

CHRISTOPHER H. SMITH

4TH DISTRICT, NEW JERSEY

CONSTITUENT SERVICE CENTERS:

1540 Kuser Road, Suite A9
Hamilton, NJ 08619-3828
(609) 585-7878
TTY (609) 585-3650

108 Lacey Road, Suite 38A
Whiting, NJ 08759-1331
(732) 350-2300

2373 Rayburn House Office Building
Washington, DC 20515-3004
(202) 225-3765

<http://chrissmith.house.gov>



Congress of the United States
House of Representatives

Duty to Protect the Inalienable Right to Life

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by Rep. Chris Smith

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DEAN, NEW JERSEY DELEGATION

Reeling from the unprecedented agony—and depravity—of global war, world leaders came together to chart a new, enlightened way forward based on the recognition and promotion of fundamental human rights, respect for the rule of law and appropriate venues where disputes could be resolved without resorting to armed conflict.

The UN founders were compelled to action by an unspeakable nightmare.

Hated and unwanted by the Nazis, an estimated 9 to 11 million Jews, Roma, ethnic Poles, Russians, disabled persons and others were systematically exterminated immediately prior to and during World War II.

In like manner, the wanton atrocities committed by Imperial Japan shocked the world. While the Nuremberg and Tokyo war crimes tribunals held at least some of the most egregious perpetrators to account—clearly, more needed to be done.

You and I know that among the most powerful lessons learned from that dark period of history is this: In each generation, every government official must take seriously his or her sacred duty to robustly protect every human life, especially the weakest and most vulnerable. No one should ever again be allowed to say in defense of the indefensible—I was just following orders. And just because something is “legal” in any of our countries doesn’t make it morally right.

As each of you know, on December 10, 1948, without a dissenting vote, the UN General Assembly recognized the existence of the right to life, liberty, the right to freedom of religion and expression, the right to self-government through free elections, the right to be free from slavery and torture, and other basic rights inherent in our nature as human beings.

Conversely, the Universal Declaration noted that the “disregard and contempt for human rights have resulted in barbarous acts....”¹

It is important to keep in mind that the Universal Declaration was just that—a declaration, not a law nor an international covenant. Appropriately, the UN and its member states did not claim to be creating the rights enumerated in it; they were merely recognizing and proclaiming them. The Declaration itself made clear that member states must recognize the “inherent dignity” and the “equal and inalienable rights of all members of the human family.”² Such fundamental rights do not come from the United Nations or from sovereign governments. If they did, then governments would have the moral authority to abridge or rescind such rights.

If our fundamental rights are truly rights—and not mere privileges conveyed by civil authority—then they must be derived from a source that precedes and transcends any earthly or political power; indeed they must come from God.

Our job is to recognize these God-given rights and then act decisively. Our duty is to protect all those at risk, even when it is profoundly inconvenient. Each generation, it seems, confronts new and sometimes unique threats to the sanctity of human life although some types of hate and abuse seem never to abate.

You are the heirs and guarantors of the UN founders’ vision that there can be no way forward—no progress individually or collectively—if members of the human family anywhere or in anyway are deemed expendable, marginal or subhuman.

The most vulnerable among us owe each of you in this room an extraordinary debt of gratitude for your hard work, sacrifice, diligence and compassion expended daily on their behalf.

Today, the most persecuted minority in much of the world are unborn children. Ironic, isn’t it. At a time when ultra sound imaging has given us a window to the womb, when microsurgery and fetal health interventions are commonplace, some have chosen this time in history to dehumanize and exclude unborn babies.

Here at the UN, it seems to me, there must be space for all regardless of age, race, sex, disability or condition of dependency. The UN must set the quintessential example of inclusion, especially for the so-called unwanted and unplanned.

The Preamble of both the Convention and Declaration on the Rights of the Child states that, “[T]he child, by reason of his physical and mental immaturity, needs special

¹ Preamble, Universal Declaration of Human Rights, 1948 (<http://www.un.org/en/documents/udhr/>).

² Ibid.

safeguards and care, including appropriate legal protection, before as well as a after birth.”³

The Preamble wisely notes that children both before and after birth need special protection from harm. After all, birth itself is merely an event in the life of a child, a transition from one place to another—the child stays the same.

Our challenge, our duty, is to ensure a safe passage.

I have been in the pro-life movement for 38 years. It is the greatest human rights struggle on earth. I say that as a US Congressman for thirty years who has authored numerous landmark laws to combat human trafficking, assist torture victims, promote religious freedom, enhance refugee protections worldwide, fund and expand the child survival revolution, and help prisoners of conscience. I have also played a leading role in global HIV/AIDS programs, malaria mitigation, efforts to cure autism and other health causes.

That said, the Right to Life especially for unborn children and others at risk remains the greatest human rights struggle in the world.

I truly believe that someday, future generations of Americans will look back on my government and wonder how and why a government that prided itself on respecting human rights could have facilitated the violent death of 52 million baby girls and boys by abortion since 1973—a death toll likely to rise significantly before the right to life is again protected in America.

They will wonder—as many of us do now—why seemingly smart, highly educated, rich and powerful people failed to see that abortion is violence against children, a pernicious form of child abuse, falsely marketed as choice, women’s empowerment, a human right or health care?

Many UN documents carelessly toss around the phrase “safe abortion”—an Orwellian contrivance created by pro-abortion NGOs—as if by repeating it enough times will make it true. All abortion—legal or illegal—is unsafe for children and hurts women physically and psychologically, and the medical data strongly suggests that abortion significantly raises the risk of premature and low birth weight children born to women who have earlier undergone abortion.

“Safe abortion” is the ultimate oxymoron. Child dismemberment, forced premature expulsion from the safety of the womb, chemical poisoning or deliberate starvation—one of the chemicals in RU486 actually denies nourishment to an unborn child—can never, ever be construed to be benign, compassionate or safe.

³ Declaration on the Rights of the Child, G.A. res. 1386 (XIV), 14 U.N. GAOR Supp. (No. 16) at 19, U.N. Doc. A/4354 (1959). International Convention on the Rights of the Child, <http://www2.ohchr.org/english/law/crc.htm> (1984).

Goal #4 of the Millennium Development Goals (MDGs) calls on each country to reduce child mortality while at the same time pro-abortion activists lobby for an increase in access to abortion. It is bewildering to me how anyone can fail to understand that abortion is, by definition, infant mortality. Abortion destroys children!

A few years ago, a friend of mine wrote in a book how her young child unexpectedly walked into a room when she was preparing a lecture on abortion. Her 3 year old took one gasping look at the badly bruised and battered body of the aborted baby on the screen and shouted, "Mommy, who broke the baby?"

That child saw the brutality of abortion, unaffected by the deceptively clever and preposterously misleading propaganda dished by the multi-billion dollar abortion industry.

That child saw and knew immediately that babies are smashed and broken to bits by abortion and wanted to know who did it.

Last fall, like that young child, a woman named Abby Johnson, a Planned Parenthood abortion clinic director in Texas, with 8 years at the facility, watched an ultrasound image of an abortion in progress on a 3 month old baby. Self-described as "extremely pro-choice" but now "pro-life" she said she watched an unborn child "crumple" before her very eyes as the infant was vacuumed to death by a suction device 20-30 times more powerful than a household vacuum cleaner. She said: I could see the baby try to move away, I just thought, what am I doing? She quit her job that day and said never again.

Is legal abortion safe for women?

At least 102 studies show significant psychological harm, major depression and elevated suicide risk in women who abort.

Recently, the Times of London reported that, "[S]enior...psychiatrists say that new evidence has uncovered a clear link between abortion and mental illness in women with no previous history of psychological problems." They found, "that women who have had abortions have twice the level of psychological problems and three times the level of depression as women who have given birth or who have never been pregnant..."⁴

How can that be considered safe?

In 2006, a comprehensive New Zealand study found that 78.6% of the 15-18 year olds who had abortions displayed symptoms of major depression as compared to 31% of their peers. The study also found that 27% of the 21-25 year old women who had

⁴ Rosemary Bennett, "Abortion Exposes Women to Higher Risk of Depression," Times of London, October 27, 2006 (<http://www.timesonline.co.uk/tol/news/uk/health/article615150.ece>).

abortions had suicidal idealizations compared to 8% of those who did not have an abortion.⁵

Is legal abortion safe for women? At least 28 studies—including three in 2009—show that abortion increases the risk of breast cancer by some 30-40% or more yet the abortion industry has largely succeeded in suppressing these facts.⁶

So-called safe abortion inflicts other deleterious consequences on women as well including hemorrhage, infection, perforation of the uterus, sterility and death. Just last month, a woman from my home state of New Jersey died from a legal abortion, leaving behind four children.⁷

Safe abortion? Not for subsequent children born to women who have had an abortion. At least 113 studies show a significant association between abortion and subsequent premature births. For example a study by researchers Shah and Zoe showed a 36% increased risk for preterm birth after one abortion and a staggering 93% increased risk after two.⁸

Similarly, the risk of subsequent children being born with low birth weight increases by 35% after one and 72% after two or more abortions.⁹ Another study shows the risk increases 9 times after a woman has had three abortions.¹⁰

What does this mean for her children? Preterm birth is the leading cause of infant mortality in the industrialized world after congenital anomalies. Preterm infants have a greater risk of suffering from chronic lung disease, sensory deficits, cerebral palsy,

⁵ Fergusson, David M., Horwood, John L., Ridder, Elizabeth M., Abortion in young women and subsequent mental health, *Journal of Child Psychology and Psychiatry* 2006; 47:1, 16-24.

⁶ Dolle J., Daling J., White E., Brinton L., Doody D., et al. Risk factors for triple-negative breast cancer in women under the age of 45 years, *Cancer Epidemiol Biomarkers Prev* 2009; 18:4, 1157-1166; Ozman V., Ozcinar B., Karanlik H., Cabioglu N., Tukenmez M., et al. Breast cancer risk factors in Turkish women—University Hospital based nested case control study. *World J of Surg Oncol* 2009; 7:37; Xing P., Li J., Jin F., A case-control study of reproductive factors associated with subtypes of breast cancer in Northeast China. Humana Press, e-publication online September 2009.

⁷ Michael Feeny, Barry Paddock, Jonathan Lemire, “Queens clinic AI Medicine probed after Alexandra Nunez is fatally injured while undergoing abortion,” NY Daily Online, January 27, 2010 (http://www.nydailynews.com/news/2010/01/27/2010-01-27_queens_clinic_probed_after_abortion_death.html).

⁸ Shah P., Zao J. on behalf of Knowledge Synthesis Group of Determinants of Preterm/LBW Births. Induced termination of pregnancy and low birthweight and preterm birth: A systematic review and meta-analyses. *International Journal of Obstetrics and Gynecology* (BJOG) 2009; 116:1425-1442.

⁹ Ibid.

¹⁰ Brown J., Adera T., Masho S., Previous abortion and the risk of low birth weight and preterm birth, *Journal of Epidemiology and Community Health* 2008 (Jan.); 16:1, 16-22. Laura Blue, *Study Links Abortion and Premies*, TIME Magazine, Dec. 18, 2007 (<http://www.time.com/time/health/article/0,8599,1695927,00.html>).

cognitive impairments and behavior problems.¹¹ Low birth weight is similarly associated with neonatal mortality and morbidity.¹²

So-called safe and legal abortion is not only infant mortality in and of itself, but unnecessarily puts future children at significantly higher risk of losing their lives as well or being disabled.

Today, some governments including my own, UN treaty implementation bodies including and especially CEDAW, some UN organizations including and especially UNFPA, and many non-government organizations (NGOs) are pushing—pressuring—your country to legalize, facilitate, and expand access to abortion.

For the record, the first serious sign of all-out aggressive pro-abortion lobbying took place in Cairo and the Prepcoms that preceded the 1994 International Conference on Population and Development. We had our fights in Mexico City in 1984. But not like Cairo. I know I was there.

After a rough year and an even rougher week, the Cairo outcome document and plan of action absolutely precluded any international right to abortion and dozens of countries filed an explanation of position (EOP) to ensure that their strong opposition to abortion was fully understood by all—all facts the pro-abortion NGOs want you to forget today.

Despite repeated attempts by the pro-abortion side to manipulate plainly worded text, the pro-life side emerged from Cairo with this clear admonition: “Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning...”¹³ Cairo also reiterated the primacy of national sovereignty on this issue, stating: “Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process.”¹⁴

A year later, I was in Beijing as co-chair of the congressional delegation for the UN women’s conference. Again, attempts were made to push abortion and again a diverse consensus from the four corners of the globe rejected it.¹⁵

¹¹ See Kessinich, M., Developmental outcomes for premature, low birth weight and medically fragile infants, *Medscape* 2003 (<http://www.medscape.com/viewarticle/461571>).

¹² *Ibid.* See also National Center for Health Statistics, *More Babies Born at Very Low Birthweight*, January 24, 2005 (<http://www.cdc.gov/nchs/PRESSROOM/05news/lowbirthwt.htm>) and MacDorman, M., Martin, J., et. al., Explaining the 2001-2002 Infant Mortality Increase: Data from the Linked Birth/Data Set, *National Vital Statistics Reports* 2005, Center for Disease Control; 53:12 (http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_12.pdf).

¹³ Programme of Action, International Conference on Population and Development, Cairo (1994), A/CONF.171/13, Sec. 7.24.

¹⁴ *Ibid.* Sec. 8.25.

¹⁵ Beijing Platform for Action, Beijing (1995), A/CONF.177/20 and

And so the struggle has continued ever since. Each and every UN special meeting—including the summit for children—has become a battleground and the upcoming CSW and the discussions on Beijing 15 and implementation of the Beijing Platform will be no exception. Additionally, many of your government officials have been or will soon be scolded by pro-abortion “experts” at periodic CEDAW reviews in an attempt to “persuade” you to abandon your protections for women and children from the violence of abortion.

I encourage you to resist and push back. The voiceless desperately need friends and advocates in high places. They need you.

The anti-life challenge we face isn’t new but will require more work, attention to detail and sacrifice, especially since the election of a very pro-abortion US president. One of the first acts by President Obama was to reverse the international pro-life policy known as Mexico City Policy which ensured that US funding only went to foreign NGOs which agreed to not perform abortion or promote abortion as a method of family planning in countries around the world.

For the past year, a coalition of pro-life Democrats and Republicans in Washington insisted that any health care reform not fund abortion. After winning decisively in the House of Representatives, it became absolutely clear that the White House preferred no bill at all than having to sign legislation that proscribed public funding for abortion. It was an ominous revelation of priorities.

Distinguished ambassadors, I am deeply concerned that some very powerful people here at the UN are attempting to hijack the important and noble goal of reducing maternal mortality—MDG #5—by integrating legalization of abortion and expanding access to it. Often cloaked in the language of reproductive health, I respectfully ask that you do all in your power to continue to expose and clarify in clear, unambiguous terms that killing children and harming mothers by abortion is not reproductive health—it is a human rights abuse.

Today, as never before, the largely preventable tragedy of maternal mortality is being exploited to promote unfettered access to abortion on demand.

I would respectfully submit that if we are truly serious about reducing maternal mortality, women, especially in the developing world, need access to proper maternal health care, skilled birth attendants, safe blood and clinics where obstructed deliveries can be turned into safe passages. Abortion, on the other hand solves nothing, kills children, harms women and should in no way be integrated into any global action plan or country specific strategy otherwise designed to mitigate maternal mortality.

In Africa, almost 34% of maternal deaths are reportedly due to hemorrhage. Almost 17% were the result of indirect causes. Sepsis caused 9.7% of deaths, hypertensive disorders 9.1%, and a combination of miscarriage and induced abortion came in near the bottom at 3.9%.¹⁶ (As chairman of the Africa committee I chaired a hearing a few years ago on the availability safe blood for transfusions and a doctor from WHO testified that a sufficient and sustainable supply of safe blood in Africa could reduce maternal mortality by 44 %.)

The breakdown for Asia is almost the same, with miscarriage and induced abortion making up 5.9% of maternal deaths.¹⁷

Data from Latin America and the Caribbean suggests that almost 26% of maternal deaths were due to hypertensive disorders, hemorrhage 21%, obstructed labor 13%, and miscarriage and induced abortion at 12%.¹⁸

You should be fully aware that the strategy of exploiting the tragedy of maternal mortality to promote abortion isn't new—it's ripped right out of the playbook used by US pro-abortion NGOs—nor is it honest. In the late sixties and early seventies pro-abortion NGOs in the United States deliberately distorted and exaggerated the number of maternal deaths from illegal abortion to sell legal abortion here.

Dr. Bernard Nathanson, a vociferous pro-abortion activist back then and co-founder of a UN accredited NGO called NARAL said:

I am personally responsible for 75,000 abortions ... I was one of the founders of the National Association for the Repeal of the Abortion Laws in the U.S. in 1968. A truthful poll of opinion then would have found that most Americans were against permissive abortion. Yet within five years we had convinced the U.S. Supreme Court to issue the decision which legalized abortion throughout America in 1973 and produced virtual abortion on demand up to birth. How did we do this? ... The first key tactic was to capture the media. We aroused enough sympathy to sell our program of permissive abortion by fabricating the number of illegal abortions done annually in the U.S. The actual figure was approaching 100,000 but the figure we gave to the media repeatedly was 1,000,000. Repeating the big lie often enough convinces the public. The number of women dying from illegal abortions was around 200-250 annually. The figure we constantly fed to the media was 10,000. These false figures took root in the consciousness of Americans convincing many that we needed to crack the [anti] abortion law.

Getting highly reliable maternal mortality data is still a serious problem.

¹⁶ Khalid S. Khan, Daniel Wojdyla, Lale Say, A Metin Gulmezoglu, Paul Van Look, "WHO Analysis of Causes of Maternal Deaths: A Systematic Review," *Lancet* 2006; 367: 1066-74.

¹⁷ *Ibid.*

¹⁸ *Ibid.*

In 2006, a comprehensive study was funded by the World Health Organization to more accurately determine the disparate causes of maternal mortality.¹⁹ Based on 35,197 maternal deaths around the world over 15 years, the study raised more questions than it answered. For example it found:

- ✓ That the limited data that WHO has on abortion in developing countries is generally not disaggregated by whether the child died in a miscarriage or from induced abortion...the data lumps the two together creating the potential for a huge distortion in percentages as various assumptions are used to disentangle the data.²⁰
- ✓ “Abortion rates seemed to be affected by methodological quality, because good-quality studies showed reduced rates, suggesting possible reporting bias in studies of low quality.”²¹ In other words, there is evidence that the very limited data that we have available is at least partially corrupted.

Nevertheless the good but underreported news suggests that many of the countries that have some of the strongest laws and constitutional protections for unborn children also have some of the lowest maternal mortality rates on earth.

Chile, a country which has one of the most restrictive abortion laws in Latin America, has the lowest maternal mortality rates in South America while Guyana, a country which has permitted abortion since 1995 has a maternal mortality rate 29 times higher than Chile.

In Asia, Nepal permits unrestricted abortion and has one of the world’s highest rates of maternal mortality. Pro-life Sri Lanka on the other hand is fourteen times lower than Nepal.

In Africa, pro-life Mauritius remains among the lowest and in Europe, pro-life Ireland has an extraordinary record as well.

Honduras was able to lower its maternal mortality by almost 40% over just seven years while still protecting the lives of unborn babies.

The Honduran Government made maternal mortality reduction a public health priority. Increased resources enabled the Ministry of Health to make emergency obstetric care available in more rural and urban health centers and district hospitals. Health personnel were increased in remote

¹⁹ Khalid S. Khan, Daniel Wojdyla, Lale Say, A Metin Gulmezoglu, Paul Van Look, “WHO Analysis of Causes of Maternal Deaths: A Systematic Review,” *Lancet* 2006; 367: 1066-74.

²⁰ *Id.* at 1072. See also, WHO, “Unsafe Abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003.” Geneva, 2007 at 28, (http://whqlibdoc.who.int/publications/2007/9789241596121_eng.pdf).

²¹ *Id.* at 1073.

areas, and birthing centers were established in areas of difficult access. Utilization of prenatal care in health centers increased. Traditional birth attendants were trained and integrated into the health system, resulting in greater community acceptance and more emergency referrals to hospitals. Transportation, roads and communication were also improved.²²

Abortion unleashes grave collateral damage on any society that chooses that path. Excluding right to life protections for some cheapens life for all and the culture of death it spawns imposes huge social costs. Euthanasia and assisted suicide follows the same utilitarian path as abortion. In the Netherlands, the pool of eligibles continues to expand.²³ Many European countries with permissive abortion laws are far below replacement and are slowly imploding, some would even say disappearing. The UN estimates that by 2050, Russia will have lost one-third of its population. Apparently, the Kremlin understands this and has already started to address their demographic nightmare. Eastern Europe is also in rapid decline, with the number of abortions outpacing the number of births in several countries in the region.

Abortion adversely affects many fathers who regret their powerlessness to protect and save their child. I personally know several young adults who lost siblings to abortion including a “middle child” and are left to wonder why they were spared.

As the U.S. based NGO Silent No More Awareness Campaign has learned, post abortive women often suffer deep emotional pain that lasts a life time. That’s why Dr. Alveda King, niece of Dr. Martin Luther King, and a spokesperson for this NGO speaks out passionately to women who have had abortions and shows them a faith based path to reconciliation and healing. Dr. King had two abortions—deeply regrets the loss of her two children—and today bravely speaks out in defense of life.

Finally, if you want to know where all of this might be heading, just look at abortion in the Peoples Republic of China. With the full backing of the UNFPA and assistance from pro-abortion NGOs in good standing at the UN, China continues to impose a cruel, draconian one child per couple policy on its citizens.

Since 1979, brothers and sisters have been illegal in much of China. If a woman is caught pregnant without explicit government authorization to give birth, she is forced to abort. Unwed mothers are all compelled to abort. Handicapped unborn children, if discovered, are killed by the state. Ruinous fines—up to ten times the combined salary of both parents—jail, torture, property confiscation, loss of employment, education opportunities, housing and health care are all weapons aggressively used by the family planning cadres to ensure compliance.

²² Danel, Isabella. 1999. Maternal Mortality Reduction: Honduras: 1990-1997: A Case Study. Report prepared for the World Bank. Washington, D.C.: The World Bank (www.worldbank.org).

²³ Verhagen, E., Sauer, P., The Groningen Protocol — Euthanasia in Severely Ill Newborns, *New England Journal of Medicine* 2005, Volume 352:10, 959-962.

No wonder 500 Chinese women commit suicide **each day** in China.

And making matters even worse, the ever worsening gender disparity is frightening. Where are China's missing girls? By the tens of millions, they are gone victims of the earliest form of discrimination against the girl child—sex selective abortion.

Surely China's forced abortion policy and as a direct consequence—missing girls—constitutes a massive crime against women and the girl child. Why has the UNFPA supported, funded and defended China's forced abortion policy for thirty years? Where is a strong clear voice from CEDAW protesting sex selective abortion as discrimination against the youngest of women? Where are the voices of the Human Rights Council and the UN General Assembly against this gendercide of baby girls—targeted for destruction in the womb simply because they are female?

Last November I convened an official congressional human rights hearing on China's one child policy—the 27th hearing on human rights violations in the PRC that I have chaired. The principal witness, Wuijan, is a Chinese student attending a US university who testified about how her child was forcibly murdered by the government. She said, “[T]he room was full of moms who had just gone through a forced abortion. Some moms were crying. Some moms were mourning. Some moms were screaming. And one mom was rolling on the floor with unbearable pain.” Then Wuijan said it was her turn, and through her tears she described what she called her “journey in hell.”

Silence in the face of massive crimes against women in China—women like Wuijan—shouldn't be an option.

Thank you for your presence today and I look forward to meeting and working with each of you