

**Statement by
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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. I am here to speak for International Right to Life Federation and the Coalition for Women, Children and the Family which is a coalition representing more than 100 NGOs from all parts of the globe.

We are dedicated to the protection and support of the family as the basic unit of society and 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.

We are committed to ensuring respect and protection for women

during the later years of their lives when they are most vulnerable to abandonment by their families or society, to securing protection and appropriate assistance for young women and their children who are subject to social neglect, and to the full protection of the child from very beginning of the child's life at conception.

And we are committed to the protection of the rights of parents in relation to religious and moral education of their children and in the sensitive areas of reproduction. The Cairo Programme of Action was faithful to these principles which recognize the rights and primary role of parents in these sensitive areas.

The Cairo Programme of Action was supposed to mark the beginning of a new era of linking development with population control programmes. In the five years since its adoption, the implementation has been strong on control and short on development.

For example, although a decrease in maternal mortality in the developing world was named as a top priority in Cairo, we are now being

told that there has been no significant change since Cairo. The reason? The major development resources have been used on population control methods (including promotion of abortion) rather than on improving general and maternal health care which is known to be the key to saving women's lives. The developed countries have known how to save women's lives for more than 40 years. The World Health Organization (WHO) affirms this fact. WHO states in its 1991 "Maternal Mortality, A Global Factbook" that the dramatic decline in maternal mortality in the developed world (which took place from 1941 to 1951) coincided ". . . with the development of obstetric techniques and improvements in the general health status of women."

As an Obstetric nurse who has spent my life caring for women having babies, I know this to be true. I would like to make a plea that in the implementation of this document that national and international bodies put greater resources and emphasis on improving health care in the developing world, particularly maternal health care. Women in many parts of the world need clean water, nutrition, and basic health care for themselves and their families — not the "right" to violently destroy their children before they are born.

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. Women suffer serious physical, emotional, and psychological damage and even death from so-called “safe legal abortion.” It should be noted that there is no such thing as “safe abortion.”

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.

In the U.S. where abortion has been legal for over twenty-six years, and where health standards are high, women are still dying from botched legal 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.

And, of course, abortion is never safe for the youngest member of the human family — the unborn child, who at the time of an early 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 who may 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.

It is essential that the implementation process protects parental rights and responsibilities in regard to education, reproductive health, and sex education in compliance with the Cairo POA and with U.N. human rights documents. This body can never forget one of its own founding documents, the Universal Declaration of Human Rights which says,

*“Parents have a **prior** right to choose the kind of education that shall be given their children,”*

and **The International Covenant on Civil and Political Rights**

(Article 18.4) says *“The States Parties to the present covenant undertake to have respect for the liberty of parents ... to ensure the religious and moral education of their children in conformity with their own convictions.”*

What is very clear and very disappointing is that this body in this new document has not sufficiently addressed the very real problems women and their children face in the developing world, that is disease and hunger. When a woman is sick or hungry she does not call out for her reproductive rights, but for food and medicine. One day, I hope not too far distant, this body will awaken to these real needs. On that day, women's lives will begin to be saved. And on that day, this body will make giant strides toward the promises made at its founding.