



Broadcast Transcript

Broadcast: Being Pro-Life in 2025 – Part 1

Guest(s): Dr. William Lile

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Dr. James Dobson: You're listening to Family Talk, the radio broadcasting division of the James Dobson Family Institute. I am that James Dobson, and I'm so pleased that you've joined us today.

Roger Marsh: Well, welcome to Family Talk, the broadcast division of the Dr. James Dobson Family Institute. I'm Roger Marsh, and today we're going to hear a powerful presentation from a man Dr. Dobson discovered many years ago, who has since become known as the pro-life doc. His name is Dr. William Lile, and he's going to present to us an eye opening look at how modern medicine is revolutionizing our understanding of life before birth. Now, Dr. Lile's pro-life journey began in 1999 when he took over what had once been Pensacola, Florida's largest abortion facility and transformed it into a place of healing and healthcare for the pre born.

As an OB/GYN and former department chair, he has witnessed first-hand how advances in medical technology are changing the way we care for our tiniest patients, babies in the womb. From performing delicate heart surgeries to giving blood transfusions to babies still in utero, Dr Lile shares powerful evidence that these precious lives are patients deserving the same rights and protections as any other person. His message of hope combines cutting edge medicine with biblical truth, the truth that every life, no matter how small, bears the image of God. Dr. James Dobson and Dr. William Lile have a special friendship and a bond that has been formed over the years of caring for the least of these and whether you're a medical professional, a parent or simply someone who cares about defending the sanctity of human life. What you're about to hear is going to be very, very encouraging. We're calling today's presentation "Being Pro-Life in 2025," and now here's Dr. William Lile with part one of that presentation on this special edition of Dr. James Dobson's Family Talk.

Dr. William Lile: The phrase that we're going to sound together is Primum non, no. Sere. So say it with me. "Primum non, no. Sere," What did you just say? You just said first, do no harm. You just got accepted to medical school. We're going to give you needles, we're going to give you scalpels. We're going to give you radiation, chemotherapy, we're going to give you robots to play with, but they are to heal, not to harm. First rule, do no harm. Second thing is that patients have rights. We've all been a patient before. Aren't you glad that there are laws and rules that guarantee patients rights, but remember, our rights come from God. It is the duty of good government to support those rights that were given to us by

God. When it comes to patients rights, this is Colorado. You have lots of rights that are written in your legislation that if you are a patient, this is a list of your rights. This is one that I love. If you are a health care patient here in Colorado, you have a right to safety, to kindness and courtesy if you are a patient in Colorado. Recently, I was at the University of Florida, College of Medicine, my alma mater, and I was speaking to the students, and we were talking about patients' rights, and I asked the students, if I have a patient, this patient is in the emergency room, and they are dying because they need a blood transfusion, but they weren't born in the United States.

As a physician, do I have to give them a life-saving blood transfusion when they haven't been born in the United States? And one of the students, one of the back row guys. Love the back row guys. One of the back row guys says, "Dr. Lile we've been taught here at the New University of Florida College of Medicine that a patient is a person is entitled to respect and bodily integrity. You have a duty, whether they were born the United States or not, to meet that need." I said "I agree with you. In fact, the patient that was in the emergency room that would have died without a blood transfusion that wasn't born in the United States received a life-saving blood transfusion, even though they weren't born in the United States, yet," and that's the key. We are now treating babies in the womb as patients. We are doing it in Florida. We are doing in all 50 states, and here in Colorado, you have some of the most advanced maternal fetal medicine programs in the country. How do you give a baby a blood transfusion? How many here like pubs? Anybody here like a good pub? All right, there's one person over there. Thank you. You know we'll see her over there later. But what's a pubs? It's not that kind of pubs that we can get a cold beer or something. This is a medical procedure called a Peri umbilical blood sampling. What does that mean? We can now give life-saving blood transfusions to babies in the womb.

We have done this at my hospital as early as 18 weeks gestation. Well, why would a baby need a blood transfusion? Because from the moment of conception, the mom, the baby and the dad are genetically unique. Moms, half the time that baby is a different gender. And let me give you a little medical tip. There are two genders you are either from the moment of conception, you either have XX chromosome and you are a woman for the rest of your life, or you have an XY chromosome and you are a dude for the rest of your life. That is the only options that we have regarding that. But did you know that moms and babies can even have different blood types? Moms supply everything through the placenta. Babies get rid of everything they don't need through the placenta, but their blood does not mix together, but sometimes, when the moms and the babies have different blood types, moms will have antibodies, which can cross the placenta and start to attack the baby's blood type. And we can see on ultrasound, and we can diagnose these babies, and we know when their blood counts are dropping, just like a patient in the emergency room that had a trauma. When we see a patient's blood count dropping, we can either deliver them, but if they're 18 weeks, they will not survive.

So what do we do? We give these babies life-saving blood transfusions, not in their arm. We do this in a large vein in their umbilical cord. We have blood. How many of you all donate blood? Great, if you have O-negative blood at the Colorado Children's Hospital, they could have used your O-negative blood to transfuse to a baby in the womb, which is fulfilling the great commandment. When Jesus was asked, "What's the greatest commandment," they were thinking they were going to trip Jesus up on this question. He said, "Number one, love the Lord your God with all your heart, mind and soul, and your neighbor as yourself." If your neighbor needed a unit of blood to survive, you would give your neighbor a unit. You are fulfilling the great commandment by giving a baby in the womb a unit of your blood to save their life. We place this into the umbilical vein, and routinely, we are saving their lives.

This is a video from our new curriculum that's available out front. You have an anemic baby on the inside whose blood count is dropping. We use ultrasound to see where the baby is positioned, see where the umbilical cord is and the umbilical vein. This is the blood that one of you donated and is in the blood bank, O-negative blood that is CMV negative. We will use that ultrasound to guide the needle through the skin of the mom, through the wall of the uterus. We will guide it not just into the umbilical cord, but specifically into the umbilical vein. And there is constantly blood flowing to the placenta and back to the baby. In fact, when you look at the umbilical arteries, they are un oxygenated and they're going to the placenta to get blood. You have the umbilical vein, which is heading from the placenta back to the baby, and it has all the nutrients that the baby needs. So we target the umbilical vein. We'll take the tip of that needle, guide it right into the umbilical vein. There's not enough blood there on the inside, so we give that baby a life-saving blood transfusion. If we can do a life-saving blood transfusion for a baby in the womb. Are they a patient? Yes, and all patients have rights, and a patient is a person, no matter how small. We are treating the patients in the womb, and we are saving their lives. They are my patients. But that's not the only thing we're doing. Does anybody here have twins. Anybody here have identical twins? Identical twins?

All right, this is the story of identical twins. Do you see something different in this example of the identical twins? They were conceived at the same moment in time, one egg, one sperm. But guess what? This one is really big, and this one's really teeny and scrawny. And just for the story, we're going to say this baby who is big and this baby who is small, and this happens about 20% of the time, but we're going to name the big baby, Arnold, and we're going to name the little baby, Danny. You're going to understand the movie really quickly, because now you understand what this movie was about. It was all about twin twin transfusion syndrome. Well, we see this about 20% of the time, where they are sharing a placenta. Did your twins share everything perfectly? I mean, toys, candy, Halloween stuff? No, they're all shaking their heads. They're little sinners, but they're sinners. They're sinners while they're still on the inside, because you will see they are sharing the placenta, but they're not sharing it equally. Poor Arnold. Arnold is saying "That is my nutrition coming from the placenta. I want more, more, more. Give me more nutrition." More...from the

other side. He's like, "Come on, man, give me a break. Give me something besides the leftovers." So what do we do? When it gets real obvious and real severe, we send our patients to Texas Children's Hospital. We could send them to Colorado, to the children's hospital there, but that's a little further away for us, but we send them to Texas Children's Hospital.

And what do they do? They have a physician who will go in with a fetoscope, a scope through the skin, through the wall of the uterus. He can see what he's doing, and he has a laser. He has a lightsaber there on the inside. He will take that laser and he will cauterize the blood vessels go from one side of the placenta to the other. And he is essentially saying, "Arnold, this is your side of the placenta. Danny, this is your side of the placenta. Now you two play nice." They will watch them for 10 days. They send them back to us in Pensacola, and we deliver them. They might have gone down to Texas at the 90th and the third percentile, big and little, by the time we deliver them, there might be 60/40, 70/30. So if we can teach identical twins how to share while they are still in the womb, are they patients? Yeah, and a patient is a person, no matter how small.

Vanderbilt University was conducting a trial of babies with spina bifida because they had a thought that maybe if we correct the Spina Bifida while the baby is still in the womb, rather than waiting until after they deliver, that as the baby is still growing and developing on the inside, these kids would do better. This little baby's name was Samuel Armas, and what did they find out? When they took the risk and they took the initiative, and they operated on these babies in the womb and then followed them for years and years afterwards, these babies could go upstairs faster, downstairs faster.

They have better control of their bladders, better control of their bowels. We have improved their quality of life for the rest of their lives by treating them as a patient while they are still in the womb. That was clear and decisive. It was called the mom's trial, and is still going on. Well, what happened to that little hand that was there? Well, I was speaking at Georgia Right to Life a few years ago, and this eight-year-old kid came up to me, and I said, "How are you?" And I said, "Thank you for coming." He goes, "You use my picture all the time." I said, "Oh my gosh, you're Samuel Armas." He goes, "Yeah." I said, "Let's get a picture together." But then what happened after he turned eight? He continued to grow, he continued to get older. This is Samuel after he graduated from high school. Was he a patient here? Yes. Did he have rights? Yes. Was he a patient here in Georgia Right to Life when he was eight-years-old? Yes. Was he a patient here? Yes, a patient is a person, no matter how small.

Well, what happened to Samuel after that? Well, I did a little bit of searching, because you got to love the internet. Well, Samuel, that little hand that went up, Samuel now plays basketball. What else, he's got a girlfriend now. So when you look at this, was he a patient with value there in his mother's womb? Yes, is he a patient and a man with value now that he's standing there with his girlfriend? Absolutely, we're not just saving the baby. We are saving a life. We

are saving an entire generation. So that is amazing, but that was generation one. This is like an iPhone number one. Who signs their iPhone number one?

Nobody does, because they've come out with what, like 18 since then. That was generation one, where they opened up the uterus. We are now doing the same procedures, fetoscopically, where gallbladders it used to be, you went in, you got your gallbladder out, and they made an incision from here to here. They cut you in two, they took out your gallbladder, put you back together, and then you were there for 10 days. Now, with scopes and technology, what happens? You get four band aids, you're back at Chick fil A before lunchtime, beating the line, or maybe you like to go to In and Out Burger, technology changes. I'm going to show you this procedure. I'm not going to show you the whole surgery. It's amazing, but a lot of people don't do well with blood and hearts and stuff. So I'm just going to show you the baby, the baby that you are here saving their life. I'm not going to show you the surgery, but this is the technology. The uterus has been exteriorized. They have placed a scope on the inside. They are now placing instruments on the inside. The inside of the uterus lights up like Rudolph's nose because of the light inside. That is the baby on the inside of the womb. This is the patient. This is a baby that could be aborted at any gestational age here in Colorado. That is evil. This is the image of God right there inside of the womb. And you think, well, it can't get cooler. We now have a third generation of Spina Bifida corrective surgery, and we have a great animation of this in our curriculum. But for today, this is a still picture.

This is Dr. Diana Farmer, how are they curing Spina Bifida? Stem cells. We're using stem cells when it comes to orthopedic issues. She thought, "What if we use stem cells, put them on a little patch and surgically put it on the defect in the baby's spine?" I'm thinking, good idea. Where'd you get the stem cells from? The stem cells that they first tried were from abortions. And guess what God said on that idea? Nada. It's not going to work. It didn't work. So they looked for other sources of stem cells. Where did they find these stem cells? From placentas after people had already delivered their babies, they found the stem cells there. What's a stem cell? A stem cell's like a five year old. When you see a five year old, what's that kid going to be when he grows up? I don't know. They might be a pastor, they might be a professional athlete, they might be a doctor.

We don't know. They might be a politician, for all we know. But a five-year-old just needs a little bit of guidance and direction. When you take a stem cell, which is a totipotent cell, it's like, I can be anything I want to be. Give me some direction. Give me some guidance. And we apply that to the Spina Bifida defect and they go, "Now I know what I want to be. I want to be normal spinal cord." They are applying this patch to the defect and kids that were not moving their legs, not moving their feet while they're still on the inside, these stem cells are regenerating these defects in the baby's spine, and they are delivering these babies. It's actually called the cure trial. They think they don't just have a treatment for Spina Bifida, but that they have a cure for Spina Bifida. And you think, well, it can't get cooler than that. Oh my goodness, it's going to get cooler than that y'all.

Anybody here ever had heart surgery? Or is everybody here rocky mountain healthy? Okay one person with heart surgery. We're not doing heart surgery for babies on the inside of the womb. And this is one of the best animations and examples that I can give you, because there's so many aspects of this which defend life. This is a baby that you're in med school, so you know exactly where you are on this ultrasound, right? You know you are looking at the chest of the baby. Right there in the center is the heart, and here is the lung. Here's another lung. And can you point and see where the teratoma, where the tumor is? How about a hint? Bazinga, all right. So here's the teratoma. This is a tumor growing on the heart that is growing so quickly. They said this baby is going to be dead in a week, maybe two weeks max, unless we remove this tumor.

Option one, deliver a 27-week-baby, then do open heart surgery. The doctors at the Cleveland Clinic said, You know what? That might not be our only option. They said, why don't we do the surgery while the baby is still in the inside of the womb? And this is actually the team. This is health care at its highest level, 36 doctors, nurses, anesthesiologists. How many anesthesiologists do you need for a surgery? They had two. Why have two? When I'm doing a hysterectomy, I get one anesthesiologist because takes care of the mom. When we're doing surgery on babies on the inside, we have two anesthesiologists, one for the mom and one for the baby, because this is a totally different patient, a totally different neurologic system. So they actually had a second anesthesiologist. This is healthcare. When Bernie Sanders says, abortion is healthcare, this is healthcare. Abortion is two heartbeats go into a room; one heartbeat comes out of the room.

Mom went in with a heartbeat, baby went in with a heartbeat. An amazing team took care of both of them, and both of them walked out of that room. This is one more animation from our curriculum. You'll see the mom. You'll see the baby there on the inside. You can see the baby's heart is beating, and there's a tumor right there on that baby's heart. We're going to zoom in in just a second, and that tumor is about two centimeters in size, growing quickly, and it's this white goomba right there that is going to take the life of that baby. So mom has an epidural. She's comfortable. They brought in the OB, and the OB says, this is my part. I'm going to do like a C-section, an incision and an incision in the uterus. And then the OB says, I'm going to bring out the right arm. I'm going to bring out the left arm. Why? Because now we cue the pediatric anesthesiologist who starts an IV in the baby's hand. Baby's getting fentanyl for pain, and north neuron is a paralytic. Now we cue the cardiothoracic team. Incision in the baby's chest. There's the big goomba of a tumor, the teratoma. They removed the teratoma all of a sudden, the heart goes thank you very much. Now I can pump normally. This is at 27 weeks gestation. When did that baby deliver? 10 weeks later at 37 weeks gestation, there's almost no scarring on this baby's chest, because the baby was still growing and developing. It's like, well, do you have any pictures of the baby besides that cartoon? There's that baby's hand with the IV right there on the inside. Post operative, I'd like to introduce you to Rylan. Rylan is that baby on the inside. Well, that was a baby. What's Rylan up to now and you have any pictures of Rylan now? Bam, there's little Rylan dressed up as

Superman. He's allergic to kryptonite, and that's his only health care issue. But look at his little chest. He had a cardiothoracic surgeon, but he was in the inside, still growing and developing. 10 weeks later, you can hardly see that scar on that beautiful little baby. If we can do open heart surgery with a second anesthesiologist, is that a patient? Yes, a patient is a person no matter how small, and we have laws that protect the rights of all patients. And you're like, it can't get cooler than that. So it's gonna get cooler. We're doing brain surgery for these babies while they are on the inside of the womb. This is a condition called a Galen malformation. We're going to zoom in a little bit. This is an abnormal condition that we can see on ultrasound, and there's an abnormal connection between a high pressure artery and a low pressure vein. So this vein is just bulging and just having an aneurysm. It can actually rupture. When we diagnose this, half these kids are going to get really sick. The kids that get sick, half of them are going to die. So when we diagnose this right after delivery, we realize 25% of my patients are going to die. I don't like those numbers. I don't like those stats.

Doctors up at Boston Children's Hospital didn't like them either. So they said, why don't we fix it while the baby's still on the inside? And that's exactly what they did. So the doctors at Boston Children's Hospital, neurosurgeon says that's what we're going to do. We're going to fix this baby. Mom has a little bit of anesthesia, and then they will use ultrasound guidance to take a needle, and they're going to put it through the skin, through the wall of the uterus, and they're going to put it right into the back of the baby's skull. The brain has no pain fibers. With brain surgery, we don't even give the mom specific anesthesia. They guide that needle into the brain itself, go right up to this abnormal connection, and Donald Trump style, they're going to build the wall right there.

They're going to build the wall and they're going to block the abnormal high pressure blood from going over to the vein. So they put a vascular coil on the inside, not enough wall. Let's add a second coil, not enough wall. Add a third coil, not enough wall. Fourth coil, they had enough wall, and they blocked off that abnormal connection. Once the high pressure blood was no longer passing over to the low pressure vein, they were done. They removed the needle, let the mom continue to be on the gestation list. And then there's baby in honor of Colorado. They named that baby Denver. So there's baby Denver. Baby Denver had brain surgery while baby Denver was on the inside. So we can do brain surgery for a baby in the womb. Is that a patient? Absolutely and a patient is a person, no matter how small. Well, who is impressed with this news? I was. Who else was impressed? Dr. Sanjay Gupta was impressed. Dr. Sanjay Gupta, you know, he's a neurosurgeon, he's a reporter, and he works for the Christian news network, CNN.

Conservative News Network, no, but he's a gifted neurosurgeon. He heard about this, and I've been preaching since 1999 that when I have a pregnant patient, I have two patients that are in my office. I've delivered 5000 babies. I've delivered triplets and I delivered quadruplets every time that mama came into the office, I had five patients waddling on in there on the inside. Well, guess

what Sanjay Gupta says? Does he agree with Bill Lile? I mean, he's a gifted neurosurgeon. He's on CNN. I want you to listen to the words that Sanjay Gupta said when he interviewed the doctor about this amazing...

Dr. Sanjay Gupta: In-utero surgery also means they had to take two patients to the operating room.

Dr. William Lile: Wait a second. Patients have rights. Did Sanjay Gupta agree with me? Let's do it one more time.

Dr. Sanjay Gupta: In utero surgery also means they had to take two patients to the operating room instead of one, and they had to then very carefully...

Dr. William Lile: Patients have rights. What's the definition of a patient? Y'all are in medical school. A patient is a person receiving medical treatment. Have I shown you multiple ways that we are providing medical treatments for these babies on the inside, not for the moms, but for the babies, absolutely so if they are a patient, they are a person. And guess what? If they are a healthcare patient, they have the right to safety, kindness and courtesy when we were aborting babies up to term, that our patients on the inside of the womb, is that kind? Is that courteous? Is that providing safety for these babies? Absolutely not. A patient is a person, no matter how small and these patients have rights.

Roger Marsh: The wisdom of Dr. William Lile with a side order of Dr. Seuss and a reminder that every patient, no matter how small, deserves the fundamental rights and dignities that come with personhood. On today's edition of Dr. James Dobson's Family Talk, we've heard the first part of a powerful presentation about treating life in the womb with dignity and respect, featuring our special guest, Dr. William Lile. Through remarkable medical breakthroughs and technological advances, we're seeing how even the tiniest patients deserve our greatest care and protection, and they're getting it. Now, if you missed any portion of today's broadcast, or if you want to share these incredible medical developments with a friend or family member, go to drjamesdobson.org/familytalk, and you can share this link directly from our website. There you'll find the complete program, along with additional resources about protecting and celebrating the gift of life. You can also do so through our app, by the way. Go to your app store on your mobile device and look for the Dr. James Dobson Family Institute. Download the app and you'll have access to all of the resources that we have available to you.

And whether you're online or on the app, be sure you also check out our special resource offer for this month, whether you're just married or celebrating your golden anniversary, married couples need regular, quiet moments together times to renew love and intimacy with each other and with the Lord. In their special book called *Night Light for Couples*, Dr. James Dobson and his wife Shirley, will help you do just that. This daily devotional offers the personal, practical and biblical insights that have sustained the Dobsons marriage for 64 years and counting, and they've encouraged couples and families all around the

world. Let *Night Light for Couples* enrich your marriage too. For more information on how you can receive a copy of the book, *Night Light for Couples* as our way of thanking you for your gift of any amount in support of the Dr. James Dobson Family Institute, go to drjamesdobson.org/familytalk. You can also send your gift through the mail when you write to our ministry mailing address, Dr. James Dobson's Family Talk. P.O. Box 39000 Colorado Springs, Colorado 80949.

Well, I'm Roger Marsh. For Dr. Dobson and all of us here at Family Talk, thanks so much for joining us today. Be sure to tune in again next time for part two of this remarkable presentation from the pro-life doc, Dr. William Lile, right here on the next edition of Family Talk.

Announcer:

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