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**Duty to Protect the Inalienable Right to Life**

by Rep. Chris Smith  
House Foreign Affairs Committee Hearing on  
Fiscal Year 2011 International Affairs Budget  
Witness: The Honorable Hillary Rodham Clinton  
February 25, 2010

Secretary Clinton, the most persecuted and at risk minority in the world today are unborn children.

Today ultrasound imaging has given us a window into the womb and to the child within. Microsurgery and a myriad of fetal health interventions are commonplace, yet some have chosen this time in history to dehumanize and exclude unborn babies.

Unborn children ought to be viewed as humanity's youngest patients, in need of proper prenatal care, nurturing, and when sick, diagnosis and treatment. The prevention of mother to child HIV transmission got a major boost from PEPFAR and I'm happy to say that commitment continues in the Global Health Initiative (GHI).

The Global Health Initiative must, however, ensure that even the unplanned and unintended child is welcomed, cared for and included in the initiative.

I was disappointed to read on page 14 of the GHI Consultation Document that unintended pregnancy seems to be relegated to the status of a disease—juxtaposed between HIV and tropical disease.

Pregnancy is not a disease. The child in the womb is neither a tumor nor a parasite to be destroyed.

I am deeply concerned that with the elimination of the Mexico City Policy by executive order last year, NGO implementing partners may actively seek to integrate abortion with the many necessary and noble undertakings funded by the Global Health Initiative.

I respectfully ask that the administration consider that for many of us, all abortion—legal or illegal—is violence against children and poses significant, often underappreciated risks to women and even to children later born to post-abortive women.

Madame Secretary, the term “safe abortion” is the ultimate oxymoron. Child dismemberment, forced premature explosion from the womb by chemicals like misoprostol, deliberate child starvation by RU486, can never, ever be construed to be benign, compassionate or safe. UN Millennium Development Goal #4 seeks to reduce child mortality. Abortion is child mortality.

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...”

In 2006, a comprehensive New Zealand study found that almost 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 abortions had suicidal idealizations compared to 8% of those who did not.

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.

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.

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.

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

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, cognitive impairments, and behavioral problems. Low birth weight is similarly associated with neonatal mortality and morbidity.

Today, some governments including ours, UN treaty implementation bodies including and especially CEDAW, some UN organizations including and especially UNFPA, and many non-government organizations (NGOs) are pushing—pressuring—sovereign nations 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...” 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.”

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.

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.

Finally, 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.

No wonder over 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 at a hearing of the Lantos Human Rights Commission, Wuijan, a Chinese student attending a US university 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.