

Ipas submission to the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health for a report to the UN General Assembly on racism and the right to health

Ipas is an international organization that works with partners around the world to advance reproductive justice by expanding access to abortion and contraception. We envision a world where everyone can make their own sexual and reproductive choices, and ultimately, determine their own future. Ipas submission is specially focus on the main ongoing manifestations of racism, and related forms of discrimination enabled by racism prevalent in the United States (US) in the right to health.

Health disparities in the US reflect longstanding structural and systemic inequities rooted in racism and discrimination. Black, indigenous and people of color, and low-income individuals have a limited access to health insurance, increasing their barriers to access to essential services, including reproductive health services.

Many women live in medical care deserts where medical centers without specialized maternity care are not close to their homes. “As of 2014, more than half of rural counties in the U.S. were considered maternity care deserts, with no hospital-based obstetric services; worsening access has contributed to increases in maternal mortality and morbidities among rural residents, particularly Black women.”¹

On a day-to-day basis, Black women face countless barriers to obtaining prenatal care and safely carrying their pregnancies to term. As heads of households or economic pillars of their families, many Black women cannot afford to take time off work to attend their medical appointments.

Latina women experience similar barriers, but also face unique challenges to accessing safe and equitable healthcare. Many Latina women do not have documentation and do not access affordable medical assistance programs for fear of deportation if they share their information or immigration status with a medical team. Language barriers are also a significant problem for immigrant women.

Eugenic procedures, including forced sterilizations of Latina women detained in immigration detention centers, continue to present a crisis of health and human rights. Unfortunately, this practice is not new in the United States. In 2020, detained Latina women were forced to have hysterectomies at an immigration prison in Georgia.² According to the Eliminating Forced, Coercive, and Otherwise Involuntary Sterilization report from the World Health Organization in 2014, this practice was frequently used in the early 20th century. Laws permitting and encouraging coercive sterilization were passed in many countries, including Germany, Japan, and the United States. The most affected populations were those with disabilities or from ethnic, religious, and other minority groups.³

¹ The Commonwealth Fund, Restoring Access to Maternity Care in Rural America, 2021. Available from: <https://www.commonwealthfund.org/publications/2021/sep/restoring-access-maternity-care-rural-america>

² <https://www.nytimes.com/2020/09/29/us/ice-hysterectomies-surgeries-georgia.html>

³ World Health Organization, Eliminating forced, coercive and otherwise involuntary sterilization, 2014. Available from: https://www.unaids.org/sites/default/files/media_asset/201405_sterilization_en.pdf

According to the Guttmacher Institute, the US states have enacted 1,336 abortion restrictions since *Roe v. Wade* was decided in 1973. All these restrictions create additional barriers for people of color and low-income individuals, forcing them to continue with unwanted pregnancies or to travel lengthy distances to abortion care facilities.

The advancement of women's reproductive health and rights, including their rights to safe motherhood, requires an enabling legal and policy environment that recognizes women's reproductive health, including both freedom/autonomy and access to entitlements, as fundamental to empowering women to live a life of dignity and participate fully as equal members of society.⁴

Women's and girls' human right to health is systematically violated as states fail to comply with international human rights obligation which "requires that health-care goods, services and facilities be available in adequate numbers; financially and geographically accessible, as well as accessible on the basis of non-discrimination; acceptable, that is, respectful of the culture of individuals, minorities, people and communities and sensitive to gender and life-cycle requirements; and of good quality".⁵

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⁴ Yamin et al. Implementing 2international human rights recommendation to improve obstetric care in Brazil, *International Journal of Gynecology and Obstetrics*, volume 143, issue 1, October 2018.

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Galli B., Human Rights Accountability for Advancement of Gender Equality and Reproductive Justice in the Sustainable Development Agenda, *Gender Equality*, 10.1007/978-3-319-95687-9_42, (761-772), (2021).

⁵ United Nations Special Rapporteur Dainius Puras. Report by the special Rapporteur on the right to the enjoyment of the highest attainable standard of mental and physical health, Dainius Puras. U.N. Doc. A/71/304. UN; 2016.