

A Note from the President

By Angela Lanfranchi MD

We've had the good news that the Catholic Medical Association is placing our new book, *Health, Hormones and Contraception*, in its bookstore by the time you receive this report. The organization started in 1912 and grew to be a 7,000 member organization by 1963. However due to strife over the use of hormonal contraceptives, it subsequently declined in membership. Today it is undergoing a great renewal. It is very gratifying that so many groups have been using the book as a resource. I have been personally heartened by the responses I have been getting from readers that range from young women, their parents and grandparents as well as physicians. It contains a full copy of the FDA Petition with the documentation of the health risks faced by the 12 million women in the country who take hormonal contraception.



Although the book was primarily made as needed information for women who were considering hormonal contraception, the FDA Petition was included as a medical reference to educate prescribers of these many drugs as well. The heart of the book is a question and answer section of questions that I'd been asked over my 33 years in practice by patients. Using this format, the section can be scanned for those questions that interest the reader alone so that an entire book need not be read to get the information of particular interest to the reader.

I also have a section on the menstrual cycle and our complex endocrine system. I tried to simplify the biology as much as possible and still accurately convey the reasons for the myriad of adverse reactions to hormonal contraceptives.

A common reason teenagers are given the Pill is to "regulate" their irregular menstrual periods. There is a benefit to irregular cycles which are very common early on during puberty. Teens with up to 5 years of irregular cycles will have a lower lifetime risk of breast cancer due to fewer cycles and fewer ovulations. But if you can't tell when your period is due, embarrassing accidents can ensue. Yet what the Pill does is eliminate the menstrual cycle and replace it with lighter withdrawal bleeding. The book explains in order to have a regular period, you have to have

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Breastfeeding and Covid-19

By JoAnn Gerling, IBCLC

My phone has been ringing off the hook with questions from new mothers related to breastfeeding and Covid-19. Breastfeeding is not only a significant way to reduce breast cancer risk, it is a way to give your baby lifelong health benefits. The risk reduction of the mother for breast cancer is cumulative. A mother who breastfeeds 2 infants each for 6 months will have the same risk reduction as a mother who breastfeeds one child for a year.



Pumping breast milk likely has the same risk reduction as it keeps the majority of the mothers' breast lobules in a fully mature state as Type 4 lobules producing milk which make them cancer resistant. The longer the lifetime breastfeeding, the lower the risk: 1 year of breastfeeding lowers the risk 6%, 2 & 3 years by 11%, > 6 years by 27%!

According to reliable sources below, mothers can and should breastfeed their babies if they have Covid-19 or have been exposed. There is no evidence to suggest that babies have become sick with Covid-19 through human milk. To reassure mothers, La Leche League International (llusa.org) has addressed questions related to breastfeeding and the pandemic.

Additionally, according to the American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), the benefits of breastfeeding outweigh any potential risks of transmission of Covid-19. Further, Arthur Eidelman, MD, editor of "Breastfeeding Medicine" concurs that "there is no need or indication to categorically separate infants from Covid-19 suspect or positive mothers other than in circumstances wherein the mother's medical condition precludes her caring for the infant..." Mothers who stop breastfeeding while sick put their babies at greater risk of becoming ill. Nursing mothers actually pass on antibodies in their milk which protect their babies. La Leche League's website states: "Those who become infected shortly before giving birth and then begin breastfeeding, and those who become infected while breastfeeding, will produce specific secretory IgA antibodies and many other critical immune factors in their milk to protect their nursing infants and enhance their infants' own immune responses. At this time, these immunologic factors will aid their infants' bodies to respond more effectively to exposure and infection. Following good hygiene practices will also help reduce transfer of the virus."

Precautions that are recommended if a mother is sick and breastfeeding her baby are: wearing a mask, washing hands before and after touching her baby, and routinely cleaning and disinfecting surfaces.

Editor's Note: JoAnn Gerling is a board certified lactation consultant and Secretary of BCPI

Save the Date: 11th Golf Classic on June 4, 2021

by Bob Gerling



2020 began with great hope and anticipation for BCPI. Due to the generous response of our contributors and the success of our annual golf outing BCPI was able to publish a new book, *Health, Hormones, and Contraception*.

This year, 2020, we were also looking forward to what should have been our 10th Annual BCPI Golf Outing at Cranbury Golf

Club where we have been so graciously treated these past 9 years. Our hope was to make the 10 year anniversary our best outing ever. And, while the Wuhan virus has disrupted this and so many of your own plans this year, we have secured the date for our 10th Annual Golf Outing to take place next year; **Friday, June 4.**

The honoree for the 2021 outing is Dr. Joel Brind, who co-founded BCPI in 1999. Come out to honor him and to support the great work the Breast Cancer

Prevention Institute continues to do for our mothers and our children. Whether you join us for golf or just dinner, I promise you a wonderful day.

Please spread the word to everyone you know so we can make this our best outing ever. Call me with questions about the outing or the many ways you may help.

The Breast Cancer Prevention Institute
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The Other Cost of Hormonal Contraceptives

By Angela Lanfranchi MD

A few years back, Obamacare (the Affordable Care Act) had as part of its mandate “free” hormonal contraceptives for all women. Employers, such as Hobby Lobby and Little Sisters of the Poor, who did not want to pay for these drugs through their provided health care plan, were fined daily if they refused. As you may remember, BCPI was part of Amicus briefs for many of these recalcitrant employers citing the health implications for users of hormonal contraceptives. In fact, BCPI was cited by a Chief Justice Brown in the 2nd Federal District Court of Appeals in its decision upholding the right of some Catholic businessmen in Washington, D.C. to prevail. Thankfully, the U.S. Supreme Court recently upheld the exception to the “contraceptive mandate.” During Congressional hearings prior to the decisions, a woman testified that the free contraceptives were necessary as they were so costly. She said they could cost \$3,000 a month.



No one cited the other medical costs of hormonal contraceptives.

As all readers of the BCPI report are aware, combination hormonal contraceptives (COCs) have been recognized by the World Health Organization to be Group 1 carcinogens for breast cancer since 2005. The Pill, a COC, is presently used by 9 million women in this country. Another 3 million women use the other types of hormonal contraceptives. These facts result in a terrible cost for premenopausal women regarding the therapies they will need to endure to attain the hope for a cure as well as the emotional tolls.

However, there is also a dollar cost that patients and their families have to contend with all too soon. In fact, a leading cause of personal bankruptcy is medical costs. There are now in the U.S. 432,780 women whose breast cancer is attributable to their use of COCs. The cost for these excess cases of breast cancer was calculated to be \$9,576,133,158. That's over \$9 billion, with a B! This does not include those women who developed breast cancer due to other hormonal contraceptives such as Depo-Provera or the “minipill” which are progestin only contraceptives (POCs).

There are significantly even more costs when the “excess cases”, that is the number of women who get the many other diseases because of their use of hormonal contraceptives are considered. If these women had not taken hormonal contraceptives then they would have not gotten those diseases.

In the U.S., the use of Depo-Provera injections is responsible for an additional 10,686 women who were infected with HIV because they used Depo-Provera at an annual cost of between \$157,218,081 and \$73,474,111.

In the U.S., COCs are also responsible for:

- 76,581 more women with cervical cancer at a cost of \$1,052,914,912;
- 81,762 more women with Crohn's disease at a cost of \$1,910,583,605;
- 40,526 more women with ulcerative colitis at a cost of \$522,789,187;
- 377,733 more women with depression due to COCs at an annual cost of \$2,413,713,761;
- 146,000 more women with depression due to POCs at an annual cost of

\$937,482,772;

3,222 more young women with heart attacks due to COCs at an annual cost of \$61,062,935;

6,158 more young women with strokes due to COCs at an annual cost of \$116,719,504;

There are between 20,385 and 72,163 more women with systemic lupus erythematosus (SLE) at a cost of \$438,985,908 to \$1,554,030,205.

COCs cause 26,471 more women to develop osteoporotic vertebral fractures at an annual cost of \$308,521,992.

POCs cause 24,926 more women to develop osteoporotic vertebral fractures at an estimated annual cost of \$290,517,770.

There are also the costs of women who developed interstitial cystitis (bladder inflammation) and multiple sclerosis due to hormonal contraceptives.

Of course these monetary costs are not as dear as the emotional and physical costs. They pale in comparison to the pain that parents feel when they lose their teenage daughter to a blood clot in the lung due to the Pill. Or to suicide from the depression brought on by the Pill. How can anyone calculate the suffering of women with bone fractures, SLE, Crohn's disease, stroke and the myriad of other diseases brought on by hormonal contraceptives?

It may seem fanciful to some to say that hormonal contraceptives can cause so much disease in so many different parts of the body.

Yet, one has only to reflect upon the fact that estrogen and progesterone receptors are not only found in our reproductive organs. These receptors are also found in our brain, heart, blood vessels, GI tract, urinary tract, bones, liver, breasts, lung, kidneys, skin, fat and many endocrine glands. We are beginning to learn through research the mechanisms of these disease states. In the last BCPI Report, we commented on the research showing that the Pill shrinks the hypothalamus in our brain which is responsible for our emotional states. A smaller hypothalamus was associated with depression.

For more information regarding monetary costs and diseases associated with the Pill, you can look at our new book, *Health, Hormones and Contraception* which also contains the complete FDA Petition. You can also review the FDA Petition on line at our BCPI web site under News Updates and Publications.

Better yet, you can use the provided links to the FDA website and record your own comments to the FDA concerning hormonal contraceptives. You can also read previous comments. They can be heart rending when given by parents who lost their daughters to blood clots and depression and women who describe their suffering due to the adverse effects of hormonal contraceptives.

Should women be given these drugs for contraception when there are alternatives that are safe?

To achieve success getting these dangerous drugs exposed and limit risks to unwary women, it will take the efforts of many. I hope you will join BCPI in our efforts. Your stories can make a difference in the lives of many women and their families.

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rhythmic secretions of hormones from your hypothalamus and pituitary gland. The Pill overwhelms that system by creating a “pseudo-pregnancy” state. High levels of estrogen and progestin suppress the hypothalamus and build up the lining of the uterus. When those hormones are stopped by taking the “dummy” pills (pills that contain no hormones) over the last 7 days of the Pill pack, there are no hormones to support the uterine lining causing it to shed, which is withdrawal bleeding. There is a pseudo period following a pseudo pregnancy. Yet women usually believe the Pill is somehow therapeutic in “fixing” their irregular periods and that they are now having regular menstrual cycles. Women and men also usually believe that a woman cannot get pregnant while taking the Pill unless she forgets to take them. Yet there are many reasons that the Pill may not prevent pregnancy. In fact, the CDC reports that there is a 9% failure rate of the Pill when it is taken as directed by the manufacturer. This results in over 800,000 unplanned pregnancies every year in the over 9 million women who use the Pill in the U.S. each year.

The book also supplies online references so that women may find ways to have fertility control by recognizing their own biologic states of when they are fertile so they can naturally achieve or postpone pregnancy. It also provides the FDA web site information so that you can add your comments about your concerns of hormonal contraceptives to the FDA petition.

We hope that you will find this new book useful and we will have it on our website for download or purchase under the Resources tab. All comments on the new book would be welcomed, especially ways to make the 2nd edition better or clearer.