

Karolinska Institutet discriminates against science

----- Original Message -----

From: torsten@nenzen.net

To: hsv@hsv.se

Cc: torsten@kyrkor.be

Sent: Wednesday, August 29, 2007 2:24 PM

Subject: Synpunkter till Ref nr 31-2618-07

Synpunkter på Karolinska Institutets yttrande över anmälan mot diskriminering av vetenskap (Ref nr 31-2618-07)

Till: Högskoleverket
E-post: hsv@hsv.se

Synpunkter mot: Karolinska Institutet
171 77 Stockholm
Department of Public Health Science
Tel: 08-524 800 00
E-post: info@ki.se

Studenten: Torsten Nenzen
Magnusvägen 6A
17731 Järfälla
Telefon: 08-7113377, 070-7777754
E-post: torsten@nenzen.net

Synpunkter:

Karolinska Institutet ljuger. Karolinska Institutets (KI) rektor har i sitt yttrande uppenbarligen valt att försvara Department of Public Health genom att överge sanning, evidensbaserad vetenskap samt etik. Karolinska Institutet vill med sitt yttrande illudera Högskoleverket (HSV) att KI skulle ha agerat intellektuellt försvarbart, vetenskapligt korrekt, etiskt, lagligt, och att KI skulle ha *"lagt stor kraft på att försöka tillmötesgå hans önskemål"*. Verkligheten bevisar motsatsen till KI's yttrande. KI examinatorers knapphändiga och omotiverade kommentarer till mina inlämningsuppgifter, som behandlar reduktion av aborter och abortrelaterad psykisk ohälsa, bevisar att KI avfärdar internationell abortvetenskap (sannolikt av svenskpolitiska skäl), och KI's yttrande över min anmälan till HSV ytterligare bevisar att KI inte främst söker anpassning till vetenskap, intellektuellt hållbar argumentation och etik, men att KI har en helt annan agenda.

Medan kompetenta och vetenskapligt meriterade institutioner i andra nationer har kontaktat mig för att vilja bistå handledning i ämnet, väljer Sveriges Karolinska Institutet att på alla sätt förhindra att allsidig

abortvetenskap får tillåtas utrymme i Sverige. Också från Washington, DC i USA kontaktades jag av intresse att bistå med vetenskaplig kompetens, och med intresse för Karolinska Institutets ageranden. Karolinska Institutet och dess professorer obstruerar och diskriminerar i abortvetenskap, medan andra nationer visar en tillmötesgående attityd och intresse för individers och samhällens bästa.

Jag vill uppmana HSV att besluta främst i enlighet med internationell vetenskap i min anmälan mot KI, och att HSV eftertänksamt läser mina tidigare insända handlingar med vetenskaplig objektivitet, intellektuell hederlighet, och med kunskap i ämnet och med kunskap i etik och filosofi. Om HSV saknar dessa kompetenser, var då vänlig att söka omdömen från USA, Canada, Australien eller Storbritannien. Beträffande KI eventuella brott mot svensk lagstiftning förutsätts att HSV har bäst kompetens. Jag ber HSV att inför sitt beslut inhämta internationell sakkunskap i abortvetenskap, filosofi och etik, samt att HSV studerar de bifogade sakliga kommunikationsunderlagen. KI ljuger.

Från de objektiva kommunikationsunderlagen som tidigare har bifogats anmälan mot KI, samt det uppdaterad objektiva kommunikationsunderlaget mellan KI och jag, framgår utan tvekan att KI's svepande beskrivningar om omfattande och detaljerad återkoppling till mitt studentarbete är grovt missvisande. KI söker sitt eget (och vissa politikerns) bästa – inte samhällets, vetenskapens eller individers bästa.

Notera väl att KI inte har redogjort ett enda argument med avseende till KI's hävdande att de föreslagna magisteruppsatserna skulle vara etiskt tveksamma. Ingen människa kan framställa oppositionella argument och övertyga mot KI när KI inte redovisar ett argument.

KI ifrågasätter min kompetens till ämnesval. Då jag har flerårig yrkeserfarenhet med patientkontakt som utbildad mentalskötare, och har praktiserat som sjuksköterska vid förlossningsavdelning och mödravårdsmottagning, samt har arbetat frivilligt med själavård inom kristet sammanhang, samt uppenbarligen (redovisas i e-post dialog) har mer kunskap om abortrelaterad ohälsa än Socialstyrelsen, saknar KI trovärdighet i dess ifrågasättande om min kompetens. KI's erkännande (redovisas i e-post dialog) att KI saknar kompetens i ämnet är däremot faktiskt sant.

KI har nonchalerat mina ansträngningar att etablera intellektuellt trovärdig kommunikation med KI. KI undviker akademisk kommunikation med mig eftersom en intellektuellt hållbar kommunikation oundvikligen leder till erkännande av publicerad internationell abortvetenskap vars resultat strider mot svenska Folkhälsoinstitutets onyanserade riktlinje att abort är positivt för kvinnor.

Utifrån KI's agerande mot mig som student med dess obstruktion och diskriminering av vetenskap, och med bekräftande bevis genom KI rektor Harriet Wallberg-Henriksson's yttrande, bör HSV besluta enligt min anmälan, för att inte Sverige's vetenskapliga och etiska trovärdighet skall ytterligare ifrågasättas.

Bifogade kopior: 1. (uppdaterad 070704) Karolinska_Institutet_Discrimination.pdf
2. TN internationellt infobrev 070727.doc

Med vänlig hälsning,

Torsten Nenzén

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)

To: Bjarne.Jansson@ki.se; Mats.Gillberg@ki.se

Cc: Susanne.Eberstein@riksdagen.se; Ingrid.Canholm-Pluntky@ki.se; Rune.Fransson@ki.se; Hans.Forsberg@ki.se; Lena.Carlson@ki.se; Bengt.Norrving@ki.se; Danuta.Wasserman@ki.se; Leif.Svanstrom@ki.se; Marie-Louice.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se; Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se; registrator@ki.se

Sent: Friday, July 27, 2007 8:51 AM

Subject: Sweden's despicably discriminating Karolinska Institutet

Sweden's Karolinska Institutet continues its discrimination of abortion science

To: Karolinska Institutet in Sweden
Department of Public Health

Copy: academic professionals previously contacted

Karolinska President: Harriet Wallberg-Henriksson.

Sweden's Karolinska Institutet (ki.se) continues to obstruct and discriminate against international evidence from published articles in internationally recognised scientific journals, regarding the abortion sciences. In addition to Sweden's sciencephobia related to mental ill health connected with induced abortion, Sweden's Karolinska Institutet is now also refusing to communicate with me as its student. Because I reported the despicably discriminating Karolinska Institutet to an Agency for Higher Education for investigation of the Swedish medical university's conduct, the Swedish university stated that it shall not communicate with me. These Swedish professors within Public Health, and the Karolinska Institutet University Board, are

therefore conducting themselves like young children with professor titles. It's almost mind-boggling that the highest formal academic authorities in Sweden can be so politically blinded that they deny all the international scientific evidence. These Swedish professors at Sweden's Karolinska Institutet's Department of Public Health are proving themselves and non-scientific.

It appears that the Swedish government politics of exporting Swedish abortion policies internationally has greater importance in Sweden than evidence-based science at Swedish universities.

Regards,

Torsten Nenzen

torsten.nenzen.917@student.ki.se

torsten@nenzen.net

Mobile: +46 707 777754

Home: +46 8 7113377

----- Original Message -----

From: torsten@globalnet.de

To: Bjarne.Jansson@ki.se; Mats.Gillberg@ki.se

Cc: Susanne.Eberstein@riksdagen.se; Ingrid.Canholm-Pluntky@ki.se; Rune.Fransson@ki.se; Hans.Forssberg@ki.se; Lena.Carlson@ki.se; Bengt.Norrving@ki.se; Danuta.Wasserman@ki.se; Leif.Svanstrom@ki.se; Marie-Louise.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se; Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se; registrator@ki.se

Sent: Friday, June 29, 2007 4:14 PM

Subject: Sweden's despicably discriminating Karolinska Institutet

Karolinska Institutet,
Department of Public Health.

Professor Bjarne Jansson and Mats Gillberg,

On June 29 Sweden's Karolinska Institutet again confirmed its despicable discrimination of international scientific evidence by again refusing to communicate intelligibly, through the letter also attached here.

Karolinska Institutet has yet not provided any credible argument for its continued obstructions against a master-thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing comprehensive scientific research related to induced abortion, or without delay revert to cooperation with international scientific progression.

Karolinska Institutet appears to have adopted also a Swedish policy of refusal to communicate with me – perhaps due to a Karolinska Institutet's fear of consequences of adherence to evidence within the abortion sciences.

Sweden's Karolinska Institutet fails to provide any credible argument for opposing my proposed health promotion subject. Annually 38 000 abortions are induced in Sweden. International research shows that many women suffer mental ill health related to induced abortion. 38 000 women per year in Sweden are at risk to mental ill health from induced abortion. To state, as Karolinska Institutet does on June 19, that 38 000 persons annually is not a population issue, and does not pertain to health promotion, lacks argument. I request that Karolinska Institutet explain why 38 000 women is not considered a valid population in Sweden, and why Karolinska Institutet regards these women as irrelevant as to health promotion.

Karolinska Institutet goes on to mention that exposure to living fetuses or aborted fetuses is sensitive. The images are not falsifications, but are mirrors of reality. When reality is sensitive, abortion policies and abortion laws must reflect the sensitivity of reality, and not deny reality. It is unethical to not study post-abortion sequelae. From ethical perspectives, the consequences of induced abortion on population must be explored, and it is unethical to refuse comprehensive scientific research for political sensitivities. Scientific evidence and basic human decency should guide political authorities, and not vice versa. I therefore request that Karolinska Institutet explain the ethical rationale of its opposition to exploring ways of decreasing abortion rate in Sweden.

My proposal for Master thesis remains until Karolinska Institutet can provide valid and credible arguments for its opposition. Reseracher (and Psychologist and Psychiatrist) Dr. Philip Ney in Canada is willing to supervise my proposed thesis. Since Karolinska Institutet itself claims to lack competence, why does Karolinska Institutet obstruct by refusing competent and willing international supervision?

In regards to Karolinska Institutet's discriminatory and obstructing behaviour so far and to Karolinska Institutet's unwillingness to communicate, Sweden's Karolinska Institutet is a shame for international science and ethics.

Regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: [Mats Gillberg](mailto:Mats.Gillberg@ki.se)
To: torsten@globalnet.de
Cc: registrator@ki.se ; Bjarne.Jansson@ki.se ; Katharina.Soffronow@ki.se
Sent: Friday, June 29, 2007 2:23 PM
Subject: Re: Sweden's Karolinska Institutet disgrace science


Till
Torsten Nenzén

Se svar som bilaga!

Vänliga hälsningar
Mats Gillberg
Universitetslektor
Inst för Folkhälsovetenskap

--

Mats Gillberg, PhD, Associate professor
Sleep & Fatigue unit
Div of Psychosocial Factors & Health
Dept of Public Health Sciences
Karolinska Institute
Box 220
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 Karolinska Institutet			
	2007-06-29	Dnr:	2094/07-309
		Sid:	6 / 7
Institutionen för folkhälsovetenskap Mats Gillberg	Torsten Nenzén		

I ditt brev insänt till Karolinska Institutet (KI) den 28 juni 2007 skriver du att KI är ovilligt att kommunicera med dig. Den 30 maj anmälde du KI till Högskoleverket för ”diskriminering av

vetenskap...” och för kommenteringen och därmed bedömningen av tre av dina inlämningsuppgifter. KI har beslutat att inte vidta några ytterligare åtgärder vad beträffar ditt examensarbete och bedömningen av inlämningsuppgifterna förrän Högskoleverket yttrat sig över ärendet.

Vänliga hälsningar

Mats Gillberg
studierektor

Postadress	Besöksadress	Telefon	E-post
171 77 Stockholm	Nobels väg 5 Stockholm	08-524 800 00, vx 08-524 820 47, dir	Mats.Gillberg@ki.se Webb
		Fax	ki.se
Org.nummer. 202100 2973			

----- Original Message -----

From: torsten@globalnet.de

To: Bjarne.Jansson@ki.se; Mats.Gillberg@ki.se

Cc: Susanne.Eberstein@riksdagen.se; Ingrid.Canholm-Pluntky@ki.se; Rune.Fransson@ki.se; Hans.Forssberg@ki.se; Lena.Carlson@ki.se; Bengt.Norrving@ki.se; Danuta.Wasserman@ki.se; Leif.Svanstrom@ki.se; Marie-Louise.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se; Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se; registrator@ki.se

Sent: Thursday, June 28, 2007 1:10 PM

Subject: Sweden's Karolinska Institutet disgrace science

Karolinska Institutet,

Department of Public Health.

Professor Bjarne Jansson and Mats Gillberg,

Karolinska Institutet has yet not provided any credible argument for its continued obstructions against a master-thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing comprehensive scientific research related to induced abortion, or without delay revert to cooperation with international scientific progression.

Karolinska Institutet appears to have adopted also a Swedish policy of refusal to communicate with me – perhaps due to a Karolinska Institutet’s fear of consequences of adherence to evidence within the abortion sciences.

Sweden’s Karolinska Institutet fails to provide any credible argument for opposing my proposed health promotion subject. Annually 38 000 abortions are induced in Sweden. International

research shows that many women suffer mental ill health related to induced abortion. 38 000 women per year in Sweden are at risk to mental ill health from induced abortion. To state, as Karolinska Institutet does on June 19, that 38 000 persons annually is not a population issue, and does not pertain to health promotion, lacks argument. I request that Karolinska Institutet explain why 38 000 women is not considered a valid population in Sweden, and why Karolinska Institutet regards these women as irrelevant as to health promotion.

Karolinska Institutet goes on to mention that exposure to living foetuses or aborted foetuses is sensitive. The images are not falsifications, but are mirrors of reality. When reality is sensitive, abortion policies and abortion laws must reflect the sensitivity of reality, and not deny reality. It is unethical to not study post-abortion sequelae. From ethical perspectives, the consequences of induced abortion on population must be explored, and it is unethical to refuse comprehensive scientific research for political sensitivities. Scientific evidence and basic human decency should guide political authorities, and not vice versa. I therefore request that Karolinska Institutet explain the ethical rationale of its opposition to exploring ways of decreasing abortion rate in Sweden.

My proposal for Master thesis remains until Karolinska Institutet can provide valid and credible arguments for its opposition. Reseracher (and Psychologist and Psychiatrist) Dr. Philip Ney in Canada is willing to supervise my proposed thesis. Since Karolinska Institutet itself claims to lack competence, why does Karolinska Institutet obstruct by refusing competent and willing international supervision?

In regards to Karolinska Institutet's discriminatory and obstructing behaviour so far and to Karolinska Institutet's unwillingness to communicate, Sweden's Karolinska Institutet is a shame for international science and ethics.

Regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
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Mobile: +46 707 777754
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----- Original Message -----

From: torsten@glocalnet.de

To: Bjarne.Jansson@ki.se; Mats.Gillberg@ki.se

Cc: Susanne.Eberstein@riksdagen.se; Ingrid.Canholm-Pluntky@ki.se; Rune.Fransson@ki.se; Hans.Forsberg@ki.se; Lena.Carlson@ki.se; Bengt.Norrving@ki.se; Danuta.Wasserman@ki.se; Leif.Svanstrom@ki.se; Marie-Louise.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se; Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se; registrator@ki.se

Sent: Monday, June 25, 2007 10:59 AM

Subject: Karolinska Institutet disgrace science

Karolinska Institutet,
Department of Public Health.

Professor Bjarne Jansson and Mats Gillberg,

Karolinska Institutet has yet not provided any credible argument for its continued obstructions against a master-thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing comprehensive scientific research related to induced abortion, or without delay revert to cooperation with international scientific progression.

In regards to Karolinska Institutet's discriminatory and obstructing behaviour so far and Karolinska Institutet's unwillingness to communicate, Sweden's Karolinska Institutet is a shame for international science and ethics.

Regards,

Torsten Nenzen

torsten.nenzen.917@student.ki.se

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----- Original Message -----

From: torsten@glocalnet.de

To: Bjarne.Jansson@ki.se; Mats.Gillberg@ki.se

Cc: Susanne.Eberstein@riksdagen.se; Ingrid.Canholm-Pluntky@ki.se; Rune.Fransson@ki.se; Hans.Forsberg@ki.se; Lena.Carlson@ki.se; Bengt.Norrving@ki.se; Danuta.Wasserman@ki.se; Leif.Svanstrom@ki.se; Marie-Louise.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se; Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se; registrator@ki.se

Sent: Friday, June 22, 2007 10:44 AM

Subject: Karolinska Institutet discrimination is a shame for science

Karolinska Institutet,

Department of Public Health.

Professor Bjarne Jansson and Mats Gillberg,

Karolinska Institutet has yet not provided any credible argument for its continued obstructions against a master-thesis within

abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing comprehensive scientific research related to induced abortion, or without delay revert to cooperation with international scientific progression.

In regards to Karolinska Institutet's discriminatory and obstructing behaviour so far and Karolinska Institutet's unwillingness to communicate, Sweden's Karolinska Institutet is a shame for international science and ethics.

Regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: torsten@globalnet.de

To: Bjarne.Jansson@ki.se; Mats.Gillberg@ki.se

Cc: Susanne.Eberstein@riksdagen.se; Ingrid.Canholm-Pluntky@ki.se; Rune.Fransson@ki.se; Hans.Forssberg@ki.se; Lena.Carlson@ki.se; Bengt.Norrving@ki.se; Danuta.Wasserman@ki.se; Leif.Svanstrom@ki.se; Marie-Louise.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se; Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se; registrator@ki.se

Sent: Tuesday, June 19, 2007 1:03 PM

Subject: regarding master thesis

Karolinska Institutet,
Department of Public Health.
Professor Bjarne Jansson and Mats Gillberg,

Regarding your letter dated June 19, you are merely reiterating some other suggestions for master thesis subjects, without provision of any credible arguments for your opposition against my proposed health promotion subject. Annually 38 000 abortions are induced in Sweden. International research shows that many women suffer mental ill health related to induced abortion. 38 000 women per year in Sweden are at risk to mental ill health from induced abortion. To state, as Karolinska Institutet does on June 19, that 38 000 persons annually is not a population issue, and does not pertain to health promotion, lacks argument. I request that Karolinska Institutet explain why 38 000 women is not considered a valid population in Sweden, and why Karolinska Institutet regards these women as irrelevant as to health promotion.

Karolinska Institutet goes on to mention that exposure to living foetuses or aborted foetuses is sensitive. The images are not

falsifications, but are mirrors of reality. When reality is sensitive, abortion policies and abortion laws must reflect the sensitivity of reality, and not deny reality. It is unethical to not study post-abortion sequelae. From ethical perspectives, the consequences of induced abortion on population must be explored, and it is unethical to refuse comprehensive scientific research for political sensitivities. Scientific evidence and basic human descency should guide political authorities, and not vice verse. I therefore request that Karolinska Institutet explain the ethical rationale of its opposition to exploring ways of decreasing abortion rate in Sweden.

My proposal for Master thesis remains until Karolinska Institutet can provide valid and credible arguments for its opposition. Reseracher (and Psychologist and Psychiatrist) Dr. Philip Ney in Canada is willing to supervise my proposed thesis. Why does Karolinska Institutet obstruct?

Karolinska Institutet has yet not provided any credible argument for its continued obstructions against a master-thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing comprehensive scientific research related to induced abortion, or without delay revert to cooperation with international scientific progression.

Regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: [Mats Gillberg](mailto:Mats.Gillberg)
To: torsten@globalnet.de
Cc: Bjarne.Jansson@ki.se ; Leif.Svanstrom@ki.se
Sent: Tuesday, June 19, 2007 9:57 AM
Subject: regarding master thesis

Dear Torsten!

In a mail May 24, 2007 we presented suggestions for subjects for your master thesis (see below!). These are subjects that we know that we have teachers with scientific competence for. We have also suggested an investigation on how the county of Gotland worked with how to decrease the number of teenage abortions.

As we see it, the subject of health promotion, deals with populations. The project suggested - showing pictures of living foetuses or aborted foetuses to different people - falls outside our

subject. There are also pragmatic reasons - as we have understood, you have contacted several possible supervisors, with more adequate competence than ours (eg "health of children and women"), with little success. There is also an ethical question: showing people pictures of living foetuses or aborted foetuses is ethically sensitive. The new law (2004) on ethics in research does not in the text explicitly include work done by students below the doctoral level. Other research (below doctoral studies) is not considered "as research". It seems that to allow research on the masters level, the supervisor and the person responsible (read "prefect") have to take responsibility for the ethics. Hence, the student cannot choose the subject for a thesis without taking into account the above, i.e., get support and permission from a supervisor or the person responsible for the subject area.

Our propositions for the subject of your master thesis remains the same as we have given in our earlier email correspondence.

Best wishes!
Mats Gillberg
responsible for thesis writing

Dear Torsten,

Referring to our meeting March 11 with the leadership of the health promotion course. At that meeting we presented seven subjects for your thesis writing. We still have not got any answer/comments on those from you.

Thus we repeat them below:

Några förslag på ämnen som underlag för en litteraturanalys, 10 poängs magisteruppsats i Hälsofrämjande arbete.

1. (Tillämpning av miljökonsekvensbeskrivningar i lokalsamhället.)
Application of environmental impact assessments in local communities
 2. (Evidensbaserade modeller för mobilisering av lokalt miljöarbete.)
Evidence based models for local mobilisation of environmental protection measures
 3. (Sociala problem och dygnsvanor hos barn och ungdomar.)
Social problems and diurnal rythm among children and youth
 4. (Övervikt och sömnproblem hos barn.)
Overweight and sleeping disturbances
 5. (Samhällsstrukturella faktorerers betydelse för övervikt hos barn.)
Social structural factors and overweight among children
 6. (Evidensbaserade metoder för diabetesprevention bland barn- och ungdomar.)
Evidence based methods for diabetes prevention among children and youth
 7. (Barnsäkerhet och stadsplanering – skillnader mellan rika och fattiga länder.)
Childhood safety and urban planning – differences between rich and poor countries
- As we claimed already in the March meeting we have the competences/ resources for supervision within these topics. We therefore want you to select one of these topics. The writing of a master thesis (10 credit points) is a learning process in scientific reading and writing.

These are our only and final suggestions for your thesis writing. You have to consider if you accept our suggestions or not and we want your written answer before the end of May.

best regards

Mats Gillberg associate professor and course leader for the thesis writing course,

Bo J A Haglund, professor, and Head of Health Promotion Course, Bjarne Jansson, professor and Director of Studies in Public Health

--

Mats Gillberg, PhD, Associate professor
Sleep & Fatigue unit
Div of Psychosocial Factors & Health
Dept of Public Health Sciences
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Box 220
S-171 77 Stockholm
tel: +46 (0)8 524 820 47
fax: +46 (0)8 32 05 21

----- Original Message -----

From: torsten@globalnet.de

To: Bjarne.Jansson@ki.se; Mats.Gillberg@ki.se

Cc: Susanne.Eberstein@riksdagen.se; Ingrid.Canholm-Pluntky@ki.se; Rune.Fransson@ki.se; Hans.Forsberg@ki.se; Lena.Carlson@ki.se; Bengt.Norrving@ki.se; Danuta.Wasserman@ki.se; Leif.Svanstrom@ki.se; Marie-Louise.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se; Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se; registrator@ki.se

Sent: Friday, June 15, 2007 12:12 PM

Subject: Karolinska Institutet discrimination and obstruction of science

Karolinska Institutet,

Department of Public Health.

Professor Bjarne Jansson and Mats Gillberg,

Karolinska Institutet has yet not provided any credible argument for its continued obstructions against a master-thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing comprehensive scientific research related to induced abortion, or without delay revert to cooperation with international scientific progression.

Karolinska Institutet appears to have adopted also a Swedish policy of refusal to communicate with me – perhaps due to a Karolinska Institutet's fear of consequences of adherence to evidence within the abortion sciences.

Professor Bjarne Jansson has NOT contacted me since May 29, as Mats Gillberg claim on June 12, nor has Karolinska Institutet provided any argument or a summary.

Regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: [Mats Gillberg](mailto:Mats.Gillberg)
To: torsten@glocalnet.de
Cc: registrator@ki.se; Bjarne.Jansson@ki.se; Leif.Svanstrom@ki.se; Vivi-Anne.Sundqvist@ki.se
Sent: Tuesday, June 12, 2007 3:09 PM
Subject: Re: Karolinska Institutet discrimination and obstruction of science

Hej Torsten!

Vad jag förstår har du fått epost från Bjarne Jansson där vi sammanfattar vår epostdiskussion. Jag hänvisar till detta. Jag tror att där finns argumenten sammanfattade. En sammanfattning av ärendet har också skickats till Registrator vid KI via epost 2007-06-11.

Vänliga Hälsningar

Mats Gillberg

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Mats Gillberg, PhD, Associate professor
Sleep & Fatigue unit
Div of Psychosocial Factors & Health
Dept of Public Health Sciences
Karolinska Institute
Box 220
S-171 77 Stockholm
tel: +46 (0)8 524 820 47
fax: +46 (0)8 32 05 21

----- Original Message -----

From: torsten@glocalnet.de
To: Bjarne.Jansson@ki.se; Mats.Gillberg@ki.se
Cc: Susanne.Eberstein@riksdagen.se; Ingrid.Canholm-Pluntky@ki.se; Rune.Fransson@ki.se; Hans.Forsberg@ki.se; Lena.Carlson@ki.se; Bengt.Norrvig@ki.se; Danuta.Wasserman@ki.se; Leif.Svanstrom@ki.se; Marie-Louise.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se; Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se; registrator@ki.se
Sent: Tuesday, June 12, 2007 12:22 PM
Subject: Karolinska Institutet discrimination and obstruction of science

Karolinska Institutet,

Department of Public Health.

Professor Bjarne Jansson and Mats Gillberg,

Karolinska Institutet has yet not provided any credible argument for its continued obstructions against a master-

thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing comprehensive scientific research related to induced abortion, or revert to cooperation with international scientific progression.

Regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: torsten@glocalnet.de
To: Bjarne.Jansson@ki.se; Mats.Gillberg@ki.se
Cc: Susanne.Eberstein@riksdagen.se; Ingrid.Canholm-Pluntky@ki.se; Rune.Fransson@ki.se; Hans.Forssberg@ki.se; Lena.Carlson@ki.se; Bengt.Norrvig@ki.se; Danuta.Wasserman@ki.se; Leif.Svanstrom@ki.se; Marie-Louise.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se; Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se; registrator@ki.se
Sent: Friday, June 08, 2007 4:14 AM
Subject: Karolinska Institutet discrimination of science

Karolinska Institutet,
Department of Public Health.

Professor Bjarne Jansson and Mats Gillberg,

Karolinska Institutet has yet not provided any credible argument for its continued obstructions against a master-thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing comprehensive scientific research related to induced abortion, or revert to cooperation with international scientific progression.

Regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)
To: Bjarne.Jansson@ki.se; Mats.Gillberg@ki.se

Cc: Susanne.Eberstein@riksdagen.se ; Ingrid.Canholm-Pluntky@ki.se ; Rune.Fransson@ki.se ; Hans.Forssberg@ki.se ; Lena.Carlson@ki.se ; Bengt.Norrving@ki.se ; Danuta.Wasserman@ki.se ; Leif.Svanstrom@ki.se ; Marie-Louice.Isacson@ki.se ; Vivi-Anne.Sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se ; registrator@ki.se

Sent: Monday, June 04, 2007 12:17 PM

Subject: Discrimination of Science

Karolinska Institutet,
Department of Public Health.

Professor Bjarne Jansson and Mats Gillberg,

Karolinska Institutet has yet not provided any credible argument for its continued obstructions against a master-thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing comprehensive scientific research related to induced abortion, or revert to cooperation with international scientific progression.

Regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)

To: Bjarne.Jansson@ki.se ; Mats.Gillberg@ki.se

Cc: Susanne.Eberstein@riksdagen.se ; Ingrid.Canholm-Pluntky@ki.se ; Rune.Fransson@ki.se ; Hans.Forssberg@ki.se ; Lena.Carlson@ki.se ; Bengt.Norrving@ki.se ; Danuta.Wasserman@ki.se ; Leif.Svanstrom@ki.se ; Marie-Louice.Isacson@ki.se ; Vivi-Anne.Sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se ; registrator@ki.se

Sent: Thursday, May 31, 2007 3:42 PM

Subject: Discrimination of Science

Karolinska Institutet,
Department of Public Health.

Professor Bjarne Jansson and Mats Gillberg,

Karolinska Institutet has yet not provided any credible argument for its continued obstructions against a master-thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing comprehensive scientific research related to induced abortion, or revert to cooperation with international scientific progression.

Regards,

Torsten Nenzen

torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: torsten@qlocalnet.de

To: Bjarne.Jansson@ki.se ; Mats.Gillberg@ki.se

Cc: Susanne.Eberstein@riksdagen.se ; Ingrid.Canholm-Pluntky@ki.se ; Rune.Fransson@ki.se ; Hans.Forssberg@ki.se ; Lena.Carlson@ki.se ; Bengt.Norrving@ki.se ; Danuta.Wasserman@ki.se ; Leif.Svanstrom@ki.se ; Marie-Louise.Isacson@ki.se ; Vivi-Anne.Sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se ; registrator@ki.se

Sent: Tuesday, May 29, 2007 11:53 PM

Subject: Sweden's Karolinska Institutet discriminates science

Sweden's Karolinska Institutet discriminates abortion science

To: Karolinska Institutet in Sweden
Department of Public Health
Copy: academic professionals previously contacted

Professor Bjarne Jansson and Mats Gillberg.

Karolinska Institutet's Department of Public Health continues to obstruct and discriminate. The Department of Public Health recur its maneuver to evade arguments and evade responsibility, with presumed purpose for obstructing progression of a comprehensive approach to abortion science. It is apparent that Karolinska Institutet attempt to prevail on biased results, through elimination of such research which results risks to strengthen indications that women may suffer mental ill health after induced abortion, and through discrimination of research which results might indicate human intrinsic support for lowering the maximum legal gestation age of fetuses for induced abortion in Sweden.

Since Karolinska Institutet fail to present any credible reason for opposing a master-thesis, my proposal for master-thesis within the Health Promotion course of Public Health remain as previously stated, until Karolinska Institutet in Sweden can provide a credible argument for its opposition.

The general aim questions:

Is there human intrinsic support, and hence potential public support, for restricting abortion through lowering the maximum legal gestation age of a foetus for abortion? Could exposure to foetal reality imagery change public support for legislation change?

The specific questions:

How will exposure to reality imagery of a living fetus and an aborted fetus respectively change the observer's attitude toward induced abortion?

Basic method:

Questions would pertain to how much and when abortion would not be approved. Study groups could consist of, for example, a small sample of university students, journalists, medical physicians (GP), and politicians. A reasonable sample size could be 30 people, using 10 visual analogue questions on visual analogue scales (VAS). Reality imagery of living fetuses could be photographic (example Lennart Nilsson) or recorded ultrasound (2D, 3D, 4D), and reality imagery of aborted fetuses could be attained by permission from example cbrinfo.org.

Karolinska Institutet in Sweden obstructed my master-thesis progression by hindering availability of academic supervision without a true reason. The Swedish professor of Public Health at Karolinska Institutet, Professor Leif Svanstrom, in February 2007 attempted to prevent me from attaining a supervisor. Only hours before my scheduled meeting with a proposed thesis-supervisor, the Swedish Professor in Public Health at Karolinska Institutet obstructed progression by communicating to the proposed supervisor that I was not permitted to avail a supervisor for my thesis. Professor Leif Svanstrom's official reason was a false claim that I did not fulfill formal requirements for thesis writing. The professor's claim was untrue. Not until the Student Union had confronted the Swedish professor in Public Health at Karolinska Institutet regarding this untruth did the Swedish professor retract from his false accusation against me.

Furthermore, shifting the Director's responsibility onto others has previously been attempted by the Department of Public Health, possibly as a tactful delaying of thesis process, and hence as a means of obstructing. For 9 months Karolinska Institutet has thwarted progression towards my thesis and rejected my thesis-proposals without a credible argument. Since 2006-09-01 I have repeatedly inquired with Karolinska Institutet for approval for thesis supervision in the subject of reduction of mental ill health among women related to induced abortion, and methods of reduction of induced abortion. Anew, Programme Director and Professor Bjarne Jansson insist yet another shift to correspondence, instead of providing his arguments for opposition to my above proposed thesis. Professor Bjarne Jansson recently attempted this same procedure of evading responsibility on March 14, 2007. Both Professor Bo Haglund and Student counsellor Gerd Johansson-Hellman then confirmed that

Bjarne Jansson had agreed to the responsibility for organizing thesis supervision.

Karolinska Institutet has yet not provided any credible argument for its obstructions against a master-thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing scientific research related to induced abortion, or revert to cooperation with scientific progression.

Regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

3 attachments

----- Original Message -----

From: [Bjarne Jansson](mailto:Bjarne.Jansson)
To: torsten.nenzen.917@student.ki.se
Sent: Tuesday, May 29, 2007 8:43 AM
Subject: Thesis planning

Dear Torsten Nenzén, further correspondence on this matter should be sent to Mats Gillberg, course leader. Regards B Jansson

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)
To: [Bjarne Jansson](mailto:Bjarne.Jansson)
Cc: Ingrid.Canholm-Pluntky@ki.se; Rune.Fransson@ki.se; Hans.Forssberg@ki.se; Lena.Carlson@ki.se; Bengt.Norrving@ki.se; Danuta.Wasserman@ki.se; Leif.Svanstrom@ki.se; Marie-Louice.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se; Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se; registrator@ki.se; Susanne.Eberstein@riksdagen.se
Sent: Monday, May 28, 2007 1:45 PM
Subject: Thesis discrimination

Karolinska Institutet, Department of Public Health.

Professor Bjarne Jansson,

Karolinska Institutet has yet not provided any credible argument for its obstructions against a master-thesis within abortion sciences. I request that Karolinska Institutet immediately present its rationale for opposing scientific research related to

induced abortion, or revert to cooperation with scientific research.

Regards,

Torsten Nenzen

torsten.nenzen.917@student.ki.se

torsten@nenzen.net

Mobile: +46 707 777754

Home: +46 8 7113377

----- Original Message -----

From: Torsten Nenzen

To: Bjarne Jansson

Cc: Ingrid.Canholm-Pluntky@ki.se ; Rune.Fransson@ki.se ; Hans.Forssberg@ki.se ; Lena.Carlson@ki.se ; Bengt.Norrving@ki.se ; Danuta.Wasserman@ki.se ; Leif.Svanstrom@ki.se ; Marie-Louise.Isacson@ki.se ; Vivi-Anne.Sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se ; registrator@ki.se ; Susanne.Eberstein@riksdagen.se

Sent: Friday, May 25, 2007 1:54 AM

Subject: Thesis discrimination

Karolinska Institutet discriminates against abortion science, and some students.

Karolinska Institutet, Department of Public Health.

Professor Bjarne Jansson,

You have not only been obstructing progression of abortion science and acting discriminately against me, but you are presently also introducing several untruths in your letter dated Thursday, May 24, 2007 4:33 PM.

Firstly, Karolinska Institutet did not meet with me on March 11. Since 2006-09-01 I have repeatedly inquired with Karolinska Institutet for thesis supervision in the subject of reduction of mental ill health among women related to induced abortion, and methods of reduction of induced abortion. For 8½ months Karolinska Institutet has obstructed progression towards my thesis proposals. Although the thesis writing course did not commence until March 26, 2007, Karolinska Institutet has continually hindered progression without any credible argument. The only meeting you had with me was on April 11, 2007.

Secondly, at the meeting on April 11, 2007, Karolinska Institutet did not present, or at all mention, any of the thesis subjects you now refer to. On March 28 you did, however, send an attached word-document in Swedish containing those seven suggested subjects, none of which relate to the subject of reduction of

mental ill health among women related to induced abortion, or methods of reduction of induced abortion.

Thirdly, you blatantly lie by stating that you had not received an answer/comments from me regarding your completely other subjects in Swedish. At the only meeting with you on April 11, I said explicitly that I have no interest in pursuing a master-thesis at Karolinska Institutet in another subject than which relates to a health promotion perspective on reduction of mental ill health among women related to induced abortion, or methods of reduction of induced abortion. Why have you chosen this path of shameful untruth? Mats Gillberg was present at that meeting, and unless also he has chosen collaboration with your lie, he should be able to remind you of your untruth in this statement.

At the meeting on April 11, you proposed a new study area which you wanted me to consider as the master-thesis. You wanted me to critically review all abortion preventive programs in the world. YOU suggested the following thesis question:

What are the most effective abortion-reduction programs in the world, and how could such programs be implemented in a Swedish system?

We agreed at the meeting on April 11 that I would consider your new subject, which was abortion related. We also discussed my suggestion of researcher Philip Ney in Canada as a possible thesis supervisor, and both you and Mats Gillberg wanted first to know if Philip Ney had a formal PhD training, apart from his dual credentials as both a psychiatrist and psychologist. I agreed that I would investigate this and let you know.

After telephone and email conversations with researcher Philip Ney in Canada, and also with Professor David Fergusson in New Zealand, I made a final decision on proposal of thesis subject, which I presented to you in email on May 15. On May 16 I telephoned you. The telephone conversation lasted 70 minutes. Evidently, you had not bothered to read my email prior to our, in essence, quite meaningless conversation. You sounded surprised that I had not chosen to pursue your thesis proposal on critically reviewing all abortion preventive programs in the world. You did, however, declare your intention to try to respond to my new proposed Master thesis subject by Monday 21/5.

My new proposal for Master-thesis in Health Promotion was:

The general aim questions:

Is there human intrinsic support, and hence potential public support, for restricting abortion through lowering the maximum legal gestation age of a foetus for abortion? Could exposure to foetal reality imagery change public support for legislation change?

The specific questions:

How will exposure to reality imagery of a living foetus and an aborted foetus respectively change the observer's attitude toward induced abortion?

Method:

Questions about how much and when abortion would not be approved using 4 study groups consisting of a small sample of university students, a small sample of journalists, a small sample of medical physicians (GP) and a small sample of politicians. The methodology could involve a reasonable sample of 30 people using 10 visual analogue questions on visual analogue scales (VAS).

You have yet to explain your arguments for opposing this proposed thesis. If Karolinska Institutet has no arguments for obstructing, then may I suggest that you instead cooperate with scientific progression.

I am again requesting that Karolinska Institutet approve the above Master-thesis proposal.

Regards,

Torsten Nenzen

torsten.nenzen.917@student.ki.se

torsten@nenzen.net

Mobile: +46 707 777754

Home: +46 8 7113377

----- Original Message -----

From: [Bjarne Jansson](mailto:Bjarne.Jansson)

To: torsten.nenzen.917@student.ki.se

Sent: Wednesday, March 28, 2007 12:52 PM

Subject: Val av uppsatsämne

Hej Torsten. Se bifogat vårt svar på ditt förslag om uppsatsämne. Hör av dig till mig så får vi diskutera den fortsatta planeringen av arbetet, med vänlig hälsning, Bjarne Jansson

----- Original Message -----

From: [Bjarne Jansson](mailto:Bjarne.Jansson)

To: torsten.nenzen.917@student.ki.se

Cc: [Mats Gillberg](#) ; [Bo Haglund](#)
Sent: Thursday, May 24, 2007 4:33 PM
Subject: Thesis proposal

Dear Torsten,

Referring to our meeting March 11 with the leadership of the health promotion course. At that meeting we presented seven subjects for your thesis writing. We still have not got any answer/comments on those from you.

Thus we repeat them below:

Några förslag på ämnen som underlag för en litteraturanlys, 10 poängs magisteruppsats i Hälsofrämjande arbete.

1. (Tillämpning av miljökonsekvensbeskrivningar i lokalsamhället.)

Application of environmental impact assessments in local communities

2.(Evidensbaserade modeller för mobilisering av lokalt miljöarbete.)

Evidence based models for local mobilisation of environmental protection measures

3. (Sociala problem och dygnsvanor hos barn och ungdomar.)

Social problems and diurnal rythm among children and youth

4. (Övervikt och sömnproblem hos barn.)

Overweight and sleeping disturbances

5. (Samhällsstrukturrella faktorerers betydelse för övervikt hos barn.)

Social structural factors and overweight among children

6. (Evidensbaserade metoder för diabetesprevention bland barn- och ungdomar.)

Evidence based methods for diabetes prevention among children and youth

7. (Barnsäkerhet och stadsplanering – skillnader mellan rika och fattiga länder.)

Childhood safety and urban planning – differences between rich and poor countries

As we claimed already in the March meeting we have the competences/ resources for supervision within these topics. We therefore want you to select one of these topics. The writing of a master thesis (10 credit points) is a learning process in scientific reading and writing.

These are our only and final suggestions for your thesis writing. You have to consider if you accept our suggestions or not and we want your written answer before the end of May.

best regards

Mats Gillberg associate professor and course leader for the thesis writing course,

Bo J A Haglund, professor, and Head of Health Promotion Course, Bjarne Janssnon, professor and Director of Studies in Public Health

----- Original Message -----

From: [Bjarne Jansson](#)

To: [Torsten Nenzen](#)

Sent: Wednesday, May 23, 2007 5:37 PM

Subject: Re: response

Dear Torsten Nenzen I will contact the Health promotion Group tomorrow and they will give You a final decision on how to proceed with your master thesis work, regards BJ

----- Original Message -----

From: [Bjarne Jansson](#)

To: [Torsten Nenzen](#)

Sent: Wednesday, May 23, 2007 11:56 AM

Subject: Re: response

Dear Torsten Nenzen, We both need to read such well written papers as part of a rigor planning process, it is actually a way of learning from others which usually on the contrarary speed up the planning process. regards BJ

----- Original Message -----

From: [Torsten Nenzen](#)

To: [Bjarne Jansson](#)

Cc: Ingrid.Canholm-Pluntky@ki.se ; Rune.Fransson@ki.se ; Hans.Forsberg@ki.se ; Lena.Carlson@ki.se ; Bengt.Norrving@ki.se ; Danuta.Wasserman@ki.se ; Leif.Svanstrom@ki.se ; Marie-Louice.Isacson@ki.se ; Vivi-Anne.Sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se ; registrator@ki.se ; Susanne.Eberstein@riksdagen.se

Sent: Wednesday, May 23, 2007 11:49 AM

Subject: Thesis proposal

Karolinska Institutet.

Bjarne Jansson,

When I called you on Wednesday 16/5, you had evidently not read my email sent to you on Tuesday 15/5 prior to our conversation. You have since my final thesis proposal 15/5 had one week to present your arguments for or against my proposal. As a typical staff at the Department of Public Health at Karolinska Institute, you neglect arguments, evidence and constructive communication.

You will NOT be permitted by me to continue your irresponsible and discriminatory process. I demand that you immediately commence cooperation by communicating your rationale against the proposed subject, if unsubstantiated opposition is your underlying attitude. If you have no arguments in support of your opposition, then you are in effect discriminating science. You cannot hide your obstructing motives behind abstinence from arguments, abstinence from meaningful communication, and abstinence from responsibility.

I shall expect from you, before the end of the day 23/5, to present an answer to my thesis proposal. To begin with, you shall answer Yes/No and provide your arguments. If you have no arguments for your continued obstructions, then I suggest that you realign with credible science.

Regards,

Torsten Nenzen

----- Original Message -----

From: [Torsten Nenzen](#)

To: Bjarne.Jansson@ki.se

Sent: Wednesday, May 23, 2007 11:23 AM

Subject: response

Bjarne Jansson,

In our telephone conversation on Wednesday 16/5 you declared your intention to try to respond to my proposed Master thesis subject by Monday 14/5. Today, Wednesday 23/5, you have yet not responded. I would like that you promptly respond to my letter sent to you on Tuesday 15/5. Further delay of communication regarding thesis will be interpreted by me as Karolinska Institute unwillingness to cooperate.

Best regards,

Torsten Nenzen

----- Original Message -----

From: [Bjarne Jansson](#)

To: [Torsten Nenzen](#)

Sent: Wednesday, May 23, 2007 11:18 AM

Subject: Re: Thesis proposal

Dear Torsten Nenzen, it would be necessary to read a couple of well-written ("Ferguson-standard") published papers on Your suggested proposal. Could you send me this by mail/attachment/pdf-files. As we lack experience of similar studies we need to look more in detail on how such studies are done, including problem statement, research question, design and data collection. You have to discuss this also with Per Tillgren who is responsible for qualitative research planning. OK regards BJ

PS I am rather busy now with the examination of the students in my master course in health economics, so you have to contact Mats Gillberg for further advice DS
Kopia Mats G

----- Original Message -----

From: [Torsten Nenzén](#)

To: [Bjarne Jansson](#)

Sent: Tuesday, May 15, 2007 12:46 PM

Subject: Thesis proposal

Dear Bjarne Jansson,

The following topics and questions were originally considered as a master thesis for health promotion:

- 1.Q: What are the most effective abortion-reduction programs in the world, and how could such programs be implemented in a Swedish system?
- 2.Q: How effective would abortion restrictions through amendment of national abortion policy and legislation reduce induced abortions?
- example: Poland?
- 3.Q: How effectively would mandatory ultrasound (2D, 3D, 4D) prior to approval of abortion reduce number of induced abortions?
- examples from Pregnancy Resource Centers in the USA?
- compare with
Mödravårdscentraler/Barnmorskemottagning/Gynekologiska mottagningar in Sweden?
- 4.Q: How will exposure to reality imagery of a living foetus and an aborted foetus respectively change the observer's attitude toward induced abortion? Could exposure to foetal reality imagery change public support for legislation change, either through media campaign, implementation in national education, or directed specifically toward pregnant women considering an abortion?
- 5.Q: Is there intrinsic support for restricting abortion through lowering the maximum legal gestational age of a fetus for abortion?
- visual analogue questions about how much and when abortion would not be approved (study group could be a small sample of fellow students, but could also include a sample of journalists and politicians)

Additionally, the following topic has been suggested:

Study on women's ambivalence towards their pregnancy:

1. Do women's ambivalence regarding their pregnancy change during gestational age of offspring? How, and how much, do women's ambivalence change?
2. Are women equally ambivalent to their pregnancy during each stage of gestational age, or does ambivalence change during stages of gestational age? Is there a period of gestation where women's ambivalence might be more influenced?

3. What is required to shift women's ambivalence from considering abortion to wanting to birth their children, and vice versa? Which factors influence women's ambivalence regarding their pregnancy?

These questions on influencing ambivalence would require either repeated questioning at set gestation periods from the same participants, or questioning different participants at set gestation periods. Using same participants, the study would require several months, and would then be more suitable as a doctoral thesis/dissertation. Using different participants, the study could be completed within a master-thesis time frame. The methodology could involve a reasonable sample of 30 people using 10 visual analogue questions on visual analogue scales (VAS).

Although I would be very interested in pursuing a doctoral level thesis in these topics, the focus now is a 10 credit master level thesis. For that reason I will limit the thesis question and methodology to a study which data collection phase could be conducted with the time frame of one month.

I therefore propose a study combining the originally proposed questions 3, 4 and 5.

The general aim questions:

Is there human intrinsic support, and hence potential public support, for restricting abortion through lowering the maximum legal gestation age of a foetus for abortion? Could exposure to foetal reality imagery change public support for legislation change?

The specific questions:

How will exposure to reality imagery of a living foetus and an aborted foetus respectively change the observer's attitude toward induced abortion?

Method:

Questions about how much and when abortion would not be approved using 4 study groups consisting of a small sample of university students, a small sample of journalists, a small sample of medical physicians (GP) and a small sample of politicians.

Best regards,

Torsten Nenzén

P.S. Please feel free to call me on my mobile to decide on a meeting. Mobile: 070-7777754.

----- Original Message -----

From: [Therese Wirback](#)

To: [Ajmal Muhammad](#) ; [Anna Englund](#) ; [Caroline Engkvist](#) ; [Charlotta Enghag](#) ; [Dash Shailan-Kumartry](#) ; [Elin Olsson](#) ; [Evelyn Nguessa](#) ; [Irina Nikolova](#) ; [Kingsley Ayuk-Nsok](#) ; [Mancho Innocent](#) ; [Mathias Kajeh](#) ; [Mats Hallgren](#) ; [Michael Wilson](#) ; [Stina Söderqvist](#) ; [Therese Räftegård](#) ; [Torsten Nenzén](#)

Cc: Bo.Haglund@ki.se

Sent: Tuesday, May 15, 2007 11:09 AM

Subject: Re: Thesis seminars Health Promotion - Finals and Half time, May 23-28

Dear students. I miss many off your thesis works. Shall I interpret this as you will not present for half time/final?

Please let me know

(some of you have spoken to me, opponent, examiner and it's OK)

Next time for seminars is in September and after that preliminary in January.

Best regards, Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka
SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Bjarne Jansson](#)

To: [Torsten Nenzén](#)

Sent: Wednesday, May 02, 2007 3:58 PM

Subject: Re: thesis, and examination assignments

Dear Torsten Nenzen, please read a master thesis on the subject from Nordic School of Public Health, Göteborg of a midwife Ingrid Mattsson: MPH 2003:4 and Lars Holmberg thesis, regards Bjarne Jansson

----- Original Message -----

From: [Torsten Nenzén](#)

To: Bjarne.Jansson@ki.se

Sent: Wednesday, May 02, 2007 12:40 PM

Subject: thesis, and examination assignments

Dear Bjarne Jansson,

I will return to you shortly with a request for a second meeting regarding the master thesis course and the chosen health promotion topic on abortion. I am waiting first for a response from some others, and then it would be timely for a new discussion, and hopefully a final agreement. I will not, however, allow in principle, a restriction to hypothetical approach to the subject. The proposed thesis may include empirical data. If there would be principal disagreements regarding this, I will counter-argue such discrimination.

Currently five questions are in the open, with possibility for other options. Questions 3-5 are more likely to be chosen than questions 1 or 2. I attach the current questions, and I will inform you as soon as I have decided on the direction, and regarding Philip Ney or David Fergusson.

Regarding the former assignments 2.4, 3.2, 4.1 and 5.1, the Department of Public Health and its examiners have not yet bothered to communicate. If those examiners to the Department of Public Health at KI refuse to communicate further regarding their previous comments as examiners on these assignments, I will soon re-embark the vehicle of further mass-communicating this concern as a means of attaining an externally motivated communication from them. The current KI examiners' non-chalant attitude towards communication and their non-scientific comments on my assignments is unacceptable.

Best regards,

Torsten Nenzén
0707-777754

1. Q: What are the most effective abortion-reduction programs in the world, and how could such programs be implemented in a Swedish system?
2. Q: How effective would abortion restrictions through amendment of national abortion policy and legislation reduce induced abortions?
- example: Poland?
3. Q: How effectively would mandatory ultrasound (2D, 3D, 4D) prior to approval of abortion reduce number of induced abortions?
- examples from Pregnancy Resource Centers in the USA?
- compare with
Mödravårdscentraler/Barnmorskemottagning/Gynekologiska mottagningar in Sweden?
4. Q: How will exposure to reality imagery of a living foetus and an aborted foetus respectively change the observer's attitude toward induced abortion? Could exposure to foetal reality imagery change public support for legislation change, either through media campaign, implementation in national

education, or directed specifically toward pregnant women considering an abortion?

5. Q: Is there intrinsic support for restricting abortion through lowering the maximum legal gestational age of a fetus for abortion?
- visual analogue questions about how much and when abortion would not be approved (study group could be a small sample of fellow students, but could also include a sample of journalists and politicians)

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)

To: registrator.uc-malmo@aklagare.se

Sent: Tuesday, April 24, 2007 11:34 PM

Subject: Överprövning av ÅM 2007/2296

ÅM 2007/2296

Till: Utvecklingscentrum Malmö

Jag begär överprövning av Kammaråklagare Sara Lindqvists beslut 2006-04-19 vid Västerorts åklagarkammare i Stockholm. Det är uppenbart att olaga diskriminering föreligger. Karolinska Institutets Department of Public Health har genom Professor Leif Svanström diskriminerat mot vetenskap i abortämnet av politiska skäl när han beslutade att hindra mig från akademisk handledning i magisteruppsatskurs. Ytterligare ett belysande exempel på politiskt motiverad diskriminering av vetenskap i abortämnet vid Karolinska Institutet är detta bifogade dokument: 3.2 Kyllike Christensson bedömning.doc.

Beslut skall ändras. Jag begär därför överprövning till Riksåklagare.

Två bifogade underlag:

1. *Karolinska Institutet thesis-dialogue 070405.doc*
2. *3.2 Kyllike Christensson bedömning.doc*

Vänligen bekräfta registrering av denna begäran om överprövning.

Med vänlig hälsning,

Torsten Nenzén
660926-8633
Magnusvägen 6A
17731 Järfälla
torsten@nenzen.net

----- Original Message -----

From: [Bjarne Jansson](mailto:Bjarne.Jansson)
To: torsten.nenzen.917@student.ki.se
Sent: Monday, April 16, 2007 4:08 PM
Subject: Thesis

Hi again, enclosed a report from our Swedish PHI on sexuality among adolescents, regards Bjarne

----- Original Message -----

From: therese.wirback@ki.se
To: torsten.nenzen.917@student.ki.se
Sent: Monday, April 16, 2007 3:32 PM
Subject: Thesis draft

Dear Torsten. I saw you have published for half time. However Bjarne told me you are to start writing now and hence half time control is too early. This is the case for some other students as well and they will present at a later date. Maybe that is good for you too? What do you think?

If you still want to try to pass half time I'd like you to only present your thesis draft and not e-mail correspondence

Best regards, Therese

----- Original Message -----

From: therese.wirback@ki.se
To: torsten.nenzen.917@student.ki.se
Sent: Sunday, April 15, 2007 11:09 AM
Subject: Half time seminars

Dear students. Tomorrow is the last day for publishing your thesis drafts on Luvit. It is important that you are not delayed since me and Bo will be on a conference tuesday and wednesday.

Writing a thesis has it's ups and downs but I hope you are doing ok. We look forward to

reading what you have done so far and we will help you on the way.

If, for some reason, not clear, presenting for half time is mandatory.

Best regards, Therese

----- Original Message -----

From: [Bjarne Jansson](mailto:Bjarne.Jansson@ki.se)

To: torsten.nenzen.917@student.ki.se

Sent: Friday, April 13, 2007 11:29 AM

Subject: Re: Master thesis Health promotion

Hi again, I found an interesting example of a review at Cochrane website, enclosed, mvh Bjarne J

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen@aklagare.se)

To: registrator.akvasterort-stockholm@aklagare.se

Sent: Thursday, April 12, 2007 3:29 PM

Subject: Överprövning av ÅM 2007/1884

ÅM 2007/1884

Till: Västerorts åklagarkammare i Stockholm

Idag 2007-04-12 inkom ert beslut daterat 2007-03-27; en handläggning av er och postgång överskridande två veckor. De styrkande underlaget från 2007-04-04 har uppenbarligen inte medtagits i Kammaråklagarens beslut. Att olaga diskriminering föreligger är uppenbart. Beslut skall ändras. Jag begär därför överprövning av denna anmälan till Riksåklagare.

Ett bifogat underlag:

1. *Karolinska Institutet thesis-dialogue 070405.doc*

Vänligen bekräfta registrering av denna begäran om överprövning.

Med vänlig hälsning,

Torsten Nenzén

660926-8633

torsten@nenzen.net

----- Original Message -----

From: [Bjarne Jansson](#)

To: [Torsten Nenzen](#)

Sent: Wednesday, April 11, 2007 5:33 PM

Subject: Re: Master thesis Health promotion

Hi again, found something of I think of interest after a short review on abortion prevention for your consideration, regards Bjarne

----- Original Message -----

From: [Torsten Nenzen](#)

To: [Bjarne Jansson](#)

Cc: Mats.Gillberg@ki.se ; bo.haglund@bredband.net

Sent: Thursday, April 05, 2007 4:02 PM

Subject: Re: Master thesis Health promotion

Bjarne Jansson,

I accept the suggested day and time for a meeting to discuss which academic supervisor would be most competent for the health promotion master-thesis on reduction of mental ill health among women related to induced abortion. I have recommended Dr. Philip Ney in Victoria, BC, Canada. He has approved an advisory roll for my thesis. If Karolinska Institutet believes it harbours a more suitable supervisor for this post-abortion sequelae topic, then I am willing to learn about your other suggested supervisor.

We meet on Wed. 11/4, 13:15, in Norrbacka building, KI.

Best regards,

Torsten Nenzén

Copy: Mats Gillberg, Bo Haglund

----- Original Message -----

From: [Bjarne Jansson](#)

To: torsten.nenzen.917@student.ki.se

Sent: Thursday, April 05, 2007 2:52 PM

Subject: Master thesis Health promotion

Dear Torsten Nenzen, we have suggested 7 subjects and supervisor for a degree of master thesis as part of our research group in health promotion. According to your mail

correspondence we understand that you are not satisfied with that. In order to solve this matter I think it would be of value if we have a meeting after easter and discuss on how to proceed. I suggest Wednesday March 11, after lunch at 13.15. If this is not possible please give alternative times which suite you better, kind regards Bjarne Jansson

Copy: Mats Gillberg, Bo Haglund

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)

To: Bjarne.Jansson@ki.se ; Susanne.Eberstein@riksdagen.se

Cc: Ingrid.Canholm-Pluntky@ki.se ; rune.fransson@ki.se ; Hans.Forssberg@ki.se ; Lena.Carlson@ki.se ; Bengt.Norrving@ki.se ; Danuta.Wasserman@ki.se ; Leif.Svanstrom@ki.se ; marie-louice.isacson@ki.se ; vivi-anne.sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se ; registrator@ki.se

Sent: Thursday, April 05, 2007 9:55 AM

Subject: Fw: Karolinska Institutet discrimination

Karolinska Institutet.

To: Bjarne Jansson

Copy: Susanne Eberstein, Harriett Wallberg-Henriksson, Rune Fransson, Hans Forsberg, Lena Carlson, Bengt Norrving, Danuta Wasserman, Leif Svanström, Vivi-Anne Sundqvist, Mari-Louice Isacson, Gerd Johansson-Hellman, Sofia Karlsson

Karolinska Institutet has not yet responded with a solution to Karolinska Institutet's self-declared incompetence, as explained in my letter on March 28, 2007. I then requested that Karolinska Institutet would immediately discontinue its discrimination and obstruction of science. Because Karolinska Institutet has affirmed itself as incompetent, I suggest approval of the competent and merited Dr. Philip Ney in Canada as an appointed academic supervisor for my Master thesis in health promotion.

Please reply to my request promptly.

Previous communication with Karolinska Institutet is attached.

Best regards,

Torsten Nenzen

torsten.nenzen.917@student.ki.se

torsten@nenzen.net

Mobile: +46 707 777754

Home: +46 8 7113377

----- Original Message -----

From: Polismyndigheten Stockholm

To: torsten@nenzen.net
Sent: Thursday, April 05, 2007 8:56 AM
Subject: Överprövning av 0201-K46672-07

Hej Torsten !

Ditt e-mail har inkommit till Västerortspolisen och är diariefört på AA-404-16008-2007 samt överlämnat till våra Jurister.

Med vänlig hälsning

Christina Nilsson / registrator
Polismyndigheten i Stockhoms län
Västerorts polismästardistrikt

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)
To: polismyndigheten.stockholm@polisen.se
Sent: Wednesday, April 04, 2007 11:35 AM
Subject: Överprövning av 0201-K46672-07

AA-404-16008-2007

Till: Åklagarmyndigheten

Härmed kompletterar jag föregående överprövningsärende med ytterligare underlag. Vänligen bekräfta mottagandet av denna e-post komplettering 070404 samt bekräfta mottagandet av föregående komplettering 070323.

Bifogade två underlag:

1. KI diskrim 070404.doc
2. Karolinska Institutet dialogue 070326.doc

Med vänlig hälsning,

Torsten Nenzén
660926-8633
torsten@nenzen.net

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)
To: Bjarne.Jansson@ki.se ; Susanne.Eberstein@riksdagen.se
Cc: Ingrid.Canholm-Pluntky@ki.se ; Danuta.Wasserman@ki.se ; Leif.Svanstrom@ki.se ; marie-louice.isacson@ki.se ; vivi-anne.sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se

Sent: Wednesday, April 04, 2007 11:09 AM
Subject: Fw: Karolinska Institutet discrimination

To: Bjarne Jansson

Copy: Susanne Eberstein, Harriett Wallberg-Henriksson, Danuta Wasserman, Leif Svanström, Vivi-Anne Sundqvist, Mari-Louise Isacson, Gerd Johansson-Hellman, Sofia Karlsson

Karolinska Institutet has not yet responded with a solution to Karolinska Institutet's incompetence as described in my letter on March 28, 2007. I then requested that Karolinska Institutet would immediately discontinue its discrimination and obstruction of science. Because Karolinska Institutet has declared itself as incompetent, I suggest approval of the competent and merited Dr. Philip Ney in Canada as an appointed academic supervisor for my Master thesis in health promotion.

Please reply to my request promptly.

Best regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: [Torsten Nenzen](mailto:torsten.nenzen.917@student.ki.se)
To: susanne.eberstein@riksdagen.se
Sent: Wednesday, April 04, 2007 10:46 AM
Subject: Re: Ang. Fw: Karolinska Institutet discrimination

Hej Susanne Eberstein!

Tack för ert meddelande.

Eftersom varje försenande dag utgör en inskränkning av min thesis-writing kurs, som inleddes den 26/3, är mitt val av påtryckningsmedel att exponera och dagligen påminna Karolinska Institutet att besvara min begäran att få påbörja handledd uppsatsskrivning. Det finns inget akademiskt, finansiellt eller försvarbart skäl för Karolinska Institutet att fortsätta dess obstruktion av ämne. Ni är Karolinska Institutets ordförande och därför anser jag att Ni bör fortlöpande underrättas. Jag adresserar påminnelsebrevens också till Er.

Jag har svårt att tänka mig att varken Karolinska Institutet eller Sverige vinner något positivt anseende i denna kamp mot politiskt obekvämt vetenskap.

Med vänliga hälsningar,

Torsten Nenzén

----- Original Message -----

From: susanne.eberstein@riksdagen.se
To: [Torsten Nenzen](mailto:Torsten.Nenzen)
Sent: Wednesday, April 04, 2007 10:25 AM
Subject: Ang. Fw: Karolinska Institutet discrimination

Till Torsten Nenzen

Jag har mottagit e-post från dig angående ett ärende där du har kritik mot KIs handläggning i en särskild fråga.

Ärendet sköts inom KIs administration och kommer handläggas i vederbörlig ordning

Med vänlig hälsning
Susanne Eberstein
Karolinska Institutet
ordförande

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)
To: Bjarne.Jansson@ki.se ; Susanne.Eberstein@riksdagen.se
Cc: Danuta.Wasserman@ki.se ; Leif.Svanstrom@ki.se ; marie-louice.isacson@ki.se ; vivi-anne.sundqvist@ki.se ;
Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se
Sent: Tuesday, April 03, 2007 10:57 AM
Subject: Fw: Karolinska Institutet discrimination

To: Bjarne Jansson

Copy: Susanne Eberstein, Danuta Wasserman, Leif Svanström, Vivi-Anne Sundqvist, Mari-Louice Isacson, Gerd Johansson-Hellman, Sofia Karlsson

Karolinska Institutet has not yet responded to my letter on March 28, 2007. I requested that Karolinska Institutet would discontinue its discrimination and obstruction of science. I suggested approval of the competent and merited Dr. Philip Ney as academic supervisor for my Master thesis in health promotion. Please reply to my request promptly.

Best regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: Torsten Nenzen
To: Bjarne.Jansson@ki.se ; Susanne.Eberstein@riksdagen.se
Cc: Danuta.Wasserman@ki.se ; marie-louice.isacson@ki.se ; vivi-anne.sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se
Sent: Friday, March 30, 2007 12:49 PM
Subject: Karolinska Institutet discrimination

To: Bjarne Jansson

Copy: Susanne Eberstein, Danuta Wasserman, Vivi-Anne Sundqvist, Mari-Louice Isacson, Ger Johansson-Hellman, Sofia Karlsson

Karolinska Institutet has not yet responded to my letter on March 28, 2007.
Please reply to my request.

Best regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

----- Original Message -----

From: Torsten Nenzen
To: Bjarne.Jansson@ki.se ; Susanne.Eberstein@riksdagen.se
Cc: Danuta.Wasserman@ki.se ; marie-louice.isacson@ki.se ; vivi-anne.sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se
Sent: Wednesday, March 28, 2007 2:30 PM
Subject: Discrimination of science at Karolinska Institutet

To: Bjarne Jansson,

Copy: Susanne Eberstein, Danuta Wasserman, Vivi-Anne Sundqvist, Mari-Louice Isacson, Ger Johansson-Hellman, Sofia Karlsson

Please do not attempt to communicate with me in Swedish as the master course in Health Promotion at Karolinska Institutet is provided in the English language. I have previously requested that the Department of Public Health at Karolinska Institutet would be respectful of this. Your letter 2007-03-28 is in Swedish. Please correspond in English. In your letter, you present two reasons in trying to justify the Karolinska Institutet obstruction to progression in the proposed master thesis. You claim the following:

1. The Department of Public Health at Karolinska Institutet, through you, claim that the Department of Public Health does not have the experience or knowledge to supervise in the field of Health Promotion, and particularly reduction of mental ill health related to induced abortion.
2. The Department of Public Health at Karolinska Institutet, through you, claim that the Department of Public Health does not have financial resources to cooperate with other universities that have competence (experience and knowledge) in the field of Health Promotion, and particularly reduction of mental ill health related to induced abortion.

The Department of Public Health at Karolinska Institutet acknowledgement of their deficient competence is partially acceptable. Evidently, through the Department of Public Health's non-scientific and discriminatory approach to my previous course assignments relating to Post Abortion Syndrome (PAS), the Department of Public Health confirms that Karolinska Institutet's Department of Public Health is in fact incompetent. Nevertheless, the possibility of thesis supervision with other departments at Karolinska Institutet has not been exhausted.

The Department of Public Health claim, however, that it lacks financial resources to cooperate with other competent universities, is nonsense. In essence, the Department of Public Health is merely expressing a political unwillingness to be associated with this relevant Health Promotion topic. The Department of Public Health did, only a couple of weeks ago, propose to me a biased Swedish supervisor (Anneli Kero at Umea Universitet). The fact that the Department of Public Health is willing to allocate resources in support to cooperation with politically-minded (scientifically biased)

supervisors, but is not willing to cooperate with the universities that have credible experience and knowledge in the field, is contradictory.

Several university departments of public health worldwide have expressed to me open-mindedness to supervising a master thesis on reduction of mental ill health related to induced abortion. Example: Dr. Philip Ney, a child psychiatrist and child psychologist who has practiced and lectured at several universities internationally and is currently working in Canada, has welcomed cooperation and supervision towards a PAS-related thesis for health promotion. They have much data, and he has the competence and preparedness to supervise.

There is no valid reason for Karolinska Institutet to continue its obstruction of scientific progression in this public health related field.

I request that Karolinska Institutet and its Department of Public Health abstain from further political obstructions and instead revert to collaboration with science.

Best regards,

Torsten Nenzen
torsten.nenzen@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

To: Universities, Departments of Public Health, related academic professionals, and financiers.

Seeking an academic supervisor (and examiner) for a Master thesis in Health Promotion

Hello!

My name is Torsten Nenzen. I am a student of Public Health (www.phs.ki.se) in the Master program in Health Promotion within the Division of Social Medicine (www.phs.ki.se/socmed) at Karolinska Institutet (www.ki.se) in Sweden.

An outline description of the Master course in Health Promotion at Karolinska Institutet in Sweden is available here: www.courses.ki.se/fristaende_kurser/folkhalsvetenskap/MKB004/startside .

I am searching worldwide for a supervisor for a proposed Master thesis pertaining to Public Health with a Health Promotion perspective. The Health Promotion topic of study is reduction of mental ill health among women related to induced abortion. In peer review scientific journals, these symptoms of post abortion sequelae are most commonly referred to Post Abortion Syndrome (PAS). PAS appears similar to, yet distinguishable from, Post Traumatic Stress Disorder (PTSD). I attach a word-document of my preliminary proposal of Master thesis. I am of course willing to adjust the thesis proposal to supervisory suggestion.

The Master thesis course officially began on Monday 26th of March 2007. The past six months I have searched for a willing supervisor at the Department of Public Health at Karolinska Institutet in Sweden. However, I have not found any Swedish professor who is willing, feels competent, or is knowledgeable in this particular subject.

I would like to retain a positive approach in my search and inquiry to finding a willing supervisor for my proposed Master thesis. I therefore exclude from this letter inquiry the background summary of the problems in finding a supervisor within the Karolinska Institutet in Sweden.

If you, or someone else at your university, is able and willing to supervise a thesis within Health Promotion on the issue of reduction of mental ill health among women related to induced abortion, please contact me directly, and advisably also through the Karolinska Institute chairperson: Susanne.Eberstein@riksdagen.se.

Best regards,

Torsten Nenzen
torsten.nenzen.917@student.ki.se
torsten@nenzen.net
Mobile: +46 707 777754
Home: +46 8 7113377

A background summary of the difficulties finding a supervisor for Master-thesis within the Karolinska Institutet in Sweden:

Department of Public Health at Karolinska Institutet in Sweden is obstructing my academic progress and availability of supervision for a Master thesis. The Swedish professor of Public Health at Karolinska

Institutet, Professor Leif Svanstrom, in February 2007 attempted to prevent me from attaining a supervisor. Only hours before my scheduled meeting with a proposed supervisor, the Swedish Professor in Public Health at Karolinska Institutet communicated to the proposed supervisor that I was not allowed to have a supervisor for my thesis. His official reason was a false claim that I did not fulfill formal requirements. The Karolinska Institutet professor's obstruction was untrue. Not until the Student Union had contacted the Swedish professor in Public Health at Karolinska Institutet regarding this untruth did he retract from his false accusation against me of not satisfying formal requirements for thesis writing.

The apparent attitude from the Department of Public Health at Karolinska Institutet seems to align with the Karolinska Institutet Swedish Professor Marcello-Ferrada Noli's assertion regarding scientific evidence of mental ill health related to induced abortion "*There is no evidence in literature.*" The contemporary attitude of the professors within Public Health at Karolinska Institutet therefore appear, so far, to be non-scientific.

One examiner of an assignment written on Post Abortion Syndrome (Diana Stark) at the Department of Public Health at Karolinska Institutet simply has refused to assess and grade my assignment. Her objection to assessing my assignment on PAS present no sustainable counter-arguments or justifiable rationale. The Karolinska Institute examiner at the Department of Public Health reject scientific evidence through a non-evidence based political agenda.

Diana Stark states "*You are ethically obliged to inform your readers that currently there is NO consensus on whether or not PAS even exists.*" This demand is unacceptable. Diana Stark's demand could be paralleled by other academic fields: for example a historical revisionist and anti-Semite might demand that a paper on the holocaust must include, for ethical reasons, that there is no consensus to whether the holocaust actually existed in history. It is also scientifically unreasonable to demand inclusion of ALL types of perspectives on the sequelae of induced abortion. The scientific references and the international dialogue (not the Swedish domestic politicised non-scientific agenda) sufficiently exclude the concept of PAS as non-existent.

Regarding Diana Stark's dislike for some semantics she writes "*Lacking that description, you do not provide me with a theoretical approach on which to judge the merits of your programme.*" The theoretical approach presented in my programme must be viewed independently of the semantics. The semantics of my paper reflect the presented philosophy and rationale for Public Health on the subject Post Abortion Syndrome. To claim, as Diana Stark does, that it is impossible to review (to grade/assess) my assignment due to her personal dislike of semantics is not logical. The logic of the paper, however, is: A living human foetus or embryo is a human. An unborn living human foetus or embryo is an unborn human. All living humans are persons. To describe an unborn living human foetus as "abortion material" is unacceptable. It would be as demeaning as referring to the living human person and examiner Diana Stark as a substantial "cremation material". The dignity of human life must be reflected in the language usage.

Diana Stark objects that the rationale and its evidence is not common knowledge. The fact that the presented knowledge is uncommon is precisely one of the reasons for the necessity of this health promoting programme. If the knowledge already were common, the programme would be unnecessary. For example, other than the examiner Diana Stark, not even the Swedish National Board of Health and Welfare's (Socialstyrelsen) Legal Secretariat (Rättsliga rådet) is knowledgeable about post-abortion sequelae on mental ill health. In an email conversation with one of the medical doctors (Lotti Helström) appointed in the Legal Secretariat regarding decisions for late abortions in Sweden, the doctor acknowledged to never previously have heard about Post Abortion Syndrome.

The Department of Public Health at Karolinska Institutet in Sweden has not approved my valid assignment 3.2 within the Health Promotion programme. The Institution of Public Health at Karolinska Institutet reject scientific evidence through a non-evidence based political agenda.

The title for assignment 3.2 "Description of an action plan for implementation a health promoting programme for reduction of mental ill health among women related to Post Abortion Syndrome" is relevant to the content of the paper. The paper suggests an intervention for reduction of mental ill health among women related to induced abortion. The paper discusses strengths and weaknesses of models for intervention. The paper describes, stage by stage, how an action plan for implementation of the programme could be developed using the Precede-Proceed model as referenced. Usage of the Precede-Proceed model for reduction of mental ill health among women related to Post Abortion Syndrome is described in the paper with more than 900 words (of total paper >3300 words). Additionally, the paper includes a schematic causality model containing relevant descriptions of the intervention plan (+ >600 words).

The Swedish Professor Kyllike Christensson is biased against international scientific evidence that is presented in recognized scientific journals – evidence from several nations have been presented in my assignment paper 3.2. Prior to the writing of the assignment I have read abstracts from more than 150 scientific articles related to Post Abortion Syndrome, and few articles pertain to Swedish populations. The Swedish Professor Kyllike Christensson's claim that there would be a vast collection of studies on Post Abortion Syndrome in Swedish populations is simply untrue. The prejudiced Swedish Professor Kyllike Christensson presents her bias for the results of Anneli Keros.

Anneli Kero's short-time Swedish study, limited to 58 "positive" persons, deviate from most international studies. Anneli Kero's texts are very subjective, and the scientific credibility of her discussions are weak. For example, a more comprehensive study in Norway by Anne Nordal Broen, published also in 2005, appears to contradict the Swedish study by Anneli Kero. Anneli Kero focuses on some women's initial relief after induced abortion, while the scientifically credible international studies, such as Anne Nordal Broen, encompass women's experiences of induced abortion in a comprehensive time frame and an impartial perspective. Politically partial Professor Kyllike Christensson favours the subjective results of the Swedish Anneli Kero, and appears to oppose results that deviate from Swedish public health policies, such as this scientifically untrue statement

by Sweden's National Institute of Public Health "Evaluations show that current abortion legislation has worked well and has had a positive impact on women's health."

Anneli Kero's article in the Swedish Läkartidningen:

<http://www.lakartidningen.se/engine.php?articleId=2611>

Anne Nordal Broen's article of a larger study in BioMed Central:

<http://www.biomedcentral.com/1741-7015/3/18/abstract>

Stakeholder review of Anneli Kero's research:

<http://www.jatillivet.se/viewNews.do?NewsID=0139&template=NYHETER.jsp&oneNews=true&length=1000&textID=0067>

The Swedish professor in reproductive health at Karolinska Institutet, Kyllike Christensson, appear to exploit her position as a representative of science with her political/non-scientific loyalties, especially as she demands that my proposed programme and results must harmonise with the Swedish Ministry of Foreign Affairs, with the Swedish National Board of Health and Welfare, and with the Swedish National Institute of Public Health which claim that abortion has a positive impact on women. Kyllike Christensson presents her individual position on the subject through a non-scientific/political loyalty together with demands for supportive inclusion of her preferred results, which appears to be no less than discrimination against results that do not support Kyllike Christensson's views.

To state, as Kyllike Christensson does, that my paper does not present relevant literature on the subject of Post Abortion Syndrome or that my paper does not problematise the issue, and demand that the results of published studies in recognized scientific journals must harmonise with Swedish government non-evidence based policies, is discrimination of scientific knowledge.

Karolinska Institutet, through Professor Kyllike Christensson, misrepresents science.

Strategic Director of Swedish National Institute of Public Health questions the statements "*All human life deserves equal protection by law.*" Deviancy from this statement of assurance for equal human value and human dignity for all humans, regardless of for example race and age, signals an open-mindedness towards for example systematic discrimination or termination of life for particular races or ages. If law approves, for example, choice for discrimination of negroes or killing people older than 85 years of age, then not all people are equally protected by law. An analogy to the current legal permission to kill unborn children, would be lawful permission for relatives to choose to kill burdensome parents over 85 years of age because of any inconvenience (financial burden, unproductiveness, career hindrance...) parents may cause the relatives. Although both Articles 1 and 7 of the Universal Declaration of Human Rights support the statement "*All human life deserves equal protection by law.*", the Strategic Director of Swedish National Institute of Public Health questions this rationale. Nazi-Germany (1933-1945) and Rwanda (1994) are examples of societies that rejected the concept of equal human value. The fundamental concept of equal human value and equal protection by law may be difficult for the Swedish

National Institute of Public Health to grasp, although other civilized institutions accept this universal concept of human rights.

The statement that all human life deserves equal protection by law derives from the fundamental principle that all humans have equal human value. Questioning or denial of this principle supported by the United Nations Declaration of Human Rights, as does the Strategic Director of the Swedish National Institute of Public Health, is the starting point for human discriminations, human segregations, racisms and genocide. In this regard, Sweden may have, within the Public Health Sciences, deviated further from civilized society, or as expressed by oppositional examiner Bo Henricsson at the Department of Public Health Sciences at Karolinska Institutet in his general remark regarding this assignment 3.2 "Sweden has come further on this matter."

Professor Bjarne Jansson in Public Health at Karolinska Institutet opposes my choice of thesis subject because:

1) the Health Promotion course and the Department of Public Health at Karolinska Institutet in Sweden does not have the competence to supervise on this topic ("*we don't have the competence*" [Professor Bjarne Jansson cited 2007-03-26])

2) "*we don't have the money to pay for an external supervisor*" [Professor Bjarne Jansson cited 2007-03-26] The Swedish professor Bjarne Jansson's argument here is contradicted by the Department of Public Health at Karolinska Institutet's previous proposal for supervision with the Anneli Kero (by several considered a biased reporter) from Umea University, and by the Department of Public Health at Karolinska previously also suggesting Professor Marcello-Ferrada Noli (who may be considered as debunked by associate professor Aleksander Perski in a former mass-media debate on emotional stress)

In other words, there is no valid reason for Professor Bjarne Jansson at Karolinska Institutet in Sweden to oppose neither my thesis proposal nor an external supervisor or examiner.

In your letter, you [Professor Bjarne Jansson at Public Health, Karolinska Institutet] present two reasons in trying to justify the Karolinska Institutet obstruction to progression in the proposed master thesis. You claim the following:

1. The Department of Public Health at Karolinska Institutet, through you, claim that the Department of Public Health does not have the experience or knowledge to supervise in the field of Health Promotion, and particularly reduction of mental ill health related to induced abortion.
2. The Department of Public Health at Karolinska Institutet, through you, claim that the Department of Public Health does

not have financial resources to cooperate with other universities that have competence (experience and knowledge) in the field of Health Promotion, and particularly reduction of mental ill health related to induced abortion.

The Department of Public Health at Karolinska Institutet acknowledgement of their deficient competence is partially acceptable. Evidently, through the Department of Public Health's non-scientific and discriminatory approach to my previous course assignments relating to Post Abortion Syndrome (PAS), the Department of Public Health confirms that Karolinska Institutet's Department of Public Health is in fact incompetent. Nevertheless, the possibility of thesis supervision with other departments at Karolinska Institutet has not been exhausted.

The Department of Public Health claim, however, that it lacks financial resources to cooperate with other competent universities, is nonsense. In essence, the Department of Public Health is merely expressing a political unwillingness to be associated with this relevant Health Promotion topic. The Department of Public Health did, only a couple of weeks ago, propose to me a biased Swedish supervisor (Anneli Kero at Umea Universitet). The fact that the Department of Public Health is willing to allocate resources in support to cooperation with politically-minded (scientifically biased) supervisors, but is not willing to cooperate with the universities that have credible experience and knowledge in the field, is contradictory.

There is no valid reason for Karolinska Institutet to continue its obstruction of scientific progression in this public health related field.

I request that Karolinska Institutet and its Department of Public Health abstain from further political obstructions and instead revert to collaboration with science

----- Original Message -----

From: [Bjarne Jansson](mailto:Bjarne.Jansson@ki.se)
To: torsten.nenzen.917@student.ki.se
Sent: Wednesday, March 28, 2007 12:52 PM
Subject: Val av uppsatsämne

Hej Torsten. Se bifogat vårt svar på ditt förslag om uppsatsämne. Hör av dig till mig så får vi diskutera den fortsatta planeringen av arbetet, med vänlig hälsning, Bjarne Jansson

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen@ki.se)
To: bo.haglund@ki.se
Sent: Monday, March 26, 2007 11:35 AM
Subject: Fw: viktigt om handledning

Bo Haglund,

I have tried to call you on your old number 51777963 and left a message (26/3 11:30) on your new number 7373791.

Please call me back promptly regarding thesis supervisor for the thesis course in Health Promotion that begins today.

Regards,

Torsten Nenzen

torsten.nenzen.917@student.ki.se

0707-777754

08-7113377

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)

To: Danuta.Wasserman@ki.se

Cc: marie-louice.isacson@ki.se ; vivi-anne.sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se

Sent: Monday, March 26, 2007 10:17 AM

Subject: Fw: viktigt om handledning

TO:

Direktor Professor **Danuta Wasserman,**

COPY:

Dekanus **Vivi-Anne Sundqvist** (Styrlesen för utbildning),

Avdelningschef **Marie-Louice Isaksson**

(Studentavdelningen),

Studentombudmannen **Sofia Karlsson.**

I have tried to connect with Mats Gillberg this morning through email and have left a telephone message with him since he does not answer his telephone (10:10).

I would like someone at Karolinska Institute to immediately arrange for a supervisor to my thesis course which begins today 26/3, as the Department of Public Health at Karolinska Institutet is not willing to provide supervision.

Please call me.

Torsten Nenzén

torsten.nenzen.917@student.ki.se

08-7113377

0707-777754

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)

To: Mats.Gillberg@ki.se

Sent: Monday, March 26, 2007 9:59 AM

Subject: Fw: viktigt om handledning

Mats Gillberg.

You have yet not answered my question: Who will supervise my thesis?

Torsten Nenzen

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)

To: polismyndigheten.stockholm@polisen.se

Sent: Friday, March 23, 2007 6:38 PM

Subject: Fw: Överprövning av 0201-K46672-07

AA-404-16008-2007

ATT: Michael Sultán

Till: Åklagarmyndigheten

Härmed kompletterar jag föregående överprövning med ytterligare underlag. Vänligen bekräfta mottagandet av denna e-post komplettering.

Sammanfattningsvis: Institutionen för Folkhälsovetenskap vid Karolinska Institutet är skyldig att tillhandahålla en handledare till magisteruppsats. Magisterkursen startar måndag morgon 2007-03-26. Karolinska Institutet har inte tillhandahållit handledare inför kursstart. Det verkliga skälet till undanhållande av handledning är inte uttalat explicit, men det framgår av dialog med Professor Leif Svanström och andra vid Institutionen för Folkhälsovetenskap att Karolinska Institutet förnekar existensen av abortrelaterad psykisk ohälsa - av politiska skäl - inte av vetenskapliga skäl. Karolinska Institutet diskriminerar därför vetenskap. I ett epistemologiskt trosuppfattningsperspektiv diskriminerar därför Karolinska Institutet även mot trosuppfattning där trosuppfattningen är vetenskapligt förankrad.

Bifogade underlag:

1. KI dialogue master thesis 070323.doc
2. Thesis proposal 070313.doc

Med vänlig hälsning,

Torsten Nenzén
660926-8633
torsten@nenzen.net

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)

To: Danuta.Wasserman@ki.se

Cc: marie-louice.isacson@ki.se ; vivi-anne.sundqvist@ki.se ; Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se

Sent: Friday, March 23, 2007 4:23 PM

Subject: Fw: viktigt om handledning

TO:

Direktor Professor **Danuta Wasserman,**

COPY:

Dekanus **Vivi-Anne Sundqvist** (Styrlesen för utbildning),

Avdelningschef **Marie-Louice Isaksson**

(Studentavdelningen),

Studentombudmannen **Sofia Karlsson.**

It appears that Mats Gillberg has been appointed to suggest a supervisor. I interpret Mats Gillberg's letter beneath as a declaration of unwillingness to cooperate in searching for a supervisor. I have tried to telephone Mats Gillberg immediately after his letter, but he was unavailable at that time (15:50).

My proposed thesis plan, as attached, pertains to health promotion. The particular subject I intend to focus in the master thesis relates to reduction of mental ill health among women related to induced abortion.

The course officially commences on Monday 26/3, and the Department of Public Health has, after my six months of inquiry still not suggested a supervisor that is willing to supervise. The apparent attitude from the Department of Public Health at Karolinska Institutet seems to align with Marcello-Ferrada Noli's assertion regarding scientific evidence of mental ill health related to induced abortion "There is no evidence in literature." The contemporary attitude of the professors within

Public Health at Karolinska Institutet therefore appear, so far, to be non-scientific.

I request that the Department of Public Health immediately propose a supervisor for my proposed health promotion subject.

Best regards,

Torsten Nenzen

Torsten Nenzén
torsten.nenzen.917@student.ki.se
08-7113377
0707-777754

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)
To: [Mats Gillberg](mailto:Mats.Gillberg)
Sent: Friday, March 23, 2007 3:46 PM
Subject: Re: viktigt om handledning

Mats Gillberg,

Attached is my proposed thesis plan.

Reply to me promptly.

Regards,

Torsten

----- Original Message -----

From: [Mats Gillberg](mailto:Mats.Gillberg)
To: torsten.nenzen.917@student.ki.se
Sent: Friday, March 23, 2007 3:43 PM
Subject: viktigt om handledning

Hej Torsten!

Vad jag förstår har du ännu inte hittat någon handledare med kompetens för ditt ämne. Vi har det inte inom vår krets på Folkhälsovetenskap. Kan du tänka dig att välja ett ämne där vi har kompetens? Skadeprevention?, Hälsofrämjande?, Hälsoekonomi?. Stressprevention? Hälsonutrition.

Det är viktigt att komma ihåg att uppsatsen inte är ett "livsverk" utan ett pedagogiskt moment - hur man bär sig åt för att skriva en vetenskapligt korrekt uppsats. Ge mig ett svar, så jag kan hjälpa dig på något sätt.

Trevligt helg!

Hälsningar

Mats G

--

Mats Gillberg, PhD, Associate professor

Sleep & Fatigue unit

Div of Psychosocial Factors & Health

Dept of Public Health Sciences

Karolinska Institute

Box 220

S-171 77 Stockholm

tel: +46 (0)8 524 820 47

fax: +46 (0)8 32 05 21

----- Original Message -----

From: [Vivi-Anne Sundqvist](mailto:Vivi-Anne.Sundqvist@ki.se)

To: 'Torsten Nenzen' ; Marie-Louice.Isacson@ki.se

Cc: Gerd.Johansson.Hellman@ki.se ; sofia.karlsson@mf.ki.se

Sent: Friday, March 23, 2007 2:47 PM

Subject: SV: diskriminering till handledning

Hej,

Jag har i dag varit i kontakt med Bjarne Jansson som meddelat att en handledare kommer att ta kontakt med dig.

Vänliga hälsningar

Vivi-Anne Sundqvist

Från: Torsten Nenzen [<mailto:torsten@nenzen.net>]

Skickat: den 23 mars 2007 11:01

Till: Marie-Louice.Isacson@ki.se; Vivi-Anne.Sundqvist@ki.se

Kopia: Gerd.Johansson.Hellman@ki.se; sofia.karlsson@mf.ki.se

Ämne: diskriminering till handledning

Dekanus **Vivi-Anne Sundqvist** (Styrlesen för utbildning),
Avdelningschef **Marie-Louice Isaksson**
(Studentavdelningen),
Studentombudsmannen **Sofia Karlsson**.

Hej!

Ännu idag fredag 23/3 finns ingen handledare till magisteruppsatsen vid Public Health, KI. Magisterkursen börjar officiellt på måndag den 26/3.

Ansvarige Bjarne Jansson vid Public Health svarade 14/3 att han skulle återkomma angående min begäran om erbjudan av en handledare till magisteruppsatskursen. Jag har sökt handledning vid till KARolinska Institutet det senaste halvåret.

Den föregående dialogen med Karolinska Institutet angående sökandet av handledning bifogas som word-dokument.

Är Public Health vid KI skyldig att tillhandahålla handledning i magisterkursen till de studenter som begär det? På vilket sätt kan Karolinska Institutets styrelse, studentavdelning och studentombudsman påverka denna diskriminering?

Med vänlig hälsning,

Torsten Nenzén
torsten.nenzen.917@student.ki.se
08-7113377
0707-777754

----- Original Message -----

From: [Gerd Johansson Hellman](mailto:Gerd.Johansson.Hellman@ki.se)
To: 'Torsten Nenzen'
Cc: so@mf.ki.se
Sent: Thursday, March 15, 2007 12:58 PM
Subject: SV: Diskrimierande examinator vid Public Health

Hej

Jag har emottagit dina två mail.

Vad gäller inlämningsuppgiften kan jag tyvärr inte hjälpa dig. Enligt Högskoleförordningen är det examinator som sätter betyg och det är inget jag kan påverka.

Beträffande handledare till din magisteruppsats kontaktar jag kursledningen och ber dem reda ut det hela.

Vänliga hälsningar

Gerd Johansson Hellman
Studievägledare
Karolinska Institutet
Studentavdelningen
Nobels väg 6b
171 77 Stockholm
Tfn: 08-524 865 53

----- Original Message -----

From: [Bjarne Jansson](#)

To: [Torsten Nenzen](#)

Sent: Wednesday, March 14, 2007 12:57 PM

Subject: Re: seeking supervisor

Ok, jag skall prata med Mats Gillberg om han kan bistå, återkommer, mvh BJ

----- Original Message -----

From: [Torsten Nenzen](#)

To: so@mf.ki.se ; Gerd.johansson.hellman@ki.se

Sent: Wednesday, March 14, 2007 12:04 PM

Subject: handledare saknas fortfarande vid Public Health

Sofia Karlsson respektive Gerd Johansson Hellman.

Hej!

Angående handledare till magisteruppsats vid Public Health, KI; det finns ännu ingen lösning till handledning och kommunikationerna mellan professorerna kan uppfattas som undermåliga. Om 1½ vecka börjar thesis-writing kursen formellt. Är institutionen för Folkhälsovetenskap skyldig att tillhandahålla handledare till varje student som önskar handledning senast till kursstart?

Ett dokument med dialog bifogas, samt förslag till thesis.

Med vänlig hälsning,

Torsten Nenzén

torsten.nenzen.917@student.ki.se

08-7113377

0707-777754

----- Original Message -----

From: [Torsten Nenzen](#)

To: bjarne.jansson@ki.se

Sent: Wednesday, March 14, 2007 12:43 PM

Subject: seeking supervisor

Professor Bjarne Jansson.

Hi again!

According to Professor Bo Haglund, you may have accepted through agreement with Bo Haglund to organize for someone to supervise. Attached is my thesis proposal.

Best regards,

Torsten Nenzén
torsten.nenzen.917@student.ki.se
Home: 08-7113377
Mobile: 0707-777754

----- Original Message -----

From: [Bo J.A. Haglund](#)
To: [Torsten Nenzen](#)
Cc: [Bjarne Jansson](#)
Sent: Wednesday, March 14, 2007 12:27 PM
Subject: Re: master-thesis supervisor

Hi,

Bjarne has according to our agreement currently the responsibility to organize for a supervision.

best regard

Bo J A Haglund

----- Original Message -----

From: [Torsten Nenzen](#)
To: [Bo J.A. Haglund](#)
Sent: Wednesday, March 14, 2007 11:55 AM
Subject: Re: master-thesis supervisor

Professor Bo Haglund.

You recommended Bjarne Jansson. Bjarne Jansson stated this morning that he cannot supervise. Who shall supervise?

Torsten Nenzén

----- Original Message -----

From: [Bo J.A. Haglund](#)
To: [Torsten Nenzen](#) ; [Bjarne Jansson](#)
Sent: Wednesday, March 14, 2007 11:51 AM

Subject: Re: master-thesis supervisor

Prof

Bjarne Jansson

best regards

Bo J A Haglund

----- Original Message -----

From: [Torsten Nenzen](#)

To: Bo.Haglund@ki.se

Sent: Wednesday, March 14, 2007 11:37 AM

Subject: master-thesis supervisor

Professor Bo Haglund.

I seek a supervisor for my master-thesis within Health Promotion. Who shall I contact?

Regards,

Torsten Nenzén

torsten.nenzen.917@student.ki.se

Home: 08-7113377

Mobile: 0707-777754

----- Original Message -----

From: [Bjarne Jansson](#)

To: [Torsten Nenzen](#)

Sent: Wednesday, March 14, 2007 8:55 AM

Subject: Re: master-thesis supervision

Hej Torsten, jag har tyvärr ingen möjlighet pga min arbetsbelastning att kunna åta mig ett handledarskap. Mvh Bjarne

----- Original Message -----

From: [Torsten Nenzen](#)

To: Bjarne.Jansson@ki.se

Cc: Therese.Wirback@ki.se

Sent: Tuesday, March 13, 2007 4:13 PM

Subject: master-thesis supervision

Professor Bjarne Jansson.

Hi!

My name is Torsten Nenzén. I am a student in Health Promotion at KI. Would you be interested in supervising my Master thesis? I would like to focus the thesis on reduction of Post Abortion Syndrome (PAS). Attached is a thesis proposal.

Best regards,

Torsten Nenzén

torsten.nenzen.917@student.ki.se

Home: 08-7113377

Mobile: 0707-777754

----- Original Message -----

From: [Therese Wirback](#)

To: [Torsten Nenzén](#)

Sent: Tuesday, March 13, 2007 3:07 PM

Subject: Supervisor

Dear Torsten. Since I will be away until March 30 I have talked to Bjarne Jansson about supervision. It might be that we have a supervisor so keep contact with Bjarne, bjarne.jansson@ki.se

Best regards, Therese

Therese Wirback

Degree of Master in Health Promotion, Project assistant

Karolinska Institutet

Department of Public Health Sciences

Division of Social Medicine

Norrbacka

SE-171 76 Stockholm

+46 8 7373871

----- Original Message -----

From: [Torsten Nenzen](#)

To: [Polismyndigheten Stockholm](#)

Sent: Monday, March 05, 2007 4:06 PM

Subject: Överprövning av 0201-K46672-07

Enhetskod: **3KFA/F**

ATT: Michael Sultán

Till: Åklagarmyndigheten

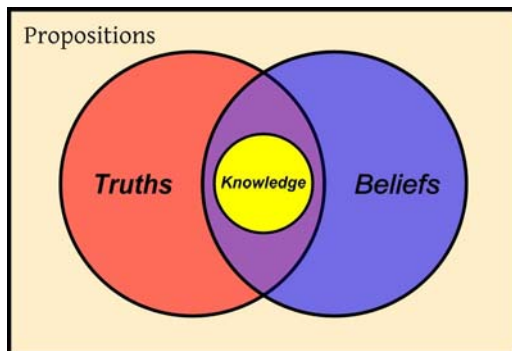
Härmed begär jag överprövning av ärende **0201-K46672-07**.

Jag anser att detta ärende skall prövas på nytt eftersom Professor Leif Svanströms vid Public Health, Karolinska Institutet diskriminerande beslutade att inte tillåta påbörjande av magisteruppsats. Hans agerande var inte endast regelvidrigt gentemot Karolinska Institutet, men bör även anses utgöra olaga diskriminering enligt lag.

Lag (2001:1286) om likabehandling av studenter i högskolan (och SFS 2003:311) säger:

*1§ Denna lag har till ändamål att på högskoleområdet främja lika rättigheter för studenter och sökande och att motverka diskriminering på grund av könstillhörighet, etnisk tillhörighet, religion eller annan **trosuppfattning**, sexuell läggning och funktionshinder.*

I detta fall, sammanfaller trosuppfattning med sanning, och internationellt sett även med kunskap, enligt Platonsk epistemologi. Lagen är därför tillämplig till detta incident så som diskriminering.



Frågan vilka praktiska konsekvenser detta diskrimineringsbrott medför i avseende till straffsanktion är intressant, men bör inte vara vägledande i detta fall. Det inträffade bör anses tillräckligt allvarligt med avseende till diskriminering av sanning och kunskap (trosuppfattning) att polismyndighetens beslut i sig, oavsett sanktion till straff, utgör ett värdefullt polisiärt rättsmedel och samhällsmarkör för lag och ordning. Professor Leif Svanströms diskriminering av mig misstänks här ha varit politiskt motiverad.

Kunskapsbaserad sann tro skall inte diskrimineras. Inte heller skall dem som hållbart argumenterar och refererar till publicerade vetenskapliga artiklar i erkända vetenskapliga journaler diskrimineras från högskolan, även när vetenskapen

visar på det politiskt besvärliga. T.ex sambandet mellan inducerad abort och Post Traumatic Stress Syndrome (PAS).

Med vänlig hälsning,

Torsten Nenzén
torsten@nenzen.net

----- Original Message -----

From: [Torsten Nenzen](#)
To: [Therese Wirback](#)
Sent: Friday, March 02, 2007 9:01 AM
Subject: Re: Thesis work

Therese Wirback.

Anneli Kero's short-time study limited to 58 "positive" persons, as I understand, deviates from the other international studies. A more comprehensive study in Norway by Anne Nordal Broen contradicts the Swedish study by Anneli Kero. As I said earlier, for the sake of scientific credibility, a non-Swedish (and non-KI) supervisor is preferable.

<http://www.biomedcentral.com/1741-7015/3/18/abstract>
<http://www.jatillivet.se/viewNews.do?NewsID=0139&template=NYHETER.jsp&oneNews=true&length=10000&textID=0067>

Torsten Nenzén

----- Original Message -----

From: [Therese Wirback](#)
To: [Torsten Nenzén](#)
Sent: Friday, March 02, 2007 8:16 AM
Subject: Thesis work

Dear Torsten. I would just like to recommend a dissertation that might be of interest for you. It's written by Anneli Kero in Umeå and is about men's and women's experience of abortion.

I have tried to contact a supervisor at KI but it might be that I will as well ask this Anneli.

Best regards, Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka

SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Torsten Nenzen](#)

To: [Therese Wirback](#)

Sent: Wednesday, February 28, 2007 4:04 PM

Subject: Re: Supervisor

Tack.

----- Original Message -----

From: [Therese Wirback](#)

To: [Torsten Nenzén](#)

Cc: [Marcello Ferrada-Noli](#) ; Bo.Haglund@ki.se

Sent: Wednesday, February 28, 2007 3:52 PM

Subject: Supervisor

Hej Torsten. Professor Marcello Ferrada-Noli har fått nya åtaganden (bla ett tidskrävande arbete med den nya Master utbildningen) vilket, tyvärr för din del, resulterar i att han inte kan/inte har tid att åta sig ett handledarskap.

Kursledare Bo J A Haglund och jag arbetar på att hitta dig en annan handledare även om du dock är välkommen att själv försöka hitta någon.

Med vänlig hälsning Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka
SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Torsten Nenzen](#)

To: [Therese Wirback](#)

Sent: Wednesday, February 28, 2007 12:52 PM

Subject: Re: Supervisor

To: Therese Wirback.

Let me know the next suggested time for a meeting with Marcello Ferrada-Noli. Any suggested time soon is fine from my schedule, as I regard initiation of a supervised thesis as a priority. If Marcello were still to hold fast to his recent statement "*There is no evidence in literature.*" regarding causality of induced abortion and Post Abortion Stress Syndrome, an explanation should be provided so that I may counter it. If Marcello now has adopted a new perspective on the published articles in scientific journals regarding evidence of causality, a pursuit for his supervision would be logical. Perhaps associate professor Alexander Perski may eventually hold a different view from Marcello's already stated view on evidence. In any case, it may appear that supervision together with a non-Swedish and non-KI professor may be optimal for the sake of scientific credibility in this research field. However, if supervision with Marcello Ferrada-Noli works - that's great!

Regards,

Torsten Nenzén

----- Original Message -----

From: [Therese Wirback](#)

To: [Torsten Nenzen](#)

Sent: Wednesday, February 28, 2007 11:34 AM

Subject: Re: Supervisor

Dear Torsten. Marcello has to cancel today's meeting. He got stuck in Gävle.

He'll get back to me with a new time. Preliminary Friday after lunch. What are your possibilities?

I'm truly sorry

Best regards, Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka
SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Therese Wirback](#)
To: [Torsten Nenzen](#)
Sent: Wednesday, February 28, 2007 10:11 AM
Subject: Re: Supervisor

Hi. I'm pleased that you can make it.

Best regards, Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka
SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Torsten Nenzen](#)
To: [Therese Wirback](#)
Sent: Wednesday, February 28, 2007 10:05 AM
Subject: Re: Supervisor

Therese Wirback.

I will go to meet Marcello Ferrada-Noli at 15:30 in his office today 28/2.

Torsten Nenzén

----- Original Message -----

From: [Therese Wirback](#)
To: [Torsten Nenzén](#)
Sent: Tuesday, February 27, 2007 9:19 AM
Subject: Supervisor

Dear Torsten. I'm sorry for this late information but hopefully you have the time to meet with Marcello and me tomorrow at 15.30 in his office, 1st floor, to discuss your thesis work.

Best regards, Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka

SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Therese Wirback](#)

To: [Torsten Nenzén](#)

Sent: Friday, February 23, 2007 9:23 AM

Subject: Answers to some questions

Dear Torsten. No exact timelines are given to supervisors for when they have to tell if they may supervise. We strive for having a supervisor from the autumn but mainly when thesis writing starts in full time. All students should have a supervisor from the Institution or from where the course leader find suitable, sometimes the course leader will be the supervisor.

Examiners for assignments in the Health promotion modules are for 2.4 Bosse Pettersson, 3.2 Leif Svanström and Kyllike Kristenssen, 4.1 Diana Ekman Stark 5.1 Per Tillgren 6.1 Bo J A Haglund (6.1 is passed by you).

During normal circumstances an examiner has 10 workdays for correcting exams. Due to unexpected happenings this time limit may be prolonged.

The assignments do not have to be within the Swedish context unless the Swedish context is chosen from the beginning. The proposals in the assignments should be according to the chosen setting. Examples below from the assignments;

2.4 Conclusion

Finally, based on your analysis, do you think that it would be possible to get a policy formulated which addresses your chosen issue?

- *For the "opponent" – Do you agree with the conclusion of the author of the paper?*

3.2 - Design an action plan for implementing a health promoting programme at the local level.

Proposed programme must be of relevance to the main health issues in the implementation area.

Is the proposed action plan feasible?

Is it based on relevant theories and evidence?

Best regards, Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka
SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Polismyndigheten Stockholm](#)
To: torsten.nenzen.917@student.ki.se
Sent: Wednesday, February 21, 2007 9:20 AM
Subject: 0201-K46672-07

Polismyndigheten i Stockholms Län
106 75 Stockholm
Telefon: 114 14
polismyndigheten.stockholm@polisen.se

Hej Torsten,

En anmälan är upprättad med anmälningsnummer 0201-K46672-07. Kopia på anmälan skickas till dig med B-post.

Med vänlig hälsning

Paula Själander
Polisens Kontaktcenter

Om du drabbats av stöld eller förlust och vill göra en polisanmälan eller tilläggsanmälan, kan du gå in på Stockholmspolisens hemsida www.stockholm.polisen.se Mer information finns på hemsidan

----- Original Message -----

From: [Torsten Nenzen](#)
To: hsv@hsv.se ; onh@onh.se
Sent: Tuesday, February 20, 2007 8:51 PM
Subject: Diskriminering vid Karolinska Institutet

Högskoleverket och Överklagandenämnden.

Hej!

Vid Department of Public Health Karolinska Institutet förekommer diskriminering. Efterföljande bifogas ett förhoppningsvis förklarande brev i ärendet.

Studeivägledare Gerd Johansson Hellman vid Karolinska Institutet har poängterat till Professor Leif Svanström vid Karolinska Institutet att hans beslut att hindra min möjlighet till handledning till magisteruppsats bryter mot Karolinska Institutets regelverk. Enligt studeivägledaren skall Professor Leif Svanström förra veckan ha medgett att hans beslut var regelvidrigt.

Andra hinder kvarstår genom Department of Public Health vid Karolinska Institutet. Ingen överenskommelse finns angående annan handledare eller opartisk insyn i de diskriminerande underkännandena av mina inlämningsuppgifter.

Kan Högskoleverket eller Överklagandenämnden påverka detta? Bör en överklagan om diskriminering avseende endera Professorns beslut att hindra handledning, eller samtliga examinatorers orimliga dröjsmål till rättning av inlämningsuppgifter, eller den politiskt diskriminerande bedömningen av inlämningsuppgifterna tillfalla Högskoleverkets översyn?

Med vänlig hälsning,

Torsten Nenzén

08-7113377
0707-77754

Bifogar tre dokument.

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen@mf.ki.se)

To: so@mf.ki.se

Sent: Tuesday, February 20, 2007 8:23 PM

Subject: Diskriminering vid Public Health KI

Studentombudman Sofia Karlsson.

Hej!

Vi samtalade med varandra per telefon i mitten av förra veckan angående ett bekymmer med diskriminering vid KI. Efterföljande bifogas ett förhoppningsvis förklarande brev i ärendet.

Studeivägledare Gerd Johansson Hellman, tillsammans med Caroline Ohlsson, har poängterat till Professor Leif Svanström att hans beslut att hindra möjlighet till handledning till magisteruppsats bryter mot KI regelverk. Enligt studievägledaren skall Leif Svanström förra veckan ha medgett att hans beslut var regelvidrigt.

Andra hinder kvarstår genom Department of Public Health. Ingen överenskommelse finns angående annan handledare eller opartisk insyn i de diskriminerande underkännanden av inlämningsuppgifter.

Vad beträffar examinatorers kommentarer till mina inlämningsuppgifter undrar jag om Ni kan påverka att t ex LIME vid KI/Uppsala, Public Health vid andra svenska universitet, och Public Health vid samarbetsuniversitet i utlandet kan delegeras examinatoransvar. Professorerna inom Public Health vid KI uppfattas alltför partiska/diskriminerande/politisk korrekta för vetenskaplig trovärdighet. Jag vill rekommendera, om det är möjligt, att examinator utses vid universitet i utlandet. Åtminstone bör andra professorer än inom Public Health vid KI medverka med second/third opinion i bedömning av inlämningsuppgifterna.

Kan Ni som studentombudsman vänligen påverka detta.

Med vänlig hälsning,

Torsten Nenzén

08-7113377
0707-77754

Karolinska Institutets diskriminering;

diskriminering från handledning till magisteruppsats samt diskriminering av vetenskap.

Hej!

Jag är student vid magisterkursen i Health Promotion, Division of Social Medicine, Department of Public Health Science, Karolinska Institutet. Department of Public Health Sciences vid Karolinska Institutet, via Head of Division of Social Medicine Professor Leif Svanström, diskriminerar vetenskap om abort och Post Abortion Syndrome (PAS) genom att neka mig rättigheten som student till handledning i magisteruppsats kring abortämnet. Också andra professorer vid Department of Public Health vid Karolinska Institutet visar partiskhet till vetenskap kring abort. Department of Public Health Science vid Karolinska Institutet uppfattas att även missbedöma obligatoriska inlämningsuppgifter vars redogörelse utifrån publicerade vetenskapliga artiklar inte kan tillkännage en lika positiv inställning till abort som Folkhälsoinstitutet och Sveriges Utrikesdepartement.

Professor Leif Svanströms bedömning (3.2 Kyllike Christensson bedömning.doc) av inlämningsuppgift 3.2 enligt kursplanen (Revision 2 assignment 3.2 Torsten Nenzen.doc), genom Professor i reproduktiv och perinatal hälsa Kyllike Christensson, diskriminerar mot en vetenskapligt grundad redogörelse och inställning till abort, och Professor Leif Svanströms beslut ter sig mer politiskt motiverad än vetenskapligt.

En metod att underlätta vetenskaplig opartiskhet i den rådande situationen inom Public Health vid Karolinska Institutet kan vara att utomstående akademiskt meriterade personer (från andra universitet än Department of Public Health vid Karolinska Institutet) betraktar ämnet abort och Post Abortion Syndrome med vetenskaplig integritet. En kompletterande metod innefattar massmedial insyn i denna politiserade (diskriminerade) vetenskap.

Mitt obligatoriska inlämningsarbete 3.2 och dess bedömning av Professor Leif Svanström, samt processen av bedömningar med förhindrad möjlighet till handledning till magisteruppsats, bör granskas även utifrån juridiska och etiska infallsvinklar.

Underlag

Tre dokument bifogas denna e-post som underlag:

- Bifogar underkänd inlämningsuppgift 3.2.
- Bifogar Professor Leif Svanströms skäl till underkännande.
- Bifogar proposition till magisteruppsats som Professor Leif Svanström hindrar.

Professor Marcello Ferrada-Noli var tillfrågad handledare till magisteruppsats av Therese Wirback (kursadministratör vid Health Promotion). Professor Marcello Ferrada-Noli informerar mig 070212 kl.14 att Professor Leif Svanström meddelade Professor Marcello Ferrada-Noli 070212 kl.13 att Leif Svanström hade beslutat att Torsten inte är berättigad till handledare eftersom "he is not satisfying the formal requirements". Förfarandet, att från Department of Public Health inte bevilja handledning och därmed hindrande av påbörjande av arbete med magisteruppsats är diskriminering. Om Torsten inte skall berättigas tillgång till handledning till ett master-thesis med anledningen att Torstens inlämningsuppgifter inte har godkänts av Department of Public Health, då skall samma förhållningssätt råda gentemot andra studenter vars inlämningsuppgifter av andra skäl ännu inte har godkänts. Så är inte verkligheten. De andra studenterna vid Health Promotion har tillåtits handledning trots att tidigare inlämningsuppgifter inte har godkänts. I detta diskriminerar Department of Public Health mot Torsten. Department of Public Health särbehandlar Torsten med avseende till tillåtelse av handledare, och Department of Public Health uppfattas att tillämpa en dubbel-standard i bedömning av studenters inlämningsuppgifter. Förfarandet från Department of Public Health att inte bevilja handledning till thesis är i detta fall diskriminering.

Andra studenter medges handledare trots ej godkända inlämningsuppgifter. Samtliga av mina individuella inlämningsuppgifter (2.4, 3.2, 4.1, 5.1) har underkänts, och för samtliga inlämnade uppgifter har dröjsmålen begåtts av examinatorn. Av de inlämningsuppgifter som överhuvudtaget har kommenterats, har jag reviderat inlämningsuppgiften inom tidsramen några dagar till 1½ vecka efter underkännandet.

Examinator för **inlämningsuppgift 2.4** är Bosse Pettersson, Strategic Director vid Folkhälsoinstitutet. Bosse Pettersson har kommenterat mitt arbete vid två tillfällen, och jag har därefter reviderat mitt arbete inom några dygn efter kommunicerad bedömning. Bosse Pettersson har via Therese Wirback (kursadministratör) avgett återkommande löften att leverera kommentarer med sin bedömning, men har vid varje tillfälle överskridit de utlovade tidsramarna. Bosse Pettersson, till skillnad från andra examinatorer, åtminstone redogör specifik kritik relaterad till inlämningsuppgiftens text (Idag 14/2 har även examinator till 4.2 redogjort sin kritik, som delvis är specifik.). Bosse Pettersson understryker ifrågasättande min mening "All human life deserves equal protection by law." och kommenterar "could be the research question". Alla människors likhet inför lagen utgår från alla

människors lika människovärde, och utgår även från FN:s allmänna deklaration om de mänskliga rättigheterna, som formuleras "Alla människor är födda fria och lika i värde och rättigheter." samt "Var och en har rätt till liv, frihet och personlig säkerhet.". Ifrågasättande av fundamental och universellt överenskommen mänsklig etik bör tillhöra andra forum än arenan för Public Health Sciences, och åtminstone inte tillhöra en magisterkurs i Health Promotion.

Ursprunglig examinator för **inlämningsuppgift 3.2** är Bo Henricsson. Bo Henricssons kommentar till 3.2, enligt Therese Wirback, omfattade endast två meningar: "Bo has read your work and says that programmes like this have been done before but it is difficult to succeed. Sweden has come further on this matter and to pass you need to focus on the problem." Korta, generella och otydliga kommentarer som dessa kan svårligen vägleda till konkreta förändringar. En av Therese Wirbacks muntliga kommentarer, utöver några slarvigt formulerade skriftliga kommentarer, var "We don't work with specific syndromes." Jag begärde då en annan examinator och efter veckor fick jag besked att Professor Leif Svanström var beredd att åta sig rollen som min nya examinator. Jag efterfrågade direkt ett möte med Leif Svanström och till sist lyckades en inbokning till möte. Mötet med Professor Leif Svanström varade i cirka fem minuter. Leif Svanström inledde det korta samtalet med bekräftelse att han godkände valet av ämne. Leif Svanström framförde muntligen sedan två generella punkter av kritik: 1. litteraturhänvisningarna var otillräckligt underbyggda, 2. egna värdeomdömen bör tas bort. Leif Svanström instruerade att jag bör tillfråga någon av studenterna i samma kurs att bistå med specifika kommentarer till förändringar, istället för att han själv som examinator borde redogöra specifik kritik. Schemalagd och obligatorisk reflektion av andra studenters arbeten hade redan utförts. Även i den föregående studentens reflektion framgick endast generella kommentarer och avsaknad av argument. Professor i reproduktiv och perinatal hälsa Kyllike Christensson e-postar till Leif Svanström en skriven rekommendation om underkännande av Torstens inlämningsuppgift 3.2. De kommentarer som Kyllike Christensson redogör tyder på diskriminering av ämnesval/inställning till ämnet och ter sig mer politiskt motiverad än vetenskapligt. Samma dag som Therese Wirback vidarebefordrade Leif Svanströms/Kyllike Christenssons kommentar med graderande bedömning, muntligen frågade Torsten till Therese Wirback om möjlighet till ett möte med professorn, och Therese Wirback svarade att "de har inte tid.". Möte för specifik diskussion kring de meddelade generella kommentarerna är nödvändig för fullföljandet av endera tillmötesgående korrigeringar, eller stärkande underbyggnad med referenser, eller förbättrade tydlighet i argumentationer.

Examinator för **inlämningsuppgift 4.1** var Diana Stark-Ekman. De flesta studenter erhöll kommentarer och bedömningar av 4.1, men undantagen från kommentar med bedömning var bl.a. Torsten. Ingen kommentar eller bedömning medgavs. Therese Wirback meddelade muntligen till Torsten i januari att Torstens inlämningsuppgifter framledes skulle samlas under Professor Leif Svanström. Leif

Svanström har inte kommunicerat någon kommentar eller bedömning av 4.1.

Idag, 14/2, två dygn efter att Professor Leif Svanström beslutade att avvisa Torstens möjlighet att skriva en magisteruppsats, e-postade Therese Wirback examinatorns kommentarer kring 4.1. Examinator Diana Stark-Ekman har dock inte befattat sig med att gradera och betygsatta 4.1. Av examinatorns kommentarer att döma har examinatorn missförstått delar av Torstens text, medan andra delar av examinatorns kommentarer härrör till bakgrundsbeskrivningar som i princip är identiska med den redan reviderade bakgrundsbeskrivningen till 3.2. Examinatorn framlägger sina personliga åsikter att 4.1 är ovetenskaplig med otillräckliga referenser. De andra publicerade artiklarna i erkända vetenskapliga journaler som refereras finns däremot i inlämningsuppgift 3.2 och styrker vetenskapligheten. I stora drag är examinatorns kommentarer endast personliga tolkningar och större delen av examinatorns kritik saknar vetenskaplig underbyggnad. Semantiken i 4.1 kan däremot i vissa avseenden harmoniseras, dock inte helt. Intressant är att 4.2-examinators kommentar "First, I ask, could this programme evaluation actually be implemented in the real world? [...] For your work, to the first question, I think the answer would be yes, probably, but how can I really tell, if all I have to go by is your one viewpoint?" skiljer diametralt från Kyllike Christenssons kommentar till 3.2 "Även i en uppsats måste en föreslagen intervention vara realistisk att genomföra och inte bygga på författarens individuella åsikt i ämnet." Examinatorn i 4.2 kan uppfattas att bedöma det föreslagna PAS-programmets evaluering som implementerbar i verkligheten, medan examinatorn i 3.2 uppfattas att bedöma att det föreslagna PAS-programmet är orealistiskt att genomföra. Examinatorernas åsikter i det föreslagna PAS-programmet tycks divergera angående genomförbarhet.

Examinator för **inlämningsuppgift 5.1** var Professor Per Tillgren. Ingen skriftlig kommentar har kommunicerats angående 5.1, men i samband med kursens obligatoriska power-point presentation av uppgift 5.1 muntligen kommenterade Per Tillgren arbetet som en del av seminariet. De uppfattade seminarie-korrektionerna inlämnades till Therese Wirback några dygn efter seminariet. Ingen ytterligare kommentar eller bedömning har framförts därefter från Department of PublicHealth angående 5.1.

Avslutande kommentar

Kommentarerna kring inlämningsuppgifterna 2.4, 3.2, 4.1, 5.1 visar att abortämnet väcker starka ställningstaganden bland examinatorer. Professorers kommentarer att Torstens inlämningsuppgifter skulle förhålla sig mer icke-vetenskapligt än dess examinatorer torde framgå är felaktigt. Att som examinator kräva anpassning i linje med den politiskt korrekta uppfattningen är inte vetenskap – det är politik. Att som examinator kräva korrigerig utan möjlighet till specifik diskussion med examinatorn är orimligt. Vetenskapen fordrar öppen

dialog. Att efter rådande omständighet förhindra handledning till skrivande av magisteruppsats är intet mindre än diskriminering av vetenskap.

Med vänliga hälsningar,

Torsten Nenzén

----- Original Message -----

From: [Caroline Olsson](mailto:Caroline.Olsson@ki.se)
To: torsten@nenzen.org
Cc: bengt.norrving@ki.se
Sent: Friday, February 16, 2007 3:53 PM
Subject: Angående kontakt med Bengt Norrving

Hej Torsten,

Jag vill bara meddela dig att jag har fått i uppdrag av den administrativa direktören Bengt Norrving att utreda omständigheterna i ditt ärende.

Som du redan vet konsulterade studievägledare Gerd Johansson Hellman mig efter det att du varit i kontakt med henne. Vi beslöt då i samråd med dig att diskutera ditt ärende med professor Leif Svanström. På torsdagen den 15/2 träffade således jag och Gerd Johansson Hellman Leif Svanström. På mötet bestämdes att Gerd Johansson Hellman skulle återkoppla till dig de beslut som fattades på mötet. Jag har fått information om att Gerd Johansson Hellman har kontaktat dig och att ni har bestämt tid för ett möte den 19/2.

Det är min förhoppning att du kommer acceptera de beslut som Gerd Johansson Hellman kommer att framlägga för dig och att du därmed kan gå vidare med dina studier.

Med vänliga hälsningar Caroline Olsson

Caroline Olsson
Utbildningsavdelningen
Karolinska Institutet
171 77 Stockholm
08-524 865 06

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen@ki.se)
To: [Gerd Johansson Hellman](mailto:Gerd.Johansson.Hellman@ki.se)
Sent: Thursday, February 15, 2007 6:01 PM
Subject: Re: möte med Leif Svanström

Hej Gerd Johansson Hellman.

Om det är möjligt att få träffa Er redan i morgon fredag 16/2 strax efter kl 15:00 vore perfekt. Ny kurs börjar på måndag 19/2 med heldagslektioner från 09:15-12:00 samt 13:15-16:00. Om

imorgon fredag 16/2 efter kl 15:00 inte fungerar, föreslår jag måndag 19/2 cirka kl 16:00.
Bifogar mitt schema.

Med vänliga hälsningar,

Torsten Nenzén

----- Original Message -----

From: [Gerd Johansson Hellman](mailto:Gerd.Johansson.Hellman@ki.se)

To: torsten@nenzen.org

Sent: Thursday, February 15, 2007 5:40 PM

Subject: möte med Leif Svanström

Hej Torsten

Idag träffade jag och Caroline Olsson Leif Svanström. Jag tycker att det var ett konstruktivt och lösningsorienterat möte.

Jag vill gärna träffa dig och återföra vad vi kom fram till på mötet – f a hur du skall komma igång/komma vidare med ditt uppsatsarbete.

Jag har möjlighet att träffa dig i nästa vecka på måndag, tisdag eller onsdag eftermiddag från ca 13.00 och framåt.

Återkom till mig vilken dag och tid som passar.

Vänliga hälsningar

Gerd Johansson Hellman

Studievägledare
Karolinska Institutet
Studentavdelningen
Nobels väg 6b
171 77 Stockholm
Tfn: 08-524 865 53

----- Original Message -----

From: [Bengt Norrving](mailto:Bengt.Norrving@ki.se)

To: ['Torsten Nenzén'](mailto:torsten@nenzen.org)

Sent: Thursday, February 15, 2007 2:29 PM

Subject: SV: diskriminering från handledning

Hej,

Jag överlämnar nu ditt ärende som det framgår av dina två mail till chefen för utbildningsavdelningen där hon utser handläggare. Förmodligen blir det Caroline Olsson som kommer att ta hand om ditt ärende.

Med vänliga hälsningar

Bengt Norrvind
Administrativ direktör

----- Original Message -----

From: [Torsten Nenzen](#)

To: gerd.johansson.hellman@ki.se

Sent: Wednesday, February 14, 2007 5:32 PM

Subject: handledare till magisteruppsats

Hej Gerd Johansson Hellman!

Tack att du bistår processen till förändrad inställning till akademisk kommunikation, som ett delstag i möjlighet av tilldelning av handledare till magisteruppsats, och till ett mer vetenskapligt förhållningssätt till innehållet av mina inlämningsuppgifter. Jag har sammanfattat mitt perspektiv av situationen som jag delger dig här.

Med tacksamma och vänliga hälsningar,

Torsten Nenzén

Diskriminering från handledning till magisteruppsats.

Hej!

Jag är student vid magisterkursen i Health Promotion, Division of Social Medicine, Department of Public Health Science, Karolinska Institutet. Department of Public Health Science uppfattas att missbedöma obligatoriska inlämningsuppgifter, samt diskriminerar från handledning till magisteruppsats.

Jag uppfattar att Professor Leif Svanströms bedömning av inlämningsuppgiften (Revision 2 assignment 3.2 Torsten Nenzen.doc), genom Professor i reproduktiv och perinatal hälsa Kyllike Christensson (Bedömning hp uppsats 2007.doc), även angränsar till diskriminering av ämnesval/inställning till ämnet och ter sig mer politiskt motiverad än vetenskapligt. En kompletterande metod att lösa den rådande situationen inom Public Health vid KI kan vara att utomstående akademiskt meriterade personer (inte från Department of Public Health vid KI) betraktar ämnet med vetenskaplig integritet. Torstens inlämningsarbete 3.2 och dess bedömning, samt processen av bedömningar med förhindrad möjlighet till handledning till magisteruppsats, bör granskas även utifrån juridiska och etiska infallsvinklar.

Professor Marcello Ferrada-Noli var tillfrågad handledare till magisteruppsats av Therese Wirback (Health Promotion). Professor Marcello Ferrada-Noli informerar mig 070212 kl.14 att Professor Leif Svanström meddelade Professor Marcello Ferrada-Noli 070212 kl.13 att Leif Svanström hade beslutat att Torsten inte är berättigad till handledare eftersom "he is not satisfying the formal requirements". Förfarandet, att från Department of Public Health inte bevilja handledning och därmed hindrande av påbörjande av arbete med magisteruppsats är diskriminering. Om Torsten inte skall berättigas tillgång till handledning till ett

master-thesis med anledning att Torsten's inlämningsuppgifter inte har godkänts av Department of Public Health, då skall samma förhållningssätt råda gentemot andra studenter vars inlämningsuppgifter av andra skäl ännu inte har godkänts. Så är inte verkligheten. De andra studenterna vid Health Promotion har tillåtits handledning trots att tidigare inlämningsuppgifter inte har godkänts. I detta diskriminerar Department of Public Health mot Torsten. Department of Public Health särbehandlar Torsten med avseende till tillåtelse av handledare, och kan uppfattas att tillämpa en dubbel-standard i bedömning av studenters inlämningsuppgifter. Förfarandet att från Department of Public Health inte bevilja handledning till thesis är i detta fall diskriminering.

Andra studenter medges handledare trots ej godkända inlämningsuppgifter. Samtliga av mina individuella inlämningsuppgifter (2.4, 3.2, 4.1, 5.1) har underkänts, och för samtliga inlämnade uppgifter har dröjsmålen begåtts av examinatorn. Av de inlämningsuppgifter som överhuvudtaget har kommenterats, har jag reviderat inlämningsuppgiften inom tidsramen några dagar till 1½ vecka efter underkännandet.

Examinator för **inlämningsuppgift 2.4** är Bosse Pettersson, Strategic Director vid Folkhälsoinstitutet. Bosse Pettersson har kommenterat mitt arbete vid två tillfällen, och jag har därefter reviderat mitt arbete inom några dygn efter kommunicerad bedömning. Bosse Pettersson har via Therese Wirback (kursadministratör) avgett återkommande löften att leverera kommentarer med sin bedömning, men har vid varje tillfälle överskridit de utlovade tidsramarna. Bosse Pettersson, till skillnad från andra examinatorer, åtminstone redogör specifik kritik relaterad till inlämningsuppgiftens text (Idag 14/2 har även examinator till 4.2 redogjort sin kritik, som delvis är specifik.). Bosse Pettersson understryker ifrågasättande min mening "All human life deserves equal protection by law." och kommenterar "could be the research question". Alla människors likhet inför lagen utgår från alla människors lika människovärde, och utgår även från FN:s allmänna deklaration om de mänskliga rättigheterna, som formuleras "Alla människor är födda fria och lika i värde och rättigheter." samt "Var och en har rätt till liv, frihet och personlig säkerhet.". Ifrågasättande av fundamental och universellt överenskommen mänsklig etik bör tillhöra andra forum än arenan för Public Health Sciences, och åtminstone inte tillhöra en magisterkurs i Health Promotion.

Ursprunglig examinator för **inlämningsuppgift 3.2** är Bo Henricsson. Bo Henricssons kommentar till 3.2, enligt Therese Wirback, omfattade endast två meningar: "Bo has read your work and says that programmes like this have been done before but it is difficult to succeed. Sweden has come further on this matter and to pass you need to focus on the problem." Korta, generella och otydliga kommentarer som dessa kan svårligen vägleda till konkreta förändringar. En av Therese Wirbacks muntliga kommentarer, utöver några slarvigt formulerade skriftliga kommentarer, var "We don't work with specific syndromes." Jag begärde då en annan examinator och efter veckor fick jag besked att Professor Leif Svanström var beredd att åta sig rollen som min nya examinator. Jag efterfrågade direkt ett möte med Leif Svanström och till sist lyckades en inbokning till möte. Mötet med Professor Leif Svanström varade i cirka fem minuter. Leif Svanström inledde det korta samtalet med bekräftelse att han

godkände valet av ämne. Leif Svanström framförde muntligen sedan två generella punkter av kritik: 1. litteraturhänvisningarna var otillräckligt underbyggda, 2. egna värdeomdömen bör tas bort. Leif Svanström instruerade att jag bör tillfråga någon av studenterna i samma kurs att bistå med specifika kommentarer till förändringar, istället för att han själv som examinator borde redogöra specifik kritik. Schemalagd och obligatorisk reflektion av andra studenters arbeten hade redan utförts. Även i den föregående studentens reflektion framgick endast generella kommentarer och avsaknad av argument. Professor i reproduktiv och perinatal hälsa Kyllike Christensson e-postar till Leif Svanström en skriven rekommendation om underkännande av Torstens inlämningsuppgift 3.2. De kommentarer som Kyllike Christensson redogör tyder på diskriminering av ämnesval/inställning till ämnet och ter sig mer politiskt motiverad än vetenskapligt. Samma dag som Therese Wirback vidarebefordrade Leif Svanströms/Kyllike Christenssons kommentar med graderande bedömning, muntligen frågade Torsten till Therese Wirback om möjlighet till ett möte med professorn, och Therese Wirback svarade att ”de har inte tid.”. Möte för specifik diskussion kring de meddelade generella kommentarerna är nödvändig för fullföljandet av endera tillmötesgående korrigeringar, eller stärkande underbyggnad med referenser, eller förbättrade tydlighet i argumentationer.

Examinator för **inlämningsuppgift 4.1** var Diana Stark-Ekman. De flesta studenter erhöll kommentarer och bedömningar av 4.1, men undantagen från kommentar med bedömning var bl.a. Torsten. Ingen kommentar eller bedömning medgavs. Therese Wirback meddelade muntligen till Torsten i januari att Torstens inlämningsuppgifter framledes skulle samlas under Professor Leif Svanström. Leif Svanström har inte kommunicerat någon kommentar eller bedömning av 4.1.

Idag, 14/2, två dygn efter att Professor Leif Svanström beslutade att avvisa Torstens möjlighet att skriva en magisteruppsats, e-postade Therese Wirback examinatorns kommentarer kring 4.1. Examinator Diana Stark-Ekman har dock inte befattat sig med att gradera och betygsatta 4.1. Av examinatorns kommentarer att döma har examinatorn missförstått delar av Torstens text, medan andra delar av examinatorns kommentarer härrör till bakgrundsbeskrivningar som i princip är identiska med den redan reviderade bakgrundsbeskrivningen till 3.2. Examinatorn framlägger sina personliga åsikter att 4.1 är ovetenskaplig med otillräckliga referenser. De andra publicerade artiklarna i erkända vetenskapliga journaler som refereras finns däremot i inlämningsuppgift 3.2 och styrker vetenskapligheten. I stora drag är examinatorns kommentarer endast personliga tolkningar och större delen av examinatorns kritik saknar vetenskaplig underbyggnad. Semantiken i 4.1 kan däremot i vissa avseenden harmoniseras, dock inte helt. Intressant är att 4.2-examinatorns kommentar ”First, I ask, could this programme evaluation actually be implemented in the real world? [...] For your work, to the first question, I think the answer would be yes, probably, but how can I really tell, if all I have to go by is your one viewpoint?” skiljer diametralt från Kyllike Christenssons kommentar till 3.2 “Även i en uppsats måste en föreslagen intervention vara realistisk att genomföra och inte bygga på författarens individuella åsikt i ämnet.” Examinatorn i 4.2 kan uppfattas att bedöma det föreslagna PAS-programmets evaluering som implementerbar i verkligheten, medan examinatorn i 3.2 uppfattas att bedöma att det föreslagna

PAS-programmet är orealistiskt att genomföra. Examinatorernas åsikter i det föreslagna PAS-programmet tycks divergera angående genomförbarhet.

Examinator för **inlämningsuppgift 5.1** var Per Tillgren. Ingen skriftlig kommentar har kommunicerats angående 5.1, men i samband med kursens obligatoriska power-point presentation av uppgift 5.1 muntligen kommenterade Per Tillgren arbetet som en del av seminariet. De uppfattade seminarie-korrektionerna inlämnades till Therese Wirback några dygn efter seminariet. Ingen ytterligare kommentar eller bedömning har framförts därefter från Department of PublicHealth angående 5.1.

Kommentarerna kring inlämningsuppgifterna 2.4, 3.2, 4.1, 5.1 visar att abortämnet väcker starka ställningstaganden bland examinatorer. Kommentarer att Torstens inlämningsuppgifter skulle förhålla sig mer icke-vetenskapligt än dess examinatorer torde framgå är felaktigt. Att som examinator kräva korrigeringar i linje med det politiskt korrekta är inte vetenskap – det är politik. Att som examinator kräva korrigeringar utan möjlighet diskussion i det specifika med examinatorn är orimligt. Att efter rådande omständighet förhindra handledning till skrivande av magisteruppsats är intet mindre än diskriminering av vetenskap.

Med vänliga hälsningar,

Torsten Nenzén

----- Original Message -----

From: Torsten Nenzen

To: bengt.norrving@ki.se

Sent: Tuesday, February 13, 2007 4:17 PM

Subject: politik eller vetenskap?

Hej Bengt Norrving!

Tack för ert telefonsamtal och ert intresse att bedöma underlaget till den uppkomna situationen; att som student ges möjlighet till handledning i ett första förslag till magisteruppsats (Thesis Plan Marcello F-N 070212.doc) kring den abortrelaterade ohälsan Post Abortion Syndrome, och att underkännandet av tidigare inlämningsuppgifter i samma ämne utgör det angivna hindret för tillåtelse av handledning. Jag uppfattar att Professor Leif Svanströms bedömning av inlämningsuppgifeten (Revision 2 assignment 3.2 Torsten Nenzen.doc), genom Professor i reproduktiv och perinatal hälsa Kyllike Christensson (Bedömning hp uppsats 2007.doc), angränsar till diskriminering av ämnesval/inställning till ämnet och ter sig mer politiskt motiverad än vetenskapligt.

Andra studenter medges handledare trots ej godkända inlämningsuppgifter. Samtliga av mina inlämningsuppgifter (2.4, 3.2, 4.1, 5.1) har underkänts och i samtliga har dröjsmålet funnits hos examinatoren. Av de inlämningsuppgifter som överhuvudtaget har kommenterats, har jag reviderat inlämningsuppgiften inom tidsramen några dagar till 1½ vecka efter underkännandet.

För att lösa den rådande situationen ser jag det som befogat att fler akademiskt meriterade huvuden betraktar situationen med vetenskaplig integritet.

Med vänliga hälsningar,

Torsten Nenzén

Student inom foklhälsovetenskap, hälsofrämjande arbete

Hem: 08-7113377

Mobil: 0707-777754

E-post: torsten.nenzen.917@student.ki.se

----- Original Message -----

From: [Torsten Nenzen](#)

To: [Marcello Ferrada-Noli](#)

Sent: Monday, February 12, 2007 3:43 AM

Subject: thesis aims

Professor Marcello Ferrada-Noli.

Attached is a first proposal for thesis aims. I will visit you at Norrbacka as agreed on Monday 12/2 at 14:00.

Best regards,

Torsten Nenzén

----- Original Message -----

From: [Marcello Ferrada-Noli](#)

To: [Torsten Nenzen](#)

Cc: Therese.Wirback@ki.se

Sent: Wednesday, February 07, 2007 7:33 AM

Subject: Re: master thesis supervision

Hi Torsten

Could we meet today Wednesday at 16.00 hrs. by Social Medicine? (meeting point, the library)

Pls. give a call to 070 2935466 to confirm or see another possible time.

marcello

Prof. Med.dr. Marcello Ferrada-Noli
Medicine doktor i psykiatri, professor i folkhälsovetenskap inrk epidemiologi

Research Director, Transcultural Injury Epidemiology, WHO Collaborating Centre on
Community Safety Promotion, Karolinska Institutet, Dept. Public Health Sciences,
Division of Social Medicine, Norrbacka, 2nd floor, SE - 171 76 Stockholm, Sweden
Phones: + 46 8 737 3879 (Karolinska University Hospital), Cel. +46 70 293 5466

<http://www.hig.se/%7Emnf/pages/cross-cult.htm>

----- Original Message -----

From: [Torsten Nenzen](#)

To: marcello.ferrada-noli@ki.se ; mnf@hig.se

Sent: Thursday, February 01, 2007 1:11 PM

Subject: master thesis supervision

Professor Marcello Ferrada-Noli.

Hi!

This is Torsten Nenzén; a student in Health Promotion at Norrbacka. I just spoke with you on your mobile.

I am pleased that you are interested in supervising my suggestion for a Master thesis 10p in the areas of abortion and Post Abortion Syndrome. I appreciate this. I would like to know more about your suggestion of applying a hypothetical approach to the issue, and hopefully I can begin planning the thesis and adjusting it after speaking with you.

I look forward to meeting with you next week when you return from Lund and listening to your suggestions to how I could objectively tackle the issue with a hypothetical approach. I attach a copy of our current course schedule so that it will be more easy to coordinate our possibilities for a first meeting, from which I hope to speedily proceed.

I paste beneath some of my earlier litterarture reviews and a summary of my proposed health promotion programme at reducing mental ill health of women related to Post Abortion Syndrome.

Kindly,

Torsten Nenzén

Home & voice message: 08-7113377

Mobile: 0707-77754

Email: torsten.nenzen.917@student.ki.se

Background Description

The vision of this project is to increase the quality of life of women by reduction of mental ill health among women related to Post Abortion Syndrome. Qualitative and quantitative scientific studies show that some women suffer mental ill health related to induced abortion, and its symptoms are referred to as Post Abortion Syndrome (PAS). i[i] ii[ii] iii[iii]

One study iv[iv] published 2004 with a preliminary comparison of American and Russian women revealed that 14.3% of American and 0.9% of Russian women met the full diagnostic criteria for abortion-related PTSD. Compared to Russian women, American women exhibited more negative effects, more symptoms of PTSD, and reported higher levels of stress associated with experiencing an abortion. Data from the psychological variables comparing American and Russian women differed significantly in regards to perceived happiness in childhood and adolescent years, reporting physical or sexual abuse before age 18, and religious convictions. The diverse findings suggest additional cross-cultural research is required. Lifetime prevalence of PTSD has been estimated to be up to 12% of U.S. women. There appears to be a general consensus through other studies that maybe 10% of women that have experienced an abortion will suffer from PAS.

A study v[v] from Finland 2005 showed a 6-fold greater incidence of suicide among women who had had an induced abortion than among women with normal pregnancies.

A study vi[vi] from Sweden 1998 showed that 50-60% of women undergoing induced abortion experienced some measure of emotional distress, classified as severe in 30% of cases. Some risk factors identified in this study were: living alone, poor emotional support from family and friends, adverse postabortion change in relations with partner, underlying ambivalence or adverse attitude to abortion, and being actively religious.

One study vii[vii] reviewing the evidence of psychological health consequences of induced abortion in 2003 confirm that induced abortion increased the risks for mood disorders substantial enough to provoke attempts of self-harm, and concludes that informed consent before induced abortion should include information about the subsequent risk of depression.

One study viii[viii] observed that women who had had an abortion had a significantly higher relative risk of psychiatric admission compared with women who had delivered, although direction of causality for this correlation is not definite.

A study ix[ix] in California found that the rate of outpatient mental health treatment for 4 years following an abortion was 17% higher for a group of women who had chosen abortion in comparison with a group who had chosen to birth their child. Within 90 days after the pregnancy, the abortion group had 63% more claims than the birth group, with the percentages equaling 42%, 30%, and 16% for 180 days, 1 year, and 2 years, respectively.

A small study x[x] in Belarus reports from non-random interviews that grief, guilt, dissociation, depression, anxiety and psychosomatic responses were common among women also across the Belarus culture. The study aimed at answering the question: Similar to the cross-cultural concept of posttraumatic stress disorder, are their possibly universal responses to abortion as well? The study concludes that despite disparate circumstances and abortion use between Belarus and Western cultures, women who have adverse responses are very similar across these two divergent cultures.

A study xi[xi] of anxiety among Japanese women suggest that a woman's attitude toward abortion and reproductive rights is an important and but neglected factor, a significant predictor, influencing postelective abortion anxiety.

The rationale of preventing ill health of women related to abortion is that by restricting abortion opportunity by legislation, or by empowering pregnant women and the general public with knowledge, some abortions will be prevented and thereby reducing the overall number of aborted children, and thus, the fewer women that experience abortion the fewer women will suffer mental ill health resulting from induced abortion. Through elimination of some circumstantial factors that may influence a woman to abort her child, or inversely, by empowering women with circumstances that influence her to want to give birth to and mother her child, fewer women will suffer abortion related mental ill health. A mother's two alternatives to aborting her child are parenting and placing her child for adoption. Pro-abortionists claim another side of the issue of terminating the life of innocent people, which is that some women suffer from inconveniences of unintended pregnancies. The pro-abortionist rationale is that because some women suffer inconveniences of pregnancy, these women have a moral right to extinguish the life of the unborn baby. The pro-abortionist argues that the autonomy of the woman supercedes the other human's value and rights.

The rationale of protecting unborn human persons begins with recognition that human life biologically begins at fertilization. All human lives (persons) have equal and absolute human value. Regardless of age, sex, ethnicity, religion, talent, health, wealth, profession, power, productiveness, innocence or degree of dependency, all human life retain equal human value. Therefore, all conceived but unborn human lives have full human value. Reproductive choice is therefore morally limited to preconception; not post-conception. All human life deserves equal protection by law.

A WHO reproductive health publication xii[xii] on safe abortions is predominantly pro-abortion, but it acknowledges a necessity for provision of accurate information about abortion.

“At a minimum, abortion services should always provide medically accurate information about abortion, and offer non-directive counselling and contraceptive information and services, as well as clinical abortion services.”

The United Nation's (UN) Universal Declaration of Human Rights xiii[xiii] is partially supportive of the protection of the unborn human life.

“Article 1. - All human beings are born free and equal in dignity and rights.”

Infants are human and are equal in dignity and rights, although Article 1 does not focus on the unborn, but focuses on the born.

“Article 3. - Everyone has the right to life, liberty and security of person.”

The human embryos and foetuses therefore also have the right to life.

“Article 5. - No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”

Human embryos and fetuses shall not be subjected to cruel and inhuman treatment.

“Article 7. - All are equal before the law and are entitled without any discrimination to equal protection of the law.”

Unborn human persons are presently not equal before Swedish law xiv[xiv] since unborn children have no legal protection during the first 18 weeks of gestation and have only limited legal protection thereafter.

Sweden should strive for evidence based Public Health Policy and adherence to universal human rights. Therefore, in promoting women’s health and in defending infant’s absolute human value, and subsequently, in regards to unintended pregnancies and induced abortion, Sweden is obligated:

- (1) to promote protection of unborn human innocent lives against deliberate termination of life, and (2) to promote physical and mental health among pregnant and post-pregnant women
 - (a) through a national reproductive health education system, emphasizing scientific and medical facts, reality imagery, and sustainable arguments against induced abortion as to enhance public understanding of consequences of unintended pregnancy and induced abortion, and through promotion of increased and effective use of contraceptives and through promotion of abstinence from extramarital sex as methods of preventing unintended pregnancies
 - (b) through amendment of legislation for improving restrictions on the abortion option
 - (c) through removal of economic and social barriers that negatively influence women towards choosing induced abortion, by governmentally securing financial and social postpartum support
 - (d) through individual empowerment of pregnant women’s choice for the alternatives to induced abortion: either parenting or placing the child for adoption

Causality model using ICD-10 as framework:

- (ICD-10: F00-F99), Mental and behavioural disorders
 - Exclude other mental and behavioural disorders
- Focus this category: (ICD-10: F40-F48), Neurotic, stress-related and somatoform disorders
 - Exclude other neurotic, stress-related and somatoform disorders
- Focus this category: (ICD-10: F43), Reaction to severe stress, and adjustment disorders
 - Exclude: F43.0, Acute stress reaction
- Include this classification: F43.1, Post-traumatic stress disorder (PTSD)
 - Exclude: F43.2, Adjustment disorders
 - Exclude: F43.8, Other reactions to severe stress
- Include this classification: F43.9, Reaction to severe stress, unspecified
- Target: prospective populations within PTSD category + unspecified category relating to Post Abortion Syndrome (PAS)
- General objective for target: reduce PAS (within PTSD)
- Specific objective for target: aim to measurably reduce PAS (PTSD category + unspecified category) within a 20-year period

- Antecedent condition to PAS: induced abortion (can include miscarriage and spontaneous abortion)
 - Specific objective for antecedent condition to PAS: reduce the number of induced abortions of total pregnancies by 20% within a 10-year period in a county
 - Antecedent conditions to induced abortion: lack of public understanding of consequences of unintended pregnancy and induced abortion, ineffective use of contraceptives, promiscuity (extramarital sex), insufficient legal restrictions to the abortion option, economic and social barriers that negatively influence women towards choosing induced abortion, lack of financial and social postpartum support, lack of empowerment of pregnant women's choice towards the other two options to induced abortion: either parenting or placing the child for adoption
 - Targeted antecedent condition to induced abortion: lack of public understanding of consequences of unintended pregnancy and induced abortion
 - Specific objective for targeted antecedent condition to induced abortion: increase understanding of consequences of unintended pregnancy and induced abortion; by 50% of total county population within 3 years, and by 90% of pregnant women within 1 year
-

----- Original Message -----

From: [Therese Wirback](#)

To: [Torsten Nenzén](#)

Sent: Wednesday, January 31, 2007 12:30 PM

Subject: Supervisor

Dear Torsten. Marcello has just returned from Africa where e-mail communication was not effective.

He is now back and asks you to call him on 070 293 5466

Best regards, Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka
SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Therese Wirback](#)

To: [Torsten Nenzen](#)

Sent: Tuesday, January 23, 2007 3:20 PM

Subject: Re: Fw: meeting for thesis plan

Dear Torsten. He is indeed busy but has said ok to supervision by himself or together with a doctoral student of his. I think he has been away to Chile for a while and it might be due to that.

I will too, contact him

Best regards, Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka
SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Torsten Nenzen](#)
To: Therese.Wirback@ki.se
Sent: Tuesday, January 23, 2007 3:15 PM
Subject: Fw: meeting for thesis plan

Therese Wirback.

I have tried to contact Professor Marcello Ferrada-Noli on his telephone numbers 08-7373879 and 070-2935466 and have also sent email to him through his Karolinska and Gävle addresses, but he does not respond. Is he very busy? Do you think it may be appropriate to find another person to supervise my thesis? I would like to be able to commence communications with a supervisor soon.

Kindly,

Torsten Nenzén

----- Original Message -----

From: [Torsten Nenzen](#)
To: mnf@hig.se
Sent: Saturday, January 20, 2007 6:14 PM
Subject: Fw: meeting for thesis plan

Professor Marcello Ferrada-Noli.

Can we meet next week please?

Torsten Nenzén

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)

To: Marcello.Ferrada-Noli@ki.se

Sent: Thursday, January 11, 2007 9:23 PM

Subject: meeting for thesis plan

Professor Marcello Ferrada-Noli.

Hi!

I am pleased that you may be interested in supervising my suggestion for a Master thesis 10p in the areas of abortion and Post Abortion Syndrome. I appreciate this. I would like to know more about your suggestion of applying a hypothetical approach to the issue, and hopefully I can begin planning the thesis and adjusting it after speaking with you.

May I please have an appointment to meet with you and hear your suggestions.

Will Monday 15/1 afternoon some time after 1400 work? I attach our Module 5 schedule if you prefer another time for our meeting.

Kindly,

Torsten Nenzén

08-7113377

0707-777754

----- Original Message -----

From: [Therese Wirback](mailto:Therese.Wirback)

To: [Ajmal Muhammad](mailto:Ajmal.Muhammad) ; [Anna Englund](mailto:Anna.Englund) ; [Caroline Engkvist](mailto:Caroline.Engkvist) ; [Charlotta Enghag](mailto:Charlotta.Enghag) ; [Dash Shailan-Kumartry](mailto:Dash.Shailan-Kumartry) ; [David Mbesi](mailto:David.Mbesi) ; [Elin Olsson](mailto:Elin.Olsson) ; [Evelyn Nguesha](mailto:Evelyn.Nguesha) ; [Iliina Nikolova](mailto:Iliina.Nikolova) ; [Kingsley Ayuk-Nsok](mailto:Kingsley.Ayuk-Nsok) ; [Mancho Innocent](mailto:Mancho.Innocent) ; [Mathias Kajeh](mailto:Mathias.Kajeh) ; [Mats Hallgren](mailto:Mats.Hallgren) ; [Michael Wilson](mailto:Michael.Wilson) ; [Rashid Humayon](mailto:Rashid.Humayon) ; [Stina Söderqvist](mailto:Stina.Söderqvist) ; [Therese Räftegård](mailto:Therese.Räftegård) ; [Ulrika Förberg](mailto:Ulrika.Förberg)

Cc: Richard.Branstrom@fhi.se ; drsalim-mahmud.chowdhury.599@student.ki.se ; Ellenor.Mittendorfer-Rutz@ipm.ki.se ; cecilia.boldemann@sll.ki.se ; diana_hudson@hotmail.com ; Gloria.Macassa@ki.se ; ingvor.bjugard@lf.se ; hans-yngve.berg@vv.se

Sent: Wednesday, November 22, 2006 11:08 AM

Subject: Guidelines for thesis writing

Dear students and supervisors in Health Promotion. Attached you will find a document written by Mats Gillberg with all important aspects of the thesis writing.

Preliminary date for Half time is 23-25/4 and the Final seminar 23-27 of May, 2007.

For all of you it's important to keep the subject of the thesis within the field of Health Promotion. Good luck and please let me know if you have any questions.

Best regards, Therese

Therese Wirback

Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka
SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Therese Wirback](#)
To: [Torsten Nenzén](#)
Cc: Marcello.Ferrada-Noli@ki.se
Sent: Thursday, November 16, 2006 9:53 AM
Subject: Thesis and supervisor

Dear Torsten. Professor Marcello Ferrada-Noli has read your studyplan and has the suggestion of applying a hypothetic approach to your issue. If you could consider that, he is interested in supervising you himself, together with his doctoral student or maybe by the doctoral student alone.

You could than contact Marcello to see how to proceed.

Best regards, Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
Norrbacka
SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Therese Wirback](#)
To: [Torsten Nenzen](#)
Sent: Tuesday, November 14, 2006 3:55 PM
Subject: Re: master thesis control

Ok. I'll let you know if Marcello have the possibility to supervise.

best regards, Therese
Therese Wirback
Degree of Master in Health Promotion, Project assistant
Karolinska Institutet
Department of Public Health Sciences

Division of Social Medicine
Norrbacka
SE-171 76 Stockholm
+46 8 7373871

----- Original Message -----

From: [Torsten Nenzen](#)

To: Therese.Wirback@ki.se

Cc: bo.haglund@ki.se

Sent: Tuesday, November 14, 2006 2:45 PM

Subject: master thesis control

Therese Wirback.

I have read your comments written in the thesis control paper, and also your email regarding supervisors. I appreciate efforts in suggesting two names of supervisors for the study of Post Abortion Syndrome with a health promotion perspective. Nevertheless, some of your comments suggest either some lack of knowledge or insufficient time before commenting on your part.

You suggest "Maybe you could tackle from another angle. How to practice safe sex resulting in less unwanted children.". In Assignment 2.4, if you had read it carefully, I explained the alternatives to killing foetuses. The alternatives are parenting and placement for adoption. The perspective of a child being "unwanted" is rarely appropriate – not even when limited to the mother. The child may be "unwanted" in perspective of a mother's contemporary priorities and disadvantaged social and economic factors, and it is for this precise reason that socio-economic factors need to be eliminated. Contemporary priorities of women may express that a child is "unwanted", but the expression is relative to contemporary issues in the mother's life circumstance and is rarely an absolute expression for an undesirable child. Other parents want to adopt children, and also from this perspective no child is therefore unwanted. The concept of "unwanted" children aligns with a more common Swedish perception affected by a lack of thoughtful perspective, but for example the USA government more often speak instead of "unintended pregnancies" rather than "unwanted children".

You state a question "Is this really a public health issue?". Scientifically speaking – yes it is. However, if one is biased against the facts relating to ill health sequelae of abortion and deny the scientific data, then would one ask such a question.

You strike out one of my suggested study questions "How many doctors know anything at all about PAS?". Why do you strike that question out? As I mentioned previously, from my conversation with the only medical doctor of the group working with decisions for applications for late abortions at Socialstyrelsen, the doctor admitted to never have heard about Post Abortion Syndrome (PAS) before my communication with her. If Socialstyrelsen, working with decisions on late abortions, know nothing about Post Abortion Syndrome, then the question to what degree other medical doctors know anything at all is highly relevant.

You ask "What is fact, what is moral?" without any explaining comment. Are you asking because you do not know how to distinguish the two? In reality concerning abortion facts, it appears that denial of factual evidence is on the part of the "pro-abortion" side, or rather the "denial-of-facts-coupled-with-projection" side, both as forms of psychological defensive mechanisms.

It was suggested by one of your proposed supervisors that this master thesis should put Post Abortion Syndrome in a population perspective, rather than focusing on the individual. Why is this mentioned and what precisely is meant? With 38 000 abortions per year in Sweden and very roughly estimated 46 million abortions per year worldwide, induced abortion affects a significant number of individuals in the populations. If one wants to study the population one also needs to understand the individual. Women decide on abortion with an understanding to their available facts. With a more comprehensive availability to the facts of after-effects of induced abortion and factual information regarding the potentially targeted person, it would be reasonable to conclude that the number of abortions would decrease. The incidence rate of number of women choosing abortion per year of a population of unintended pregnancies would logically decrease. As there appears to be no prospective cohort studies available comparing incidence of abortion in a factually informed group of pregnant women compared with an uninformed group of pregnant women, possibly due to political unwillingness to know the outcome, only reasonable speculation from current facts can suggest the results.

Kindly,

Torsten Nenzén

Proposed Health Policy on induced abortion

Sweden should strive for evidence based Public Health Policy and adherence to universal human rights. Therefore, in promoting women's health and in defending infant's absolute human value, and subsequently, in regards to unintended pregnancies and induced abortion, Sweden is obligated:

- (1) to promote protection of unborn human innocent lives against deliberate termination of life, and (2) to promote physical and mental health among pregnant and post-pregnant women
 - (a) through a national reproductive health education system, emphasizing scientific and medical facts, reality imagery, and sustainable arguments against induced abortion as to enhance public understanding of consequences of unintended pregnancy and induced abortion, and through promotion of increased and effective use of contraceptives and through promotion of abstinence from extramarital sex as methods of preventing unintended pregnancies
 - (b) through amendment of legislation for improving restrictions on the abortion option
 - (c) through removal of economic and social barriers that negatively influence women towards choosing induced abortion, by governmentally securing financial and social postpartum support
 - (d) through individual empowerment of pregnant women's choice for the alternatives to induced abortion: either parenting or placing the child for adoption

The issue

Necessity of protecting unborn human persons

Human life biologically begins at fertilization. All human lives (persons) have equal and absolute human value. Regardless of age, sex, ethnicity, religion, talent, health, wealth, profession, power, productiveness, innocence or degree of dependency, all human life retain equal human value. Therefore, all conceived but unborn human lives have full human value. Reproductive choice is therefore morally limited to preconception; not post-conception. All human life deserves equal protection by law.

Necessity of preventing ill health of women related to abortion

Scientific evidence show that some women suffer from Post Abortion Syndrome (PAS) and other physical sequelae related to induced abortion. Restricting abortion opportunity by legislation will prevent some abortions and thereby reducing the overall number of aborted children, and thus, the fewer women that experience abortion the fewer women will suffer physical and mental ill health resulting from induced abortion. Through elimination of some circumstantial factors that may influence a woman to abort her child, or inversely, by empowering a woman with circumstances that influence her to want to give birth to and mother her child, fewer women will suffer abortion related mental and physical ill health. A mother's two alternatives to killing her child are parenting and placing the child for adoption.

----- Original Message -----

From: a.n.broen@medisin.uio.no

To: [Torsten Nenzen](mailto:Torsten.Nenzen)

Sent: Wednesday, November 08, 2006 1:55 PM

Subject: Re: seeking supervisor for Masters thesis

Dear Torsten Nenzen,

Thank you for the e-mail, and thank you for asking me to become your supervisor.

I am sorry to tell you that I can not take this job. This is mostly because I now have started in a new job on a psychiatric hospital far outside Oslo, and am very busy with my work here. I am not at the University in Oslo any more, and I feel that I can not keep up with the research work there any longer.

I hope you will find another person to do this, and wish you good luck with your studies.

Sincerely, Anne Nordal Broen.

----- Original Message -----

From: therese.wirback@ki.se

To: torsten.nenzen.917@student.ki.se

Sent: Tuesday, November 07, 2006 3:02 PM

Subject: Thesis plans

Dear students. Tomorrow most of you will present your thesis plans and you need to publish them so that Mats Gillberg and the opponent can read and make comments.

Please publish what you have done so far, we take it from there.

best regards, Therese

----- Original Message -----

From: [Torsten Nenzen](mailto:Torsten.Nenzen)

To: berit.sjogren@ks.se

Sent: Tuesday, November 07, 2006 2:24 PM

Subject: seeking supervisor to Master thesis

Dr. Berit Sjögren.

Hello!

I will be writing my Masters thesis soon at Karolinska Institute, Department of Public Health Sciences, Division of Social Medicine. Therefore, I need to find an appropriate supervisor. Will you consider supervising my Master thesis?

For the Master thesis (10 credits, or optionally 20 credits) I would prefer to study and write something relating to women's ill health as a result of induced abortion (Post Abortion Syndrome). I have limited knowledge (15 credits) in Epidemiology, although the studies in epidemiology and bio-statistics were conducted 10 years ago. Perhaps you have available data, or you are working with another material that I can use? If no data is available, I will consider the option to simply write a 10 credit literature study on PAS relating to a health promotion perspective.

I am interested also, after completing the Master course in Health Promotion in June 2007 to work either as a PhD student preferably in a related academic study area, or to work academically somewhere near Stockholm in Sweden or in another country. For personal reasons I am strongly considering the option to relocate to an English-speaking country – perhaps Canada or the US. Do you think there may be a PhD or work position available for me, through your network of contacts, either in Stockholm or outside of Sweden?

I attach a copy of two of my previous writings on induced abortion as to better understand my background and perspective.

I hope that you will respond to this letter either through my email or telephone.

Regards,

Torsten Nenzén

torsten.nenzen.917@student.ki.se

Stockholm, Sweden

Home: +46 8 7113377

Mobile: +46 70 7777754

----- Original Message -----

From: [Torsten Nenzen](mailto:torsten.nenzen.917@student.ki.se)

To: Gunilla.Lindmark@kbh.uu.se

Sent: Tuesday, November 07, 2006 2:22 PM

Subject: seeking supervisor to Master thesis

Dr. Gunilla Lindmark.

Hello!

I will be writing my Masters thesis soon at Karolinska Institute, Department of Public Health Sciences, Division of Social Medicine.

Therefore, I need to find an appropriate supervisor. Will you consider supervising my Master thesis?

For the Master thesis (10 credits, or optionally 20 credits) I would prefer to study and write something relating to women's ill health as a result of induced abortion (Post Abortion Syndrome). I have limited knowledge (15 credits) in Epidemiology, although the studies in epidemiology and bio-statistics were conducted 10 years ago. Perhaps you have available data, or you are working with another material that I can use? If no data is available, I will consider the option to simply write a 10 credit literature study on PAS relating to a health promotion perspective.

I am interested also, after completing the Master course in Health Promotion in June 2007 to work either as a PhD student preferably in a related academic study area, or to work academically somewhere near Stockholm in Sweden or in another country. For personal reasons I am strongly considering the option to relocate to an English-speaking country – perhaps Canada or the US. Do you think there may be a PhD or work position available for me, through your network of contacts, either in Stockholm or outside of Sweden?

I attach a copy of two of my previous writings on induced abortion as to better understand my background and perspective.

I hope that you will respond to this letter either through my email or telephone.

Regards,

Torsten Nenzén

torsten.nenzen.917@student.ki.se

Stockholm, Sweden

Home: +46 8 7113377

Mobile: +46 70 7777754

----- Original Message -----

From: Torsten Nenzen

To: a.n.broen@medisin.uio.no

Sent: Tuesday, November 07, 2006 2:07 PM

Subject: seeking supervisor for Masters thesis

Dr. Anne Nordal Broen.

Hello!

I will be writing my Masters thesis soon at Karolinska Institute, Department of Public Health Sciences, Division of Social Medicine. Therefore, I need to find an appropriate supervisor. Will you consider supervising my Master thesis?

For the Master thesis (10 credits, or optionally 20 credits) I would prefer to study and write something relating to women's ill health as a result of induced abortion (Post Abortion Syndrome). I have limited knowledge (15 credits) in Epidemiology, although the studies in epidemiology and biostatistics were conducted 10 years ago. Perhaps you have available data, or you are working with another material that I can use? If no data is available, I will consider the option to simply write a 10 credit literature study on PAS relating to a health promotion perspective.

I am interested also, after completing the Master course in Health Promotion in June 2007 to work either as a PhD student preferably in a related academic study area, or to work academically somewhere near Stockholm in Sweden or in another country. For personal reasons I am strongly considering the option to relocate to an English-speaking country – perhaps Canada or the US. Do you think there may be a PhD or work position available for me, through your network of contacts, either in Stockholm or outside of Sweden?

I attach a copy of two of my previous writings on induced abortion as to better understand my background and perspective.

I hope that you will respond to this letter either my email or telephone.

Regards,

Torsten Nenzén

torsten.nenzen.917@student.ki.se

Stockholm, Sweden

Home: +46 8 7113377

Mobile: +46 70 7777754

----- Original Message -----

From: [Torsten Nenzen](mailto:torsten.nenzen.917@student.ki.se)

To: lotti.helstrom@sodersjukhuset.se

Sent: Tuesday, November 07, 2006 1:30 PM

Subject: Re: Fw: master thesis supervisor

Dr. Lotti Helström.

Jag klistrar in i denna epost textmassan från ett av de tidigare bifogade dokumenten där jag skriver angående ett förslag till ändrade folkhälsomål. Den andra skriften finns publicerad på: http://www.helig.com/JAS_Opinion_om_abort.pdf.

Post Abortion Syndrome (PAS) har existerat som begrepp länge. Sammanfattning av studier och resonemang finns här: <http://www.abortionfacts.com/PAS/PAS.asp>. I PubMed finner jag den senaste publiceringen om PAS från 2005:

1: [Actas Esp Psiquiatr](#). 2005 Jul-Aug;33(4):267-72.

Diagnostic categorization of post-abortion syndrome.

- [Gomez Lavin C](#),
- [Zapata Garcia R](#).

Servicio Navarro de Salud Mental, Pamplona, Navarra, Spain. Carmen.lavin@terra.es

Some psychopathological characteristics are frequently observed in women who have voluntarily aborted. However, some resistance currently remains to their recognition as a differentiated nosological category, known as Post-Abortion Syndrome (PAS). We tried to assign a diagnostic category to women with PAS by determining the extent by which they fulfilled the diagnostic criteria of international classifications. Criteria for Post-Traumatic Stress Disorder (PTSD) were met in the ten PAS cases studied. In addition, patients also showed other non-specific symptoms such as repeated and persistent dreams and nightmares related with the abortion, intense feelings of guilt and the "need to repair". PAS should be considered as an additional type of PTSD. It also has some specific characteristics that could help to understand the patient's life experience and to establish a psychotherapeutic intervention.

PMID: 15999304 [PubMed - indexed for MEDLINE]

Följande är en inbjudan via organisationen Respekt:

Tid: 18.00 – 20.30

Datum: 14 november 2006

Plats: Aulan, Sahlgrenska sjukhuset, Göteborg (ingång vid huvudingången från Per Dubbsgatan)

Talare: **Anne Nordal Broen**, psykiater. Publicerade 2005 en avhandling vid Oslo universitet där hon jämförde kvinnor som fått missfall med kvinnor som gjort abort.

Efter aborten – hur mår kvinnorna?

Maria Olsson, socionom vid Minnamottagningen i Göteborg.

Före och efter abort - exempel från vardagen.

Daniel Brattgård, etikansvarig vid Sahlgrenska sjukhuset och sjukhuspräst i Svenska kyrkan.

Abort som en del av själavården.

Anmälan: Tfn 08-462 66 24, fax 08-462 94 25
e-post: info@respektlivet.nu

Lotti Helström, eftersom Ni inte har möjlighet att handleda vill jag fråga om Ni kan hänvisa mig vidare till någon i Sverige eller utrikes som kan handleda åt mig och åt Karolinska Institutet. Kan Ni vänligen rekommendera en kontakt?

Med vänlig hälsning,

Torsten Nenzén

----- Original Message -----

From: lotti.helstrom@sodersjukhuset.se

To: [Torsten Nenzen](#)

Sent: Tuesday, November 07, 2006 12:39 PM

Subject: Ang: Fw: master thesis supervisor

Hej Torsten!

Roligt att du intresserar för kvinnliga rättigheter !

Tyvärr har jag i min anställning vid södersjukhuset AB som ledningsansvarig för Akutmottagningen för våldtagna kvinnor inte möjlighet att handleda dig på ett arbete om aborter.

Du föreslår en intressant diagnos: **Post Abortion Syndrom, något som jag trots många som kliniker och forskare aldrig hört talas om.**

[Torstens röd-markering och understrykning av Lotti Helströms text]

Tyvärr går dina attachements inte att öppna.

Du får gärna klargöra för mig vad du avser att studera, men jag måste tyvärr tacka nej till att bli din handledare.

Hälsningar!

Lotti Helström, överläkare
Akutmottagningen för våldtagna kvinnor
Södersjukhuset
118 83 Stockholm
08 616 46 77
070 484 60 22

----- Original Message -----

From: [Torsten Nenzen](#)

To: Lotti.helstrom@sodersjukhuset.se

Sent: Tuesday, November 07, 2006 1:52 AM

Subject: Fw: master thesis supervisor

Hej igen Dr.Lotti Helström!

De två dokumenten om abort bifogades tyvärr inte i mitt tidigare brev och därför sänder jag dem här istället. Jag ser fram emot ett svar från Er angående möjligheten att handleda i en Magisteruppsats.

Med vänlig hälsning,

Torsten Nenzén

----- Original Message -----

From: [Torsten Nenzén](#)

To: Lotti.helstrom@sodersjukhuset.se

Sent: Monday, November 06, 2006 5:33 PM

Subject: master thesis supervisor

Dr. Lotti Helström

Hello!

I will be writing my Masters thesis soon at Karolinska Institute, Department of Public Health Sciences, Division of Social Medicine. Therefore, I need to find an appropriate supervisor. Two professors at Karolinska Institute have recommended your name. Dr. Erwin.Bischofberger, whom I respect, recommended your name. Will you consider supervising my Master thesis?

For the Master thesis (10 credits, or optionally 20 credits) I would prefer to study and write something relating to women's ill health as a result of induced abortion (Post Abortion Syndrome). I have limited knowledge (15 credits) in Epidemiology, although the studies in epidemiology and bio-statistics were conducted 10 years ago. Perhaps you have available data, or you are working with another material that I can use? If no data is available, I will consider the option to simply write a literature study on 10 credits on PAS relating to a health promotion perspective.

I am interested also, after completing the Master course in Health Promotion in June 2007 to work either as a PhD student preferably in a related academic study area, or to work academically somewhere near Stockholm in Sweden or in another country. For personal reasons I am

strongly considering the option to relocate to an English-speaking country – perhaps Canada or the US. Do you think there may be a PhD or work position available for me, through your network of contacts, either in Stockholm or outside of Sweden?

I attach a copy of two of my previous writings on induced abortion as to better understand my background and perspective.

I hope that you will respond to this letter either my email or telephone.

Regards,

Torsten Nenzén
torsten.nenzen.917@student.ki.se
Home: +46 8 7113377
Mobile: +46 70 7777754

----- Original Message -----

From: [Erwin Bischofberger](#)
To: [Torsten Nenzén](#)
Sent: Saturday, September 09, 2006 4:59 PM
Subject: Re: searching for thesis supervisor

Hej,

Under den gångna veckan har jag varit bortrest två gånger. Resten av tiden var knapp. Det är följande personer som har kunskap om det ämne som du efterlyser och som kan fungera som supervisor eller hjälpa vidare med att hitta en sådan:

Berit Sjögren, gynekolog, med en doktorsavhandling om "Upplevelser av Fosterdiagnostik" i sin akademiska ryggsäck, KS
Lotti Helström, gynekolog, referensperson på SoS i gyn- och abortfrågor, KS
Gunilla Lindmark, professor för internationell kvinnohälsa, Uppsala Akademiska, med lång epidemiologisk erfarenhet från många länder. Jag hoppas att någon av dem eller någon som de rekommenderar nappar.
Med vänlig hälsningar
Erwin B.

----- Original Message -----

From: [Sven Cnattingius](#)
To: [Torsten Nenzén](#)
Sent: Friday, September 08, 2006 3:56 PM
Subject: Re: searching for thesis supervisor

Lotti Helström is working at Södersjukhuset at a doctor.
I don't have her email.
Sven
Torsten Nenzén wrote:

>Dear Sven Cnatingius,
>
>Thanks for the name suggestion. I tried finding her name on the KI-
>search but did not find her name. Can you please provide me also with
>Lottie Helström's email address.
>
>Cordially,
>
>Torsten Nenzén

----- Original Message -----

From: [Aila Collins](#)
To: [Torsten Nenzén](#)
Sent: Thursday, September 07, 2006 8:45 AM
Subject: Re: searching for a thesis supervisor

Hej igen, Ett mycket snabbt svar skrivet i all hast: jag har inte utfört studier på just detta område, psykisk ohälsa och abort, och jag har inga insamlade data avseende detta område. Mitt område avser psykisk hälsa och ohälsa vid IVF behandling och infertilitet, humörförändringar under menscykeln samt kvinnors hälsa under menopaus och stress i samband med arbetslivets krav. Jag känner inte till vem som forskar om psykisk ohälsa vid och efter en abort, men jag kan ta reda på. Hälsn Aila

----- Original Message -----

From: Torsten Nenzén <torsten.nenzen.917@student.ki.se>
Date: Thursday, September 7, 2006 8:13 am
Subject: Re: searching for a thesis supervisor
To: Aila Collins <Aila.Collins@ki.se>

> Hej Aila Collins!
>
> Min akademiska bakgrund utgör en magisterexamen i miljö- och
> hälsoskydd och den pågående magisterkursen i health promotion. Jag
> har
> läst några kurser i Epidemiologi på 90-talet.
>
> Mitt master thesis skall vara färdig i maj 2007. På magisternivån
> vill
> jag helst finna tillgång till befintlig data, men jag är
> intresserad
> att söka forskarutbildning. Som eventuell doktorand vill jag
> planera
> metod och insamla data. Har Ni befintliga data som kan användas

> som
> studiematerial i undersökning om korrelationen mellan abort och
> psykisk ohälsa? Om inte, på vilket sätt forskar ni kring endera
> abort
> eller psykisk ohälsa? Finns möjlighet till anställning som doktorand?
>
> Mina telefonnummer är:
> bostad 08-7113377
> mobil 0707-777754
>
> Med vänlig hälsning,
>
> Torsten Nenzén

----- Original Message -----

From: [Aila Collins](#)

To: [Torsten Nenzén](#)

Sent: Monday, September 04, 2006 1:10 PM

Subject: Re: searching for a thesis supervisor

Dear Tosten, This is an interesting area of research, of course. It would be interesting to discuss the subject. What is your background, what subjects have you studied? Have you thought about a study design? What about access to patients through a clinic? Your study population should be thought out. What kind of time schedule do you have? Do you have this semester? I am really busy and almost blown off my feet these few weeks and my course starts soon, so my time is fairly limited, but I would like to speak with you over the phone, if possible. Please, give me your phone number and I will call you. Svenska är mitt modersmål, du kanske tror att jag är utomnordisk. MVH Aila Collins

----- Original Message -----

From: [Sven Cnattingius](#)

To: [Torsten Nenzén](#)

Sent: Sunday, September 03, 2006 8:16 PM

Subject: Re: searching for thesis supervisor

Dear Torsten

Maybe you should try to contact Dr Lottie Helström - she has an interest in this field.

best regards

Sven Cnattingius

----- Original Message -----

From: [Arne Öhman](#)

To: [Torsten Nenzén](#)

Sent: Friday, September 01, 2006 12:58 PM

Subject: Re: searching for thesis supervisor

Dear Torsten,

I suggest that you contact Aila Collins (Aila.Collins@ki.se). I think that she is the one at the Psychology Section who has the most relevant expertise for the topic you are interested in.

Best regards,

Arne

>Professor Arne Öhman.

>

>My name is Torsten Nenzén. I am a student in Health Promotion, Public

>Health, Karolinska Institutet. I am searching for an appropriate

>supervisor for a proposed 10 credit Masters thesis. I am interested in

>studying/describing/researching the mental health of women correlated

>to experience of previous abortion. As I am studying Health Promotion,

>it is preferably expected by the Public Health Department that the

>thesis will focus on Health Promotion aspects. From my perspective, I

>am equally interested in describing/researching the epidemiological or

>qualitative correlation.

>

>If you know of anyone who may be a suitable supervisor in this area, I

>would be very appreciative to such a contact.

>

>Torsten Nenzén

--

Arne Öhman, Ph. D.

Professor

Karolinska Institutet

Department of Clinical Neuroscience

Psychology Section

Karolinska University Hospital, Solna

171 76 Stockholm

Sweden

Phone +46 8 325933
