

## Nicaragua's Total Ban On Abortion Spurs Critics

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MANAGUA, Nicaragua -- Jazmina Bojorge arrived at Managua's Fernando Vélez Paiz Hospital on a Tuesday evening, nearly five months pregnant and racked with fever and abdominal pain. By the following Thursday morning, both the pretty 18-year-old and the female fetus in her womb were dead.

The mystery of what happened during the intervening 36 hours might not ordinarily have catapulted Bojorge into the headlines of a nation with one of the highest maternal mortality rates in the Western Hemisphere.

But a week before her death on Nov. 2, Nicaragua's legislature had voted to ban all abortions, eliminating long-standing exceptions for rape, malformation of the fetus and risk to the life or health of the mother. Now, outraged opponents of the legislation have declared Bojorge its first victim.

"It's clear that fear of punishment kept the doctors from doing what they needed to do to save her -- which was to abort the pregnancy immediately," said Juanita Jiménez of the Women's Autonomous Movement, an advocacy group that is leading the campaign to reverse the ban. "This is exactly what we warned would happen if this law was passed. We've been taken back to the Middle Ages."

Julio César Flores, director of the hospital, countered that the new legislation, which took effect Nov. 19, hadn't even been signed into law when Bojorge arrived for treatment. Her death, which remains under investigation by Nicaraguan medical authorities, "has nothing to do with the abortion law," he said. "These charges are being made by people who are taking advantage of what happened."

The controversy is the latest twist in a debate over the proper limits on abortion that is raging not just in Nicaragua but across Latin America.

With the exception of [Cuba](#), every nation in this predominantly Catholic region either totally prohibits abortion or limits it to extreme circumstances. And while the global trend over the past decade has been to liberalize abortion laws, efforts to do so in Latin America have been met by an equally determined campaign to strengthen them further.

So far, the anti-abortion camp's greatest triumph has been in [El Salvador](#), where in 1998, at the public urging of San Salvador's Archbishop Fernando Saenz Lacalle, lawmakers removed all exceptions to the nation's ban on abortion and increased penalties to up to 50 years' imprisonment.

Here in Nicaragua, the church has also long played an influential role in politics. Cardinal Miguel Obando y Bravo, who is retired but remains a public figure, is still respected by many for standing up to both U.S.-backed dictator Anastasio Somoza during the 1970s and Daniel Ortega, the Marxist-leaning revolutionary who replaced him in the 1980s.

Soon after El Salvador passed its new law, Obando and his successor, Archbishop Leopoldo Brenes, turned their attention to pressing for a similar measure in Nicaragua.

Abortion had been illegal in Nicaragua for more than a century, punishable by prison terms of up to four years for women undergoing the procedure and 10 years for doctors who performed it.

However, the penal code made an exception for "therapeutic abortion" if three doctors determined it was needed. According to Health Ministry regulations, this covered abortions of pregnancies lasting 20 weeks or less that posed a threat to the life or health of the mother or in which the fetus was malformed. In practice, rape victims were also permitted legal abortions.

Advocates for greater access to abortion argued that even that law was too restrictive, prompting an estimated 32,500 women to get illegal and potentially unsafe abortions in Nicaragua every year and accounting for 16 percent of the more than 100 maternal deaths here annually, according to a 2002 ministry study. By contrast, the Health Ministry recorded only six legal abortions in Nicaragua last year.

But church leaders and other anti-abortion activists in Nicaragua contended that the number of legal abortions in Nicaragua was far higher, reaching about 1,000 a year.

"This idea of 'therapeutic abortion' was being abused," said Brenes, the archbishop. "People were easily getting doctors to say that the abortion was being done to save the mother's life, when in reality it was a person who just said, 'I don't want this child.' "

Nicaragua's tight presidential election this month offered Nicaragua's anti-abortion movement the opening it had been waiting for: With Ortega's conservative opposition evenly divided between two challengers, none of the top three candidates could afford to alienate the church.

On Oct. 6, Obando, Brenes and various evangelical pastors led tens of thousands of citizens in a march to the National Assembly to demand a repeal of the exception for therapeutic abortions. Legislators obliged, fast-tracking consideration of the ban under procedures normally reserved for national emergencies.

Every major medical society in Nicaragua opposed the proposed ban. Their concerns were echoed by Nicaragua's health minister and a long list of foreign embassies and international organizations such as the U.N. Development Program.

"But the legislators wouldn't even meet with us," said Carmen Solórzano, a leading member of Nicaragua's Society of Obstetrics and Gynecology. "I'm indignant that in a state that is supposedly secular, the church has so much influence while the government won't even listen to doctors."

The Rev. Rolando Álvarez, spokesman for the Managua archdiocese, said that although church leaders oppose abortions in the case of rape or a malformed fetus, they intend to urge lawmakers to clarify that the elimination of therapeutic abortion should not prevent doctors from saving a woman's life when her pregnancy puts her in mortal danger.

Women's rights groups and medical associations, meanwhile, are preparing to petition Nicaragua's highest court to declare the ban unconstitutional. That approach met with

success last May in Colombia, which, like El Salvador, had a blanket prohibition on abortions.

Failing that, activists who oppose the ban say they will take their case to an international body such the U.N. Human Rights Committee or the Inter-American Commission on Human Rights -- with Bojorge's relatives the likely plaintiffs.

According to Flores, the hospital director, although Bojorge showed signs of vaginal bleeding and uterine contractions on her arrival at the hospital, doctors decided to give her medication to stave off the contractions because an ultrasound indicated that her fetus was alive. The next day, another test indicated that the fetus had died, and Bojorge was taken off the medication to allow her body to expel the dead fetus naturally. Instead, she went into shock, possibly because the placenta had detached, causing massive blood loss.

Flores contends that the doctors' decision to prevent Bojorge from delivering while the fetus was still alive was routine. Jiménez, of the Women's Autonomous Movement, argues that it was an extremely risky undertaking for a hospital that lacked ready access to ultrasound equipment. (The hospital's equipment is broken, forcing doctors to transport patients to a separate facility for scans.)

"In this sort of situation, the safe thing to do is to just abort the fetus," Jiménez said. "It's obvious that the doctors were paralyzed by the new law."

Bojorge's relatives, meanwhile, are not sure what to think. "No one at the hospital ever told us what was going on," her mother, Rosa Rodriguez, 44, said sadly during an interview in front of the tidy tin shack where Bojorge lived with her husband and 4-year-old son.

Rodriguez and Bojorge's husband, Marvin Savala, a 24-year-old construction worker, had not even heard of the charge that the new abortion legislation may have played a role in Bojorge's death.

But as he contemplated that possibility, Savala's eyes darkened.

"If that's the case, then the doctors were very wrong," he said. "They should have done whatever it took to save my wife. Now I've lost not just our baby, but my whole family."