

Abstract: Surgical abortion procedures ( “suction”, D & C, D & E, and D & X ) are experimental and unproven medical treatments, not 'safety validated' via published animal studies. Thus, women are truly 'Guinea pigs' for abortion surgeries that violate the 1947 Nuremberg Code principle that new medical treatments be safety validated FIRST on animals before human trials commence. 'MACE' (Mental retardation, Autism, Cerebral palsy, Epilepsy) injuries are manifestations of brain damage. Prior IAs (Induced Abortions) more than double uterine infection risk, making 'MACE' injuries more likely, no matter what the gestation length. The highest 'MACE' risks are inflicted on extremely preterm newborn (under 28 weeks' gestation), with their CP (Cerebral Palsy) risk being 129 times that of full-term newborns (gestation at least 37 weeks). In 2006 & 2007 eminent scientist Greg Roy Alexander (ScD), representing the [U.S.] Institute of Medicine [IoM], identified “First trimester induced abortion” as an “Immutable Medical Risk Factor Associated with Preterm Birth” in an IoM textbook. In 2008 three (3) preterm birth 'heavyweight' experts, Drs. Iams, Romero, & Goldenberg in a Lancet paper fingered surgical abortions as boosting women's preterm delivery odds, supporting their finding by referring to the 2005 'Moreau' study & the 2004 'Ancel-Papiernik' study.

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### **Some 20<sup>th</sup> Century Abortion History -**

In 1956, the same year as the thwarted uprising against the Communist government, the Hungarian government legalized free and unfettered access to elective IA (Induced Abortion). The same year as the 1973 U.S. Roe v Wade Supreme Court decision the Hungarian government was forced to publicly concede that Hungary's preterm baby epidemic was primarily due to high IA rates. In December 1973 in a government controlled publication (Magyar Hírek (Hungary News)) appeared the article “Some Ideas on Our Demography A Program for Healthier Children” by Judit Kovacs. Kovacs revealed the research of Professor Dr. Jenő Sarkány: “The result of the professor's research: mothers who underwent induced abortions between giving births had far fewer healthy babies. Only half of the

mothers who had an induced abortion between child births gave birth to healthy babies. Many 2  
women behaved irresponsibly and opted to have an induced abortion before their 25<sup>th</sup> birthday  
although it was known for a long time that the procedure was not without danger. Complications  
like sterility, chronic sickness caused by induced abortion have been known for a long time ....  
Restricting the availability of abortions can protect mothers and their new babies' health. Proper  
prenatal care is, of course, also very important. The new legislation addresses these two tasks...”[1]

Judit Kovacs went on to detail the coming (January 1974) substantial restrictions to induced abortion  
access to be implemented by the Hungarian government. Although substantial, those 1974 restrictions  
pale in comparison to Poland's 1989 reform. Poland's new very strict criteria for legal IAs slashed the  
induced abortion rate per 1000 deliveries by 98% between 1989 and 1993.[UN, 2a]

Fuse lit on the U.S. abortion-preemie 'time bomb' -

On 22 January 1973 the U.S. Supreme Court decision (Roe v Wade) 'legalized' elective abortion  
in all 50 U.S. States. For 7 years the U.S. premature birth rate was relatively flat and stood at 8.9% in  
1980.[CDC, 3] In 1981 the PTB (Preterm Birth) rate suddenly jumped to 9.4%.[Behrman, 4] Perhaps,  
this was just a chance occurrence & future U.S. PTB rates would stay flat or actually start to decline.  
The U.S. PTB rate kept rising & in 2006 stood at 12.8%.[Martin, 5] From 1980 (8.9%) to 2006 (12.8%)  
the U.S. PTB rate escalated by a relative 44%. Since elective IA is claimed to be a 'therapeutic'  
procedure, a 44% PTB rate jump must be considered to be very 'ironic' by induced abortion supporters.

Medical 'Miracle' in Poland -

Since Poland in 1989 was a poor country, one could reasonably expect that its PTB rate would rise  
faster than the U.S. preterm birth rate. Poland's new strict abortion law went into effect in 1989 and  
it sharply reduced induced abortion access. Before the new law went into effect, opponents predicted  
dire health consequences for women. Between 1995 & 1997 Poland's extremely preterm (under 28  
weeks) birth rate dived by 21%.[UN, 2b], maternal mortality plunged by 41% & the infant mortality

rate dropped by 25%. [UN, 2b] The U.S. Government enacted the 2006 'Preemie Act', mandating future funding for preterm birth research. Poland achieved a wonderful preterm birth rate reduction 3 by spending practically nil, whereas the U.S. will be spending a “king's ransom” for uncertain results at best. In June 2008 Witold Wozniak, Poland's Central Statistical Office Deputy Director, emailed to Brent Rooney ( [fullterm40@gmail.com](mailto:fullterm40@gmail.com) ) Polish statistics for deaths to children with CP under age 5 from 1985 to 2006; that rate plunged by 79% (!) between 1985 & 2006. Since the more severe the CP injury the higher the death rate, this 79% plunge strongly suggests that Poland's rate of very severe CP injuries in children under age 5 years has dropped dramatically between 1985 & 2006.

#### Risks Faced by 'Preemies' -

Preterm newborns have higher risk of 'MACE' (Mental retardation, Autism, Cerebral palsy, Epilepsy)

injuries & blindness, deafness, serious infections, respiratory distress, gastrointestinal injury, etc.

[Behrman, 4] In 2008 Dr. Eveline Himpens reported the results of a study that combined the data from prior CP studies (i.e. a meta-analysis) to yield CP risk relative to full-term newborns [Himpens, 6]:

Very Preterm Newborns (under 32 weeks' gestation) have 55 times the full-term CP risk

Extremely Preterm Newborns (under 28 weeks) have 129 times the full-term CP risk

In 2008 Dr. Dag Moster et al. reported that extremely preterm Norwegian newborns have 9.7 times the odds of later being diagnosed with autism as full-term newborns. [Moster, 7] Eminent scientist Greg

Roy Alexander (ScD), representing the Institute of Medicine (IoM), identified “Prior first trimester induced abortion” as an “Immutable Medical Risk Factor Associated with Preterm Birth” in a 2007

IoM textbook; URL: [http://www.nap.edu/openbook.php?record\\_id=11622&page=625](http://www.nap.edu/openbook.php?record_id=11622&page=625) . [Behrman, 4]

IoM is a branch of the prestigious National Academy of Sciences.

#### “Suction” Abortion: Experimental and Unproven Surgery -

Some researchers who are comfortable with surgical IA demand that skeptics of abortion 'safety' should wait until definitive proof is provided for breast cancer, preterm birth, suicide risks etc. before young women are provided with any health warnings. If 'Mr. Sam Seller' was to introduce 'rattle snake

oil' into the market place as an 'arthritis cure' and demanded that critics prove that his product was unsafe, the public would consider the entrepreneur foolish or worse. BURDEN of PROOF (BoP), 4  
by scientific convention, lies upon those making a claim, NOT on those disputing the claim. Carol JR Hogue (PhD), considered a reproductive health expert, has consistently called for 'more research' for the abortion-preemie risk, implying that no warnings of possible risk be provided until a high level of proof is provided.[Hogue, 8] I.E. Carol Hogue et al. imply that abortion safety skeptics have the burden of proof upon them to demonstrate harm instead of abortion doctors having the burden of proof on their shoulders to demonstrate safety. Abortion safety defenders can not even cite one animal safety study for the most common surgical abortion procedure, “suction” (i.e. vacuum aspiration) abortion.[Rooney, 9] Applying a new surgery or new drug to human beings before it has been safety validated on animals violates principle 3 of the 1947 Nuremberg Code.[Rooney, 9] Nor can abortion supporters point to published studies of small human trials of “suction” abortion. A Feb. 2009 'meta-analysis' (i.e. study of studies) reported a statistically significant 64% higher relative odds of very preterm delivery (under 32 weeks' gestation) for women with prior IAs compared to women with zero prior induced abortions. [Swingle, 10] In the 'court of medicine' (as opposed to a court of law) the 'defendant' new surgery or new drug is presumed 'guilty' of serious adverse risks until it is demonstrated by very strong evidence that the 'defendant' new surgery is 'innocent' of serious adverse side-effects. This is exactly opposite of what is the case in a criminal courtroom, where the defendant (unless he/she pleads guilty before trial) is presumed innocent until proven guilty beyond a reasonable doubt. To be considered safe, a new surgery, such as “suction” abortion after 1958, must clear all three (3) hurdles:

1. Animal safety testing [hurdle never ATTEMPTED to be cleared for “suction” abortion]
2. Small human safety trials [no published studies for “suction” abortion]
3. Wide scale human use [Swingle meta-analysis demonstrates IA-very-preterm-birth risk]

Instead of clearing all three (3) required hurdles, “suction” abortion has cleared zero of three (3).

AVP (Abortion-Very-Preterm-birth) risk -

Although very preterm (< 32 weeks' gestation) newborns total about 15% of U.S. preterm babies, a majority of deaths & serious disabilities inflicted on 'preemies' are imparted onto very preterm babies. The vast majority of M.D.s and researchers can not be expected to keep track of over 130 abortion-preemie studies, but competently performed review studies allow medical professionals to know if a purported risk factor increases, decreases, or has no effect on an adverse health outcome. In the 21<sup>st</sup> century there are four extensive APB reviews (i.e. at least 24 APB peer-reviewed studies reviewed).[Oppenraaij, 28; Swingle, 10; Rooney/Calhoun 11; Thorp, 12, ] All 4 of these reviews affirmed the AVP (Abortion-Very-Preterm-birth) risk. Arrayed against these 4 extensive APB reviews affirming risk are zero extensive reviews finding no evidence or weak evidence for AVP & APB risk. 'Swingle' [10] & 'Oppenraaij' [38] went beyond 'extensive review', being SYSTEMATIC APB reviews. Dr. Hanes Swingle 'meta-analysis' of VERY preterm birth (under 32 weeks' gestation) -

In Feb. 2009 Dr. Hanes Swingle provided the 1st comprehensive meta-analysis of APB risk & VERY-preterm-birth risk of prior surgical IAs. Swingle's paper screened 7,891 titles, 349 abstracts, & 130 articles that mentioned induced or spontaneous abortion (SAB) for 1995-2007. 'Swingle' found 30 induced abortion studies that met review criteria; 26 papers met SAB criteria.[Swingle, 10]

Of 30 IA studies 12 met "Swingle's" strict inclusion criteria for analysis; 8 were cohort studies and 4 were case-control studies. (Only singleton births were included.) The odds ratios (ORs) for both crude and adjusted ORs were equal. The OR's for preterm birth for 1, 1 or more, & 2 or more IAs, were 1.25 [95% CI 1.03-1.48], 1.32 [95% CI 1.11-1.53], & 1.51 (95% CI 1.21-1.75). More prior IAs produced higher risk (termed 'dose/response'), with two or more prior IAs increasing relative PTB odds by 51%. Four studies provided data for the very preterm birth (under 32 weeks' gestation) meta-analysis (i.e. study of studies). The adjusted OR for this patient group was 1.64 [95% CI 1.38-1.91] (i.e. 64% higher relative odds). Of high impact: Dr. Hanes Swingle & colleagues discerned that the lower a country's 'preemie' rate the higher the APB odds ratio.[Swingle, 10] Thus, APB studies for countries with high premature birth rates may well underestimate the true abortion-preemie risk increase.

The 4 studies supplying data for the AVP (Abortion-Very-Preterm) meta-analysis were well adjusted for possible confounders, such as total prior deliveries, maternal age, smoking during pregnancy, 6 & marital status. The surgical stress on the uterus may facilitate chronic infection and/or inflammation. Also, surgical IAs risk scarring the uterine wall and weakening the cervix (the 'gate' to the womb). The most important result: very preterm birth odds (64% higher) doubled preterm birth odds (32% higher). Very preterm newborns have 55 times the Cerebral Palsy risk as full-term newborns.[Himpens, 6]

'Swingle' appears to unequivocally end honest debate about APB risk & thus, ethical public health officials & insurers should respond by warning women that IAs boost risk of later preterm & handicapped newborns. Within 40 days of the Feb. 2009 'Swingle' meta-analysis APB risk was confirmed by a 7 March 2009 systematic review led by Danish researcher Dr. van Oppenraaij.[Oppenraaij, 28]

Dr. Emile Papiernik emphasizes AVP risk -

Dr. Emile Papiernik won well deserved world renown for heading a French national program that slashed France's preterm birth rate by 52% between 1972 and 1989. In 1985 Dr. Papiernik explained the importance of those born 'early preterm' (aka very preterm):

“In spite of all improvements of neonatal care, the rate of very early preterm births or very low birth weight remains the major predictor for neonatal death rates.”[Papiernik, 13]

In 2004 Dr. Papiernik was a co-author of a study of ten (10) European countries (including Germany and Italy) that reported that women with prior IAs significantly raised their very preterm birth odds:

One (1) prior IA elevated VPB relative odds by 34%

2 or more prior IAs raised VPB relative odds by 82% [Ancel, 14]

The 2009 'Swingle' meta-analysis validated the 2004 'Ancel/Papiernik' results.[Swingle, 10]

The 'Final Straw' Removing any Doubt about the Abortion-Preemie Risk -

Even in the 21<sup>st</sup> century 'flat earth' believers exist & no matter how overwhelming the evidence, there are those who will deny the abortion-preemie risk and other health hazards of surgical abortions. To honest and competent medical researchers the 12 January 2008 LANCET statement by a 3 preterm

birth 'heavyweight' medical doctors and eminent researchers, Drs. Jay Iams, Robert Romero, Robert L. Goldenberg (plus Jennifer F. Culhane (PhD)) should be sobering [16]: 7

“For example, greater public and professional awareness of evidence that repeated uterine instrumentation—eg, uterine curettage or endometrial biopsy—is associated with increased risk of subsequent preterm birth might over time influence decision-making about the procedure.[2,9-12]” [ “2,9-12” are citation numbers from the Lancet paper (page 165) ]

Since the Lancet authors did not explicitly mention surgical abortion in the 'Iams' sentence, how can one be confident that surgical abortions are implicated? Two of the Lancet citation numbers refer to the 2004 'Ancel/Papiernik' study [14] and the 2005 'Moreau' study [15], both of which reported that prior surgical abortions significantly boosted women's risk of VERY preterm newborns. The 2005 'Moreau' study of French women also reported a statistically significant 70% elevation in relative odds of an extremely preterm delivery (under 28 weeks' gestation) for women with prior surgical abortions.[15] Lancet has carried articles defending induced abortion 'safety' including those with abortion defender Dr. Malcolm Potts as sole author or as a co-author.[17]

The Yearly Damage Done to 'Preemies' by Prior Surgical Abortions -

In the infamous 'Tuskegee experiment' 399 Black American men afflicted with syphilis were denied effective remedies and President Bill Clinton was compelled to apologize for this medical scandal. Total U.S. very preterm newborns with CP (Cerebral Palsy) yearly due to prior surgical abortions can be estimated. The 2009 'Swingle' meta-analysis found that women with prior IAs have 64% higher relative odds of a very preterm delivery than women with zero prior IAs. In 2006 there were 4.27 million U.S. births and 2.04 of these newborns were very preterm.[Martin, 18]. Dr. Byron Calhoun et al. estimated that 20% of U.S. women giving birth have had prior induced abortions.[Calhoun, 18] Using the 'Himpens' [6] CP risk of very preterm newborns being 6.2% leads to the estimate of 811 very preterm U.S. newborns with CP in 2006 were due to women's prior induced abortions. The 1 year 811 total is more that twice the toll of the infamous 'Tuskegee experiment'. If newborns over 32 weeks

gestation are also considered, the total estimated ACP (Abortion-CP) victims would be much higher. The Breast Cancer Implications of the AVP (Abortion Very Preterm) Birth Risk - 8

Two studies finding a significant risk does not equal a recognized risk. The statistically significant studies of 'Melbye' (1999) [19] and 'Innes' (2004) [20] reported that women with deliveries under 32 weeks' gestations doubled the mother's breast cancer risk relative to women who delivered full-term. It has been well known for at least 36 years that a full-term pregnancy lowers a woman's lifetime risk of breast cancer.[MacMahon, 21] Thus, if it is true that a delivery under 32 weeks' gestation markedly elevates breast cancer risk, that implies that somewhere between 32 weeks and 37 weeks' gestation the maturation of breast milk producing cells reaches a point where breast cancer risk is reduced relative to women who are childless. The superb cancer researcher Dr. Brian MacMahon (Harvard University) in his January 1973 study affirmed, “[Breast Cancer] Protection is exerted only by a full-term pregnancy. Abortion and breast cancer risk were not associated in all study areas; where a relationship was observed, abortion was associated with increased, not decreased risk (5, 8, 9, 11).”[MacMahon, 21]

Full-Term & Post Term Infants Risk Brain Damage from Mom's Prior Induced Abortion(s) –

In 2004 the CP (Cerebral Palsy) risk of surgical abortion was exposed in a courtroom. Kristy Bruce was born post term (after 42 weeks) in 1989, has Cerebral Palsy and is bound to a wheelchair. Kristy sued her mom's obstetrician (Dr. Alan Kaye) for medical negligence causing her CP.[Michael Grove, 22] Key to Dr. Kaye's defence was that prior IAs performed on Kristy's mother (Sharon Chevelle) weakened the mother's uterus such that during Chevelle's pregnancy with Kristy, at home Chevelle's womb punctured. In a 100 point decision on 8 April 2004 Australian New South Wales judge Michael Grove found Dr. Alan Kaye not guilty and pointed an accusing finger at the Chevelle's prior abortion doctors.[Michael Grove, 22] In effect, judge Michael Grove was suggesting to plaintiff Kristy Bruce & her family that they should have given consideration to suing Sharon Chevelle's abortion doctors instead of obstetrician Dr. Alan Kaye.[Michael Grove, 22]

Maternal infections are an accepted preterm birth risk factor.[Behrman, 4] A 1997 Journal of the American Medical Association study authored by researchers Karin Nelson & Judith Grether reported that women with infections have 9.3 times the odds of delivering a FULL-TERM newborn with CP 9 than women without infections delivering FULL-TERM newborns.[Nelson, 24] In 1998 Marijane Krohn et al., using subjects from King County (Washington state), reported that women with IAs in the prior pregnancy have four (4) times the intrauterine infection risk as women who delivered a newborn in the prior pregnancy.[Krohn, 25] All surgical procedures (laser surgery a possible exception) impart an elevated infection risk. Very rarely will a surgical abortion consent form not list infection risk. 'Chorioamnionitis' implies an infected womb. In 1995 Dr. Deidre Murphy reported that women with chorioamnionitis had 4.2 times the odds (95% CI:1.4-12.0) of delivering very preterm newborns with CP compared to women without chorioamnionitis delivering very preterm newborns.[Murphy, 26] In 2006 Finnish Dr. Kaisa Raatikainen & colleagues, despite their abortion 'safety' claim, found that women with 1 prior IA had 50% higher relative chorioamnionitis odds as women with zero prior IAs. [Raatikainen, 27] In 2000 Dr. Yvonne Wu reported that chorioamnionitis almost doubled (1.9) a preterm baby's CP odds & multiplied CP odds for full-term newborns by 4.7 .[Wu, 29] Dr. Olaf Dammann reported that Black American mothers of babies under 1,500 grams had 2.1 times the chorioamnionitis odds as Caucasian women with babies under 1,500 grams.[Dammann, 34] Dr. Dammann also found that prior IAs raised chorioamnionitis relative risk by 61%, in accord with 'Raatikainen' [27].[Dammann, 34] Canadian Dr. Michael S. Kramer (McGill U.): “The most consistent associations and highest risk for preterm birth have been reported with bacterial vaginosis, with the majority of relative risks between 1.5 and 2.5, but ranging as high as 6.9”.[Kramer, 35]

## CONCLUSION

The 'Tuskegee Experiment', the Thalidomide disaster, & the Abortion-CP epidemic are 3 medical tragedies of the last 80 years. Victim totals for the three tragedies are shown in this table:

Victim Location	Tuskegee Experiment	Thalidomide Birth Defects	ACP (Abortion Cerebral Palsy)
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United States	399	ZERO*	over 20,000
Europe & Asia	ZERO	8,000-12,000	over 80,000

(\* zero American babies born IN the U.S. were birth defected from Thalidomide commercially purchased in the U.S. prior to 1990) 10

In the book *Dark Remedy* authors Professor Trent Stephens & Rock Brynner estimated the number of badly birth defected babies whose mothers took the morning sickness 'remedy' Thalidomide as 8,000-12,000.[Stephens, 30] Sadly, the test animals used to safety validate Thalidomide only included mice, rats, cats, dogs, rabbits, and Guinea pigs, but NOT nonhuman primates (e.g.s., monkeys, marmosets, apes, chimpanzees).[Stephens, 30] 'Stephens' implied that nonhuman primate testing of Thalidomide was performed AFTER this birth defect disaster of the late 1950s and early 1960s. As badly defective as Thalidomide animal testing was in the 1950s, it was superior to the 100% lack of “suction” abortion animal testing with zero published animal studies in medical journals as of 15 May 2009, 51 years after 2 Chinese doctors announced the radically new abortion procedure of vacuum aspiration abortion. [Coombes, 31; Wu, 32] The 399 victims in the 'Tuskegee experiment' were Black American males. For the APB epidemic all ethnic groups have suffered & will suffer; in the 1986 'Ross' PTB study for Los Angeles, California women, 84% of the subjects were Hispanic-American women.[Ross, 33]. Dr. Ross (UCLA) reported that women with prior IAs had 31% higher relative odds of premature delivery compared to women with zero prior induced abortions.[Ross, 33] A 1987 *New England Journal of Medicine* paper reported that Black American women with 2 or more prior IAs doubled (1.91) their 'preemie' odds compared to Black American women with zero IAs.[Lieberman, 36]

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