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How Scientific Dishonesty and Political Correctness Cost Women's Lives

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How and Why Women Are Deceived

In the United States and throughout the world, thousands of women's lives have been lost annually to breast cancer due to scientific dishonesty and political correctness. Breast cancer is the most common of women's cancers and the second leading cause of cancer deaths in women. Breast cancer strikes many women who are the heart of their families, leaving children without mothers and fathers without wives. Women and their physicians are misinformed of the factors which increase and decrease their risk of breast cancer. This statement, however, *is* backed by scientific studies.

There is nothing new here. In 1860, Dr. Oliver Wendell Holmes, a physician, essayist, and father of the celebrated U.S. jurist, in an address to the Massachusetts Medical Society, stated, "Theoretically, [medicine] ought to go on its own straightforward inductive path without regard to changes of government or to fluctuations of public opinion [...] The truth is that medicine, professionally founded on observation, is as sensitive to outside influences, societal, religious, philosophical, imaginative, as the barometer is to the changes of atmospheric pressure."[1]

That powerful statement also reflects what has continued to be a part of the fabric of medicine today. Although difficult to believe by many, scientists who get most of their funding from Federal Agencies such as the National Cancer Institute (NCI) have admitted to scientific fraud. Physicians are human and susceptible to the same pressures as other people. Although ideally physicians are trained to be inured to those pressures, sadly not all of us are inured. There is documented evidence of widespread fraud in connection with National Institute of Health (NIH) funded research. (The NCI is a part of the NIH.)

In 2005, a paper in the British journal, *Nature*, using anonymous questionnaires, revealed that a statistically significant 15.5 percent of scientists admitted to "changing the design, methodology or results of a study in response to pressure from a funding source." [2] That funding source was the NIH.

Political correctness dictates that people are the source of global warming. People are destroying the planet and Mother Earth, Gaia, and she must be protected from them. The human population must be controlled for the greater good. Therefore, contraception and abortion must be promoted and protected even if it

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[1]Holmes OW. Address to annual meeting, Massachusetts Medical Society, 30 May 1860. Para. 7. In *Currents and Counter-Currents in Medical with Other Addresses and Essays* Boston, Mass: Ticknor and Fields; 1861.

[2]Martinson BC, Anderson MS, deVries R. Scientists behaving badly. Nature 2005 June; 435:737-8.

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means lying to the people who believe that their governments and scientists are there to protect them and tell them the truth.

And given the truth, many women will choose what is best for their health despite some desired benefits such as avoiding hot flashes. Telling women the truth about breast cancer risk factors will result in women's lives saved. An illustration of this occurred in 2002. In that year, a Women's Health Initiative study found that hormone replacement therapy (HRT) increased a woman's breast cancer risk by 26%.[3]

When those results became widely known through the popular media, fully one half or 37 million women stopped taking HRT. By 2007, there was an 11% reduction in postmenopausal breast cancer in women attributed to stopping HRT. This saved thousands of women's lives.

The Truth about Contraception and Abortion

Since the late 1960s, women have been using hormonal contraception more popularly known as the Pill. These are the same drugs used in HRT but in more potent formulations. The Center for Disease Control's statistics shows 85% of women of reproductive age have taken hormonal contraception. Since the early 1970s, abortion on demand became a constitutional right. It is thought that 30-40% of women have had an abortion by age 40. It is no wonder that breast cancer incidence has been increasing steadily ever since. In 2005, the International Agency for Research on Cancer (IARC), part of the UN's World Health Organization classified hormonal contraceptives as Group 1 carcinogens for breast, cervical, and liver cancers after reviewing the world's literature on estrogen-progestin combination drugs. This was done after the scientists had gathered in France and reviewed the extant world's literature on the carcinogenicity of estrogen-progestin combination drugs.[4]

Since records were kept until now, non-invasive breast cancers have increased 400% and invasive breast cancers 40%. Ever younger women have been getting breast cancer. A 2013 study published in the *Journal of the American Medical Association*[5] found an alarming increase in "distant" breast cancer among women aged 25 to 39. Distant breast cancer is breast cancer that has metastasized "remote[ly]… ([to the] bone, brain, lung, etc)." This rise in breast cancer incidence amounted to an increase of 2 percent per year from 1976 to 2009.

This alarming rise in breast cancer risk is promoted by cancer organizations as a reason to give them money for research. This is despite the fact that medical textbooks describe the breast biology and breast maturation through pregnancy that accounts for this increase in risk due to hormonal contraception induced abortion.

Breast Biology and Development Leading to Beast Cancer

The carcinogenic effects of hormonal contraception are due to two actions of estrogen:

1. As a mitogen acting in concert with progesterone;
2. As a direct carcinogen through the formation of metabolites.

Mitogens cause breast cells to mltiply through division of one cell into two cells, mitosis. Before a cell can divide into two, its DNA must be copied so that after division each cell will have a complete set of genes,

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[3]Rossouw, J, et al (Writing Group for the Women's Health Initiative Investigators). Risks and benefits of estrogen plus projestin in healthy postmenopausal women. *Journal of the American Medical Association,* 2002; 288:321-333.

[4]V. Cogliano V et al., "Carcinogenicity of Combined Oestrogen-Progestoagen Contraceptives and Menopausal Treatment," *Lancet Oncology* 6 (2005 Aug 6): 552–553; Cogliano et al., *Carcinogenicity of Combined Estrogen-Progestogen Contraceptives and Combined Estrogen-Progestogen Menopausal Therapy*

[5]Rebecca H. Johnson, Franklin L. Chien, and Archie Bleyer, "Incidence of Breast Cancer With Distant Involvement among Women in the United States, 1976 to 2009," *Journal of the American Medical Association* 309, no. 8 (2013): 800-805.

which are segments of DNA that control a particular cell function. When the DNA is copied, errors can be made which result in mutations. These mutated cells can mutate further; and when multiple mutations occur, a cancer cell may result. Breast-cancer cells that form can also have estrogen and progesterone receptors that stimulate them to grow. Therefore, estrogen and progesterone are not only cancer initiators but also promoters. Estrogen alone and its metabolites can also be directly carcinogenic. For example, a particular metabolite of estrogen, 4-hydroxy catechol estrogen quinone, can directly damage DNA, resulting in mutations. Studies have shown that breast-cancer patients have higher levels of 4-hydroxy catechol estrogen quinone as well has higher levels of the most potent estrogens, such as 17-β estradiol, compared with the least potent ones, such as estriol.

These two mechanisms which promote the formation of breast cancer through estrogen exposure are the reason that hormonal contraceptives and combination hormone replacement therapy cause breast cancer.

Breast Maturation through Pregnancy

With breast maturation through a full-term pregnancy, a mother reduces her future breast-cancer risk.

It is the embryo, and later the fetus and placenta through the production of two hormones, hCG and hPL (human chorionic gonadotropin and human placental lactogen), who is largely responsible for the final maturation of its mother's breast into milk-producing breast lobules. A mother's breasts enlarge very soon after conception, making sore and tender breasts one of the first signs of pregnancy. Even before the embryo (or blastocyst) implants in its mother's womb, a chemical signal, hCG, produced by the embryo causes its mother's ovaries to increase production of estrogen and progesterone in order to sustain the pregnancy. After about eleven weeks, it is the fetus and placenta and not the mother which produce most of the needed estrogen and progesterone to sustain the pregnancy.

If the mother ends her normal pregnancy with an induced abortion, her breasts will have already started to enlarge and grow by increasing the numbers of Type 1 and 2 lobules that developed in her breasts during puberty, leaving her breast with more sites for cancers to initiate. Lobules are units of breast tissue comprised of a milk duct with surrounding mammary (milk) glands, which are in turn composed of individual breast cells. Each breast cell contains a nucleus—a center space that contains DNA, the coded complete blue print of genetic information that every cell in the body contains. The source of any cancer that develops in a body is the result of a mutation or damage done to a cell's DNA, the blueprint. The damage may be the result of a chemical, such a benzopyrene in cigarette smoke; a virus, such as human papilloma virus that causes cervical cancer; or even a naturally occurring hormone such as estrogen.

At a microscopic pathologic level, Type 1 lobules are the sites where about 85 percent of all breast cancers arise, named ductal cancers because they arise in the milk ducts. The cells in Type 1 lobules have greater numbers of estrogen and progesterone receptors in their cells' nuclei than Type 2 lobules. Type 2 lobules are more mature yet still are the sites where 10 to 15 percent of all breast cancers start (called lobular cancers because they arise in the milk-secreting mammary glands). The longer a mother is pregnant before the induced abortion, the greater the numbers of Type 1 and 2 lobules she will have formed, providing more cells which are at risk of developing into breast-cancer cells. There will be more sites for cancers to start, following an induced abortion. There is about a 3 percent increased risk in her chance of cancer for each week of gestation before the induced abortion.

If the pregnancy is a normal, healthy one that goes to forty weeks or "full-term," there will be near complete (about 85 percent) maturation of the mother's mammary glands into Type 4 lobules. Type 4 lobules have progressed through a complete maturation process. This is why there is a known protective effect against breast cancer when a woman has a full-term

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pregnancy. Each successive pregnancy causes more of the mother's mammary glands to mature which further reduces her risk by 10 percent with each pregnancy. Pregnancy causes Type 1 lobules to increase the number of ductules (which become mammary glands) from an average of eleven ductules per lobule to forty-seven, becoming Type 2 lobules. Type 2 lobules mature still more fully into Type 3 lobules when there is an average of eighty ductules in each lobule. Type 3 lobules have very few estrogen/progesterone receptors and do not quickly copy their DNA, thereby decreasing the possibility of mutations and carcinogenesis. By 32 weeks these Type 3 lobules start to produce colostrum, the first milk, thereby becoming Type 4 and resistant to cancer.

The maturation process that protects a woman from breast cancer happens only because the child in her womb produces the hormones hCG and hPL which prepare the mother to breast feed. In the first half of pregnancy, hCG stimulates estrogen and progesterone levels which cause the breast to enlarge with increased numbers of Type 1 and Type 2 lobules. In the later half, hPL, enables full differentiation to Type 4 lobules.

Induced Abortion before 32 Weeks Increases Breast Cancer Risk

Hormonally normal pregnancies that end prematurely *before* 32 weeks and which are not first trimester spontaneous abortions (miscarriages) increase breast-cancer risk because they have left the mother's breast with more places for cancer to start. The breasts enlarge and double in volume by mid-second trimester by producing more vulnerable Type 1 and 2 lobules. **A pregnancy that *ends before* maturation into cancer resistant lobules will result in breasts that have more incompletely differentiated mammary tissue than before pregnancy, thereby increasing the number of cells susceptible to carcinogenesis.** This is especially true for a woman's first pregnancy. It does not matter if the pregnancy is ended prematurely through an induced abortion or by a premature delivery before 32 weeks. The hormonal effects on the mother's breast are not changed by the intent of the pregnancy's end.

Conclusion

Not only have women been deceived about the risks of hormonal contraception and induced abortion but physicians as well. Busy clinicians, taking care of patients, might just read the table in a textbook to get some factual information. In the 2000 edition of *Diseases of the Breast* by Jay Harris et al., early full-term pregnancy is not listed in its table of methods of prevention, according to its accompanying text, because *"unplanned early pregnancy and an average of more than 2 completed pregnancies per woman have undesirable social and ecologic consequences."* The fact that it takes a fertility rate of 2.3 children per woman to maintain the population is disregarded. The book's recommendations appear to be influenced by the notion that humans are bad for the "ecology."

The fact is since 2005, the World Health Organization's International Agency on Research of Cancer has confirmed that hormonal contraception is a Group 1 breast carcinogen, a cause of breast cancer.

The facts are that from 1957 until the end of 2013, there have been 37 statistically significant worldwide studies that have shown induced abortion is correlated with breast cancer. These studies fulfill the Nine Bradford Hill Criteria for causality. A peer reviewed article documenting these studies and the breast biology accounting for these risks can be found and down loaded in a PDF file at: http://www.bcpinstitute.org/publishedpapers.htm.

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