

**Comments to the Human Rights Committee
Priscilla J. Smith, Director of the Domestic Legal Program
Center for Reproductive Rights
March 13, 2006**

Thank you Madame Chairperson and ladies and gentlemen of the Committee. I am Priscilla Smith, the Director of the Domestic Legal Program of the Center for Reproductive Rights. The Center is a US-based organization that uses the law to advance reproductive freedom as a fundamental right that all governments are legally obligated to protect, respect and fulfill. Our Domestic Legal Program conducts litigation; monitors, promotes and responds to legislation; and addresses policy issues affecting women's reproductive rights here in the United States. I am also speaking today on behalf of Ipas, an international NGO that works to increase women's ability to exercise their sexual and reproductive rights and to reduce deaths and injuries of women from unsafe abortion.

The Center and Ipas commend the Committee for its strong support of women's reproductive rights expressed in its Concluding Observations and General Comments. In furtherance of the Committee's important work, the Center submitted a letter on December 14, 2005 summarizing the issues of greatest concern and submitting a list of questions we hope the Committee will raise with the United States delegation during the 87th Session. We will also be submitting a more detailed report in advance of the 87th Session.

I would like to thank the Committee for this opportunity to comment on the report submitted to this Committee by the United States. This is a particularly important time for the Committee to be examining U.S. compliance, or the lack thereof, with its

obligations under the ICCPR, and for these issues to receive international attention. We are once again at a crossroads in this country. Reproductive rights, especially the right to abortion, are under attack from both Houses of Congress, from the Executive Branch, and from many state governments as well. While the world is moving forward, this country is being dragged into the past, on this issue as on so many others.

Today, I would like to draw the Committee's attention to two issues that are particularly disturbing: inadequate access to all forms of reproductive health care and a campaign by the federal government to distort and suppress accurate information about reproductive health care and to promote gender stereotyping through abstinence-only sex education programs.

First, access to reproductive health care of all kinds, including prenatal care, abortion and contraception, varies widely in this country and is limited especially in certain geographic areas and to certain racial groups and socioeconomic classes. The Committee has acknowledged that Articles 3, 6, and 26 collectively give rise to an affirmative governmental duty to ensure the full range of reproductive health care services, and the means to prevent unwanted pregnancy and sees these issues as integral to protection of the equal rights of women to privacy under Article 17. The Committee has also recognized that the duty to protect and ensure the right to life includes a duty to protect women who terminate their pregnancies.

In this country, however, non-whites are disproportionately likely to be uninsured and therefore are much more likely to have their access to reproductive health care impeded either by lack of insurance or by government imposed restrictions on coverage. As a result, non-white women experience worse outcomes than white women on virtually

every measure of reproductive health care. Perhaps most shocking, African-Americans are *four times* more likely to die in childbirth than white women. That means that while only 6 out of 100,000 white women who give birth die in childbirth, almost 25 out of 100,000 African-Americans do.

With respect to abortion, rather than promoting efforts to prevent unwanted pregnancy and to preserve the health of women who do seek abortion, this country is moving backwards. Given the recent changes in the composition of our Supreme Court, some states have been racing to be the first in line to enact outright bans on abortion that they hope will strike at the protections of *Roe v. Wade* itself. South Dakota, as you may have heard, has won that race, enacting a law that prohibits abortion even where pregnancy results from rape and incest, a law that even some anti-abortion extremists describe as "extreme." There are six other states where similar legislation has been introduced. Conventional wisdom has it that we are one vote away in the Supreme Court from overturning *Roe v. Wade* and allowing individual states to prevent women from obtaining abortions.

In addition, many state laws restrict access to abortion in ways that force some women to carry pregnancies to term and that increase the number of second trimester abortions, thus increasing the risk to women's health. Moreover, the federal government (and many states before it) have enacted laws that prevent physicians from performing the safest abortion procedures even where those procedures are necessary to protect the patient's health. These laws are designed to invite the Supreme Court to abandon its precedent requiring that restrictions on abortion protect a woman's health. This is at

issue in *Gonzales v. Carhart*, a case the Supreme Court will hear this fall challenging a federal law.

This attack is not limited to abortion; we are also seeing efforts to restrict women's right and access to contraception. The Food and Drug Administration of the United States has refused to make Emergency Contraception (sometimes known as the "morning after pill") available over-the-counter, despite the strong recommendations of its own scientists' to approve over the counter status and even though EC would prevent *as many as half* of the unintended pregnancies that occur in this country each year.

Of course, these impositions on the right to health care target reproductive health care for women only. There have been no similar efforts to restrict reproductive health care for men.

Second, the last six years have been characterized by a campaign by the federal government to distort and suppress accurate information about reproductive health care and to promote gender stereotyping through abstinence-only sex education programs. This Committee has valiantly reminded states to ensure "that traditional, historical, religious or cultural attitudes are not used to justify violations of women's right to equality before the law and to equal enjoyment of all Covenant rights," and has expressed concern where insufficient steps have been taken to counter the belief that a woman's "primary role is as wife and mother." Despite this though, the United States Government actively supports abstinence-only sex education programs that teach students that birth control is dangerous and ineffective and that, therefore, young people should not use it. These programs teach that condoms do not work and, even worse, that they are porous and therefore HIV and other STI pathogens can pass through them. As a

result, young people who have taken these programs are more likely to have unprotected sex and rates of STI infection and transmission are increased.

These programs also promote blatant gender stereotypes such as that women marry to obtain “financial support” from men, while men marry to obtain “domestic support” from women; that men and boys are and should be career-oriented and uninterested in relationship or family, while women are and should be family- and relationship-oriented and uninterested in academic or professional achievement. As Human Rights Watch has reported, the US exports these harmful programs to countries receiving its financial assistance, such as Uganda, with a high prevalence of HIV. Also, outside the constraints of US constitutional tradition, gender stereotyping is more blatant: USAID-funded programs promote premarital chastity and marital fidelity for women, but not for men.

Finally, the Global Gag Rule, also known as the “Mexico City Policy,” is another example of US hypocrisy. The gag rule forbids any recipient of USAID funding from providing information about or referrals for abortion, or from advocating that abortion be safe and legal. A restriction on expression that would be unconstitutional if applied here in the US is imposed on NGOs in aid-recipient countries. The implementation of the gag rule has been linked to increased transmission of STIs, including HIV, and the deaths of women undergoing illegal abortions in recipient countries.

Thank you for the opportunity to comment here today.