Exposing Liberia's Public Health Bill:

Liberia's Children & Parental Rights are NOT for Sale!

35 Harmful Provisions Inserted by Donor Countries

The following is an analysis of how Liberia's pending health bill advances the LGBT, abortion, SRHR and child sexual agendas of Sweden, the United Nations, RFSU, International Planned Parenthood Federation (IPPF) and many other Western donor countries and NGOs.

Disclaimer: *This analysis encompasses both the 2019 version of the health bill that was passed by the Senate and a newer 2020 draft version that was still under negotiation when this document was created. Therefore, the numbering of articles may be different, and some language may have changed. To verify if each harmful provision identified in this analysis remains, please obtain a digital copy of the current draft, and do a search for the language cited.*

CRITICAL CONTEXT FOR UNDERSTANDING THE MANY PROBLEMATIC PROVISIONS

- An emergency session of the Liberian House of Representatives has been called to be convened August 22 – Sept. 5, where it is likely that the highly controversial, 300-plus page Liberian public health bill (which might be more accurately named the Swedish health bill) will be voted on by the House. It has already passed the Senate.

- It has been alleged that a number of Liberian legislators have been given thousands of dollars by foreign entities to vote in favor of the bill. This alleged corruption needs to be investigated.

- This brief identifies over 30 serious problems deceptively embedded in the bill, reportedly, largely at the behest of foreign entities and donor countries. These harmful provisions include:

    - multiple provisions that will result in the sexualization of Liberia's children,
    - multiple provisions that abolish the rights of parents,
    - multiple provisions, which, if passed, will create the most extreme pro-abortion bill on the African continent legalizing abortion until birth for almost any reason,
    - multiple provisions that advance the homosexual and transgender agendas,
    - multiple provisions that create sexual and reproductive health rights that also encompass the points above,

    - multiple provisions that require the government to provide expensive, elective medical procedures such as artificial insemination and IVF.

- While the bill's more extreme abortion provisions have received much public attention and debate, little to no attention has been given to the many other serious hidden threats to Liberia's families and children carefully embedded throughout the bill like cockroaches in the ice cream.

- It is highly doubtful that any Liberian official or legislator drafted this bill as the bill has the clear fingerprints of IPPF, Sweden, RFSU and other Western donor agencies and utilizes the same anti-family, anti-life strategies and tactics that they routinely employ during UN negotiations. (See familywatch.org/ippfexposed for a series of webinars exposing IPPF. See https://tinyurl.com/4r5k8tex to see more about RFSU.)

- In fact, the Swedish embassy in Liberia contracted with RFSU to ensure the bill passes, and RFSU in turn founded and supports a network of ten Liberian organizations called Amplifying Rights Network (ARN) that have been groomed and trained to advance abortion, LGBT rights, and toxic sexuality education under the banner of SRHR, which is enshrined throughout the proposed health bill. Indeed, the Swedish government has unapologetically admitted it has manipulated the Liberian health bill and is pushing for its passage.

- A crude and vulgar RFSU video advertising RFSU's sex toys and condoms reveals what kind of sexual values Sweden would like to impose on Liberia through this bill. The Swedish SRHR strategy for Africa 2022-2026 also reveals that passing the SRHR bill in Liberia would be a major Swedish foreign policy achievement for Africa. This is sexual-social and cultural imperialism by Sweden at its worst.

- RFSU boasts of promoting SRHR in Liberia since 2017, focusing on abortion, controversial comprehensive sexuality education (CSE) and LGBT rights. For example, Sweden, through RFSU, partners with and funds among others a Liberian NGO called LEGAL (see LegalLiberia.org), which champions LGBT rights across Liberia.

- The AmplifyChange Network, a grant-making SRHR entity funded by the countries of Denmark, Norway, Sweden, the UK and the Netherlands along with mega-philanthropic entities, have issued grants to multiple Liberian NGOs to advance SRHR and the proposed bill.

- AmplifyChange is the 3rd largest LGBTI funder in the sub-Saharan Africa region.

- At the Liberian conference, the UN Special Rapporteur on the Right to Health, Tlaleng Mofokeng, was a keynote speaker, yet most Liberians would be aghast if they understood Mofokeng's true agenda for Africa, which is to sexualize children through CSE, promote

prostitution, abortion, LGBT rights and sexual rights at the expense of sexual health.

- Other foreign entities pushing for the SRHR bill include the Clinton Health Access Initiative and another Swedish organization called Kvinna till Kvinna that openly admit their goal is to push abortion and LGBT rights in Liberia.

- The negative impact of the bill's provisions if passed, as revealed in this analysis, must be taken seriously, and especially the SRHR provisions as they will be defined to encompass CSE (see StopCSE.org), abortion, LGBT, and anti-parental rights agendas.

ANTI-FAMILY STRATEGIES USED TO PASS LIBERIA'S DECEPTIVE HEALTH BILL

(As you conduct your own analysis of the bill, try to identify how each of the following common deceptive strategies used by donor countries and UN agencies have been incorporated in the draft bill.)

"Hide the Full Text of the Bill" Strategy – Make it nearly impossible for the public and/or even those negotiating the bill to get a complete, updated copy of the bill to analyze before a vote.

Demand to see the bill before it is voted on. This should be a right for every Liberian citizen. Public consultations for just a select few are not adequate. Liberians should demand transparency!

"Cockroach in the Ice Cream" Strategy – Imbed harmful provisions somewhat camouflaged in the middle of lists of essential services needed and wanted by all parties. This has been done throughout the bill.

"Useful Euphemism" Strategy – Use vague, elastic terms such as "reproductive health" and "reproductive rights" to advance abortion. Use "sexual health" or "sexual rights" to advance LGBT and child sexualization agendas. Use the term "gender" instead of "sex" to advance a
covert transgender agenda. And use "vulnerable" or "marginalized" groups as euphemisms to refer to LGBT persons, prostitutes, and sexually active youth and position them as victims needing special rights and protections. Use the euphemism "SRHR" to encompass all the above controversial agendas especially upon interpretation and implementation of SRHR policies. This has been done throughout the bill.

"Tsunami" Strategy – Insert deceptively worded SRH, sexualization education, abortion, and LGBT-inclusive provisions in multiple sections of the bill so if one is removed, a remaining provision in another section can be relied on and used. In the proposed health bill, multiple SRHR, abortion, comprehensive sexuality education (CSE), and anti-parental rights provisions were intentionally sprinkled and duplicated in multiple and different ways throughout the bill, making it quite a difficult task to even find them all, let alone remove them.

"Call it a Human Right" Strategy – Establish SRH and sexuality education as mandatory rights, which means government must make them available and cover all associated costs. This has been done throughout the bill.

"**All Persons" Strategy** – Use terms such as "all persons" when establishing mandates for government to provide services or to fulfil sexual rights so that children are included in the provision without making it obvious, thereby granting adult sexual rights prematurely to children and bypassing parents.

"Not limited to" Strategy – List only the noncontroversial elements when enumerating what specific bill provisions will encompass but then add the loophole "but not limited to" to leave room for attaching the more controversial part of your agenda. For example, the Liberian bill makes a list of what SRHR encompasses but then adds that SRHR is "not limited to" the items listed. This is very dangerous.

It cannot be overemphasized that if even one of the 35 points below remains in the bill the bill should be opposed and voted down.

The full health bill provision for each problematic issue identified in the 35 points below is provided in the endnotes.

Liberia's Public Health Bill:

SEXUALIZES CHILDREN

1. Establishes "sexuality education" as a "right" for Liberia's adolescents and defines adolescents as children as young as age 10 (see 49.2(h-j),[1] 49.3(a),[2] 49.4(a-b)[3]), thereby granting 10-year-olds access to sexual materials without parental consent. Makes "sexuality education" mandatory for Liberian children, thereby completely disrespecting and overriding the rights of parents to protect their children from the harmful sexuality materials published by UN agencies and funded by donor countries (see 49.9).[4] (Also see familywatch.org/unfpa and familywatch.org/unesco for additional information on these UN agencies.)

2. Dictates that this mandatory "sexuality education" must include teaching Liberian children about the controversial topics of both "sex" and "sexuality" without any limitations beyond the deceptive and vague "age-appropriate" qualifier, which is unspecified**.** (49.1 (p)).[5] This "age-appropriate" qualifier is always inserted by advocates, funders and implementers of "comprehensive sexuality education" because they know it makes conservative parents and religious leaders think what will be taught will be appropriate. But the UN agencies and donor countries' concept, upon interpreting and implementing "age-appropriate" sexuality education provisions, is radical beyond belief. For example, the World Health Organization (WHO) recommends as "age-appropriate" teaching children ages 0-4 about masturbation and gender identities, and teaching 9-year-olds about orgasm and same-sex relationships. (See

familywatch.org/WHO) and https://tinyurl.com/pwn8e69a for additional information on the World Health Organization.)

3. Creates an intentional loophole by conveniently not defining "sexuality," leaving the door wide open for using the World Health Organization's (WHO) definition for "sexuality" encompassing LGBT identities, sexual pleasure, eroticism and more. This in turn opens the door for donor entities to fund and implement graphic, sexualizing, LGBT-indoctrinating, comprehensive sexuality education (CSE) programs championed in Liberia by UN agencies, IPPF-affiliated NGOs (and thus RFSU) and the Swedish government. In fact, next to decriminalizing abortion in Liberia, sexualizing Liberia's children through CSE is a key policy goal for Sweden, IPPF, UN agencies and their allies. Passing Liberia's bill would be a major win for them. (See the Swedish SRHR strategy for Africa 2022-2026.)

4. Although the bill does provide a definition for "sexuality education," the definition is intentionally broad, vague and encompasses innocent-sounding components. However, the bill's definition closely mirrors the IPPF and the UN talking points for their sexualizing, LGBT-indoctrinating CSE programs as follows:

Section 49.1 (p)[6] states that "sexuality education" refers to the provision of information about:

> **"bodily development"** – See excerpts from an SRHR manual for adolescent youth published by multiple UN agencies that actually encourages children to send sext messages (nude photos and videos by text) to peers as part of exploring their bodily development. See at this link: https://tinyurl.com/56cbph66.
>
> **"sex"** – This can encompass anal, oral and vaginal sex, sex toy use, and solo and mutual masturbation. See examples at this link: https://tinyurl.com/2aapbjrr.
>
> **"sexuality"** – As explained earlier, the UN definition for "sexuality" encompasses gender identity, sexual orientation, sexual pleasure, eroticism, sexual fantasy and more. See examples at this link: https://tinyurl.com/4hccsx2j.
>
> **"relationships"** – What kind of relationships? Sexual relationships? Homosexual relationships? The ESA teacher training module for CSE encourages African teachers to normalize sexual relations between homosexuals. See examples at this link: https://tinyurl.com/3buwchvf.
>
> **"skills-building"** – What kind of sexual skills building? How to give and receive sexual pleasure? How to put on male and female condoms at young ages? See examples at this link: https://tinyurl.com/3p3pptm8.
>
> **"to help young people communicate about … sex"** – Is this the role of government or schools? To help children to be comfortable talking about sex? At what age? That is one thing pedophiles do to groom children. Also many inappropriate UN-published sexuality

education programs have activities specifically designed to get children more comfortable talking about sex with each other and with adults, asking them to brainstorm every sexual term or act they have heard and write it on the board. See examples at this link: https://tinyurl.com/5n7pwx5u.

"make informed decisions" – This can mean if children are given enough information so that they have been "informed" (as assessed by a worker at a "youth friendly" clinic usually operated by the UN or donor countries), the child can make their own sexual health decisions including decisions about abortion, cross-sex transgender medical procedures, etc. without their parents being involved.

"regarding sex" – Children don't possess the capacity to make good decisions about sex no matter how "informed" they may be as their brains are not fully developed. They need to be encouraged to avoid sex as children, not to be taught how to have sex.

"and their sexual health" – "Sexual health" is a Trojan horse term used by IPPF and the UN to advance the abortion, promiscuity and LGBT-rights agenda. (Watch a four-minute video about "sexual health" as defined by the UN, the World Bank, and IPPF at this link: https://familywatch.org/srh.

5. Requires Liberia's children be taught to "negotiate" sexual relationships (see 49.11(b)).[7] UN-published sexuality education programs with this component often require children to do role plays where they practice seducing each other in front of the class under the guise of teaching children how to obtain "consent." Children of minor age should be taught refusal skills and not be groomed for early sex. See examples of role plays from African CSE programs here: https://tinyurl.com/4c3p8rfw

6. Gives children as young as age 10 the right to have sex, the right to abortion and other controversial "sexual rights," which are a component of "sexual and reproductive rights" independent from their parents if the child qualifies as being sexually active. Sadly, the provisions mandating CSE be taught to children will empower them to become sexually active.

7. Requires that sexuality education programs teach children about "sexual and reproductive rights (SRR)." If donor countries and UN agencies do the same thing in Liberia that they have done in other African countries, teaching children about SRR and SRHR will encompass teaching that abortion, transgender and homosexual expression, sexual pleasure, and promiscuity are all "sexual rights" that Liberians must respect and protect (see section 49.11(d)).[8] Again, parents would have no say.

8. Mandates "specialized education [i.e., SRHR indoctrination] for children, adolescents and marginalized groups on sexual and reproductive health and rights" (see section 49.2 (i))[9] again, bypassing the parents. The term "marginalized groups" is now always rejected by the African voting bloc at the UN as it is known to be used as code by UN agencies for LGBT-identifying persons, sexually active children, and adult and child prostitutes.

9. Obligates the government to ensure Liberians have satisfying sex lives as it establishes "sexual health" as a right to be created and protected by Liberia's government and then defines "sexual health," in part, as the ability to have a satisfying sex life (see 49.1 (n)).[10] Is this the appropriate role of government? Should Liberia be diverting funds away from life necessities to advance sexual pleasure and sexual satisfaction for its citizens?

10. Gives children as young as age 10 the right to have sex in yet another provision **by deceptively prohibiting "age discrimination"** in the context of SRHR (see 49.2b)[11] and by establishing "sexual rights," which are part of "sexual and reproductive rights" for adolescents. (See this video also exposing the radical SRHR agenda for youth at https://familywatch.org/srhr/.)

11. Requires highly explicit and harmful "sexuality education" be given to primary school children as well older children (see section 49.10 (a);[12] see also "War on Children: The
Comprehensive Sexuality Education Agenda" at StopCSE.org). To protect children from teen pregnancy and STDs, what should be mandated is sex education or sexual risk avoidance education, not graphic sexuality education.

12. Requires "out of school" sexuality education programs be taught to children 10 years of age and up as an obligation to be ensured by the Ministry of Health and the Ministry of Youth and Sports (see 49.10 (b)).[13] Alarmingly, where out of school programs have been facilitated in other African countries such as Zimbabwe, Malawi, and Zambia by UN agencies and donor countries, the CSE materials taught away from the supervision of vigilant teachers and parents have promoted oral sex, anal sex, masturbation, pedophilia, bestiality, transgenderism, homosexuality, abortion and more, paid for by multiple donor countries and UN agencies. If the bill passes, this type of sexuality education also will also be taught in Liberia's after school
and community programs far away from the eyes and ears of parents. See examples of such sexualizing out of school, UN-supported CSE manuals here:

- **CSE for Out of School Young People in Zimbabwe**

  Harm Analysis | Facilitator Manual | Slides of excerpts from manual

- **CSE for Out of School Young People in Malawi**

  Harm Analysis, Facilitator Manual

- **CSE for Out of School Young People in Zambia**

  Harm Analysis, Participant Workbook

PROMOTES TRANSGENDERISM AND THE HOMOSEXUAL AGENDA

13. Advances homosexuality in Liberian law and society by establishing "sexual orientation" as a protected class in nondiscrimination law (see 7.2.5 of the draft 2020 version).[14] While this

might seem like a good idea to protect homosexuals from violence, when it is applied broadly to health law, it opens the door for other homosexual demands and lawsuits. For example, demands for nondiscrimination in sex education by mandating Liberian children be taught about same-sex relations and sexual acts equally along with heterosexual sex education. When applied more broadly, it often leads to legalization of same-sex marriage or fines for "hate speech" for publicly citing scriptures that condemn homosexual sex.

14. Opens the door to the transgender agenda, which calls for ending discrimination based on "gender" (see section 49.2 (b)).[15] This is because "gender" is specifically defined in the bill, not as male and female, but instead as a vague, unquantifiable concept, which allows for it to
encompass transgenderism. It is also problematic since "gender" is defined by the UN and donor countries to include multiple transgender identities. Thus, the term "gender" should be replaced in the bill with the term "sex."

15. The bill uses the term "vulnerable populations," which, like "marginalized populations," is a known euphemism encompassing the LGBT community and defined by the UN to encompass "men who have sex with men," LGBT-identifying adolescents, prostitutes and drug users.
Further, the HIV/AIDS section of the bill mandates that the Ministry of Health and the Ministry of Youth and Sports "must ensure" youth are taught about the "human rights" of "vulnerable populations" (i.e., LGBT populations) (see 14.26(B)(i) of the draft 2020 version).

ABOLISHES PARENTAL RIGHTS

16. Recognizes the status of "legally emancipated adolescent" defined as a child who is no longer under the care of their parents. According to the bill, such a child (for example a rebellious child who runs away) can **"**consent for medical or surgical care without parental permission." In the U.S., this status has harmed families as children who identify as LGBT and whose parents disapprove, have run away from home and successfully petitioned a judge to
"emancipate" them, essentially legally divorcing themselves from their parents so they can get transgender hormones and surgeries. Yet the teenage years are a volatile stage of development, a time when children may need more parental involvement and guidance, not less (see definition for "legally emancipated adolescent" in section 49.1(h).[16]

17. As if anticipating pushback against CSE from parents and religious leaders, article 49.10(c)[17] stipulates that if some sexuality education materials are considered "inappropriate," ministers should incorporate "special modules" and "strategies," yet these are undefined.

18. Strips away, again and again, in multiple provisions, the right of parents to guide the education of their children and to direct the health services for their children (see sections
49.4 (a-c),[18] 49.9,[19] 49.10,[20] and 49.11[21]).

19. Requires doctors and schools to hide from parents the health information and services given to their children (see section 49.4(c)).[22] This could include abortion and transgender medical interventions that render children infertile for life.

20. Requires SRH service providers to also keep a child's health services confidential from their parents (see section 49.7).[23]

21. Requires health practitioners to teach children how to secretly bill their parents' insurance for SRH services without their parents' knowledge, services which could encompass abortions, contraceptives, transgender procedures, etc. without their parents' knowledge or consent (see section 49.4(c) i-vi)).[24] This is a major strategy that IPPF and their affiliates use to get paying customers for their SRH clinical services.

ENSHRINES CONTROVERSIAL SRR/SRHR IN LIBERIAN LAW

22. Establishes controversial "sexual and reproductive rights" (SRR) as essential health rights for all Liberians, even though this is a term that Liberia always rejects in UN negotiations as part of the African voting bloc. This is because SRR is defined by the UN and donor countries, including the European Union, to encompass LGBT and abortion rights as well as sexual rights for children and sexuality education that encourages promiscuity at an early age. (See Subchapter A. Sexual and Reproductive Rights and section 49.2.[25] See also an eight-minute video exposing the SRR/SRHR agenda at this link: https://familywatch.org/roadtonairobi.)

ESTABLISHES SRH SERVICES AS A RIGHT

23. Makes "sexual and reproductive health services" (which the UN and donor countries define to encompass abortion, child sexualization education, and even transgender surgeries), a right for every Liberian, and thus, for children too (see section 49.9,[26] and 49.10[27]; see also this four-minute video exposing the SRH agenda at https://familywatch.org/srh).

24. Requires Liberia's Ministry of Health to ensure children are referred to SRH clinics, thereby generating customers for IPPF and their aligned partner clinics. Conveniently, once sexualized through CSE, children will be dependent upon such services (see section 49.11(h)).[28]

ARTIFICIAL INSEMINATION

25. Creates a right for "all citizens" (this includes children) to "access" (this means government must provide it) expensive "artificial insemination" procedures and other "reproductive technologies" (this can include expensive in vitro fertilization) (see 49.2(e)).[29] This is not even provided as a right in the majority of developed countries because of the financial implications involved. How is Liberia going to afford this?

26. May require the government to provide artificial insemination for lesbian couples as the bill does not require couples to be married or to be of the opposite sex to receive such services. This violates the right of children "to know and be cared for by his or her parents" as called for in Article 7-1 of the UN Convention on the Rights of the Child if this service is allowed or provided to lesbian couples.

LEGALIZES ABORTION THROUGH ALL STAGES OF PREGNANCY

Warning: *This bill creates one of the most liberal abortion laws on the African continent,* legalizing abortion at all stages, ironically and very deceptively in the provision titled "Prohibited Abortion."

Abortion up to 24 weeks

27. Deceptively legalizes abortion up to 24 weeks gestation. First, abortion is established as a felony but then the bill creates an easy-to-qualify-for legal loophole called "justified abortion" (see section 49.6.2).[30] To qualify for a legal loophole of "justified abortion" before 24 weeks, all a mother has to do is (a) certify her consent to have her baby killed, and (b) to have her abortion "in an environment in conformity with medical standards" or that "not pose any harm to the person's health" (see section 49.6.1 (a)).[31]

Abortion up until birth

28. Legalizes elective abortion at all stages of pregnancy, even up until birth, basically legalizing even infanticide of pre-born children right before birth (see section 49.6.1(b),[32] 49.6.2(b))**.**[33] The bill does this by also deceptively establishing abortion after 24 weeks gestation as a felony to give the appearance of being harsh on abortion. However, the bill then then creates multiple, convoluted and multifaceted loopholes that may sound stringent but that are actually very easy to qualify for.

Moreover, the abortion provisions are written in a way that facilitates abortions in "sexual and reproductive health" service clinics instead of hospitals, like those aligned with Planned Parenthood that often do not have real medical doctors in house. For example, the bill does not even require abortions to be performed by licensed physicians, instead allowing "authorized" "birth practitioners" to perform abortions if they simply claim there is a "substantial risk" that continuance of the pregnancy would either (see section 49.6.2(b):[34]
Note: Only one of the following conditions must be met to have a legal abortion.

- A "risk" that the pregnancy might "impair the physical or psychological health of the mother." [**Note:** the "psychological health of the mother" loophole is an overly broad, vague exception which the bill conveniently does not even define. For example, a mother could simply claim they might be unhappy or feel anxiety if they deliver their baby in order to qualify.]

  or

- A "substantial risk" that "the child would be born with fetal abnormalities." [**Note:** What kind of abnormalities? What constitutes a "substantial risk" since every pregnancy has a risk for abnormalities. How will "abnormalities" be defined? How serious must they be? Do they have to be permanent or untreatable? What if the "birth practitioner" does not have the technology to see inside the womb? What if the doctor or birth

practitioner are wrong as has happened on many occasions when a baby has been born perfectly normal despite the diagnosis of an abnormality? Are only totally perfect babies deemed fit to live? The bill is silent on all these matters.]

or

- That "the pregnancy resulted from rape, incest." [**Note:** Rape is easy to claim]. or
- If the mother had intercourse and is "below the age of eighteen." [**Note:** This generally legalizes abortion for any reason through all stages of pregnancy for all pregnant mothers who are minors unless they became pregnant using reproductive technologies instead of having sex.]

The "practitioner" only needs to obtain "a signed consent form from the mother."

- Certify "in writing the circumstances which the practitioner [**Note:** Again, not a doctor] believes to justify the abortion," and
- Co-sign the document along with either their "supervisor" or " the head of the health facility." [**Note:** This provision does not even require a doctor's authorization and can make pregnant mothers vulnerable to abortion providers who receive a financial benefit if the mother agrees to abortion.]
- Preserve the signed forms as part of the abortive mother's health record.

All the above might be required for any medical procedure and is easily done.

29. The bill establishes the act of "self-abortion" as legal as long as the following simple requirements are met: (a) a "health professional" is involved, (b) it is done through non-violent means, and (c) if the mother involves a "skilled birth practitioner" in their self-abortion. (This is usually done by receiving abortion pills at a clinic and then returning for post abortion care.) If the mother does not comply with the above and induces her own abortion, then self-abortion is only a minor misdemeanor under this bill (see section 49.6.1(c).[35]

30. Broadly legalizes the so-called morning after pill, which many consider to be an abortifacient as it prevents a fertilized egg from implanting in the mother's womb (see 49.6.4).[36]

31. Disrespectfully refers to unborn children as "the products of conception," a phrase promoted by IPPF and UNFPA and their pro-abortion allies to dehumanize the unborn person and to destigmatize abortion in general (see definition for abortion in section 49.1(a)).[37]

32. Requires the Minister of Health to adopt international standards for maternal healthcare (see section 49.5 (b)).[38] International standards promoted by WHO (which has been corrupted by donor countries), usually include abortion and CSE as key components of maternal health.

33. Grants broad powers to the Minister of Health to create additional health policies. For example, should the health minister decide to prohibit counselors or health clinics or crisis pregnancy centers from encouraging a girl or woman to keep her baby even if the woman is seeking an abortion, the minister could make that illegal (see section 49.8(c)).[39] Planned Parenthood does this aggressively in the U.S. and in other countries wherever they can because if mothers are encouraged to give birth to their child, they lose paying customers, and thus, a lot of their revenue as abortion is a main part of their business.

GRANTS DICTATORIAL POWERS TO HEALTH OFFICIALS

34. Transfers almost dictatorial powers to the health minister in the event a perceived health emergency defined quite broadly as any threat to "health, life, property or the environment." Further stipulates that a public health official may even be "authorized to act outside the area of authority of the public health officer" during declared health emergencies (see section 45 of Part V Public Health Measures of the draft 2020 version).

35. Requires Liberia to align its health laws and policies to the highly controversial International Health Regulations (IHRs) of the WHO (draft 2020 version). This is not surprising as WHO is one of the major entities pushing the bill. The IHRs are an ever-evolving set of health regulations.

The Time to Act is Now!

Every Liberian citizen who cares about protecting Liberia's children, the rights of Liberia's parents, Liberian families, and Liberian religious and cultural values must act now!

Parents, religious and community leaders, government officials and politicians all across Liberia must arise and protest the health bill.

PLEASE TAKE THE FOLLOWING ACTION STEPS

1. DEMAND the public get to see the ENTIRE bill (not just a deceptive outline) BEFORE it is voted on! Don't let them pass this bill in darkness in an emergency session called by parliament. THE PEOPLE HAVE A RIGHT TO KNOW. Make your parliamentary representatives accountable by demanding transparency. Let the people see the bill!

2. CONDEMN the emergency Senate session being called Aug. 20-Sept 5, in part to pass this bill.

3. DEMAND removal of all the SRH provisions which liberalize abortion, especially the deceptive provisions that legalize abortion at all stages utilizing the notorious and deceptive "psychological health" of the mother loophole. This allows doctors to recommend abortion for any reason through nine months of pregnancy, basically legalizing infanticide right before birth.

[**NOTE:** All mothers have a right to an emergency delivery at all stages of pregnancy to save their life. However, they don't have a right to have the doctor intentionally kill the baby before or during birth in a deliberate separate act. The law needs to be rewritten to ensure that all efforts be made to save both mother and child and for government to facilitate the adoption of babies that mothers are unable to care for.]

4. **DEMAND** removal of the multiple provisions that abolish parental rights and create child sexual rights under the deceptive banner of SRHR and SRH services.

5. **DEMAND** your parliamentary representatives reject the bribes (envelopes) being offered by Sweden and donor partners and to instead protect Liberia's families and sovereignty.

Liberia's children and families are not for sale!

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[1] **§49.2. Sexual and Reproductive Rights**

All individuals have the right to attain the highest standard of sexual and reproductive health and to make informed choices regarding their sexual and reproductive lives free from discrimination, coercion, or violence. Sexual and reproductive rights include, but are not limited to, the right to:

(h) information, education and services on all matters of sexual and reproductive health, including infertility, menopause and reproductive cancers;

(i) specialized education for children, adolescents and marginalized groups on sexual and reproductive health and rights;

(j) receive information about one's health condition and any medical care required;

[2] **§49.3. Access to sexual and reproductive healthcare and family planning services**

The Minister shall adopt regulations to ensure access to quality and acceptable sexual and reproductive health and family planning services, information, and education. The regulations shall ensure:

(a) Access to information, diagnosis, preventive services and treatment of medical and surgical conditions affecting reproductive health, including sexually transmitted infections, breast and cervical cancer,
prostate cancer, sexual dysfunction, obstetric fistula and other reproductive health conditions;

[3] **§49.4. Adolescent sexual and reproductive health**

The Minister shall, in consultation with health professionals and other stakeholders, develop regulations, policies, and guidelines to facilitate the provision of sexual and reproductive health services specifically aimed at adolescents including the protection of adolescent from physical and sexual violence and discrimination, cultural practices that violate the sexual and reproductive health rights of the adolescents.

If an adolescent fits one of the following categories, he/she may consent to all sexual and reproductive healthcare services without the consent of a parent or guardian:

i. the adolescent who is married or has been married;
ii. the adolescent is sexually active;
iii. if she is pregnant;
iv. If he/she is a parent;
v. the adolescent has been legally emancipated by a court or by conduct;
vi. if, in the opinion of the care provider, the health of the adolescent will be at risk if services are not provided.

[4] **§49.9. Right to Sexuality Education**

All adolescents have the right to attain the highest standard of age appropriate and gender sensitive sexuality education and to make informed choices regarding access to sexual and reproductive health care services free from discrimination, coercion, or violence.

[5] **§49.1. Definitions**

As used in this Section and in any rules made thereunder, unless expressly stated or the context otherwise requires, the following terms have the meanings ascribed to them:

(p) "Sexuality education" refers to the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help young people communicate about and make informed decisions regarding sex and their sexual health.

[6] Ibid.

[7] **§49.11. Components of quality sexuality education**

A quality sexuality education curriculum shall:

(b) Provides lessons and activities promoting equality between men/boys and women/girls, zero tolerance for any form of violence against women and girls or any form of sexual exploitation of children, and the capacity of all persons to negotiate their sexual and other relationships so as to protect themselves and
others by reducing or eliminating the risk sexually transmitted infection and being able to avoid sexual violence and coercion, as well as self-esteem and other life skills.

[8] **§49.11. Components of quality sexuality education**

A quality sexuality education curriculum shall:

(d) Information about the sexual and reproductive rights and responsibilities of girls and boys, including girl's right to refuse sex and the right and ability to negotiate safer sex and the right to access health and reproductive services independently; and boy’s responsibilities to take equal responsibility for sexual and reproductive health and outcomes; to avoid rape, sexual assault and domestic violence, inside and outside marriage.

[9] **§49.2. Sexual and Reproductive Rights**

All individuals have the right to attain the highest standard of sexual and reproductive health and to make informed choices regarding their sexual and reproductive lives free from discrimination, coercion, or violence. Sexual and reproductive rights include, but are not limited to, the right to:

(i) specialized education for children, adolescents and marginalized groups on sexual and reproductive health and rights;

[10] **§49.1. Definitions**

As used in this Section and in any rules made thereunder, unless expressly stated or the context otherwise requires, the following terms have the meanings ascribed to them:

(n) "Sexual health" means the ability to have a satisfying and safe sex life.

[11] **§49.2. Sexual and Reproductive Rights**

All individuals have the right to attain the highest standard of sexual and reproductive health and to make informed choices regarding their sexual and reproductive lives free from discrimination, coercion, or violence. Sexual and reproductive rights include, but are not limited to, the right to:

(b) protection from gender, religious, ethnic or age discrimination as well as harmful cultural practices;

[12] **§49.10. Duty to ensure access to sexuality education**

The Ministry of Health shall work with the Ministry of Education, Ministry of Gender, and Ministry of Youth and Sports to ensure access to quality sexuality education

(a) Ministry of Health shall work with the Ministry of Education to include quality sexuality education in the curriculum of the basic primary, secondary and tertiary levels including formal, non-formal and indigenous learning systems.

[13] **§49.10. Duty to ensure access to sexuality education**

The Ministry of Health shall work with the Ministry of Education, Ministry of Gender, and Ministry of Youth and Sports to ensure access to quality sexuality education

(b) The Ministry of Health shall work with the Ministry of Youth and Sports to ensure adolescents receive quality sexual education out of school in community settings.

[14] **§7.2. Guiding Principles.**

The exercise of all powers and authority granted by this Act shall conform to the following guiding principles:

5. Nondiscrimination: The Minister, County Health Officer and Local Authority shall not discriminate in an unlawful manner against individuals on the basis of their race, ethnicity nationality, religious beliefs, sex, sexual orientation, or disability status;

[15] **§49.2. Sexual and Reproductive Rights**

All individuals have the right to attain the highest standard of sexual and reproductive health and to make informed choices regarding their sexual and reproductive lives free from discrimination, coercion, or violence. Sexual and reproductive rights include, but are not limited to, the right to:

(b) protection from gender, religious, ethnic or age discrimination as well as harmful cultural practices;

[16] **§49.1. Definitions**

As used in this Section and in any rules made thereunder, unless expressly stated or the context otherwise requires, the following terms have the meanings ascribed to them:

(h) "Legally emancipated adolescent" means a person who is not legally an adult but who, because he or she is married, or is otherwise no longer under the care, supervision and control of his/her parents; exercises general control over his/her own life including giving effective consent for medical or surgical care without parental permission.

[17] **§49.10. Duty to ensure access to sexuality education**

The Ministry of Health shall work with the Ministry of Education, Ministry of Gender, and Ministry of Youth and Sports to ensure access to quality sexuality education

(c) If, for any reason, the integration of the information into the curricula is considered inappropriate, the aforementioned ministries shall develop special modules and strategies sexuality education.

[18] **§49.4. Adolescent sexual and reproductive health**

(a) The Minister shall, in consultation with health professionals and other stakeholders, develop regulations, policies, and guidelines to facilitate the provision of sexual and reproductive health
services specifically aimed at adolescents including the protection of adolescent from physical and sexual violence and discrimination, cultural practices that violate the sexual and reproductive health rights of the adolescents.

If an adolescent

(b) fits one of the following categories, he/she may consent to all sexual and reproductive healthcare services without the consent of a parent or guardian:

i. the adolescent who is married or has been married;
ii. the adolescent is sexually active;
iii. if she is pregnant;
iv. If he/she is a parent;
v. the adolescent has been legally emancipated by a court or by conduct;
vi. if, in the opinion of the care provider, the health of the adolescent will be at risk if services are not provided.

(c) The health care provider shall keep these services confidential. To help ensure confidentiality healthcare providers shall:

(i) explain to the parent that the minor should be seen confidentially and ask the parent to notify the insurance company that you treated the minor confidentially based on his/her own consent and that disclosure of the information would be contrary to the patient's best interests.
(ii) discuss insurance. billing and alternative forms of payment with the minor.
(iii) educate the billing section of the care institution about the adolescent's rights to confidentiality and be sensitive to the information on bills sent home.
(iv) consult with legal counsel before releasing any medical records that might result in harm to the minor.
(v) ask the minor for alternative contact information (address and phone numbers where the adolescent can be reached) if the patient does not want to be contacted at home.
(vi) inform the patient if billing or the insurance claims process may compromise confidentiality.

[19] **§49.9. Right to Sexuality Education**

All adolescents have the right to attain the highest standard of age appropriate and gender sensitive sexuality education and to make informed choices regarding access to sexual and reproductive health care services free from discrimination, coercion, or violence.

[20] **§49.10. Duty to ensure access to sexuality education**

The Ministry of Health shall work with the Ministry of Education, Ministry of Gender, and Ministry of Youth and Sports to ensure access to quality sexuality education

(a) The Ministry of Health shall work with the Ministry of Education to include quality sexuality education in the curriculum of the basic primary, secondary and tertiary levels including formal, non-formal and indigenous learning systems.

(b) The Ministry of Health shall work with the Ministry of Youth and Sports to ensure adolescents receive quality sexual education out of school in community settings.

(c) If, for any reason, the integration of the information into the curricula is considered inappropriate, the aforementioned ministries shall develop special modules and strategies sexuality education.

[21] **§49.11. Components of quality sexuality education**

A quality sexuality education curriculum shall:

(a) Include information about puberty and reproduction, abstinence, contraception and condoms, relationships, sexual violence prevention, body image
(b) Provides lessons and activities promoting equality between men/boys and women/girls, zero tolerance for any form of violence against women and girls or any form of sexual exploitation of children, and the capacity of all persons to negotiate their sexual and other relationships so as to protect themselves and others by reducing or eliminating the risk sexually transmitted infection and being able to avoid sexual violence and coercion, as well as self-esteem and other life skills
(c) Include information on the causes, modes of transmission and ways to prevent Sexually Transmitted Infections, including HIV, as described in Chapter 12 of this Title.
(d) Information about the sexual and reproductive rights and responsibilities of girls and boys,

including girl's right to refuse sex and the right and ability to negotiate safer sex and the right to access health and reproductive services independently; and boy's responsibilities to take equal responsibility for sexual and reproductive health and outcomes; to avoid rape, sexual assault and domestic violence, inside and outside marriage.
(e) Be scientifically accurate, age-specific and, as appropriate, in local languages.
(f) Established reporting and referral procedures that both protect confidentiality and ensure adolescent's needs are addressed.
(g) Include information about where to access sexual and reproductive health services
(h) Not be limited to traditional media, or forums, but communicate information through a variety of media channels.

[22] **§49.4. Adolescent sexual and reproductive health**

(c) The health care provider shall keep these services confidential. To help ensure confidentiality. healthcare providers shall:

(i) explain to the parent that the minor should be seen confidentially and ask the parent to notify the insurance company that you treated the minor confidentially based on his/her own consent and that disclosure of the information would be contrary to the patient's best interests.

(ii) discuss insurance. billing and alternative forms of payment with the minor.

(iii) educate the billing section of the care institution about the adolescent's rights to confidentiality and be sensitive to the information on bills sent home.

(iv) consult with legal counsel before releasing any medical records that might result in harm to the minor.

(v) ask the minor for alternative contact information (address and phone numbers where the adolescent can be reached) if the patient does not want to be contacted at home.

(vi) inform the patient if billing or the insurance claims process may compromise confidentiality.

[23] **§49.7. Confidentiality and Privacy**

It is unlawful to disclose to a third party any information about an individual obtained in connection with the provision of sexual or reproductive health services, except under the following circumstances:

(a) Prior written consent for the disclosure has been obtained from the individual or, in case of incapacity, the individual's representative. Provided that a minor shall not be deemed incapacitated under this provision because of his/her minority;
(b) Disclosure is made to other health personnel for the purpose of furnishing healthcare services to the individual;
(c) Disclosure is made pursuant to the order of a court of competent jurisdiction;
(d) Disclosure is otherwise permitted or required by other provisions of this Title or other laws.

[24] **§49.4. Adolescent sexual and reproductive health**

(c) The health care provider shall keep these services confidential. To help ensure confidentiality. healthcare providers shall:

(i) explain to the parent that the minor should be seen confidentially and ask the parent to notify the insurance company that you treated the minor confidentially based on his/her own consent and that disclosure of the information would be contrary to the patient's best interests.

(ii) discuss insurance. billing and alternative forms of payment with the minor.
(iii) educate the billing section of the care institution about the adolescent's rights to confidentiality and be sensitive to the information on bills sent home.
(iv) consult with legal counsel before releasing any medical records that might result in harm to the minor.
(v) ask the minor for alternative contact information (address and phone numbers where the adolescent can be reached) if the patient does not want to be contacted at home.
(vi) inform the patient if billing or the insurance claims process may compromise confidentiality.

[25] **§49.2. Sexual and Reproductive Rights**

All individuals have the right to attain the highest standard of sexual and reproductive health and to make informed choices regarding their sexual and reproductive lives free from discrimination, coercion, or violence. Sexual and reproductive rights include, but are not limited to, the right to:

(a) quality and accessible sexual and reproductive health care services;
(b) protection from gender, religious, ethnic or age discrimination as well as harmful cultural practices;
(c) decide freely and responsibly the number, spacing, and timing of one's children, and to have access to safe, effective, affordable and acceptable methods of family planning of one's choice;
(d) safe pregnancy, childbirth, antenatal, natal, and post-natal care and services;
(e) access safe reproductive technologies, including artificial insemination;
(f) safe and accessible abortion-related care as provided for in this Chapter;
(g) information, counseling and services for the prevention and treatment of sexually-transmitted infections;
(h) information, education and services on all matters of sexual and reproductive health, including infertility, menopause and reproductive cancers;
(i) specialized education for children, adolescents and marginalized groups on sexual and reproductive health and rights;
(j) receive information about one's health condition and any medical care required;
(k) confidentiality of any medical or other information obtained by healthcare providers;
(l) freely consent to the reproductive healthcare and services obtained;
(m) prenatal diagnostics for the purpose of identifying fetal diseases and deformities;
(n) essential newborn care and prevention, early detection and management of complications during the newborn period;
(o) protection from unsafe cultural practices that have the proclivity to cause complications before and during the delivery of a child, and the right to reject same.

[26] **§49.9. Right to Sexuality Education**

All adolescents have the right to attain the highest standard of age appropriate and gender sensitive sexuality education and to make informed choices regarding access to sexual and reproductive health care services free from discrimination, coercion, or violence.

[27] **§49.10. Duty to ensure access to sexuality education**

The Ministry of Health shall work with the Ministry of Education, Ministry of Gender, and Ministry of Youth and Sports to ensure access to quality sexuality education

(a) The Ministry of Health shall work with the Ministry of Education to include quality sexuality education in the curriculum of the basic primary, secondary and tertiary levels including formal, non-formal and indigenous learning systems.
(b) The Ministry of Health shall work with the Ministry of Youth and Sports to ensure adolescents receive quality sexual education out of school in community settings.
(c) If, for any reason, the integration of the information into the curricula is considered inappropriate, the aforementioned ministries shall develop special modules and strategies sexuality education.

[28] **§49.11. Components of quality sexuality education**

A quality sexuality education curriculum shall:

(h) Not be limited to traditional media, or forums, but communicate information through a variety of media channels.

[29] **§49.2. Sexual and Reproductive Rights**

All individuals have the right to attain the highest standard of sexual and reproductive health and to make informed choices regarding their sexual and reproductive lives free from discrimination, coercion, or violence.

Sexual and reproductive rights include, but are not limited to, the right to:

(e) access safe reproductive technologies, including artificial insemination;

[30] **§49.6. Abortion**

2. *Justified abortion.*
a. *Within the twenty fourth week:* A licensed and skilled birth practitioner is justified in terminating a pregnancy in the twenty four weeks following conception so long as the one who is pregnant has certified her informed consent, and the procedure is conducted in an environment in conformity with medical standards or in an environment that does not pose any harm to the person's health.
b. *Beyond the twenty fourth week.* A licensed and skilled birth practitioner is justified in terminating a pregnancy beyond the twenty-fourth week in an environment in conformity with medical standards or in an environment that does not pose any harm on the persons health, if he or she believes there is substantial risk that continuance of the pregnancy would impair the physical or-psychological health of the mother or that the child would be born with fetal abnormalities, or that the pregnancy resulted from rape, incest or other felonious intercourse. An illicit intercourse with a girl below the age of
eighteen shall be deemed felonious for purpose of this paragraph.

[31] **§49.6. Abortion**

l. *Prohibited abortion.*
a. *Before the twenty-fourth week.* A person who purposely or knowingly terminates the pregnancy of another, where the pregnancy has not progressed beyond twenty-four weeks, otherwise than by a request or consent from the one who is pregnant, commits a felony of the first degree, unless the abortion is justified under the provisions in §49.6(2)(a).
b. *Beyond the twenty-fourth week.* A person who purposely or knowingly terminates a pregnancy where the pregnancy has continued beyond the twenty-fourth week commits a felony of the first

degree unless the abortion is justified under the provisions in §49.6(2)(b).
c. *Self abortion*. It is prohibited for a woman to purposely or knowingly terminate her own pregnancy by the use of any means that inflict violence upon herself otherwise than by requesting and obtaining the services of a skilled birth practitioner. A person who induces or knowingly aids another to use instruments, violence or other means upon herself for the purpose of terminating her pregnancy otherwise than by a skilled birth practitioner and in an environment that meets medical standards commits a first degree misdemeanor whether or not a signed informed consent is used to request the abortion.

2. *Justified abortion.*
a. Within the twenty fourth week: A licensed and skilled birth practitioner is justified in terminating a pregnancy in the twenty four weeks following conception so long as the one who is pregnant has certified her informed consent, and the procedure is conducted in an environment in conformity with medical standards or in an environment that does not pose any harm to the person's health.
b. Beyond the twenty fourth week. A licensed and skilled birth practitioner is justified in terminating a pregnancy beyond the twenty-fourth week in an environment in conformity with medical standards or in an environment that does not pose any harm on the persons health, if he or she believes there is substantial risk that continuance of the pregnancy would impair the physical or-psychological health of the mother or that the child would be born with fetal abnormalities, or that the pregnancy resulted from rape, incest or other felonious intercourse. An illicit intercourse with a girl below the age of
eighteen shall be deemed felonious for purpose of this paragraph.

3. *Medical certificate and consent: presumption of non-compliance.* No abortion beyond the twenty-fourth week shall be performed unless an authorized and qualified skilled birth practitioner has obtained a signed consent form from the one who is pregnant and has certified in writing the circumstances which the practitioner believes to justify the abortion. Such certificate shall be signed by the individual performing the abortion, and co-signed by their supervisor or the head of the health facility. Such certificate and consent form shall form part of the patient's medical records at the health facility. Failure to comply with any of the requirements of this paragraph gives rise to a presumption that the abortion was unjustified.

4. *Section inapplicable to preventing of pregnancy.* Nothing in this sub-section shall be deemed applicable to the prescription, administration or distribution of drugs or other substances for avoiding pregnancy, whether by preventing implantation of a fertilized ovum or by any other method that operates before, at or immediately after fertilization.

5. *Post-Abortion Care:* The following shall also be applicable to this subchapter:
a. Anyone who has undergone an abortion shall be entitled to post-abortion care, including psychosocial support, family planning and treatment for complications related to termination of pregnancy.
b. It is unlawful for any person to disclose to a third party the information of an individual's abortion.

6. To the extent of changes herein made, the provisions of the penal code as contained in §16.3 are hereby amended.

[32] **§49.6. Abortion**

1. Prohibited abortion.
b. Beyond the twenty-fourth week. A person who purposely or knowingly terminates a pregnancy where the pregnancy has continued beyond the twenty-fourth week commits a felony of the first degree unless the abortion is justified under the provisions in §49.6(2)(b).

[33] **§49.6. Abortion**

2. *Justified abortion.*
b. Beyond the twenty fourth week. A licensed and skilled birth practitioner is justified in terminating a pregnancy beyond the twenty-fourth week in an environment in conformity with medical standards or in an environment that does not pose any harm on the persons health, if he or she believes there is substantial risk that continuance of the pregnancy would impair the physical or-psychological health of the mother or that the child would be born with fetal abnormalities, or that the pregnancy resulted from rape, incest or other felonious intercourse. An illicit intercourse with a girl below the age of eighteen shall be deemed felonious for purpose of this paragraph.

[34] Ibid.

[35] **§49.6. Abortion**

1. Prohibited abortion.
c. Self abortion. It is prohibited for a woman to purposely or knowingly terminate her own pregnancy by the use of any means that inflict violence upon herself otherwise than by requesting and obtaining the services of a skilled birth practitioner. A person who induces or knowingly aids another to use instruments, violence or other means upon herself for the purpose of terminating her pregnancy otherwise than by a skilled birth practitioner and in an environment that meets medical standards commits a first degree misdemeanor whether or not a signed informed consent is used to request the abortion.

[36] **§49.6. Abortion**

4. *Section inapplicable to preventing of pregnancy.* Nothing in this sub-section shall be deemed applicable to the prescription, administration or distribution of drugs or other substances for avoiding pregnancy, whether by preventing implantation of a fertilized ovum or by any other method that operates before, at or immediately after fertilization.

[37] **§49.1. Definitions**

As used in this Section and in any rules made thereunder, unless expressly stated or the context otherwise requires, the following terms have the meanings ascribed to them:

(a) "Abortion" means the separation and expulsion of the products of conception. By medical or surgical means, of a pregnancy.

[38] **§49.5. Maternal and newborn healthcare**

(b) The Minister, in consultation with health professionals and other stakeholders, shall adopt regulations according to internationally and nationally acceptable standards:

[39] **§49.8. Rulemaking authority**

The Minister may adopt regulations or guidelines further specifying:

(c) the types of information and counseling that may be provided to a woman who is seeking to obtain an abortion;