





# Hush

## Punam Kumar Gill

Writer . Director . Filmmaker

Punam Kumar Gill, a respected member of the arts community and a Chatelaine nominee for “woman of the year” has served as writer, director and producer on seven documentary films to date. She brings a deft combination of personal motivation and investigative acumen to her task.

Gill, who considers herself a “product of feminism,” had always assumed IA [induced abortion] was safe and without harmful effects. That changed some years ago, when the sudden onset of pre-eclampsia in her second trimester of pregnancy resulted in the spontaneous abortion of her baby. When she attempted to gather information on possible health consequences, Gill encountered resistance amongst health professionals to discussion of any risks. She was further troubled by the bromides set out by health organizations on their websites, as well as by the disparity in public policies around informed consent in different jurisdictions.

Hush, which seems to me an objective overview of the situation, should be seen by pro-choice women, pro-life women and women who are simply concerned about themselves or their daughters achieving their reproductive goals with optimal chances for long-term health. That is to say, by pretty well all women.

Barbara Kay, National Post, 2015-10-23

HUSH makes reference to a 1996 meta-analysis of the issue which, one researcher says, was conducted by a team with a wide variety of views on abortion. In a way this is reflected by the filmmaking team: “pro-choice” Director, Punam Kumar Gill, “pro-life” Executive Producer, Drew Martin and “neutral” Producer Jose Martin, who cooperated to bring the truth to the viewer. It’s something our whole society could learn from.

Hollywood North Magazine, 2016-06-29



# Hush

## The Story

“Hush” is the result of an unusual team looking honestly at a highly sensitive and controversial topic. To properly handle the subject matter has required more care than transporting nitroglycerin ... but an explosion is inevitable.

Since the supreme court’s decision of Roe vs Wade legalized abortion in 1973, “pro-choice” people and “pro-life” people have been arch-enemies. Pure hatred for one another’s viewpoints has reigned even to the point of physical violence towards one another. So when “pro-choice” Director Punam Kumar Gill, “pro-life” Exec. Producer Drew Martin and “neutral” Producer Jose Martin began conversations about the subject of the health effects of abortion on women, we weren’t sure whether such a partnership would be possible.

But we believed that if we could overcome our differences and work together, the outcome would be powerful towards the breaking down of political boundaries. Together we determined to maintain one goal, and only one goal, in the making of this film: to find the truth for the sake of women’s health. To do this, we would have to maintain a posture of honour towards ALL women, forgoing our personal opinions of whether abortion is right or wrong, good or bad. We united for the greater good: to ensure that the best possible care is being given to women.

In “Pro-Life” circles, hearing about the negative effects of abortion is a common thing. Churches and Crisis Pregnancy Centres will tell you about the psychological trauma, potential for physical damage, and even breast cancer, that abortion may cause.

On the other hand, in “Pro-Choice” circles, and at abortion clinics it is commonly told that the procedure is much safer than childbirth, that the psychological effects are the same as if you deliver the child, and the breast cancer connection is a closed case.

One way or another, **someone is lying to women.**

[Emphasis Added]

# Hush

[Transcription: Truncated]

Punam Kumar Gill  
Writer, Director, Filmmaker

“How do you feel when you watch ... reports about abortion? I don't know about you, but I feel an incredible tension. I feel threatened; like I'm being drawn into a fight.”

Barbara Kay  
Journalist and Columnist - National Post

“I really dislike this whole necessity to package yourself as pro-choice or pro-life; I am pro-information.”

“When women find themselves in a situation where they have an unplanned pregnancy and they are uncertain, there isn't a great deal of information that is absolutely neutral ideologically. ... Abortion is part of the great field of women's reproductive health, and that to me should be a subject we can all discuss without fear.”

Candace De Puy, Ph.D. and Dana Dovich, Ph.D.  
Psychotherapists and Co-Authors - 'The Healing Choice'

“Women are coming into our office, they're talking about all kinds of really important experiences that they've had in their lives, but no one; I think probably 99% of women, had never brought up the fact that they had terminated a pregnancy. ... So what we realized was, as therapists, [was that] this is not being talked about.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“40-50 million women worldwide have an abortion each year.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“We’re not talking about pro-life or pro-choice, we’re talking about very serious claims; breast cancer, premature birth, and psychological damage. ... We’re now talking about critical health risks related to abortion that may affect the lives of millions of women”

Dr. David Grimes  
OBGYN and Abortion Doctor

“[There are] no long-term consequences from abortion, either reproductive or otherwise, and that includes psychological effects as well.”

Dr. Joel Brind  
Professor of Human Biology and Endocrinology

Meta-analysis of 23 studies showed a 30% increased risk of breast cancer following an abortion.

Abortion Clinic Interview  
[Recorded Audio]

[Abortion Clinic Manager] “There’s no evidence to support that abortion has any relation to the incidence of breast cancer.”

Dr. Ian Gentles  
Author - 'Complications'

“There have been many dozens of studies, and a high proportion of those studies show a real statistically significant link between abortion and breast cancer. In other words, if you have an abortion you have a 30 or 40% increased chance of coming down with breast cancer later; and this has been established in studies all over the world ...”

Dr. David Grimes  
OBGYN and Abortion Doctor

“The jury is in, there is no relationship between either a miscarriage or induced abortion and breast cancer, and this is the opinion of all the major medical organizations around the world ...”

Punam Kumar Gill  
Writer, Director, Filmmaker

“Breast cancer incidences are much higher today than they were a generation ago.”

“And still, they can only attribute 20% of breast cancer cases to family history; they didn’t seem to know what caused the other 80%.”

Patrick Carroll  
Statistician

[Interviewer] “What sort of numbers did you find [between abortion and breast cancer]?”

“A very high correlation, more than .9 [90%] for breast cancer and abortion. Much higher than anything else.”

[Interviewer] “In fact, the correlations found in [Carroll’s] studies were so strong that he was able to make accurate forecasts of future breast cancer rates based on their abortion rates.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“What caused [the increase in breast cancer]? ... One major factor that had changed in young women’s lives, exactly ten years before this increase, is the rise in the number of abortions following legalization. Ten years is the same amount of time it takes the cancerous cell to develop to the point of detection.”

“So if there’s truth to the correlation between abortion and breast cancer ... how could they possibly be related? How could abortion cause breast cancer?”

Dr. Angela Lanfranchi  
Breast Surgeon

“So if you think about any breast cancer risks they all have to do with when do you get exposed to estrogen and how much do you get exposed to. It causes our breast cells to proliferate, which means they multiply through division; and every time a cell divides through division it has to copy its DNA, and every time a cell copies its DNA there are possible mistakes that are going to be made.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“Estrogen is seemingly responsible for a majority of breast cancers, in one way or another.”

Dr. Angela Lanfranchi  
Breast Surgeon

“One of the things that protects us, from breast cancer, is childbirth.”

Dr. Joel Brind  
Professor of Human Biology and Endocrinology

“We know, for example, that there is what we call a ‘susceptibility window’ between puberty and full-term pregnancy, when her breasts are adult size, and there’s a lot of breast tissue but which has not been differentiated in order to become milk producing tissue, it’s more vulnerable to carcinogens because these cells are cells which are more easily prompted to divide.”

Jeannette Joyce  
Breast Imaging Specialist

“We know that the best scenario for healthy breasts is to have many children, to start very early, and to breastfeed. The purpose of the breast is to produce milk for the young.”

Dr. David Grimes  
OBGYN and Abortion Doctor

“Women should know that early childbearing will confer protection against breast cancer. ... I absolutely believe that women should know all the truth that we [the medical community] know.”

Dr. Angela Lanfranchi  
Breast Surgeon

“As soon as she gets pregnant, as soon as you have an embryo floating down the fallopian tube, before implantation, that embryo is producing hCG, human chorionic gonadotropin ...”

“... when the hCG goes way up you start putting out a lot of estrogen and progesterone, and what that’s doing is stimulating the mother’s breast tissue to grow, but all she’s doing is making more of the Type 1 and 2 lobules which are immature and cancer susceptible.”

“... it’s only after 32 weeks when human placental lactogen levels goes high that you start getting the full differentiation. That’s when women start getting the protective effect of a full-term pregnancy.”

“So by interrupting the pregnancy before that differentiation you’ve left your breasts with more places for cancers to start, and that’s why induced abortion increases the breast cancer risk.”

“It’s exactly the same pathophysiology that causes premature birth, before 32 weeks, to double breast cancer risk; and nobody disputes that premature delivery, before 32 weeks, doubles breast cancer risk.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“None of the health organizations make this public assertion, but the three large studies that investigated preterm birth prior to 32 weeks all showed an increased breast cancer risk; and showed clearly, the decrease in risk, that is achieved between 32 and 40 weeks of pregnancy.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“The 2007 Harvard Nurses Study is said to show no overall link between breast cancer and abortion, but when you look at specific groups inside the study, women who had an abortion and had children, showed no increased risk.”

“But at a 26% risk increase was found in the group of women who had an abortion, but had no children.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“So if the studies on the subject line up with textbook biology of breast development, why was this important information overlooked at the NCI’s early reproductive event and breast cancer conference [the seminal 2003 National Cancer Institute conference].”

Dr. Angela Lanfranchi  
Breast Surgeon

“The 1997 Melbye study that’s reported in the popular literature as showing no increased risk of breast cancer actually showed a statistically significant increased risk with abortions occurring in the second trimester ...”

“... and so there was an increased risk of about 3% per week’s gestation.”

“You have more immature breast tissue than when you started. So the later in pregnancy, up to 32 weeks, before you have the abortion, you will have a higher risk. That’s what’s found in studies.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“The Ye study, a cohort of 267,000 Shanghai women, again, is often used to provide proof against the abortion breast cancer link, when it distinctly shows a greater risk increase depending how long the pregnancy lasts before the abortion.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“[The Daling study] showed that women who have abortions at 18 [years of age] or under have a 150% increased risk of breast cancer.”

“... and even more telling, those women under 18 who had had abortions past 9 weeks of pregnancy, showed an 800% increased risk of breast cancer.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“It’s not that surprising that science is affected by politics as well. In 2005 a study in the British journal Nature, found that by mid-career 1 in 5 National Health Institute researchers admitted to ‘changing the design, methodology, or results of studies based on pressure from a funding source.’”

Dr. Joel Brind  
Professor of Human Biology and Endocrinology

“So you see how the situation, the whole funding mechanism and research and reporting of research, has really gotten quite corrupt.”

Dr. Chris Kahlenborn  
Specialist of Internal Medicine

“... about fifteen to twenty years ago, when women were constantly told ‘It’s okay to take hormones after menopause.’ [Hormone Replacement Therapy] they were told it doesn’t cause breast cancer, and then all of a sudden the Women’s Health Initiative came along and said, ‘Wait a minute, it does cause breast cancer.’”

Dr. Angela Lanfranchi  
Breast Surgeon

“The same drugs, estrogen and progesterone, are in oral contraceptives. So women should know that.”

Dr. Chris Kahlenborn  
Specialist of Internal Medicine

“When the World Health Organization categorized the pill as a ‘Group 1’ carcinogen, the media blackout was overwhelming. ... in my experience, 99% of physicians have no idea that the World Health Organization classified the pill as a ‘Group 1’ carcinogen. They have no idea that there’s even a link between abortion and breast cancer. ... in my view [the media] are actively screening them out. I think it’s a crime.”

Dr. David Grimes  
OBGYN and Abortion Doctor

“But I think, given that the issue is settled [the link between abortion and breast cancer], to continue doing studies is not appropriate. Not only is it not appropriate, it’s also unethical.”

Barbara Kay  
Journalist and Columnist - National Post

“The earth is round, that subject is closed; but true scientists will never say that anything to do with science is closed. The door is always open to new discoveries, to new research. Once you say a subject is closed, what you’re really saying is, I don’t want any more research done on this topic.”

Dr. Joel Brind  
Professor of Human Biology and Endocrinology

“Between 2008 and 2014, just in South Asian, there have been a dozen studies. When you average them all together, the overall ‘average odds ratio’, or risk increase, is in excess of 400%.”

Steven Mosher  
President - Population Research Institute

“In China, of course, we’ve now had three and a half decades of this experiment [China’s ‘one child’ policy] that has been carried out by the Chinese government in effect on hundreds of millions of Chinese women, and rates of breast cancer in China are sky rocketing.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“Since my own loss I’ve never looked at stats the same way. ... I look at stats and feel the anguish of that one [person]. ... But when it’s your life at stake, it’s amazing how the information suddenly means something.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“So what could all these reproductive factors mean about our breast cancer risk. Well, if you’re a North American woman, your lifetime risk of breast cancer is 1 in 8.”

“Let’s say at 20 years old you get pregnant for the first time. If you have your child, you decrease your risk by a third; to about 1 in 12.”

“If you have the abortion at about 8 weeks, there seems to be an increased risk of 20-40%.”

“Which means your lifetime risk could be 1 in 6.”

“[If you] delay having a child until 30 years old, your lifetime risk is possibly up to 1 in 5.”

“[This risk can be] even higher for some like me with a late term miscarriage, a late term abortion, or a preterm birth before 32 weeks.”

Dr. Joel Brind  
Professor of Human Biology and Endocrinology

“[Making just] one choice to have an abortion makes a significant impact. So it’s certainly, by any reasonable standard of medical ethics, and the requirement of a physician or other medical practitioner to seek informed consent before proceeding with any sort of intervention ... would require that women be informed of it, and by-and-large they are not.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“If women have the right to abortion, they should also have the right to know.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“Apart from breast cancer, the women I heard from, and read about in my research, experienced a number of other physical complications as a result of their abortion, that are not being acknowledge by abortion clinics or the media. Things like ‘difficulty getting pregnant’, ‘future miscarriages’, ‘premature birth’, and even ‘sterility’.”

Dr. Freda Bush  
OB/GYN, President - Medical Institute for Sexual Health

“In 1970, prior to the legalization of abortion in America, the preterm birth rate was 6.6%. In 2006, the numbers were 12.6%, which means they have essentially doubled.”

Punam Kumar Gill  
Writer, Director, Filmmaker

“The most important study ever done on the subject [of preterm birth] is the systematic review, meta-analysis by Prakesh Shah in Toronto in 2009. The result of thirty-seven studies found a 36% increased risk of preterm birth for 1 abortion, and a 93% increased risk for 2 or more abortions.”

“Which is especially important to consider when about one half of women [50%] having abortions in North America have already had a prior abortion.”

“[The Montreal Ghislain Hardy study in 2013] confirmed that it’s the extreme preterm births prior to 32 weeks that are especially effected, showing around double the risk.”

Dr. Martin McCaffrey  
Neonatologist

“It was a huge question for me, why this association [between preterm birth and abortion] wasn’t talked about amongst myself, my peers, my colleagues.”

“What we have not impacted is the flat rate of very preterm births, the births of those babies less than 32 weeks gestation, that sits flat now for the last 20-30 years at 1.8-2% of all births on an annual basis.”

“Back in 1985 when the Surgeon General decided that he would put warnings related to preterm birth on cigarettes packages, for women who were pregnant, he had far less, miniscule amounts of data, compared to what we now have for the association of abortion and preterm birth.”

Dr. Freda Bush

OB/GYN, President - Medical Institute for Sexual Health

“In Mississippi African Americans represent 39% of the population, but we obtain 78% of the abortions. In Mississippi also, we have the highest prematurity rate, and the highest infant mortality rate, which is associated with prematurity. That is not coincidence.”

Punam Kumar Gill

Writer, Director, Filmmaker

“One million preemies die each year, and those preemies who live, they face a huge risk of ‘cerebral palsy’, ‘autism’, ‘mental retardation’, ‘lung disease’, ‘intestinal problems’, ‘vision and hearing impairment’. Not to mention the cost of prematurity on families and our society.”

Dr. Martin McCaffrey

Neonatologist

“What we find, seeing that abortion at this point can account for 18% of ‘very pre-term’ births, is that the medical costs incurred, in one year, solely for the hospital costs of babies who die from abortion related preterm births, and babies who survive, is 2.3 billion dollars.”

Punam Kumar Gill

Writer, Director, Filmmaker

“It had become obvious that questioning was necessary to find the truth about the physical risks related to abortion, and the same would be true with the psychological effects on women.”

“Abortion is an incredibly invasive procedure ... it intrudes directly into the most private and sacred territory of a woman’s body, into her womb, and into her psyche as well.”

“Abortion clinics will tell you that a wide variety of feelings are normal, and that serious long-term emotional problems after abortion are the same after child birth.”

“On the other hand, pregnancy counselling centres quote studies that show that women who have an abortion have 6-7 times more suicides, as well as a myriad of other effects.”

“Again, with extremes in the health information, who is a woman supposed to trust?”

Dr. David Grimes  
OBGYN and Abortion Doctor

[Interviewer] "Is it possible that abortion leads to mental health issues?"

"There is no evidence that having an abortion impacts a woman's mental health."

David Reardon  
Researcher

"The longer you follow women after an abortion, the more women are going to start reporting that they have negative problems."

Dr. Brenda Major  
Social Psychologist

"79% of the women said they were highly satisfied with their choice; at 2 years it was 72%. So there was a slight decline in reports of satisfaction, and a slight increase in reports of regret."

Punam Kumar Gill  
Writer, Director, Filmmaker

"When I first heard the stat of 79% of women, reporting at one month, that their abortion felt it benefitted more than harmed, I almost glossed over it ...

"... but when I boiled down the numbers, that meant that 21% felt like it harmed more than helped. If there are a million women in the U.S. having an abortion this year ..."

"... that's 210,000 women who feel their abortions harmed them, more than helped. Which grows to 280,000 within 2 years."

Dr. Priscilla Coleman  
Professor of Human Development and Family Studies

"Approximately 50% of women who actually go through with an abortion believe that they're terminating a 'human life'. ... So if you believe that, that's likely to impact your mental health afterwards, because you have to assimilate with ending the life of a human being with who you are as a person."

David Reardon  
Researcher

“Blanket claims that there’s no psychological effects of abortion are just deliberately misinformed. ... With abortion trauma, a lot of people want to claim, basically, that the woman who complains about her abortion [that] it’s because she was weak to begin with.”

Dr. Priscilla Coleman  
Professor of Human Development and Family Studies

“Women who have had abortions tend to be the loudest voices in terms of trying to educate the public about the potential harms.”

David Reardon  
Researcher

“With abortion trauma, a lot of people want to claim, basically, that the woman who complains about her abortion [that] it’s because she was weak to begin with. Clearly, some women have a prior history of depression, anxiety, substance abuse before they have abortions: those same women who have abortions, those same issues become worse, not better.”

Dr. Priscilla Coleman  
Professor of Human Development and Family Studies

“In 2011 I published a meta-analysis in the British Journal of Psychiatry. What was important about this study in the broader scheme of understanding the literature, is that comparison group. Women who had an abortion were in a higher risk than women who had unintended pregnancies delivered.

“Women who had the abortion were over 50% more likely to have negative [mental health] outcomes; and if we look at the absolute numbers, approximately 20% of women who have an abortion will experience a significant pro-longed adverse psychological reaction. That’s information women need to get.”

Barbara Kay

Journalist and Columnist - National Post

“I think women who come for an abortion should have some kind of counselling. Speaking to somebody who really helps them to clarify [in] their own mind [if having this abortion is] something you’ve thought about. All of these questions could, in many cases, elicit an answer from somebody who might burst into tears and say, ‘I don’t know if I’m sure.’ [We should] give support to that woman.”

Dr. Priscilla Coleman

Professor of Human Development and Family Studies

“Unfortunately, all the women’s movement has to offer women who’ve had an abortion is [telling them that] ‘this is liberating for you’, ‘this gives you sexual freedom’, ‘gives you a choice that will allow you to continue your life’, and if you have problems afterwards ‘there’s something wrong with you’, it couldn’t be the abortion, and sorry we don’t have anything to help you.”

Dana Dovich, Ph.D.

Psychotherapist and Co-Author - ‘The Healing Choice’

“Why would a woman ... want to recognize that she has feelings [about the abortion], ‘cause if there’s no place to process them, or talk about them, or have them validated, they’re just going to be pushed down so that her experience is, ‘I don’t have a problem with this.’”

Punam Kumar Gill

Writer, Director, Filmmaker

“In contrast, when we lost our son [in a miscarriage] we were offered counselling, free of charge, for as long as we needed ... We were encouraged by friends and family to talk about him, not keep him a secret. He was acknowledged, given a name, given a proper goodbye. These were important steps in being able to integrate him, and that experience, into our lives.”

Abortion Clinic Interview

[Recorded Audio]

(67) [Abortion Clinic Manager] “... if there’s hurting that’s unaddressed, then I think that can manifest in behavioural ways. Now we’re kind of getting beyond what I usually tell folks.”

Dr. Priscilla Coleman  
Professor of Human Development and Family Studies

“What women need is sensitive counselling. I think they need to be able to share their experiences publically, with families [and] friends.”

Joseph Stanton  
Lawyer

[Punam] “Joseph Stanton is a Pennsylvania lawyer who’s client sued their abortion doctor, and included allegations that they failed to disclose information about how abortion or childbirth would affect their breast cancer risk.”

“The law of informed consent is this, when a patient is contemplating a surgical procedure, the patient needs to sit down with the doctor whose going to perform the procedure; and the doctor should discuss the procedure in detail with the patient. They need to know the pros, the cons, the risks, the benefits; all of this must be discussed at a time when the patient has time to be informed and to contemplate, and then to consent, if that is what the patient would like to do.”

David Reardon  
Researcher

“In every other medical procedure, the doctor takes some responsibility for making sure the benefits are going to outweigh the risks.”

Franke Corte Jr.  
Retired Texas House Member

“In the state of Texas, in 2003 ... every medical procedure is regulated by the state ... there is a requirement to tell a patient about the health risks; but there was only one medical procedure that did not have any requirement, and that was an abortion.”

Allan Parker

President - The Justice Foundation

“One of the most common arguments for abortion is ‘it should be between a woman and her doctor’, not the government. But all of the women that we talk to, and most of the abortion facilities in America, will tell you the women never sees the doctor until he’s performing the abortion. She goes in, she signs some forms, and there’s no doctor-patient relationship. Many of the women don’t even know the names of the doctors that they’re seeing. ... that’s the heart of the ‘right to know’ law.”

Barbara Kay

Journalist and Columnist - National Post

“... there’s a whole outer circle of process that goes on when you have regulatory laws. For example, if there were an abortion law you would need to collect data, you would need to know how many women are having them, how young are they, what are the rates, what are the after-effects.”

Dr. Joel Brind

Professor of Human Biology and Endocrinology

“When is legislation needed? It’s needed when something is abused. When you have a wholesale abuse of women. Let’s face it, that’s what this comes down to. When you have a wholesale denial of their patient’s rights to actually be given enough information so that the consent that they provide is actually informed. When you have their rights being violated wholesale, that’s when you need legislation.”

Punam Kumar Gill

Writer, Director, Filmmaker

“Women facing an unplanned pregnancy deserve health information that is not clouded by religion, fear, or politics. ... We need to band together as women once more, ask difficult questions, and demand truthful information that is critical to our health.”

**[End of Transcription]**

## List of All Documentary Contributors

Allan Parker, President - The Justice Foundation  
Barbara Kay, Journalist and Columnist - National Post  
Candace De Puy, Ph.D., Psychotherapist and Co-Author - 'The Healing Choice'  
Carol Everett, Former Abortion Clinic Owner  
Dana Dovich, Ph.D., Psychotherapist and Co-Author - 'The Healing Choice'  
David Reardon, Researcher  
Denise Mountenay, Canada Silent No More  
Dr. Angela Lanfranchi, Breast Surgeon  
Dr. Anthony Miller, Breast Cancer Epidemiologist  
Dr. Brenda Major, Social Psychologist  
Dr. Chris Kahlenborn, Specialist of Internal Medicine  
Dr. David Grimes, OBGYN and Abortion Doctor  
Dr. Freda Bush, OB/GYN, President - Medical Institute for Sexual Health  
Dr. Ian Gentles, Author - 'Complications'  
Dr. Joel Brind, Professor of Human Biology and Endocrinology  
Dr. Marc F. Collin, Medical Director - Metrohealth NICU  
Dr. Martin McCaffrey, Neonatologist  
Dr. Patrick Fagan, Senior Fellow - Family Research Council  
Dr. Pierre Band, Medical Oncologist  
Dr. Priscilla Coleman, Professor of Human Development and Family Studies  
Eve Silver, Research Analyst  
Franke Corte Jr., Retired Texas House Member  
Jeannette Joyce, Breast Imaging Specialist  
Joseph Stanton, Lawyer  
Patrick Carroll, Statistician  
Punam Kumar Gill, Writer, Director, Filmmaker  
Steven Mosher, President - Population Research Institute