

## “Why Not Indulge?”



The Health Implications: Exploring the History and Research of  
Chemicals Altering Women’s Natural Hormone System

**A Preliminary Summary of Social, Health and Medical Studies**

**A WORK IN PROGRESS**

July, 2005 For Educational Purposes Only

*The new ideal places a woman's position as equal to that of the male. An important causative factor in this change is the development of safe, reliable contraceptives, which removes a principal block to a freer sexual life for women, the fear of pregnancy...This is particularly true when the physician is consulted by an adolescent girl desiring contraception...The pleasure in sex is obvious. The main practical danger can be removed. Why not indulge?<sup>1</sup>*

J. Robert Wilson, M.D., Elsie Reid Carrington, M.D.  
*Obstetrics and Gynecology*, St. Louis: C. V. Mosby Co., 1979  
(6<sup>th</sup> edition, original published in 1958)

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<sup>1</sup> J. Robert Wilson, M.D., Elsie Reid Carrington, M.D. *Obstetrics and Gynecology*. St. Louis: C. V. Mosby Co., 1979, pp. 98-99 (6<sup>th</sup> edition, original published in 1958).

# Executive Summary

Young women today struggle with an epidemic in reproductive health problems unheard of just a generation ago. According to the National Cancer Institute, breast cancer incidence rates increased by more than 40 percent from 1973 to 1998...in the past 30 years breast cancer incidence has risen from 1 in 30 women to 1 in 8...in North America a woman dies of breast cancer every 12 minutes.<sup>2</sup> The Center for Disease Control reported the increase of breast cancer incidence in a nineteen-year period from 1973 to 1992 as 34 percent in white women and 47 percent in black women.<sup>3</sup>

Independent researchers are confirming the fact that the rising incidence of breast cancer is related to estrogen imbalance, a problem more familiar to environmentalists, pharmaceutical giants, government agencies, and cancer survivors than to the general public. Then we must ask what are the long-term health results to the large population of under-age girls who are routinely provided chemical birth control “to improve their complexions and regulate menstrual cycles? A review of the multi-billion dollar birth control industry indicates there are many economic and philosophical forces at work to increase the manufacture and distribution of chemical birth control to women and girls worldwide, in spite of the profound hormone changes too often accompanied by devastating health consequences related to use of these chemicals.

Since Medicine’s transformation in the early 1970s, today there is widespread use of chemical hormone therapies in the management of female reproduction and Medicine now finds it unacceptable to consider America without birth control, despite the documented health dangers associated with hormone therapies.

As drug companies increasingly rely upon physicians as paid pitchmen for their pharmaceutical brands,<sup>4</sup> the intention of this paper is to inspire and guide women to examine some of the serious health risks associated with hormone therapies such as reproductive cancers, endometriosis, systemic lupus erythematosus, hypothyroidism, rheumatoid arthritis, multiple sclerosis, dementia, depression and diabetes.

Preliminary research presented here has analyzed some of the most respected peer-reviewed medical journals, particularly in the fields of endocrinology and obstetrics and gynecology, and ancillary reports from health care professionals, who have experienced success with alternative medicine; political activists; cancer survivors; and environmental advocates.

Additionally, provided here is the political history of chemical intervention as the preferred reproductive model, supported by private foundations and pharmaceutical companies as well as government funding and enforcement. This is vital information as the incidence of chronic reproductive organ disease, both male and female, continues to rise. Most would agree the best course is to pursue disease prevention, not cures. Prevention necessitates that a more complete understanding be gained of how our bodies function and identify the real risk factors associated with pharmaceutically supported “reproductive freedom.”

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<sup>2</sup> Dr. John Lee, David Zava, Ph.D.: *What Your Doctor May Not Tell You About Breast Cancer*. New York, Time Warner, 2002, p. 5.

<sup>3</sup> <[www.cdc.gov/mmwr/preview/mmwrhtml/00043942.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00043942.htm)>

<sup>4</sup> Scott Hensley and Barbara Martinez, “To Sell Their Drugs, Companies Increasingly Rely on Doctors,” *Wall Street Journal*, July 15, 2005, p. 1.

## INTRODUCTION AND A SHORT HISTORY

The literature available to a young woman contemplating birth control is mind boggling and not surprisingly the data are conflicting: some data suggest birth control is safe and other data declare birth control is a factor in breast cancer. It wasn't until August, 2005, when the World Health Organization's International Agency for Research on Cancer issued a little publicized statement reclassifying chemical birth control as a Group 1 carcinogenic, the highest classification of carcinogenicity given by the research group,<sup>5</sup> that the matter was settled. The researchers included 21 scientists from 8 countries, and they concluded that oral contraceptives increase the risk of breast, cervix, and liver cancer. The study was reported in the British Medical Journal, *The Lancet*, which reported that more than 100 million women—about 10% of all women of reproductive age worldwide—use combined oral contraceptives, and use is rising.<sup>6</sup>

There has long been little dispute over the fact that hormonal birth control therapies have a major effect on most body systems; or the fact that birth control is an effective way to prevent pregnancy; and that hormone altering birth control products list side effects which include cancers, strokes, blood clots, heart disease, etc. Given all the information, pro and con, the fact is more than eighty percent of women in the United States choose to take birth control.

This paper is intended for them and especially underage girls, who today are often prescribed birth control from their early teens. Unlike a generation ago, today medicine, education and government encourage and facilitate underage girls to become “lifelong contraceptors.” State and federal governments spend 12 times more promoting family planning and contraception than promoting Abstinence Until Marriage. In fact, on funding specifically targeted toward teenagers, governments spent nearly \$4.50 on contraception, for every \$1 spent promoting abstinence in 2002.<sup>7</sup> Yet there are warnings that the “use of oral contraceptives by teens is now an established risk factor for breast cancer. The younger the girl, the higher the risk of breast cancer. In general, girls under the age of 18, who use oral contraceptives, triple their lifetime risk of breast cancer.”<sup>8</sup> In spite of these reports, under-age girls (and their mothers) do not realize the risks associated with hormone altering contraception like birth control pills and patches.



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fun and fashionable alternative to  
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Dispenser.”  
<http://www.personalpak.com/home.html>

If a woman seeks medical advice on contraception, a gynecologist is 2.6 times more likely to recommend hormone therapy than a family physician.<sup>9</sup> But if it wasn't safe,<sup>10</sup> the FDA would not

<sup>5</sup> IARC Monographs Programme Finds Combined Estrogen-Progestogen Contraceptives and Menopausal Therapy are Carcinogenic to Humans. <[http://www.iarc.fr/ENG/Press\\_Releases/pr167a.html](http://www.iarc.fr/ENG/Press_Releases/pr167a.html)>

<sup>6</sup> Carcinogenicity of combined oestrogen-progestagen contraceptives and menopausal treatment. *Lancet Oncology* 2005; 6:552-553.

<sup>7</sup> Heritage Foundation <<http://www.heritage.org/Research/Features/Issues2004/Abstinence.cfm>>

<sup>8</sup> *What your Doctor May NOT Tell You About Breast Cancer* Dr. John R. Lee, MD, David Zava, Ph.D., Virginia Hopkins, p. 36

<sup>9</sup> Physician Specialty Is Significantly Associated With Hormone Replacement Therapy Use. *Obstetrics & Gynecology* 2003; 101:114-122.

allow it to be marketed, right? And if the risk for breast cancer increases with hormone altering birth control therapies, would women still take them? They may, but heretofore the health risks were not generally understood at the beginning of therapies especially for under-aged girls.

The grandmothers of the current generation of under-age girls now being prescribed hormone-altering contraception (often because it will make their “skin lovely” and “regulate their periods”) didn’t generally begin birth control regimes until married, usually in their late teens or twenties.

Author and cancer patient Sharon Batt, like so many baby-boom women, who came of child-bearing age when hormone altering birth control was first legalized and distributed, was an enthusiastic insider in the feminism crusades of the 1970’s, but today she writes of the potential downside to “reproductive freedom” many women missed in those early years:

As a ‘liberated’ woman growing up in post-war North America, I expected to live well beyond my childbearing years, whether or not I had children. My generation enjoyed full reproductive choice for the first time and like many of my peers I took the Pill almost non-stop for 10 years; I did not have children. Now I am a statistic in the steady rise in the rate of breast cancer. If this relationship is cause and effect, women pay a high price for reproductive freedom—and the proportion of women with breast cancer could rise even higher as women like me move into the latter part of our lives.<sup>11</sup>

Further, Batt reports the FDA’s criteria for making certain treatments available can sadly be market and profit driven and not motivated by patient care and safety:

A congressional consultant told Kushner that the FDA had trouble dealing with the Pill because the agency was just too “business-oriented” to block the progress of a major money-making product. The problem wasn’t chicanery or bribery, he told her, but “they have a business outlook in salvaging a product and making it work out.”<sup>12</sup>

The associated press illustrated the bias protecting pharmaceutical profits in its recent report of the warning issued by Otho-McNeil for the birth-control patch. Women using the patch are exposed to 60% more estrogen than those using the pill, which makes them at higher risk for blood clots and serious side effects. Their spokesperson, a professor of obstetrics and gynecology maintained that the greatest risk was that of pregnancy:

If the patch is delivering too much estrogen, then it may need to be redesigned. Women should not just take off their patch; they risk pregnancy. If they are worried and want to change off the patch, they can wait to get something else.<sup>13</sup>

The annual cost of breast cancer treatment in the U.S. in 1997 was \$6.6 billion, and costs continue to rise. The cancer treatment industry in America has received over \$1 trillion since

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<sup>10</sup> According to the Journal of the American Medical Association, FDA approved drugs are the 4<sup>th</sup> or 5<sup>th</sup> leading cause of death in the United States. See Dr. John R. Lee. *What Your Doctor May Not Tell You About Breast Cancer*. NY: Warner Books, 2002, p. 22.

<sup>11</sup> Sharon Batt, *supra*, note 1, pp. 112-113.

<sup>12</sup> Sharon Batt. *Patient No More: The Politics of Breast Cancer*. Prince Edward Island, Canada: Gynergy Books, 1994, p. 124.

<sup>13</sup> Warning issued for birth-control patch, Associated Press, November 10, 2005, 9:00 p.m.

<[http://www.usatoday.com/news/health/2005-11-10-birth-control-patch\\_x.htm?POE=click-refer](http://www.usatoday.com/news/health/2005-11-10-birth-control-patch_x.htm?POE=click-refer)>

President Nixon declared a “War on Cancer.” Cancer accounts for at least 10% of health costs. In this environment, “treatment success” can mean profitable, while “dangerous” or “questionable” could in the minds of some refer to therapies that threaten the profits of the cancer industry. “The reason alternative treatments are not mainstream has little to do with alleged therapeutic ineffectiveness and far more to do with industry, media and political control over the therapy marketplace.”<sup>14</sup>

Statistics and profitability connected to the overwhelming market numbers represented by the use of hormone therapies in the management of female reproduction, is in play for the pharmaceutical and medical concerns. However there is more than profitability driving hormone therapy, there is a new philosophy as well. For example, inside the culture of today’s Medical it is unacceptable to consider an America without birth control. D. A. Grimes writes in the *Journal of Obstetrics and Gynecology* that “unplanned pregnancy constitutes an epidemic” [i.e. disease] and for “healthy women younger than 35 years, failure to use fertility control is more dangerous than use of any [contraceptive] method.”<sup>15</sup>

Yet outside the ob/gyn specialty, endocrinologist Diana Schwarzbein, who has written two best selling books on how to achieve a healthy metabolism says:

Women are not receiving the correct information about how dangerous birth control pills (BCPs) really are. Do not get me wrong; I do believe in a woman’s right to birth control as long as she has made an informed decision. However, you can never achieve complete hormonal balance while taking BCPs because they disrupt the sex hormone system, and, because all hormones are connected, the body’s entire hormone system is disrupted, too.<sup>16</sup>

Indeed, the profound disruption to body systems is illustrated in a 1980 medical textbook which reported the biochemical changes in blood plasma or serum in women using combined oral contraceptives; of the 96 substances (minerals, vitamins, hormones, amino acids, proteins and enzymes) measured in the blood, 95 changed as a result of oral contraceptive use!<sup>17</sup> Dr. Schwarzbein explains an important distinction between our bodies’ hormones and chemical substances formulated to replace them:

Birth control pills are not hormones; they are drugs that disrupt a woman’s sex hormone balance. Since all of the hormones of the body are connected, BCP’s affect all your hormone systems. The longer you take BCP’s the greater your hormonal imbalances.<sup>18</sup>

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<sup>14</sup> W. John Diamond, M.D., W. Lee Cowden, M.D., Burton Goldberg. *An Alternative Medicine Definitive Guide to Cancer*. Tiburon, CA: Future Medicine Publishing, Inc., 1997, pp. 645-646.

<sup>15</sup> D. A. Grimes writes in the *Journal of Obstetrics and Gynecology* that “unplanned pregnancy constitutes an epidemic” [i.e. disease] and for “healthy women younger than 35 years, failure to use fertility control is more dangerous than use of any [contraceptive] method.” *Obstetrics & Gynecology* 1986; 67:438-442.

<sup>16</sup> Diana Schwarzbein. *The Schwarzbein Principle: The Truth about Losing Weight, Being Healthy, and Feeling Younger*. Deerfield, FL: Health Communications, 1999, p. 368.

<sup>17</sup> E.S.E. Hafez, Editor. *Human Reproduction: Conception and Contraception* (2<sup>nd</sup> ed.). Cambridge: Harper & Row, 1980, p. 890. The data were originally presented to the World Health Organization in a symposium on Advances in Fertility Regulation in Moscow, U.S.S.R. in 1976.

<sup>18</sup> Schwarzbein, supra., p. 52.

## TODAY & CURRENT RESEARCH

This educational paper will present more questions than answers, but the fact that thousands are questioning is an indication that women are attempting to learn and make informed decisions after hearing from all players on all sides of this matter—the professional medical associations, alternative medicine professionals, pharmaceutical companies, foundations, individual activists, international and government organizations and those women who have survived and now thrive. In order to understand the truth, each “professional” opinion must be weighed in light of the “box” or bias from which it emerges.

For example, there are those with a deeply held belief that prescribing or using “the pill” represents social responsibility trumping safety.<sup>19</sup> Sharon Batt describes the parameters research is often evaluated by your doctor:

Physicians also describe widely used medications as so vital to our lives that they are an integral part of the culture. This rationale appears in an important review of breast cancer published in the *New England Journal of Medicine* in the summer of 1992. On the one hand, the authors say the use of oral contraceptives “appears to increase the risk of breast cancer by about 50 percent” while the use of postmenopausal estrogen “appears to increase the risk of breast cancer by about 40 percent.”... Yet the same article plaintively concludes that ‘risk factors whose modification would be culturally acceptable have not been established, although efforts to identify them continue.

Hans E. Geisler, Director of Gynecologic Oncology at St. Vincent Hospitals in Indianapolis, Indiana, provides a collection of research from Gynecology textbooks confirming the following birth control drug risks: cervical dysplasia, cervical carcinoma, breast cancer, thromboembolic disease (blood clots), heart disease, strokes, gallbladder disease, benign liver tumors, and cervicitis.<sup>20</sup> Endocrinologist Dr. Schwarzbein adds to this list hormone imbalance, obesity, infertility, fibroid tumors, chronic fatigue, headaches, insomnia, high blood pressure, and Type II diabetes.<sup>21</sup>

Here are some complex confirmations from research published in the *Journal of Obstetrics and Gynecology*:

- The type of contraceptive used was the most important prognostic factor in gestational trophoblastic tumor development.<sup>22</sup> This

*As of 2003, 18 out of 21 retrospective studies showed that women who take oral contraceptives prior to their first-term birth incur an increased risk of developing breast cancer.*

<sup>19</sup> In her 1993 book on estrogen and breast cancer, medical writer Carol Ann Rinzler elaborates on the medical establishment’s protection of the Pill. “Besides reflecting a business outlook, the pro-Pill bias matches the ideology of the contraceptive establishment. This powerful network is mostly liberal, mostly white, mostly upper-middle class—and well connected to health policy leaders. Physician Elizabeth Connell, for example, who wrote *The Menopause Book*, advised the FDA on the safety of estrogens, worked at the Rockefeller Foundation, chaired the national medical committee of Planned Parenthood-World Population, and consulted for oral contraceptive manufacturers such as Ortho and Searle.” (p. 124)

<sup>20</sup> [http://www.christianity.com/partner/Article\\_Display\\_Page/0,,PTID4211%7CHID102755%7CCIID487518,00.htm](http://www.christianity.com/partner/Article_Display_Page/0,,PTID4211%7CHID102755%7CCIID487518,00.htm)  
1. Gives complete list of references.

<sup>21</sup> The Schwarzbein Principle I, p. 378.

<sup>22</sup> The role of contraception in the development of postmolar gestational trophoblastic tumor. *Obstetrics and Gynecology* 1991; 78:221-226.

condition may result in choriocarcinoma or cancer of the placenta. The forming placenta grows uncontrolled and forms a mass or trophoblastic tumor, also called molar pregnancy.

- Three groups of women are at risk [for Endometrial Cancer]: women who took sequential oral contraceptives, post menopausal women who took estrogen replacement therapy, and girls who received estrogen therapy at puberty.<sup>23</sup>
- Breast cancer increased 21% and endometrial cancer 207% with 25 years estrogen use. [This study is a lot of derived numbers stretched hypothetically to show more women would live than die. It is a strange process of deduction].<sup>24</sup>
- The risk of endometrial cancer is 2.3 times greater for estrogen users, and the risk persists after estrogen is discontinued.<sup>25</sup>
- Six patients who took oral contraceptives for 5 to 18 years developed endometrial adenocarcinoma in 4 and severe adenomatous hyperplasia in 2. The authors suggest “Progestogens may not be completely protective against the endometrial cancer-causing potential of the estrogens, especially in the sequential regimens.”<sup>26</sup>
- The occurrence of fatal conditions among current oral contraceptive users [read, a sample of mostly 18-30 year olds] is similar to nonusers. The size of the sample was not identified, and only one death from “liver cancer, probably attributable to oral contraceptive use.”<sup>27</sup>

In addition to the *Journal of Obstetrics and Gynecology*, the *New England Journal of Medicine* reports the following studies:

- A study of 23,244 Swedish women followed for an average of 5.7 years found increased risk of breast cancer of 70 percent, and the women taking estrogen and progestin in combination more than six years had a relative breast-cancer risk of 4.4.<sup>28</sup>
- Endometrial cancer risk increased 5.6 fold for users of conjugated estrogens from 1 to 4.9 years, and 13.9 fold for seven or more years of conjugated estrogen use.<sup>29</sup>
- From the *British Medical Journal*, *The Lancet*, the October 8, 1977, article titled “Mortality among Oral-Contraceptive Users” warned that women on the pill had a death rate from

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<sup>23</sup> Estrogen’s role in endometrial cancer. *Obstetrics & Gynecology* 1982;60:509-515

<sup>24</sup> Relative risks and benefits of long-term estrogen replacement therapy: a decision analysis. *Obstetrics & Gynecology* Feb. 1994; 83 161-166,

<sup>25</sup> Hormone replacement therapy and endometrial cancer risk: a meta-analysis. *Obstetrics & Gynecology* 1995; 85:304-313.

<sup>26</sup> Endometrial carcinoma and oral contraceptive agents. *Obstetrics & Gynecology* 1977; 49:390-392.

<sup>27</sup> Mortality among oral contraceptive users. *Obstetrics & Gynecology* 1987; 70:29-32.

<sup>28</sup> Breast-Cancer Risk with Menopausal Estrogen Therapy The Journal Watch (Aug. 11, 1989) Abstract for Postmenopausal Estrogen Replacement and Breast Cancer. *New England Journal of Medicine* 1989, Aug. 3; 321:319-320, and The Risk of Breast Cancer After Estrogen and Estrogen-Progestin Replacement. *New England Journal of Medicine* 1989 Aug 3; 321:293-297.

<sup>29</sup> Increased Risk of Endometrial Carcinoma among Users of Conjugated Estrogens. *New England Journal of Medicine* 1975; 293:1167-1170.

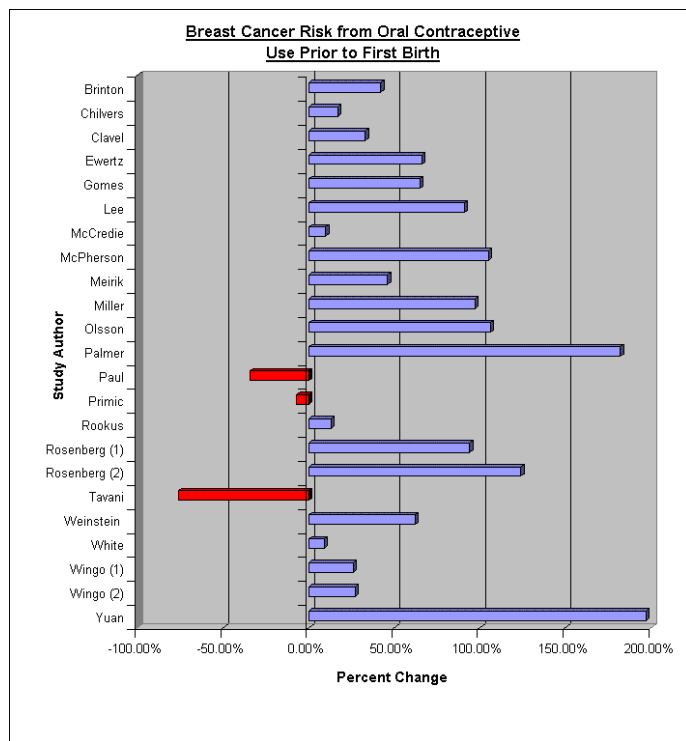


diseases of the circulatory system 5 times greater than non-users, and the rate doubled for those on the pill continuously for five or more years.<sup>30</sup>

Because of the time lag from exposure to development of serious consequences, it is often difficult to interpret data, or to explain why two studies having similar outcomes can be interpreted as good for women or bad for women. For example, in a study analyzing medical literature from 1980-1994, doctors concluded that for every 100,000 women in the U.S., non oral contraceptive users between the ages of 20 and 54 as compared to oral contraceptive users will show the following cancer patterns: +151 breast cancer, +125 cervical cancer, -197 endometrial cancer, -193 ovarian cancer, and +41 liver cancers.<sup>31</sup>

When you add up all the numbers, it seems that more people avoid cancer, so the “relative” risk would indicate birth control is good for women, if all you do is add up numbers. The first problem with the study is that it looks at incidence, which says nothing about how many women die, or which cancers are more prevalent than others, or even, the fact that individuals have been invited to a “Russian Roulette” kind of beat the odds game where more will get breast cancer and less will get another kind of cancer. Breast cancer, which is the most life threatening cancer to women, is increased with exposure to oral contraceptives. Every year, about 211,240 women are diagnosed with breast cancer in the United States, and about 40,410 die from the disease, making it the most common cancer in women.<sup>32</sup>

- The second problem with this study, which is much more serious than the first, is that the researchers limited their subjects to the ages of 20 to 54. Many, if not most, breast cancer



occurring in women, who took birth control for a decade in their 30s, will not occur until, on average, age 60. So this study has eliminated many of the complications that will not show up until later. Because birth control use has only been widespread for 35 years, the true story unfolds, as we write.

Dr. Chris Kahlenborn has written an extraordinary research compendium analyzing 500 studies on the connection between birth control and breast cancer. The following chart illustrates the increased risk of breast cancer for those who take oral contraceptives prior to their first full term pregnancy. Sifting through the maze of variables that skew results in these studies, and carefully explaining in

<sup>30</sup> Reported in *The Art of Natural Family Planning*, John and Sheila Kippley, page 21.

<sup>31</sup> Net effect of oral contraceptive use on the risk of cancer in women in the U.S. *Obstetrics & Gynecology* 1995; 85: 793-801.

<sup>32</sup> Louisville Courier-Journal, Friday, May 13, 2005, p. A4

lay terms how to measure a study's results, he concludes that breast cancer risk is enormously higher in women who use birth control prior to their first full term pregnancy (the FFTP factor). He explains why this is significant:

A woman's breast is especially sensitive to carcinogenic (i.e., cancer producing) influences before she delivers her first child. When a woman becomes pregnant, a number of hormone levels increase dramatically in her body. Three especially notable ones are estradiol, progesterone (i.e., the female sexual hormones), and hCG (human Chorionic Gonadotropin). All of these hormones, especially the latter, serve to stimulate immature breast cells to mature into fully differentiated cells.<sup>33</sup>

Dr. Kahlenborn also explains how some of the conflicting data has occurred because of the profound changes in America in patterns of oral contraceptive use. For example, if the subjects in a study are women who have breast cancer in the 1980's, they probably did not take oral contraceptives as teenagers or prior to their first full term pregnancy because these practices only became common in the 1970's. If you compare a group of young oral contraceptive pill (OCP) users to a group who took oral contraceptives after they had children, the body's response to synthetic estrogens cannot be compared, and the users/nonusers labels refer to completely different OCP user patterns with different risks.<sup>34</sup>

Dr. Kahlenborn has challenged the often-cited Harvard study of 1997 to answer questions about the age of the participants and how many used oral contraceptives prior to their FFTP. The Harvard study, widely praised by oral contraceptive advocates, reported the total number of person-years, giving no data on characteristics of the participants. Kahlenborn found that when a woman takes oral contraceptives prior to her FFTP, she suffers a 40% increased risk of developing breast cancer, and if she takes OCPs for 4 years or more, the risk is even higher. The chart shows the risk of oral contraceptive use in studies where it could be determined that oral contraceptive use preceded the FFTP. As of 2003, 18 out of 21 retrospective studies showed that women, who take oral contraceptives prior to their first-term birth, incur an increased risk of developing breast cancer.<sup>35</sup>

Conversely, an international study reported in several newspapers in Australia researched 1.2 million Swedish women to determine how the number of births affect cancer rates. The study showed that colorectal cancer is especially related to hormonal influences, and the more children you have, the more protected you are from cancer. They found that women who started their families later in life were at greater risk of breast cancer than others, and overall, "increasing numbers of pregnancies were associated with a significantly reduced risk of certain cancers."<sup>36</sup>

## **CHEMICAL AND ENVIRONMENTAL FACTORS**

An interesting illustration of the disconnectedness between the demand for birth control and the full admission of its danger is found in the Sierra Club, "America's oldest, largest and most influential

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<sup>33</sup> <<http://www.polycarp.org>> Cited to Russo J, Russo IH. Toward a physiological approach to breast cancer prevention. *Cancer Epidemiology, Biomarkers and Prevention*. 1994; 3: 353-364.

<sup>34</sup> Chris Kahlenborn, M.D. *Breast Cancer, Its Link to Abortion and the Birth Control Pill*. Dayton, OH: One More Soul Publishing, 2000.

<sup>35</sup> Complete citations for each study at <<http://www.polycarp.org/overviewbreastcanceroralcontraceptives.htm>>

<sup>36</sup> Babies help prevent cancers. News.Com.AU, May 29, 2005,

<[http://www.theaustralian.news.com.au/common/story\\_page/0,5744,15443868%255E1702,00.html](http://www.theaustralian.news.com.au/common/story_page/0,5744,15443868%255E1702,00.html)>

grassroots environmental organization.” Highly visible in the fight for global population control, nevertheless the Sierra Club published in its September/October 1999, magazine an article called “Cancer, Inc,” explaining why prevention of Breast Cancer never comes up during “National Breast Cancer Awareness Month.”

The primary sponsor of the campaign is the British-based manufacturer of the cancer drug tamoxifen, AstraZeneca. The company also produces fungicides and herbicides, and was formerly owned by Imperial Chemical Industries. Dr. Samuel Epstein of the University of Illinois called it the biggest



conflict of interest in the history of American medicine. “You’ve got a company that’s a spin off of one of the world’s biggest manufacturers of carcinogenic chemicals, they’ve got control of breast cancer treatment, they’ve got control of the chemoprevention [studies], and now they have control of cancer treatment in eleven centers—which are clearly going to be prescribing the drugs they manufacture.”

The article explains the role of chemical pesticides in causing breast cancer, but does not mention that those chemicals are acting as false estrogens in the body, and the resulting estrogen imbalance is associated with a rapidly rising breast cancer rate. —1 in 20 in 1950, to 1 in 8 in 1999.<sup>37</sup> So why would an organization that understands the role of estrogen imbalance in cancer still promote worldwide birth control? In

the minds of many, population is a problem for which no risk is too great to control the birth rate. The message has gotten through: The World Congress of Families reports that more than 98 percent of sexually active women have used at least one contraceptive method.<sup>38</sup> According to CDC data, the top five contraceptives are: (1) birth control pills, 11.6 million women; (2) female sterilization, 10.3 million women; (3) male condom, 5.4 million; (4) male sterilization, (5) 3-month injectible Depo-Provera. These five methods account for 90 percent of contraceptive users.



Pharmaceutical companies have been vying for market share in the birth control industry since Johnson and Johnson introduced the first prescription contraceptive in 1931. In 2002, their subsidiary, Ortho MacNeil began selling “the patch” which some women mistakenly thought was safer than the “pill.” The patch, called Ortho Evra, has a dedicated website at [www.orthoevra.com](http://www.orthoevra.com),



which explains that the patch contains the same hormones found in the pill, and works like the birth control pill in three ways—

- ❖ It helps prevent ovulation, which means that an egg is not released by one of the ovaries for fertilization.
- ❖ It thickens cervical mucus so that sperm are less likely to enter the uterus.
- ❖ It causes changes in the endometrium to reduce the likelihood of implantation [of the fertilized egg].

These statements are quite revealing in the debate over oral contraceptive use. First of all, taking estrogen by pill or patch can cause abortion of fertilized eggs if

<sup>37</sup> An in depth discussion of environmental pollutants and how to minimize their health risk is found in D. Lindsey Berkson, *Hormone Deception*, Chicago: Contemporary Books, 2000.

<sup>38</sup> [http://www.worldcongress.org/WCFUpdate/Archive05/wcf\\_update\\_550e.htm](http://www.worldcongress.org/WCFUpdate/Archive05/wcf_update_550e.htm)

ovulation is not prevented, and therefore should be more accurately called a contraceptive/abortifacient. Second, the side effects of change in the cervical mucus and endometrial lining are primary problems in infertility. There were no data available measuring how long these changes persist after a woman stops taking contraceptives via patch or pill, or how these changes contribute to long-term infertility.

In a troubling Associated Press report dated July 17, 2005, federal drug safety reports indicate that in 2004, when 800,000 women were on the patch, the risk of dying or suffering a survivable blood clot while using the device was about three times higher than with birth-control pills. Ortho's representative responded that "Blood clots are an accepted risk from hormonal birth control because estrogen promotes blood coagulation."<sup>39</sup>

Another poignant example of the disconnect between philosophy and practice was reported by CNS News on February 22, 2005. The Susan B. Komen Foundation, host of the breast cancer research fundraiser "Race for the Cure," provided \$475,000 in grants to local Planned Parenthood affiliates, where birth control pills and patches are routinely made available to under-aged girls. Karen Malec, president of the Coalition on Abortion/Breast Cancer, pointed to a 2001 report in the *Journal of the National Cancer Institute*, which indicates that among women in the generation following *Roe v. Wade*, there was a 40 percent increase in cases of breast cancer. "Only a third trimester process matures breast cells into cancer-resistant tissue which protects a pregnant woman from overexposure to estrogen," reports Malec.



The previously mentioned Dr. Epstein is a premier spokesperson for environmental medicine's war against cancer. He teaches at the University Of Illinois School Of Public Health, and heads the Cancer Prevention Coalition. When the 1999 study, funded by international pharmaceutical companies claimed birth control pills posed no risk of cancer, he responded; "unqualified claims on the safety of the current pill reflect interests of the pharmaceutical industry rather than scientifically well-based concerns on women's health." First of all, the study cut off research at age 49, an age when breast cancer is relatively uncommon. In contrast, a British study of 53,000 women, reported in *The Lancet*, demonstrated that use of the pill starting in adolescence increased risks of breast cancer by 60 percent.<sup>40</sup>

Epstein also sharply criticized the common claim found in medical literature that the current pill, a low dose synthetic ethinyl estradiol, is much safer than the high dose mestranol pill used in the 1960's. The current ethinyl estradiol is 40 times more potent than natural estradiol, and unlike the mestranol of the 60's, it binds to estrogen receptors in the breast. The incidence of estrogen-dependent breast cancers has increased by 130 percent from the mid '70s in contrast to a 27 percent increase in non-estrogen dependent cancers. Officially, no one is asking if this increase is relevant to the risks of the pill as a major source of incremental estrogen exposure. Dr. Epstein identifies the following risk factors for breast cancer in this order:

1. Prolonged use of oral contraceptives and HRT

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<sup>39</sup> Birth-control patch caused more deaths than first suspected. Associated Press Report, *Louisville Courier Journal*, July 17, 2005, page A5.

<sup>40</sup> Birth Control Pills increase cancer risks. Press release from the Cancer Prevention Coalition, January 26, 1999. <[http://www.preventcancer.com/patients/med\\_avoid/pill.htm](http://www.preventcancer.com/patients/med_avoid/pill.htm)>

2. High fat animal and dairy products that are contaminated with pesticides that are estrogenic and carcinogenic to the breast, and meat contaminated with potent sex hormones following their use to fatten cattle in feed, a practice banned in both Canada and Europe.
3. Exposure to petrochemical carcinogens in the workplace
4. Exposure to carcinogenic chemicals from hazardous waste sites
5. Exposure to indoor air pollutants including pesticides and solvents
6. Use of black and dark brown hair dyes
7. Heavy smoking and drinking commencing in adolescence
8. Inactivity and obesity<sup>41</sup>

The use of contraceptives has now become virtually universal, according to the US National Center for Health Statistics. More than 98 percent of sexually active women ages 15-44 have used at least one contraceptive method.<sup>42</sup> Thirty eight million women ages 15-44 used contraception in 2002. The Pill is the leading method among women under 30.

On June 3, 2004, the National Cancer Institute, whose tax-funded budget has increased 30-fold from \$150 million to \$4.6 billion since 1971, claimed that cancer incidence and death rates are declining due to progress in prevention and early detection and treatment. These “declines” are largely due to a reduction in lung cancer, because of the work of the American Heart and Lung Association—not the National Cancer Institute or the American Cancer Society.

- These media headlines hide the facts: From 1975 to 2001 other cancers were dramatically increased: Non-Hodgkins lymphoma is up by 70 percent, kidney 70 percent, thyroid 65 percent, testes 50 percent, breast cancer 30 percent and childhood cancers 30 percent.<sup>43</sup>
- The Los Angeles Times reported an NIH study showing that xeno-estrogens, particularly phalates used in plastics and beauty products, affect the genitalia of male babies in the womb. Playing down the stunning findings, the authors are calling for more research, and say that they do not know if those effects will cause low sperm count or other reproductive problems later in life. The American Chemistry Council said the feminization of the male genitalia have “no known significance” and could be “caused by natural variability.”<sup>44</sup>

The possibility of environmental links to birth defects has garnered the attention of the Government Accounting Office and members of Congress. A report released in July, 2005 by the nonprofit research agency, Environmental Working Group,<sup>45</sup> found that unborn babies had an average of 200 contaminants in their umbilical cord blood, including mercury, gasoline byproducts and pesticides. The GAO reported that the Environmental Protection Agency’s Toxic Substances Control Act gives only “limited assurance” that new chemicals entering the market are safe and that the EPA only rarely assesses chemicals already on the market.”

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<sup>41</sup> Cancer Prevention Coalition <[http://www.preventcancer.com/press/editorials/oct26\\_97.htm](http://www.preventcancer.com/press/editorials/oct26_97.htm)>

<sup>42</sup> <<http://www.cdc.gov/nchs/data/ad/ad350FactSheet.pdf>>

<sup>43</sup> Cancer 2004 in America: “Good News, Bad News,” But Where’s the Truth? Interview by Peter Barry Chowka with Dr. Samuel Epstein, June 15, 2004.

<sup>44</sup> Study: Chemical may affect genitalia of male babies. Los Angeles Times, reported in the Louisville Courier Journal, May 29, 2005, p. A 15.

<sup>45</sup> <<http://www.ewg.org/>> It is interesting to note that this group receives funding from the biggest population control foundations—both Ford and Rockefeller.

Chemical companies and their government agency friends are no longer demonizing or ignoring scientists and physicians who are examining the evidence linking hormone disruptors to child development. The National Institutes of Health now has a division of Environmental Health Sciences, with an editorial board including members from Dow Chemical, Schering Pharmaceutical and the Chemical Industry Institute of Toxicology. In their September 2001 publication, *Environmental Health Perspectives*, is this candid statement:

Endocrine-disrupting chemicals are among the most complex environmental health threats known today. By mimicking natural hormones such as estrogen and testosterone, these chemicals can interact with the body's endocrine system and exert toxic effects that may lead to reproductive and developmental abnormalities or cancer.<sup>46</sup>

Today, the CDC and other government health officials look for "cancer clusters" such as the sudden surge of childhood leukemia in Fallon, Nevada. Sixty years ago the major cause of childhood disease was infection, but today it is far more common to see chronic illness in children such as asthma, which is the leading cause of admission of children to hospitals. Dr. Ted Schettler, author and advocate for children's health, has called for greater regulation of chemical exposure, stating that "neurodevelopmental disabilities are widespread, and chemical exposures are important and preventable contributors to these conditions." He warns that it is wrong to presume "that chemical exposures are harmless until a complex, expensive, and rigid process for identifying toxicity and health threats is completed."<sup>47</sup>

### **ENDOMETRIOSIS: THE YOUNG WOMAN'S EPIDEMIC**

Endometriosis is another epidemic related to environmental artificial estrogens. Dr. Elizabeth Smith cites to studies conducted by the Canadian government on exposure to xenoestrogens (synthetic chemicals that mimic estrogen in the body) and the resulting endometriosis. She writes,

It is likely that xenoestrogens, chemicals that mimic estrogen, are causing the epidemic of endometriosis that we are seeing in young women. Gerhard and Runnebaum (1992) first brought attention to the link between the high levels of dioxins in blood and endometriosis. Scientific research with female rhesus monkeys fed different amounts of dioxin-laden foods supports epidemiological studies suggesting that endometriosis in humans is caused by xenohormones (foreign hormones).

Another clue that endometriosis is related to hormone balance is its connection to autoimmune diseases. Author and researcher Mary Shomon reports that as many as 12 percent of women with endometriosis had lupus or multiple sclerosis, vs. 2% in the general population, and 42 percent of these women had under-active thyroid glands, versus approximately 5 percent of the general population.<sup>48</sup>

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<sup>46</sup> *Environmental Health Perspectives*, Vol. 109, No. 9, September, 2001, p. A 420.

<<http://ehp.niehs.nih.gov/docs/2001/109-9/EHP109pa420PDF.PDF>>

<sup>47</sup> Ted Schettler, M.D., MPH, In *Harms Way: Toxic Threats to Child Development*. Boston Physicians for Social Responsibility, 2000. <<http://psr.lgc.org/ihwrept/ihwcomplete.pdf>>

<sup>48</sup> Mary Shomon was diagnosed with Hashimoto's Thyroiditis in 1995, and has since written *Living Well with Autoimmune Disease*. She published her third "Living Well" book in March, 2004, *Living Well with Chronic Fatigue Syndrome and Fibromyalgia*.

Autoimmune diseases often go into remission during pregnancy then return after birth. A recent UCLA study showed three months of treatment with estriol decreased multiple sclerosis lesions in the brain, and they returned six months after treatment was stopped.<sup>49</sup> Rheumatoid arthritis, another autoimmune disease, affects five women for every two men. In Lupus, the ratio is 8 to 1. Hormone treatments for autoimmune disease have focused on increasing or decreasing a single hormone rather than balancing the body's hormone levels overall. It is clear that a woman's reproductive hormones have a major effect on their immunity. Dr. Eric Daiter, a New Jersey endocrinology and infertility specialist, discusses immunologic defects that have been found in women with endometriosis. The autoantibodies found in women with endometriosis act against the cell wall, and interfere with implantation. Thus problems with immunity are associated with infertility due to recurrent pregnancy loss.<sup>50</sup> The dramatic increase in endometriosis and infertility among women of child-bearing age may well be examined in light of the imbalance created by artificial hormones introduced through oral contraceptives, and acting on our immune systems.

One thing certain is that endometriosis was never described before the industrial/petrochemical age. Endometriosis is very debilitating and painful, and would not have escaped the scrutiny of physicians of the pre-industrial age. Thirty to fifty percent of women with endometriosis are infertile, and are predisposed to certain cancers, particularly early-onset breast and ovarian cancers, non-Hodgkin's lymphomas, and melanoma; as well as autoimmune diseases (in which the body attacks its own cells), such as systemic lupus erythematosus, hypothyroidism, rheumatoid arthritis, and multiple sclerosis.<sup>51</sup> Ironically, most physicians treat endometriosis with oral contraceptives, thus introducing synthetic estrogens to the body that may already be overloaded with chemicals that mimic our natural estrogen. In the short term, it relieves symptoms, because the lining of the uterus does not go through the natural process of thickening and sloughing. Some doctors recommend continuous estrogen which eliminates altogether the monthly sloughing of the uterine lining during menstruation. Twenty years ago, endometriosis almost always led to hysterectomy, the number one operation in the United States in 1980.<sup>52</sup>

A relevant study conducted in Britain reports that pregnancy may be the reason women live longer and are less likely to develop arthritis, multiple sclerosis and breast cancer, than their childless counterparts. Reported in the *British Medical Journal*, the *Lancet*, scientists claimed that stem cells from the developing fetus passed into the mother's bone marrow, rejuvenating, repairing, and fighting disease. All the women in the study, who had sons, had male stem cells in their bone marrow.<sup>53</sup>

Toxic exposure is being studied by other specialists to explain the increase in chronic health problems. For example, Dr. David Perlmutter, author of the *New York Times* best seller, *The Better Brain Book*, describes the toxic effects of pesticides and other chemicals on brain function. He writes that exposure to neurotoxins can speed up brain degeneration and accelerate brain aging. In a study at Mount Sinai Hospital in New York, blood and urine had traces of 53 known carcinogens, 55 chemicals associated with birth defects, and 62 chemicals known to be toxic to the brain and nervous

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<sup>49</sup> Reported by Jonathan V. Wright, M.D. Medical Director of the Tahoma Clinic, Washington.

<sup>50</sup> Eric Daiter, M.D. Edison New Jersey <<http://www.drdaiter.com/endo3.html>>

<sup>51</sup> University of Maryland Medical Center Patient Information. <[www.umn.edu/patiented](http://www.umn.edu/patiented)>

<sup>52</sup> Diana Scully. *Men Who Control Women's Health: The Miseducation of Obstetrician-Gynecologists*. Boston: Houghton Mifflin Co., 1980, p. 17.

<sup>53</sup> Pregnancy 'makes women live longer' <<http://www.thisislondon.co.uk/news/articles/11856671?version=1>> visited July 12, 2004.

system.<sup>54</sup> No one really knows the long-term effects of this kind of low-level exposure to chemical toxins since most of them did not exist 75 years ago. We do know, however, that estrogen receptors in the body, vital to our hormone balance, are blocked by chemical xenoestrogens that now flow measurably into our food, water,<sup>55</sup> and soil.

### ALZHEIMER'S AND DEMENTIA

Because of the scrapped Women's Health Initiative study, there is a mountain of data regarding older women, who take synthetic estrogens. Most women are unaware that oral contraceptives and hormone replacement therapy are both synthetic estrogen supplements, and are identical in terms of how hormones are altered in younger and older women.

*The Journal of the American Medical Association* reported, based on the Women's Health Initiative data, there is an increased risk of Alzheimer's disease, as well as milder forms of dementia. Dr. Sally Shumaker of Wake Forest University reported that estrogen users face of 38 percent increased risk of developing dementia or forgetfulness. On February 10, 2004, the Associated Press reported that pharmaceutical companies would be required to add the warning to HRT labels about this risk, in addition to the increased risk of breast cancer, heart attacks and strokes, already included in the warnings. On July 11, 2005, a study was reported warning those at risk for heart disease that taking birth control pills doubles the risk of heart attack and stroke.<sup>56</sup> New York Cardiologist Nieca Goldberg says; "even young women who begins using oral contraceptives should be screened for heart disease."

Men are also at risk for dementia due to hormone imbalance, according to a report in the *Journal of the American Medical Association*, February 2005. The study measured postmortem brain testosterone levels, and found a correlation between low levels and preceding dementia in men. The results of the study are limited due to the fact that a single hormone was measured, rather than hormone balance, and there was no record of drugs taken prior to death. Morphine has an immediate effect on hormone levels, and could have been a mediating factor in this study.<sup>57</sup> Interpretation of such data becomes critical, as two million prescriptions were written for testosterone replacement therapy in 2001.

Dr. Elizabeth Vliet, whose women's health clinics in Tucson, Arizona and Ft. Worth, Texas, focus on hormone balance to treat chronic illness, advises women to pay special attention to changes in brain

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<sup>54</sup> David Perlmutter, M.D. and Carol Colman. *The Better Brain Book*. NY: Riverhead Books, 2004, p. 142.

<sup>55</sup> William Coker, *National Geographic News*, November 3, 2004, Something fishy is happening in the headwaters of the Potomac River. Scientists have discovered that some male bass are producing eggs—a decidedly female reproductive function. In June 2002 reports appeared of fish die-offs in the South Branch of the Potomac River. The West Virginia Division of Natural Resources asked U.S. Geological Survey (USGS) scientists to examine fish health in the watershed near the town of Moorefield, about three hours' drive from Washington, D.C.

"Our impression is that they are males that are being feminized [because] of the nature of the chemicals that are in the water, and most of them are estrogenic [meaning they stimulate development of female sex characteristics]," he said. "Some of [the estrogenic chemicals] are natural urinary estrogenic products from humans, and some of them are pharmaceuticals—birth control pills." Norris has also found large concentrations of compounds called alkylphenols—common substances often associated with household detergents and personal-care products.

<sup>56</sup> Low dose birth control pill raises heart attack risk, especially in some women. <<http://www.news-medical.net/?id=11582>> visited July 12, 2005.

<sup>57</sup> Dementia and Testosterone Levels in Men. *Journal of the American Medical Association*, Vol. 293(5), February 2, 2005



function. She says, “The brain is often the first organ to show the effects of subtle changes in either thyroid or ovarian hormone function because the brain is so exquisitely dependent upon normal balance for optimal function. When I talk with physicians about these issues, I emphasize that the overall ‘pattern’ is what helps determine the tests to do.”<sup>58</sup> Dr. Vliet also comments throughout her book about the superior results she sees in her patients when they replace their synthetic hormone replacement therapy with native human estradiol and natural progesterone, because “it fits, like a key in a lock, at the specific brain receptor sites which help to regulate memory and information processing.”<sup>59</sup>

In March, 2005, *JAMA* also reported that women taking Premarin were 53 percent more likely to develop urinary incontinence, and women taking Premphase and Prempro face a 39 percent higher risk of developing urinary incontinence. This was a 20-year study involving 27,000 women. In addition, in February, 2005, further analysis of the Women’s Health Initiative data revealed an increased risk in gall bladder disease, a 67 percent increase with Premarin, and a 59 percent increased risk with estrogen/progestin combinations. Dr. Vliet has treated cystitis and other bladder problems, fibromyalgia, and migraine headaches with natural hormone replacements.

Another article in the January 26, 2005 issue of *JAMA* linked Parkinson’s Disease to exposure to pesticides. At the Mayo Clinic in Rochester, Minnesota, Dr. Walter Rocca reported growing evidence that the brain is rich in estrogen, and the basal ganglia, the brain region hit hard in Parkinson’s, is filled with estrogen receptors. Based on his study of 2,500 women who had their ovaries removed, premenopausal women had twice the rate of Parkinson’s as those who had both their ovaries intact.<sup>60</sup>

### **PERMANENT LOSS OF SEX DRIVE**

With mounting anecdotal evidence of loss of libido in otherwise healthy young women, watching the news for studies on the effects of oral contraceptives may provide scientific support for this decrease in normal function and may demonstrate censorship operating in the U.S., related to findings of negative side effects. One prominent Boston researcher’s findings reported in the United Kingdom describes how oral contraceptives curb the production of testosterone, which governs sex drive in both men and women. The testosterone level is curbed by the production of sex hormone binding globulin (SHBG), which ties up testosterone and blocks its effects.

Dr. Irwin Goldstein, founder of the Institute for Sexual Medicine at the University of Boston, studied 125 women attending a sexual dysfunction clinic, and found that those who had stopped taking the pill still had an SHBG level three to four times higher than those who had never used the pill. Dr. Goldstein reported, “There’s a possibility it is imprinting a woman for the rest of her life.”<sup>61</sup>

### **A WORD FROM THE CRITICS**

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<sup>58</sup> Elizabeth Lee Vliet, M.D. *Screaming to be Heard: Hormonal Connections Women Suspect...And Doctors Ignore*. NY: M. Evans and Company, 1995, p. 60.

<sup>59</sup> Vliet, *Ibid.*, p. 183.

<sup>60</sup> Removing ovaries before menopause may increase risk of brain diseases. *Newsday*, reported in the *Louisville Courier-Journal*, May 1, 2005, p. A-21.

<sup>61</sup> The Pill may cause permanent loss of sex drive. *The Independent*, May 26, 2005. <[http://news.independent.co.uk/uk/health\\_medical/story.jsp?story=641452](http://news.independent.co.uk/uk/health_medical/story.jsp?story=641452)>

On August 30, 2005, the Wall Street Journal published an article questioning the safety and usefulness of natural hormone balancing progesterone creams. The author, Robert J. Davis, is a Pew Foundation Fellow with a PhD in health policy, and has written on health issues for Newsweek, PBS, CNN, Time Life, as well as the Wall Street Journal. The risk he describes is with women who are taking HRT and substitute progesterone cream for the synthetic component of their estrogen/progestin therapy. He claims natural progesterone is like progestin because it is “synthesized in a lab,” and that manufacturers make “vague promises to promote ‘healthy hormone balance.’” He makes an unidentified reference to what is probably the “Bassett Study” which demonstrated the difficulty of measuring absorption of progesterone. By measuring whole blood rather than serum, and measuring after the 12<sup>th</sup> day of use, the Bassett scientists found that absorption through the skin was effective. This study was presented to the American Society for Clinical Pharmacology and Therapeutics, obviously a group with a significant interest in prescription drugs, which described natural progesterone cream as dangerous, and which made no differentiation between natural progesterone and synthetic progestin. They warn, “Multiple studies show that combined hormone replacement therapy—estrogen plus progestin—or progestin alone for five years or longer is associated with a 26-53 percent increase in breast cancer and other side effects.” The implication of their report was that progesterone use was equally dangerous.

The Medical Journal of Australia, which is the counterpart to the U.S. Journal of the American Medical Association, published a 2005 article on the use of natural progesterone cream. Dr. Barry Wren claims that there is little credible scientific data to support the use of transdermal progesterone, and cites eight studies to support his assertion that the use of progesterone cream should be abandoned. There were several problems with the methodologies cited, however. In six of the studies, there were 6 to 37 subjects, certainly an inadequate sample size. Six of the studies also measured progesterone levels in blood serum, which does not identify its binding effect at receptor sites. His conclusion was that natural progesterone cream is ineffective in the treatment of menopausal symptoms. He did not address the health risk identified in the Bassett study with the use of synthetic HRT.

#### **ANTIDEPRESSANTS AND ESTROGEN THERAPY**

In a busy Portland, Maine medical practice that combines conventional medicine and natural and preventive therapies, almost 75 percent of new patients have been prescribed antidepressants by prior health care providers. In the 1990’s prescriptions for antidepressants increased 600%, and drugs such as Prozac, Paxil, Zoloft, Celexa, Lexapro, Wellbutrin, Effexor and Serafem are prescribed routinely for stress, headaches and minor depressions. Physicians under pressure from managed care systems find this to be a cost-effective solution with relatively little short-term risk. Without costly tests to determine causal factors, doctors have few or no answers for problems such as fibromyalgia, endometriosis, and rheumatoid arthritis, all of which have been linked to hormone imbalance, and a prescription for antidepressants satisfies the cost-conscious HMO as well as the discomforted patient. For example, the only definitive diagnosis for endometriosis is surgical; Fibromyalgia is diagnosed with MRI, although false diagnosis is frequent.<sup>62</sup> These expensive treatments and diagnostic tools can be foregone, in the short or long term, by masking symptoms with antidepressants.

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<sup>62</sup> Management of Fibromyalgia Syndrome—Reply. *Journal of the American Medical Association*, Vol. 293(7), February 16, 2005. “A neurosurgeon rating the overall MRI in a blinded fashion judged that 47% of the patients with fibromyalgia and 50% of pain-free controls would be surgical candidates.”

Antidepressants are a multimillion-dollar industry, and their manufacturers fund research, conferences, speakers, and distributors to widen the uses for their product. After the huge problems with the Women's Health Initiative became public, women were anxious to get off synthetic hormones, and to remedy emotional consequences of hormone imbalance, antidepressants were promoted by pharmaceutical companies as a safe substitute. Antidepressants can decrease serotonin levels over time, causing a disruption of endocrine balance compounding emotional disturbance, which patients probably do not understand.

According to the Surgeon General's report on mental health,<sup>63</sup> the prevailing hypothesis for the cause of depression is depletion of both serotonin and catecholamines in the brain. If a woman's serotonin levels are depleted due to hormone imbalance, she may present her doctor with symptoms of depression for which she is prescribed an antidepressant. However, these act to prevent the reuptake of serotonin, and the body will shift its production to lower levels of serotonin to compensate; then the lower levels of serotonin exacerbate the depletion, and the depression can become worse over the long term. The vicious cycle of hormone imbalance induced by chemical birth control and treatment by antidepressants which further decreases serotonin levels will continue until the root cause for the serotonin imbalance is addressed. To illustrate how complicated this can be, and how hormones act upon each other to balance the body, Pat Rackowski, a patient advocate treating thyroid disease writes,

Treating women with PMS with anti-depressants, and likewise treating women with cyclical migraine headaches with Imitrex or other migraine medicines, only covers up a problem of hormone imbalance. If it even works. Sometimes these problems are caused by serotonin deficiencies or irregularities, but the production of serotonin itself is subject to thyroid sufficiency. Thyroid is a more basic hormone than estrogen and progesterone in the sense that proper functioning of the ovaries is dependent upon thyroid. The same goes for proper functioning of the brain and the production of neurotransmitters such as serotonin.<sup>64</sup>

Harvard Professor Joseph Glenmullen has written an entire book on how to safely withdraw from antidepressants. In his afterward, he describes the public relations companies employed by pharmaceutical giants to market antidepressants by ghostwriting "scholarly" research, which is then published by a respected college professor/researcher in a peer reviewed journal. In the late 1990's Eli Lilly launched a marketing campaign to show that Prozac had far fewer withdrawal symptoms than its competitor, Paxil, which was rapidly increasing its market share. Glaxo-Smith Kline launched a counter-campaign instructing its sales reps to minimize concern over withdrawal, and their expert, Dr. Bruce Pollack published an article ghostwritten by their public relations firm, Ruder Finn.<sup>65</sup>

Psychiatrist Peter Kramer coined the term "cosmetic psychopharmacology" for the new mood brighteners, which could help people with personality enhancement to overcome grief,

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<sup>63</sup> Mental Health: A Report of the Surgeon General, Chapter 4.

<[http://www.surgeongeneral.gov/library/mentalhealth/chapter4/sec3\\_1.html](http://www.surgeongeneral.gov/library/mentalhealth/chapter4/sec3_1.html)> visited May 4, 2005.

<sup>64</sup> Pat Rackowski, Thyroid Disease and Menopause. <<http://www.thyroid-info.com/articles/thyroid-and-menopause.com>>

<sup>65</sup> Joseph Glenmullen, M.D. The Antidepressant Solution. A Step-by-Step Guide to Safely Overcoming Antidepressant Withdrawal, Dependence, and "Addiction." New York: Simon & Schuster, 2005. Dr. Glenmullen is a clinical instructor in psychiatry at Harvard Medical School.

obsessiveness, shyness, or alienation. In his best seller, *Listening to Prozac*, Kramer ruminated about the consequences of using drugs not to make sick people well, but to make well people better than well. The pharmaceutical cartel now markets directly to patients with consumer ad campaigns, donating heavily to patient support groups, paying for conferences and hospital Grand Rounds, and funding a battery of key speakers in psychiatry on the lecture circuit to highlight illnesses the antidepressants would treat.<sup>66</sup>

### HOW DID WE GET HERE? CHANGING MEDICINE

To illustrate the shift in Medicine's perception of women as naturally creational beings, to today's woman who, as characterized by Drs Wilson and Carrington, "equal to" that of the sexually recreational male, it is instructive to review the history, which may seem quaint now, but it provides a sense of the distance traveled, for better or worse.

In the early 1900's, birthing needs were attended by midwives, many of whom were immigrants trained in Europe where midwifery practice was regulated. Midwives came under intense criticism from the medical field, especially by the New York Obstetrical Society, who called the system an "introduction of incompetence in competition with scientific knowledge." By 1947, the midwife was required to be re-licensed and to attend at least three deliveries annually.

Just as today as more and more women flock to female ob/gyns, the



John D. Rockefeller, Sr.

principle support then of midwifery was the considered impropriety of the practice of obstetrics by men. Samuel Gregory, a Yale graduate who founded Boston Female Medical College to train midwives, argued that "man-midwifery trespassed upon female delicacy and threatened morality..."<sup>67</sup> Charles Meigs, Professor of Midwifery in Philadelphia's Jefferson Medical College, wrote in 1848,



Abraham Flexner

I regard this public sentiment, as to the sanctity of the female modesty and chastity, as one of the strong safeguards of our public polity;--for woman, and man's respect for her, are truly at the basis and are the very cornerstone of civilization and order.<sup>68</sup>

The Obstetrical societies of major cities, including Boston, Chicago, Cleveland, Philadelphia, and Pittsburgh, spoke publicly for the abolition of midwifery. Then in 1921, the Sheppard-Towner bill

<sup>66</sup> Carl Elliot, *A World of our own making: Medical enhancement and the pursuit of happiness.* <<http://www.dissentmagazine.org/menu/test/articles/su04/elliott.htm>> visited 4/28/05.

<sup>67</sup> Harold Speert, M.D. *Obstetrics and Gynecology in America: A History.* Chicago: The American College of Obstetricians and Gynecologists, 1980, p. 13

<sup>68</sup> Harvey Graham. *Eternal Eve: The History of Gynaecology and Obstetrics.* Garden City, NJ: Doubleday & Co., 1951, p. 495.

passed which provided federal funds for the states for maternal and child healthcare. With subsidized funding, women were able to afford the services of an obstetrician, and midwifery quickly declined. By 1940 midwives oversaw a diminished 9 percent of the nation's births.

A revolution in physician training began in 1910 when the Carnegie Foundation for the Advancement of Teaching paid for a study of American Medical Schools. The study was carried out by Abraham Flexner, brother of Simon Flexner, first president of the Rockefeller Institute for Medical Research. Flexner's report was particularly critical of obstetrics, where most students were excluded from hospital wards. With generous funding from both the Rockefeller and Carnegie Foundations, as well as government subsidies, the clinical training of physicians became standardized. Naturopathic medicine was on the decline in this country, as it was proving unsusceptible to Rockefeller funding. Over the years (until 1960), the General Education Board would give a total of over \$96 million to medical schools which, like Johns Hopkins, disregarded naturopathy, homeopathy, and chiropractic in favor of medicine based on the use of surgery and chemical drugs.<sup>69</sup>

In 1913, Flexner directed the allocation of Rockefeller millions to the development of chemically oriented medicine in the United States and away from traditional homeopathic medicine. Whiteridge Williams, professor of obstetrics at John Hopkins University, wrote the textbook, and "exercised a near monopoly in filling the nation's chairs of obstetrics and gynecology."<sup>70</sup>



Indiana University's Dr. Alfred C. Kinsey, taking a sex history.

These examples are not to criticize gynecologists, but rather to illustrate the loss of personhood in the Rockefeller pharmaceutical method of practicing medicine. Rockefeller's diabolical genius was in his ability to create monopolies. He did it in the oil industry, and he did it in medicine and education. His way is still the only way unless you want to give up your career and your license, and your livelihood.

Despite Rockefeller, Sr.'s own reliance upon Naturopathy, the Rockefeller fortune was used to change Medicine's reliance upon the body's own restorative powers and natural methods and means; and furthermore despite Rockefeller's large families,

John D. Rockefeller, III was one of the two "giants" of the population control movement creating the Population Council in 1952, which became the center of population control activism. Frederick

Osburn, President of the Eugenics Society, ran day-to-day operations. Rockefeller gave the Council a start-up grant of \$1.2 million, followed by other large gifts. According to author Donald T. Chitchlow, over the next 25 years Rockefeller served as the "pivotal" figure in creating a population movement that would fundamentally alter both public policy and the very social structure of the United States.<sup>71</sup>

<sup>69</sup> Paolo Lionni, *The Leipzig Connection, The Systematic Destruction of American Education*, Heron Books, Sheridan, Oregon, 1993, p. 71.

<sup>70</sup> Speert, *ibid.*, p. 81.

<sup>71</sup> *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America*. (Review) (book reviews) [American Enterprise](#), Sept, 1999, by [Allan Carlson](#)  
[http://www.findarticles.com/cf\\_dls/m2185/5\\_10/55683265/p1/article.jhtml?term=](http://www.findarticles.com/cf_dls/m2185/5_10/55683265/p1/article.jhtml?term=)

Industrialization saw the family farm diminish and cities flourish, but cities did not offer the spaciousness of the farm where large families well used the extra hands many children provided. The birth control movement, fueled by industrialist's fortunes, had an eye toward reducing family size to reduce the worker's wages then driven by the size of a man's family. In the early 1930's, Margaret Sanger received generous funding from the Rockefellers and the monopolistic corporate interests they represented, and in turn, she promoted birth control as the solution to poverty, rather than employment and better wages. Emphasis on contraception was a way of relieving the wealthy of any responsibility to the poor.<sup>72</sup> After all, in the move from a more independent agrarian society to a company-driven industrialized economy, if they had smaller families, they could survive on less money.

Elite-driven policy successes began to realize gains, but the first breakthrough of the population controllers in making government a partner came during the New Deal, when Congress approved the Venereal Disease Control Act of 1939. Then with sporadic, yet consistent advancement through ensuing administrations, finally the Family Planning Services and Population Research Act--crafted by Daniel Patrick Moynihan and other members of the Nixon team and then legislatively shepherded by Congressman George Bush--became law in 1970. It sharply expanded federal expenditures for



President Richard Nixon and Daniel Patrick Moynihan

contraceptive services and set up the National Commission on Population Growth and the American Future. In a symbolically appropriate act, Nixon named John D. Rockefeller III to chair this panel. The population control cabal had won, and American fertility tumbled by the mid-1970s to 20 percent below the long-term zero-growth level.<sup>73</sup> The impact on Europe has been even more stark, prompting a headline in the New York Times on November 18, 2004, "Empty Maternity Wards Imperil a Dwindling Germany" where the ingrained prejudice against large families has yielded economic and social decline.

To develop the "scientific" authority to change Obstetrics and Gynecology and the Laws, then supportive of women and children, Rockefeller

Foundation (RF) funded The Kinsey Reports - knowing all along Kinsey produced junk science - RF also funded the effort to change law and public policy to permit the societal changes necessary to facilitate the sexual revolution as it moved toward instituting population controls. Besides being involved in changing strict marriage-biased laws, America's institutional view of women's health and life was influenced by Rockefeller's funding. As Kinsey's coauthor Wardell Pomeroy relates in his laudatory book on Kinsey and the sex institute:

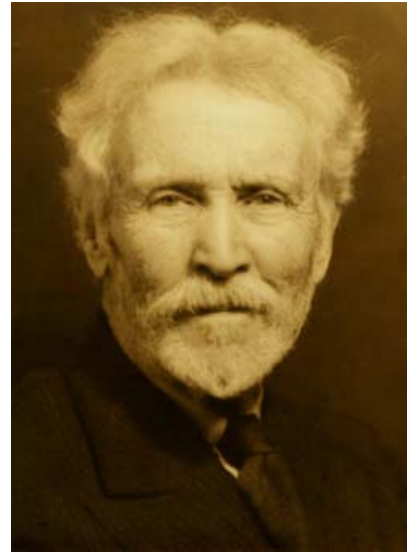
In 1963, when the [Rockefeller] Foundation was celebrating its fiftieth anniversary, [Indiana University President] Wells was among the six hundred guests at a dinner in the Plaza Hotel in New York. [Dean] Rusk was the principal speaker, the Rockefeller family was present, and the guest list included, among others, university presidents and scientists

<sup>72</sup> E. Michael Jones. *Libido Dominandi, Sexual Liberation and Political Control*. South Bend, IN: St. Augustine's Press, 2000, pp. 282-286.

<sup>73</sup> *Ibid.*

from all over the world. Robert Spoul...sat next to Wells...Wells inquired, "Do you know why we're here, Bob?"...After dinner, Wells repeated his question to Dr. Robert S. Morison, head of the medical division of the Foundation. "I can tell you exactly why you are here." He went on to relate that each division had been asked to look over its records for the past fifty years and determine what grants had been most significant. A young assistant in Morison's division had brought him the Institute records and inquired, "Mr. Morison, just what is the significance of this?"

On his desk that morning Morison happened to have the newest and best gynecology textbook for medical students. He turned to a chapter and said, 'Look here,' and then went on to another chapter and still another. "Young man," he said, "this is pure Kinsey. It couldn't have been written before Kinsey, and it has profoundly affected this branch of medicine." "You're here because we consider the [Kinsey] Institute financing one of the most significant things we ever did." Wells agreed. He still believes that the project was one of the monumental scientific ventures of the twentieth century in America.<sup>74</sup>



Dr. Robert L. Dickinson

Medicine might not have embraced the birth control movement had it not been for a prominent gynecologist, Robert L. Dickinson, who with Margaret Sanger opened the New York Birth Control Clinical Research Bureau in 1923 as a department of the American Birth Control League, which eventually became Planned Parenthood International.

Dickinson encouraged medical professionals to conduct research into birth control in the early 1920s. In 1923 he convinced the New York Obstetrical Society to sponsor a Committee on Maternal Health, which would conduct research on contraceptive techniques by referring women to hospitals for contraceptive advice and then compiling case histories on them.

At that time, Dickinson was an embarrassment to the conservative medical society, but garnered the attention and admiration of Alfred Kinsey, who invited him to Indiana University to lecture on the physiologic effects of masturbation on the sexual organs of women, with illustrations. Kinsey's colleague and cinematographer Clarence Tripp, who filmed the Kinsey team and Kinsey's wife in all manner of sexual acts in the attic of the Kinseys' home, explained that Dickinson inspired Kinsey. Of particular interest to Kinsey was Dickinson's collaboration with a pedophile whom Dickinson taught to "scientifically" record his child abuse data. These data would eventually find their way into Kinsey's child sexuality data in *Sexual Behavior in the Human Male* (1948)<sup>75</sup> to prove the need for legalized childhood sexual freedom even between adults and children of any age.

<sup>74</sup> Wardell Pomeroy, *Dr. Kinsey and the Institute for Sex Research*, Yale University Press, 1982, p. 380-381.

<sup>75</sup> J.A. Reisman, *Kinsey: Crimes and Consequences*. Crestwood, KY: Institute for Media Education, 2003, p. 164. Dr. Robert L. Dickinson, originally found and "trained" Rex King. King was the child rapist who provided Kinsey with hundreds of child "orgasms." Pomeroy's admission was confirmed by Kinsey colleague Clarence Tripp on Yorkshire television's "Kinsey's Paedophiles." Dickinson directed King in his child abuse research protocol because, said Tripp, science might as well "get something out of" King's rape activities so that he did not merely satisfy "his jollies."

## SEXUAL OBJECTIFICATION, RECREATIONAL USE & WOMEN'S REPRODUCTIVE HEALTH

Dickinson and Kinsey's "anything goes," "scientific" sexual standard defied the prevailing medical protocol's protective sensibilities and careful restraint, and instead cast the female reproductive system as simply parts of biological and anatomical structure and openly discussed sexual intercourse, once known more delicately as the "marital act," in public for the first time.

Obstetrics and Gynecology profoundly changed after the publication of zoologist Kinsey's seminal tomes, the other being *Sexual Behavior in the Human Female*, and the legalization of birth control. The medical textbook publishers C.V. Mosby & Company published an Obstetrics & Gynecology text in 1958 with a chapter on the "sexual responses of women, dysmenorrhea, and premenstrual tension." In the 6<sup>th</sup> edition published in 1979, their opening paragraph asserts that the "human female may respond to sexual feelings or sexual stimulation in varying degrees from infancy to death," a claim that finds its origins in the Kinsey Reports pedophile data. The next paragraph defines "normal sexual response" using the Kinsey Reports definition that "all outlets are equal." The medical text instructs the future physician, "This climax may be triggered as an autoerotic response or through heterosexual or homosexual stimulation." At the heart of this drastic change from modesty and motherhood to sexual recreation was the introduction of birth control. The textbook on Gynecology explains:



1937 Parke Davis Advertisement

We are in a period of changing attitudes and practices regarding sex. The concepts of modesty, chastity, and sexual inhibition have been under attack. The new ideal places a woman's position as equal to that of the male. An important causative factor in this change is the development of safe, reliable contraceptives, which removes a principal block to a freer sexual life for women, the fear of pregnancy....This is particularly true when the physician is consulted by an adolescent girl desiring contraception....The pleasure in sex is obvious. The main practical danger can be removed. Why not indulge?<sup>76</sup>

In true Kinsyan fashion, after calling on physicians to reassure their patients who wish to practice homosexuality, heterosexuality or bisexuality, doctors are called upon to take a sexual history as an integral part of every medical history and the physician is instructed to "help the young woman discover how she wishes to relate to her sexual partner."<sup>77</sup> The American Medical Association finally approved of contraception in 1937, not because of approval of its membership, but in order to control its use by physicians.

In the best eugenic spirit, thirty years later, massive government funding began pouring into health departments and public hospitals, and by 1968, 850,000 low-income women were enrolled in family planning programs paid for by tax dollars. The Family Planning Services and Population Research

<sup>76</sup> J. Robert Wilson, M.D., Elsie Reid Carrington, M.D. *Obstetrics and Gynecology*. St. Louis: C. V. Mosby Co., 1979, pp. 98-99 (6<sup>th</sup> edition, original published in 1958).

<sup>77</sup> Wilson and Carrington, *Ibid.*, p. 99.



Act of 1970 passed by overwhelming majority, and five million women sought birth control. Another major legislative act established the Commission on Population Growth, chaired by John D. Rockefeller, III. The Commission concluded that there would be no benefit to population growth in America, and recommended a national policy and voluntary program to reduce fertility, to improve the outcome of pregnancy, and to improve the health of children. With birth control eliminating the “practical danger” of pregnancy, Kinseyan public school sex education was institutionalized in 1964,<sup>78</sup> and reducing fertility was presented as a patriotic and responsible act expected from all future parents. The Commission recommended research for improved methods of contraception, and government financing of the full range of family planning services.

Coupled with government national policy, private organizations began promoting worldwide programs to decrease population. Planned Parenthood Federation was operating in over 100 countries by 1972. Rockefeller convened a conference on population problems declaring that the U.S. should take leadership in reducing the general level of fertility worldwide. The Ford Foundation devoted more than \$150 million to population study centers between 1950 and 1975, and the Rockefeller Foundation donated \$70 million to study population problems.<sup>79</sup>

Though not reported in the U.S. media, the English medical journal, *The Lancet* reported on October 8, 1977, that women on the Pill had a death rate from diseases of the circulatory system five times greater than the controls, and this death rate became 10 times greater than the controls, if the women had been on the Pill continuously for five years or more. The overall total mortality rate among the women who had ever used the Pill was increased by 40%.

### **PHARMACEUTICAL EMPIRES**

As previously discussed Abraham Flexner, as an RF agent, acted to transform physician education, while Rockefeller was reaching into pharmaceuticals. Morris A. Bealle’s shattering expose, *The Drug Story: A Factological History of America’s \$10 billion Drug Cartel – Its Method, Operations, Hidden Ownership, Profits, and Terrific Impact on the Health of the American People*, published originally in 1949 by The Columbia Publishing House, Washington, D.C., documents Rockefeller’s vested interest in eradicating all forms of natural therapies which discouraged the use of drugs, while Rockefeller corralled the drug market reaping massive profits:

“The last annual report of the Rockefeller Foundation,” reported Bealle, “itemizes the gifts it has made to colleges and public agencies in the past 44 years, and they total somewhat over half a billion dollars. These colleges, of course, teach their students all the drug lore the Rockefeller pharmaceutical houses want taught. Otherwise there would be no more gifts, just as there are no gifts to any of the 30 odd colleges in the US that don’t use therapies based on drugs.”<sup>80</sup>

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<sup>78</sup> This is the year SIECUS (the Sex Information and Education Council of the United States) was formed. Today they provide 90% of sex education to public schools from kindergarten through 12<sup>th</sup> grade. Their Guidelines are available on line, and promote only one point of view—contraception and recreational sex with all sexual behaviors equally valued.

<sup>79</sup> Harold Speert, M.D., supra., p. 163. This textbook devotes an entire chapter to the benefits of contraception, abortion, and sterilization. It is interesting to note in the foreword that of the 24 Patrons who financed the book, there are 14 pharmaceutical companies, most of whom are best known for their manufacture of birth control—Abbott, Ayerst, Lederle, Eli Lilly, Mead Johnson, Ortho, Parke Davis, Ross, Searle, etc.

<sup>80</sup> <[http://www.eurosolve.com/charity/bava/drug\\_story.html](http://www.eurosolve.com/charity/bava/drug_story.html)>, March 24, 2001.

Rockefeller drug interests have given away huge sums to professional schools and colleges all the while creating an unfathomable world wide empire impossible to plumb. Standard Oil (America became a petroleum-based society after World War II) was the foundation upon which all of the other Rockefeller industries have been built. Not the least of its holdings is in the drug business. According to Bealle's reports, the Rockefellers, with their interest in population control, also owned the largest drug manufacturing combine in the world, and use all of their other interests to bring pressure to increase the sale of drugs.

### **ESTROGEN FOR WHAT AILS YOU SISTER: THE BILLION DOLLAR HORMONE INDUSTRY**

Diethylstilbestrol (DES) was the first synthetic estrogen, created by British chemist Sir Charles Dodds in 1938. DES was prescribed as an "all-purpose" treatment for gynecological problems, until a Boston gynecologist suggested it would prevent miscarriage. Dodds strongly opposed the use of estrogen for general health treatments, and was concerned about the cancer link. He encouraged the research of Dr. Michael Shimkin of the National Cancer Institute, who reported breast cancer links to diethylstilbestrol. Dodds explained that the hormones are the most powerful of drugs because they alter metabolism in every cell and organ of the body.<sup>81</sup> Millions took the drug in the 1950's, and DES was prescribed for 30 years until it was discovered that daughters of women who took DES developed a rare vaginal cancer. And despite the dramatic increases in cancer in a single decade alarms have failed to sound from those in the multi billion dollar estrogen business.

The new Kinseyan inspired *Playboy* philosophy featured women as recreational to be chemically sterilized in order to remain functional and then hormonally replenished at menopause. Psychiatrist David Reuben wrote in *Everything You Always Wanted to Know About Sex* that menopause was an end to being a woman:

As the estrogen is shut off a woman comes as close as she can to being a man. Increased facial hair, deepened voice, obesity, and the decline of breasts and female genitalia all contribute to a masculine appearance. Coarsened features, enlargement of the clitoris and gradual baldness increase the tragic picture. Not really a man but no longer a functional woman, these individuals live in the world of intersex.<sup>82</sup>

Premarin was approved by the FDA in 1942 for menopause use, with long term users having a 10 fold chance of having endometrial cancer. In 1966, Premarin was the subject of another 1960's blockbuster book, *Feminine Forever*,<sup>83</sup> the cover of which announced "menopause is a hormone deficiency disease, curable and totally preventable." The author, gynecologist Robert A. Wilson, failed to mention the \$31,350 "research grant" he had received two years before publication from the makers of Premarin, Enovid, and Provera.

Another hormone experiment being played out today concerns the drug tamoxifen, a synthetic hormone with a structure similar to estrogen, which competes for estrogen receptors in tumor issue. The side effects include a 253 percent increase in endometrial cancers.<sup>84</sup> Tamoxifen has reduced the spread of breast cancer in some trials, especially in women over 50, and clearly demonstrates

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<sup>81</sup> Barbara Seamans. *The Greatest Experiment Ever Performed on Women*. NY: Hyperion Books, 2003, p. 41.

<sup>82</sup> David Reuben. *Everything you always wanted to know about sex*. NY: Bantam books, 1971 p. 365.

<sup>83</sup> Robert A. Wilson, M.D. *Feminine Forever*. New York: M. Evans & Co., 1966. *Feminine Forever* sold a hundred thousand copies in six months. Within a year, it was available in seventeen countries.

<sup>84</sup> John R. Lee, *supra*, p. 204.

estrogen's significant role in breast cancer, but the connections to estrogens in hormone altering contraceptives and breast cancer is not often made.

A report in the *Gynaecology Forum* titled "Endometriosis: ignorance, politics and 'Sophie's Choice'" was written by David Redwine of St. Charles Medical Center, Bend, Oregon, and in his discussion he claims, "Pharmaceutical companies fund studies that paint their drugs in a favourable light, and entire generations of doctors have been swayed by these commercially driven efforts and dutifully prescribe them because that is what everyone else does and it is also easy. Drug companies are actively working for the day when all women with pelvic pain are maintained on medicines chronically without a diagnosis or end to therapy."<sup>85</sup>

Dr. Chris Kahlenborn points out that the three major medical journals reporting cancer research to physicians, the *Journal of the American Medical Association* (JAMA), *Obstetrics and Gynecology* published by the American College of Obstetricians and Gynecologists (ACOG), and the *Journal Pediatrics* published by the American Academy of Pediatrics (AAP), have all endorsed early contraceptive use as well as induced abortion, with ACOG actually opposing the ban on partial birth abortion (See *New York Times*, October 9, 1997). Kahlenborn finds it ironic that some of the most comprehensive American studies have been published in British journals, which are more open to publishing controversial findings.<sup>86</sup>

Although much less research has been conducted on hormone balance in men, a study published in 2003 in the *New England Journal of Medicine* reported on prostate cancer and its treatment. Dr. John Lee, who wrote definitive works on hormone balance in women points out that the researchers did not focus on the fact that prostate cancer occurs more often in men with low testosterone than in men with higher testosterone levels. "Prostate cancer occurs because testosterone and progesterone levels fall with age and estradiol levels rise, leading to estrogen dominance in older men. The same mechanism that causes breast and endometrial cancer in women causes prostate cancer in men. It is time to set Finasteride (the most commonly prescribed drug for prostate disorders) aside and turn to proper hormone balancing in men as well as in women."<sup>87</sup>

It is clear from the diethylstilbestrol studies that hormone imbalance can damage children before birth, and the clinical symptoms may not be diagnosed for years. In a research study conducted by endocrinologists at the University of Missouri and Texas A & M, oral contraceptives were linked to prostate cancer and bladder disease in boys who were exposed before birth. They report that two million women become pregnant while taking oral contraceptive drugs each year, and male babies face a similar risk to the deformities caused by diethylstilbestrol. Endocrinologist Stephen Safe from Texas A & M University commented that these findings add to the evidence that these chemicals can damage human embryos, and justify a careful re-evaluation of the safety of birth control pills. The researchers reported the same findings with exposure to a similar estrogenic chemical, bisphenol A, which is a plastic used to line food cans.<sup>88</sup>

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<sup>85</sup> <[http://www.medforum.nl/gynfo/endometriosis\\_ignorance,\\_politics\\_and\\_.htm](http://www.medforum.nl/gynfo/endometriosis_ignorance,_politics_and_.htm)>

<sup>86</sup> Chris Kahlenborn, M.D., *Breast Cancer, Its Link to Abortion and the Birth Control Pill*. Dayton, OH: One More Soul Publishing, 2000, p. 70.

<sup>87</sup> John R. Lee, M.D., *Hormone Balance for Men: What Your Doctor May Not Tell You About Prostate Health and Natural Hormone Supplementation*, p. 7. Dr. Lee cites the work of Dr. Calavieri reported in 1998 by the National Cancer Institute and available as NCI Monograph #27 from Oxford University Press (800-852-7323). <[www.johnleemd.com](http://www.johnleemd.com)>

<sup>88</sup> Oral contraception linked to prostate deformities. *New Scientist*. <[www.newscientist.com/article.ns?id=dn7333&print=true](http://www.newscientist.com/article.ns?id=dn7333&print=true)> May 3, 2005.

It is impossible to conclusively evaluate estrogen research, because as a field it is too young. Only since World War II have women's natural cyclic balance been described in disease terms and pregnancy as "epidemic." The Eugenics movement reframed childbearing as a "practical danger" and ushered in birth control and abortion to control the "danger." We have less than one full generation to testify to synthetic estrogen's effects, and early indicators caution that the second generation may hear the warnings too late. It is clear that the research to date has been driven by those financially invested in the success of hormone therapy. Barbara Seamans wrote in *The Greatest Experiment Ever performed on Women*:

Although there were no important new clinical studies, somehow, as a result of pharmaceutical tentacles that seemed to reach everywhere—peer review panels at the finest medical journals determining what got published, advisory committees at the NIH deciding whose research got funded, FDA panels determining what drugs were approved, medical-school tenure committees controlling academic physicians' careers and continuing medical education—**there was zero tolerance for the conservative position on any estrogen product, including birth control pills.** [Emphasis added.]<sup>89</sup>

Seaman's findings are confirmed in a rare confession by a Research Foundation survey of 3,247 scientists, who had received funding from the National Institutes of Health (NIH). The Associated Press reported on June 8, 2005, one third of the scientists surveyed, admitted to at least one practice that would probably get them into trouble. Thirteen percent of respondents said they had overlooked others' use of flawed data, or a questionable interpretation of data, and 16 percent said they had changed a design, method or results of a study "in response to pressure from a funding source."<sup>90</sup>

### CONCLUSION: INDULGENCE V. SURVIVAL



A short review of the history reveals the many vectors of undemocratic change and elite influence that have driven the approval and marketing of birth control hormone therapies, through much of the last century. As a billion dollar industry, contraception for eliminating the "main practical danger" - pregnancy has affected virtually every woman in America. Women born post-1950 were introduced to birth control, by a team of powerful ideological and economic forces, not as a choice, but as a patriotic duty and responsibility supportive of the American way of life. Birth control

has allowed us to avoid the "practical danger" to pleasurable indulgence – children, but if birth control has given women "a freer sexual life," as Sharon Batt queries, can the cost of the indulgence be measured?

It is certain that breast cancer incidence has increased at a shocking rate since birth control in America became the norm. According to the National Cancer Institute, breast cancer incidence rates increased by more than 40 percent from 1973 to 1998...in the past 30 years breast cancer

<sup>89</sup> Barbara Seaman, *The Greatest Experiment Ever Performed on Women: Exploding the Estrogen Myth*. NY: Hyperion Books, 2003, p. 87.

<sup>90</sup> Scientists study scientists behaving badly. Associated Press, June 8, 2005.

<<http://www.msnbc.msn.com/id/8145749>>

incidence has risen from 1 in 30 women to 1 in 8...in North America a woman dies of breast cancer every 12 minutes.<sup>91</sup> The Center for Disease Control reported the increase of breast cancer incidence in a nineteen year period from 1973 to 1992 as 34 percent in white women and 47 percent in black women.<sup>92</sup> We are living with an unlabeled epidemic whose connection to birth control has been suppressed.

Physicians have been taught in medical schools since the turn of the century that the natural functions of a woman's body including menses, pregnancy, child birth, and menopause are diseases to be treated by drug intervention. These chemicals have caused a profound disruption in body hormone balance resulting in chronic illnesses, and life threatening cancers. In spite of the potentially dire risk, the medical establishment views birth control as vital to our lives and an integral part of our culture. As evolutionary beings, youth are no longer considered capable of self-control; therefore pregnancy cannot be avoided without the aid of birth control, and is necessary to prevent unwanted pregnancy in spite of its accompanying lethal side effects. Breast cancer is a small price to pay for sexual liberation, according to the prevailing public health model.

Somewhere in the process, women have been reduced from mothers and daughters making decisions for their good health, to statistics as a dot on the population scatter chart. However, scatter charts don't measure the grief and tragedy of reproductive disease so personal to each life touched by the disfigurement and death. The facts must be known, so we can make intelligent and informed decisions based on individual good health, and the future of our children and grandchildren.

Finally, humans cannot escape the childbearing issues that extend well beyond conscious and logical biological and economic issues. In the 2003 report of the President's Council on Bioethics, whose members debated selective sex selection through prenatal testing and abortion, scientists attempted to explain why procreation reduced to biological terms misses the real fundamentals of parenthood:

The salient fact about human procreation in its natural context is that children are not *made* but *begotten*. By this we mean that children are the issue of our love, not the product of our wills. A man and a woman do not produce or choose a *particular* child, as they might buy a particular brand of soap; rather, they stand in relation to their child as recipients of a gift. Gifts and blessings we learn to accept as gratefully as we can; products of our wills we try to shape in accordance with our wants and desires. Procreation as traditionally understood invites acceptance, not reshaping or engineering. It encourages us to see that we do not own our children and that our children exist not simply for our fulfillment. Of course, parents seek to shape and nurture their children in a variety of ways; but being a parent also means being open to the *unbidden* and *unelected* in life (emphasis in original).<sup>93</sup>

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<sup>91</sup> Dr. John Lee, David Zava, Ph.D.: *What Your Doctor May Not Tell You About Breast Cancer*. New York, Time Warner, 2002, p. 5.

<sup>92</sup> <[www.cdc.gov/mmwr/preview/mmwrhtml/00043942.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00043942.htm)>

<sup>93</sup> Leon R. Kass, M.D., Chairman, *Beyond Therapy: Biotechnology and the Pursuit of Happiness*. A Report of the President's Council on Bioethics. NY: Dana Press, 2003, pp. 80-81.

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## **World Health Organization's International Agency for Research on Cancer gives chemical birth control highest classification of carcinogenicity.**

In August, 2005, the World Health Organization's International Agency for Research on Cancer issued a statement reclassifying chemical birth control as a Group 1 carcinogenic, the highest classification of carcinogenicity given by the research group.<sup>94</sup> The researchers included 21 scientists from 8 countries, and they concluded that oral contraceptives increase the risk of breast, cervix and liver cancer.

The study was reported in the British Medical Journal, *The Lancet*, that more than 100 million women—about 10% of all women of reproductive age worldwide—use combined oral contraceptives, and use is rising.<sup>95</sup>

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<sup>94</sup> IARC Monographs Programme Finds Combined Estrogen-Progestogen Contraceptives and Menopausal Therapy are Carcinogenic to Humans. <[http://www.iarc.fr/ENG/Press\\_Releases/pr167a.html](http://www.iarc.fr/ENG/Press_Releases/pr167a.html)>

<sup>95</sup> Carcinogenicity of combined oestrogen-progestagen contraceptives and menopausal treatment. *Lancet Oncology* 2005; 6:552-553.