breast cancers following -- conceivably caused by -- induced abortion is alarmist. It is certainly true that a relative risk of only 1.3 adds up to a large absolute increase in risk with a very high prevalence of the underlying factor. However, in the light of recent unease about appropriate but open communication of risks associated with oral contraceptive pills, it will surely be agreed that open discussion of risks is vital and must include the people -- in this case the women -- concerned. I believe that if you take a view (as I do), which is often called ‘pro-choice,’ you need at the same time to have a view which might be called ‘pro-information’ without excessive paternalistic censorship (or interpretation) of the data.” (Stuart Donnan, Abortion, Breast Cancer, and Impact Factors -- in this Number and the Last, 50 J. Epidemiology & Community Health 605 (1996))

LEGAL RIGHTS

John Kindley, an attorney who authored an article for the Wisconsin Law Review in 1999, discussed the issues of informed consent and the abortion-breast cancer connection. Informed consent is a legal obligation requiring physicians to fully inform their patients of the risks associated with any surgical procedures recommended by them. Mr. Kindley argued that physicians who do not inform their patients of the breast cancer risk expose themselves to considerable legal liability and can be sued for medical malpractice. He is currently representing a North Dakota woman in a false advertising suit against a clinic which was distributing a pamphlet containing false statements about the abortion-breast cancer link.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

On March 13, 2000 the U.K.’s Royal College of Obstetricians and Gynecologists became the first medical organization to warn its abortion practitioners, saying that Dr. Brind’s review was methodologically sound and that the abortion-breast cancer link “could not be disregarded.” [“Evidence-based Guideline No. 7: The Care of Women Requesting Induced Abortion”].

Abortion and Breast Cancer

A Woman’s Right to Know

Women have the right to know about the abortion-breast cancer research. In fact, we find it paternalistic that women have been prevented from making informed choices about this women’s health issue.

A "HEALTH CARE TIME-BOMB"

Congressman Dave Weldon M.D. sent a “Dear Colleague” letter and a copy of Mr. Kindley’s law review article to all members of the U.S. House of Representatives on August 24, 1999. He discussed the duty of physicians to properly inform patients of the risks associated with surgical procedures. Dr. Weldon called abortion a “significant health risk” and a “health care time-bomb” in his letter.

BIOLOGICAL RATIONALE

The biological explanation for the abortion-breast cancer link makes sense even to the non-scientist. Thus far, it remains unrefuted. When a woman becomes pregnant, her breasts enlarge. This occurs because a hormone called estradiol, a type of estrogen, causes cells in the breast to multiply. This process is called proliferation. By 7 to 8 weeks gestation, the estradiol level has increased by 500% over what it was at the time of conception. Estradiol causes both normal and pre-cancerous cells to multiply.

If the pregnancy is carried to term, a second process called differentiation takes place. Differentiation is the shaping of cells into milk ducts, and this second process shuts off the cell multiplication process. This takes place at approximately 32 weeks gestation.

If the pregnancy is aborted, the woman is left with more undifferentiated -- and therefore cancer-vulnerable cells -- than she had before she was pregnant. On the other hand, a full term pregnancy leaves a woman with more milk-producing differentiated cells, which means that she has fewer

PLANNED PARENTHOOD FINANCIAL INFORMATION

Planned Parenthood Federation of America (PPFA), the nation’s oldest and largest abortion provider, is an organization which is supported by U.S. taxpayers. For this reason, it is the most well funded abortion provider in the nation. In the period from 1987 until 1998, Planned Parenthood received a total of $1.4 billion in taxpayer money, according to Stop Planned Parenthood International (STOPP). PPFA received $176.5 million in government grants and contracts in the period between 1998-99, roughly 75% of which (or $132.4 million) originated from the federal government’s Title X and Title XIX programs. Forty-four million dollars was provided by state and local governments.


PPFA’s total revenue at the end of the 1999 fiscal year was $660.7 million. With its expenses reported at $534.9 million, the abortion provider reported a total profit of $125.8 million. Assets were reported at a cool $536.3 million for this “non-profit” organization.

PPFA receives financial support from many millionaires, corporations and foundations, including the Rockefeller, Ford and Carnegie foundations and billionaire investor Warren Buffett’s foundation.

The Bill and Melinda Gates Foundation provided the International Planned Parenthood Federation (IPPF) $8.8 million in 2000.

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Pamphlet 004
cancer-vulnerable cells in her breasts than she did before the pregnancy.

THE NATIONAL CANCER INSTITUTE

In July of 1998 Congressman Tom Coburn M.D., an obstetrician-gynecologist, questioned a representative from the National Cancer Institute (NCI), Dr. Edison Liu, during a Commerce Committee hearing on the State of Cancer Research. Dr. Coburn accused the NCI of misleading the public and "selectively releasing data" on the abortion-breast cancer link, in part because of the NCI’s false claim on its web site in 1998 that the abortion-breast cancer research is "based on limited experimental data in rats, and is not consistent with human data."

As a result of these accusations, Congressman Tom Bliley sent a letter to Richard Klausner, Director, National Cancer Institute, and asked 15 questions about the abortion-breast cancer research, the relationship between human papillomavirus and cervical cancer, and the National Cancer Institute’s dissemination of research findings on these subjects. Under pressure from Congress, the NCI revised its web site in 1999, but its web page on the abortion-breast cancer link is conspicuous for what it still does not tell women (i.e., that there are 27 out of 34 worldwide studies linking abortion with breast cancer; that 13 out of 14 American studies associated this risk factor with breast cancer; that 5 studies report a more than twofold increase in risk; and that 17 are statistically significant).

DR. JANET DALING’S STUDY

One especially disturbing study on women was done by Dr. Janet Daling at Seattle’s Fred Hutchinson Cancer Research Center in 1994. Dr. Daling, an abortion supporter, found that “among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50% higher than among other women.” [Janet R. Daling et al., “Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion,” 86 Journal of the National Cancer Institute; (1994);1584].

Dr. Daling’s study found that teenagers under age 18 and women over 30 years of age who procure an abortion increase their breast cancer risk by more than 100%. Those with a family history of the disease increase their risk 80%. Daling’s most alarming finding was that teenagers with a family history of breast cancer who procure an abortion face a risk of breast cancer that is incalculably high. All 12 women in her study with this history were diagnosed with breast cancer by the age of 45.

A PLANNED PARENTHOOD EXPERT’S TESTIMONY

Planned Parenthood expert, Dr. Lynn Rosenberg, a Boston University Medical School epidemiologist, testified in the fall of 1999 in a Florida case on the abortion-breast cancer link. When asked by an attorney whether a pregnant 15 year old who aborts her pregnancy has a higher risk of breast cancer than one who carries her pregnancy to term, Dr. Rosenberg answered, “Probably, yes." [Dr. Joel Brind, “ABC in the Courts: Dramatic ABC Testimony in Florida’s Parental Notification Appeal,” Abortion-Breast Cancer Quarterly Update, (Fall, 1999) Vol. 2, No. 3, p. 1].

IN SPITE OF THE DANGERS TO WOMEN’S HEALTH, THE ISSUE HAS BEEN POLITICIZED AND THERE HAVE BEEN EFFORTS TO SUPPRESS THE TRUTH!

The Cover-up

Chicago Sun Times reporter, Dennis Byrne, wrote that:

"If a scientist discovered a risk factor that increases the chance of breast cancer by 30 percent, you’d have thought it would have spurred huge headlines and impassioned demands for action. With the exception of AIDS, no other health issue has been as politicized as breast cancer. Yet as scientists zero in on what one called the single most avoidable risk factor for breast cancer, barely a peep has been heard for more research, more funds or more information. That’s because the risk is abortion" (Dennis Byrne, "Abortion, Ideology and Breast Cancer," Chicago Sun-Times, July 2, 1997, p. 33).

Los Angeles columnist, Joe Gelman, wrote this comment in the L.A.Daily News:

"So, how has the feminist establishment reacted to these findings? Stone silence or denial by some and an active campaign to discredit the findings by others. One would think that individuals and organizations committed to women’s issues, particularly health issues, would be more than eager to educate the public, and specifically its own supposed constituency about the discovery of another cause of one of the most devastating diseases to afflict women in the United States and the world over....Indeed, since the findings were published in the British Medical Association’s Journal, (hardly a bastion of right-wing, pro-life propaganda), a number of smaller studies were quickly commissioned in the United States, resorting to less scientific methods, and the feminist PR machine was set in motion in order to discredit the comprehensive study published in the British Journal." (Joe Gelman, Editorial, "Findings Linking Cancer to Abortions a Well-Kept Secret," L.A. Daily News, September 28, 1997, at V4).

Dr. Janet Daling’s comments about the politicization of science: After a November 2, 1994 editorial in the Journal of the National Cancer Institute shot down her study, she said:

"If politics gets involved in science...it will really hold back the progress that we make. I have three sisters with breast cancer, and I resent people messing with the scientific data to further their own agenda, be they pro-choice or pro-life. I would have loved to have found no association between breast cancer and abortion, but our research is rock solid, and our data is accurate. It’s not a matter of believing, it’s a matter of what is." (Joe Gelman, Editorial, ibid)

Dr. Stuart Donnan, editor-in-chief for the Journal of Epidemiology and Community Health, had this to say about Dr. Brind’s meta-analysis of the worldwide research released in 1996:

"Some readers may consider that the calculation made by Brind and colleagues of possible numbers of