not mistaken, about 70% of first-time marriages in the USA are lifetime marriages, lasting "until death do us part." When we say half the marriages end in divorce, this includes the repeaters, remarriages followed by second or more divorces. In 1988, only 54% of marriages in the USA were the first marriage of bride and groom. So young couples hoping to make their marriage last should not be frightened by that 50% divorce statistic. But as you say, contraception has much to do with divorce.

**Dr. Duplantis:** If you draw a graph of the beginning of the pill – I've seen these graphs – which compares the increase in divorce rates with pill sales, you see that before the pill was on the market the divorce rate was relatively low; but as pill use increased, so did divorce rates almost exactly in line together. The divorce rate in Japan today is very similar to the 1960 levels in the United States.

**Fr. Zimmerman:** We mentioned the deaths that came from the pill. One would think that the media would pick this up and let everyone know that this is a dangerous thing. Do you see good reports of that in the media in the States?

**Dr. Duplantis:** The media, being of a very liberal nature, is continuously promoting the pill as safe and effective. Never have I seen an honest report of the problems; if the problems are reported in an article to give some semblance of balance, the article always leaves out some important information that people ought to know. So this is what's constantly happening. If they do report side effects, they are very quick to state that there's no direct correlation between them and the pill. That's a very coy, vague statement that pharmaceutical companies use all the time.



There's no direct correlation, so they say. It's as though we have to be able to prove this unconditionally. Yet, all of these diseases keep skyrocketing, with deaths being associated. In the case of other medications in the United States, if one death occurs, that medication is taken off the market. Even if there is a semblance of relationship, it's pulled off the market. For example, recently there was a diet pill, Redux, in the United States; they did a test on 250 people and 90 of them showed some heart abnormalities, but no deaths. It was pulled off the market. So constantly the United States is pulling drugs off the market with very little substantiated evidence. It's always done under the guise that America is super-conscientious about the safety of our medication.

But in the case of the pill, it's entirely different. No amount of evidence seems to be able to be sufficient to create any kind of serious examination or even to vaguely suggest that it should be taken off the market. They treat the pill differently because of the population agenda of the liberal media and of the pharmaceutical companies.

**Fr. Zimmerman:** Dr. Duplantis, do you think that the Japanese women will see through this? What do you think about the tendency of the Welfare Ministry to allow the pill to go on the market and then let the women decide whether to use it or not?

**Dr. Duplantis:** This is a ploy already being used in the United States. It's a statement that seems to be very condescending, allowing someone to be able to make their own choice; that's a wonderful term. But it's very easy to see the fallacy behind this. In so many areas of medical practice, we're not given choices if something is not in our best interest. The doctors are very adamant in saying you must do this, or you must not do that. But when it comes to a pill and a chemical contraceptive that's been shown to be dangerous, all of a sudden they're going to allow you to make a decision that you don't know anything about. And so in America this is exactly one of the ploys that's used. The doctor says, would you like to take the pill or have the Depo-provera shot, or the Norplant? Well, that's absurd! In effect he is telling you that these are very good based upon my recommendation, so which one do you choose? That's in essence what he is saying when he gives you the option. Whereas if he were truly saying, these things are very dangerous, so I don't think you should consider using them, many more people would refuse them. They would say, well if you consider them dangerous, then I'm not going to use them.

In America, as in Japan, and in all societies, we trust our physicians. We trust our pharmaceutical companies. We want to believe, that these professionals have our primary health concerns at heart. That



when they introduce chemical medicines to us, they are concerned about our well-being and our proper development. It's very improper for them to say, "I'm going to give the choice to the women," if they already recommend the chemical.

And yet, as of late, with the primary line of demarcation in the 1960s, these pharmaceutical companies changed to a more profit-oriented motive. They were less interested in humanitarian motives and concern for the personhood. And so this particular statement is very fraught with insinuations and improprieties in regard to how medical practice is generally done. Medicine and physicians and pharmaceutical companies are there to protect the population. They are not the ones who should be introducing these chemicals. But saying, "Well, I gave her the option, and she chose to take the pill, so it's her fault," is a relinquishing of a sense of responsibility which is out of sync with proper decorum in this respect. That's not what a physician and a pharmacist and any and every medical professional should be doing. People rely upon them to make those decisions, and to make them correctly, and for the best health interest of the consumer. So this is a terrible position to take.

**Fr. Zimmerman:** Do you think, then, that women have freedom now in Japan when there is a ban on the birth control pill, than they would have if the ban were lifted? Do you believe that women will be more or less coerced – the term may be too strong – that women will be expected by force of public opinion to take the pill once it is permitted? That women will have a difficult time refusing to take the pill once it's permitted? In other words, allowing the pill would sort of impose on women the tyranny of a fashion to use the pill. Is that how you see it?

**Dr. Duplantis:** Well, to some extent, but I think your terminology of "coercion" is very much in order. I think so, because this is what I see. Such is the situation in the United States. Physicians in the United States especially have a very determined posture regarding eugenics to some extent, and population control. Oftentimes they accept the governmental assistance that pays for them to treat these women. So they do use a kind of force on women; they almost have a determination, a predetermined concept of what type of contraceptive they want these women to take. They really don't want them to have any more children. They think of women as the masses, so to speak, that are overpopulating the world. They lose sight of good medical judgment. With this mentality they are unable to make proper decisions in that regard.

But yet all of a sudden they give them a "choice" of what kind of contraceptive they want to use. In reality they don't give them choices in

any other aspect. When you go into a hospital in the United States, it's like an absolute domain that's run by the physicians and the medical establishment. As soon as you walk through that door you no longer have any rights because every right is preconditioned for you. It's somewhat the same when a woman is face to face with her physician who makes recommendations about birth control pills.

**Fr. Zimmerman:** When a woman complains to her doctor that she has this or that difficulty with the pill, what is a typical response by the doctor?

**Dr. Duplantis:** Very interestingly, the reaction is opposed to the more traditional methods. The most common form of addressing a problem that comes from difficulties with medication is to immediately discontinue the medication. But in the case of the pill, oftentimes they'll simply suggest that it may not be the pill as such which is causing it, "so let me give you another pill to address that problem. Let's try that for a while, and then you contact me." When subsequently she has additional problems, they'll say, "so let's change maybe to another type of pill," making her believe that this other pill is different from the one she is on, whereas in reality there is no difference between them, except on small amounts of medication changes in them.

This type of merry-go-round of different drugs, rather than discontinuation, is very common. Physicians are very slow to discontinue any type of contraception. They are constantly encouraging women with a statement saying: "well it takes about a year for your system to adjust to these chemicals." That's a very common statement. "Let's give it a few more months and you'll probably do better." And women obediently plod through these problems and the misery they're having, and oftentimes the severe side effects. In addition they risk the very damaging long-term bad health consequences which show up only later. All this happens during this time period of encouragement to try a little longer, maybe the body is going to adapt to it.

**Fr. Zimmerman:** Would you say that the doctor makes the woman feel that she is the only one complaining, that other women don't have the problem, so the pills must be okay?

**Dr. Duplantis:** That's very common. This is a very common insinuation to the woman: "Well, you know, that's unusual that you're experiencing these problems, and so possibly it's not related to the pill or the type of contraception you use. So let's try another pill. Or...let's take some tests,"



and plenty of tests they do take. That is all the more true among women whose expenses are paid by medical assistance.

Oftentimes common sense would dictate, "for crying out loud, if the woman has been experiencing these problems from the implementation of this particular contraceptive method, then certainly let's discontinue it and then see what happens. But NO, oftentimes they say it can't be related to the contraception because this is very safe and natural, so let's take some tests at the hospital, and so they run through tremendous batteries of tests at great government expense to ultimately determine that the contraceptive is the cause; and the woman is made to feel that she is just a very rare unusual case that she is experiencing these problems.

**Fr. Zimmerman:** Now what you're saying almost makes me suspect that if the pill will be allowed in Japan, it is going to bring a lot more business to the doctors than they have with the women now. That is, they might not make much money on the pill directly, but will get more business from the additional number of calls which pill users will make on their doctors.

**Dr. Duplantis:** Absolutely, that's an interesting evaluation of the whole situation that you bring up. Because, you see, with fewer patients and more physicians, doctors are really not as busy as they would like. Whereas when a woman takes the pill, it's recommended that she have a pap smear every six months. Moreover once she has the problems that these pills create, this establishes even a greater need for further medical assessment and evaluation. Whereas women who don't take the pill, they don't need to go to doctors so often. The American Medical Association recommends yearly pap smears, but most women who have not taken any medication, and have children, go back maybe in a year or every few years, maybe when they get pregnant again. They're not very faithful with their routine check-ups because they feel well and they're healthy. But the women on the pill have to go back every six months, and often there is need for medical attention in between. So you're absolutely right, that's a very good assessment of what possibly can happen, and one of the insinuations that the doctors understand very clearly. Of course, in their noble profession they would never admit that they're doing this for money. But be sure, that's a very, very practical assessment that they quickly pick up. You are right in saying that the use of the pill creates a tremendous amount of additional medical attention that becomes necessary for women.

**Fr. Zimmerman:** What you're saying, then, is that lifting the ban on the pill would increase health insurance expenses for the Japanese government? That increased funds would be paying, not for the pill itself



so much, but for other treatments that the women will need when they start taking the pill?

**Dr. Duplantis:** That's right, the pill generates a tremendous amount of income for the pharmaceutical companies which manufacture them, because of the large volume of the sales. It's their goose laying golden eggs. But for doctors the main income generated by these pills is from associated side effects experienced by users. Use of these steroidal based female sex hormones for contraception causes just a myriad of various health problems among the women who use them. Health insurance payments for medicines and treatments of these side effects is what becomes very costly for the government. So that's exactly right, expenditures for health are going to increase for the Japanese government if it lifts the ban on the pill.

**Fr. Zimmerman:** I read about several instances in which mothers were still taking the pill before they realized they were pregnant, and that there was a sex change in the baby as a result.

**Dr. Duplantis:** Yes, that has happened. And we're presenting a hypothesis that the higher level of the seemingly increased numbers of effeminate men is connected with this pill intake by women. In several cases, as you say, there was an actual and total sex change on the part of babies while the mother was on the pill. That actually happened. But what we're suggesting is that this sex change occurs to some degree, even though not in that totality, for other babies, too, because of the pill. We hypothesize that there are chromosomal effects that alter the male-female balance development in male babies, and to some extent even in females. The change is more pronounced in males. Changes into a more effeminate nature may be developing in male babies because the egg itself was bathed in these excessive doses of hormones before fertilization. That such exposure actually alters chromosomal development is an interesting proposition that has been proposed by several researchers.

**Fr. Zimmerman:** Are you saying that such a chromosomal alteration might be induced even if the woman was not pregnant at the time she was taking the pill; that the cause of the alteration would already be lodged in an ovum before the pregnancy occurred?

**Dr. Duplantis:** Right. It seems to be more pronounced if a woman conceives while she is on the pill. There is a direct relationship to the level of hormones in her system. But it's proposed that the simple fact of

continuously bathing her ovary and the eggs being developed in that ovary, actually somehow alters chromosomal configuration; and that the consequence is the development of a boy child with more effeminate characteristics.

One of my primary concerns about the Japanese taking the pill is that some unique aberration will appear after mass use. I'm not sure how it will manifest itself but it is an uneasy feeling I have. There are instances where an individual has a particular chromosome factor or a difference in a gene, and the pill has a much more pronounced deleterious impact because of this genetic factor. Because of the purity of the Japanese race, and its inherent uniqueness, I am really concerned about an entire new problem arising.

**Fr. Zimmerman:** Let us hope that the government will keep an eye open for this if, in fact, it will recklessly and inconsiderately lift the ban on the pill. Now to another point. The pill is called a contraceptive pill. So that's not as bad as abortion. What have you to say about that?

**Dr. Duplantis:** This is a very sensitive point that the pharmaceutical companies continue to play games with. For the physician the insert in the pill package states clearly that one of the ways the pill works is by inhibiting implantation of a fertilized ovum; that it induces an alteration of the uterine lining in a very profound way; that it changes the uterine lining from a more proliferative to a secretory nature; and that it also alters the synchronization of the uterine development so that it becomes difficult for the fertilized ovum to implant; that means that the new conception cannot implant and is therefore aborted. The other ways the pill can work is by stopping ovulation, and finally by altering cervical mucus to make it more difficult for the sperm to enter the uterine cavity and fertilize the egg.

So inserts for doctors tell about the possible abortifacient working of the pill. But inserts for women pill users almost universally omit this sensitive information. Only one of the manufacturers alludes to the fact that it alters endometrial lining and inhibits implantation. All the rest of the inserts for patients avoid making that statement. The package insert requirements for these pills are vastly more extensive than for practically any other chemical on the American market. A very extensive piece of literature must be given out to users. Page after page warns about this or that possible side effect. So what I have been doing is this: I simply cut out that warning intended for the doctors, and I include it in any pill boxes that I have had to dispense for medical reasons, or for whatever utilization, to customers, so that they can become aware of this. I also inform clients that I do not dispense pills for contraceptive purposes.



**Fr. Zimmerman:** Do I hear right, you cut out the warning about the possible abortifacient nature of the pill from the insert for doctors and then paste this on the insert for the patients?

**Dr. Duplantis:** Yes, that's how I handle it. All this is very interesting. Pharmaceutical manufacturers are very conscious of the Catholic position, as well as of the Christian position against abortion. They know the abhorrence of numerous patients for abortion. So they avoid giving a warning about the possibility that by using the pill they may be ingesting a chemical that would cause an early abortion. There are people who say if you can stop ovulation, that's okay. But once fertilization has occurred, it all of a sudden creates a different moral perspective.

Pharmaceutical companies try to avoid at all cost admitting that pills can cause abortions. They continually insist that if this happens at all – they don't say it never happens – but they say if it occurs at all, it is so infrequent that it's not worth consideration. But our contention is this: If six percent of the women get pregnant while on the pill, there must be a lot of others who conceive also but the child never gets a chance to live because it can't implant itself into the uterus. Six percent per year is not a small number. In America six percent of fifteen million women getting pregnant per year while on the pill translates into 900,000 pregnancies. Let's say it's between 700,000 and 1,000,000 – it's very difficult to pin it down because there are a lot of factors, but it's substantial; it's well over half a million women that get pregnant while they're taking the pill in one year's time in the USA alone.

**Fr. Zimmerman:** Where do you get the 6% pregnancy rate per year of pill users? I read on the insert you gave me from one pill package that the pregnancy rate is a bit under 3%.

**Dr. Duplantis:** Pill manufacturers like to be evasive, to play games with statistics. Here is a sample of an insert. It quotes pregnancy rates of all kinds of birth control methods, including natural family planning. But on their own pill there is "NA" meaning "no data available" about pregnancy rates of actual use. Can you believe it? They know the others but not their own! Theoretical failure rates may be under one percent, but the 6% pregnancy rate is fairly common information that shows up in almost all non-biased commentaries on the pill. Dr. Edith Weisberg, Director of New South Wales Family Planning in Australia, states that "the real failure rate of the pill is 6%, with forgetfulness or confusion over packaging being the common culprit" (*The Essentials for Health and Fitness*, 10/31/95).



**Fr. Zimmerman:** The statistics are a bit difficult, but if I heard you right, would it be pretty generally accurate to say that if a woman is on the pill for a year, that she maybe had one abortion during that year?

**Dr. Duplantis:** That's a very reasonable proposal when based on the current low dose pills. The first study done in regard to ovulation rates was reported in about 1988, so it was done with "higher level low-dose pills" if you can appreciate that term. The ovulation rate that occurred in the study group was about 17%. A subsequent study was reported in 1994, done in California. The ovulation rate there was 26%. That was with a group of highly motivated women who had not missed one pill. These were the user variety of pills, but it was generally the low dose pills, both estrogen and progesterone; it wasn't the mini-pill which is progesterone only. If you extrapolate this over a year, you talk about possibly three ovulations, and there is a good possibility that one of those ovulations would result in pregnancy based upon normal sexual activities. So that's a very good proposal, that a woman will experience one abortion over a year's time while she is on the pill. She will not likely be aware of it, nor will she know which cycle it was.

**Fr. Zimmerman:** What if she is on the pill for ten years?

**Dr. Duplantis:** Then she could possibly have a minimum of ten abortions, that's right. But here is another important point. I have to stress that these studies were done with women under controlled conditions who were aware of the study. And the pregnancy rate in these type of studies is less than 1%. If the ovulation rate is 26% whereas the pregnancy rate is less than 1% in these types of studies, what then happens to the 25% ovulations that are not showing up as pregnancies? This is where we extrapolate for a high level of chemical abortions. We expect lower rates in these laboratory studies, but higher ones in actual everyday living, where women are experiencing all sorts of problems and therefore readily have a tendency to either forget or skip a pill.

Why do they forget or skip on some days? Because these pills are making them sick. They don't like taking them. You got to take these pills every day of the month. Human nature is already apt to be forgetful. All the more so do women forget if she has to take one pill on every single day for twenty-one days out of a month; or for twenty-eight days. Most of the time regimens are twenty-eight day types so that they don't forget. But she is still human, so she might forget just once. Other women are purposely skipping them because they are not feeling well. Third, because they use

low dose pills, skipping just one pill which can then allow ovulation depending upon what part of the cycle it is skipped.

I postulate that the ovulation rate in ordinary daily usage is double that of these carefully done laboratory studies, and probably even more. We can conclude this because laboratory studies have less than 1% pregnancy rate, whereas in ordinary use it is 6%. Several writers have recently stated that ovulation is occurring in 70 to 80 percent of the cycles in which women are on current low dose formulations. That would account for the high pregnancy rate and for what we must deduce along with it, a high abortifacient rate. It means that in actual operation these pills are not stopping ovulation very well at all. And they are most readily affecting the uterine lining. Stating that a woman could expect at least one abortion per year at the current rates of ovulation is very reasonable in my opinion.

**Fr. Zimmerman:** Is there any difference in the abortifacient effect of the pill when they begin taking it, and later on after they continued taking it for some time?

**Dr. Duplantis:** In the method of measurement used, called the Pearl Index, the rate is expressed in woman years. This index represents a percentage of the effectiveness of various contraceptive methods. Which means that effectiveness is expressed in terms of usage during a one year time. This is very important in regard to chemical contraceptives. It suggests that the record is probably distorted if data is taken only for a few months, not for an entire year. When a woman first embarks upon the use of these chemical contraceptives, the first few months are often anovulatory because of the shock her system receives from taking these chemicals. But as she continues, her body is constantly trying to overcome this negative influence that's been introduced. The human reproductive system is constantly trying to achieve its goal of ovulation and fertilization, which is its most primary and dynamic drive in a woman's system.

So the latter time of that year's assessment, after a woman has been taking it three or four months, is when her ovulation becomes much more prevalent. By that time her system is beginning to adapt to these chemicals, after constantly trying to fight to overcome the effect of the chemical. So the later months of the year is when the ovulation rate becomes higher. Moreover, this is the time when a woman is experiencing more of the side effects. Generally they become more pronounced as you take these products more often. So this is a very important observation. It's easy to say that the pill stops a woman from ovulating the first month, the second month, the third month, but we're talking about a lifetime. And after she's



been on them for several months, the ovulation rate becomes much more pronounced with these products.

**Fr. Zimmerman:** Are you saying that the effect of the pill is to make the woman feel as though she were pregnant, with discomforts similar to those during actual pregnancy? And secondly, what about the husbands at this time? Do husbands suffer any adverse effects of the pill when the wife is taking it?

**Dr. Duplantis:** That's another interesting concept that is good to address. When a woman is normally pregnant, her pregnancy lasts for nine months, and during the first few months of the pregnancy she functions quite as usual. But as she gets further along in the pregnancy, she has more intense pregnancy-related symptoms. But her husband is very sympathetic. I mean this is a normal thing. A husband realizes that his wife is having a baby, and he realizes that he might not be able to have sexual relations with her. He is also very patient with her pregnancy-related mood swings. This is all an understandable situation. And then finally they have a baby and everything turns back to normal.

But with these steroidal hormones, a woman is made to be constantly pregnant. A lot of these side effects don't resolve. She feels as though she were pregnant forever and endlessly. And the other problem is that she's taking these chemicals precisely because she doesn't want to become pregnant. She certainly doesn't want to feel pregnant while trying to avoid pregnancy.

On the other hand, her husband is not looking for a woman who feels pregnant. He wants her to take the pill so that he can have sexual satisfaction at any time. So here you have a no-win situation. The woman is taking the pill so that she can render more sexual satisfaction to her husband and herself without a resulting pregnancy. Yet she feels like she's pregnant and she's not interested in sex. That aggravates the husband. She in turn becomes aggravated at him. All of a sudden you have a relationship problem arising from these pregnancy-related hormones. It is not natural for a woman to be pregnant always. Pregnancy should have a cyclical nature. And so that's a very volatile situation and it is one of the contributing factors to the high divorce rate in America.

**Fr. Zimmerman:** How about the children? Is there any influence on the children in a family when the mother is on the pill?

**Dr. Duplantis:** Regarding the relationship with the children, there are some interesting observations in American society. Once you embark upon



contraception, you don't want any more children. This causes a couple of psychological developments to occur. First off, the children are aware that you don't want any more children. That is not very flattering for themselves. Secondly, the parents are aware that they don't want any more children. That appears to infer that these children are a trouble for them. This creates a viper's nest of problems now common in America.

I don't have a lot of research but I do know that there is a tremendous increase in hyperactive children in America. I think it is caused by a contraceptive mentality in general, and even more specifically by utilization of birth control chemicals. Everybody in the family circle is aggravated. The mother is taking chemicals to stop herself from becoming pregnant. She's exasperated with her husband, the husband is aggravated with her, the children exasperate her, so the children become more irritated, too.

The children are constantly looking for love and for expressions of love, and they are not receiving enough of it. They manifest all sorts of distortions in behavioral patterns. What happens then is that they put these children on chemicals. Ritalin is the most commonly prescribed child medication in America today to stop these overactive disorders that are being manifested in children. I am contending that the contraceptive mentality and the utilization of chemicals by mothers of children is a contributing factor to this. We have a whole society of children – over ten percent right now – who are having to take medication for hyperactive disorders. I know it's not totally from this, but it's a fact that children are showing extreme levels of distorted behavior, all related to this chemical utilization in our society.

**Fr. Zimmerman:** Do you see any relationship between drug addiction in America and birth control pills?

**Dr. Duplantis:** Well, let me put it like this. Contraception in general begins a chain reaction. With it a mentality develops in a person that you don't want children. Consequently the children you already have are also oftentimes looked upon as a burden. These people tend to aggressively strive to achieve their material goals perhaps by immoral means or postures in the workplace. But I think the blame is to be placed more specifically on the chemicals that these women use. Their resultant behavior precipitates anxiety disorders in the children. It is a fact that an alarming rate of children are requiring drug treatment to resolve their psychological problems. As I am saying, in America, over 10% of the young children under the age of ten are needing drug therapy to stop anxiety disorders.

When these children go to school, they need to take drugs before they go. When they get to school their teachers ask, "Have you taken your medication for your anxiety? You're so aggravating, you can't sit still." And you're constantly being bombarded with negative influences that are contributing factors.

Adult drug addicts that you interview often relate their drug dependency to emotional or psychological factors that caused them to be unable to deal properly with life. So, here all of a sudden, we have a whole generation of young people needing drugs before they developed into adulthood. My contention is that a restless home situation of many families is going to compound in an exponential manner the amount of hard drug addicts that our society is going to finally be faced with and have to deal with.

**Fr. Zimmerman:** You're saying that if Japan okays the pill that the drug problem in Japan is going to increase in the future too?

**Dr. Duplantis:** Absolutely! That a correlation exists is undeniable; results can be foreseen with a high degree of assurance. You can expect an increase in drug related problems in Japan once you expose the population to contraceptives which are of a chemical nature.

**Fr. Zimmerman:** And with more drug problems, you'll need more policemen, and to pay them, more money and taxes. To pay the taxes you'll need more young people as wage earners who pay the taxes. Is that what you're saying?

**Dr. Duplantis:** That's exactly right. All of those things follow in a very systematic fashion. Unfortunately, one correction about the statement you just made is this: you don't have more young people who can come into the workplace to support the efforts necessary to resolve these problems because you have less children. You deplete the population of children by birth control. Secondly, many of these children are not psychologically fit, or physically fit, to be able to handle the proper place that they should take in modern society, because of all the negative influences they had. And they won't pay taxes. They have to be supported by the government.

So, it's a very paradoxical situation. One would think that governments would see through all this right away. But the eugenic and population control agendas are on the roll today. It's very similar to what occurred in Germany in World War II. It's like the Germans cut off their nose to spite their face. They were killing the Jews who were doing all the work for them. And then there was no one left to work. And so the war

effort came to a demise because they had killed all their workers. And it's the exact thing I see developing in this mentality that children are a problem. Children are not a problem! Children are necessary to support economic growth. And we're destroying our base of productivity.

**Fr. Zimmerman:** Those are great insights that you gave us, Dr. Duplantis. I sure want to thank you for coming all the way to Japan from the United States to give us these insights and we hope that it will have a good influence on the nation. Thank you very much.

**Dr. Duplantis:** Thank you, Father.

*Editor's note: Fr. Zimmerman informs us that the birth control pill remains outlawed in Japan, as of this publication, although the debate continues.*

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