

AFRICAN ANTI-ABORTION COALITION

Chidicon Medical Center, No 1 Uratta Road, P. O. Box 302, Owerri, Imo State, Nigeria 460242,
Phone 083-231183; 046-660021, email:info@chidicon.com www.chidicon.com

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Presidency of the G8 Summit 2007

Bundeskanzleramt

Bundeskanzlerin Angela Merkel

Willy-Brandt-Strasse 1

10557 Berlin, Germany

Her Excellency,

2nd Anniversary of the 2005 Declaration of G8 Africa Action Plan

The G8 Africa Action Plan, charged African governments to show leadership in promoting Women's and Men's rights to sexual and reproductive health. Governments were held accountable for ending the stigma and gender discrimination associated with sexual and reproductive services. There is no doubt that this document is a further extension of the MAPUTO PLAN OF ACTION FOR THE OPERATIONALISATION OF THE CONTINENTAL POLICY FRAMEWORK FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS 2007-2010 - Sections #3.3, #4.1-4.3; and THE PROTOCOL TO THE AFRICAN CHARTER ON HUMAN AND PEOPLES' RIGHTS OF WOMEN IN AFRICA - Articles #14 (1a, 2c), #26. The agenda is simply, to muscle Africa into legalization of "abortion on demand". The definition of the term REPRODUCTIVE HEALTH to mean 'abortion on demand' has been authoritatively given by Andras Vamos-Goldman (Canadian Representative at World Summit on Children 2001). Regardless of the international outrage elicited by this definition, it still stands out in all subsequent international documents on Africa. Even though it is known that, humans do not reproduce but procreate, the appropriate terminology of PROCREATIVE HEALTH has not been adopted in subsequent international documents on Africa, including the G8 Africa Action Plan.

Leading experts in Africa addressed these issues at a Pro-Life conference on the theme "African Children Under Extinction", where U.S. Congressman Christopher Smith was the guest speaker, held at the Pan-African University Lagos on February 23rd, 2007. The experts noted that, Western countries have imposed very strict ethical guidelines for use of both embryonic and fetal stem cells in EU countries, but have not demanded that same apply in Africa, before endorsing legalization of abortions. This double standard, calls to suspect the intention of the donor countries. The experts urged African governments to reject all aids tied to abortion. The participants called for a full US congressional investigation of the matter, even though it involves foreign governments.

The paper delivered by Congressman Christopher Smith on Critic of the MAPUTO PLAN OF ACTION FOR THE OPERATIONALISATION OF THE CONTINENTAL POLICY FRAMEWORK FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS 2007-2010 - Sections #3.3, #4.1-4.3; and THE PROTOCOL TO THE AFRICAN CHARTER ON HUMAN AND PEOPLES' RIGHTS OF WOMEN IN AFRICA - Articles #14 (1a, 2c), #26; were responded to by leading legal and medical experts from Nigeria and other African countries. The experts concluded that, the pro-abortion advocates like IPPF, crafted the draft in such broad and vague language to achieve the interpretation of 'free abortion on demand'. For example, article #14.2c states that:

c) to protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus.

All legal and medical experts agreed that, the underlined text could be interpreted to mean that, even simple headache, if perceived by the mother as a sign of mental or physical distress, is enough reason to seek an abortion.

Furthermore, article #26.2 which states that:

2. States Parties undertake to adopt all necessary measures and in particular shall provide budgetary and other resources for the full and effective implementation of the rights herein recognized. Experts also agreed that this means State funding of abortion clinics with taxpayer's money.

Any informed observer of international relations would agree that, no international protocol has included abortion rights to the extent recognized in this protocol. The protocol's article #28 provided for signature, ratification and accession of the document, in accordance with their respective constitutional procedures. However, investigations have revealed that, in no African country were the proper constitutional procedures followed. The latter led experts to conclude that, the document said to have been signed and ratified, failed to meet the appropriate constitutional due process, and therefore, must be null and void, and would not enter into force. All African governments were advised to register their protest with the Chairperson of the Commission of the AU. The participants went further to urge, African governments to expel Ipas, IPPF and UNFPA from their respective countries, since these organizations acted against the statues of right-to-life, enshrined in their constitutions.

The participants decried the unsupported false propaganda of pro-abortion advocates that, 4 million unsafe abortions occur in Africa, and was linked to high maternal mortality rate. This is factually wrong. Regrettably, close to 40 million abortions are performed each year in private and public clinics in Africa by trained medical personnel including doctors, nurses, nursing assistants and birth attendants. The number of abortions performed by untrained personnel continues to fall, though there is a threat that this decline may stall, with introduction of Ipas Manual Vacuum Aspirators (MVAs), which makes it easier for untrained personnel to perform 'backstreet abortions' with a big syringe, rather than the elaborate medical procedure of D&C. The medical reason for the high maternal mortality rate (the number of maternal deaths related to childbearing divided by the number of live births) is in most part due to poor access to adequate antenatal care. Deaths from unsafe abortions are not even part of the maternal mortality rate, by medical definition anywhere in the World. Hospital surveys and

periodic reviews reported by medical experts, show that deaths related directly to the medical procedure of abortion in Africa is now rare. Even when complications result from interventions by untrained personnel, mortality remains low. There are no safe-abortions; abortion like any other medical intervention has an associated risk. The so-called 'safe abortions' which implies the use of Ipas Manual Vacuum Aspirators (MVA), propagated by pro-abortion advocates- the International Planned Parenthood Federation (IPPF, IPAS, and UNFPA) and others, is fast becoming No.1 means, of iatrogenic (related to medical procedure) spread of HIV in Africa. As has earlier been warned by practitioners, MVA use and re-use, poses a great danger, with the potential of complicating Africa's AIDS crisis. The AIDS pandemic, mixed in the milieu of abortions with MVA, would assume catastrophic levels of spread. Even the introduction of safety methods with MVAs, such as those used to prevent syringe-reuse, would be countered by 'local construction' that would make reuse possible. There is a rising rate of the triad - HIV, Hepatitis B and C, in clinics in Africa, particularly among young women, who have had recent abortions. This is a dangerous pointer to the looming public health disaster. Simply put, the use of Ipas MVA Plus, has removed abortions from the business of some medical practitioners to the domain of 'quarks', and has only but increased the disaster associated with this death business. Doctors and nurse practitioners in South Africa have made known their objection to this, by staging strike actions. Ipas MVA Plus should be banned in Africa, because it will complicate the African AIDS crisis.

The conference participants examined the motives of the pro-abortion advocates in promoting legalization of abortions in Africa, when they know that their so-called 'safe abortion' option is every other thing but safe. It was concluded that the promotion of 'safe abortion' option with Ipas MVA Plus has nothing to do with improved reproductive health for African women, however, it has everything to do with the projected trillion dollars in commerce from stem cell fetal tissue trafficking for transplantation. It has been alleged by a number of leading African experts, published in Nigerian newspapers that, pro-abortion advocates act as proxies for the international biotechnology conglomerates. Both are seeking to enthrone a culture of abortion in Africa, especially in the first few weeks of pregnancy. The use of Ipas MVA Plus is to simplify collection of aborted fetal tissues, for further harvesting of stem cells for transplantation in Western countries. They do not care whether it is safe or not for African women, as far as it is simple, that any 'quark' can do it, and get them their cells for money. A Trans-Atlantic Fetal Tissue Trafficking market would grow, to displace oil and natural product exports in revenue that goes directly to the people. African governments would be placed in a dilemma having to fight the trade in death or choose poverty, as the G8 document already prescribed. For now, it is just the donor money that has been threatened. As the trade grows and small remunerations are given to patients, to encourage more abortion tissue sales from collection centers, a new dynamics is set in place. In not too distant future, it would be an economic fight for survival, with families relying on food from abortions of their eleven year old daughter. Moreover, the 20 African countries (Benin, Burkina Faso, Cape Verde, Cameroon, Djibouti, Gambia, Libya, Lesotho, Mali, Mozambique, Mauritania, Namibia, Nigeria, Rwanda, South Africa, Senegal, Seychelles, Togo, and Zambia) who signed and ratified THE PROTOCOL TO THE AFRICAN CHARTER ON HUMAN AND PEOPLES' RIGHTS OF WOMEN IN AFRICA - Articles #14 (1a, 2c), #26, are among the poorest in the World, and 'abortion for food' is not too far away an

option. The consequences of this G8 Africa Action Plan document and others like it, that force abortions on Africa, aims at a total moral and ethical bankruptcy of the African society, and final extermination of the people in spiraling social decadence. The donor countries' insistence on 'aid for abortion' implied in the G8 African Action Plan document has tinted all goodwill. The REPRODUCTIVE HEALTH project is a dead end for Africa. *We the people of Africa will choose poverty over death.*

It was noted by a number of observers that, biotechnology companies are not even waiting for the legalization of abortion to commence their trade. At present, large-scale unethical open clinical trials, using stem cell derived eye tissue grafts are taking place in Nigeria and other countries in Africa, by some companies. Under the disguise of 'free eye surgery', stem cell derived tissue cell lines are being implanted with the uninformed endorsement by local officials. Fertility clinics have been established by Western companies in Africa's largest cities, and having no ethical restrictions, they routinely harvest embryos for their stem cells, from uninformed, non-consenting women, seeking children, even though they are charged exorbitantly, for in-vitro fertilization (IVF) procedure. The Western biotechnology firms, and more importantly their investors, would want a full legal protection to operate within Africa. These companies have in recent times become the financial backbone for pro-abortion advocates. They fund other make-belief charities and foundations that support abortion culture in Africa. Even the education curriculum in Africa has not been spared. There are awards of so-called educational grants, given for support of sex-education only, aimed at catching them young in the abortion-psycho.

Speakers decried the unholy alliance of the pro-abortion advocates and biotechnology firms. The very highly placed directors, who are very active members of the cartel, move within the pro-abortion organizations as regional heads and on retirement end-up on the boards of biotechnology firms or their business associates. The warning on the potential conflict of interest, and the need for adequate ethical guidelines in Africa was given by the World Medical Association (WMA). The conference mandated a subcommittee to recommend measures to prevent the pro-abortion advocates and their trading partners from profiting from the death business. The subcommittee report recommended that: 1) all African countries enact ethical guidelines for stem cell use for research and transplantation, similar to that of the United States of America; 2) there should be a total ban on export or import of embryonic and fetal stem cells (but not adult stem cells) in all African countries; 3) the AU countries should push within the UN, for a mandatory UN monitoring system that, will require all users of stem cells, to provide country of origin of the cell lines in publications and all official documentations; 4) there should be a fine of two hundred and fifty million US dollars (\$250 million) for Embryonic or Fetal Tissue Trafficking trade and long jail terms for offenders. The revenue should be given to the country of origin of these embryonic and fetal stem cells.

Population experts at the conference charged that, the UNFPA has long advocated the depopulation of Africa, through forcing abortion polices on African governments. It does this, against all rational arguments and is out of sync with its own recommendations, elsewhere in Europe and America. It is an established fact that population density is the main factor for economic development. African countries have very low population densities of 2 persons per sq km (e.g. in Gabon), up to 110 persons per sq km in Nigeria. Europe has between 350-450 persons per sq km, America (east coast) has 400-450 per sq

km, Japan has 400-450 per sq km, China/India 300-400 per sq km. etc. One might ask, where would Africa get the human capital she needs to develop, if most people will die from abortions? The depopulation policy of the UNFPA in Africa is suspect, and may have other motives. The conference urged African governments to follow the lead of the United States, who have declared that, the actions of UNFPA constitutes 'crimes against humanity' and have rightfully so, suspended all cooperation including contribution of over \$34 million US dollars.

The guest lecturer noted that African governments are being blackmailed and cited for human rights violations, if they do not authorize free abortion on demand. Organizations like Amnesty International and Human Rights Watch have included abortion on demand as a human rights issue. The conference participants asked for a financial disclosure by Amnesty International and Human Rights Watch, to preclude the suspicion that, this unethical shift in policy was financially motivated by contributions from biotechnology companies. All at the conference rose in affirmation that, sooner rather than later, 'Justice for the Death of African Children' must be served. The conference adopted February 14th every year, as a day of Peaceful Millions' People March against Abortion in Africa. They affirmed the success of the first march held on February 14th, 2007.

Our purpose of writing, on this second anniversary of this most unfortunate document issued by the G8, is to request that heads of governments and donors reverse their decision to 'tie aid to abortion'. We applaud the efforts of the G8 countries to promote good governance and economic development in Africa. We hope that the G8 leaders will continue to put the goodwill of their people, who have made their tax dollars available, into projects like provision of potable water, fight against Malaria, Tuberculosis, HIV, support for ecologically friendly solar energy use, and human capacity development. The G8 in collaboration with African governments could establish international centers of excellence in education from primary to university levels in Africa. We hope that the G8 African Action Plan would include a technical apprenticeship program, with 'Skilled Master' volunteers from Europe, Japan, Russia and America, to teach in Africa, towards a real technology transfer program in this Digital Age, styled like the 'German Apprenticeship Program' and the Marshall Plan for Europe. The health benefits and socio-economic transformation of Africa would be a good return on investment, which by the way, is the highest in the World even today.

We are appealing to you and President Bush, to provide leadership, and have G8 countries reverse course on the issue of 'aid for abortion'. We hope the United Kingdom, who conceived the G8 Africa Action Plan with all good intentions, will continue to pursue all the other worthy goals of the plan, as was originally intended.

We thank you in anticipation,

Yours truly,

Prince Dr Philip C. Njemanze MD.
Chairman, African Anti-Abortion Coalition (AAAC).

Copies sent to: Leaders of G8 countries, African Leaders, Pope Benedict XVI, UN Secretary General, WHO Director, and International Press.