ADVANCING MATERNAL HEALTH AS A HUMAN RIGHTS ISSUE

I. Black women's maternal health and rights at risk

Every woman has the right to safe and respectful maternal health care. Human rights standards surrounding safe pregnancy, childbirth, and respectful maternal care are rooted in the human rights to life, health, equality, and non-discrimination. Governments must ensure these rights by creating enabling conditions that support healthy women, healthy pregnancies, and healthy births. Fundamental human rights are violated when pregnant and birthing women endure preventable suffering, including death, illness, injury, mistreatment, abuse, discrimination, and denials of information and bodily autonomy.

Despite government obligations to ensure maternal health and rights, poor maternal health outcomes are an underreported human rights crisis in the United States. Maternal mortality is perhaps the most striking and troubling indicator of the state of women's pregnancy health. At a time when most other countries are making dramatic progress on maternal health, pregnant and birthing women in the United States are suffering death and injury at ever-increasing rates.[1] According to a recent report by the World Health Organization (WHO) and others, the United States is one of only 13 countries worldwide with a rising maternal mortality ratio (MMR), and is the only country with an advanced economy where the MMR is getting worse.[2]

Maternal Health as a Global Development Priority

In 2000, the international community made a historic agreement to work together to improve maternal health. As one of eight Millennium Development Goals (MDGs) that all countries agreed to pursue, improving maternal health and survival became a shared, global priority. For the last 15 years, the MDGs have guided the international development agenda, contributing to a nearly 50% reduction in the global maternal mortality ratio (MMR) between 1990 and 2015.[3] The sustainable development agenda that will now follow the MDGs includes a renewed commitment to further reduce the MMR.[4] However, while the United States consistently shows support for global improvements in maternal health, it has also failed to reduce its own MMR during the MDG period.[5] In order to meet both the new Sustainable Development Goals (SDGs) and its core human rights obligations, the United States will need to achieve higher standards of maternal health at home.

While the overall proportion of women who do not survive pregnancy and childbearing is on the rise in this country, marginalized women tend to be at greater risk than others. In particular, Black women are dying at a rate three to four times higher than White women, a pattern that has persisted across the United States for generations.[6] In some American cities, the MMR for Black women is now higher than the MMR in many developing countries.

II. A right to safe and respectful maternal health care

Preventing maternal mortality and morbidity and ensuring safe, respectful care has become a collective global priority. This emerging consensus about the importance of maternal health stems from the recognition that many poor maternal health outcomes are not inevitable, but are instead the result of laws, policies, and institutional practices that can be changed.[7] Government demands for women to take greater "personal responsibility" for their own health are not effective solutions to the problems of preventable maternal death and illness. Moreover, maternal health rights are grounded in a set of fundamental human rights contained in international treaties and consensus documents. Like all other governments that have made human rights commitments, the United States has a three-part obligation to respect, protect, and fulfill this set of rights (see text box, "Government Duties to Ensure Safe and Respectful Maternal Health Care").

The international human rights framework identifies fundamental rights that belong to all people, and holds governments accountable for ensuring that those rights can be realized. Human rights include sexual and reproductive rights, which are essential to an individual's self-determination and autonomy. Moreover, human rights bodies have recognized that enabling safe pregnancy and childbirth is essential to women's dignity and exercise of their human rights.[9] As a result, ensuring adequate reproductive and maternal health care is considered a core government obligation.[10] "Core obligations" are the minimum essential levels of care that governments should ensure in order to enable people to achieve the highest attainable standard of health.[11]

Government Duties to Ensure Safe and Respectful Maternal Health Care

Respect: Governments must refrain from interfering, either directly or indirectly, with women's access to the health care services they need, or to the underlying determinants of health (safe communities, affordable housing, employment, social support, etc.).

Protect: Governments must prevent third parties from interfering with the right to safe and respectful maternal health care and must investigate and sanction those who violate this right.

Fulfill: Governments must take positive steps (passing legislation, ensuring adequate funding for programs, training health care providers, etc.) towards the full realization of the right to safe and respectful maternal care.[8]

The right to life

Reproductive rights include first and foremost the fundamental human right to life.[12] The right to life is not meant to be narrowly interpreted.[13] Because government has a duty to protect individuals from arbitrary and preventable loss of life,[14] including preventable deaths related to pregnancy,[15] it must take proactive measures to address both the causes and prevalence of maternal mortality.[16]

The right to health

The human right to health has four essential elements: governments must ensure that health facilities, goods, and services are **available** in sufficient quantity throughout the state, **accessible** to all, ethically and culturally **acceptable**, and of good **quality** (see text box, "Essential Elements of the Right to Health").[17] Recognizing that governments are positioned differently in terms of health system capacity, human rights law defines the right to health not as the right to be healthy, but rather as the right to the highest attainable standard of health.

Privatized health systems do not exempt the government from its obligations regarding the right to health. Even when governments outsource health services to the private sector, they retain a duty to regulate and monitor the delivery of health goods, information, and services to ensure the right to health is met.[18]

Furthermore, the right to health rests on the principle of equity. This means governments must ensure equitable distribution of reproductive health goods and services, such as prioritizing health resource allocation to the most socially disadvantaged groups.[19]

"No one human being should have power to impact another human being's right to self-determination… It is the prerogative of a woman to be self-determining when it comes to her health, when and when not to become a parent, and the health decisions of her family."

—DR. WILLIE PARKER, OB/GYN AND ABORTION PROVIDER

Rights to equality and non-discrimination

Cutting across all human rights is the right to equality and the corresponding right to freedom from discrimination of any kind. Black women in the United States experience intersecting forms of discrimination, including on the basis of gender, race, and socio-economic class. Discrimination can occur in law or in practice. Policies that do not intend to discriminate against a particular group, but nonetheless have a discriminatory effect, violate human rights law. Consequently, in order to effectively address maternal health violations, government must address discrimination in *all* its forms, and repeal both types of discriminatory laws and policies.[20]

Maternal health can be undermined by discrimination within and beyond the health system. The racial disparities that surround maternal health in the United States are intertwined with deeply rooted inequalities in social, economic, and political life. Pervasive racial disparities in each of these areas shape the underlying determinants of health, systematically undermining Black women's chances to achieve their best health. In this way, structural inequalities can have negative impacts on the health of Black women, even before they encounter the health care system. Inside the U.S. health care system, contemporary discrimination against Black women manifests as barriers to timely and affordable health care, lower quality maternal health care services, disrespectful treatment, and ultimately, negative medical outcomes.

A human rights based approach to maternal health is especially powerful for ensuring equality and non-discrimination because its purpose is not limited to avoiding isolated clinical pathologies like morbidity

and mortality. Instead, this approach empowers all women to claim their full set of human rights in order to live the healthiest lives possible.[21] It recognizes that discrimination plays a role in undermining women's and girls' access access to reproductive health care, and it requires attention to groups that are experiencing disparities. A human rights based approach to maternal health in the United States therefore requires the government to directly confront racial discrimination in the context of maternal health, and to specifically address the harms and inequalities faced by Black women during pregnancy and childbirth.

Essential Elements of the Right to Health

Availability: Health care facilities, goods, services, and programs must be available in sufficient quantity in all areas, urban and rural. This includes, for example, a sufficient number of health clinics, trained medical personnel receiving domestically competitive salaries, and adequate stocking of medicines in health facilities.

Accessibility: Health facilities, goods, and services have to be accessible to everyone without discrimination. Accessibility has four overlapping dimensions:

1. Non-discrimination – health facilities, goods, and services must be accessible—both in law and in fact—to everyone regardless of race, sex, gender, sexual orientation, nationality, disability or other status.

2. Physical accessibility – health facilities, goods, and services must be within safe physical reach for all sections of the population, and especially for vulnerable or marginalized groups such as women and ethnic minorities, residents of rural areas, and people with disabilities.

3. Economic accessibility – whether publicly or privately provided, health facilities, goods, and services must be affordable for all, and payment for health care services should be based on the principle of equity.

4. Information accessibility – information and ideas concerning health issues should be made accessible to everyone, without discrimination, and provided in an accessible format.

Acceptability: Health facilities, goods, and services must respect medical ethics, respect the culture of individuals and their communities, and be sensitive to gender and life-cycle requirements.

Quality: Health facilities, goods, and services must be scientifically and medically appropriate and of good quality.[22]

Foundational human rights principles

In addition to the enumerated rights detailed above, human rights theory rests on a set of foundational principles that apply to all rights and obligations. These principles often have important procedural implications, affecting the way that laws and policies are formulated and implemented. Equality and non-discrimination are two examples of these foundational, underlying values. Other foundational human rights principles include participation and inclusion, interdependence, universality, indivisibility, transparency, and accountability (see text box, "A Human Rights Based Approach to Improving Maternal Health").

III. Holding the U.S. Accountable

As maternal health has become a global human rights priority, poor maternal health conditions in the United States have come under greater international scrutiny. During recent reviews of the U.S. human rights record, independent human rights bodies have highlighted the persistent racial disparities in maternal health as a form of racial and gender discrimination and called on the U.S. to improve access to quality maternal health care.

- In August 2014, the **UN Committee on the Elimination of Racial Discrimination** (CERD) called on the United States to eliminate racial disparities in health in order to fulfill its international human rights promises to end racial discrimination in all its forms.[23] This group of independent experts expressed concern over persistently high rates of maternal mortality among Black women, and called on the U.S. government to ensure access to adequate and affordable health care services for all. It also recommended improved monitoring and accountability mechanisms for preventable maternal mortality, such as standardized data collection and state-level maternal mortality review boards.[24]

- Poor maternal health was also raised as a key human rights concern during the May 2015 **Universal Periodic Review** of the United States by the Human Rights Council. In this high-level global review of the overall U.S. human rights record, the government of Finland called on the United States to ensure equal access to quality maternal health services.[25] The United States accepted this recommendation without reservation, recognizing that the high rate of preventable maternal mortality—including racial disparities in maternal health outcomes—warrants government action and accountability.

- Two independent UN expert groups have also raised alarms about maternal health disparities. In December 2015, the **UN Working Group on the issue of discrimination against women in law and practice** concluded its visit to the United States with a recommendation that U.S. government authorities summon the political will to remedy pervasive racial disparities in maternal health.[26] In January 2016, members of the **UN Working Group of Experts on People of African Descent** concluded their visit to the United States with a statement noting that racial discrimination has a negative impact on Black women's ability to maintain good health, and recommending that U.S. policies and programs prioritize the reduction of maternal mortality for Black women.[27]

Notably, the United States has been an engaged participant in this emerging global consensus regarding the importance and urgency of improving maternal health. The U.S. government directs substantial resources towards combatting preventable maternal mortality around the world, and its efforts include aid for development projects, technical assistance, and partnerships with the global health community. In

recent years, the United States has exercised considerable leadership on global maternal health through special initiatives, the work of USAID and other government agencies, and a sizeable global health budget.[28] However, a comparable commitment to improving maternal health within the U.S. is currently lacking.

IV. Aligning state policy choices with human rights standards

A human rights approach to safe and respectful maternal health care involves developing supportive policies, creating and sustaining institutions, and allocating resources that allow people to exercise their rights in relation to maternal health.[29] While all levels of government have duties to ensure human rights, the decentralized, mixed public/private health system in the United States creates unique challenges for implementing sweeping human rights standards across the country. As a result, some of the best opportunities for change may be found at the state level. State governments are uniquely situated to understand the particular barriers to care and other constraints that lead to poor health outcomes for women in their state. For that reason, they are also strategically poised to develop appropriate policy solutions.

Researchers in conversation during the June 2015 Black Mamas Matter convening.

A Human Rights Based Approach to Improving Maternal Health[30]

Accountability: Governments must create mechanisms of accountability to enforce the right to safe and respectful maternal health care, including monitoring and evaluation of policies and programs, corrective action when violations are found, and remedies for women and families.

Transparency: People should have access to information that enables them to make decisions about their health care choices, or understand how decisions affecting their health are made. This includes transparency in budgeting and funding allocations.

Participation: All people have a right to participate in decision-making processes that affect their right to safe and respectful maternal care, including decisions about government policies and distribution of health resources.

Empowerment: Women and girls must be valued and engaged as agents and rights-holders when it comes to decisions or actions that affect their sexual and reproductive lives.

Non-Discrimination: The right to safe and respectful care should be ensured without discrimination of any kind, regardless of whether the discrimination is committed purposefully or results from seemingly neutral policies and practices that have a discriminatory effect on Black women.

Equity: Health care resources, goods, and services must be distributed and accessed based on a model of equity, which is based on need and remedying historical injustice, rather than a model of equality.

Universality: Health care goods and services must be available to everyone, without exception or distinction based on any discriminatory ground.

Adopting human rights based frameworks and methodologies

The human rights framework provides a structural blueprint for U.S. states to use as they develop policy measures tailored to the needs of local populations. A human rights based approach to maternal health incorporates human rights principles and methodologies into government policy and practice. By integrating mechanisms that promote accountability, transparency, participation, empowerment,[31] non-discrimination, universality,[32] and equity,[33] governments can ensure that the health policies they create are meeting people's core needs and respecting their human dignity.

Incorporating best practices into local policy agendas

Advocates can encourage their states to internalize human rights principles by identifying policies in need of reform, proposing policy solutions rooted in human rights law, and holding their governments politically accountable to human rights standards. Although each state's unique needs may necessitate a distinct

maternal health policy agenda, state advocates can adapt best practices developed in the global sphere to their own local context.

The Office of the UN High Commissioner for Human Rights has developed technical guidance to help governments implement a human rights based approach to reducing preventable maternal mortality and morbidity, based on the rights and principles outlined above.[34]

Reproductive Justice and Human Rights

Reproductive justice and human rights are complementary frameworks. The term "reproductive justice" was coined in 1994 by U.S. women of color who attended the International Conference on Population and Development in Cairo. It has since become a critical framework for understanding the intersections of reproductive oppression that women experience, both individually and as members of distinct communities.[35] Fundamentally, reproductive justice aims to transform inequalities so that "all people have the social, political, and economic power and resources to make healthy decisions" about their "gender, bodies, sexuality, and families."[36] This includes the right to have children, to not have children, to parent one's children, and to control one's birthing options.[37]

As the reproductive justice framework has developed, women of color leaders have applied the human rights framework to the specific reproductive oppressions faced by women of color and others who experience multiple oppressions. By integrating concepts from human rights, reproductive rights, and social justice, reproductive justice advocates have formed a powerful new vision of reproductive freedom.[38] SisterSong Women of Color Reproductive Justice Collective has played a leading role in theorizing reproductive justice and building a movement based on this approach. SisterSong and other reproductive justice organizations have consistently invoked a human rights framework to support a more holistic vision for the U.S. reproductive health, rights, and justice movement, and their engagement in global human rights spaces has allowed them to work in solidarity with other global social justice movements.[39]

Key takeaways from the technical guidance for the U.S. context include the following:

- All women need the resources, opportunities, and support that enable them to protect their human rights to health and life and to make the best decisions for themselves and their families;
- These needs become especially urgent during pregnancy and childbirth but remain important throughout a woman's entire life cycle;
- At a minimum, ensuring these rights requires access to comprehensive reproductive health services and information, freedom from discrimination and bias, and living conditions that set women up for health, rather than risk;
- While sound public health practices are certainly crucial to improving maternal health, they must also be accompanied by measures that empower women.[40]

Governments may implement these human rights standards through administrative measures, legislation, allocation of resources, and comprehensive policies and programs that support women and their maternal health. Although priorities may vary according to context, all states should give effect to the right to health through the following measures:

Improve Health Care Access & Quality

- Remove existing barriers to care during and after pregnancy and throughout the lifespan
- Develop a more diverse health care workforce that is trained in human rights standards and engaged in generating solutions to maternal health problems
- Ensure that every woman receives quality care, regardless of the site or setting of care
- Facilitate greater availability of obstetric care and family planning services

Address Underlying Determinants of Health

- Prioritize social supports for Black women and Black communities
- Address nutrition and food security for pregnant women
- Ensure adequate, safe housing and safe communities
- Facilitate healthy occupational and environmental conditions

Eliminate Discrimination in Law and Practice

- Reform discriminatory laws and policies that impact Black women's health and well-being
- Take proactive measures to address discrimination in practice, particularly for groups that have faced historical discrimination or injustice
- Address racial bias, stereotypes, stigma, discrimination, and disrespect in health care encounters specifically
- Eliminate disparities in the maternal health safety and survival outcomes for Black women

Ensure Accountability

- Collect and disseminate adequate, disaggregated data on maternal mortality and morbidity
- Set targeted goals and benchmarks for improved maternal health outcomes
- Design state plans to improve maternal health that consider the specific needs of vulnerable populations, especially Black women and girls
- Develop policy solutions aimed at the conditions that make it likely for maternal health violations to re-occur
- Provide remedies for violations of the right to access safe and respectful maternal health care

Include and Empower

- Encourage human rights education and outreach to Black women on their sexual and reproductive health and rights
- Involve Black women, especially at the community level, in maternal health policy design, budgeting, monitoring, and review processes
- Build partnerships between government, civil society, and other key stakeholders to assess maternal health needs and devise solutions

Endnotes

[1] World Health Organization (WHO) et al., Trends in Maternal Mortality: 1990 to 2015 70-77 (2015) [hereinafter Trends in Maternal Mortality], http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1.

[2] *Id*. The maternal mortality ratio (MMR) is a comparison of two numbers that provide information about the prevalence of maternal deaths in a given population. More specifically, it is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period. Some people use "ratio" and "rate" interchangeably to describe this relationship. However, the World Health Organization refers to it only as the maternal mortality ratio (MMR), distinguishing it from the MMRate which they define as the number of maternal deaths divided by person-years lived by women of reproductive age. *See* Trends in Maternal Mortality, 36.

[3] United Nations, The Millennium Development Goals Report 4, 6 (2015).

[4] *Goal 5: Improve Maternal Health,* United Nations, http://www.un.org/millenniumgoals/maternal.shtml (last visited Mar. 29, 2016).

[5] Trends in Maternal Mortality, *supra* note 1, at 76.

[6] Gopal Singh, U.S. Dep't of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau, Maternal Mortality in the United States, 1935-2007: Substantial Racial/Ethnic, Socioeconomic, and Geographic Disparities Persist 2 (2010), http://www.hrsa.gov/ourstories/mchb75th/mchb75maternalmortality.pdf.

[7] Office of the United Nations High Commissioner for Human Rights et al., Summary Reflection Guide on a Human Rights-Based Approach to Health: Application to Sexual and Reproductive Health, Maternal Health, and Under-5 Child Health 3 (2015), *available at* http://www.ohchr.org/Documents/Issues/Women/WRGS/Health/RGuide_NHRInsts.pdf.

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[9] *See, e.g.,* CERD Committee, *Concluding Observations: United States of America*, para. 15, U.N. Doc. CERD/C/USA/CO/7-9 (Sept. 25, 2014); Human Rights Committee, *Concluding Observations: Mali*, para. 14, U.N. Doc. CCPR/CO/77/MLI (2003); *Mongolia*, para. 8(b), U.N. Doc. CCPR/C/79/Add.120 (2000); *Peru*, para. 20, U.N. Doc. CCPR/CO/70/PER (2000); *Trinidad and Tobago*, para. 18, U.N. Doc. CCPR/CO/70/TTO (2000); Alyne v. Brazil, CEDAW Committee, Commc'n No. 17/2008, paras. 7.5-7.6, U.N. Doc. CEDAW/C/49/D/17/2008 (2011); CEDAW Committee, *Concluding Comments: Belize*, para. 56, U.N. Doc. A/54/38/Rev.1 (1999); ESCR Committee, *Concluding Observations: Brazil*, paras. 28-29, U.N. Doc. E/C.12/BRA/CO/2 (2009); *Dominican Republic*, para. 15, U.N. Doc. E/C.12/1/Add.16 (1997); CAT Committee, *Concluding Observations: Paraguay*, para. 22, U.N. Doc. CAT/C/PRY/CO/4-6 (2011); *Peru*, para. 15, U.N. Doc. CAT/C/PER/CO/5-6 (2013). *See also* Human Rights Council, *Rep. on Technical Guidance on the Application of a Human Rights-Based Approach to the Implementation of Policies and Programmes to Reduce Preventable Maternal Mortality and Morbidity* (20th Sess., 2012), para. 8, U.N. Doc. A/HRC/21/22 (2012) [hereinafter Human Rights Council, *Technical Guidance*].

[10] Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)* (22nd Sess., 2000), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 81, 83, 86-87, and 89, paras. 14, 21, 22, 36 and 44(a), U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter ESCR Committee, *Gen. Comment No. 14*].

[11] *Id*. at 81 and 83, paras. 14 and 21.

[12] Universal Declaration of Human Rights, *adopted* Dec. 10, 1984, art. 3, G.A. Res. 217A (III), U.N. Doc. A/810 at 71 (1948); International Covenant on Civil and Political Rights, *adopted* Dec. 16, 1966, art. 6, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (*entered into force* Mar. 23, 1976); Convention on the Rights of the Child, *adopted* Nov. 20, 1989, art. 6, G.A. Res. 44/25, Annex, U.N. GAOR, 44th Sess., Supp. No. 49, U.N. Doc. A/44/49 (1989) (*entered into force* Sept. 2, 1990); Convention on the Rights of Persons with Disabilities, *adopted* Dec. 13, 2006, art. 10, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611 (*entered into force* May 3, 2008).

[13] Human Rights Committee, *General Comment No. 6: Right to Life (Art. 6)* (16th Sess., 1982), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 176, para. 1, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter Human Rights Committee, *Gen. Comment No. 6*].

[14] *Id*. at 177, para. 5.

[15] Human Rights Committee, *General Comment No. 28: Article 3 (The Equality of Rights between Men and Women)* (68th Sess., 2000), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 229, para. 10, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter Human Rights Committee, *Gen. Comment No. 28*].

[16] Human Rights Committee, *Gen. Comment No. 6*, *supra* note 13, at 177, para. 5; Human Rights Committee, *Gen. Comment No. 28, supra* note 15, at 229, para. 10; *see also* Special Rapporteur on Violence against Women, Its Causes and Consequences, *Rep. of the Special Rapporteur on Violence against Women, Its Causes and Consequences, Ms. Radhika Coomaraswamy, in Accordance with Commission on Human Rights Resolution 1997/44 – Addendum – Policies and Practices that Impact Women's Reproductive Rights and Contribute to, Cause or Constitute Violence against Women*, para. 66, U.N. Doc. E/CN.4/1999/68/Add.4 (Jan. 21, 1999) (noting "[g]overnment failure to take positive measures to ensure access to appropriate health-care services that enable women to safely deliver their infants as well as to safely abort unwanted pregnancies may constitute a violation of a woman's right to life…").

[17] ESCR Committee, *Gen. Comment No. 14*, *supra* note 10, at 80, para. 12.

[18] Alyne v. Brazil, CEDAW Committee, Commc'n No. 17/2008, para 7.5, U.N. Doc. CEDAW/C/49/D/17/2008 (2011).

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[20] Human Rights Committee, *General Comment 18: Non-Discrimination* (37th Sess., 1989), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 27-28, paras. 6-12, U.N. Doc. HRI/GEN/1/Rev.1 (1994).

[21] Human Rights Council, *Technical Guidance*, *supra* note 9, at para. 12.

[22] ESCR Committee, *Gen. Comment No. 14*, *supra* note 10, at 80, para. 12.

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[24] CERD Committee, *Concluding Observations: United States of America*, para. 15, U.N. Doc. CERD/C/USA/CO/7-9 (Sept. 25, 2014).

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[29] *See* Human Rights Council, *Technical Guidance*, *supra* note 9.

[30] Adapted from the following sources: National Economic and Social Rights Initiative (NESRI), *What are the Basic Principles of the Human Rights Framework?*, http://www.nesri.org/programs/what-are-the-basic-principles-of-the-human-rights-framework; Human Rights Council, *Technical Guidance*, *supra* note 9; CHANGE, *supra* note 28.

[31] Human Rights Council, *Technical Guidance*, *supra* note 9, at para. 9

[32] NESRI, *supra* note 30.

[33] CHANGE, *supra* note 28, at 22.

[34] Human Rights Council, *Technical Guidance*, *supra* note 9.

[35] *E.g.* Loretta Ross, *Understanding Reproductive Justice*, Trust Black Women [hereinafter Ross, *Understanding Reproductive Justice*] (Updated Mar. 2011), http://www.trustblackwomen.org/our-work/what-is-reproductive-justice/9-what-is-reproductive-justice; Asian Communities for Reproductive Justice, *What is Reproductive Justice?*, http://strongfamiliesmovement.org/what-is-reproductive-justice.

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[37] Loretta Ross, "What is Reproductive Justice?" *in* Reproductive Justice Briefing Book: A Primer on Reproductive Justice and Social Change, *available at* http://protectchoice.org/downloads/Reproductive%20Justice%20Briefing%20Book.pdf.

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[39] *See e.g.* Ross, *Understanding Reproductive Justice*, *supra* note 35; Center for Reproductive Rights et al., *Reproductive Injustice: Racial and Gender Discrimination in U.S. Health Care (A Shadow Report for the UN Committee on the Elimination of Racial Discrimination)* (2014), http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/CERD_Shadow_US.pdf; *Trust Black Women Statement of Solidarity with Black Lives Matter*, Trust Black Women, http://trustblackwomen.org/solidarity-with-black-lives-matter.

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Featured Quotation

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Notes