

LEGAL ABORTION HARMS WOMEN AND ENDANGERS THEIR FUTURE CHILDREN: WHY AREN'T WOMEN SO-INFORMED?

Background

Punam Kumar Gill is a Canadian-born woman of Indian heritage who describes herself as a pro-choice feminist. In studying the topic of abortion, she noted that scientific researchers and medical professionals disagree whether or not legal abortion results in long-term adverse effects for some women, and whether or not it poses increased risks to children born after their mothers had one or more abortions. The results of her research have been published in a documentary film entitled “Hush.” In this paper, we will present some of her major findings, along with some major studies on these topics, focusing primarily on studies of women in the United States.

Ms. Gill looked at three major issues on which researchers and medical personnel seem to differ. First, is the risk of breast cancer increased for those women who have one or more abortions? Second, does abortion increase the risk of premature births for subsequent children conceived by these women? Third, does abortion increase the risk of mental health problems for these women? Finally, we will suggest some answers to the question: What motivates those researchers, medical personnel and health officials who deny scientific findings on these issues? Ms. Gill’s approach was to visit and interview many of the professionals who were on different sides of these issues, and to let them and their findings speak for themselves. Since many researchers and health professionals were involved, we shall not attempt to present all of their findings. Our readers are invited to see this excellent documentary themselves, however.¹

Is Abortion Linked to an Increase in Breast Cancer?

In the film, Ian Gentles, Ph.D. indicates that there have been 108 world-wide studies regarding the possible link of induced abortion to an increased incidence of breast cancer.² Since the film’s release, at least two other studies have been published, bringing the total to 110. Of the 110 studies, 81 or 73.6% find a link between abortion and an increased incidence of breast cancer (the ABC link), while 29 or 26.4% do not find a link.

Lifetime risk of breast cancer for American women increased from 1 in 12 in 1970 to 1 in 7 in 2006, corresponding to a 6.4-fold increase in legal abortions during this time period. (Abortion was legalized in the U.S. by the *Roe v. Wade* and *Doe v. Bolton* Supreme Court decisions of January 22, 1973).

One study found breast cancer rates in the U.S. climbed more than 40% between the mid-1980s and 1998. (The film reported that breast cancer takes about 10 years to develop). Among the three age groups in the study, only the youngest generation (those under age 40 in 1973) experienced an increase in breast cancer rates.³ Sadly, as the film notes, there are some 1.7 million new cases of breast cancer in the U.S. each year. It is the leading cause of death of women between the ages of 20 and 59.

But what, we might ask, is the physiological connection between abortion and breast cancer? Dr. Joel Brind, Ph.D., a biologist and endocrinologist who has done pioneering work in this area (and who appears in the film), explains it this way. The lactational apparatus of the breast (breast lobules) remain in their immature Type 1 and 2 states unless they are stimulated by a pregnancy. The pregnancy signals the mother’s body to send estrogen (a potential carcinogen) to her breasts, and the lobules begin to multiply. This multiplication takes place until the thirty-second week of pregnancy, when the milk cells are fully mature. If a woman has an abortion or delivers prematurely before the thirty-second week, cancer is more likely to develop in the immature cells. Mature milk cells are much less prone to becoming cancerous. Hence, abortion, premature delivery prior to 32 weeks, and paradoxically, delayed pregnancy, increase a woman’s risk of breast cancer.⁴ The film indicated that if a woman has her first full-term pregnancy at age 20, her chances of developing breast cancer are 1 in 12. If she delays it until age 30 and has a prior abortion, her chances of developing breast cancer increase to 1 in 5.

Dissent Regarding the Abortion-Breast Cancer Link

Not all physicians and health professionals accept the findings on the ABC link. One individual who does not is David A. Grimes, M.D., FACOG, FACPM who has performed abortions himself. Dr. Grimes is one of a few U.S. physicians board-certified in both obstetrics and gynecology and in preventive medicine. He has quite an

impressive vita which includes some nine years of service with the U.S. Centers for Disease Control. Dr. Grimes has published 398 peer-reviewed articles, 50 textbook chapters, and eleven books. Here is what he said about the ABC link when interviewed in the film: “The abortion-breast cancer link is an old dog that they keep on flogging. It’s time to stop.” He then described those who hold this position as a small group of non-physicians who have little training in research, and whose main common factor is religiosity. At two other points in the film he says: “The jury is in, there is no relationship between either miscarriage [see below] or induced abortion and breast cancer,” and, “Given that the issue [of abortion and breast cancer] is settled, to continue doing studies of a settled question is inappropriate. Not only is it not appropriate, it is unethical.”

After denying an ABC link, Dr. Grimes identified seven health and professional organizations that, having reviewed the literature, concluded or agreed that such a link does not exist. They are: American Cancer Society, Canadian Cancer Society, National Cancer Institute, American College of Obstetricians and Gynecologists, the Royal College of Obstetricians, Canadian Society of Obstetricians and Gynecologists, and the World Health Organization.

In trying to understand why Dr. Grimes and these organizations seem to be attempting to shut down research on the ABC link and to deny the findings of at least 81 published studies that find a link, Ms. Gill went to the websites of each of these organizations. They all referred her to the statement of the National Cancer Institute’s February 2003 Workshop on “Abortion, Miscarriage, and Breast Cancer Risk,” which says, “... the National Cancer Institute (NCI) convened a workshop of over 100 of the world’s leading experts who study pregnancy and breast cancer risk. ... They concluded that having an abortion or miscarriage does not increase a woman’s subsequent risk of developing breast cancer.” When Ms. Gill personally visited the NCI to question them about this conclusion, they refused to answer her questions, and escorted her off the premises! Dr. Joel Brind Ph.D. attended the 2003 workshop, and pointed out to the participants that he and other attendees had done studies showing an ABC link, but was simply brushed off by being referred to the Workshop’s official statement which denied the link.

Does Abortion Result in an Increased Incidence of Problems in Subsequent Pregnancies?

There are at least 139 studies that find that induced abortion increases the risk of prematurity and low birth weight in subsequent births, thus posing health risks for future children, whether wanted or unwanted. Between 1980 and 2005, the preterm birth rate in the U.S. increased by 43%, coinciding with the increase in legal abortion.⁵ Prematurity is the leading cause of death among newborn babies. According to the Centers for Disease Control and Prevention (CDC) babies who died of preterm-related causes accounted for 36% of all infant deaths in 2013.⁶ Moreover, those who survive may face lifelong problems. These include breathing problems, feeding difficulties, cerebral palsy, developmental delay, vision problems, and hearing impairment.⁷ A recent analysis of 37 studies from around the world, carefully chosen for their scientific rigor, concluded that women having a first or second trimester abortion increase the risk of prematurity by 36%, while women having more than one abortion increase the risk of prematurity by 93 percent.⁸ Abortion has also been found to increase the incidence of miscarriages and of ectopic pregnancies. The latter are fatal for the unborn and, if undetected, can be fatal for the mother. Between 1970-1989, ectopic pregnancies in the U.S. increased almost fourfold (again coinciding with the increase in abortions) and caused 13% of all pregnancy-related maternal deaths during this period.⁹

Although African Americans make up only about 13.3% of the population, the Guttmacher Institute reports that in 2014, black women had 28% of the abortions.¹⁰ The Centers for Disease Control, compiling data from 29 of 52 state or other jurisdictions, indicate that in 2013, non-Hispanic black women had the highest abortion rate among major ethnic groups, at 27.0 abortions per 1,000 women aged 15-44. In contrast, non-Hispanic white women had an abortion rate of 7.2 abortions per 1,000 women aged 15-44.¹¹ Thus, depending upon which reporting source is used, black women have abortions from 2.1 to 3.8 times more than their numbers in the population would lead one to expect. Correspondingly, black women are three times more likely to have preterm births before 32 weeks gestation, and four times more likely to have preterm births before 28 weeks.¹²

We have already discussed the physiological relationship between breast cancer and ending a pregnancy by abortion or early delivery prior to 32 weeks due to the production of estrogen in the pregnant woman. In the film Hush, a second mechanism is explained which also results in an increased incidence of premature births. This

pertains primarily to surgical abortions, as opposed to early chemical, or pill-induced abortions. Currently, surgical abortions make up some 69% of legal abortions, decreasing from 94% of the total in 2001.¹³

As the film illustrates, the second mechanism occurs because a woman's cervix is designed to stay tightly closed in order to protect the developing baby. To perform a surgical abortion, the physician introduces instruments or luminaria into the cervix to force it open to allow him/her to get at the baby. This action can weaken or tear the cervical muscles. Obviously, the more abortions the woman has, the greater the chance the latter will happen. In subsequent pregnancies (whether wanted or unwanted), the woman may experience "cervical incompetence" which means the cervical muscles can no longer support the baby to term, and a miscarriage or premature birth occurs.

Dissent Regarding the Abortion-Premature Birth Link

As we have seen above, Dr. David Grimes stated that there was no relationship between abortion and premature birth, in spite of the fact that he must be aware of the 100+ studies which find a link. Moreover, another national conference of health professionals has also concluded that such a link does not exist, or at least they decided not to discuss the evidence. The Surgeon General's Conference on the Prevention of Preterm Birth was held in Bethesda, Maryland on June 16-17, 2008. In the "Purpose" Section of the conference report, it is noted that "Nearly 12 percent of all babies born in the United States are born preterm, and this rate continues to rise." (Currently, over 500,000 premature births occur annually). Again, in one of the sessions, the Hush film notes that a participant stated that 122 studies indicated there was a link between induced abortion and premature birth, and wondered why it was not on the slate of topics to be discussed later. The chair apparently took a hand vote to see how many participants wanted to discuss abortion's link to premature birth, and concluded that a majority was not in favor of such a discussion.

We should note that the written report of the conference discusses over 20 variables which appear to contribute to an increase in premature birth, but does not mention induced abortion. They even failed to mention induced abortion in the section of the report headlined, "Intendedness of Pregnancy and Preterm Delivery." Furthermore, in doing background research for this paper, the author found that the CDC's report "Premature Birth" did the same thing! Under the topic "Risk Factors" it lists "Medical and pregnancy characteristics," but includes only the following subtopics under this heading: "short time between pregnancies, delivering a baby preterm in the past, carrying more than one baby." In view of the evidence presented thus far, it appears that many in the health community do not want to tell women that abortion is related to an increase in premature births, which may adversely affect them and their future children.

A local manifestation of the Hush phenomenon took place in Akron, Ohio in January 2016. A meeting was held involving health professionals and state and local government representatives to discuss the fact that Ohio was one of the five top states in the country with the highest rates of infant mortality. It was noted that black babies suffer a particularly high mortality rate. Variables such as poor prenatal care, racism, prematurity and low birth rate were considered. But the link between induced abortion and prematurity was ignored, in spite of the fact that the Ohio Department of Health reported that in 2015, black residents of Ohio obtained 40.1% of the state's reported abortions, although blacks comprise only 12.7% of the population.

Does Abortion Increase the Incidence of Long-Term Negative Psychological Effects?

At least 22 published studies find a link between abortion and depression. Thirty-three studies show a link between abortion and substance abuse. A 13-year study (1987-2000) of the entire female population of Finland aged 15-49 (being a small country they have excellent health records on their citizens) found the suicide rate among women who had abortions was six times higher than that of those who had given birth, and twice that of women who had miscarriages.¹⁴ David C. Reardon Ph.D., who is interviewed in the Hush film, studied the MediCal records of over 173,000 California women who had given birth or aborted in 1989. Women who had state-funded abortions were 2.5 times more likely to die of suicide than MediCal women who had given birth.¹⁵ A nationally representative sample of 3,310 U.S. women found that those experiencing an abortion were 59% more likely to engage in suicidal ideation and 51% more likely to have attempted suicide than those not having an abortion.¹⁶

Priscilla K. Coleman Ph.D. (interviewed in the film) and colleagues studied a national sample of 5,877 U.S. women and found that for 12 of 15 adverse mental health outcomes examined, a decision to have an abortion resulted in an elevated risk. Among women who had abortions, the risk of alcohol abuse increased by 120%, of drug abuse by 79%, of bipolar disorder by 167%, of major depression by 45%, of panic disorders by 111%, of post-traumatic stress syndrome by 59%, and of agoraphobia (fear of crowds, public places, or open spaces) by 95%. On the other hand, spontaneous abortions (miscarriages) had an independent effect on just 4 of the 15 psychiatric problems examined.¹⁷

In September, 2011, Coleman published a comprehensive review and analysis of 22 of the world's best large studies of abortion's impact on women's mental health. Chosen for their methodological rigor, as well as sample size, the studies' results were combined in one meta-analysis and involved 877,181 women, of whom 163,831 had experienced abortion. Her study's overall finding was that women who had undergone an abortion experienced an 81% greater risk of mental health problems.¹⁸

Perhaps the most methodologically and statistically sophisticated study to date utilized data from the National Longitudinal Study of Adolescent to Adult Health and followed 8,005 American women who were interviewed three times at average ages of 15, 22, and 28. Without presenting the detailed findings, suffice it to say that after adjusting for several demographic variables and other factors, the study found that induced abortion elevated a woman's risk of mental health disorder by 45%, while natural miscarriage raised it 24%, and childbirth slightly decreased the risk of mental disorder.¹⁹

Dissent Regarding the Negative Psychological Impact of Abortion

When interviewed in the film about the negative effects of abortion, Dr. David Grimes said, "There are no long-term consequences from abortion, either reproductive or otherwise, and that includes psychological effects as well." Dr. Grimes also referred to two of three major reviews of the literature on this topic, and concluded, "There is no evidence that having an abortion impacts a woman's mental health."

The first major literature review Dr. Grimes referred to was conducted by Surgeon General C. Everett Koop and released in 1987. It concluded that there was insufficient evidence to state whether or not abortion increased the risk of negative psychological consequences for women. The second major review was published by the American Psychological Association (APA) in August, 2008 and evaluated all empirical studies published in English since 1989 that compared the mental health of women who had an induced abortion to similar groups of women. The report concluded, "The best scientific evidence published indicates that among adult women who have an unplanned pregnancy, the relative risk of mental health problems is no greater if they have a single elective first trimester abortion or deliver that pregnancy," but admitted, "The evidence regarding the relative mental health risks associated with multiple abortions is more uncertain." They also noted that women terminating a wanted pregnancy, or who were pressured to have an abortion, or because of social stigma perceived a need to keep the abortion secret, were more likely to experience negative psychological reactions following abortion.²⁰

Adding six more studies to their review in 2009, the APA repeated their first finding (no relationship), found no effect for women terminating a pregnancy because of fetal deformity (compared to women who miscarried a wanted pregnancy or had a stillborn or a newborn die), and cited four other findings: 1) young women who abort in New Zealand, Australia, and Norway have an increased risk of mental health problems if they report one or more abortions; 2) abortions per se do not cause mental health problems; 3) the majority of adult women who have abortions do not experience mental health problems; 4) some women do experience such problems. such as depression or anxiety.²¹

The third major review was published by the Academy of Medical Royal Colleagues in 2011. They reviewed all studies published in English from 1990-2011. They concluded: 1) aborting an unwanted pregnancy increases the risk of mental health problems, but so does giving birth in the same circumstances; 2) prior mental health problems contribute to problems after abortion; 3) partner pressure to abort, negative attitudes about abortion or the abortion experience may increase a woman's risk of mental health problems after abortion.²²

As we can see, dissent regarding psychological problems is somewhat more equivocal than dissent on the links between abortion and breast cancer or premature births. The reviews' conclusions focus primarily on adult women and first trimester abortions, while finding more difficulties in later abortions. They also note some of the circumstances mentioned by David Reardon in the film, (e.g., partner pressure, fear of social stigma, etc.), as contributing to mental problems after abortion. While the APA's 2009 report concluded that, "the majority of women who terminate a pregnancy do not experience mental health problems," as one study mentioned in the Hush film found, 21% of U.S. women surveyed stated their abortion harmed them more than it helped, so we are talking about a significant public health problem. Twenty-one percent of the 926,200 legal abortions reported by the Guttmacher Institute as occurring in 2014 would involve up to 194,502 women (some may have had more than one abortion that year) in just one year.

Women Have a Right to Know

Although the author of the film, Punam Kuman Gill, has remained pro-choice on the abortion issue, she rightly maintains that women have the right to know the possible negative physical, psychological and social effects that legal abortion may have on them. Even Dr. David Grimes agreed, saying "I absolutely believe that women should know all the truth that we know." However, when asked about informative legislation, he said, "Women's right-to-know laws are a very overt attempt to dissuade or discourage women from exercising their right to have an abortion. The whole notion is false--the notion that we doctors are not doing a good job counseling women about abortion. We are very good at it, we've been doing it some 50 million times in the United States over the past four decades." (However, revelations by former abortion clinic staff suggest that typically, staff, not the abortionist, counsel patients. Moreover the "counseling" often consists of "selling" the abortion to the patient. It seems likely that most abortion patients see the doctor only after they are on the table).

What might motivate professionals to suppress the possible negative effects of legal abortion? At least four motivations come to mind, two of which were mentioned in the film.

1. It was noted in the film that researchers need to be aware of the preferences of organizations that fund them, such as the National Cancer Society, the National Institute of Health, or the March of Dimes. It mentioned a survey of researchers which found that 1 in 5 admitted to changing the design, methodology or results of a study because of pressure from a funding source.²³ Scientists may also "spin" the results of their work, as was illustrated in the film by three studies which concluded that there was no relationship between abortion and breast cancer, while their own data showed there was a relationship when the women's ages or the timing of the abortion were considered.
2. The fact that women are least likely to have breast cancer (*ceteris paribus*) if they have their children at an early age and have several children does not comport well with current feminist ideology, which is more likely to see women delaying childbirth as they complete their education and pursue careers to achieve financial independence. (Child bearing and achieving these goals together are not impossible, but admittedly more difficult in today's society). Hence, those who are in agreement with this ideology are less likely to accept scientific findings which run contrary to it.
3. The third reason medical professionals, particularly doctors, might be reluctant to inform patients of the abortion breast cancer link, as well as the link between hormonal contraceptives and cancer, was suggested by a recent study which found a strong positive correlation ($r = .84$) between abortion rates and breast cancer rates over a 38-year period in England and Wales. The authors state, "Each prescription for hormonal contraceptives has a doctor's signature. Every abortion notification form ... needs two doctors' signatures. In the UK, claims under medical professional liability insurance are largely in the area of obstetrics and gynecology. ... it is understandable that British medical journals are reluctant to publish papers that report a link of breast cancer to induced abortions."²⁴
4. Finally, while we have not made a study of the organizational memberships of those who deny the relationships between abortion, breast cancer, premature births and adverse mental health outcomes, they call to mind population control advocates, who have developed a world-wide program to spread abortion and contraception in developed and undeveloped countries, while not fully informing men and

women of their negative consequences.²⁵ Apparently, they are willing to violate individual human rights for a perceived greater good.

As the Hush film noted, scientific questions are seldom “closed.” Women deserve to know what the state of scientific knowledge is on these issues. If abortion “is a woman’s decision,” it ought to be an informed decision.

Notes:

1. Hush is available on line at hushfilm.com.
2. Gentles is co-author with Angela Lanfranchi, M.D. and Elizabeth Ring-Cassidy, M.A. of *Complications: Abortion’s Impact on Women*, Toronto, Canada: The deVeber Institute for Bioethics and Social Research, 2013 (433 pp.)
3. H. L. Howe, et al. “Annual Report to the Nation on the Status of Cancer, 1973-1998, Featuring Cancers with Increasing Trends,” *Journal of the National Cancer Institute* 93 (2001): 824-842.
4. For a more detailed explanation of the physiological process, see Angela Lanfranchi M.D., “The Reasons Hormonal Contraceptives and Induced Abortion Increase Breast Cancer Risk,” *The Linacre Quarterly* 76:3 (August 2009) 236-249.
5. Brent Rooney et al. “Does Induced Abortion Account for Racial Disparity in Preterm Births, and Violate the Nuremberg Code?” *Journal of American Physicians and Surgeons* 13:4 (Winter, 2008) 102-104.
6. Centers for Disease Control and Prevention, “Premature Birth,” www.gov.Features/PrematureBirth/ Page last updated November 7, 2016.
7. Centers for Disease Control and Prevention, “Preterm Birth.” This fact sheet also notes, “Preterm births may also take an emotional toll and be a financial burden for families.” On line.
8. P.S. Shah and J. Zao, “Induced Termination of Pregnancy and Low Birthweight and Premature Birth: A Systematic Review and Meta-Analysis.” *BJOG: An International Journal of Obstetrics and Gynaecology* (May 19, 2009) On line.
9. Tatiana E. Goldner, et al. “Surveillance for Ectopic Pregnancy – United States, 1970-1989,” *MMWR* Vol. 42, No. SS-6 (December 17, 1993).
10. Guttmacher Institute, “Induced Abortion in the United States,” Fact Sheet, (January, 2017).
11. Tara C. Jatlaoui, et al. “Abortion Surveillance – United States, 2013,” *Surveillance Summaries* 65:12 (November 25, 2016) 1-44.
12. Brent Rooney et al. (see note 5 above).
13. Guttmacher Institute (see note 10 above).
14. Mika Gissler, et al. “Injury, Deaths, Suicides and Homicides Associated with Pregnancy, Finland 1987-2000” *European Journal of Public Health* 15:5 (2005) 459-463.
15. David C. Reardon, et al. “Deaths Associated with Pregnancy Outcome: A Record Linkage Study of Low Income Women,” *Southern Medical Journal* 95:8 (August, 2002) 834-841.
16. Natalie P. Mota, et al. “Associations Between Abortion, Mental Disorders, and Suicidal Behavior in a Nationally Representative Sample,” *The Canadian Journal of Psychiatry* 55:4 (April, 2010) 239-246.
17. Priscilla K. Coleman, et al. “Induced Abortion and Anxiety, Mood and Substance Abuse Disorders: Isolating the Effects of Abortion in the National Comorbidity Survey,” *Journal of Psychiatric Research* 42 (2008) On line.
18. Priscilla K. Coleman, “Abortion and Mental Health: Quantitative Syntheses and Analysis of Research Published 1995-2009,” *The British Journal of Psychiatry* 199 (December, 2006) 180-186.

19. Donald Paul Sullins, "Abortion, Substance Abuse and Mental Health in Early Adulthood: Thirteen-Year Longitudinal Evidence for the United States," *Sage Open Medicine* (July, 2016).
20. American Psychological Association, "APA Task Force Finds Single Abortion Not a Threat to Women's Mental Health" (August 12, 2008). On line.
21. Brenda Major, et al. "Abortion and Mental Health: Evaluating the Evidence," *American Psychologist* (December, 2009) 863-890.
22. Academy of Medical Royal Colleges, "A Systematic Review of the Mental Health Outcomes of Induced Abortion, Including Their Prevalence and Associated Factors," London, 2011.
23. Brian C. Martinson et al. "Scientists Behaving Badly," *Nature* (9 June 2005) 737-738.
24. Patrick S. Carroll et al. "The British Breast Cancer Epidemic: Trends, Patterns, Risk Factors and Forecasting," *Journal of American Physicians and Surgeons* 22:1 (Spring, 2017) 8-15. As the Hush film notes, the International Agency for Research of Cancer of the World Health Organization (WHO) has classified hormonal contraceptives as a Group 1 carcinogen. It states, "artificial contraceptives are carcinogenic on a par with cigarettes and asbestos." The National Cancer Institute has also stated, "The risk of endometrial and ovarian cancer is reduced with the use of OC's [oral contraceptives] while the risk of breast and cervical cancer is increased."
25. See Jacqueline Kasun, *The War Against Population: The Economics and Ideology of World Population Control*, San Francisco: Ignatius Press, 1999.

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