



PARLIAMENTARY NETWORK FOR CRITICAL ISSUES

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Parliamentary Network for Critical Issues (PNCI)

Year End Review

2017

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PNCI is part of the family of ministries of Priests for Life

Overview:

The Parliamentary Network for Critical Issues (PNCI) is directed by Marie Smith and networks with elected, religious, and pro-life leaders globally to advance a culture of life and to help build sustainable pro-life leadership to advance respect for life in law and policy. The PNCI website, newsletter and emails help keep its network informed and facilitate exchange of strategies. PNCI is part of the family of ministries of Priests for Life.

I. Highlights from 2017

+ **In 2017, PNCI shared the good news about the pro-life policies of President Trump** with the PNCI network of lawmakers, staff, religious leaders and civil society. PNCI contacts were grateful to learn about President Trump's opposition to US funding of international organizations that perform or promote abortion and which in most cases also pressure countries to legalize abortion, especially global abortion industry giants International Planned Parenthood Federation (IPPF) and Marie Stopes International.

+ **Marie Smith helped secure invitations for pro-life organizations to meetings at the US State Department and at Health and Human Services** related to the United Nations and the World Health Assembly. PFL's International Director Bob Lalonde and Mrs Smith participated in the Listening Session by Health and Human Services Global Health Office prior to the World Health Assembly during which Mrs. Smith presented two statements expressing PNCI's pro-life views.

+ **Marie Smith presented the topic "Responding to Challenges to Life in the UN's Agenda 2030 and Universal Health Coverage" to the annual meeting of the International Catholic Legislators Network (ICLN) in Rome.** As a result of the seminar, lawmakers in the Philippines are forming a pro-life caucus and legislators from Uganda and Kenya are collaborating with PNCI on pro-life actions at the UN and in Africa.

+ **PNCI issued memos to Vatican officials** and staff advising about strategies to advance abortion through primary health care and through universal health coverage.

+ **PNCI warned its network** of pro-abortion actions talking place globally, regionally and nationally.

+**PNCI discovered and warned contacts in Africa** about a draft bill in the parliament of the East Africa Community to legalize abortion in pro-life countries in the region. **PNCI provided strategic information that helped to stop the bill.**

+ **Marie Smith served as a representative of Priests for Life to the United Nations,** helped to ensure that Priest for Life used its UN NGO status to promote respect for the right to life and human dignity for all, from conception to natural death through its written submissions to UN entities and during key UN meetings. In addition, Mrs Smith shared information with Vatican Secretariat of State office and the Holy See Mission to the UN in New York.

I. Information sharing

PNCI monitors news outlets and pro-abortion NGO websites in order to be aware of the latest news events and tactics affecting a culture of life and then shares that information with the PNCI network through updated postings on the website, through the monthly newsletter, updates and alerts, personal email, phone calls and postings on five different international Google groups comprised of legislators, staff, clergy, and pro-life leaders.

The actions of legislators around the world on life issues are shared with the network as a source of information, inspiration and encouragement. PNCI publicizes pro-life statements on abortion made by Pope Francis and the Holy See that affirm respect for life with its network and on its website, actions that were appreciated by the Vatican. One example is the Holy See's statement at the UN in Geneva which objected to the proposal that healthcare in humanitarian settings should include abortion. The Holy see stated that "healthcare services must never be intended - or operate - against the life of the most defenseless or the unborn."

PNCI is considered a reputable source of information and Marie Smith is often consulted on global developments regarding protection for unborn children from the violence of abortion and PNCI news items are regularly reposted, including by LifeNews and National Right to Life News.

Information sharing with Vatican

PNCI monitored pro-abortion websites related to global issues, especially issues related to health and health care providers and shared findings with Vatican officials and staff.

PNCI prepared memos on the strategies to include abortion as primary health care and as part of Universal Health Coverage (UHC) and the negative impact such inclusion would have on Catholic health care providers if governments were told they needed to fund primary health care providers who provide "the full range of services", including abortion and contraception.

PNCI also prepared a memo on pro-abortion targeting of health care providers to eliminate conscience protections and the project by International Planned Parenthood Federation Africa Region (IPPFAR) to influence reporters and news articles on issues related to "sexual and reproductive health and rights (SRHR)" under the umbrella of the IPPFAR SRHR Journalists Network Group. The project seeks "*strengthened commitment to reproductive health issues by Governments, Legislators and other key stakeholders, including calls for policy reviews and change.*"

Presented at the International Catholic Legislators Network (ICLN)

Mrs. Smith conducted a seminar—Responding to Challenges to Life in the UN's Agenda 2030 and Universal Health Coverage— during the meeting of the International Catholic Legislators Network (ICLN) which took place near Rome in August. ICLN was founded in 2010

by Cardinal Christoph Schönborn of Vienna to bring together Catholic legislators to discuss issues of common concern and share ideas about how to best address the issues.

The seminar discussion included recommendations that Members of Parliament form pro-life working groups to ensure continuity of defense of life and begin to participate in the various processes at the United Nations as the Sustainable Development Goals (SDGs) of the 2030 Agenda begin implementation. PNCI shared that the SDGs include “universal access to sexual and reproductive health and reproductive rights” and are being used by some donor countries and pro-abortion activists serving in UN positions to advance access to abortion.

The closed meeting was attended by 220 lawmakers from around the world, including a large delegation from Africa. The group was received by Pope Francis who called on the legislators to strongly support laws that protect the “defenseless and the marginalized” in society.

As a result of the seminar, lawmakers in the Philippines are forming a pro-life caucus and legislators from Uganda and Kenya are engaging regionally and at the UN with continued collaboration with PNCI.

In her remarks, Mrs Smith quoted Pope Francis environmental encyclical “Laudato Si” in which he warns about the issues warnings related to actions that destroy human dignity and respect for life. Importantly, the Holy Father warned that “concern for the protection of nature” is incompatible with “the justification of abortion.

Excerpts from “Laudato Si”

Neglecting to monitor the harm done to nature and the environmental impact of our decisions is only the most striking sign of a disregard for the message contained in the structures of nature itself. When we fail to acknowledge as part of reality the worth of a poor person, a human embryo, a person with disabilities – to offer just a few examples – it becomes difficult to hear the cry of nature itself; everything is connected. Once the human being declares independence from reality and behaves with absolute dominion, the very foundations of our life begin to crumble, for “instead of carrying out his role as a cooperator with God in the work of creation, man sets himself up in place of God and thus ends up provoking a rebellion on the part of nature”. John Paul II, Encyclical Letter *Centesimus Annus* (1 May 1991), 37: AAS 83 (1991), 840.

Since everything is interrelated, concern for the protection of nature is also incompatible with the justification of abortion. How can we genuinely teach the importance of concern for other vulnerable beings, however troublesome or inconvenient they may be, if we fail to protect a human embryo, even when its presence is uncomfortable and creates difficulties? “If personal and social sensitivity towards the acceptance of the new life is lost, then other forms of acceptance that are valuable for society also wither away”. Id., Encyclical Letter *Caritas in Veritate* (29 June 2009), 28: AAS 101 (2009), 663



Pope Francis addressing the 2017 participants of the International Catholic Legislators Network (ICLN) meeting in the Clementine Hall of the Apostolic Palace

Information sharing--US pro-life foreign policy

PNCI shared the good news about the pro-life policies of President Trump with the PNCI network of lawmakers, staff, religious leaders and civil society. PNCI contacts were grateful to hear about President Trump's opposition to US funding of international organizations that perform or promote abortion and which in most cases also pressure countries to legalize abortion, especially global abortion industry giants affected by the policy—International Planned Parenthood Federation (IPPF) and Marie Stopes International.

Members of the network welcomed the new “Protecting Life in Global Health Assistance” policy that applies the ban to *“international health programs, such as those for HIV/AIDS, maternal and child health, malaria, global health security, and family planning and reproductive health.”*

Marie Smith met with newly appointed US UN Ambassador Nikki Haley to discuss present challenges to life at the United Nations and began collaboration with key contacts in the State department in order to advise on challenges and concerns. She helped secure invitations for pro-life organizations to attend the State department's briefing on the UN meeting of the Commission on the Status of Women (CSW) which led to inclusion of Priest for Life (PFL) and

other pro-life organizations in future State department meetings with NGOs, in contrast to past meetings which excluded pro-life organizations.

PNCI's private collaboration with State department/Trump administration personnel has been most effective in matters related to the United Nations and includes warnings about pro-abortion actions, suggestions for US action and response to requests regarding issues and UN meetings.

Marie Smith and PFL's International Director Bob Lalonde participated in the Listening Session by Health and Human Services Global Health Office prior to the World Health Assembly during which Mrs. Smith presented two statements expressing PNCI's pro-life position and concerns about issues on the WHO agenda and their use to advance abortion—Promoting health through the life course and Progress in the implementation of the 2030 Agenda for Sustainable Development.

In addition, Mrs. Smith prepared a submission statement for PFL to HHS on the UN report *Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health* which includes promotion of abortion.

PFL /PNCI was one of five pro-life organizations presenting at the HHS event. PNCI and PFL statements presented or submitted:

Statements from the Parliamentary Network for Critical Issues delivered by PNCI Director Marie Smith during the HHS GOA Listening Session for the World Health Assembly

16.1 Progress in the implementation of the 2030 Agenda for Sustainable Development

Thank you on behalf of the Parliamentary Network for Critical Issues.

Our global network and its associated lawmakers believe that sustainable development policies need to affirm the well-being and dignity of all—every human life without exception— if the pledge of the 2030 Agenda that 'no one is left behind' is to become reality.

Programs to achieve progress on Goal 3—Ensure healthy lives and promote well-being for all at all ages—cannot selectively limit the life of, or deny life to, any individual, regardless of age, stage of development or condition of dependency.

We believe that attention must be given to the high rate of babies who die before or shortly after birth. 2.6 millions stillbirths is unacceptable yet prevention of these deaths continues largely to be ignored.

The parliamentarians in our network have a profound difference of opinion with those who seek to use the SDGs, particularly targets 3.7 and 5.6, to promote access to abortion.

The sovereign laws of UN Member States range from constitutional protection of life from the moment of conception to allowing abortion on demand until the moment of birth and an overwhelming majority of countries prohibit abortion on demand.

Abortion is not a universally recognized human right, does not have universal support, and should not be advanced or promoted under the Sustainable Development Goals or included as part of Universal Health Coverage.

The “world we want” to see in 2030 is one where every human being is valued for her or his innate worth and where “no one was left behind” or considered expendable and undeserving of safeguards and protection.

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Submission from Priests for Life to the US Delegation to World Health Assembly

Agenda item 16.3: Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): adolescents’ health, Document A70/37

Priests for Life is a Non-Governmental Organization (NGO) in Special Consultative Status with the Economic and Social Council of the United Nations seeking to foster international policies protecting the dignity of human life at all stages of the life cycle.

The [Global Strategy for Women’s, Children’s and Adolescents’ Health \(2016–2030\)](#) contains three objectives – survive, thrive and transform— and states that “no woman, child or adolescent should face a greater risk of preventable death because of where they live or who they are”. Priests for Life believes that if this principle is applied consistently from the very beginning of pregnancy, the world will experience greater success in achieving healthy reproduction with fewer maternal and newborn deaths and with reductions in preventable stillbirths.

However, we are dismayed at the life-denying activism in the revised report in Agenda item 16.3 Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): adolescents’ health, Document [A70/37](#) and strongly urge the US Delegation to the World Health Assembly (WHA) to take appropriate action to oppose this report.

A70/37 includes comments and recommendations from the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents that seeks the legalization of, and increased access to, induced abortion, a violent act that denies preborn children their right to life.

This radically revised report was released on May 8 and conflicts with the report noted by the Executive Board at its 140th session in January 2017—[EB140/34](#)—by adding controversial statements and recommendations promoting the changing of national laws regarding sexual and reproductive health and rights, which according to WHO includes access to abortion.

The pro-abortion views in A70/37 contrast sharply with the policies of the Trump Administration, especially with the enhanced Mexico City Policy.

Article 15 of A70/37 denigrates opposition to abortion, and other issues related to ‘sexual and reproductive health and rights’ as it refers to the Working Group’s depiction of core differences over these issues as examples that “the health and human rights of women, children and adolescents have come under unprecedented attack in several countries owing to restrictive legal and policy considerations, conflict, violence and disaster, especially in the context of their sexual and reproductive health.”

Under such a description, the actions by US states to regulate abortion, including banning abortion after 20 weeks of pregnancy, could be considered as ‘attacks on health and human rights’ rather than as actions to protect women and their unborn children from the violence of abortion.

Issues related to sexual and reproductive health, including abortion, do not have universal agreement as evidenced in the failure to achieve consensus at the recent 50th session of the Conference on Population and Development.

Abortion is not recognized as a human right in any treaty at the United Nations despite the efforts by activist members of treaty monitoring bodies to overstep their mandates and interpret treaties in order to create the perception of such a 'right'.

A majority of countries restrict and regulate abortion; only 58 countries allow access to abortion on demand and all but seven prohibit elective abortions after 20 weeks post-fertilization.

The Working Group is quoted as saying that "...we stand at a crossroads; how we address these inequalities and injustices will determine the extent to which peoples' lives are improved everywhere but specifically the ability of societies to harness the dividends of the demographic transition and create a new paradigm of health, dignity and well-being for the next generation of women, children and adolescents.

Priests for Life believes that that the "crossroads" the world faces as it pursues the 2030 Agenda is one where we must ensure that the dignity and well-being of each and every life is respected and that no life is deliberately eliminated.

The creation of a "new paradigm of health, dignity and well-being for the next generation of women, children and adolescents" ought to be inclusive and non-discriminatory. No member of the next generation should be subjectively eliminated in the name of health and human rights or based on one's stage of development or condition of dependency.

Regrettably, the extreme bias of the Working Group will impede agreement and progress. Its recommendations listed in the Annex of A70/37 demonstrate disdain for national laws against abortion which are labeled "barriers" as it calls on States to amend constitutions and other legal instruments to "strengthen legal recognition of human rights to health and through health, including sexual and reproductive health and rights"; calls for the removal of "structural and legal barriers that undermine the human rights of women, children and adolescent"; and seeks the removal of "barriers to the enjoyment of sexual and reproductive health and rights."

The Working Group also seeks "remedies for violations of these obligations" while continuing its failure to acknowledge that States have profound differences over issues, including abortion, that are based on core religious and moral values.

Its call for joint new actions by the WHO Director-General and the High Commissioner for Human Rights to "achieve greater momentum in this global effort" is also a concern.

Lastly, the Working Group advances the concept of establishing "a rights-based approach to health financing and universal health coverage" which when considered in juxtaposition with the view that access to abortion is a human right, raises concerns about Universal Health Coverage (UHC) and whether or not, or how, it will be used to advance access to abortion as a component of reproductive or sexual health.

PNCI Information Sharing

PNCI's updates, emails and newsletters share information on laws and policies affecting global respect for life from conception to natural death. It includes actions taking place on the legislative, executive and judicial level as well at international and regional bodies including the

United Nations, African Union, and Organization of American States. PNCI emails the newsletter and other targeted mailing to its contacts and posts on its website www.PNCIUS.org

Sample of articles from PNCI's 2017 newsletters

[January](#)

A Pro-Life Turning Point Is Underway in the United States

The United States is experiencing unprecedented support for the pro-life position from the government and the American public as self-identifying pro-life President Donald Trump begins his administration and both the House and Senate begin the 115th Congress under control of the pro-life Republican Party.

A new [Marist poll](#) commissioned by the Knights of Columbus finds that 59 percent of Americans believe abortion is morally wrong. A majority are against taxpayer funding of abortion and support banning most abortions after 20 weeks of pregnancy. 61 percent of Americans oppose the use of tax dollars to fund abortion within the United States and an overwhelming 83 percent oppose funding abortions around the world. 78 percent of respondents believe that laws ought to protect the health and well-being of both women and the unborn and laws should not choose to protect one and not the other.

President Trump Seeks to Protect Unborn Children Globally

President Donald Trump, in one of his first Executive Orders, reissued and expanded the Mexico City Policy (MCP) which prevents foreign non-governmental organizations that perform or promote abortion from receiving funds from the population account of the U.S. Agency for International Development (USAID) unless they pledge to stop performing or promoting abortion as a method of family planning, regardless of the funding source, in order to be eligible for U.S. funding.

The [Presidential Memorandum Regarding the Mexico City Policy](#) issued by President Trump not only revokes President Obama's Memorandum of January 23, 2009 repealing the policy and reinstates President George W. Bush's Memorandum of January 22, 2001 restoring the Mexico City Policy but is modernized to reflect current challenges to the protection of women and children from the violence of abortion.

House Votes to Make Abortion Funding Ban Permanent

The US House of Representatives passed [H.R. 7](#), the No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act, banning federal funding for abortion. H.R. 7 will make the Hyde amendment, which bars taxpayer funding for abortions through Medicaid, permanent and expand it to all federal agencies. A report by the Charlotte Lozier Institute indicates that the Hyde amendment has saved over two million lives since it was first introduced in 1976.

Bill sponsor [Rep Chris Smith](#), Co-Chair of the Congressional Pro-Life Caucus, highlighted the recent Marist poll showing 61 percent of Americans do not support federal funding for abortion. *"Pro-life Americans struggle for the day when abortion violence will be replaced by compassion and empathy for women and respect for the weak and most vulnerable among us, the*

child in the womb," said Rep Smith. "They believe, as do my pro-life colleagues, that we ought to love them both, mother and child, and not fund the destruction of children through abortion."

II. Sharing pro-abortion tactics and plans

PNCI monitors pro-abortion websites and news in order to uncover pro-abortion plans and develop counter measures and strategies with members of the network through personal and group emails. Sample postings on the PNCI website include the following:

[Pan Africa Parliament and Ipas sign MOU](#)

The Pan Africa Parliament (PAP) of the African Union reports that during its recent meeting in Midland, South Africa the PAP “gave impetus to the promotion of safe and legal abortions by dedicating several debates to the topic, and signing a Memorandum of Understanding with reproductive activist group, the Ipas Africa Alliance.”

As an abortion activist group, Ipas performs abortion, promotes abortion, and trains health-care workers in abortion techniques. It has long been engaged with officials at the African Union and African Commission to promote access to abortion, as well as working with various national health ministries.

[New WHO and OHCHR Report Calls for Repeal of Laws against Abortion](#)

A report launched at the World Health Assembly by the High-Level Working Group for Health and Human Rights of Women, Children and Adolescents—Leading the Realization of Human Rights To Health and Through Health—is a blatant pro-abortion activist document disguised as a UN report that tells parliamentarians and governments to advance access to abortion in the context of human rights.

[International Abortion Funding Wars](#)

The refusal of the US under President Trump to fund abortions around the world is a problem for a number of countries who think that the destruction of unborn children through abortion is acceptable and something that development aid should provide... Now, in an appalling action, Sweden has escalated its pro-abortion mania and vowed that it will stop giving aid to any organization that adheres to the US pro-life policy and that will not abort the lives of unborn children or urge their mothers to do so.

[European Parliament Classifies Laws against Abortion as “violence against women and girls”](#)

The European Parliament (EP) took shocking and disturbing action last week when it adopted a parliamentary report which charges “the denial of sexual and reproductive health and rights services, including safe and legal abortion, is a form of violence against women and girls” by a vote of 489 in favor, 114 opposed and 69 abstentions.

[Push for Self-Induced Abortion and OTC Availability of RU 486](#)

An international pro-abortion tactic that advises women on how to self-induce abortion in illegal settings is receiving attention and extensive news coverage in the US with the launch of a new ‘counseling helpline’ by the organization Women Help Women (WHW) targeting women in the

US. The project— [Women Help Women USA: Self-managed Abortion Safe and Supported-SASS](#)- is described by organizers as “the first service to provide one-on-one support from trained counselors to women in the U.S. seeking to end their own pregnancies.”

III. Collaboration and networking to stop advance of abortion

PNCI is part of five pro-life networks of religious and pro-life leaders connected via google group that share information, ideas and activities. In Africa, PNCI networks with a pro-life google group, individual contacts in African countries and with other organizations including Obianuju Ekeocha, president of Culture of Life Africa. Information sharing is especially critical for African contacts who are often unaware of the actions of pro-abortion NGOs and who do not always hear regional news in a timely manner, including news related to actions by the Church.

A successful collaboration to stop the advance of abortion took place in Africa. PNCI discovered and warned contacts about a draft bill in the parliament of the East Africa Community to legalize abortion. PNCI developed arguments and background information that were successfully used to help stop the bill.

Further information:

March

MPs in Uganda Unite against Regional Abortion Bill

Over 30 legislators in Uganda united and organized the [Parliamentary Forum on Ethics and Integrity](#) in response to draft legislation tabled in the East Africa Legislative Assembly (EALA) - an intergovernmental organization composed of Burundi, Kenya, Rwanda, South Sudan, Tanzania, and Uganda. The bill- [Sexual and Reproductive Health Rights Bill, 2017](#)-sponsored by member Odette Nyiramilimo from Rwanda would set up a legal framework for matters relating to sexual and reproductive health. The draft bill states in Part III: Access to Sexual and Reproductive Health Services, Article 15:(1): *The Partner States shall safeguard and give effect to the reproductive rights of a woman by permitting the termination of pregnancy when in the opinion of a trained health professional, the pregnancy endangers the health or life of the woman.*

Networking-one to one

PNCI enjoys personal relationships with leading pro-life parliamentarians from other countries and from the European Union with whom it collaborates privately for joint action.

Located in Washington, DC, PNCI is positioned for access to visiting political and religious leaders as well as to staff and to leaders of non-governmental organizations with whom it collaborates. PNCI values personal contact, whether face-to-face meetings, phone calls or email, and recognizes the need for “stealth” collaboration with those with whom it networks whether they be the president or prime minister of a country, a cabinet member, an archbishop, an ambassador, a priest or a pro-life leader.

IV. Representing Priests for Life at the United Nations

PNCI Director Marie Smith is a representative of Priests for Life at the United Nations. PFL has Special Consultative Status with the Economic and Social Council enabling its representatives to attend UN meetings and submit statements.

PNCI and PFL collaborate to ensure the PFL has an effective presence at the UN and works with like-minded organizations to promote respect for life from conception to natural death. During major meetings at the UN in New York, Marie Smith networks with the pro-life coalition at the UN and around the world to help counter pro-abortion pressure and works with pro-life organizations in Geneva to ensure that the pro-life voice is heard.

A new effort by PNCI encouraging pro-life legislators to participate in open calls for submission statements by UN entities resulted in pro-life statements to the Human Rights Committee (HRC). The HRC is considering how to apply the right to life article of the International Covenant on Civil and Political Rights (ICCPR). Amnesty International and other pro-abortion organizations recommended that the HRC only apply ‘the right to life’ after birth.

Members of the US Congress, along with lawmakers from Uganda and Kenya, urged the HRC to not abandon preborn children's right to life. Over 160 pro-life submissions were sent to the HRC. PNCI was a leading organizer of this effort.

Date: 11/2/2017

[MPs defend unborn children’s right to life](#)

Statements from groups of pro-life parliamentarians were among the 160 or so submissions made to the United Nations Human Rights Committee as it considers the Draft General Comment No. 36 Article 6 of the International Covenant on Civil and Political Rights (ICCPR).

Marie Smith wrote the following Priests for Life statements for meetings that will place in 2018:

Sustainable cities, human mobility and international migration”

Submitted by Priests for Life (PFL), a non-governmental organization in special consultative status with the Economic and Social Council

Priests for Life works to ensure that human dignity and the fundamental right to life for all are respected during all stages of life from conception to natural death. The current movement of people, whether by choice, conflict or crisis, requires global commitment to ensure that safety, human dignity and human rights are protected at all times during transit, receiving, relocation, or return to home country.

Dignity of the human person

Transforming our world: the 2030 Agenda for Sustainable Development pledged that “no one will be left behind” and recognized “that the dignity of the human person is fundamental”. Its vision of the world includes *“a world of universal respect for human rights and human dignity, the rule of law, justice, equality and non-discrimination; of respect for race, ethnicity and cultural diversity; and of equal opportunity permitting the full realization of human potential and contributing to shared prosperity. A world which invests in its children and in which every child grows up free from violence and exploitation. A world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed.”*

This noble concept for the world is one which Priests for Life believes needs to guide discussion and action in regards to sustainable cities, human mobility and international migration. The movement of individuals, families and communities varies by motivation but the desire for safety, security and improved well-being are universal. The challenges for the global community to provide not just for their immediate basic needs but to ensure a future that allows individuals and families to not only survive but to thrive requires unprecedented agreement and action that always respects human dignity and the right to life of all.

Universal respect for human rights and human dignity does not allow subjective opinions to determine whose life is worth living and whose life should be protected from acts of violence and exploitation. All human beings deserve protection and respect during all stages of life from conception to natural death.

Respect for the right to life

Article 6 of the International Covenant on Civil and Political Rights states *“...every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”* The many challenges presented by international migration have at their core the need to protect the right to life.

Respect for the right to life of all is most urgent as transportation methods for migration and exodus from conflict and crisis can be treacherous and deadly as the world has tragically witnessed.

The intrinsic dignity of life is the foundation of human rights. Life is not just for the privileged, the perfect and the planned, but extends to all members of the human family during all stages of life, including children alive but not yet born.

Protecting children

The New York Declaration for Refugees and Migrants adopted by Heads of State and Government and High Representatives affirms that during responses to large movements of refugees and migrants the “human rights and fundamental freedoms of all refugee and migrant children” will be protected and that “regardless of their status” States will give primary “consideration at all times to the best interests of the child.”

Member States also affirmed that they will *“comply with our obligations under the Convention on the Rights of the Child.”* Article 2 of the Convention instructs State Parties to *“respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.”*

Priests for Life observes that the Convention on the Rights of the Child reminds us in the Preamble that *"...the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth"*.

Protection of children before birth is practiced by a majority of Member states that restrict access to abortion. Abortion negates a child's right to life and is clearly not in "the best interest of the child" as governments promised in the New York Declaration.

Priests for Life believes that the rights of every child residing in a country, whether a citizen or not, should be respected regardless of his or her stage of development, nationality or the immigration status of her or his mother.

Protection of the family

The need to protect the family and enable it to function as the core foundation of society is critical during movements of people. It is through the family that basic needs of food, water, shelter and clothing are most often provided. Equally important, the family provides the love, care and nurturing that uplifts its members helping them to endure and survive the difficulties and trials of migration. The family shares religious beliefs which give hope to its members during difficulty.

When the family is disrupted, individual members suffer, especially its most vulnerable members. The separation of children from their family and unescorted minors require special attention to reunite families and to ensure that children are protected from neglect and abuse, especially from the scourge of human trafficking, during the separation.

Providing health care

Access to life-affirming health care is needed by all, especially the most vulnerable—pregnant women, children, the elderly and the disabled. Initiatives that seek the elimination of individuals who may be considered 'inconvenient' or a 'burden' or who require extra care must always be opposed.

Priest for Life believes that no individual member of the family ought to be selectively marked as expendable— regardless of disability, disease, age, condition of dependency or stage of development. All members of the family are deserving of protection.

Women and girls in migration need measures to ensure their safety and to meet their unique needs. Pregnant women and girls require access to prenatal care, nutritious food, assisted childbirth and postnatal care to reduce mortality and to promote the health and well-being of both.

The New Urban Agenda adopted by the General Assembly commits in paragraph 55 to *"health-care services, including universal access to sexual and reproductive health-care services to reduce newborn child and maternal mortality."*

Priests for Life is concerned that the provision of health care to reduce newborn, child and maternal mortality could be corrupted by inclusion of access to abortion—an act that leads to the mortality of children during their most vulnerable stage— and opposes attempts to include access to abortion in maternal or reproductive health programs.

Faith-based organizations are often among the first to meet the needs of those struggling in transit, including in the provision of health care. Their core belief in the sanctity of life and opposition to

abortion must be respected and protected if abortion is included as a component of “sexual and reproductive health-care services” for women and girls who are migrants or refugees.

Conclusion

Priests for Life believes that respect for the right to life is the foundation of human rights and affirms that respect for the intrinsic dignity and worth of every human being through all stages of life from conception to natural death ought to be the justification for policies and programs developed to respond to mass movements of people. At all times, the human dignity of every human being must be upheld, despite migration or immigration status.

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Committee on the Rights of Persons with Disabilities Draft General Comment on the right of persons with disabilities to equality and non-discrimination (article 5)

Priests for Life works to ensure that human dignity and the fundamental right to life for all is respected during all stages of life from conception to natural death, without exception, and is applied equally without discrimination including during the prenatal and neonatal periods. Priests for Life welcomes the opportunity to submit its observations on the draft General Comment on Equality and Non-discrimination (Article 5).

Prenatal screenings for impairment

Priests for Life concurs with the Committee on the Rights of Persons with Disabilities (the Committee) when it states in the introduction to General Comment (GC) that it “notes with concern” the remaining challenge “regarding the persistence of disability-based discrimination” by Member states that have ratified the Convention. Priests for Life observes that such discrimination is evident in State-sponsored maternal health programs that emphasize prenatal screenings for impairment followed by abortion when there is possibility of disability, especially when Down syndrome is suspected.

The failure of Member states to embrace unborn children with disabilities and to offer special assistance to their mothers and fathers rather than elimination of the child is incompatible with the Convention. The continued casting by governments of preborn children who are impaired as burdens to families and society jeopardizes efforts to overcome the prejudice, stigma and negative stereotypes against persons with disabilities.

Priests for Life observes that when States applaud the fact that in their countries there are nearly zero births of infants with Down syndrome they are reinforcing a fatal discrimination that selectively ends the lives of children with trisomy 21 and perpetuates negative stigma against an entire group of people.

The increased use of technology for prenatal searches to identify the possibility of impairment followed by destruction of the supposedly afflicted child reveal a discrimination that affords the right to life only to those children deemed perfect and bolsters the idea that individuals with an impairment are ‘unworthy of life’.

Priests for Life recommends that the Committee address this specific discrimination in the GC.

PFL believes that such reckless disregard for the lives of society's weakest members subjectively denies a human being her or his right to life and perpetuates the perception that life is only for the perfect and that society is intolerant of those with an impairment regardless of their age, condition of dependency or disability.

Prenatal sex selection

Prenatal discrimination that results in denial of the right to life also manifests in sex determination that leads to fatal discrimination against girls. The girl-child in utero faces deadly discrimination when sex determination techniques identify her presence and result in her death. The Beijing Platform of Action opposed this discriminatory practice in paragraph 38 stating "Discrimination against women begins at the earliest stages of life and must therefore be addressed from then onwards." However, fatal sex selection practices are remain rampant in select countries and cultures.

The Platform also recognized that son preference not only discriminates against girls and limits access to food, education and health care but to "even life itself". While efforts to ensure girls' access to food, education and health care have benefitted by nearly universal agreement since Beijing, endeavours to ensure that girls have universal access to "life itself" have been stymied by a global failure to embrace consistent non-discriminatory protection of girls beginning "at the earliest stages of life".

Failure to protect girls in law from prenatal sex selection as recommended to governments in paragraph 283d of the Platform—"Enact and enforce legislation protecting girls from all forms of violence, including female infanticide and prenatal sex selection"—begins the discrimination and disempowerment which perpetuates throughout the life cycle and renders the worth of a girl contingent upon subjective views of wantedness and utility. The girl child becomes a commodity, devoid of innate dignity and value, subjected to deadly discrimination.

In General Comment No.7, the Committee on the Convention on the Rights of the Child identified selective abortion as discrimination against girls stating, "Discrimination against girl children is a serious violation of rights, affecting their survival and all areas of their young lives as well as restricting their capacity to contribute positively to society. They may be victims of selective abortion..."

Priests for Life urges reference to this discrimination in the GC.

Neonatal discrimination

"Equal and effective legal protection against discrimination" as stated in the GC is critical to ensure that impaired newborns do not become the victims of infanticide or abandonment but are afforded the same medical care as non-impaired newborns as well as given critical life-saving treatments when needed. Protocols that seek to impose euthanasia on impaired newborns are in conflict with the Convention as they abandon the needs of the infant while pursuing the discriminatory taking of a human life based on physical affliction.

We believe that euthanasia of newborns needs to be strongly opposed by the Committee in the GC to ensure that all acts of discrimination against children with disabilities are addressed.

Prenatal Protection

Priests for Life notes that the Preamble of the Convention on the Rights of the Child (CRC) reminds us that *“the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth”*; a majority of Member states restrict access to abortion.

We note that Article 2 of the CRC instructs State Parties to *“respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.”*

Priests for Life believes that the act of abortion is by its very nature an act of fatal discrimination that denies a child in the womb his or her right to life. The rights of each child should be respected regardless of the subjective views of his or her mother or father, social and economic condition, sex, or the presence or suspicion of a disability.

Subjective discrimination for any reason negatively impacts respect for the right to life and renders the human dignity and worth of a human being contingent upon the opinion of others.

Equal worth and dignity

The Committee states in #7 of the GC that “the term ‘dignity’ appears in the CRPD more often than in any other human rights convention of the United Nations, starting in the preamble where the principles proclaimed in the Charter of the United Nations are recalled, which “recognize the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world”.

Priests for Life wishes to highlight that fact that the inherent dignity and worth of all members of the human family was ‘recognized’ in the Charter of the United Nations, an acknowledgement that international bodies and governments neither bestow nor remove human dignity but can only recognize inherent God-given human dignity and inherent rights.

Governments exist to preserve and protect inherent rights beginning with the right to life, beginning when life begins—at conception—and ending at natural death, and extending to all human beings.

Laws to remove the most basic right—the right to life—to allow abortion, including in the case of suspected physical impairment, and to allow infanticide of impaired newborns discriminate against members of the human family.

Measures to stop discrimination

Families of children living with impairment, and the children themselves, are the best advocates and defenders of all individuals living with disability. Priests for Life recommends the Committee listens to their voices and learns about the laws that they have helped to enact to help stop discrimination against children with disabilities. One example is 14 year old Chloe Kondrich from the U.S. state of Pennsylvania who has Down syndrome and who successfully lobbied for the Down Syndrome Prenatal Education Act, also known as Chloe’s Law. The law is designed to help parents learn about the facts about children with Down syndrome in order to overcome the stigma, fear and ignorance that surrounds a diagnosis of trisomy 21. Next on Chloe’s list is helping lawmakers in Pennsylvania pass legislation “Celebrating People with Down Syndrome & Denouncing Selective Abortion.

Conclusion

Priests for Life believes that true equality and non-discrimination require ensuring that no human being, from conception to natural death, is denied their right to life. This includes unborn children who, as the youngest and most vulnerable members of the human family, are the most at risk group in the world today while preborn children with impairment are in particular danger from a discrimination that seeks their elimination through abortion.

Priests for Life urges the Committee to recommend Member states embrace the lives of all children, regardless of sex, age, stage of development, condition of dependency or disability. Such action is needed if the vision of the 2030 Agenda to “leave no one behind” is to be achieved.

Commission on Status of Women, Sixty-second session

Priority theme: Challenges and opportunities in achieving gender equality and the empowerment of rural women and girls

Challenges and opportunities in achieving gender equality and the empowerment of rural women and girls is critically important and needs to be addressed for all phases of a woman’s life.

A rural woman can face violence and discrimination throughout her life as she is treated unequally, denied access to nutritious food and education and in the case of sex selection abortion loses her life through deadly sex discrimination. The Beijing Platform of Action opposed this practice in paragraph 38 where it recognized that son preference in a number of countries leads to the practice of prenatal sex selection, to higher rates of mortality among very young girls and to lower rates of school enrollment for girls as compared with boys. It expressed concern that son preference does not only curtail the access of girl children to food, education and health care but to even life itself.

Son preference often occurs in rural settings and can result in the destruction of girls through infanticide or abandonment; this anti-girl discrimination from the earliest stages of a girl’s life grossly undermines rural women’s equality and empowerment. Failure to protect girls in law from prenatal sex selection as recommended to governments in paragraph 283d of the Beijing Platform which called for countries to enact and enforce legislation protecting girls from all forms of violence, including female infanticide and prenatal sex selection, begins the cycle of discrimination and violence.

A long term impact of sex selection abortion, skewed birth ratios, has led to increased violence and abuse against women and girls as they are kidnapped, forced into sex trafficking and prostitution, bought and sold as brides, and forced into child marriage.

The lives of rural women and girls are empowered when their human dignity is affirmed by measures that protect them from sexual exploitation and violence, including in daily life. Girls should not fear sexual assault while collecting firewood or while walking to or attending school, nor should women fear taking public transportation to work. Laws that prevent trafficking of women and girls for sexual exploitation or forced labor as well as programs to rescue victims of trafficking need to be enacted and enforced in rural settings.

The number of elderly rural women is increasing reflecting the global increase in women's life expectancy along with their increasing need for health care, including for dementia. The necessity to protect them from abuse and neglect and care for their basic needs is also increasing as rural birth rates plummet reducing the number of caregivers.

Rural women carry a heavy work burden primarily in agriculture. According to the Food and Agriculture Organization of the United Nations, women farmers account for 43 percent of the worldwide agricultural workforce, are an estimated two-thirds of the world's 600 million poor livestock keepers, and account for 48 percent of all economically active women worldwide. Rural women working in agriculture need to be acknowledged for their contribution to food security and nutrition for the benefit of families, communities, and country and affirmed with equal compensation while assisted with access to resources that provide them with guidance on modern farming techniques.

Credit loans empower rural women with the means necessary to improve farming or to begin small businesses. Opportunities for training and job skills, both within and outside of agriculture, help rural women to improve their lives and rise from poverty.

Empowering rural women through education, land ownership or inheritance, and access to improvements in farming methods to increase crop yields reduces poverty and improves their and their families' lives. Empowering women with innovations for water and fire wood collection and food preparation and storage reduces the burden of work and enables young women and girls to attend school.

Education not only empowers women with reading, writing, and math skills but results in self-confidence and empowerment which helps women assume leadership roles in their communities. Women who receive educational opportunities are healthier and their children are healthier. Education empowers rural women to make nutritious food choices for their children helping to reduce malnutrition and stunting. When rural women and girls have access to education, it is not only their lives that improve, but the lives of their families and community.

Health care throughout the life cycle is needed not only for rural women's empowerment but to save their lives. All women and girls living in rural areas, regardless of country, need access to timely medical care. Due to reduced access to health care, the rate of women dying from pregnancy-related complications in the United States according to U.S. Centers for Disease Control and Prevention data was 64 percent higher in rural areas than in large U.S. cities in 2015 compared to the year 2000 when the rate was higher in cities.

Pregnant rural women need transportation to health clinics to ensure delivery with a skilled birth attendant who is able to recognize the signs of obstructed childbirth. They need access to clean blood, antibiotics, treatment of complications and policies and programs to help them and their children survive and thrive. According to UNICEF's State of the World's Children 2016 report, children born in rural areas are 1.7 times more likely to die before age 5 than children in urban areas.

Access to nutrition during rural women's child-bearing years is needed for their health and empowerment and for future generations who can be freed from the cycle of malnutrition and stunted growth. When women of child-bearing age are well-nourished they are healthier and better able to provide nourishment for their children in the womb helping to ensure healthy physical and cognitive development.

Twenty years ago the Beijing Platform recognized the need for women and girls to have access to nutritious food, an area that has intensified in urgency as evidence demonstrates the critical importance of adequate nutrition during the first 1,000 days of life, from conception to the second birthday, in saving lives, enhancing healthy outcomes, and improving the prosperity of a country. When children thrive, they are empowered to become healthy adults who are better equipped to make meaningful contributions to their families, communities, and country.

The Beijing Platform also recognized that extra measures are needed to ensure that women have equal access to health care and to specialized maternal care; this is especially applicable to rural women. Negative attitudes against pregnancy and motherhood persist despite paragraph 29 of the Beijing Platform which admonished that maternity, motherhood, parenting and the role of women in procreation must not be a basis for discrimination nor restrict the full participation of women in society.

A majority of Member States recognizes the inherent procreative ability of women as the bearers of a country's future, its children. They seek to protect the lives of girls and boys equally, and their mothers, from the violence of abortion in a universal desire for healthy reproduction in which both mother and child survive pregnancy and childbirth.

In conclusion, continued progress around the world is needed to empower all women, especially rural women, in the role of mother with the maternal health care they need during pregnancy and childbirth to ensure that they and their children survive and thrive. Employment practices which discriminate against pregnant rural women and which fail to provide safe working conditions must end; pregnant women must not be threatened with job loss.

Recognizing the inherent worth and dignity of rural women throughout the life cycle will help achieve gender equality and the empowerment of rural women and girls. Cultural practices which devalue the life of the girl-child must end and the dignity of a rural woman affirmed during all stages of life, from conception to natural death.

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Fifty-sixth session of the Commission for Social Development

“Strategies for eradicating poverty to achieve sustainable development for all”

Priests for Life (PFL) advocates for strategies that respect human dignity in seeking to eradicate poverty and achieve sustainable development for all and believes that the well-being, dignity, and worth of all — every human life without exception — form the foundation of policies and programs that liberate countries and, most importantly, people from poverty. All individuals have the potential to make significant contributions to eradicating poverty; no life is expendable.

Strategies for the eradication of poverty to achieve sustainable development for all must “ensure that all human beings can fulfill their potential in dignity and equality and in a healthy environment”, as declared in “Transforming Our World: The 2030 Agenda for Sustainable Development”.

Priests for Life acknowledges the urgent need to eradicate poverty and its devastating impact and to implement programs and policies that will directly benefit all people, today and in the future, and ensure that no one is left behind.

Every human life needs to be valued for his or her innate worth and no member of the human family stripped of human dignity and denied their most basic right — the right to life — through policies that allow individuals to be marginalized and treated as a problem and their extinction considered an acceptable strategy for poverty eradication. The dignity of life needs to be acknowledged and protected throughout the life cycle, from conception to natural death, especially when the vulnerable human being is disabled, elderly or residing in the womb.

Population control, family planning, and reproductive health programs that target the elimination of children through abortion discriminate against children in the womb, and conflict with the Convention on the Rights of the Child which reminds us, “the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth”. A majority of Member States restricts access to abortion with laws providing diverse prenatal legal protection to children.

Poverty eradication requires health care that respects human dignity during all stages of life. Renewed efforts to reduce newborn and maternal mortality are essential including ensuring the presence of skilled childbirth attendants who recognize obstetric emergencies and help women receive critical emergency obstetric care and treatment. Complications from childbirth including hemorrhage must continue to be prevented and treated and mothers provided with essential clean blood transfusions and antibiotics when needed. Increased access to pre-natal care, including adequate nutrition and vitamins, will save the lives of both mothers and children.

One of the most critical ways to alleviate poverty is to alleviate hunger and malnutrition as expressed in Sustainable Development Goal 2: Zero Hunger —End hunger, achieve food security and improved nutrition and promote sustainable agriculture. Malnutrition impedes progress and affects the economic potential of families and communities, especially when associated with stunted growth. Malnutrition results in the stunted growth of 165 million children resulting in impaired physical and cognitive development with lasting detriment to the individual and to the economic health of countries.

Malnutrition is the underlying cause of death for 3 million children a year according to UNICEF which reports that nearly half of all deaths in children under 5 are attributable to undernutrition. More than 800,000 babies — one in four newborns — die each year because they are born too soon or too small as a result of poor maternal nutrition. Adequate nutrition during the first 1,000 days of life — from conception to the second birthday — saves the lives of women and children and reduces stunted growth and malnutrition.

When women of child-bearing age are well-nourished, they are healthier and better able to provide nourishment for their child in the womb, and to make nutritious food choices for their child under age two; all essential to ensuring healthy physical and cognitive development. When children thrive, they are empowered to go to school and become healthy adults who are better equipped to make meaningful contributions to their families, society, and country.

The elimination of malnutrition during the first 1,000 days of life for a child, and the provision of nutrition for all women of child-bearing age, will not only save the lives of women and children and contribute to their well-being, but will improve the economies of countries. Healthy individuals and families are equipped with the stamina necessary for productive and sustainable agriculture, to attend school, to receive training in job skills, to enjoy improved health and well-being, and are better enabled to resist illness and disease.

The need to protect the family and enable it to function as the core foundation of society is critical to poverty eradication and sustained development. Cultures throughout the world recognize the critical role of the family in providing the basic needs of food, water, shelter, clothing, love, and care. The family provides for the very survival of its culture and country. In turn, the family must be protected and assisted in all policies and programs to eradicate poverty. When the family is disrupted, individual members suffer, voiding the goal of development to assist the individual.

No individual member of the family ought to be selectively marked as expendable— regardless of disability, disease, age, condition of dependency or stage of development. All members of the family are deserving of protection, including those that have been classified as expendable by some and excluded from basic social protection. No member of the family ought to be stripped of their human dignity and denied their most basic right—the right to life. Life is not for the privileged, the perfect and the planned but extends to all members of the human family.

Strategies for the eradication of poverty should not strip any member of the human family of dignity, marginalize them or treat them as a problem, rather than as a potential contributor to sustainable development.

Pope Francis in his address to the United Nations General Assembly called for respect of all lives and stated, “The common home of all men and women must continue to rise on the foundations of a right understanding of universal fraternity and respect for the sacredness of every human life, of every man and every woman, the poor, the elderly, children, the infirm, the unborn, the unemployed, the abandoned, those considered disposable because they are only considered as part of a statistic.”

Priests for Life concurs that our common home rises on the foundations that understand universal fraternity and respect for the sacredness of every human life. We believe that strategies for the eradication of poverty to achieve sustainable development ought to affirm the well-being, dignity and worth of all —every human being without exception —leading to a post 2030 world in which “no one was left behind”.

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Submission to the Human Rights Committee on the Draft General Comment No.36 on Article 6 of the ICCPR – Right to life

Priests for Life welcomes the opportunity to submit its observations on the draft General Comment No.36 Article 6 of the ICCPR – Right to Life. Priests for Life works to advance respect for the dignity of life and to ensure its protection at every stage of development from conception to natural death. This submission addresses our concerns with sections of the draft General Comment (GC) as they relate, and at times conflict, with advancement of human dignity and the right to life for all.

Inherent dignity of the human person

Paragraph 2 begins with the affirmation that Article 6 *“recognizes and protects the right to life of all human beings”* and asserts that it *“is most precious for its own sake as a right that inheres in every human being, but it also constitutes a fundamental right”*. Affirming the inherent right to life of every human being as precious and fundamental is a guiding principle for mankind.

The GC affirms that *“No one shall be arbitrarily deprived of his life”*, a statement that confirms that no human being should be perceived or treated as someone of little or no worth or not having a right to life.

Paragraph 3 upholds that *“The right to life is a right which should not be interpreted narrowly”* and that individuals are entitled to be *“free from acts and omissions intended or expected to cause their unnatural or premature death”*. This broad application makes no exception for any circumstance to justify a direct act that brings about *“unnatural or premature death”*.

Abortion advocacy conflicts with the right to life

Paragraph 9 is unacceptable as currently written.

Paragraph 9 presents a diametrically opposed view of the inclusive right to life presented in the preceding sections as it advocates for the taking of a life in abortion, cloaked in an euphemistic term that ignores the humanity and inherent right to life of the preborn child—*“regulate terminations of pregnancy”*. The only acknowledgement of the humanity of the child is in the proposal for abortion during circumstances when *“the foetus suffers from fatal impairment”* which advances death as a *“solution”* in a comment on *“the right to life”*.

There is no consideration in the GC of the fact that a preborn child can feel pain beginning at 20 weeks gestation—perhaps earlier— and that the violence of abortion is *“cruel, inhuman and degrading treatment or punishment”* as proscribed by article 7 of the ICCPR (prohibition of torture or cruel, inhuman or degrading treatment or punishment). Nor is there any recognition of the fact that the right to life of children in the womb is increasingly benefitting from in utero medical treatments and corrective surgeries.

The diverse laws of Member States on abortion are not respected in the GC. Globally, more countries protect the unborn in law and restrict access to abortion than allow abortion on demand. The 2014 U.N. report *“Abortion laws and other reproductive rights policies and data around the world”* reveals that *“only about one third of countries (36 per cent) permitted abortion for economic or social reasons or on request.”*¹

Paragraph 64 addresses the critical issue of violence against women and girls but the GC is devoid of any mention of this very first act of gender-based violence directed against girls—sex selection abortion. This deadly act of discrimination destroys the lives of tens of millions of girls but is shockingly absent in the GC. The right to life of baby girls needs to be protected around the world before birth if their lives are to be free of violence and discrimination after birth.

¹ United Nations, Department of Economic and Social Affairs, Population Division. Abortion policies and reproductive health around the world, 2014. <http://www.un.org/en/development/desa/population/publications/pdf/policy/AbortionPoliciesReproductiveHealth.pdf>

Paragraph 9 conflicts with Paragraph 2 and its admonishment that *“No one shall be arbitrarily deprived of his life”* and Paragraph 3: *“Article 6 guarantees this right for all human beings, without distinction of any kind including for persons suspected or convicted of even the most serious crimes.”*

The failure to apply the right to life to children in the womb creates an exception based on the distinction of their age— first stage of the life cycle— and location in the womb. Paragraph 2 rightfully affirms that the right to life *“is the supreme right from which no derogation is permitted”* acknowledging that the *“right to life has crucial importance both for individuals and for society as a whole”*.

Prenatal Right to Life

Paragraph 52 acknowledges the unborn child’s independent right to life by prohibiting application of the death penalty on pregnant women. Regrettably, there is a lack of consistency and cohesion in the GC’s selective and arbitrary acknowledgement of the right to life failing to apply it during the first stage of human life and only recognizing it prenatally when it is threatened by application of the death penalty.

This contrasts with the American Convention on Human Rights which recognizes the child’s right to life and prohibits the death penalty for pregnant women. The Convention acknowledges the right to life of the child existing from conception: *“Every person has the right to have his life respected. This right shall be protected by law and, in general, from the moment of conception. No one shall be arbitrarily deprived of his life.”*² The Convention also bans application of capital punishment to pregnant women: *“Capital punishment shall not be... applied to pregnant women.”*³

Duty to protect the right to life

The first line of the ICCPR Preamble declares, *“...recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,”* and *“Recognizing that these rights derive from the inherent dignity of the human person.”*

The ICCPR recognizes a duty stated in the Preamble that applies to all: *“Realizing that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the present Covenant.”*

The “recognition” that human beings have “inherent dignity” in Paragraph 2 is an acknowledgement that governments and international bodies can neither bestow nor remove human dignity. They exist to preserve and protect inherent rights beginning with the right to life, beginning when life begins—at conception—and ending at natural death. Paragraph 10 introduces concepts that endorse a “right to die”, in direct conflict to the right to life.

Paragraph 30 informs that *“The duty to protect life also implies that States parties should take appropriate measures to address the general conditions in society that may eventually give rise to direct threats to life or prevent individuals from enjoying their right to life with dignity”*. It can be argued that when government and society fail to provide a pregnant woman with the necessary support she needs for her child, fail to provide access to critical maternal health care, nutrition, and skilled birth attendance

² The American Convention on Human Rights, Inter American System of Justice, Article 4.1.

³ Ibid, section 5.

to ensure that both mother and child survive and thrive, they fail in their duty to adequately protect the right to life of both.

This failure manifests in the high rate of child mortality, especially newborn mortality, in the world today that ends the lives of over 2.9 million newborns a year. More than 800,000 babies — one in four newborns — die each year because they are born too soon or too small as a result of poor maternal nutrition.⁴

Conclusion

Abortion by its very nature is in conflict with the right to life. The lives of children living but not yet born are deserving of protection as members of the human family and holders of an independent right to life by virtue of their human status. By advancing abortion while denying preborn children a right to life, the HRC fails in its duty to protect the rights of all human beings.

This failure renders an unborn child's right to life contingent on whether or not she is "wanted" by another, considered "an inconvenience" or "a threat", or deemed "not perfect" enough.

Selective exclusion of the "right to life" for any member of the human family impacts the right to life of all by bestowing an arbitrary status to an inalienable right.

It is our collective duty to ensure that no one is left out and that all are assured of their right to life. This includes unborn children who, as the youngest and most vulnerable members of the human family, represent the most at risk group in the world today. The GC is in conflict as it advances abortion—a denial of the right to life based on arbitrary measures— while stating that "no one shall be arbitrarily deprived of his life and that the right shall be protected by law".

Priests for Life believes that the recognition of the "Right to life" for every human being cannot exclude the unborn or consider their inherent right to life "an exception" to the Article.

⁴ "Levels & Trends in Child Mortality", United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2013. http://www.data.unicef.org/fckimages/uploads/1410869227_Child_Mortality_Report_2014.pdf