



As written

The Hague Forum

Intervention by
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International Right To Life Federation, Inc.
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My name is Jeanne Head. I am the International Right To Life Federation's (IRLF) Representative to the U.N. in New York

International Right To Life Federation is a worldwide, non-sectarian federation of pro-life organizations from over 170 countries. We are dedicated to the protection of all innocent human life from conception to natural death. We see a woman's life as a continuum deserving compassionate protection and support beginning at her conception and proceeding throughout her entire life cycle.

It is important to remember that abortion was rejected as a fundamental right or as a method of family planning by the ICPD. The Cairo Programme of Action specifically states that "***In no case should abortion be promoted as a method of family planning (paras 8.25 & 7.24).***" There was no mandate in the Cairo' document to promote changing the laws of the approximately 95 countries that have laws that are protective or somewhat protective of unborn children. These laws cover 37 percent of the world's population, or over two billion persons.

In addition, the Cairo governing chapeau (Chapter II, Principles) specifically recognized national sovereignty in this regard, "with full respect" for religious and ethical values and cultural backgrounds.

The activities and papers attached to this Forum (Hague Forum) indicate an effort to violate these agreements and re-open the Cairo debate.

For example: The UNFPA background paper prepared for this Forum under "Further Action Required" - "Developing Reproductive Health Policies", para 249 states that "Governments ***should enact and implement legislation and policies required to meet the commitments made in Cairo, using ail necessary and appropriate means, such as removing restrictive laws.***"

As an Obstetric nurse who has spent my life caring for women having babies, I would like to make a plea to the delegations to put greater resources and emphasis on improving health care in the developing world, particularly maternal health care.

I have grave concern about the false and dangerous claims that the way to reduce maternal mortality in the developing world is to legalize abortion.

Jeanne Head, R.N.
Hague Forum, 2-11-99

Dr. Donna Harrison, an Obstetrician-Gynecologist, who has experience as a volunteer in a Haitian development cooperative has stated that making abortion legal in the developing countries would result in increased maternal deaths and injuries.

According to the World Health Organization (WHO), the dramatic decline in maternal mortality in the developed world coincided ". . . **with the development of obstetric techniques and improvements in the general health status of women.**"

There is ample data for documenting this in the U.S. where the most significant impact of legalization of abortion has been an increase in the number of abortions (from approximately 200,000 per year to 1,500,000 per year). The U.S. Planned Parenthood's Alan Guttmacher Institute, in a report of June, 1994 stated: "**In most countries, it is common after abortion is legalized for abortion rates to rise sharply for several years, then stabilize, just as we have seen in the United States**".

In the U.S. where abortion has been legal for over twenty-five years, and where health standards are high, women are still dying from botched abortions. And the maternal mortality rate is four times that of Ireland where abortion is not legal and which has the lowest maternal mortality rate in the world.

The key, therefore, to reduction in maternal mortality rates from all causes, including abortion, is the improvement maternal health care, not the legalization of abortion. In the developing world — where medical care, antibiotics, and even basic asepsis are scarce or absent — promoting abortion would increase, **not decrease** maternal mortality.

And, of course, abortion is never safe for the youngest member of the human family — the unborn child, who at the time of an abortion at eight or ten weeks already has a beating heart, brain waves, eyes, ears, fingers and toes.

It is important to provide compassionate and effective care for the other victim of abortion — the woman. Women suffer serious physical, emotional, psychological damage from so-called "safe legal" abortion.

In addition to the vast pro-life network of crises pregnancy centers, we are involved throughout the world in compassionate counseling and care of women damaged by abortion.

We are also concerned that there is little or no reference to the family unit in the Background Paper for this Forum. And there are no recommendations that Governments utilize resources and create structures to strengthen and support the family unit which is the basic unit of society.

Also, there is no reference to parental rights and responsibilities in regard to education, reproductive health, or sex education.

LEGAL ABORTION DOES NOT MEAN SAFE ABORTION THIS CLAIM IS FALSE AND DANGEROUS

**Each abortion leaves at least one dead and one wounded and sometimes two dead
It is dangerous for the mother and is never safe for the child in the womb**

Maternal Mortality A Global Factbook

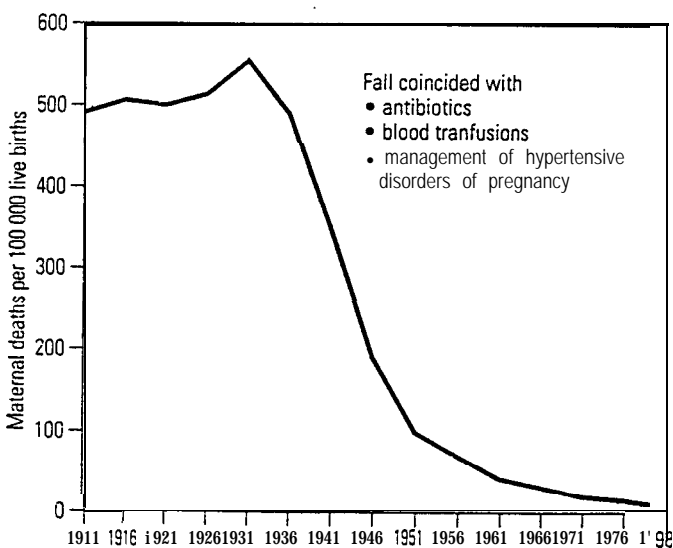
Compiled by
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World Health Organization, Geneva

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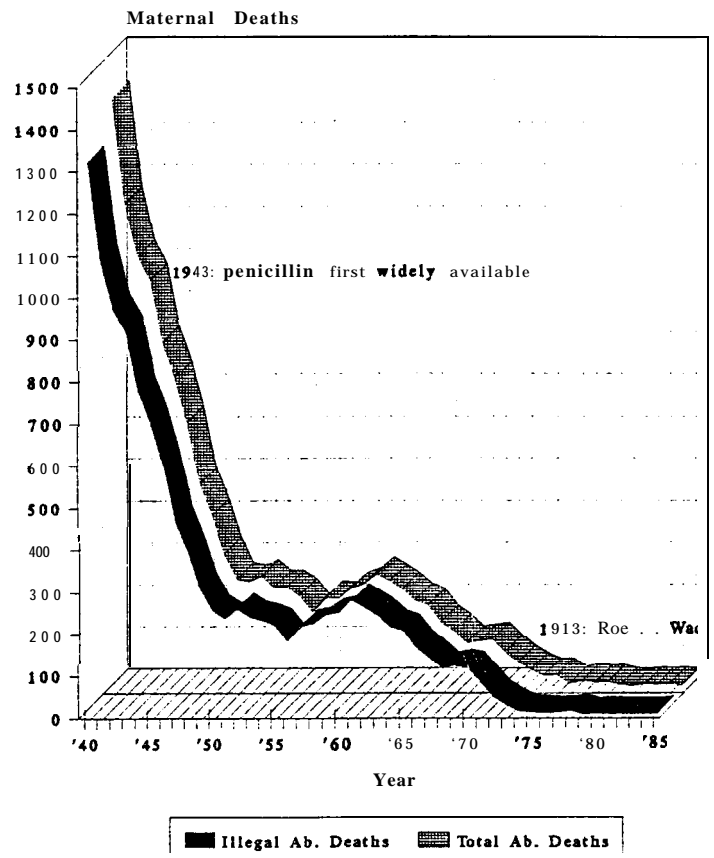
Maternal Abortion Deaths, 1940-1985

In fact, the rarity of maternal deaths in the developed world is a relatively new phenomenon. In 1920 the United States had a maternal mortality rate of 800 per 100,000 live births.⁽⁰³³⁷⁾ Until 1935 the registered rate for England and Wales remained constant at about 400 per 100,000.⁽⁰⁵³⁷⁾ Rates started to decline dramatically thereafter, coinciding with the development of obstetric techniques and improvements in the general health status of women (Figure 2.2).

Figure 2.2 Trends in maternal mortality, England & Wales, 1911-1981



Adapted from Macfarlane, A. and Mugford, M. Birth counts: statistics of pregnancy and childbirth. HMSO. London. 1984



Maternal deaths due to abortion dropped dramatically long before legalization. Medical progress, not legalization of abortion saved women's lives.

Sources: Data for 1940-1971 are from the National Center for Health Statistics (NCHS); data for 1972-1985 (the last year for which data are available) are from the Centers for Disease Control (CDC). Through 1971, the "Illegal Abortion Deaths" column is the sum of deaths reported as due to "Abortions Induced for Other Reasons" and "Other and Unspecified Abortions" by NCHS. (NCHS reports abortion-related deaths as due to these two causes as well as to "Abortions Induced for Legal Reasons" or "Spontaneous Abortions.") From 1972 onward, the "Illegal Abortion Deaths" column aggregates those reported by CDC under that heading as well as those reported as "Other" and "Unknown."

- Ireland -- where abortion is not legal -- has one of the lowest maternal mortality rates in the world. In the U.S. -- where abortion has been legal for over 20 years (1.6 million each year) -- and where health care standards are high, the maternal mortality rate is still higher than in Ireland.

LET'S STICK TO THE FACTS

“Avoiding **births** by having an **abortion can be very dangerous**”

Facts for Life, by UNICEF, WHO and UNESCO

- * According to the World Health Organization, the major causes of maternal injury and death worldwide are: hemorrhage, infection, the obstruction of labor, abortion, high blood pressure and medical problems complicated by the pregnancy, e.g. diabetes.
- * By far the majority of maternal deaths and injuries occur during the process of separating the mother and the fetus through hemorrhage, infection or obstruction. These risks are intrinsic to the separation process, regardless of whether the separation is a delivery or an abortion.’
- * The woman who aborts is already pregnant, with all the risks of pregnancy. Abortion then separates the fetus from the mother in order to prevent a live birth. The dangers of the separation process are still present.’
- * Abortion does not limit the total number of pregnancies’
- * Separation events, either births or abortions, are more dangerous in the developing world than in the developed countries because of poor general health care of women — particularly lack of antibiotics, drugs to prevent hemorrhage and lack of clean facilities.¹
- * If a woman uses abortion as a method of limiting births, she can have several pregnancies a year, with all the dangers of pregnancy and separation each time.¹
- * “. . . in most countries, it is common after abortion is legalized for abortion rates to sharply increase for several years . . . just as we have seen in the U.S.’
U.S. Planned Parenthood’s Alan Guttmacher Institute (AGI)
- * Making abortion legal in developing countries would increase the number of separation events and result in increased maternal deaths and injuries’
- * In the developed world, the dramatic decline in maternal mortality rates coincided “ . . . with the development of obstetric techniques and improvements in the general health status of women. ”
Maternal Mortality Global Fact Book, WHO

The Key to saving Women’s Lives in the Developing Countries is the improvement of Maternal Health Care, ~~NOT~~ easing the number of abortions by making them legal.

¹ Donna Harrison, M.D., F.A.C.O.G., obstetrician in the inner city in U.S.A. and in a Haitian development cooperative.