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# Six Problems with "Women Deliver:" Why the UN Should Not Change MDG 5

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# Six Problems with "Women Deliver:" Why the UN Should Not Change MDG 5

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UN agencies and members of the UN Secretariat partnered in a conference promoting, among other things, abortion rights as the only way to achieve Millennium Development Goal (MDG) 5, improving maternal health. The conference, called "Women Deliver," was held in London from 18 – 20 October 2007. The radically new approach is gravely flawed for many reasons. This paper addresses the six primary problems with the controversial approach promoted at the conference, herein termed the "abortion first" approach.

***Problem #1:*** **The "abortion first" approach to maternal mortality contradicts the consensus of the medical community.**

The medical community has long known the two most important ways to reduce maternal mortality are access to skilled birth attendants and emergency obstetric care. Even among health professionals who put family planning in the top three needs, abortion is not included.[1] Yet a joint World Health Organization (WHO)-Guttmacher study published in the British medical journal *The Lancet* on October 13, 2007 was used at the conference to support the "abortion first" approach, contradicting health experts, and the WHO's own reports that conclude that postpartum hemorrhage (25%), sepsis (15%), and indirect causes such as malaria and anemia (19%) are the leading causes of maternal death.[2] According to the WHO, maternal mortality in the developed world decreased dramatically and simultaneously with improvements in basic health care, basic needs such as clean water and penicillin that women in the developing world still lack.

Not only does the "abortion first" agenda threaten to divert attention from these urgent health care needs, abortion exposes women to the possibility of more pregnancies in the same time period than she would be exposed to by childbirth and breastfeeding. Thus abortion exposes her to more separations from the fetus, and hence increases the risk of maternal mortality and morbidity. What is more, elective abortions have been firmly established as a known risk factor for premature delivery in a subsequent pregnancy.[3] The greater the number of abortions, the greater the risk of severely premature fetuses, with all the increased costs associated with caring for premature infants.[4] In addition to the physical risks to women's health, there are grave psychological risks, including increased risk of death from suicide in women who have undergone elective abortion.[5] Finally, legalizing abortion has resulted in increased numbers of abortions, thus maternal risk, in countries where it has been legalized.

***Problem #2:*** **The commonly used figure of 500,000 – 600,000 maternal deaths per year and the "abortion first" approach rest upon unreliable and unsubstantiated data.**

There is no reliable data on maternal mortality, yet UN agencies continue to use a figure of 500,000-600,000 maternal deaths per year. This is unfounded. The UN report, The World's Women 2005: Progress in Statistics, states that, "more than a third of the 204 countries or areas examined did not report the number of deaths by sex even once for the period 1995 to 2003…About half did not report deaths by cause, sex and age at least once in the same period," and that from 1975 to 2003 there has been "limited progress in the reporting of deaths and their causes." Most alarming of all is that the UN report found that it was the developing world that did not report deaths due to sex and cause, with only 4 African countries reporting.[6] Yet WHO also claims that 99% of maternal deaths occur in the developing world – the very regions where scant evidence exists.

There is no evidence for the assertion that legal abortion is "safe." Yet the WHO-Guttmacher/ Lancet study defines "safe" abortions as legal abortions. This unsubstantiated claim contradicts the fact that there is no reliable data on the number of legal or illegal abortions worldwide, including in the U.S. where comprehensive data on the number of abortions has not been collected in over a decade. Nor does WHO have data on abortions in the developing world. In fact, the data WHO does collect on abortions includes miscarriages, called "spontaneous abortions" but not induced abortions, or "planned terminations of pregnancies." Therefore the claim that 13% of all maternal deaths, 78,000 worldwide, are from "unsafe" abortions is unfounded.

What is more, the Commission on the Elimination of All Forms of Discrimination Against Women (CEDAW) committee has reported that numerous States with legal abortion have high maternal mortality rates due to abortion.[7] Furthermore, the WHO's latest report, Maternal Mortality in 2005, found that Ireland, where all abortions are illegal, has the lowest maternal mortality rate in the world. Honduras, which lowered its maternal mortality ratio by 40% in the last 10 years, likewise has some of the world's strictest laws prohibiting abortion.[8]

During the conference, the panelist Cindy Stanton from Johns Hopkins University admitted to conferees, "We make huge adjustments to make the numbers turn out right. More than 50% of the numbers are "adjusted."" A delegate from Benin demanded Stanton account for the doubling of maternal deaths in Benin. Stanton replied that there was "no validation of the method for adjusting." Health officials present agreed that this was unacceptable, and that without good data, there could be no basis for sound health policies and improvements to health care for women.

***Problem #3:*** **The "abortion first" approach to maternal mortality diverts necessary attention and funding from the real needs of women: decent health care.**

There are major public health risks associated with siphoning off money from fighting infectious diseases to pay for family planning and abortion. Furthermore, family planning already receives significant funding, while skilled care and emergency obstetrics as well as other basic health care provisions remain woefully underfunded. To divert even more money from decent health care into family planning and abortion would make matters worse. Yet UN Population Fund (UNFPA) stated that it wants to divert funds from fighting infectious diseases to fund abortion, even though those diseases are the third leading cause of maternal deaths.[9] Nafis Sadik, special advisor to the UN Secretary General for HIV/

AIDS, and Thoraya Obaid, executive director of UNFPA, and others, announced that the "abortion first" agenda requires them to use money that is going to fight HIV/AIDS, malaria and tuberculosis. They said they plan to do this by linking HIV/AIDS to reproductive health under UNFPA.

It was indicative of this diversion that not a single panel discussion at the conference addressed clean water, vaccinations, hydration, or other basic services. Only six sessions addressed skilled care. Meanwhile a third of the nearly 100 sessions were focused on abortion. One of the organizers said privately that this was because Women Deliver was a "pro-choice conference," a conference to promote abortion rights. By contrast, Dr. Margaret Chan, Executive Director of WHO, told the conference that building better health systems and infrastructure is the real need for the developing world.

***Problem #4:*** **The "abortion first" approach undermines the rule of law by abusing the UN human rights monitoring system, deliberately misinterpreting negotiated UN human rights documents and exploiting the tragedy of maternal mortality in order to promote abortion rights.**

Leaders of the conference announced that they would use UN human rights treaties to find an international right to abortion. They plan to reinterpret existing rights with new meanings in order to "hold governments accountable to civil society" for legalizing abortion. The fact is that not a single binding UN document mentions abortion, and no binding UN document defines reproductive health as including abortion. Yet, during the conference, UN officials launched the "Initiative on Maternal Mortality and Human Rights" that would claim that a "right to health" includes abortion. The secretariat for the new initiative is the Center for Reproductive Rights (CRR), a New York law firm whose mission is to overturn laws protecting the unborn. CRR along with Amnesty International announced that they would bring lawsuits against governments that had laws protecting the unborn from abortion. Claiming credit for Colombia's decision last year to legalize abortion, CRR said they plan to use this same "strategic litigation strategy" next year on a "medium income Latin American country." In a panel called, "Using Human Rights Law to Reduce Maternal Mortality," the head of Amnesty International's reproductive rights unit told the conference, "Reproductive rights include abortion rights, and maternal mortality will be a greater and greater focus of our work."

***Problem #5:*** **Women's lives are endangered by the "abortion first" approach undermines health care standards and national regulations by deliberately bypassing national laws and medical regulations.**

Providing midlevel providers and midwives from Africa, Asia, and Latin America with plastic manual abortion kits and abortion drugs is one of the ways the "abortion first" agenda will be implemented. Despite the rhetoric about avoiding "unsafe" abortion, this plan will jeopardize countless women's lives. One panelist noted that having lower skilled health workers perform the abortions will also get around the conscientious objections – as well as the professional objections -- of physicians. Those mid level providers who have moral objections to performing abortions will be subjected to "values clarification seminars." Kenyan obstetrician gynecologist Dr. Jean Kagia recently testified in the U.S. Congress that these methods are already harming women in her country. She reported that the NGO Ipas trains midlevel providers to perform first trimester abortions with manual vacuum aspirators (MVAs) despite the law against it and the danger to women's health. Among other life threatening issues with this approach, these plastic abortion kits are routinely reused despite the obvious health risks for spreading disease and infection.

Dangerous abortion drugs were also promoted at the conference. Dr. Leonel Briozzo said that he facilitates abortions in Uraguay where they are against the law by calling it an "information" service to reduce "unsafe" abortions. The program consists of telling pregnant women where to get misoprostol – which can be lethal to pregnant women -- and how much to take. The key partners in the effort are Ipas and IPPF. He stated that this strategy allowed them to go around the law and facilitate abortions "even in a Catholic country."

***Problem #6:*** **The "abortion first" approach targets religion, culture, and the family.**

For various reasons, the UN officials and NGOs promoting the agenda believe that religion, culture and strong families are the most formidable barrier to abortion rights. For this reason, they said, the authority of the Catholic Church must be undermined, and children must be given sex education that undermines the moral influence of their parents. Workshops teaching techniques for undermining religion, culture and family especially in Catholic Latin America and in pro-family culture in Africa were held. Two NGOs advised conferees about how they used false allegations against pro-life clinics to undermine their credibility during public debates leading up to Mexico City's decision to legalize abortion. Gill Greer, Director General, International Planned Parenthood (IPPF), told the conference how IPPF funds sex education programs for pre-school children using songs and games in school. A pastor from Argentina, Judith VanOsdol, told the conference she uses Sacred Scripture as erotic literature to get young teens interested in sex, taking them on retreats to the mountains away from their parents. Though all of this, no care was taken to discuss the dangers associated with sexual activity among children, nor did the UN official present remind participants of the numerous binding and non-binding UN documents that guarantee the rights of parents in the moral education of their children according to their cultural and religious beliefs.

Footnotes:

[1] USAID, "Maternal Health Program: An Overview", 2007
[2] WHO, "Making Pregnancy Safer", www.who.int/making_pregnancy_safer/en/index.html
[3] Bouyer et al, American Journal of Epidemiology, Vol. 157 No. 3, 2003
[4] Brent Rooney and Byron Calhoun, MD, Journal of American Physicians and Surgeons, Vol. 8, No.2, 2003
[5] Fergusson et al, Journal of Child Psychology and Psychiatry, Vol. 47 No.1, 2006; P.K. Coleman, Human Development and Family Studies, Bowling Green State University, 2006; Thorp et al, Obstetrical and Gynecological Survey, Vol. 58 No.1, 2002
[6] UN Statistics Division, World's Women 2005: Progress in Statistics, table 2.A
[7] CEDAW, Concluding Comments for Ghana, Moldova, and Jamaica, August 2006
[8] WHO, UNICEF, UNFPA, World Bank, Maternal Mortality in 2005
[9] WHO, "Making Pregnancy Safer"


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