



ADF INTERNATIONAL

32nd Session of the Human Rights Council
Interactive Dialogue with the Working Group on the issue of discrimination against
women in law and in practice (A/HRC/32/44)
Item 3

Mr. President,

ADF International, along with the co-sponsorship of 12 organizations and the support of over 106,000 individuals through a campaign on CitizenGO, takes note of the Report of the Working Group on the issue of discrimination against women in law and in practice and is concerned about most of its content. We agree that the right of women to have equal access to the highest attainable standard of health, to enjoy the benefits of scientific progress, and to healthcare services should be among the highest priorities of the UN, especially in cases where women face humiliating, degrading, and sometimes even violent treatment in the course of healthcare provision. We also stand against sex-based violence, including female genital mutilation and domestic violence, and deprivation of access to food and care.

In light of this, however, ADF International, along with its co-sponsors and supporters, must note with grave concern the overwhelming emphasis placed on abortion and contraception, as opposed to improving the overall standard of healthcare provision. Despite what the Working Group may believe, laws restricting abortion access are not necessarily borne out of a wish to control the bodies and sexual lives of women, but rather a respect for the inherent dignity and right to life of all human beings, including those not yet born.

Having said this, attention must be drawn to the fact that in almost every Member State, there is provision for the legality of performing lifesaving surgery on and providing medical care to pregnant women, even when this will have the necessary condition of terminating the pregnancy and the life of the unborn child. In keeping with the principle of double effect, where there is a serious threat to the lives of both the pregnant woman and her unborn child, preserving the life of the mother can be and should be achieved by any means necessary, and the difficulty of receiving such lifesaving treatment in Senegal is noted. Laws restricting elective abortion on social, economic, religious, or psychological grounds, however, are a matter on which individual Member States have the liberty to make their own decisions.

We deeply sympathise with women who are pregnant due to rape or incest, but nevertheless insist that the focus of the Working Group's mission must be to enable the provision of full and comprehensive healthcare to women with respect to psychological care and counseling and pre-natal care, without pressuring Member States to engage in abortion liberalisation. Trauma should not be added to trauma. Time and resources must also be invested in punishing the perpetrators of clandestine abortions, while ensuring that the women involved have full access to social support and medical care, both for the sake of their own health and for the health of their unborn children. We are gravely concerned with the Working Group's recommendation that "abortion should be systematically permitted for girls under the age of 16" in paragraph 72 of its Report on its mission to Senegal, and suggests instead that efforts be made to delay sexual initiation until adulthood rather than advocating for abortion for children without question.

It appears that a push for wholesale reform in legal restrictions on abortion is tied in with women's equality and healthcare, but this simply is not the case. Countries such as Poland, Malta, and Ireland, which are all part of the developed world and the European Union, have lower maternal death rates than even many of their fellow developed countries and other



ADF INTERNATIONAL

Member States with more liberal abortion laws. ADF International, along with its allies and co-sponsors, continues to contend that rather than advancing a polarising issue that strikes at the heart of the deeply-held social and moral conscience of many Member States, the Working Group needs to focus on aiding improvement in health infrastructure and bringing States that lack this into conformity with developed nations that share their social ideals in this respect.

With respect to the Report of the Working Group on its mission to the United States, we take issue with the regret expressed with regard to the Hyde Amendment prohibiting the use of federal funds for abortion except in very limited circumstances. In 2014, the Planned Parenthood Federation of America alone performed almost 324,000 abortions, which may make up anywhere from a third to a half of all abortions performed in the United States that year.¹ Planned Parenthood received over US\$500 million from the United States government in 2014 for non-abortion related expenses. ADF International and its allies and co-sponsors submit, however, that even in spite of the Hyde Amendment, federal aid to Planned Parenthood in addition to its own revenue effectively amounts to the funding of abortion by the United States government. Money from government grants that is spent on non-abortion related activities frees up Planned Parenthood's other funds to be directed towards abortion procedures and surgeries. Planned Parenthood has no shortage of its own funds to perform procedures which are unfortunately constitutionally entrenched in the United States, but federal funds are nevertheless used to buoy the organisation regardless of restrictions imposed by the Hyde Amendment, due to the fact that money is fungible and capable of mutual substitution.

We also reject the suggestion that individual States should not be able to place restrictions and requirements on abortion clinics operating within their jurisdiction when doing so is intended to safeguard the health and wellbeing of potential female patients. The fact that this may have the effect of limiting access to abortion is not inconsistent with the constitutional principles introduced by *Roe v. Wade* and subsequent Supreme Court cases. The suggestion that this should be federally pre-empted by a so-called Women's Health Protection Act is rejected. Most importantly, this falls outside the purview of the mandate of the United Nations, especially given the fact that the current abortion regime in the United States is a matter of domestic constitutional law and not compliance with international legal standards. The debate over the lawfulness of state laws in light of the United States Constitution is therefore a matter for that nation to resolve internally, and not something with which the international community should be involving itself.

Thank you, Mr. President.

¹ https://www.plannedparenthood.org/files/2114/5089/0863/2014-2015_PPFA_Annual_Report_.pdf