The World Health Organization*

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ABSTRACT: The World Health Organization has moved far from its original mandate. This paper examines how it has emphasized family planning, including abortion, by eschewing other aims. Such a shift has been to the detriment of that institution's effectiveness and reputation. This paper provides a critique of the way in which the world's premier health organization has become the world's top abortion advocate. In so doing, it adds a voice to an ongoing debate about what recipient nations can do to protect their pro-life laws and policies from interventions by the World Health Organization.

AFTER WORLD WAR II members of the international community reached a consensus that health plays an important role in promoting friendly relations among nations. For this purpose they established the World Health Organization (WHO). Its original mandate prioritized malaria, tuberculosis, venereal disease, nutrition, environmental sanitation, and the health of women and children. Over the decades WHO has achieved an impressive track record in disease control, immunization, and water sanitation, among other programs, resulting in the betterment of life for millions around the world. Unfortunately, this record is being tainted by the adoption of a

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rights-based approach to programming that has entailed the practice of highly controversial social policies. The organization decided to include under the mantle of "health" such issues as "safe" abortion, family planning, and sexual health. Accepting these issues as part of its expanded mandate threatens the legitimacy of the organization. The reason is that its policies disregard the socio-economic and cultural identities of targeted member countries that rely upon WHO to help meet their basic health needs.

The World Health Organization is now deeply committed to the reproductive rights agenda. It has the power to allocate the funding that it receives from U.N. agencies, national governments, foundations, and other sources. It performs authoritative research and publishes reports that are reviewed by government officials and organizations. It sets the standard for acceptable medical practices, including family planning and abortion methods. It coordinates its activities with other U.N. agencies as well as with foundations and medical institutions worldwide that also support abortion and family planning. It develops strategies at the international, national, and group levels to promote its agenda.

Given these roles – financier, information provider, legitimator, and coordinator – the World Health Organization has policies in the area of abortion that need to be examined if its functional operations are to be restored to their primary purposes. By diverting attention and resources to controversial programs, it is spending proportionately less on the issues of maternal and child health and welfare as well as on other pressing global health concerns at which it has proven to be more effective.

Overstepping its Mandate?

In the spring of 1945 delegates from fifty countries attended the Conference on International Organization at San Francisco to formally establish the United Nations. During these talks representatives submitted a proposal to convene an international conference for the purpose of creating a new world health organization. The delegates were convinced of the vital importance that health plays in the promotion of "conditions of stability and well-being which are necessary for peaceful and friendly relations among nations," as stated in Article 55 of the Charter of the United Nations.[1] A

[1] World Health Organization, "Official Records of the World Health Organi-

preparatory committee met in Paris from March 18 to April 5, 1946 in order to draft a constitution for consideration at the June 1946 International Health Conference in New York City. On July 22, 1946 sixty-one states subsequently signed the Constitution of the World Health Organization after four weeks of meetings.[2] The new organization was categorized as a specialized agency in accordance with Article 57 of the U.N. Charter.

This constitution instituted a governance structure consisting of three organs: the World Health Assembly, the Executive Board, and the Secretariat. The World Health Assembly (WHA) is the supreme decision-making organ of the World Health Organization. It is composed of delegates from the member states. Currently there are 193 member states, each of which has one vote in the Health Assembly. Its main function is to determine the policies of WHO. It does this at its general meeting in Geneva in May of each year. WHA receives reports from the Executive Board and instructs it on matters pertaining to further action, investigation, and study. The Executive Board consists of 34 members who are experts in various fields of health and who tend to be representatives from the various state health ministries of the member states. It sets the agenda for the general meetings of WHA. The Board also gives effect to WHA's decisions and provides advice. Lastly, the Secretariat consists of the Director General, who is nominated by the Executive Board and appointed by WHA, and approximately 8,000 technical and administrative staffers.[3] The Director General is the chief technical and administrative officer of the organization.

In addition to establishing this governance structure, the constitution also explains the organization's various functions, membership, regional organizations, voting, relations with other organizations, and budget and expenses. In relation to this last mission, the Director General is required to submit a budget to the Board, which reviews and forwards it to WHA for approval. Once approved, expenses are apportioned among member states based upon a formula created by WHA.[4] According the Article 57, the World

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zation, No. 2: Proceedings and Final Acts of the International Health Conference held in New York from 19 June to 22 July 1946" (June 1948), p. 5.

[2] Ibid. p. 6.

[3] "Governance," WHO Website: http://www.who.int/governance/en/ index. html (accessed 19 Dec. 2007).

[4] The U.S. contributes approximately 22% of the World Health Organization's core budget. "U.S. Participation in the United Nations: U.S. Financial Contributions,"

Health Organization may also accept gifts from outside parties, so long as these contributions are in line with its objectives and policies.[5] The current budget is estimated at $3.3 billion (US). Approximately 72% of this expenditure is to be funded by voluntary contributions.[6]

According to Chapter 1, Article 1 of the constitution, the main objective "shall be the attainment by all peoples of the highest possible level of health." In order to understand the vast scope of this article, we need to examine the definition of "health" as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[7] The conditions for achieving this objective are formally expressed in the constitution's preamble, which places a heavy emphasis on the importance of international cooperation. For instance, the third principle listed in the preamble reads: "The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States." This clearly reflects the sentiments initially expressed by the delegates at the U.N. Conference at San Francisco.

Over the decades the World Health Organization has expanded its operations to cover an ever-increasing number of activities as falling under its broad definition of health. A review of the "health topics" indexed on its homepage provides a good indication of its extensive efforts.[8] Alphabetically these topics range from accidents and acupuncture to yellow fever and

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Bureau of Public Affairs, U.S. Department of State, Washington, D.C., September 9, 2003. According to the World Health Organizations's constitution, the U.S. does not possess a formal veto on the budgeting process within the World Health Assembly, which approves the budget and apportions the expenses.

[5] *Constitution of the World Health Organization*, Ch. XII, Basic Documents, Forth-fifth edition, Supplement, October 2006.

[6] World Health Organization, Program, Budget and Administration Committee of the Executive Board, "Program budget 2006-2007: Update," EBPBAC5/5, 7 December 2006. The reliance on voluntary contributions is not unique to the World Health Organization. The U.N. Development Program (UNDP) received $1.12 billion in voluntary contribution in 2007, the U.N. Population Fund (UNFPA) received $360.5 million.

[7] Preamble to the *Constitution of the World Health Organization* as adopted by the International Health Conference, New York, 19 June-22 July 1946, signed on 22 July 1946 by the representatives of 61 States and entered into force on 7 April 1948. The definition has not been amended since 1948.

[8] See "Health Topics" at http://www.who.int/topics/en/.

zoonoses.[9] Sandwiched between these particular health issues, however, are such items as condoms, contraception, family planning, reproductive health, and sexual health, among others, and they are now included under its definition of health. In its account of "reproductive health" the website explicitly states: "(w)ithin the framework of the World Health Organization's *definition of health*..., reproductive health addresses the reproductive processes, functions, and system at all stages of life." Further, people should have "the capability to reproduce and the freedom to decide if, when, and how often to do so."[10] This definition of reproductive health was approved by the International Conference on Population and Development in Cairo in 1994, which was sponsored by the United Nations.[11]

This is a far cry from the World Health Organization's original mandate. While mandates are regularly updated to meet new conditions, the organization has changed its agenda from meeting the basic needs of women and children to supporting and promoting controversial positions on contraception and abortion. When the first World Health Assembly convened in June 1948, its agenda, as stipulated by WHO's Interim Commission, prioritized malaria, tuberculosis, venereal disease, nutrition, environmental sanitation, and the health of women and children.[12] Its support for this last item was in full compliance with the functions assigned to it in Chapter 2, Article 2 of its Constitution, namely, "to promote maternal and child health and welfare." The basic approaches at that time towards this particular health issue focused on utilizing available foodstuffs, preventing communicable diseases among children, increasing knowledge about causes of ill health and the effects of economic and social changes on the development of children, which resulted in a dramatic decrease in maternal mortality. It called for expert investigations and assistance to governments to combat this problem. In addition, its objectives were to pool knowledge and cooperate with other agencies.[13] The

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[9] Zoonoses are any infectious diseases that can be transmitted from vertebrate animals to humans, such as rabies, anthrax, the plague.

[10] "Reproductive health," World Health Organization webpage: http://www.who.int/topics/reproductive_ health/en/ (accessed 19 December 2007), emphasis added.

[11] Anonymous WHO Official, email interview, 17 August 2009.

[12] See "Working for Health: An Introduction to the World Health Organization" World Health Organization, 2007, p. 4, http://www.who.int/about/brochure_ en.pdf.

[13] Official Records of the World Health Organization, No. 10: "Report on the Interim Commission to the First World Health Assembly, Part II Provisional Agenda,"

officials of WHO came to the realization that many of the deaths among infants and mothers were preventable if effective medical techniques could be made available.

Currently the organization advocates that maternal and infant health can be achieved through heavy doses of family planning, eliminating "unsafe" abortions, and promoting sexual and reproductive health. It does not view this approach, however, as a departure from its mandate but as a different method for achieving it. Its support for these activities purportedly derives from its pursuit for equity, among other things, and it argues that this objective has been one of its goals since its foundation: "For decades, equity has been pursued in health and development policies and strategies, explicitly or implicitly, as an end in itself or as a prerequisite for a more just society.... From the beginning, improving sexual and reproductive health was seen as key to the achievement of a number of these goals."[14] The goals referred to here are those stated in the U.N. Millennium Declaration in 2000: reducing maternal mortality, reducing mortality among children under five years, reversing the spread of HIV/AIDS, promoting gender equality, and empowering women.[15] It is confounding that after so much success in reducing maternal and child mortality in the developed world through improvements of basic health care, the World Health Organization would switch positions to adopt an unproven rights-based approach in the developing world. It justifies this decision, however, by saying that the new policies are advancing the "conditions of stability and well-being which are necessary for peaceful and friendly relations among nations" through its perceived creation of a more just world. But there is no evidence that they actually reduce pressing health problems.

The *Encyclopedia of Birth Control*'s entry on this organization reads: "As part of *its mandate*, the World Health Organization (WHO), through its Department of Reproductive Health and Research, conducts research into reproductive health issues...."[16] This mandate is based upon several sources: the non-binding outcome document International Conference on Population and

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May 1948, pp. 6-7.

[14] Department of Reproductive Health and Research, *Sexual and Reproductive Health – Laying the Foundation for a More Just World Through Research and Action: Biennial Report 2004-2005, 2006*, p. vii.

[15] Ibid.

[16] Marian Rengel, *Encyclopedia of Birth Control* (Westport CT: Greenwood Press, 2000), p. 251, emphasis added.

Development (ICPD) in Cairo, the non-binding outcome document from the Fourth World Conference on Women in Beijing, and the commitment of the World Health Organization to the U.N. Millennium Declaration and to internationally agreed human rights declarations. Included among these rights are:

> The basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so; the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including reproductive and sexual health, free of coercion, discrimination and violence; the right of access to relevant health information; and the right of everyone to enjoy the benefits of scientific progress and its applications.[17]

The World Health Organization has become a human rights activist organization by adopting a rights-based approach to programming that does not reflect the original mandate of the organization. Furthermore, what it calls "rights" are often based on misinterpretations of treaties or the assertions made in non-binding statements by unelected, unaccountable committees. While it still focuses on pressing global health needs, most of its new controversial programs in the areas of abortion and family planning come not from WHA but from donor countries, from WHO staff, and from a number of non-governmental organizations and foundations that participate as members and observers in various governing bodies such as the Policy and Coordination Committee of the Reproductive Health Program.[18]

This particular rights-based approach can be traced back to Jonathan Mann, the first director of the World Health Organization's Global Program on AIDS (GPA) in the 1980s. Mann believed that in order to respond effectively to the spread of HIV/AIDS, a political as well as medical response was needed. He argued that protecting the rights of those infected with HIV/AIDS and of any person who belonged to a vulnerable group was a matter of vital public health policy, and therefore doing so would help WHO to pursue its mandate. From this point onward "WHO has consistently spoken of rights as being

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[17] World Health Organization, *Proposed Program Budget, 2006-2007*, Geneva, 2005, p. 73.

[18] Anonymous WHO official, email interview, 17 August 2009.

central to its operations and mandate."[19] Even after Mann abruptly left the organization, his ideas remained influential with its bureaucracy, thereby making it difficult for it to return to its original mission.

Part of this bureaucratic inertia comes from the Department of Reproductive Health and Research (RHR), which is the focal point for its activities in reproductive and sexual health. RHR's mission is to help "people to lead healthy sexual and reproductive lives." It pursues this end by strengthening "the capacity of countries to enable people to promote and protect their own health and that of their partners as it relates to sexuality and reproduction, and to have access to and receive quality reproductive health services when needed." The World Health Organization established RHR in 1998 so as to focus on four primary objectives: to increase the availability of "high-quality" services, to broaden the range of "safe, effective, acceptable, and affordable" family planning and infertility technologies and interventions in a way that would be available to all women and men, to strengthen the capacity of national health systems to ensure the availability of "high-quality" and sustainable family planning programs and services in resource-poor settings, and to promote an environment at the international level that is supportive of family planning.[20]

RHR integrates the research and program development activities of the U.N. Development Program, the U.N. Population Fund Agency, the World Health Organization and the World Bank under the heading "Special Program of Research, Development and Research Training in Human Reproduction" (HRP) and the Division of Reproductive Health Technical Support (RHT). The World Health Organization established HRP in 1972 and was joined by the other members in 1988.[21] HRP's income, as reported in the "HRP 2006 Interim Financial Report" was over $23 million in 2006, and it has spent over $533 million since its inception in the 1970s. It receives its income from U.N. agencies, national governments, foundations, and other abortion advocates and supporters such as The Bill and Melinda Gates Foundation, The Ford

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[19] Joel E. Oestreich, *Power and Principle: Human Rights Programming in International Organizations* (Washington, D.C.: Georgetown University Press, 2007), pp. 117-18.

[20] Promoting family planning," WHO Website, http://www.who.int/ reproductive-health/family_planning/index.html, accessed 4 January 2008.

[21] Department of Reproductive Health and Research, *Highlights of 2006*, WHO/RHR/07.4.

Foundation, Ipas, and The William and Flora Hewlett Foundation, among others.[22] Overall in the reproductive health area the World Health Organization reported an annual budget of $78 million. Of this amount $68.5 million came from voluntary contributions.[23] These contributions consist of money pledged from national governments as well as from foundations and other sources. The World Health Organization actively collaborates with other organizations in the U.N. system as well as with private and governmental agencies to coordinate numerous projects on family planning and reproductive health. It is thus able to get funding for controversial programming while various activist NGOs and foundations gain legitimacy for their agenda by channeling funds through a U.N. institution.

In fact, a large percentage of the its income consists of voluntary contributions. This has led analysts to question the relevance of the organization as a world health institution after analyzing its budget. While its constitution clearly states that contributions must be in line with its objectives, Christopher Murray, adjunct professor at Harvard University's Department of Population and International Health, points out that the World Health Organization has become dependent on these contributions: "If the World Health Organization stopped chasing such funds..., it could go back to concentrating on its true mission of providing objective expert advice and strategic guidance."[24] This raises serious questions about who directs its agenda. Does the World Health Organization create policies in line with the agendas of its contributors in order to raise funds, or do contributors donate money because they support its pre-existing policies? Returning to the list of foundations and other sources that contribute voluntary funds to the World Health Organization, a vast majority are noted supporters of abortion, birth

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[22] HRP Policy and Coordination Committee (PCC) 20th Meeting, 28-29 June 2007, WHO, Geneva, "Financial Matters" HRP/PCC(20)/2007/8. 2006 contributions (US$000): The Bill and Melinda Gates Foundation – $184 million; the Ford Foundation – $400 million; Ipas – $22 million; the William and Flora Hewlett Foundation – $25 million.

[23] World Health Organization, Program, Budget and Administration Committee of the Executive Board, "Program Budget 2006-2007: Update," EBPBAC5/5, 7 December 2006.

[24] Laurie Garrett, "The Challenge of Global Health," *Foreign Affairs* 86 (Jan/Feb 2007): 1.

control, and population control.[25]

While foundational contributions to HRP are substantial, it is the donor countries that have the strongest influence. In 2006 foundations contributed approximately $2.3 million. Donor nations, on the other hand, gave over $14 million.[26] These contributions are extra-budgetary funds to its budget, and this gives the donors the freedom to choose among programs. As a result donor countries sit in on various governing bodies, such as the Policy and Coordination Committee (PCC) of the Reproductive Health Program, and are in a strong position to dictate the agenda. These donor countries, such as the Scandinavian countries, the United Kingdom, the Netherlands, and Canada, support a "progressive" agenda and are directly responsible for its move towards promoting abortion and contraception.[27] PCC helps to coordinate the interests of the members and is responsible for reviewing and approving HRP's plan of action and budget.[28] It governs the use of the extra-budgetary funds, not the World Health Assembly. Furthermore, the agenda for the WHA falls under the office of the Director General, which is finalized by the Executive Board. When they formulate the agenda, governing bodies like the PCC prepare documentation and propose resolutions for approval by the WHA.[29]

A re-enforcing relationship has developed over the decades between these contributing groups and the World Health Organization that has created an iron circle. These groups had contributed large amounts of funds to the World Heath Organization, and they utilize each others' research to support their controversial agendas. For instance, Planned Parenthood frequently cites statistics from various WHO reports to promote its abortion agenda.[30] Likewise, the National Abortion Federation (NAF), an internationally

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[25] Other contributing foundations include the Andrew W. Mellon Foundation, the John D. and Catherine T. MacArthur Foundation, the Rockefeller Foundation, and the David and Lucille Packard Foundation.

[26] Policy and Coordination Committee (PCC) 20th Meeting, "Financial Matters," 28-29 June 2007, HRP/PCC(20)/2007/8.1.

[27] Anonymous WHO official, email interview, 17 August 2009.

[28] "HRP's Governing body: the Policy and Coordination Committee," WHO website, http://www.who.int/hrp/governance/pcc/en/ (accessed 14 September 2009).

[29] Anonymous WHO official, email interview, 17 August 2009.

[30] Planned Parenthood, "Global Illegal Abortion: Where There Is No "Roe" (Sept. 29, 2006). http://www.plannedparenthood.org/news-articles-press/politics-policy-issues/international-issues/global-abortion-6480.htm (accessed 11 January 2008).

recognized medical authority on abortion, has produced materials like *Clinical Policy Guidelines* that have been consulted by WHO in preparation for developing its clinical policy guidelines for abortion practices.[31] This relationship makes it very difficult for other groups to introduce policies that contradict WHO's current agenda, particularly in the area of sexual and reproductive health.

Even with this symbiotic relationship between groups like the Ford Foundation and the World Health Organization, its relevance is also in question due to the sheer magnitude of money being spent by individuals, corporations, and independent foundations. For instance, in just six years The Bill and Melinda Gates Foundation gave away $6.6 billion for global health programs.[32] In contrast, Laurie Garrett, Senior Fellow for Global Health at the Council on Foreign Relations, notes that the core budget of WHO "is less than half of the annual budget of the City Health Department of New York."[33] Its core budget in 2006 was slightly more than $915 million.[34] This seriously limits the effectiveness of the organization in terms of what it can do.

This does not mean the World Health Organization is completely irrelevant. On the contrary, it possesses several important strengths.

Legitimacy. Garrett expresses one of these strengths when she notes that the World Health Organization is "the only organization that every nation in the world is a voting member of."[35] This is tantamount to a claim that this organization's approval gives legitimacy to particular health policies. It is an internationally recognized special agency of the U.N. with 193 member states and has been in existence since 1948. It has tackled very serious global health issues, such as polio and malaria, and currently focuses on potential pandemics like SARS. Government officials, non-governmental organizations, and many others recognize its research as authoritative in health policy.

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[31] National Abortion Federation, "International Issues," http://www. prochoice. org/policy/international/ (accessed 11 January 2008).

[32] Laurie Garrett, "The Challenge of Global Health."

[33] "Do No Harm: The Global Health Challenge," Council on Foreign Relations, January 25, 2007, CFR website http://www.cfr.org/ publication/12505/do_no_ harm.html (accessed 7 January 2008).

[34] World Health Organization, Program, Budget and Administration Committee of the Executive Board, "Program Budget 2006-2007: Update," EBPBAC5/5, 7 December 2006.

[35] Laurie Garrett, "Do No Harm: The Global Health Challenge."

Expertise. The World Health Organization is also a purveyor of information, and this task is a function explicitly stated in its constitution: "to provide information, counsel and assistance in the field of health."[36] It publishes a multitude of journals, field manuals, reports, and studies. Health care providers, governmental agencies, non-governmental organizations, and individual scholars refer to its materials as the gold standard in the field of health. The World Health Organization develops, establishes, and promotes international standards for combating numerous health issues.[37] It is a norm setting organization. What it decides to research and publish, and likewise what it considers unworthy of such attention, has an impact.

Global Reach. Another strength is its ability to coordinate health activities. Unlike the thousands of other organizations contributing to health issues, whose efforts can easily be disjointed, wasteful, and inefficient, the World Health Organization has the authority to provide direction to these efforts and thus to correct some of their deficiencies. It can use its bully pulpit to establish at least some crude guidelines for these efforts, whether by the establishment of ethical guidelines or the creation of a proper environment in which these organizations relate to one another. It can help to coordinate activities that will produce sustainable health systems and not just quick-fix solutions to complex health problems.[38]

U.N. Network. A final strength is its ability to coordinate with other U.N. agencies. The HRP is an example of this. This agency includes the World Health Organization, the World Bank, the U.N. Development Program, and the U.N. Population Fund Agency. The agency likewise coordinates with other governmental agencies from member states, like USAID and the Commission of the European Communities. Together these combined resources increase the effectiveness and relevance of the policies of the World Health Organization.

The result of the confluence of these four aspects, along with an emphasis on international agreements, on the development of internal mechanisms and of cooperative efforts with other international agencies, and the arrangement of funding from special interest organizations, is that the World Health Organization has overstepped its original mandate. Previously it focused on nutrition, food safety, and communicable diseases when it came to maternal

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[36] See Article 2(q) of the WHO Constitution.
[37] See Article 2(u) of the WHO Constitution.
[38] Laurie Garrett, "Do No Harm: The Global Health Challenge."

and child health and welfare. Now it has reached the point where it is unabashedly committed to the pro-abortion, pro-family planning agenda and uses its strengths to promote that agenda around the world. What has been the result of this dramatic shift in funding and focus?

Abortion. One result is the World Health Organization now aggressively promotes abortion all over the world. This is true even though abortion is not even mentioned as an issue area under the "Health topics" index on its webpage. It is actively involved in research, experimentation, and training in this area. Furthermore is cooperates with organizations, such as the UNFPA, UNICEF, and Planned Parenthood, all of which do provide these services.

In May 2004 the 57th World Health Assembly (WHA) adopted the World Health Organization's first global strategy on reproductive health.[39] The development of this particular strategy was in response to a resolution passed at the 55th WHA requesting the Director General to devise a plan for accelerating the implementation of the Millennium Development Goals and other international goals to improve reproductive health.[40] Resolution WHA55.19 states:

> Recalling in particular the goals set out in the Millennium Declaration to have reduced, by the year 2015, maternal mortality by three-quarters. And under-five mortality, of their 1990 levers; Recognizing that increased access to good-quality primary health care information and services, including reproductive health, is critical for the attainment of the development goals contained in the United Nations Millennium Declaration.[41]

The problem with this statement, however, is that the Millennium Developments Goals (MDGs) do not contain any goal or target for

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[39] According to Rule 72 of the *Rules of Procedure of the Health Assembly*, decisions on important questions shall be made by two-thirds majority of the members present and voting, including the adoption of conventions and agreements.

[40] Resolution WHA55.19, "WHO's Contribution to Achievement of the Development Goals of the United Nations Millennium Declaration," 18 May 2002.

[41] Ibid. This quote from WHA55.19 contains a footnote: "It is understood that 'primary health care services' do not include abortion except when consistent with national and, where applicable, local law, and with full respect for the various religious and ethical values and cultural background." The evidence, however, shows that this is not the case.

reproductive health. Where did the World Health Organization get its authority to include it in the Millennium Development Goals? It got it from the Director General. Resolution WHA55.19 begins by referring to a note written by the Director General that stated: "In addition, as recognized in the draft resolution submitted to the Health Assembly, work in areas *not directly referred to* in the Declaration, such as reproductive health, will contribute to the attainment of the goals."[42]

In 2004 the Department of Reproductive Health and Research produced a document entitled *Reproductive Health Strategy to Accelerate Progress towards the Attainment of International Development Goals and Targets*. It targets five priority areas of reproductive and sexual health: improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections; and promoting sexual health.[43]

Section 17 of the *Reproductive Health Strategy* relates directly to the topic of "unsafe abortion." It defines "unsafe abortion" as a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both.[44] The *Reproductive Health Strategy* reports that approximately 45 million unintended pregnancies are terminated each year and asserts that an estimated 19 million of these abortions are "unsafe." It then claims that these "unsafe" abortions kill 68,000 women, which accounts for 13% of all pregnancy-related deaths, and that a significant number of other women suffer from serious infection.[45] These statistics are frequently quoted

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[42] Resolution WHA55.6 "WHO's Contribution to Achievement of the Development Goals of the United Nations Millennium Declaration: Note by the Director General," 1 May 2002, emphasis added.

[43] World Health Organization, "World Health Assembly adopts first global strategy on reproductive health and resolution on the family and health," 22 May 2004. The Strategy was written by the Department of Reproductive Health and Research, including UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction. The strategy was adopted at the eighth plenary meeting, 22 May 2004.

[44] World Health Organization, *Reproductive Health Strategy: to Accelerate Progress Towards the Attainment in International Development Goals and Targets*, May 2004, p. 15.

[45] Ibid., p. 14. The actual number of abortions (45 million) does not seem to be a

by other organizations as the authoritative numbers for "unsafe" abortion. Along with other U.N. agencies and non-governmental organizations, the World Health Organization contends that this state of affairs calls for the development and strengthening of reproductive health programs among its member states.

The *Reproductive Health Strategy* was followed-up two years later by another WHO document entitled *Accelerating Progress Towards the Attainment of International Reproductive Health Goals* for the purpose of providing a framework to help member states implement the strategy. This supplemental report provided detailed actions for implementation at the policy and program levels. Section 3.4, for instance, highlights inputs and outcomes in relation to eliminating "unsafe" abortions and provides indicators to monitor and evaluate programs in order to gauge their success or failure.

The 61st World Health Assembly subsequently updated the assessment tools for monitoring the progress of the *Reproductive Health Strategy*. Five key areas received particular attention. The first is strengthening the capacity of health systems to ensure that the appropriate resources and personnel are in place to deliver reproductive services. Second, it hopes to improve information for priority setting by establishing accurate maternal death reviews. Third, it calls for mobilizing political will by creating global and regional conferences for policymakers. Fourth, it supports the creation of national legislation that will promote greater access to reproductive health services. And finally, it wants to strengthen monitoring and evaluation of sexual and reproductive health through national development plans. It reports seeing progress in all five of these areas in countries around the world.[46] A second look at these areas, however, indicates that the World Health Organization is now in the business of supporting abortion services, generating evidence to support its agenda, playing the role of advocate, and interfering in the national affairs of member states.

Flawed Data. A closer examination of the statistics provided in the *Reproductive Health Strategy*, however, raises serious questions about their reliability. The authors of a 1993 report entitled *The Prevention and*

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matter of concern to these groups according to their literature.

[46] World Health Organization, "Progress Reports on Technical and Health Matters," A61/17 Add. 1, 14 April 2008.

Management of Unsafe Abortion admit that the exact number of deaths from "unsafe" abortion is difficult to determine. Nevertheless they project a minimum of 50,000 abortion-related deaths annually. Upward projections estimate as many as 150,000 deaths.[47] Even given this self-admitted limitation on acquiring accurate statistics, the World Health Organization also has in place coding rules that make it difficult to determine the number of deaths due to abortion.

The Canadian Medical Association has responded to these rules by saying: "Physicians need to know the risks of mortality and morbidity associated with termination-of-pregnancy procedures in order to communicate them to women.... This information is not readily available, due in part to the World Health Organization's coding rules." The International Statistical Institute also expressed its concerns about the World Health Organization's inaccurate recording of abortion deaths: "The problem...originates from the coding rules issued by the World Health Organization. Since they issue erroneous coding rules, they are responsible for correcting them."[48] Therefore, it is difficult to determine the exact extent of the contribution of abortion to maternal mortality. And yet policies that promote its abortion agenda are being created based upon this questionable data.

Its numbers on "unsafe" abortion are also suspect. The organization, along with many other U.N. agencies, frequently reports that 500,000 maternal deaths occur every year due to pregnancy complications and childbirth.[49] As reported in *Reproductive Health Strategy*, 13% of all pregnancy-related deaths are due to "unsafe" abortion. But in the U.N. report *The World's Women 2005: Progress in Statistics*, it states:

> More than a third of the 204 countries and areas examined did not report the number of deaths by sex even once for the period 1995 to 2003. About half did not report deaths by cause, sex and age at least once in the same period. Moreover, from 1975 to

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[47] World Health Organization, *The Prevention and Management of Unsafe Abortion*, Geneva, 1993, pp. 4-5.

[48] Isabelle Begin, "False Abortion Statistics Exposed," *Real Women of Canada Newsletter*, September 1999.

[49] World Health Organization, *Making Pregnancy Safer, 2006*, http://www.searo.who.int/EN/Section13/Section36/Section129/Section396_1450.htm (accessed 18 January 2008).

2003 there has been limited progress in the reporting of deaths and their causes.[50]

The report goes on to say that "even where deaths are derived from a civil registration system with complete coverage, maternal death may be missed or not correctly identified, thus compromising the reliability of such statistics."[51] Thus, the figures the World Health Organization uses to base its extensive programming in support of its abortion agenda are not verifiable.

The challenges that the World Health Organization faces in obtaining reliable data are also clear in *Maternal Mortality in 2005*, which notes that "assessing the extent of progress towards the MDG5 target has been challenging, due to the lack of reliable maternal mortality data, particularly in developing-country settings where maternal mortality is high."[52] The World Health Organization thus admits that gathering this type of evidence is extremely difficult, and yet it formulates policy prescriptions in the controversial issue area of abortion without reliable data. It then presents the information as being authoritative, which has an impact of the policies of its member states and other international organizations.

Experimenting with abortion on the world' women. In response to this call by the World Health Assembly to deal with "unsafe" abortion as well as recommendations by the International Conference on Population and Development in 1994, RHR in conjunction with HRP produced a report entitled *Sexual and Reproductive Health: Laying the Foundation for a More Just World Through Research and Action, Biennial Report 2004-2005*. The purpose of the report was to provide an overview of the work performed by the RHR. Its abortion program focuses on four main areas: generating evidence on the prevalence of "unsafe" abortion and practices; developing improved techniques and interventions for "safe" abortion; translating evidence into norms, tools, and guidelines; assisting countries to develop programs and policies aimed at reducing unsafe abortions and increasing access to safe abortion and high-quality post-abortion care.[53]

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[50]U.N. Department of Economic and Social Affairs, *The World's Women 2005: Progress in Statistics*," 2006, p. 21.

[51]Ibid., p. 26.

[52]World Health Organization, UNICEF, UNFPA, and World Bank, *Maternal Mortality in 2005*, 2007, p. 1.

[53]Department of Reproductive Health and Research, *Sexual and Reproductive*

Thus, the goal of these areas is initially to prove the necessity of "safe" abortion by illustrating the predominance and consequences of "unsafe" abortion. To make its case this report points to the statistical data provided in the fourth edition of *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000* published by the World Health Organization in 2004.[54] Other reports that provide further statistical analysis will be mentioned below.

While generating this evidence RHR tests and provides the expanded means to perform abortions. For instance, HRP has performed medical trials involving 2,184 women so as to identify the lowest effective dose of mifepristone for the two-fold purpose of improving safety and reducing the cost of medical abortion. In South Africa and Vietnam[55] HRP determined through various trials that trained midwives can perform manual vacuum aspirations (MVAs) as safely and effectively as those provided by physicians. Furthermore, HRP has completed a trial comparing sublingual and vaginal administration of doses of misoprostol for the termination of pregnancies of up to 63 days.[56]

Over a period of time RHR hopes to achieve a change in mindset about the acceptability of abortion. For instance, the report states that "HRP's work over the past three decades has contributed significantly to the emergence and *wide*

Health – Laying the Foundation for a More Just World Through Research and Action, Biennial Report 2004-2005, World Health Organization, 2006, p. 21.

[54]For the statistics on "unsafe" abortion, see Table 3: Global and regional estimates on annual incidence of unsafe abortion and mortality due to unsafe abortion, by United Nations region, around the year 2000. World Health Organization, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000*, Fourth edition, 2004, p. 13.

[55]In Vietnam the study included 1,734 women. According to the HRP, it conducted the first controlled trial in a developing country that compares the safety of first-trimester abortion performed by mid-level providers with those performed by doctors with the purpose of decentralizing abortion services. Mid-level providers include: nurses, midwives, and assistant doctors. See "Mid-level providers in Viet Nam provide first-trimester abortion by MVA as safely as physicians," HRP (accessed 23 January 2008) http://www.who.int/reproductive-health/unsafe_abortion/vietnam_midlevelproviders.pdf.

[56]UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (HRP) *Highlights of 2005*, p. 2.

acceptance of the current recommended regime" of medical abortion.[57] Finally, the RHR has already assisted several countries in providing abortion services. In Mongolia they have trained one-third of the gynecologists to perform surgical and medical abortions. In Romania the RHR was influential in having the Reproductive Health Law enacted in 2004. This law mandates the provision of abortion care. In Vietnam HRP launched the Comprehensive Abortion project under the leadership of Ipas, which introduces medical abortion with the training of ninety providers. Furthermore, in the Republic of Moldova RHR performed an assessment of providing abortion services and is currently producing a proposal for implementing its recommendations.[58] This report illustrates the World Health Organization's deep commitment to promoting abortion whenever and wherever possible.

Radical roots of WHO abortion activism. The roots of the World Health Organization's abortion activism are deep. As early as 1967 the World Health Assembly adopted a resolution stating that "abortions...constitute a serious public health problem in many countries" and requested the Director General to "continue to develop the activities of the World Health Organization in the field of health aspects of human reproduction."[59] In 1993 under the mantel of the U.N.'s Safe Motherhood Initiative, the Division of Family Health at the World Health Organization released the report of one of its technical working groups. The Safe Motherhood Initiative was the brainchild of abortion advocates such as Family Care International and Planned Parenthood. It has floundered, however, since its launching at a pro-abortion conference in Nairobi in 1988.

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[57]Ibid., p.22, emphasis added.

[58] Ibid., p.23. In relation to Vietnam HRP has issued an information flyer, "Mid-level providers in Viet Nam provide first-trimester abortion by MVA as safely as physicians." Mid-level providers include nurses, midwives, and assistant doctors. The controlled trial included 1,734 women. One policy implication is the decentralization of abortion services. For the case of Romania, see "Abortion and Contraception in Romania: A Strategic Assessment of Policy, Program and Research Issues," World Health Organization, Geneva and HRP, 2004, http://whqlibdoc.who.int/publications/2004/9739953166.pdf.

[59]World Health Organization, *Unsafe Abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003, Fifth edition*, 2007, p. 1. Resolution WHA20.41.

The Prevention and Management of Unsafe Abortion presented a number of discussions about ways to manage the complications associated with "unsafe" abortion, including the post-abortion phase. In the preface the technical working group recognizes that the World Health Organization "has a unique contribution to make in norm-setting and the establishment of agreed standards."[60] The report places heavy emphasis on expanding access to care at the primary and referral levels for women who are experiencing the complications of an "unsafe" abortion. It also discusses the provision of immediate post-abortion contraception.[61] This document was supported by several background documents prepared by the International Projects Assistance Services (Ipas), a noted pro-abortion advocacy agency.[62]

This technical report contributes to the World Health Organization's attempts to generate evidence of the contribution of "unsafe" abortion to maternal mortality. It provides the percentages on the legal status of abortion around the world. For instance, 40% of the population has access to abortion services on request, whereas 25% are denied such service. It then attempts to make a connection between legal and "safe" abortion. In developed countries where abortion is legal, abortion-related mortality is reported to be at less than 1 per 100,000 procedures.[63] This number has allowed the World Health Organization to claim that a "safe" abortion is less of a risk than a pregnancy carried to term in the best of circumstances.[64]

Pressuring governments to change abortion laws. Over the years the World Health Organization has continued its support of abortion, even given the shortcoming of data collection, by publishing a whole series of resources dealing with the topic: *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2003; Frequently*

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[60] World Health Organization, *The Prevention and Management of Unsafe Abortion*, Geneva, 1993, p. 1.

[61] Ibid., 1993, p. 13.

[62]These Ipas reports are: "Clinical guidelines for Emergency Treatment of Abortion Complications at the First Referral Level" and "Clinical guidelines for Emergency Treatment of Abortion Complications at the Primary Care Level."

[63] World Health Organization, *The Prevention and Management of Unsafe Abortion*, p. 4.

[64] World Health Organization, *The World Health Report 2005: Make Every Mother and Child Count*, 2005, p. 50.

Asked Clinical Questions about Medical Abortion; and *Studying Unsafe Abortion: A Practical Guide,* just to name a few. More notable among the reports is *Safe Abortion: Technical and Policy Guidance for Health Systems*. The World Health Organization produced this 106-page report in 2003 to help government officials implement recommendations made at the ICPD+5 special session of the U.N. General Assembly in 1999.

The report discusses the causes of maternal death and holds that one of them is the lack of access to appropriate services to end "unwanted" pregnancies. The World Health Organization prides itself in assisting "governments, international agencies, and non-governmental organizations to plan and deliver maternal health services, including managing complications of unsafe abortion and providing high quality family planning services."[65] It does all of this within the legal framework of the United Nations by referring to the Special Session of the U.N. in June 1999 when governments agreed that "in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health."[66]

The World Health Organization is thus not just calling for the elimination of "unsafe" abortion but the promotion of "safe" and accessible abortion services. The report contends that pregnancy may pose a threat to a woman's life or to her physical or mental health. This statement is immediately followed by a discussion on how nearly all countries have passed laws permitting abortion under specified circumstances. The report then affirms: "Health systems need to respond accordingly."[67]

Arbitrarily redefining pregnancy. *Safe Abortion* further discusses methods of surgical abortion, such as vacuum aspiration,[68] dilation and curettage, along with methods of abortion for use in later pregnancy. It covers medical methods

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[65] World Health Organization, *Safe Abortion: Technical and Policy Guidance for Health Systems*, 2003, p. 7.

[66] Ibid. The Special session of the U.N. General Assembly on the International Conference on Population and Development, June-July 1999. Quoted from "ICPD+5 Key Actions Document," paragraph 63.iii.

[67] Ibid., p. 7.

[68] In order to perform Manual Vacuum Aspiration (MVA) see World Health Organization, *Clinical Management of Abortion Complications*, 1994, Annex 11.

of abortion, including mifepristone, misoprostol, and prostaglandin. It concludes with reviewing the legal grounds for abortion and the creation of a policy environment conducive to providing abortion services.

In line with its advocacy of medical methods of abortion, the World Health Organization has supported the use of abortifacients, such as the morning-after pill (MAP) and the "abortion pill" RU-486. It has faced critical opposition on this issue, particularly in its efforts to promote such methods in the Americas, since much of this region is traditionally Roman Catholic. The World Health Organization tries to overcome this opposition by taking a different position on when pregnancy begins. Whereas Catholic doctrine declares that pregnancy begins with the fertilized ovum, the World Health Organization purports that pregnancy only occurs when the fertilized ovum implants itself in the lining of the uterus. This permits the use of the morning-after pill since it prohibits implantation from occurring, thus placing it in the category of a contraceptive.[69]

In the eyes of the World Health Organization this distinction removes the morning-after pill from the category of an abortifacient, and therefore circumvents the criticisms of its opponents.[70] RU-486 is different from the morning-after pill, however. RU-486 takes effect after implantation has occurred and is clearly an abortifacient, even according to the World Health Organization's definition. The *British Medical Journal* reported that the World Health Organization has approved RU-486 as an "essential" medicine for inclusion in a list of medicines for developing countries. Hans Hogerzeil, Director of Medicines Policy and Standards at the World Health Organization and Secretary of its Essential Medicines Committee, stated:

> The inclusion of these drugs to the essential drug list is a real addition to the therapeutic alternatives for women who have to undergo abortion, especially in developing countries where surgical facilities are less easily available. We are aware that many women in developing countries die from unsafe abortion, and we are very confident that these medicines will help prevent such unnecessary and tragic death.[71]

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[69] "Emergency Contraception in the Americas," Pan American Health Organization, Regional Office of the World Health Organization, WHO website http://www.paho.org/English/AD/GE/emergency_contraception.pdf (accessed 15 January 2008).

[70] Ibid.

[71] "WHO Puts Abortifacients on its Essential Drug List," *British Medical Journal*,

Thus, the World Health Organization defines pregnancy in a way that justifies its promotion of the morning-after pill but takes it to the next step by actively supporting the "abortion pill."

Funding WHO's abortion agenda. Not only does the World Health Organization support the use of RU-486. It also helps to fund its production. The Rockefeller Foundation has been working with a Bangkok-based organization called the Concept Foundation to fund companies that produce and export RU-486, mostly for the Chinese market. The Concept Foundation was established by the World Health Organization and the World Bank in 1989 to assist developing countries in making medical products at low cost.[72] It is also a founding member of the International Consortium for Emergency Contraception (ICEC), which began after 1995 with a pilot program to introduce Postinor-2 to Indonesia, Kenya, Mexico, and Sri Lanka. It entered into a public-private-partnership (PPP) with a pharmaceutical manufacturer Gedeon Richter to provide emergency contraceptive products to over 37 developing countries. The Concept Foundation's success in managing this partnership is even lauded as a model for future PPPs.[73] HRP has subsequently signed a memorandum of understanding with the Concept Foundation "to expand the availability of medical abortion in developing countries wishing to introduce this technology."[74]

The World Health Organization has persistently reiterated its commitment to eliminating "unsafe" abortion and to aiding countries in providing the means for performing "safe" abortions. Thoraya Ahmed Obaid, the executive director of the United Nations Fund for Population Activities, addressed the 60th annual World Health Assembly thus: "Today too many women are dying from unsafe abortions.... We will not meet goals to reduce maternal mortality unless unsafe abortion is addressed."[75] She continued by providing an extensive list of

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Vol 331, p. 68, 9 July 2005.

[72] "Chinese to Make RU-486 for U.S." *Washington Post*, October 12, 2000, p. A1.

[73] "Emergency Contraception: Founding Member of the ICEC," Concept Foundation website http://www.conceptfoundation.org/EC_history.htm (accessed March 10, 2008).

[74]UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (HRP) *Highlights of 2005*, p. 2.

[75]World Health Organization, "Keynote address by Ms Thoraya Ahmed Obaid

alternative means for reducing poor sexual and reproductive health: "[s]trengthened health systems should also deliver a steady and reliable supply of reproductive health commodities, including drugs for maternal health, contraceptives, HIV test kits, and condoms." No mention was made in her speech, or any of the reports listed above, about the benefits of promoting abstinence programs or natural family planning for the reduction of abortion or HIV/AIDS.

The World Health Organization's efforts to eliminate "unsafe" abortion are nothing more than a guise for promoting its abortion agenda. Returning to the *Reproductive Health Strategy* mentioned above, in order to eradicate the problem of "unsafe" abortion the World Health Assembly recommends the creation of innovative national strategies and strategic investment for the many countries who suffer from "unsafe" abortions. These national strategies apparently include the legalization of abortion or liberalization of existing abortion laws.

The World Health Organization frequently equates legalization with "safe" in the context of abortion. In an article published by the World Health Organization and the Guttmacher Institute, the authors provide the reader with a definition of "safe" abortion "as those that meet legal requirements in countries in which abortion is legally permitted under a broad range of criteria."[76] "Unsafe abortion" has been defined above, but the authors add to this definition: "These include abortions in countries with restrictive abortion laws, as well as abortions that do not meet legal requirements in countries with less restrictive laws."[77] Thus, "unsafe and safe abortions correspond in large part with illegal and legal abortions."[78] And interestingly enough the World Health Organization admits that even liberal abortion laws do not guarantee that woman can obtain "safe" abortions.[79]

This opens the door for the promotion of family planning services. The World Health Organization is contributing to the creation of a vicious cycle that interlocks issues of abortion and family planning. For instance, in October

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UNFPA Executive Director," Sixtieth World Health Assembly, 15 May 2007.

[76] Gilda Sedgh, et al. "Induced Abortion: Estimated Rates and Trends Worldwide," *The Lancet* 370 (13 October 2007), p. 1338.

[77] Ibid.

[78] Ibid., p. 1343.

[79] "Unsafe Abortion," WHO website http://www.wpro.who.int/sites/rph/data/abortion.htm (accessed 27 November 2007).

2006 *The Lancet Sexual and Reproductive Health Series* published an article entitled "Unsafe Abortion: The Preventable Pandemic." The authors write:

> Ending the silent pandemic of unsafe abortion is an urgent public-health and human-rights imperative.... Legalisation of abortion on request is a necessary but insufficient step toward improving women's health…The availability of modern contraception can reduce but never eliminate the need for abortion…Access to safe, legal abortion is a fundamental right of women, irrespective of where they live. The underlying causes of morbidity and mortality from unsafe abortion today are not blood loss and infection but, rather, apathy and disdain toward women.[80]

First, the authors' use of the word "pandemic" is a misnomer since the World Health Organization itself defines pandemic as a new disease that is infectious and spreads easily and sustainably among humans, causing serious illness.[81] It is difficult to understand how "unsafe" abortions can be designated as infectious.

Second, contained within this quote is the vicious cycle referred to above. The assertion that legalization is necessary but not sufficient to a woman's health is the portal through which international organizations can push their family planning programs. They make the argument that family planning can reduce the number of unwanted pregnancies that lead to abortion. And yet modern contraceptives can never eliminate abortion and therefore, according to this reasoning, "safe" abortion services should be made legal and continue to be offered upon request. In other words abortion justifies the use of contraception and vice versa.

The juridical problem with this perspective is that access to legal abortion is nowhere to be found as a fundamental right of women under U.N. human rights treaties. The World Health Organization, however, uses principles agreed upon at the non-binding outcome documents from the International Conference on Population and Development (ICPD), the ICPD+5, the Fourth World Conference on Women (FWCW), and FWCW+5 to present the case that legal abortion is a fundamental human right. The conclusion ("irrespective of where

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[80]David A. Grimes, Janie Benson, Susheela Singh, et al. "Unsafe Abortion: The Preventable Pandemic," Journal Paper, Sexual and Reproductive Health 4, World Health Organization, 2006, p. 1.

[81] "Pandemic and Preparedness Response," WHO website http://www.euro.who.int/flu/publications/20060324_5 (accessed 28 November 2007).

they live") contravenes respect for the national laws of any given state that chooses to regulate the procedure. The final statement accuses those countries with pro-natal policies based upon socio-cultural or religious traditions as being disdainful of women. This view is symptomatic of the mindset that has predominated the World Health Organization's sexual and reproductive health sector.

Conclusion

The World Health Organization is seemingly in a strong position because of the internal roles that it plays – information-provider, legitimator, financier, and coordinator. This position is further buttressed by its inclusion in an international network of governmental and non-governmental organizations that are considered legitimate, authoritative, wealthy, regional, and global. Further, its agenda has the backing of powerful governments around the world, such as member states of the European Union and the United States.

In the pursuit of its radical agenda, however, the World Health Organization's legitimacy is compromised. It has become one of many in the U.N. system that have departed from their original mandates in order to promote policies that threaten the lives and dignity of women and men, not to mention those of unborn children. It attacks the national sovereignty of nations through its re-interpretation of international law and its support for sub-national groups that place pressure on political regimes to adopt anti-natal policies. The World Health Organization views religion and tradition as barriers to its radical policies, both of which it believes must be neutralized if it is to achieve its objectives in the area of sexual and reproductive health. It has stretched its resources to the point where it has become vulnerable and reliant upon radical pro-abortion groups that use the organization to realize their world views.