



ENDEAVOUR FORUM INC.

NGO in special consultative status with ECOSOC of the UN

Statement by

Ms. Denise Mountenay

Canadian Representative

On the

**Report of the Secretary-General on the Monitoring of Population Programmes, Focusing
on Health, Morbidity, Mortality and Development**

To the 43rd Session of The Commission for Population & Development

New York, April 13, 2010

Mr. Chairman; Distinguished Delegates, Ladies and Gentlemen:

It is wonderful to see the focus of this year's themes on Maternal Health Care, Morbidity and Mortality rates and how these are affecting development goals.

In the 2009 Report produced by the Secretary-General*Sixty-fourth session, "Keeping the promise: A forward-review to promote an agreed action agenda to achieve the Millennium Development Goals by 2015, we would like to bring your attention something of great importance regarding women's reproductive health; real maternal health care and "unsafe" abortions.

Follow-up to the outcome of the Millennium Summit shows that the Least progress in reducing Maternal Mortality in paragraphs 30 and 32.

30. "Access to reproductive health services remains poor where women's health risks are greatest. Deliveries attended by skilled health workers in developing regions have increased since 1990, from 53 per cent in 1990 to 61 per cent in 2007, **but there has been little progress in reducing maternal deaths; maternal mortality declined only marginally, from 480 deaths per 100,000 live births in 1990 to 450 in 2005. At this rate, the target of 120 deaths per 100,000 live births by 2015 cannot be achieved.** As part of a broader investment in public health programmes, adequate financing for maternal health, especially dedicated to ensure safe deliveries, is critical."

32. "Unsafe abortions continued to account for one out of eight maternal deaths in 2005, despite increased contraceptive use among married women and women in unions...(emphasis ours)

According to the World Health Organization, "A Maternal death is defined as the death of a woman while pregnant, or within 42 days of termination of the pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from the accidental or incidental causes." (WHO Intl. Stats...1992) This definition includes: Deaths caused by complications from an existing health problem such as anemia, malaria, or heart disease known as indirect maternal death.

Many UN Delegates have quoted the huge horrendous numbers of annual Maternal Mortality. In August of 2009, Intl. Planned Parenthood (IPPF) also acknowledged the surge in maternal deaths in South Africa; and that a portion of these deaths are "due to complications from (legal) induced abortions.

Please note that according to the World Health Organization-2009 Report, the lowest African Maternal Mortality rate is in Mauritius. They also have Africa's most protective laws for unborn children. It is also interesting that the country with the lowest Maternal Mortality rate in South America, is Chile, which also protects unborn children in its constitution. While the country with the highest maternal mortality is Guyana; having unrestricted abortions on demand since 1995. Guyana has a Maternal Mortality rate 30 TIMES higher than Chile.

In South East Asia, Nepal has **no restrictions on abortions; and also has the region's highest maternal mortality rates.** While Sri Lanka has one of the most restrictive abortion laws in the world, and has a maternal mortality rate 14 TIMES lower than Nepal! Worldwide, the nation with the lowest maternal deaths is Ireland, a nation that prohibits abortion and explicitly protects the rights of the unborn. Do you see a pattern here?

Legal abortions, do not equal 'safe' abortions. Of course, the abortion procedure is never 'safe' for the living baby inside his or her mother's womb, and in many cases causes irreparable damage to women physically and psychologically. The Elliot Institute reported that the majority of women do not want an abortion as 64% of are coerced or pressured into it by boyfriends, parents, husbands and abortion clinic workers. Many women suffer cervical and uterine damage, sterility, pre-term births in subsequent pregnancies, breast and cervical cancers, depression, guilt, remorse, suicidal thoughts, substance abuse etc.... www.afterabortion.org and www.abortionbreastcancer.com

I know, I am one of thousands of women coming out of the closet of grief and trauma/pain of legal abortion to testify on the truth about what an abortion really is, and what it can do to women's reproductive health. As a young pregnant woman, I was pressured into abortion, and told by my doctor that it was "just a clump of tissue"

at 9 weeks gestation...Later I learned the truth that my baby had a beating heart by 3 weeks, arms, legs, fingers and toes by 8 weeks, and for years suffered the deep sorrow and regret of abortion. Like many women it was not a medical necessity but a violent form of birth control.

According to the **Universal Declaration on Human Rights**, Article 3 states that “Everyone has the right to life, liberty and security of person.” And ICPD (1994), Chapter II, Principle 1. Also, the Declaration on the Rights of the Child, states that “**the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth,**” -CRC (1990) Preamble. Remember that personhood in history has long been attacked with injustices, such as Africans who were sold into slavery, treated like animals, having no right to life and liberty, Aboriginal peoples in North America, and other nations who were slaughtered and forced into Residential Schools and Reservations, classified as non-persons, and of course the horrors of the holocaust where millions of Jews and others were exterminated as part of a population control campaign.

Scientists agree that human life begins at conception: A person is a person, no matter how small.

Yet, Reproductive Rights and Health Services (RHS) by some NGO's profit by terminating human life, by distributing abortifacients, and by performing induced abortions on pregnant women. RHS also means access to birth control hormonal drugs, condoms, devices such as Intrauterine devices, steroidal patches, drugs to induce abortions and many such chemicals to try and prevent or abort a newly formed human being. It is very beneficial for these organizations who receive millions of dollars annually to push the abortion and contraception industry.

Women in developing countries need Education on how to prosper, get sustainable food, clean water and access to sanitary medical services to preserve life and delivery. They need clean birthing kits to prevent infections; Access to skilled birthing attendants and doctors; Access to basic and emergency obstetric care: Access to clean blood; Access to Repair Obstetric Fistula, which affects about 2 million women in developing countries and results in chronic incontinence with an estimated 50-100,000 new cases each year. A devastating condition, which is preventable and treatable!

Dr. Jean Kagio, MD. Ob/Gyn from Kenya, Africa states that “Abortion cannot end poverty because the health budget would go higher due to the increased number of patients, increased mortality and morbidity due to abortion complications to women...including psychiatric and assisted reproductive health services such as IVF. Abortion would also increase sexually transmitted diseases such as HIV/AIDS due to using abortion as a form of birth control, and this is quite expensive to treat.”

Deliveries attended from skilled health workers in developing regions have increased since 1990, from 53% in 1990 to 61 % in 2007, but there has been little progress in reducing Maternal deaths; Maternal mortality declined only marginally, from 480 deaths per 100,000 live births in 1990 to 450 deaths per live births in 2005. At this rate, the target of 120 deaths per 100,000 live births by 2015 cannot be achieved. As part of the broader investment in public health programs, **adequate financing for Maternal Health, especially dedicated to ensure SAFE deliveries, is CRITICAL!** This will save the lives of women and children!

In conclusion, Governments need to invest in essential Obstetrical care that values both the lives of the mother and her child. Pressure must increase to attain Goal 5 of really reducing maternal mortality by providing safe, clean medical care to pregnant women. It should be unthinkable that in order to save women's lives, their babies are destroyed. Abortion is a violent form of birth control, thousands of women around the world are

writing affidavit testimonies on the pain of legal abortion and how it has devastated their reproductive and mental health.

Many developed countries who have had decades of women going through legal abortions on demand, using birth control devices, such as Intrauterine devices, cervical caps, and patches etc, women ingesting birth control steroidal drugs (Oral Contraceptives-increasing their risk of getting breast cancer-WHO) along with men and women having sterilizations are now looking at nations with well below replacement level birth rates for years now. We have aging/dying populations. We have shortages of doctors, shortages of nurses, shortages of labourers etc...and schools are shutting down...

Please consider what former US President, Thomas Jefferson once said, ***"The care of human life and happiness, and not their destruction, is the first and only legitimate object of good government."***

Thank you so much for listening.