
Interview: Dr. Mario Maldonado

Development, not abortions key to lower maternal deaths

On June 28, Gerald Pechenuk interviewed Dr. Maldonado for EIR in Chicago, Illinois. He is a physician from Guatemala who attended the United Nations Preparatory Committee sessions for the International Conference on Population and Development (Cairo '94), in New York during April. Parts of the interview are followed here by excerpts from a statistical analysis which he prepared for the PrepComm.

EIR: I understand that the Guatemalan delegation was very active in trying to oppose the outlook of the United Nations population conference.

Maldonado: Our President Jorge Serrano Elías opposes most of the U.N. population control notions. Specifically he opposes abortion, because number one, in our country, abortion is not legal. The only way abortion would be legal is if it is to save the mother's life. He decided to send a delegation of experts on population because he felt that the U.N.'s draft and its intentions were not the best for the Guatemalan people.

EIR: Did you find that other countries were similarly opposing this outlook?

Maldonado: Yes, there were several African nations, several Middle East nations, several Latin American nations. From Central America, all the nations except El Salvador were represented by people who fought against this.

EIR: The U.N. issued a number of reports to delegates at the PrepComm conference. Can you tell us what you found in looking at them?

Maldonado: One of their arguments in order to legalize abortion worldwide is the high maternal mortality in countries where abortion is illegal. They tried to show that countries where abortion is legal and permitted on all grounds, have a low maternal mortality rate. These are basically the industrialized nations with a high Human Development Index. On the other side they showed us developing nations, those who have a low Human Development Index, and showed how the maternal mortality is high in those nations. Besides, they say that in most of those nations, abortion on demand is illegal. Their argument is that in order to lower maternal mortality, we have to legalize abortion.

EIR: You say that these statistics are not accurate?

Maldonado: The data is accurate. What is inaccurate is the lack of scientific knowledge in the comparisons. If you want to test how Gatorade will help an athlete, and you give a very well developed athlete Gatorade [to drink] and you don't give Gatorade to a chubby, unathletic person, and then you see how fast they run, the athletic person who took Gatorade will have a better performance than the fat person who did not take Gatorade. They are taking developed nations where abortion is legal and show a low maternal mortality, and comparing these to developing nations where abortion is illegal, and show a high maternal mortality. So I did a study to see if this is true.

EIR: So you compared populations with the same characteristics?

Maldonado: I used the United Nations classifications found in pages 246-248 of *Report on Human Development 1993* of the United Nations Development Program (UNDP), which distinguish industrialized and unindustrialized nations. Then I took countries where abortion was legal and the others where it was illegal, and compared these two groups.

For example, among countries where abortion is legal and which are considered industrialized, Denmark has a maternal mortality of 2, Finland 11, Sweden 5, the United States 8. That means 8 maternal deaths per 100,000 live births per year. Then I took nations where abortion is illegal: Poland, Ireland, Israel, Germany, Switzerland, New Zealand, which are considered to be industrialized and where abortion is illegal. The maternal mortality for Ireland is 4, Spain is 5, Germany is 7. . . .

EIR: So these are lower than the countries where abortion is legal?

Maldonado: The average for maternal mortality in countries where abortion is legal is 13.6, and the average where abortion is illegal it is 7.29 deaths per 100,000 live births. But just showing averages is not being scientific. There is a statistical test that compares populations that don't have the same number of individuals per group, which is the z-test. And you see an expected error of 0.01. There was no statistically significant difference. Abortion being legal or illegal does not have any influence on maternal mortality.

If you want to lower maternal mortality, it won't be through legalizing abortion. The factor is that you have to

develop a country. You have to have a very good health care system with very good prenatal, natal, and postnatal control and a good delivery of health care, and there, you will lower maternal mortality.

Another thing they tried to prove was that the more children a woman has, the higher the chance of death. They gave us a total fertility rate, which is a calculation of how many children a woman might have during her lifetime.

I compared the total fertility rate of all the countries which have the data, and the maternal mortality rate of those countries. And I applied the correlation formula. The result was that the correlation was 0.60, which is not statistically significant. Oman is a country which is not considered to have a high Human Development Index. Oman's total fertility rate is 6.7 children per woman. But their maternal mortality rate is 7 deaths per 100,000 live births. In other words, their maternal mortality rate is lower than the United States, with a fertility rate of 6.7. The total fertility rate in the United States is 2.1 children per woman in her reproductive lifetime, and the maternal mortality is 8.

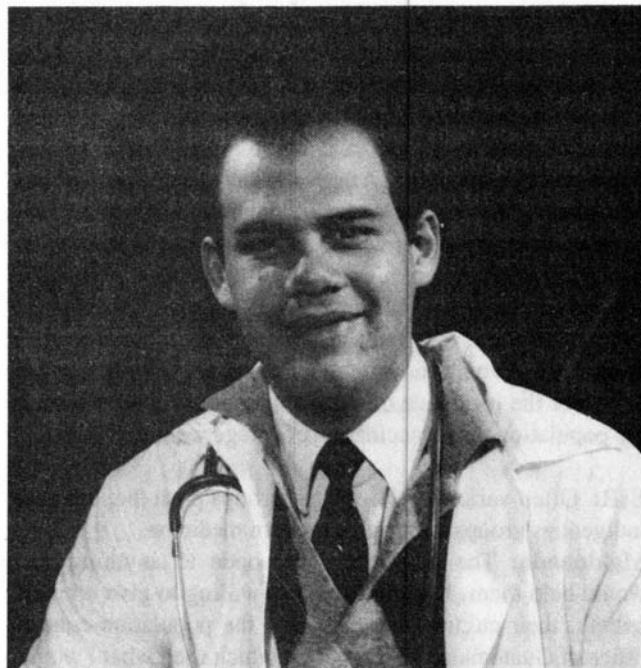
EIR: Can you explain the discussion about when abortion should be legal?

Maldonado: I asked the vice-chairman, who is a doctor, why the limit of 28 weeks? Why after that can't a woman have an abortion if she wants it?

The reason he gave me is that after 28 weeks of gestation a premature infant can probably survive. Before that it is very difficult for them to survive. This is a very ambiguous position. Because the viability of a fetus depends mostly on how advanced the intensive neonatal care unit is. In a country where they have excellent intensive care units for newborns, a child can survive around the 24th to 26th week of gestation. But in places where there is no neonatal intensive unit, a 32-week fetus will probably die. Soon, with all the advances, neonatologists will probably have premature children able to survive with only 20 weeks of gestation. They place the infant in an incubator, give the baby food and medicine, and sometimes place it on a respirator. This tries to simulate the conditions in the womb of the mother. So, if you just leave a premature infant alone, it is not viable. Even a term baby with 40 weeks of gestation, if left alone will die. So the difference between an 18-week-old fetus and a 20-week-old fetus is that the second one is a human being, but anything before that is just tissue that can be removed.

EIR: There have been reports in various press quoting a reporter from Guatemala who has been writing that there has been a series of children disappearing from Guatemala.

Maldonado: I can verify according to what I have read and seen that many children have been kidnapped for adoption. On the other hand there are many children who are given up legally for adoption to couples who are infertile, in developed countries where there are not enough children for adoption, and they go to other countries. This is very a humanistic



Physician Mario Maldonado: Guatemala's indigenous don't want population "blackmail"; they want to learn to make better use of their land, to feed their children better.

procedure if it is done legally. But it has also been done illegally. There have been in this year, some cases of violence in which American citizens have been brutalized by angry mobs in our country because they are suspected of being part of this.

But I want to give my own analysis. If in this country [the United States] there were not so many abortions and there were more support to adoptions, many infertile couples who want to be generous to a child, would not have to go outside the boundaries of the United States to look for children.

EIR: When we speak of infrastructure, we are talking about great projects to transform the globe—like a second Panama Canal, high-speed railroads, energy capabilities, and making sure that every sovereign nation is afforded the full opportunity to develop its capabilities. Do you think Guatemala would support this?

Maldonado: Guatemala is a poor, developing nation, and we need a better-educated, healthier population, with jobs that can come only from better agriculture and industry. Our country has many problems, but stopping the population from growing is not going to succeed. On the one hand, many indigenous are opposed to population control.

EIR: Can you describe your experience in living in a small community?

Maldonado: In 1991, during medical training, I was sent to Montufar, which is a small community of San Juan Sacatepéquez. I was to be the town doctor for four months. At the

beginning I was not having success as a doctor because I did not understand the culture into which I was sent. During the first two weeks when I saw I was not succeeding, I decided to “be an anthropologist” and involving myself in understanding their way of life. Afterward, out of a group of people who got together for Bible studies in the Catholic church, we developed a program in which first the people in that group would be instructed in how to prevent diseases, especially infectious diseases, and they would augment vaccination coverage in their own family, and then when that was successful, they would show it to their neighbors. We were able to reduce the incidence of enteric infections by 50% among the population. Our vaccination coverage went up 100%.

EIR: Often various U.N.-related groups push the idea that indigenous groups are against modern medicine.

Maldonado: The population was open to anything that would help them, but they were not willing to give up their beliefs, their culture. For example, the population control office of Guatemala had a program which used what I would call blackmail.

EIR: This was a Planned Parenthood affiliate?

Maldonado: Yes, a woman wanted food for her children. She had to be doing some kind of population control with them. If she did not use it, she would not get the food. People went to a newspaper and said they thought it was unfair that only the indigenous were being targeted for population control, and not the Latinos or the European members of Guatemalan society. They felt it was a violation of their rights. I asked the people in the program that we did in Sacatepéquez if they wanted to control their families. They told me that for them children were blessings. If they were taught how to make better use of their lands, if people who taught agronomy would be brought in to show them how to make a better, wider, and ecologically safe use of their land, they would still have as many children as they wanted and they could feed them better. We were able to get some of the people from the agronomy faculty in Guatemala to teach them. Their production went up 102%. And they are not “planning” their families, which is a very private matter.

EIR: You lived with a family that had 13 children.

Maldonado: I asked the father, don’t you believe that 13 children are way too much? His answer was, I think, irrefutable: He told me that he was an honest worker, a good husband, he did not drink or smoke, he worked hard to provide for his family, and he taught them the ways of the Lord. He took his children to Mass every Sunday and to Bible study. And even now that his children are older and most of them help him, he told me, “When I die I will face God, and I will tell him, ‘I took good care of the children you gave me. Can I come into Heaven?’ And I am quite positive He will say yes.”

Documentation

Is abortion reproductive health?

Excerpts of Dr. Mario Maldonado’s statistical study follow (tables and graphics are omitted). It was circulated at the Cairo PrepComm, but ruled out of official deliberations.

The maternal mortality rate is a good measure of the quality of health care services that a country may have. Are elective abortions correlated with low maternal mortality? What are the costs of elective abortions?

Many of the “pro-choice” abortion advocates try to justify abortion with the high incidence of maternal mortality (deaths due to complications of pregnancy per 100,000 live births in one year) in countries where elective abortions—that is, abortion on social and economic grounds and on request—are illegal and not permitted. They believe that unwanted pregnancies will result in unsafe abortions that lead to a septic abortion. They claim that maternal mortality claims the lives of 500,000 women a year in the world, and that a large portion of those lives can be spared by legalizing abortion.

To prove their point they present the low maternal mortality rates in developed countries where abortion is legal on all grounds. . . .

To analyze these data with an objective perspective, one has to analyze the maternal mortality rates not only in the developed countries where elective abortions are legal and in the developing nations where elective abortions are illegal. To be objective, the available statistics of abortion rates and maternal mortality rates from all nations have to be included, including developed nations where elective abortions are illegal, and developing nations where elective abortion is permitted. Finally, to be both objective and scientific, simple presentation of rates is not enough; statistical analysis must be employed.

The correlation formula compares the standard deviations of two sets of data (abortion rate and maternal mortality rate) and grades the correlation from -1 to $+1$. To be statistically significant, a directly proportional correlation must be from $+0.61$ to $+1$; therefore, any correlation between -0.60 and $+0.60$ is not statistically significant, and due to chance.

If by legalizing elective abortions, the maternal mortality rates will diminish, there should be an inversely proportional relation between abortion rates and maternal mortality