

Life Expectancy – Lying with Statistics

- a look at the actual actuarials

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Biased statistics can arise from computational errors, belief in non-existent or unproven correlations ...or acceptance of premises proven invalid scientifically.

It is the latter that will be examined here for the case of human life expectancy, whose values are well-known...and virtually never challenged as to their basic assumptions.

Whether the false premises are accidental, a case of overlooking the obvious...or if they may be deliberate distortions serving a subliminal agenda.... is beyond the scope of this analysis.

Lifetimes to die for

930 - 912 - 905 - 910 - 895 - 962 - 365 - 969 - 777 - 950

The numbers are astounding, stunning our modern sensibilities, a far-off dream for the goals of the medical profession. Is it possible that the original patriarchs from Adam to Noah really completed these incredibly long lifetimes?

The modern age is a questioning age. Some sceptics claim the Bible author was counting months, not years. This 'interpretation' of years compressed by 12 would bring the patriarchal ages in line with lifetimes today.

Then what of Gen 5:21?

When Enoch was sixty-five years old, he became the father of Methuselah.

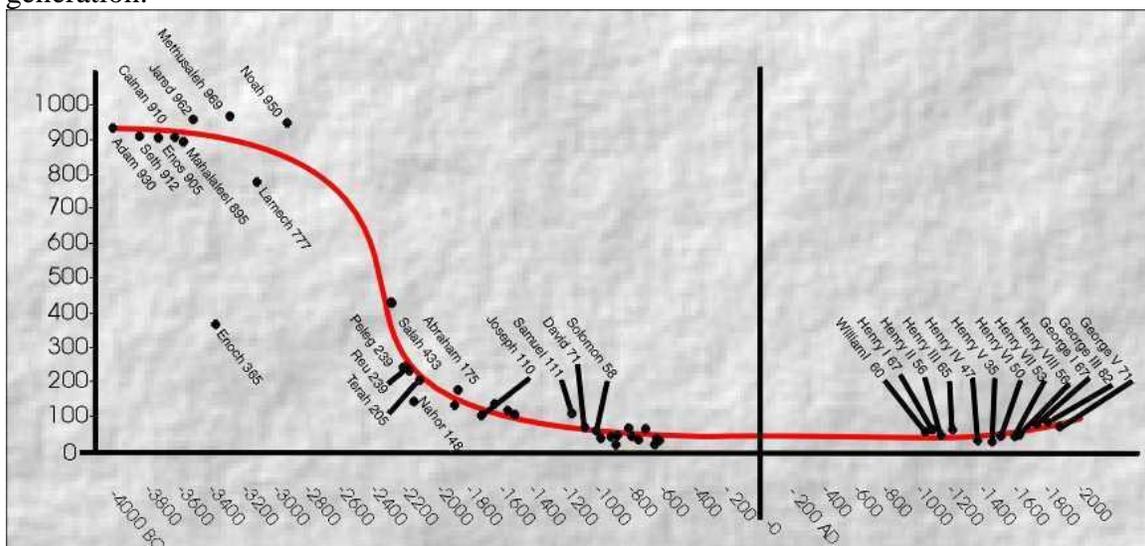
If years are really months, then Enoch sired his first son when he was between 5 and 6 years old!

Or maybe the Biblical ages are just symbolic of importance and greatness, conferred as a mark of esteem and respect. If so, then a man we know little about, except for his age and genealogy, is the greatest – Methuselah.

Let's initiate a quantitative inspection by looking at the pattern of aging in human history. The average age of the first ten Biblical fathers is 857 years - about 14 times a modern man's Average Life Expectancy (ALE).

But these years have obviously severely declined through the ages up to the present. The second age group beyond the patriarchs extends from Noah's sons to the Egyptian captivity - Shem to Isaac: 600 yrs. to 180 yrs. The ALE is 305 years, with an approximately exponential decline.

The third age includes the time in Egypt up to Exodus - Jacob (147 yrs) to Moses (120 yrs). The ALE is now 135 years, with a continuous drop in age apparent with each generation.



The chart above summarizes the decline in life expectancy throughout Judaeo-Anglo history. There is said to be a recovery in life expectancy now in progress, a topic to be taken up in detail now.

Summary of Human Life Expectancy

Life expectancy in the United States from 1900 to the present shows an overall steady rise, reflecting improved health conditions in general, the result of advances in medical science, hygiene, personal care, health technologies, and public health administrations. The rise decelerates asymptotically to a near plateau from the 1950s to the 1970s, reflecting an epidemic of coronary disease.

Now for the modern age, for which we have many statistics on the ALE, varying widely and wildly across national and cultural boundaries. The longest lives today are enjoyed by the people of Andorra: 83 years. And the lowest lifetimes are found in the equatorial belt of Africa, specifically 37 years expected for the natives of Zambia and Zimbabwe. Andorrans live an average 46 years longer than Zambians, 2.25 times as long!

At 77 years, the average American is close to the longest national lifetime, but many other countries (41) of the world's 230 nations and island-states live longer,. This puts the USA, despite its huge infrastructure of medical support, emphasis on improving living standards and the world's sole super-power, only in the 81st percentile; people in 1 country out of 5 have a higher quantity of life, quality notwithstanding.

For future reference, the ALE for a few major countries and the whole world is ranked in Table 1 below.

Domain	ALE: Average Life Expectancy	Rank
USA	77	1
China	72	2
Russia	67	3
The World	64	
India	63	4

Table 1: Summary of Average Life Expectancy (ALE)

To correct for the gender dependence in these average lifetimes, add a few more years for the ladies, drop a few for the gents.

There is an image prevalent of China as an undeveloped nation of grim life expectation, with its people coerced by the government to limit their free choice of family size. But China is 8 years above the global ALE, only 5 years lower than America and 5 years beyond Russia, whose life expectancy is pretty low for a developed nation and former super-power. The ALE statistic for these two countries is a bit of a surprise.

We see that the modern global ALE of 64 is about half that of mankind at the time of Moses, fitting the same post-diluvian exponential pattern of decline. Does this reflect the after-effects of the First Judgment evident in us and to us today, as we participate ourselves in an ever-shrinking life span that will presumably continue into the future.

A reversal in the downward spiral?

But have we considered all the facts? The World Factbook logs a universal ALE of 46 years in 1950, more than 50 years ago, an INCREASE in ALE of almost 40% since then. Well, a word of caution. Demographic statistics for many countries today are very sketchy and qualified as 'estimates'; how much more so are the 'estimates' of 50 years ago?

Support for an ALE increase in the 20th century does come from other sources, like an article in the 12/01 *Catholic Digest: Lowdown on Longevity*. The story says that today's newborn girl can expect to live 24 yrs longer than in 1920, and men 19 yrs. longer. This dramatic increase is due to 'heroic' (sic) medical procedures in areas such as reproductive health care, among other causes. Infant mortality is now 8/1000 births in 1995 compared to 26/1000 in 1960. Because of highly infectious diseases life expectancy was low but stable at around 25 yrs for the last 2 millennia, until the late 19th century. This, according to Dr. Harmon Eyre of the American Cancer Society. The reasons for the recent surge in projected life span are disease control and other public health improvements.

Yet another word of caution, as before. Where in the world does anybody get reliable life-span statistics for the last 2,000 years??! The error in today's ALE is about +/- 3 yrs! But from these sources and others there does appear to be a reversal in mankind's falling life expectancy.

A new perspective on life

What catches the eye in the article was 'reproductive health care' and 'infant mortality rate'. The neo-natal infant mortality rate ignores the pre-natal time from conception to birth, for which both science and religion agree that the building of a human life is in progress. Without this development time in the womb, a human birth could not occur. Even at birth this process is not complete; the development of mind and body will continue to full maturation for about 21 more years.

Including gestational time in the womb would add less than a year (5 to 9 months) to the true ALE - hardly worth mentioning, as that's smaller than the error in the statistic itself. But if we included the culture of life and scientific view, that all life begins at conception, the pre-natal lives lost by the 'heroic' medical procedure of that specific reproductive 'service' known as surgical abortion would have to be included in the calculation of the.....Average Full Life Expectancy(AFLE), where life begins at conception, not birth.

Rethinking life expectancy...

Table 2 contains a global computation of the AFLE: *data from the World Factbook*

	Millions/ year	% of P	ALE * Birth rate = AFLE 64 yrs * 67% ~ <u>42 yrs!</u>
Pregnancies (P)	225	100	
Miscarriages (M)	20	9	
Abortions (A)	55	24	
Births (B)	150	67	

Table 2: The Average Full Life Expectancy (AFLE)

Most data sets do not report the number of pregnancies for countries, but the number of births. The birth rate per pregnancy for each country, B/P, can be found from the ratio of Abortions to Births in millions and estimating the miscarriages to be about 10% of P: $M \sim .1 * P$. The rates and the AFLE for the key nations of interest are summarized in Table 3. Similar tabulation can be done for any geopolitical area if the number of pregnancies, abortions and births can be reasonably estimated.

Birth Rate = $B/P = B / (M + A + B) = .9/(A/B + 1)$

Abort Rate = $A/P = A / (M + A + B) = .9/(B/A + 1)$ or $A/B * Birth Rate$

To compute the true ALE, the AFLE, the usual life expectancy measured from birth must be re-evaluated using the fraction of pregnancies (= lives) that are reduced by miscarriages or abortion (33%). Most of these occur in the first trimester, so these lives have a prenatal expectancy of about 0.3 yr.

$33\% \text{ of } .3 \text{ yr} + 67\% \text{ of ALE} = .33 * 0.3 + .67 * 64 \sim 43 \text{ yrs} !$

In general, $ALE * Birth rate = AFLE$

When abortion is factored into the actuarials, then, world-wide lifetimes drop by 1/3.....

Domain	ALE: Rank	A/B : Rank in millions	Abort Rate =A/P	Birth Rate = B/P	AFLE yrs : Rank
USA	77 : 1	1.2/3.8= .32 : 3	.22	.69	53 : 3
China	72 : 2	12/500=.024 : 4	.021	.89	64 : 1
Russia	67 : 3	3.5/1.3= 2.7 : 1	.66	.25	17 : 5
The World	64 : -	55/150= .37 : 2	.25	.66	42 : 4
India	63 : 4	.6/25= .024 : 4	.021	.89	56 : 2

Table 3: National Average Full Life Expectancy (AFLE)

The ratio of abortions to births is around 2% for India and China, reflecting their religious and cultural attitude toward abortion. One child is aborted for every three born in America, and our full-life expectation now drops below China and India. But the

astounding item is Russia, where 5 persons are surgically aborted for every 2 that are born! The years of atheistic Communism have yielded a mindset on track to eventual extinction. The tree of the Russian people is barren and moribund; anyone conceived in Russia today can expect to live only 17 years when abortion is included.

The rosy media spin for an improving ALE is now revealed as a false inference drawn from a false premise: that human life begins at birth. The real life-spans are substantially reduced when surgical abortions are included, using the AFLE. But there is more news to come - and it's not good, not good at all.

The Crusher - Silent Chemical Abortions

Chemical contraception by pill, injection or implant is thought by the general public to be independent of the abortion debate. The pill is assumed to prevent conception by completely blocking ovulation, and the popular media does not discourage that assumption. But medical proof of a horrific link between contraception and abortion has been escaping the media filter since 1989 and is now well-documented in the press and on-line. Convincing research now addresses the truth concerning the reality of a chemical contraceptive abortion.¹ The technical medical details documented in these articles go beyond the scope of this life-expectancy survey; they are summarized in the following.

The *World Population Profile* by the U.S. Bureau of the Census reported the prevalence of contraceptive use among married women in the world's ten largest countries:

- in China (1992), over 75 percent of married women used contraception,
- in India (1992-93), nearly 40 percent,
- United States (1990), 70 percent,
- Brazil (1996), almost 80 percent,
- Russia (1994), almost 70 percent,
- Japan (1992), 65 percent.

In addition, the 1998 statistical report from the *UN Development Plan* noted that:

- in North America alone, 71 percent of married and/or cohabiting people use contraceptives.
- world-wide figures show that 58 percent of married and/or cohabiting people use contraceptives.

A 1995 survey of several thousand U.S. women found that:

- the most popular contraceptives (female or male) were female surgical sterilization (28% usage) and oral contraceptives (27%).
- none of the other female contraceptives had secured the allegiance of more than 3% of users.

The combined birth control pill is a hormonal method of contraception containing two hormones, estrogen and progestogen. The first impedes ovulation, the second principally implantation.

The POP or mini pill contains only one hormone - progestogen. It works by acting on the cervical mucus, encouraging it to form a thick barrier to stop sperm entering the womb, and makes the lining of the womb thinner, to prevent it accepting a fertilized egg. It also can be implanted or injected.

Both pills impede implantation as abortifacients.

They are 'abortion-makers' since mini-pills with no estrogen allow ovulation 50% of the time and the newer low-estrogen pills allow "breakthrough" ovulation in up to 20% or more of the months used. Such a released ovum is fertilized perhaps 10% of the time. These tiny new lives which result, at our present "guesstimations," in 1% to 2% of the pill months, do not survive. The reason is that at one week of life this tiny new boy or girl cannot implant in the womb lining and dies.

Oral contraceptives have 4 effects:

- Suppression of ovulation, the production of an human egg
- Thickening of the cervical mucosa
- Alteration of the uterine lining (endometrium) to impede implantation.
- Changes in the Fallopian tube movements

Each step is imperfect; none is absolute. If the first two fail, then break-through ovulation occurs when a viable egg is released and sperm 'breaks through' the cervical mucus. If the egg is now fertilized by a sperm during the 6-10 days of transit to the womb and the third contraceptive operation - prevention of uterine implantation - fails, then this represents the small fraction of pregnancies that occur while on the pill. But if the conceptus is rejected by the hostile altered lining of the womb, then this is the termination of a live person, a silent and small but definite chemical abortion, usually an undetected pregnancy, unknown to the woman. This last process described is thus not contraceptive but abortifacient. The menstrual flow in this case contains not the remains of an unfertilized egg but of a prenatal person.

So, contrary to popular thought, the 'pill' fails to stop ovulation in every menstrual cycle. An International Planned Parenthood Federation report in 1969 showed ovulation took place in 2 to 10% of pill user cycles. In 1984, a Dutch study reported a 'breakthrough' ovulation rate of 4.7% for pill users. Should the egg be fertilized before reaching the womb - i.e., a pregnancy - the embryonic person will starve to death, since the uterine wall cannot provide support, a side effect of the pill's steroid hormones.

Not all 'breakthrough' ovulations result in pregnancy, since it depends on the frequency of intercourse; rates are said to vary from 25% to 68%.

The chance of a so-called silent abortion in a year, which is rarely detected by the mother, can be found by combining probability of viable ovulation while on the pill (.047), the

probability of a fertilization taking place (a conservative estimate is taken(41%), and the number of menstrual cycles per year(13).

Annual chance of a contraceptive abortion = $.047 * .41 * 13 = .25$ (25%)

Birth Control in America

Statistics from pro-abortion sources ² omit the important demographic inferences to be drawn from the abortion-contraception nexus, such as the inferred abortion per cent for each contraceptive type ³ and the range of infant mortalities that will result. Although the fraction of US women using IUDs is relatively low, the IUD is projected to be the killer of almost 4 million pre-natals, the largest number of any contraceptive category in the American Infant Homicides by Contraceptive Choice tabulation. ⁴ Since the IUD blocks implantation, unlike the pill, this causes ALL fertilizations to be aborted. The widespread use of IUDs in China and its contribution to silent abortions has been documented⁵.

The number of US women estimated to be using pill, injections or implants is 12 million.

Early/silent/chemical abortions in US per year:

$12,000,000 * .25 = 3.0$ million , 2.3 times the visible/surgical rate !

Surgical abortions per year = 1.3 million

Total aborts /year = 4.3 million → more than the number of births!

- Excluding the 400,000 annual miscarriages, 53% of pregnancies result in an unnatural death – more than half.
- For every 4 women contra-cepting chemically, there will likely be one early abortion each year.

Consistent with the position that life begins with the zygote, the number of silent abortions can be estimated from the projected number of potential mothers that use the pill - women of child-bearing age (15 → 45 years) and chemically contra-cepting. The number of women that are potentially impregnable world-wide is about 48% of all women. And women are about 52% of all humanity, so the number of potential mothers is:

$.48 * .52 * 6$ billion ~ $.25 * 6$ billion ~ 1.5 billion motherhood candidates

For each nation, this statistic can be obtained from 25% of its total population.

The number of true pregnancies is increased and separated now into 2 types: visible (Pvis) and early/invisible (Pinv), and abortions into surgical (Asurg) and silent (Asil).

The number of invisible pregnancies is virtually equal to the number of silent abortions; there are very rarely any survivors.

$P_{total} = P_{vis} + P_{inv} = M + A_{surg} + A_{sil} + B$

Adjusted Birth Rate = $B/P_{total} \sim 1 / (1.1 * A_{surg}/B + A_{sil}/B + 1.1)$

Total Average Full-Life Expectancy (TAFLE) = ALE * Adjusted Birth Rate

The Birth Rate is further decreased by the ratio of silent pill abortions to births, Asil/B.

Domain	Contra- cepting Rate	Number on the pill (millions)	Abortion Types (millions)		Adjusted Birth Rate	TAFLE in yrs
			Asil : Asurg	Asil /Asurg		
USA	.70	70* .70 = 49	12 : 1.2	10	.22	77 * .22 = 17
China	.75	300* .75 = 225	56 : 12	4.5	.81	72 * .81 = 58
Russia	.70	40 * .7 = 28	7 : 5	2	.11	67 * .11 = 7
The World	.58	1500*.58 = 870	217 : 55	4	.33	64 * .33 = 21
India	.40	250*.4 = 100	25 : 0.6	40	.47	63 * .47 = 30

Table 4: Total Average Full Life Expectancy (TAFLE) by Nations

The attitude toward contraception in the three major world powers of America, China and Russia is clear. Three quarters of fertile women in these countries chose at least one form of artificial birth control.

In all countries there are more projected pill abortions than surgical.

The impact of the fifth column, the ratio of pill to surgical abortions, is truly staggering. Ten times more Americans die at the hand of the pharmacist than the 1.2 million that die at the hand of the abortionist – a total of more than 13 million each year, more than three times the number of births....

Domain	ALE:Rank	APLE : Rank	TAPLE : Rank
USA	77 : 1	53 : 3	17 : 4
China	72 : 2	64 : 1	58 : 1
Russia	67 : 3	17 : 5	7 : 5
The World	64 : 4	42 : 4	21 : 3
India	63 : 5	56 : 2	30 : 2

Table 5 – Summary of all Views of Life Expectancy

What do we now have to match the patriarch's ages of nine centuries? A global true life expectancy of 21 yrs, thought to be the beginning of adult life!

Americans lose 60 yrs from the 77 years that conventional wisdom assigns to our tenure on earth and drop from highest ALE to next to lowest.

The Chinese ironically turn out to have the longest age expectation from conception.

Incredibly, in Russia the projected true mean age is only single-digit; such is the legacy of Communism. Of all alive in Russia today half will not reach their eighth birthday.

Brave now world

The future portends an even grimmer vision. Within the horizon of medical technology in 2002 lie more truly frightening possibilities. Today in 2002 we have continued the abysmal slide into a world of pre-natal horrors that include:

Embryos suspended between life and death in cryostats, the frozen victims of the *In Vitro Fertilization* (IVF) industry. Almost all of these will be eventually 'discarded'; a few will survive to be born to surrogate mothers, which now must include the artificial womb as a technical possibility. The embryonic survival rate here is less than 1%.

There are others that are not frozen, the euphemistic 'therapeutic' embryos that are legally guaranteed a lifetime of less than 2 weeks, within which they will be used as medical commodities or in lethal experimentation. They will be dismembered at the cellular level, a form of microscopic vivisection equivalent to medieval torture on the rack, to 'harvest' their stem cells and for sale as experimental subjects, like current patented strains of white lab mice.

Or their fate may be to be poured down the drain when their stem cells are no longer useful and to prevent implantation of any cloned embryo in a womb.

Then there are the embryos that are experimental fodder for modern medical research....

Were Huxley to write a sequel to *Brave New World* today, it might include embryo farms like this -

At the Orrin Hatchery laboratory technician Embrycida, spotless and sterile in her white lab coat, walks past the numbered stainless steel incubators and stops at # 30. She peers through the glass paneled door, gets the times and dates of storage from the built-in database, then opens the door. She selects the sixth tray from the stack and brings it to the processing room, where the best five will be selected from the tray of 10,000 genetically identical embryos for triage and further consideration for womb implantation. The rest are poured into the noiseless drain of a garbage disposal unit...

She crosses the street to the Mengele Clone Clinic where a similar collection of embryos is being examined and dissected under powerful microscopes to satisfy an ever-growing demand for stem cell research. Here sufficiently differentiated embryos are subjected to vivisection via microsurgery to obtain candidate stem cells for growth in culture dishes. The professionals who perform this task are called micro-butchers.

There are rows upon rows of body parts being grown to custom order; nerve cells, muscle cells, liver cells, heart cells.... Embryocida pauses and peers into a Petri dish and idly muses, “...I wonder what these brain cells are thinking?”

She continues on to another wing of the building, known as the Singer Institute for Ultra-Dysgenics. Here the focus is on genetic redesign of future generations. To this end an army of technicians employ cloned cells replicated from genetically superior donors to engineer ‘designer’ babies. Researchers experiment on the control of gene expression, interaction and development in order to alter existing genes in the cloned embryos. Any resulting products less than perfect (she calls them ‘dysgens’), which are not acceptable to the order requirements - before or after delivery - are humanely incinerated in a NIH government-approved cremator.

What will be the annual embryonic death total in this barely hypothetical glimpse at the future? If the world regains its moral sanity, zero. If not, each 20 to 25 million dead embryos will cause the global life expectancy to drop another year from its present level of 21 years. The scope of such an abomination buries in its immensity and callousness any comparison to the twentieth-century genocidal pogroms of Hitler, Stalin and Pol Pot.

Epilogue

So the trumpeting of ‘heroic’ medical technology advancing our collective lifetimes is built on a lie, the vapid moral and spiritual vacuum of materialism that denies the existence of pre-natal life. The drop in average age continues a real decline, driven by a false bio-ethics.

Until the false statistical narrative of an improving life-expectancy is challenged by the scientifically valid promotion of life initiated at conception and a revival of moral principles, the *status* will remain *quo*.

End Notes:

#1 Contraceptive silent abortions

The first five paragraphs cover the chemical effects on the embryo; the rest documents the lowered life-span for the birth control pill users....

The Combined Oral Contraceptive Pill: Abortifacient and Damaging to Women
by Dr David Kingsley, MB, ChB, Cert NFP, LIFE Doctors
www.lifeuk.org/speech3.html

Legalized abortions are estimated at 1.3 to 1.5 million a year. But early abortions caused by intrauterine devices and so-called contraceptive pills have been estimated at between 6.4 and 8.8 million each year in this country. As long as this contraceptive mentality remains, most unborn babies will be killed *sub rosa*... Consequently, a moral rebellion must have a double objective: to save lives and to advance the conversion of America from its contraceptive mentality.

1. 1989. Pro-life rescue missions appeal to a higher law.
CATHOLIC COURIER, Diocese of Rochester, NY. April 6, p. 15
2. Infant Homicides through Contraceptives
Booklet from Eternal Life, Bardstown KY
3. "Contraceptive" Pills: Abortive
by PATRICK McCRYSTAL, MPSNI / MPSI
<http://www.pfli.org/begin105.html#6>
4. **Does the Birth Control Pill Cause Abortions?**
by Randy Alcorn
<http://www.epm.org/bcpill2.html>
5. **CIN - The Pill and Early Abortion, John F. Kippley**
THE PILL AND EARLY ABORTION by John F. Kippley
www.cin.org/pillabor.html

#2 US Contraceptive Use – pro-abortion sources

6. http://www.agi-usa.org/pubs/fb_contr_use.html
7. www.kff.org/content/archive/1270/contra90f.html
8. <http://www.cap-s.org/Contraceptive%20Use.html>

Method (in 000s)	No. of users	% of users
Tubal sterilization	10,727	27.7
Pill A	10,410	26.9
Male condom	7,889	20.4
Vasectomy	4,215	10.9
Withdrawal	1,178	3.0
Injectable A	1,146	3.0
Periodic abstinence	883	2.3
Diaphragm	720	1.9
Other	670	1.8
Implant A	515	1.3
IUD A	310	0.8
TOTAL in sample study	38,663	100.0

Sample of birth control methods in the USA (AGI)

(A means Abortifacient)

Detailed Abortion Statistics by State can be found at:

<http://www.abortionfacts.com/statistics/statistics.asp>

#3 US Contraceptive Use – pro-life sources

Name	Ovulation % * 0.25 => % Fertilization #	Breakthrough Pregnancy %	Maximum Abortion %
COC= Combined OCs	3 0.8	0.1	0.7 1 in 12 yrs
POC= Progestin-only OCs	50 12.5	0.3	12 1 in 8 mos
IUD= Intrauterine devices	~100 25	0.6	24 1 in 4 mos
NOR= Norplant implants ##	30 8	0.1	8 1 in a yr
DMPA= Depo-Provera injection	1 0.3	0.3	~0 rarely

Maximum Abortion Percent by Contraceptive Choice

assume 25% conception rate: 1 fertilization/4 ovulations

Indonesia uses 2/3 of the world's Norplant.

A Consumer's Guide to the Pill and other Drugs,
by John Wilks, ALL, Inc.

#4 US Contraceptive Use – anti-abortion sources

Users	Type	Infant Homicides	
		Low	High
10,000,000	Oral Contraceptives	600,000	3,000,000
1,500,000	IntraUterine Device	3,825,000	3,825,000
1,500,000	Depo-Provera	1,800,000	2,700,000
1,000,000	Norplant	330,000	2,100,000
1,300,000	Surgical	1,300,000	1,300,000
50,000	Prostaglandin & Saline	50,000	100,000
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15,350,000	Totals	7,905,000	13,025,000

American Infant Homicides by Contraceptive Choice

Above from various pamphlets;
American Life League, Stafford, VA

#5 IUD use

In the 90's the IUD was being used by more than 85 million women worldwide. The most important user is China, using 70% of the world IUDs production - over 72 million women in 1990. In China almost 30% of married women of reproductive age are using IUDs; the method is used by couples more than surgical sterilization, because of its reversibility. Just as the 'one child' campaign is the official demographic policy in China, the IUD is the favored method of contraception.

In India the use of IUDs has begun to increase; in 1985 4% of the Indian women of reproductive age were using them. For the rest of the world the situation in the 90`s was:

Country	% women of reproductive age
Europe	13%
USA and Canada	5%
Australia and New Zealand	5%
Japan	4%
Latin America and Caribbean	4%
Other Asian countries	6%

In general, the IUD is used by:

- 3% of married women of reproductive age in China
- 3% of married women of reproductive age in developing countries.
- 7% of married women of reproductive age in developed countries
- 4% of the women over the world except China
- 10% of all women of reproductive age over the world.

www.jhuccp.org/pr/b6/B6chap6_1.stm

#6 Mutation

Mutation is often cited as the mechanism to implement natural selection and improvement of the human species. But overwhelming prevalence of negative effects bespeaks the opposite conclusion: genocide.

Rates of mutation high enough to account for the ape-human split would lead to the rapid death of the species. Even rates of mutation often quoted by biologists would do the same. A lower rate of mutation would make the assumed evolution of apes and humans from a common ancestor impossible. If the rate of mutation really is high, then the human race must be very young and on the way to extinction.

David Plaisted