

**Journal of American Physicians
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Copy Editor

Stuart Faxon

Cover Design

Rachel Eck

Typesetting and Printing

Skyline Printing Co., Inc.

Tucson, AZ

Website

www.jpands.org

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1601 N. Tucson Blvd, Suite 9

Tucson, AZ 85716

*Journal of American Physicians
and Surgeons* (ISSN 1543-4826)

is published quarterly.

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Bias in Women's Rights Movement

Priscilla Coleman, Ph.D., gives an excellent analysis of bias in professional literature in her article "Post-Abortion Mental Health Research: Distilling Quality Evidence from a Politicized Professional Literature."¹ Below, I offer an analysis that is cruder but easier to interpret. This one also shows that the bias extends to women's rights activists generally, not just to the professional literature.

Abortion increases breast-cancer risk.² Iodine reduces it.^{3,4} Mammograms do not reduce the risk that breast cancer will occur; they are intended to detect it after it has already occurred.

The rational response of women's rights activists would be to tell the truth, giving a woman considering an abortion the facts about risk and permitting an informed choice, though defending the right of a woman to have an abortion.

Mammograms require undressing in front of a stranger and are painful; they are arguably the imposition of a painful and demeaning process under threat of misery and death if a woman does not comply. Combined with instructions to take iodine and avoid abortions, mammograms are arguably a consistent and valid component of fighting breast cancer. Omit the other instructions, and insisting on mammograms by public health decree constitutes rape by proxy.

We can predict that misguided or self-serving professionals might miss instructions about iodine and abortions. There does not, however, seem to be any organized effort to provide information to women about fighting breast cancer by avoiding abortions or taking iodine supplements. The former obviously

provokes controversy. The latter should not cause any social controversy at all.

My inference is that bias is not confined to those involved with professional literature, but is so universal among women's rights advocates that not one of them has spoken up about iodine. There isn't even a scientific debate about its value.

Pressure by organized feminists to tell women to submit to mammograms in the hope of earlier detection and better treatment outcomes, but not to try to reduce breast cancer incidence itself, is a sad commentary on the mindset of these activists.

Many of my female patients, when I have mentioned that contradiction, have been glad to have the information and appreciated my exposure of the folly of political correctness.

Edward J. Harshman, M.D.

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