



July 13, 1981

MEMORANDUM

TO: The Under Secretary

FROM: Deputy Assistant Secretary for Health

SUBJECT: Abortion Surveillance by Center for Disease Control

The Center for Disease Control has an abortion surveillance unit which periodically publishes in their "Morbidity and Mortality Weekly Report (MMWR)". To the best of my knowledge, statistics reported by the unit in MMWR have always been on the number of abortions performed and/or on the mortality of legal and illegal abortions. The CDC unit is under the direction of Willard (Ward) Cates, M.D., a member of the Commissioned Corps of the Public Health Service.

Pro-life groups across the board have been very critical of Cates and the CDC for two reasons: first, the pro-abortion editorializing by Cates in the MMWR, and secondly, because of his frequent writings from a pro-abortion point of view in medical journals and other publications such as "Family Planning Perspectives."

Shortly after my arrival in Washington when I went to CDC, I discussed with Bill Foege, the Director of CDC, the concern of pro-life groups mentioned above and pointed out to him that such criticism did not do CDC any good. Also, from a purely scientific and editorial point of view Cates frequently stepped out of line. Foege agreed with this and subsequently told Cates that he must cease editorializing in the manner to which he had become accustomed and that any pro-abortion scientific publications could not note his affiliation with CDC. I considered both of these steps to be progress. In addition, Bill Foege has sent me the last two reports by the abortion surveillance unit for approval before they were published in MMWR. The first of these which I approved with two word-changes several months ago was merely a report on the numbers of abortions. The second one was a report on mortality of abortion, both legal and illegal, and was the report that triggered this memorandum.

In the attached memorandum, note on page 2 that there is an unnecessary comparison of deaths from several procedures. Many do not consider abortion to be a surgical procedure. To compare abortion which is not used in the treatment of a

disease with operations which are used in the treatment of disease such as tonsillectomy and appendectomy is both unscientific and irrelevant. In addition, the comparison of statistics is unfair. The figures for tonsillectomy and appendectomy were accumulated before 1973 while the abortion figures were compiled seven years later with the benefit of additional scientific advancement.

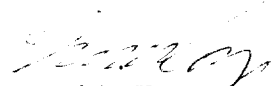
On Page 3 at the top, while the statistics concerning the risk of death from pregnancy are accurate, the average woman in the United States who knows she is pregnant, gets good prenatal care, and has good obstetrical services is nowhere near at the risk of death of 8.9 per 100,000 live births. These figures are derived from a small, frequently mobile group of women with no prenatal care.

At the bottom of page 3, the association of deaths from illegal abortion with lack of availability of public funds is probably not provable. If it were, it seems likely that in the heated debates over the language of the Hyde Amendment on more than thirty occasions in Congress would have brought these deaths to public attention.

It seems legitimate to question the necessity of editorializing at all on abortion statistics, especially as this is seen as PHS policy. Perhaps most important of all, however, is the fact that it is not so much the mortality from abortion that is of concern but rather its morbidity. The mortality of abortion is insignificant (11-17/year) compared to the morbidity which is more than 100,000/year. Inasmuch as MMWR is reporting both morbidity and mortality, a legitimate question would seem to be why has there never been a study of morbidity following abortion.

The Supreme Court decision of Doe vs Bolton giving preferential treatment to free-standing abortion clinics in reference to record keeping makes statistics from such installations meaningless. In addition to that, the morbidity associated with abortion performed in free-standing clinics is cared for subsequently not at those clinics but in hospitals or obstetrician's offices. Nevertheless, limited studies from hospitals would give a substantial clue to the incidence of morbidity following abortion.

It is my personal opinion that when the morbidity story is eventually written, it will be a serious blot on the contribution of the medical profession in this past decade. I believe it is impreative that a morbidity study be undertaken and that Cates be replaced by a scientist concerned with the morbidity of women in reference to reproduction.


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