



## Broadcast Transcript

**Broadcast:** From the Doctor's Office to the Frontlines of the War on Abortion

**Guest(s):** Dr. William Lile

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**Dr. Dobson:** Hello everyone, and welcome to this edition of Family Talk. I'm James Dobson, and I want you to hear a recorded interview today that featured my colleague, Dr. Tim Clinton, and one of the nation's great defenders of human life. He is Dr. William Lile. We call him the Pro-Life Doc, because of his dedication to saving babies. He's an obstetrician and gynecologist who speaks eloquently about this cause, and the work he's doing. This is why I admire this man so much. Sometimes, a pregnant woman who is in distress or shame will take an abortifacient drug, RU-486, to kill her baby. That happens more often than you might expect. Dr. Lile has helped develop a technique for reversing the effects of this drug and preserving the endangered little life within. It's a miraculous procedure. Although his pro-abortion medical colleagues have criticized him severely for not allowing the child to die.

This interview was recorded in January of this year during the March for Life event in Washington DC. I hope you're inspired by it. And here now is Dr. Tim Clinton talking to Dr. William Lile at the March.

**Dr. Clinton:** Dr. Lile, thank you for joining us, and what a delight to be with you. By the way, at March for Life. We had a little fun together.

**Dr. William Lile:** We had amazing time. We were with 500 thousand of our closest friends, like minded, with two goals. We wanted to serve our Lord, and we wanted to defend the pre-born, and to make a statement to the nation and the world while we listened to our President with the same message.

**Dr. Clinton:** I was shocked at the age of the crowd. That was a young crowd.

**Dr. William Lile:** Very young crowd.

**Dr. Clinton:** I'm talking high school students, college students. Today's generation is showing up en masse. Bill, I mean it was impressive.

**Dr. William Lile:** It was busloads of kids from all over the country, some who had driven all night on the buses, just to make a stand. They are visual learners, and the more that we see the lives of the pre-born in the womb, whether it's ultrasound, MRI, or

surgery, they get it. They understand that this is a patient on the inside, and if it's a patient, it's a person. So they're here to defend their peers.

Dr. Clinton: I know a lot of people talk about our kids, and they think we're losing them all, but I'll tell you what. That was quite a statement today. Bill, you are affectionately known to our listeners as the pro-life doc, and you've established quite a following. And boy, you've got some passion. Bill, I want to step into your life for a moment, kind of re-ID you to our constituency. How did all this come about? I know you're an OBGYN doc. Take us from there.

Dr. William Lile: Why did I go into obstetrics, that's the first question, because this is a natural process where you're helping a mom have a happy, healthy, natural process. Having a baby is the only time somebody is happy to go to the hospital. Nobody is happy about gall bladders, but they're happy when they're in labor.

Dr. Clinton: We just had our very first grand baby, her name's Olivia. Olivia Anne. My wife is Julie Anne, my daughter's Megan Anne, and this is Olivia Anne. And when we held her, it was like something I can't describe. People talk about grandkids, but it's true. But life, you're right. You're right. Life does something for us.

Dr. William Lile: It does. And we see that in the womb. There's nothing more exciting than letting somebody who has a positive pregnancy test, and the test is cool, but then when we can see that life on the ultrasound, you see little fingers, little toes, you hear the heart beating, and you know this is a gift. This is a gift from God. This is something created in the image of God, unlike any other creation. Created in the image of God to communicate with God, and there's nothing more magical. I've delivered 4,000 babies. Every one is special. Every one's amazing, and it's just a gift for me to be able to follow with my patients throughout the pregnancy, deal with the sickness and the illness and the challenges, but then to see the baby on the outside. That's what gets me there at 2:00 o'clock in the morning.

Dr. Clinton: You know as men, Bill, we kind of are tentative until we hold the baby. For mom, that baby's been with her for a long time. It's amazing to me. Mom and this whole intrauterine developing piece. And I think it's really important to talk through this, because you've shared some things that have opened my eyes even further, that I think are beautiful. And as we talk about abortion, as we talk about infanticide, as we talk about taking a pro-life position, making sure we get the narrative right I think empowers people. Because I think people say, "I'm pro-life," but they don't know how to articulate it very well.

Dr. William Lile: And that's our role as physicians who are pro-life. To say yes, we respect life, but when did life begin? We read in Genesis 1:26 that we're created in the image of God. God says, "Let us make man in our image." Well, when? It's not when we're born. It's not when we get our first ultrasound. The only time that medically, genetically, scientifically that makes sense when we were created in the image of God is that very moment of conception. That is when the family history and the family tree of our moms and our dad is created at that moment.

Where genetically, even when we're just one cell, we are one cell there inside of our mom. One cell from the dad, one cell from the mom, unified together. The genetics of that one cell is identical to all of the cells in your body right now. There's no difference. It is unique from the other seven billion people on the planet, it is unique from anybody who has lived or anybody that will live. That's when you were created in the image of God, and that's when your family story started.

Dr. Clinton: Bill, when conception happens, that is a person.

Dr. William Lile: No doubt.

Dr. Clinton: At that particular point. That is a different... you talk about a child being pre-born, and you describe that child very uniquely, which I think is very helpful. Take us back in. Some of the work that you guys are doing that can be done intrauterine now and more only takes us to that full understanding I think that we need to have, because the personhood debate is where this thing really goes sideways.

Dr. William Lile: Genetics and genes are the blueprint of who we are. So that first cell makes an exact copy. So now we have one cell, two cell, four, eight, 16, 32, 64 cells, but at one point those cells say, "I don't want to just be an exact copy." One cell will say, "I want to start the entire circulatory system." Another cell says, "You do that, I want to start the entire skeletal system." Another cell says, "I want to start the entire neurologic system." We all have the same blueprints. How did that one cell know, "You know what, I'm going to turn on these blueprints. I'm going to be the electrician," another one says, "I'm going to be the plumber," another one says, "I'm going to be the structural engineer. I'm going to be the frame of the house."

We used to say 10% of the DNA was what was needed, and the other 90% was what was referred to as junk DNA. God doesn't make junk. God doesn't just say, "I'm going to put this in there but it's not really needed." Now we're learning that that 90% that we used to call junk DNA is probably very much involved in what's called cell differentiation, where cells will divide and say, "All right, I've got the blueprints, I'm going to follow this path." And within 18 days after conception, we can see the heart beating on the inside.

Dr. Clinton: 18 days.

Dr. William Lile: 18 days, we can see the heart beating.

Dr. Clinton: So that's significant when you hear about heartbeat bills.

Dr. William Lile: Correct.

Dr. Clinton: 18 days in.

Dr. William Lile: And that is just the visual proof of what has been going on since then. Nothing genetically has changed. This is the same person, but now we see and we can hear the heart beating. And when we can see that, that's when we can really recognize and visualize, this is a new life on the inside. But it was created in the image of God at that moment of conception. Now, we're not just looking at these images. We actually are treating the pre-born as patients. We can actually do surgery on babies on the inside. There are conditions where mom will see the baby as a different person. It's unique, it is a different person. Mom is an amazing life support system for the baby on the inside, but it is not part of her body. It is unique. Moms will see this as unique, and actually can make antibodies which can attack the baby. And you're like, "Why would mom attack a baby?" Because it's a different person. So when you see somebody say, "It's my body, I'll do with it what I want to," I'll correct you right now. It's not your body.

Dr. Clinton: That's important.

Dr. William Lile: It's extremely important. Half the time, how do I know without even advanced science that it's not her body in there? Because half the time it's a boy. All of mom's cells have an X chromosome and another X chromosome. The little boy growing on the inside, every cell has an X chromosome and a Y chromosome. Mom doesn't have any XY chromosome cells in her body, so when all of a sudden she has this new life that is X and Y, it's not her body. Well, moms will actually make antibodies. They will attack the baby as something foreign. It's like when somebody gets a kidney transplant. It didn't matter if it's their brother, it's still foreign. So the rest of their lives, they will have to take anti-rejection medications, because it might be in their body, but it's not part of their body. A baby's the same way, where half the genes came from the mom, half the genes came from the dad. And the mom sees these genes and proteins that came from the dad as being foreign.

Mom can actually make antibodies, which will cross the placenta, go to that baby, and start to attack the baby's blood. It's like why would mom attack her own kid? It's a different person there on the inside. And that's when mom's antibodies will attack the baby's blood, and we have to do a blood transfusion on the baby. It's amazing. If we don't give the baby blood, the baby would die on the inside. Well, how do you get blood to a baby that's inside the womb? We can't just give it to mom. We actually can guide a needle with an ultrasound. The needle goes through the skin of the mom, goes through the wall of the uterus into the fluid around the baby. We guide it very carefully up to the umbilical cord. We can actually put into the umbilical vein.

Dr. Clinton: Really? That's fascinating.

Dr. William Lile: And then once we place it into the umbilical vein, we give the baby a blood transfusion. Well, where do you get this special baby blood from? It's not special. If you go down to your Red Cross or your One Blood center and you donate your blood, and your blood type happens to be O negative, it is your

blood that we can draw up in a syringe and we can give to the baby to give a life sustaining and protecting blood transfusion. But once we give the baby a blood transfusion are we done? No. Mom's still attacking the baby, because it's a different person on the inside. So maybe three, four weeks later, we have to give the baby a blood transfusion. We might have to do this every three to four weeks until the baby is born throughout the pregnancy. If we didn't treat the baby as a different person and as a different patient, the baby would die.

Dr. Clinton: It really brings to life Psalm 139, where it says we're fearfully and wonderfully made. "While I was yet in my mother's womb, you knew me. You formed me."

Dr. William Lile: Yeah. The Psalmist was looking at that and he goes, "You know what, I don't really understand this. I know there was a night of romance and then nine months later this baby came out. My only explanation," in the Psalmist's mind, was that, "You knit me in my mother's womb." The Psalmist realized, this has to be God. This is not just something that happens. If you have a design, you had a designer. If you have a creation, you had a creator. And the Psalmist was just trying to express, "I don't understand the science, but I do understand this is so amazing. It had to be the hand of God."

Dr. Clinton: So much I want to talk about. I really enjoyed listening to you talk about babies as pre-born children. And why did you go with that term?

Dr. William Lile: I used the term pre-born versus unborn, and I want to explain why. Unborn is just that point in life, but it doesn't give the thought of continuation. Before our kids go to school, where do we send them?

Dr. Clinton: Preschool.

Dr. William Lile: We send them to preschool, why? Because you send your child to preschool, because the normal expectation-

Dr. Clinton: Getting ready to go to school.

Dr. William Lile: ... is the next thing that happens is school. I use the term pre-born, because the normal expectation for the pre-born is to be born. We watch the pregame show, because the normal expectation is the game's coming on. We don't send our kids to "un-school," we don't watch the "un-game" show, we send them to preschool, we watch the pregame show. So I use the term pre-born, because the natural godly next step is for the child to be born.

Dr. Clinton: Yeah. You're listening to Dr. James Dobson's Family Talk. I'm Dr. Tim Clinton, president of the American Association of Christian Counselors, and executive director of the James Dobson Family Institute. In makeshift studio in Washington DC at the March for Life. Dr. Bill Lile. And Bill is known as the Pro-Life Doc. He's rare. He's unique, and man does he have a passion for standing for life, and we're talking about understanding what's happening in the womb,

dealing with the personhood debate. And Bill, I want to take this a step further. One of the things that you've been involved with is this whole abortion pill reversal. Can you explain a little bit of that to us?

Dr. William Lile:

Sure. We are aware of abortion from the surgical aspects, and that's what a lot of people think of when they hear the word abortion. They think about the surgical abortion. The fastest growing form of abortion is actually with a pill. 39% of all the abortions in the United States currently are being performed not with a surgery, but with the abortion pill. In some states like Oklahoma, it's actually more than half. Oklahoma, 53% of all the reported abortions in the state of Oklahoma are with the abortion pill.

Well, how does a pill cause an abortion? The pill is 98% effective up to 10 weeks along. You can look at any ultrasound that somebody gets in the first trimester, and you can see the baby jumping, sliding, moving around, stretching its back, moving its fingers and toes. That's what we're thinking about when we look at a 10 week along pregnancy. Well at the moment of conception, when we're created in the image of God, lots of changes start to happen in a woman's body, and it's all in preparation for growing the pregnancy. There is one conductor in the orchestra of pregnancy, and that conductor is a hormone called progesterone. Break down the word, progesterone. Pro-gestation. Pro-gestation. This is the hormone that is the conductor, it says, "Okay body, let me tell you what's going on. We've just been blessed with a baby here on the inside, and now our role and our duty is to support this baby on the inside. I'm going to tell you how we're going to do this, we're going to take oxygen, we're going to take nutrition, we're going to take proteins and glucose, and we're going to direct it to the baby, and we're going to support this pregnancy on the inside."

The abortion pill, RU-486 or mifepristone, is very effective in blocking that hormone called progesterone. It's almost like the mom is not pregnant, and then the mom is pregnant and the whole body celebrates and its job is to support the pregnancy, because progesterone is telling the body what to do. And all of a sudden, RU-486 is given, and all of a sudden the body's like, "I could've sworn we were pregnant. I guess we're not pregnant." Can we reverse that? Yes. How do we do that? We just turn up the volume on progesterone. RU-486 is almost like you put earmuffs on the hearing of the body, and they can't hear that signal that says, "I'm progesterone. We're pregnant." We just turn up the volume so much that your ear plugs and your ear muffs can break through. And all of a sudden the body says, "Oh my goodness, we are pregnant. Let's continue supporting the pregnancy."

Dr. Clinton:

So a young woman who finds herself in a predicament goes to get an abortion, is administered these pills. She has an experience where out of somewhere she says, "I don't want to do this." She's just overwhelmed by it. You're saying... and what's the window here, that this can be reversed?

Dr. William Lile: Our data shows that if we can administer the antidote, the reversal medication, within 72 hours of taking the RU-486, our data shows that we can be 70% effective in having a healthy mom and a healthy baby. Which is amazing.

Dr. Clinton: Is this available?

Dr. William Lile: It is available nationwide. We have a network called Abortion Pill Rescue Network. You can go to [abortionpillreversal.com](http://abortionpillreversal.com), you can go to [abortionpillrescue.com](http://abortionpillrescue.com), and we have nurses, trained RNs that man the hotline. We have 500 doctors nationwide that we have trained in the abortion protocols, how to take the information from the moms, get the information and initiate the reversal protocols. We want to make sure that finances are never an impediment as far as them getting the reversal medication. There are pregnancy centers all over the country who have funds just to pay for the reversal medication. So you have a baby that has a 98% chance of going to death. Somebody then invests \$109 in medication, literally buying back the life of that baby. 98% chance that the baby is going to die, we have a 70% chance of bringing that life back. That's what redemption is. The word redeemed is to buy back. We all have that option for redemption, to be redeemed.

Dr. Clinton: Thank God we do.

Dr. William Lile: But all of us have not been redeemed with \$109 worth of progesterone. We've been redeemed with something much more precious. We've been redeemed with the blood of Jesus Christ, and a much more valuable commodity with the blood of Jesus Christ to redeem us, to buy us back from the certainty of us going to eternal death.

Dr. Clinton: Yeah. We're at the March for Life together, and one of the lines that stuck out to me was the pro-life movement is winning.

Dr. William Lile: It is.

Dr. Clinton: It's winning.

Dr. William Lile: It is, no doubt about it.

Dr. Clinton: And when you think about that, these kind of advances take us there. Bill, I wanted to highlight, I'm going to go back to the intrauterine development conversation. I remember when my daughter Megan, and Ben, got their pictures of Olivia through the sonogram. And it was amazing. They sent this little video to us. And I know that in the pro-life movement, a lot of people have gone to those kinds of activities in their pregnancy centers, because they found that if young women could see their baby, it would change the game.

Dr. William Lile: It would.

Dr. Clinton: And see what I hear, you live in that world and I know it brings tears to your eyes, I've seen it, because you know the value of life. Talk to us about imaging and what you've learned from that movement, and the value.

Dr. William Lile: Sure. And our kids are such visual learners. I think that's why we're winning. We are winning in the younger generation. We are winning with the high schools, we are winning with the college. They are visual learners. They spend time on YouTube, on Snapchat. They see these videos and they go, "That's not a blob. That's a kid on the inside. That kid's only an inch long and it's jumping up and down and sliding."

Dr. Clinton: Like, "That's a kid. Look at him sucking his thumb."

Dr. William Lile: "This is a baby." But we also use imaging as a diagnostic tool. We use it for a diagnostic tool, not just to look and say, "Oh, this baby's got a problem. This is a serious problem. Your baby could die." No, we use it to diagnose, but now we can treat these issues on the inside with surgery.

Dr. Clinton: We're fighting the clock Bill, but I wanted to bring up an issue that stopped the crowd in their tracks today, and that's this trend in the presidential debates for a lot of candidates and people to say it's okay to abort a child, even up to the moment of birth. And then tipping the scale on executing a child, taking a child's life after birth. It just makes no sense. You're a doc. You see children, you've delivered what, 4,000 babies or something?

Dr. William Lile: Correct.

Dr. Clinton: That's a lot of babies.

Dr. William Lile: It's a lot of babies.

Dr. Clinton: Talk to us about that. How can people do that stuff? How can they even think like that? What is that?

Dr. William Lile: I get asked a lot, why would somebody want to spend 12 years in school to have healthy moms, healthy babies, and then choose to do abortions? And I think there's three steps. Number one, it starts off with greed. An abortionist can easily be making \$1000 an hour taking the lives of babies. The next step, I was always curious as far as what more notorious abortionists, how they were viewed by my peers at the national OBGYN meetings. You would go to the meetings for all the OBGYNs in the country, and the more notorious late term abortionists would be out in the foyer. You would see people lining up. Why? They'd go up to the physician and they would say, "I want to thank you for doing this service for women that I don't feel comfortable doing." They would have them sign autographs. So it starts off with greed, and then it goes to pride.

But then the next step is even more evil. What was the big sin of Satan? He wanted to be like the Most High. That was his big downfall. So you start with greed, you go to pride, but then you have a physician who knows the life in the womb. A lot of these physicians are high risk physicians who deal with the sickest moms and the sickest babies. And then they will literally have the baby's life in their hands, and now they're almost like God. And now we've gone from this progression from greed, to pride, to "I want to be like the Most High. I want to be like God where I can either grant life or I can take life." And that's the evil.

Dr. Clinton: God deliver us in this moment.

Dr. William Lile: And when you have a democratic party who has a major plank in their platform, every single candidate says abortion for any reason at any gestational age. That's when you realize this is not a choice, this is not Pepsi or Coke, or tea or coffee. We are engaged in a spiritual battle, and if we don't use our spiritual tools and spiritual weapons, prayer and the word of God, we are not going to win in this spiritual war.

Dr. Clinton: It's time to get our voice back.

Dr. William Lile: Amen.

Dr. Clinton: It's time to stand boldly for such a time as this. If we can't come together on this, what could we come together on?

Dr. William Lile: Exactly. [crosstalk 00:23:00]-

Dr. Clinton: It's barbaric. It's unbelievable.

Dr. William Lile: And if we don't hear the truth from our pulpits- we need to pray for our own pastors. We need to say, "We will support you on this." Our kids and our congregation needs to know the truth from the pulpit. You only get healing with true forgiveness. True forgiveness only comes from the blood of Christ, and if that message is not coming from the pulpit, then shame on the church. We are missing, I would say, the second most important aspect of ministry. Yes, share the gospel and share the love of Christ. But if we're not going to deal with the lives of the pre-born, shame on us.

Dr. Clinton: I'm so glad you talked about God's forgiveness and mercy, we all need it.

Dr. William Lile: No doubt.

Dr. Clinton: If we can take our brokenness, give it to the lord, God can come and step into those moments and say, "You know what, let's take that mess in your life," whatever it was, "And make it a message. Become an ambassador." Dr. Lile, thank you for what you do. Let me give you a closing word to our listeners today.

Dr. William Lile: Sure. We've been offered the gift of salvation and forgiveness. Look at the life of Paul. He was killing Christians. He was going around and taking the lives of Christians. And Paul says... I'll use my New Jersey accent, "Forget about it. Forget about your past." Don't let Satan remind you of your past and interfere with your current relationship and growth with him. Forget about our past, press on to the future. That's the message of forgiveness. Where God says, "I love you, I sent my son." He lived a perfect life, died on the cross, was buried, conquered death, rose again. And if you believe that, you can spend eternity with him. That's the message of forgiveness. Healing does not occur until you have true forgiveness, and true forgiveness is through the blood of Christ. Forget about your past, it's not about your past. It's about your future. It's not about perfection, it's about a new direction, and that new direction can start today.

Roger Marsh: An uplifting program about the ways the pro-life movement is saving pre-born babies all over the country. I'm Roger Marsh, and you've been listening to Family Talk. Dr. Tim Clinton has been our host today, and his guest has been pro-life OBGYN Dr. William Lile. Learn more about Dr. Lile and his meaningful kingdom work by going to [drjamesdobson.org](http://drjamesdobson.org), that's [drjamesdobson.org](http://drjamesdobson.org). Thanks so much for tuning in each day this week to our broadcast, and be sure to join us again Monday for another edition of Dr. James Dobson's Family Talk. I'm Roger Marsh, thanks for listening.

Announcer: This has been a presentation of the Dr. James Dobson Family Institute.