



# REACHINGout

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## Nicaragua's Hard Line on Abortion

**One pregnant cancer patient faces certain death because of the ban on therapeutic abortions.** The Nicaragua's ban on all abortions—including cases of rape, incest, and life-threatening pregnancies—is among the most sweeping in the world. But for 27-year-old Amalia (a pseudonym), the law is personal. Amalia entered a hospital in February for metastatic cancer spreading in her brain, breast, and lungs, but doctors have refused to treat her with chemotherapy, because she is pregnant. Nicaragua's strict anti-abortion legislation imposes jail time on doctors—and the women they treat—if they administer medical treatment that kills or harms a fetus, even when they are trying to save the mother's life. Chemotherapy can be harmful to a fetus.

While abortion has long been illegal in the Central American country, in 2006, the government ruled to also outlaw therapeutic abortions, which had been legal for the previous 100 years and performed to save the life of or prevent severe health consequences for the mother. Nicaragua, the second-poorest country in the western hemisphere, after Haiti, is one of five countries, including Chile, El Salvador, Malta, and the Philippines, to ban therapeutic abortions. The exception was no longer necessary, said the Nicaraguan Pro-Life Association at the time, because "the conditions that justified therapeutic abortions now have medical solutions."

While modern medicine has accomplished great feats, the International Planned Parenthood Foundation/Western Hemisphere Region (IPPF/WHR) knows all too well that the need for therapeutic abortions can never be eliminated. **The potential death or severe damage to the health of a woman, such as Amalia, who is denied a therapeutic abortion, is both foreseeable and avoidable.** In addition, Nicaragua's widespread ban on abortion only heightens the danger faced by women and girls in a country with one of the region's highest maternal mortality rates—170 deaths per 100,000 live births. Unsafe abortion continues to be one



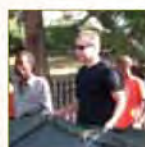
of the most significant and avoidable causes of pregnancy-related death in the region, with more than 900,000 clandestine procedures carried out each year.

As Amalia waits in a hospital for treatment that could save her life, Profamilia/Nicaragua, an **IPPF/WHR Member Association consisting of 17 clinics located throughout the country, continues to fight for the sexual and reproductive rights of women.** Profamilia/Nicaragua provides health services to more than 300,000 low-income Nicaraguans each year. Despite the fact that last year the government's Social Security Institute terminated its contract with three of the Member Association's clinics, drastically reducing the number of patients at those institutions, Profamilia has continued to administer necessary health services and sensitization training sessions throughout its network of clinics in an effort to address the problems of unwanted pregnancy and unsafe abortion. In addition, they have increased the availability of information for women about their reproductive rights in Nicaragua—limited unfortunately as they may be.

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# Helping Haiti: Then and Now

## January's deadly earthquake 16 miles outside Port-au-Prince highlighted the ongoing need for IPPF's sexual and reproductive health services in the Caribbean.

The air was thick with the dust of fallen buildings when Dr. Ernest Desir sprinted from his trembling house in Jacmel, Haiti, on January 12, 2010. It was almost 5 p.m. and the gynecologist knew instantly that the violent shaking hadn't been caused by a heavy-weight truck passing by, but a devastating earthquake. He hurried to St. Michel hospital, where screams rang from every direction as he stabilized broken bones using pieces of cardboard or fragments of wood. A man covered in dust grabbed him by the arm and desperately lead him to his wife, who was 32 weeks pregnant and lying dead on the ground. Throughout the night, surrounded by rubble, Desir and other medical professionals examined the injured, attended to traumas, set fractures and pronounced deaths. "We were not ready for such a catastrophe. We had no knowledge, no medical supplies, no personnel," he says wearily. "We took care of these people as best as we could."

### Jumping into action

Helping his countrymen is nothing new for Desir, the director of Haiti's Profamil, an International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) Member Association. Since 1984, Profamil has provided sexual and reproductive health services—including contraception, gynecological services, pre and postnatal

care, and testing and treatment of sexually transmitted diseases to 200 Haitians a day at its two largest clinics in Port-au-Prince and Jacmel, both of which were destroyed in the 7.0-magnitude quake. While IPPF/WHR is not a disaster-relief organization, its long and trusted presence in the Caribbean has empowered Profamil and its other Member Association, Profamilia/Dominican Republic, with the

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— Dr. Ernest Desir

capacity to provide initial traumatic care as well as ongoing sexual and reproductive health services to the thousands of homeless and displaced Haitians now living in tent camps.

With Profamil's much needed medical equipment buried under the collapsed clinics, Profamilia immediately jumped into action, deploying mobile health units into Haiti, consisting of medical doctors, nurses, and volunteer staff who have extensive experience working with Haitian immigrants. The fleet of minibuses carried a bounty of supplies necessary for safe, hygienic obstetric care, family planning and HIV prevention.

IPPF/WHR Profamil has erected a 968-square foot tent in Jacmel so it can continue to provide prenatal consultations, gynecological care, lab work, counseling, and contraception to the people that have come to trust and rely on the Member Association.



### Timing couldn't be more critical

According to the United Nations Population Fund, there were an estimated 63,000 pregnant women among the three million Haitians severely affected by the earthquake. As hospitals struggle to meet the needs of the wounded, maternity wards have given way to surgeries and pregnant women are forced to give birth in unsanitary conditions. What's more, the vulnerability of women and girls in emergency and crisis situations is frequently neglected during initial efforts to provide food, water, and shelter. In the aftermath of a disaster, pregnancy-related deaths and incidents of rape and sexual violence soar. In Haiti, growing lawlessness and civil unrest combined with a lack of family-planning services, counselling, and contraception place women and girls at an increased risk of HIV infection, sexual exploitation, and unwanted pregnancies.



(Less than one-half of all births are attended by a skilled health professional.) The country's HIV/AIDS rate is second in the world only to Sub-Saharan Africa, and 2006 data indicate only 28 percent of the population uses modern contraceptives.



While January's earthquake has intensified the need for quality sexual and reproductive health services in Haiti, Profamil has met that call for decades. Haiti is one of the poorest and least developed countries in the Western Hemisphere, and infant and maternal mortality rates are the region's highest.

In addition to the mobile health units, which roam the tent cities and outskirts to serve populations most affected by the quake, with the support of IPPF/WHR Profamil has erected a 968-square foot tent in Jacmel so it can continue to provide prenatal consultations, gynecological care, lab work, counseling, and contraception to the people that have come to trust and rely on the Member Association. "Little by little, life resumes its course," says Desir. For Profamil, that means getting back to protecting the sexual and reproductive health of Haitians in need.



# Creating a Legacy of Choice while Securing your Financial Future

## On the Ground: Donor Visits 4 MAs



Kristi Miller credits her parents, Ed and Janet Miller, whose WestWind Foundation helps support IPPF/WHR programs, with a desire to “give back” and her interest in reproductive health groups. When she decided to leave her job in the Caribbean to return to the U.S., she arranged with IPPF/WHR to visit Member Associations in the Dominican Republic, Haiti

(before the January earthquake), Colombia and Peru.

She watched mobile clinics operating in the Dominican Republic and Colombia, visited a youth program in Peru, and attended clinics in Haiti. Everywhere she found staff “passionate about their mission to ensure women got the health care and legal rights they deserve.” IPPF/WHR lets them share best practices and leverage resources, Kristi says.

**“I am thankful to IPPF/WHR and its supporters for their continuing work in allowing women safe and affordable access to family planning services and providing a leading advocate of sexual and reproductive rights for all.”**

— Kristi Miller

Since the trip, Kristi decided to change career plans from corporate event planning to corporate social responsibility and foundation management. “Now that I better understand the needs and opportunities in the non-profit worlds, I believe that I can be like IPPF and be a voice for these women,” she says.

For more information on making a tax-deductible gift to support our programs, please contact Nikki Speer at 212 214 0286 or by e-mail at [nspeer@ippfwhr.org](mailto:nspeer@ippfwhr.org).

**When you set up a charitable gift annuity (CGA) with IPPF/WHR, you receive fixed lifetime payments, as well as numerous tax benefits. Unlike falling bank interest rates, your CGA payout rate will be fixed, guaranteed, and at a highly competitive level. Your legacy gift supports our family planning and reproductive health work throughout the Americas and the Caribbean for all future generations.**

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## No More Taj Mahals



Martin Luther said, "If [women] become tired or even die, that does not matter. Let them die in childbirth—that is why they are there."

In the days before modern obstetrical care and antibiotics, maternal death was an equal opportunity killer, killing mothers in about 1% of births. In 19th century England contrary to the reality of today, the rate was highest among the wealthy and middle class, attended by physicians in hospitals, who interfered unnecessarily and disastrously in the labor process, and the lowest among poor women delivered at home by experienced midwives. Among the historical victims of maternal mortality were Queen Mumtaz Mahal (during the birth of her 14th child, whose grieving husband built the Taj Mahal as a memorial); Henry VIII's mother and two of his six wives; Mary Wollstonecraft, author of *A Vindication of the Rights of Women*; Abraham Lincoln's sister; and Theodore Roosevelt's first wife.

Today in the developed world, death from complications from childbirth related causes is mostly a thing of the past (the rate being about 0.01%). But in the underdeveloped world it is still a killer, claiming the lives of over half a million women a year. This rate, 400 per 100,000 live births today is only marginally less than the rate in 1990 (430) and virtually identical to the rate in England in the 19th century. The maternal mortality rate is proving to be stubborn, indeed, but we can do something about it, as England did.

When women time, space and limit their births, their mortality and that of their children, declines. About 30% of maternal mortality could be prevented with universal access to family planning. Most of the rest could be prevented with access to trained midwives, modern obstetrical treatment, prenatal care, blood transfusions and antibiotics. Many deaths could be prevented by access to safe abortion services.

Martin Luther was wrong. Death in childbirth is not women's fate.

Alexander Sanger is the Chair of the International Planned Parenthood Council and author of *Beyond Choice: Reproductive Freedom in the 21st Century*. A former Goodwill Ambassador, he is the grandson of IPPF founder and reproductive rights pioneer Margaret Sanger.

## Three of the many reasons to donate to IPPF/WHR:

- 1 89 cents of every dollar you donate is spent directly on programs to help the poor and marginalized.
- 2 Twice as many poor women – over 60% – have an unmet need for contraceptives compared to wealthy women. IPPF/WHR strives to guarantee that all women have access to contraceptives. A donation of \$100 pays for a one year supply of birth control for 21 women.
- 3 Our high quality services are grounded in the belief that health care is a basic human right for all people, regardless of their socio-economic status.

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International Planned Parenthood Federation (IPPF), based in London, is the world's largest private sexual and reproductive health and rights organization. The Federation's health services are carried out by Member Associations located in 176 countries. All of its Member Associations are managed in accordance with local custom and law.

International Planned Parenthood Federation, Western Hemisphere Region, Inc. (IPPF/WHR), located in New York, is a tax-exempt, charitable organization, providing technical and financial assistance to 41 IPPF associations in the Western Hemisphere.

Planned Parenthood Federation of America and the Canadian Federation for Sexual Health (formerly the Planned Parenthood Federation of Canada) are separately incorporated IPPF/WHR Member Associations in the United States and Canada.

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SPRING 2010

# Last Year We Delivered Nearly 30 Million Essential Sexual and Reproductive Health Services.

## Making Every Dollar Count

We are proud of the way we manage our funds. IPPF/WHR strives to operate with efficiency while minimizing its fundraising and management expenses. As a result, over 89 cents of every dollar we spend goes directly to our programs and services.

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