

Bankrolling Premature Birth, Breast Cancer, And STDs

By KAREN MALEC

Physicians, taxpayers, and health insurance consumers should consider how the sexual revolution may have affected their medical costs and medical malpractice and health insurance premiums and contributed to the U.S. health care crisis. Since its onset in the late 1960s, there has been an increase in the number, incidence, and severity of sexually transmitted diseases (STDs). Lifetime risk of breast cancer for the average American woman has climbed from 1 in 12 women in 1970 to 1 in 7 in 2006, and the incidence of premature birth has increased 30% since 1981. One in 8 U.S. births (12.5%) involves a child born prematurely before 37 weeks gestation.

The Institute of Medicine (IOM) released a comprehensive report on premature births in the U.S. on July 13, 2006. The report includes a list of 17 risk factors for premature birth, some of which are related to the adverse effects of the sexual revolution. These include prior first-trimester induced abortion, uro-genital infections, cervical anomaly, history of infertility, and nulliparity (childlessness).

The cervix, which is called the "door" to the uterus, can be accidentally lacerated during an abortion. Women who have abortions are at risk for developing a post-abortion infection, i.e., pelvic inflammatory disease or endometritis (inflammation of the uterus). Women can also develop infections if their abortionists' instruments contain microorganisms. Women with a history of infection are at greater risk for infertility and childlessness — known risk factors for breast cancer.

According to the report, premature birth "costs society at least \$26.2 billion a year." The IOM's report has serious public health implications. Premature birth before 32 weeks of pregnancy is linked to cerebral palsy for the child, neonatal deaths, and breast cancer for the mother. Cerebral palsy is a catastrophic condition that has a host of chronic problems associated with it — brain damage, impaired control of movement and posture, and learning disabilities.

Women suffer immensely when their children develop cerebral palsy or die soon after birth, but it's not likely that the National Organization for Women, the Feminist Majority, and other left-wing feminist groups will inform women about the abortion-premature birth link. Radical feminists are bitterly opposed to the practice of female genital mutilation in Muslim countries, but they're indifferent when Western nations practice their own brand of mutilation: female reproductive mutilation.

Sadly, the effects of the sexual revolution have had a disparate impact on teenagers. This is due, in part, to the immaturity of the adolescent anatomy.

For example, the post-abortive teenager has a greater risk of having a premature birth later in life than does the post-abortive adult. The adolescent is more likely to develop infections because her cervical mucus doesn't contain the protective pathogens that adult women have. She is more likely to have multiple sex partners and is, therefore, more likely to contract a sexually transmitted disease (STD). Her cervix is more susceptible to laceration during an abortion because the adolescent cervix is smaller and more difficult for the abortionist to grasp with his instruments than the adult cervix is. Finally, she is at greater risk for developing breast cancer later in life than is the post-abortive adult.

The most cancer-vulnerable time in a woman's life takes place between the onset of menstruation and the birth of a first child. The worst time for her to use hormonal contraceptives, smoke cigarettes, be overexposed to radiation, or to have an abortion takes place while her breasts are still developing. Again, this is due to the immaturity of her anatomy.

The childless woman has immature, cancer-vulnerable breast tissue — Type 1 and 2 lobules, where 90% of all breast cancers are known to develop. During the first two trimesters of a normal pregnancy (not most miscarriages), the woman is overexposed to estrogen. Estrogen is a known carcinogen, and it's the hormone responsible for making the breasts grow. It stimulates the breast lobules to multiply. The woman who has an abortion (or a premature birth before 32 weeks gestation) is left with more cancer-vulnerable Type 1 and 2 lobules than she had before she became pregnant. She has more places in her breasts for cancer to start. Cancer is a disease in which cells multiply uncontrollably and there is no mechanism for turning off their growth.

The woman who carries her pregnancy to term, however, experiences a third-trimester process during pregnancy that protects her from estrogen and matures her breast tissue into cancer-resistant Type 3 lobules. She's left with more cancer-resistant tissue than she had before she became pregnant.

For this reason, the woman who has a larger family, starting early before age 24, has a lower lifetime risk for breast cancer. The earlier she has her first child, the sooner she matures her breast tissue into cancer-resistant tissue, and the lower her lifetime risk is for breast cancer.

Last year, the World Health Organization (WHO) classified combined (estrogen plus progestin) oral contraceptives (OCs) and combined hormone replacement therapy (HRT) as "Group 1" carcinogens. OCs and HRT contain the same drugs, and the risk increases — 24% and 26% respectively — are essentially the same.

Yet, Americans have not heard the same warnings about the risks of using combined OCs as they have about using combined HRT. It would offend feminist sensibilities to warn about the dangers of OC use.

After all, ingesting steroidal hormones is the feminist idea of "re-productive health."

The WHO said that combined OCs put women at greater risk for cancers of the liver, breast, and cervix; and combined HRT puts women at greater risk of breast and endometrial cancers. Importantly, OCs contain powerful steroidal hormones that can be delivered by transdermal patch, injection, or vaginal ring. Society disapproves of men who use steroids to build muscle, but if women use steroidal hormones to contracept, it is considered perfectly acceptable and is even encouraged.

It's likely that, the British experience with the abortifacient morning-after pill (MAP) will be repeated here in the U.S., now that the drug has been approved for over-the-counter purchase by women aged 18 years or older. The numbers of STDs and abortions can be expected to increase among young people. The Breast Cancer Prevention Institute has warned that it may cause breast cancer, if it is used regularly.

An "emergency contraception" web site operated by the Office of Population Research at Princeton University actually encourages women to take as much as a quintuple dose of combined OCs or as many as 40 progestin-only Ovrette pills to substitute for the MAP. Do they think women are guinea pigs?

MAP's manufacturer will profit tremendously from increased sales of the drug, but all of society will pay for the consequences of increased promiscuity. Our daughters and their children will pay with their health.

Our public health authorities should be fired for failing to curb the tsunami of premature births, breast cancer, and STDs in the U.S. over the last three decades. (According to the Medical Institute for Sexual Health, there are more than 60 million cases of STDs in the U.S. at present.) Health insurers contribute to the health care crisis by paying for abortions and hormonal contraceptives.

Taxpayers are unwittingly bankrolling the proliferation of cerebral palsy, breast cancer, and STDs and damaging the health care system by funding Planned Parenthood. We reap what we sow.

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