



## Broadcast Transcript

**Broadcast:** The Frontlines of Pro-Life Conscience and Care – Part 1

**Guest(s):** Dr. Christina Francis

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**Dr. James Dobson:** Well, hello, everyone. I'm James Dobson, and you're listening to Family Talk, a listener-supported ministry. In fact, thank you so much for being part of that support for James Dobson Family Institute.

**Roger Marsh:** Thank you for listening to Family Talk. I'm Roger Marsh. The program you're about to hear was recorded in January 2022 at the March for Life in Washington, DC. Enjoy.

**Dr. Tim Clinton:** Thank you for joining us for another edition of Dr. James Dobson's Family Talk. I'm Dr. Tim Clinton, president of the American Association of Christian Counselors and your host here today. Along with some of our colleagues from JDFI, the broadcast team, we're here in Washington, DC at the Students for Life National Pro-Life Summit. The hotel hallways are packed, thousands of young people, adults from all over the nation are gathered here to be inspired by leaders in the pro-life movement and to learn how they can continue to fight until abortion in this country is truly unthinkable, even around the world.

Joining me today on the broadcast is one of the speakers here at the National Pro-Life summit, Dr. Christina Francis. She has a unique and very important perspective of the pro-life movement. She's a practicing OBGYN, and chair of the American Association of Pro-Life Obstetricians and Gynecologists, AAPLOG is what they call it. I'll let her tell you a little bit more about the organization, but first, Christina, thank you for joining us here on Family Talk.

**Dr. Christina Francis:** Thank you so much for having me today, Tim. I just respect so much the work that Dr. Dobson have done over the years, has been truly an encouragement to me. It's an honor to be here with you.

**Dr. Tim Clinton:** Pretty exciting to be here in DC at the March for Life rally. There's so much enthusiasm and the hallways in this hotel are unbelievable. I mean, there are people from literally I think probably all 50 states, all over the country, but there seems to be an enthusiasm that's different this year. Christina, are you sensing the same thing?

**Dr. Christina Francis:** Absolutely. Yesterday when I was at the March and the rally, it almost felt like there was a crackle in the air or just this sense of excitement that I think all of us

are just anticipating hopefully, it's what we're praying for and hoping for, that come June is when we think we'll have the decision on the *Dobbs* case, that maybe the travesty of *Roe* that's been in place now for nearly 50 years, maybe that travesty will be reversed and we can finally go back to having real conversation in this country about abortion and the impact that it's had on millions and millions of lives in this country. Yeah, I think for many years, people were out there diligently marching, faithful to the cause, but not with a lot of hope that this would ever happen. This year, you just feel this sense of hope and excitement that maybe it's going to be this year.

Dr. Tim Clinton: Everybody talks about following the science, evidence-based research, where are we, and I guess I wanted to start out by asking you, do you feel, I mean, do you believe that the science is on the pro-life side now?

Dr. Christina Francis: 100%.

Dr. Tim Clinton: I like that, I like it a lot.

Dr. Christina Francis: 100%. There is no question, I think there's a couple different ways we can look at this. First, if we look at it from that pre-born child's perspective, there is no question now in the scientific fields that life begins at the moment of conception. At the moment of conception, you have a distinct living and whole human being that comes into existence and they meet all the criteria of a living organism.

If we talk about science, following the science, there's a very old scientific law, the law of biogenesis, that simply states that two human beings, I'm paraphrasing, but two human beings can only create another human being. We know that even that single-cell zygote at that moment of fertilization is not only a human being, but is a complete human being that has everything that he or she needs to become the fully developed adult that they will one day be. Nothing else is added after that moment of fertilization. More than 95% of human biologists are in agreement on this. This not, as was stated in *Roe*, the great mystery of when life begins. It's no longer a mystery, we know exactly when life begins and it's scientific fact. Science is on our side from that standpoint.

Then when we look at it from the standpoint of the woman who is undergoing this barbaric procedure, the science is on our side that there are zero health benefits to women from abortion and there are significant harms to her, not only in the immediate, but also in the long term. Again, the science is exceedingly clear on that point.

Dr. Tim Clinton: People also use the term viability of life. We know that there are heartbeat bills out there. When they detect a heartbeat, boom, here it is, life. What are your thoughts around the viability issue?

Dr. Christina Francis: Yeah, it's a really tricky issue, because as an OBGYN, I deal with this issue of viability quite often. I work in a hospital, I'm an OB hospitalist, which means I take care of pregnant women who are hospitalized with high risk pregnancies. There are times when I am taking care of a woman who's 20, 21, 22 weeks, who for whatever reason it's looking like she might need to deliver soon. This discussion of viability actually does come into play in my medical practice, where we start talking about what are the chances that your child could survive outside of you if he or she were to be born.

However, when we talk about it from a legal perspective, from a personhood perspective, when do we deserve the rights that our US Constitution grants us, the right to life, the right to liberty, this issue of viability is really a non-issue. The reason for that is because how can we base personhood on something that's constantly changing? When *Roe* was decided, the point of viability in practice really was more like 28 weeks. If you looked at most hospitals, how could they support premature babies, mostly it was about 28 weeks. Now, we are down to, in some institutions, 21-and-a-half weeks babies can survive outside of their mothers. How can you base personhood and rights on something that's shifting? I think even the Supreme Court justices have noted that viability really was an arbitrary line that they chose. They had to choose a line and they chose what they termed viability.

Dr. Tim Clinton: You can detect a heartbeat at what, eight weeks?

Dr. Christina Francis: Five to six weeks.

Dr. Tim Clinton: Five to six weeks.

Dr. Christina Francis: Mm-hmm, mm-hmm.

Dr. Tim Clinton: We obviously stand together. We really believe life begins at conception.

Dr. Christina Francis: Absolutely.

Dr. Tim Clinton: From there, let's talk a little bit about you, because God's got you in a unique place. You had an organization called the American Association of Pro-Life OBGYNs, AAPLOG.

Dr. Christina Francis: Yes.

Dr. Tim Clinton: Okay. We're going to talk about that more in just a moment, but you didn't even really plan to practice medicine in the United States, did you, full time? You actually went overseas and began over, I think, in Kenya.

Dr. Christina Francis: Yes.

Dr. Tim Clinton: Tell us a little bit about your journey.

Dr. Christina Francis: Yeah, absolutely. I, in high school, knew that I wanted to do medicine and did my first overseas missions trip right after my senior year of high school, and then I got the bug of doing medical missions, which I'm sure many of your listeners can identify with that. Then in college and undergrad, spent some time in Romania working in orphanages. It was one summer in Romania that I just really felt like the Lord was very clearly telling me that this was going to be my life. I loved experiencing another culture, especially experiencing God and His love in another culture. That then set the course for my life. I went to medical school with the intention of doing medical missions and decided to do OBGYN because I realized that women and children's healthcare in developing countries often is suffering the most.

Then I went with Samaritan's Purse through their post-residency program to Kenya for two years and knew, now of course I'm laughing at this and I'm sure everyone listening is laughing, when we know exactly what we're going to do with the rest of our lives, God sometimes changes those plans, but really, really loved my time in Kenya, worked at a wonderful mission hospital there and was just so blessed to serve the people of that area and be served by them as well, and really learned a lot during that time.

I was home in the States for various things, finishing up board certification, those kinds of things, and with the plan of raising full-time support and going back on the field full-time. It was during that time that my best friend actually had gotten activated in the pro-life movement at her church during a 40 Days for Life event, where her pastor challenged them to, for the next 40 days, every day, to either read or watch something into abortion. That's what she did, and she got keyed into some solid pro-life apologetics, who's now a mentor of mine, Scott Klusendorf, and she called me one day and she said, "I need to talk to you." I said, "Okay." She said, "Christina, you are a woman, you're an OBGYN, you're a Christian and you say that you're pro-life, but I don't think you're doing enough about it and I really think you need to be doing more."

Dr. Tim Clinton: Oh, one of those conversations.

Dr. Christina Francis: That's right. I've often said that I think everybody needs somebody like that in their life, who's willing to say the difficult things to them. That started a bug in my head of thinking, well, maybe she's right, maybe I do to be doing more because it does seem like maybe the Lord's positioned me in a fairly unique position to be able to talk about this issue. It was actually another March for Life during that time that was my epiphany, when the Lord just really spoke to me and said, "That's what you need to do."

I was here in DC for a March for Life and I went to the Holocaust Museum. I was in a room at the Holocaust Museum where they talk about the lack of response really of the US and the Western world to the Holocaust victims. I remember being in that room and just feeling very indignant and angry and thinking how on earth could people know that millions of innocent people were being

slaughtered and not do anything about it and turn their backs on them. Of course, the irony of that thought hit me in that moment-

Dr. Tim Clinton: There it is, we have a modern day holocaust.

Dr. Christina Francis: ... that we are in the midst of millions of innocent human beings being slaughtered, and do I potentially have a voice that I could add this fight? If so, then I'd better be doing that. That started my journey, and now here I am.

Dr. Tim Clinton: You got involved in an entity called the American Association of Pro-Life OBGYNs, AAPLOG, connect that dot for us, because it becomes important as our conversation goes on. What's the mission and purpose of the organization?

Dr. Christina Francis: Absolutely. We are the largest professional medical organization representing pro-life medical professionals in the world. Even though our names as OBGYNs, we actually have a lot of other specialties within the medical field that are represented by our organization. The unique thing about AAPLOG is that we are specifically not a religious organization, even though a vast majority of our members are religious, but we are a professional medical organization, because there is a need for a second medical opinion in this debate about abortion. Many people hear from the American College of OBGYNs, which is considered the main professional body for OBGYNs in the country, however, they have, with time, become a very pro-abortion, essentially political action committee.

Dr. Tim Clinton: Sure.

Dr. Christina Francis: The court-

Dr. Tim Clinton: People say they're not active or whatever.

Dr. Christina Francis: Absolutely.

Dr. Tim Clinton: But they're highly and aggressively active.

Dr. Christina Francis: And aggressively pro-abortion. They don't even take anyone else's views on this into account. They are going to the courts, they're going to the legislatures and they're representing, they're saying they represent, all of these OBGYNs across the country and that this is the medical opinion on abortion. There is a need for a second medical opinion so that the courts can see that there's not consensus on this within the medical community and that, again, we present the science behind the pro-life position.

Our job, not only to be a second opinion in the public square, but our job is to equip our members and other medical professionals with the evidence-based rationale that they need to defend their pro-life position and to defend lives in their practice of medicine.

Dr. Tim Clinton: That organization became pretty significant in the Mississippi case that recently went to the Supreme court, *Dobbs*, I think, versus *Jackson*. Let's talk a little bit about AAPLOG and why that voice became really important.

Dr. Christina Francis: Absolutely. If I have time, I'm going to go back.

Dr. Tim Clinton: Help us understand the case.

Dr. Christina Francis: Yeah, absolutely.

Dr. Tim Clinton: Yeah, because I think that sets up.

Dr. Christina Francis: Absolutely, absolutely. I'm actually going to go back to 1973.

Dr. Tim Clinton: Okay.

Dr. Christina Francis: We'll try and keep this brief for the radio show, but prior to *Roe*, actually at its inception, ACOG, the American College of OBGYNs, was actually fairly pro-life. They stuck to the Hippocratic oath that abortion really should have no place in the practice of medicine. However, as we got closer to 1973, there was a top-down push from ACOG leadership to impose elective abortion into the practice of medicine. Again, that was top-down, they didn't talk to their members.

Then, in 1973, ACOG submitted a pro-abortion brief in the *Roe* case and in the *Doe* case. ACOG actually gave the health language that was incorporated into the *Doe* case. Basically for anyone who's listening who doesn't know what that means *Doe v. Bolton* was a companion case to *Roe v. Wade*. *Roe v. Wade* said you can't significantly limit abortion in the first trimester, not really in the second trimester, you can in the third. However, *Doe v. Bolton* said that abortion should be legal through all nine months to protect the health of the mother, not the life of the mother, the health of the mother. The health of the mother encompasses socioeconomic factors, familial factors.

Dr. Tim Clinton: Anything, pretty much.

Dr. Christina Francis: It's anything.

Dr. Tim Clinton: Yes.

Dr. Christina Francis: In this country right now, a woman can have an abortion through all nine months of pregnancy for any reason because of *Roe* and *Doe*. ACOG was the one who introduced that health language into the *Doe* case.

Dr. Tim Clinton: Wow.

Dr. Christina Francis: This was a major shift. When all of this happened, many of the pro-life physicians within ACOG cried foul and said we need to form a group with an

ACOG so that they know that many of us are pro-life. Yeah, AAPLOG was actually birthed then in 1973 as a special interest group within ACOG. We submitted a pro-life Amicus brief in the *Roe* and *Doe* cases. We've had briefs in every major abortion and conscience case since 1973.

Dr. Christina Francis: We remained a special interest group within ACOG until 2013, we quickly became the largest special interest group and remained that way until they dissolved all special interest groups.

Dr. Tim Clinton: Wow.

Dr. Christina Francis: We think somewhat conveniently to get rid of us, but yeah.

Dr. Tim Clinton: Of course. How convenient.

Dr. Christina Francis: That's right, exactly. But it actually was a blessing for AAPLOG because then we no longer had to abide by the ethical principles that ACOG was setting forth, which are not ethical in many cases, and we became our own organization. Our membership has since tripled since then, and we have continued to file Amicus briefs in every, again, significant abortion case and conscience case at the Supreme Court.

Fast forward to *Dobbs v. Jackson*. This was a case out of the state of Mississippi, that was a 15-week abortion limit in the state of Mississippi, which is very reasonable and it passed easily through their legislature. It basically said, other than for a case in which the mother's life is endangered, that a woman can't have an abortion beyond 15 weeks. There were many rationales behind that. That, of course, was challenged by the state's only abortion provider, stating that that placed an undue burden on women's access to abortion, and made its way to the Supreme Court.

What was so key about this case was that it's a pre-viability ban, which *Roe* specifically forbids. Really the only way that I can see, and I'm not a legal expert, but that many legal experts can see to uphold this Mississippi law is to overturn *Roe* and come up with some new framework or just return it to the states altogether. This is a really crucial case. AAPLOGs Amicus brief in this case specifically addressed the harms of abortion to women in the second and third trimesters, which are the abortions that this particular bill would ban.

Dr. Tim Clinton: Amazing. I mean, so encouraging to hear that that kind of work is being done and that professionals are banding together in this fight. Going into the case, what would the Mississippi abortion case mean for OBGYNs?

Dr. Christina Francis: Yeah, no, it's a great question, because what you'll hear from pro-abortion OBGYNs is that this is interfering in the physician-patient relationship, it's going to put a gag order on us or not allow us to do our jobs.

Dr. Tim Clinton: Right, yeah. They're crying foul.

Dr. Christina Francis: Yeah, exactly. But the honest answer is that an abortion is never medically necessary, even in the first trimester, to save the life of the mother. The reason for that is because the intent of an abortion is purely to end the life of a developing human being, it's not to save the life of the mother. In the rare cases where we have to deliver a woman early because she is facing life-threatening complications, that can be done in a way that leaves her child intact, that respects the dignity of that child's life, even if the end result is that child passes because maybe he or she is born too early or has health issues that doesn't allow her to survive. We can deliver that baby in a way that protects mom, but also respects the dignity of that child. Imposing a 15-week abortion restriction, or even such as in the state of Texas right now, where they have basically a six-week abortion restriction, in no way impacts my ability to be able to care for my patients with excellent medical care.

Dr. Tim Clinton: Got you.

Dr. Christina Francis: Yeah.

Dr. Tim Clinton: Explain to us the conscience that's out there, where it felt like maybe the administration was going in a direction, the current administration was going in a direction that forced physicians to go against their conscience and perform procedures, or by the way, are even some licensing laws in states and boards, the state boards, looking at this very issue and creating this conflictual piece that puts professionals at odds with their own personal values and more?

Dr. Christina Francis: Yeah, yeah, absolutely. It's a significant issue. Anytime a right is declared for something, such as the right to abortion, there is then a responding duty of someone to provide that right. As soon as we decided in this country that women had a right to abortion, then there becomes a duty for people to provide those abortions to them. Now, thankfully, up until now, we have fought very hard, and many times won, for conscience protections for physicians and nurses to not have to participate in abortion. However, that is being eroded rapidly, especially in the last few years.

Going back to the late 2000s, the American College of OBGYNs issued their Ethic Statement 385 that said that you are an unethical physician if you will not perform or refer abortion, or if you don't relocate your practice to within 20 miles of someone who does. Then, a month later, the American Board of OBGYNs, who gives us our board certification, which I have to have to be able to practice in a hospital, they said that the only way you can maintain your board certification is if you practice according to the ethical statements put forward by ACOG, which means if you don't perform or refer for abortion, we're going to yank your board certification.

Dr. Tim Clinton: Yeah. Well, it's revocation of licensure.



Dr. Christina Francis: Exactly.

Dr. Tim Clinton: They will bring you up before that state licensing board and rip your license away.

Dr. Christina Francis: Exactly, exactly. AAPLOG joined with other organizations, like the Christian Medical and Dental Association, to cry foul on this and say you absolutely cannot do this. We pushed back, the American board backed off, and that's actually where several of our federal conscience protections came from that we have now.

However, over the last few years, there has been a concerted effort to especially impose this on medical trainees, so medical students and residents, so that ACGME, which is a private organization that is responsible for accrediting all medical schools and residency programs in the country switched in 2017, I believe it was, from programs have to provide opt-in abortion training, which means it's not a standard part of your training but if someone said, "I want to be trained in abortions," they would provide a way for them to be trained, but it's not considered standard and it's upon the person who wants abortion training to take the initiative to try to get that. They switched to every program, in order to be accredited, has to provide opt-out abortion training, which means it's now a standard part of the curriculum for Catholic hospitals and other hospital systems who have moral objections to abortions, you have to provide a way for people to have abortion training.

They say they're in compliance with conscience laws because they say, "Well, we're providing an opportunity for somebody to opt out," but for anyone who has been in a training program where they've been low man on the totem pole and everyone above them is responsible for the course of their career, you can imagine how difficult that's going to be for that lowly medical student or that lowly intern to speak up when everyone around them is doing abortion training and say, "I don't want do it." We have heard multiple stories of either then their course content becomes significantly more difficult, they start getting all of the scut work that nobody else has to do, or they have to come up with some way of still meeting their requirements on their own and no one is going to help them. This is extremely coercive.

What it means for the general public is, if we don't push back against this, you may not ever be able to find a pro-life physician when you are looking for one. It's a really significant issue and it's important that we continue to push back. Of course, the current administration is not doing much to help us.

Dr. Tim Clinton: We are up against the clock here, Dr. Francis, but I so appreciate this conversation because as you think about being here at the March for Life, the Students for Life event and more, educating today's generations, educating our listening audience on these issues become critical. This isn't about politics, this is about policies that begin to affect everyday life, even the practice of medicine. I so look forward, what a great conversation, I hope you join us again

tomorrow as we finish this conversation around the whole world of medicine, life, ethics, morality, and so much more. Christina, thank you for joining us.

Dr. Christina Francis: Thank you so much.

Roger Marsh: You've been listening to Family Talk and part one of Dr. Tim Clinton's informative conversation with Dr. Christina Francis. Dr. Francis is a board certified OBGYN and chair of the board of the American Association of Pro-Life Obstetricians and Gynecologists. She knows firsthand the harm that abortion causes women and she is on a mission to equip medical professionals to provide evidence-based rationale for defending the lives of both the pregnant mother, as well as her pre-born child.

2021 and 2022 have proven to be encouraging years for the pro-life movement. In September of last year, we saw the Texas Heartbeat Act come into law, and we're hopeful that the *Dobbs* case out of Mississippi could be decided favorably so that it will protect even more pre-born babies after it is heard in the Supreme Court later this year. Let me challenge you to be in prayer as that decision approaches.

To learn more about Dr. Francis and the American Association of Pro-Life Obstetricians and Gynecologists, or to listen to any part of the program you might have missed, visit [drjamesdobson.org/broadcast](http://drjamesdobson.org/broadcast), that's [drjamesdobson.org/broadcast](http://drjamesdobson.org/broadcast), and make sure to join us again tomorrow to hear the conclusion of Dr. Tim Clinton's interview with Dr. Christina Francis. That's coming your way next time, right here on Dr. James Dobson's Family Talk.

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