national RIGHT TO LIFE
Educational Trust Fund

512 10th Street, NW Washington, DC 20004-1401
(202) 626-8800 FAX: (202) 737-9189 Website: www.nrlc.org

Intervention by
Jeanne E. Head, RN., U.N. Representative
National Right to Life Educational Trust Fund
at the
ECOSOC
Annual Ministerial Review

June 28-July 2, 2010

My name is Jeanne Head. I am UN Representative for National Right to Life Educational Trust Fund and a Representative of the International Right to Life Federation.

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.

I am a Registered Nurse-Certified for In Patient Obstetrics with over 44 years of experience. I have spent my life caring for women having babies and during the last 16 years at the UN pleading with Members to allocate greater resources and emphasis on improving health care in the developing world, particularly maternal and child health care.

The loss of mothers and babies due to lack of even basic health care and the failure to dedicate adequate resources to save women's lives is the greatest impediment to development in all areas.

It is essential to the achievement of MDG Goals 4 & 5 (as well as 6) and to their empowerment that women of the developing world receive the kind of health care, particularly maternal and child health care, that would provide a safe outcome for mother and child. This standard of health care has been available to women in the developed world for 70 years.

The world has failed to reach these goals because the resources were directed toward decreasing the number of children women deliver, rather than making the delivery of their children safe and has failed to properly direct resources to save women's lives.

There is no doubt that unless and until MDG 5 (improving maternal health) is fully realized, none of the other MDGs will succeed and the world will be no better off than we were when the MDGs were conceived 10 years ago.

At the 1994 Cairo Conference on Population and Development (ICPD), nations resolved to strive to reduce maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. The 2000 Millennium Development Goals (MDGs) resolved to decrease maternal mortality by three quarters by 2015.

The World Health Organization has been telling us that there has not been a significant decrease in maternal mortality since Cairo. However, I am pleased to hear that a new study that was published in

the Lancet Medical Journal in April of 2010 shows that there has been a slow decrease in maternal mortality.

Even though the new estimates by Lancet of 350,000 per year are 150,000 fewer than the WHO estimates of 500,000, these new estimates are still shockingly high. MDG 5 will not be achieved by 2015 unless there is a significant acceleration in allocation and in proper direction of resources.

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. As an obstetric nurse, I can say without equivocation that it is never necessary to directly attack the unborn child to protect the health of the mother in non life threatening cases and that laws against abortion should and do allow for those medical procedures that prevent the death of the mother while at the same time striving to save the baby's life. During my 44 years helping women deliver their babies which involved thousands of deliveries, there were six maternal deaths that I was aware of in the three US hospitals in which I worked.

The WHO also tells us that 99% of maternal mortality occurs in the developing world. We have known how to save women's lives in the developed world for at least 70 years. According to WHO, the dramatic decline in maternal mortality in the developed world from 1940's to 1950's coincided with the development of obstetric techniques, the availability of antibiotics and improvement in the general health status of women. ***(WHO, Maternal Mortality: A Global Fact Book, 1991)***

The lack of modern medicine and quality health care, not the prohibition of abortion, results in high maternal mortality rates. Legalized abortion actually leads to more abortions—and in the developing world, where maternal health care is poor, legalization would increase the number of women who die or are harmed by abortion.

The Alan Guttmacher Institute, which is associated with the U.S. Planned Parenthood Federation of America, stated in a report of June, 1994: ***"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".***

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. Dr. Harrison states that 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.

In the U.S. the most significant impact of legalization of abortion has been an increase in the number of abortions from approximately less than 100,000 per year to a high of over 1,600,000 per year. More than 52 million unborn children have been destroyed by abortion since the 1973 US Supreme Court Decision legalizing abortion on demand essentially throughout all nine months of pregnancy.

Nonetheless, even though US health standards are high, women are still dying from botched abortions and recent data show that the US maternal mortality has increased and is four times that of Ireland where abortion is not legal and which has the lowest maternal mortality rate in the world.

Legal abortion does not mean safe abortion. The evidence shows that a country's maternal mortality rate is determined to a much greater extent by the quality of medical care than by the legal status of abortion. Abortion complications are not a function of the legality of the procedure, but by the overall medical circumstances in which abortion is performed.

In its 2003 Report, *Unsafe Abortion* (Fifth edition), the World Health Organization states: *"In some countries, lack of resources and possibly skills may mean that even abortions that meet the legal and medical requirements of the country would not necessarily be considered sufficiently safe in high-resource settings".* In other words, as they said in their 1998 Report, *"the legality or illegality of the services may not be the defining factor of their safety".*

Comparison made between nations that have strong abortion restrictions, such as Ireland and Poland, and nations that permit abortion on demand, such as Russia and the United States, demonstrates that nations with strong abortion restrictions actually have lower maternal death rates than countries that permit abortion on demand.

For example, in India abortion is broadly legal, but maternal deaths are common due to dangerous medical conditions. According to *Abortion Policies:A Global Review* by the UNPD, "Despite the liberalization of the abortion law, unsafe abortions have contributed to the high rates of maternal mortality in India [570 maternal deaths per 100,000 live births in 1990."

Conversely, the maternal mortality rate in Paraguay is much lower, despite the prohibition of most abortions and the fact that "clandestine abortion is common." The rate has actually been declining—"from 300 deaths per 100,000 live births in 1986 to the most recent 1995 government estimate of 190 deaths per 100,000 live births."

The key, therefore, to reduction in maternal mortality rates from all causes, including abortion, is the improvement of 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.

No abortion is ever completely safe, and, of course, abortion is never safe for the youngest member of the human family--the unborn child, who at the time of most abortions, which are performed at eight or ten weeks, already has a beating heart, brain waves, eyes, ears, fingers and toes.

Abortion is not good for women. With every abortion there is at least one dead and one wounded and sometimes two dead. Mothers still die and many are terribly wounded physically, emotionally or psychologically by abortion.

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

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 majority of countries that have laws that are protective or somewhat protective of unborn children.

In addition, the Cairo (ICPD) governing chapeau (Chapter II, Principles) specifically recognized national sovereignty in this regard, "with full respect" for religious and ethical values and cultural backgrounds and para 1.15 clearly states that the ICPD "does not create any new international human rights..."

Women in many parts of the world need clean water, nutrition, and health care for themselves and their families—not the "right" to violently destroy their children before they are born.