

**Comments to the Human Rights Committee  
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Thank you, Madame Chairperson and members of the Committee. I am Kim Buchanan, a Senior Fellow at the Center for Reproductive Rights.

The Center commends the Committee for the strong support of women's reproductive rights expressed in its Concluding Observations and General Comments.

Today, I would like to draw the Committee's attention to three important issues that we hope the Committee will raise with the United States delegation during the 87<sup>th</sup> Session.

**First**, despite the Committee's call on states to provide "accurate and objective" sex education, for more than six years, the US government has funded a domestic and international campaign to **replace comprehensive sex education with "abstinence-only-until-marriage" programs** that distort and suppress information about contraception and condoms, while promoting harmful gender stereotypes. These programs compromise the recipients' rights to nondiscrimination in education under Articles 2, 3 and 26, the right to expression (including the right to receive information), and – through heightened exposure to unplanned pregnancy and sexually transmitted infections – they jeopardize the right to life.

Despite these obligations, the United States Government actively supports abstinence-only sex education programs that discourage young people from using contraception and condoms. These programs teach that modern forms of birth control are

dangerous and ineffective. They further teach that condoms do not work, claiming, falsely, that HIV and other STI pathogens can pass through supposed microscopic holes in an intact condom. Studies have shown that while such programs are ineffective in preventing premarital sex, they do have one notable result: young people who have undergone such programs are more likely to have unprotected sex. As a result, such young people have been shown to experience an elevated risk not only of becoming infected with STIs, but of leaving their STIs untreated, and transmitting them to others.

These false and dangerous messages are funded by the US government not only within the United States, but also in developing countries with high rates of HIV infection, such as Uganda and Botswana. Program directors in such countries have been ordered by US officials to redirect AIDS-prevention funds from proven, successful interventions, such as blood safety, comprehensive prevention messages, and prevention of mother-to-child HIV transmission, in order to spend more money on ineffective abstinence promotion. Since late 2002, when Uganda's prior, comprehensive HIV-prevention strategy was replaced by a US-funded abstinence promotion strategy, the yearly incidence of new HIV infections has doubled.

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." Many abstinence-only programs distort and suppress accurate information about reproductive health care and promote blatant

gender stereotypes, teaching that men marry for sex and “domestic support”, while women marry for companionship and “financial support”; exported versions of these programs urge that girls and women, but not boys and men, should abstain from sex until marriage.

**Second, the Global Gag Rule**, also known as the “Mexico City Policy,” is contrary to the United States’ obligation to protect freedom of expression under Article 19. **The US forbids any recipient of the US Agency for International Development (USAID) funding from providing information about or referrals for abortion, or from advocating that abortion be made, or kept, safe and legal.** This restriction prevents advocates for women’s health in low-income countries from imparting relevant health information. Moreover, the global gag rule stifles political debate about how to address the devastating consequences of unsafe abortions: it silences the ideas and concerns of women’s health advocates, even as anti-abortion groups that receive USAID funds remain free to advocate strict criminal penalties for abortion. Furthermore, implementation of the gag rule has been linked to increased transmission of STIs, including HIV, and the deaths of women undergoing illegal abortions in aid-recipient countries.

**Third**, over the past six years, both state legislatures and Congress have passed laws that seek to **erode the health protections guaranteed to women under the US Constitution.** The Committee has repeatedly acknowledged that states’ duty to protect the Article 6 right to life entails a duty to protect women who terminate their pregnancies, and has expressed “deep concern” about restrictive abortion laws in Poland that could

force women to risk “their life and health.” Consistent with this obligation to protect women’s lives and health, the US Supreme Court has repeatedly held that abortion restrictions may not jeopardize women’s lives or health. Nonetheless, during the past six years, federal and state legislatures have passed laws that either prohibit or delay abortions that are necessary to protect the woman’s health, or that require that riskier abortion procedures be used when a safer one is available. Such a federal statute is at issue in *Gonzales v. Carhart*, a case the Supreme Court will hear this fall.

Furthermore, in 2006, the state of South Dakota passed a law that prohibits abortion in virtually all circumstances – even where abortion is medically necessary, or where the pregnancy results from rape and incest. This law has been described, even by some anti-abortion extremists, as “extreme.” Twelve other states considered similar abortion bans this year, and many are expected to consider similar bans in the upcoming legal session.

We ask the Committee to hold the United States to its Covenant obligations to protect the lives, health and equality of girls and women subject to its policies both within the US and abroad.

Thank you for the opportunity to comment here today.