



Physicians for
Human Rights

256 West 38th Street
9th Floor
New York, NY
10018

+1.646.564.3720
phr.org

Submission to the UN Human Rights Committee (CCPR) on the United States of America, Fifth Periodic Report, 139th Session (2023)

August 2023

Introduction

Physicians for Human Rights (PHR) is a global human rights organization in special consultative status with UN ECOSOC since 1995 that uses its core disciplines – science, medicine, forensics, and public health – to conduct research, undertake fact-finding investigations, and galvanize thousands of health professionals and allies in the legal sector to confront humanitarian emergencies and support justice for victims of human rights violations. PHR’s findings offer information to policymakers, activists, and journalists that can be used to reform policies and practices that threaten public health and undermine human rights.

PHR welcomes this opportunity to contribute to the Fifth Periodic Report of the UN Human Rights Committee (CCPR) on the United States of America (U.S.). However, we note with grave concern the clear backsliding of rights under the Donald Trump administration that was reflected in the January 2021 State Party report under the LoIPR. PHR is also disappointed that the State Party report was not updated or amended to reflect current U.S. government policy under the Joseph Biden administration in advance of the review, despite widespread urging from civil society organizations.

In advance of the CCPR’s forthcoming review of the U.S. at its 139th Session, this submission summarizes PHR’s recent research addressing several relevant areas of work: **asylum and immigration detention (List of Issues paragraphs 20 & 21); policing and use of force (LOI paragraph 14); and reproductive rights (LOI paragraph 12).**

1. Asylum: Treatment of foreign nationals, including refugees and asylum seekers (ICCPR Articles 2, 9, 10, 13, 14, 17, 23, 24 and 26); LOI paragraphs 20 and 21

The ill-treatment of foreign nationals, particularly those seeking asylum and other types of protection in the United States continues to concern PHR. PHR would like to call the Committee’s attention to aspects of the U.S. asylum system that were listed in the HRC’s 2019 List of Issues (para. 20 and 21) – ranging from the “Zero Tolerance” policy, family separation, and conditions of immigration detention – to other policies that were enacted after the 2019 LOI was published. New issues covered by PHR include the Title 42 public health policy, and the Migrant Protection Protocols / “Remain in Mexico” policy.

The U.S. government has consistently failed to enact and maintain immigration and detention policies that align with human rights standards under the ICCPR and other international treaty obligations, as well as federal and international law. The gravity of these findings underscores an urgent need for effective oversight, accountability, and comprehensive reform to address these systemic failures.

Through evidence, change is possible.



The Trump administration’s “Zero Tolerance” policy

More than 5,000 children were forcibly separated from their parents at the U.S.-Mexico border between the enactment of the “Zero Tolerance” policy (also known as the “family separation policy”) from July 2017 until January 2021. The policy sought to deter migration into the U.S. and targeted people seeking asylum who allegedly entered the U.S. illegally, or who had a suspected criminal history, gang affiliation, or communicable disease. This resulted in the detention and subsequent incarceration or deportation of many parents while their children were sent to live with a relative in the U.S. or a foster family. While the Biden administration has since established a White House task force on family reunification,¹ progress has been slow and as of May 31, 2023, 860 children remain separated from their families.² Notable barriers to reunification include poor record keeping by the previous administration, limited funding, and victims’ mistrust of the process after traumatic experiences with U.S. immigration authorities.

PHR has long documented the adverse physical and mental health effects linked to family separation policies, as well as the dangerous conditions and grave risks that people seeking asylum face in Mexican border states. PHR has also examined the root causes of migration for many who seek asylum in the United States, including physical and sexual violence, threats of violence or death.^{3, 4 5}

In a 2021 peer-reviewed study on the health impacts of family separation, PHR experts found that children and parents who were separated while seeking asylum at the U.S.-Mexico border experienced severe psychological trauma, even years after reunification.⁶ The analysis demonstrated the trauma and agony endured by parents and children who were forcefully separated from one another, and the compounding toll on both families’ mental and physical health. This article built upon PHR’s landmark 2020 report, “You Will Never See Your Child Again’: The Persistent Psychological Effects of Family Separation,” and provided further evidence that the practice of forced family separation constitutes cruel, inhuman, and degrading treatment consistent with the legal definition of torture.⁷

Migrant Protection Protocols / “Remain in Mexico” Policy

Adding to a landscape of immigration policies that contravene the U.S. government’s legal obligations, President Trump introduced in January 2019 the Migrant Protection Protocols (MPP) in San Diego, California.⁸ In subsequent months, the policy was expanded along the border to the Mexican border crossings at Tijuana, Mexicali, Nogales, Ciudad Juárez, Piedras Negras, Nuevo Laredo, and Matamoros. PHR documented the danger and medical harms of the policy in a 2021 report, including physical violence, sexual violence, kidnapping, theft, and extortion: “Forced into Danger: Human Rights Violations Resulting from the U.S. Migrant Protection Protocols”.⁹ To date, MPP forced at least 81,353 people seeking asylum in the United States to remain in Mexico while their asylum cases were being decided in U.S. immigration courts.¹⁰ MPP left people fleeing war, persecution, and violence trapped in Mexican border cities and states where they have been targeted for the very violence and persecution they were seeking to escape.

Title 42 and the introduction of the “Asylum Ban”

Shortly after the introduction of the Migrant Protection Protocols and “Zero Tolerance” policy, in March 2020, the Trump administration invoked a public health order known as Title 42 U.S.C. section 265 of the 1944 Public Health and Service Act, which effectively closed the U.S.-Mexico border to migrants and people seeking asylum. The Trump Administration justified the public health order in the name of containing the spread of COVID-19, though this public health measure only applied to asylum seekers while U.S. policy during the pandemic allowed other classes of cross-border travel to continue unrestricted. PHR repeatedly condemned the spurious justifications for the use of Title 42, as well as the profound health and human rights tolls of the border expulsions. A series of letters to the Trump and

Through evidence, change is possible.



Biden administrations from top medical and public health experts at a variety of institutions and human rights organizations explained how there was no public health justification for Title 42. Although the Title 42 order was characterized by the Biden administration as a public health policy, every aspect of the expulsion process, such as holding people in crowded conditions for days without testing and then transporting them in crowded vehicles, actually increased the risk of spreading and being exposed to COVID-19.

Title 42 officially ended on May 11th, 2023, but PHR is alarmed by the Biden administration's introduction of a new Rule in its place, titled, "Circumvention of Legal Pathways" (commonly referred to as the new "asylum ban"). Introduced on May 12, 2023, the "asylum ban" presumptively denies individuals the right to claim asylum or other forms of protection on U.S. soil at any coastal border or near the U.S.-Mexico border unless they have prearranged a specific time and location to present at a port of entry through a smartphone app, CBP One; sought protection from another country they have passed through; or qualify under exceptional circumstances that have been extremely narrowly defined.¹¹ In many cases, people who are unable to access these appointments via CBP One are particularly vulnerable and at risk, including Black and Indigenous people, and LGBTQ+ individuals. It also poses significant access burdens for people without a smartphone, and those who cannot read or write in one of the languages the app is available in.

In July 2023, the U.S. District Court for the Northern District of California blocked the policy as breaking federal law and said the ban was "arbitrary and capricious." The Biden administration has appealed this ruling.

Conditions in detention are marked by poor hygiene and poor access to quality healthcare

Immigration detention centers, including those run by Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CPB), as well as those that are privately run, have long been marked by poor conditions, mistreatment, abuse, medical neglect, and the denial of due process. PHR has been consistently exposing the physical and psychological harm that is caused by immigration detention, as well as the inadequate care that people receive while being detained that only deteriorated further during the COVID-19 pandemic.

PHR identified the risks of custodial detention during a pandemic.¹² PHR-affiliated investigators helped draw attention to the high rates of COVID-19 in ICE detention compared to the general population, and the benefits of decarceration, among other issues.^{13, 14} Unfortunately, while many of the issues associated with immigration detention predate the COVID-19 pandemic, the conditions in ICE detention facilities and health harms to detainees were exacerbated during the pandemic. From July to October 2020, PHR conducted 50 interviews of immigrants formerly detained by ICE. The harsh and punitive conditions reported indicated that ICE practices did not comply with guidance from the Centers for Disease Control and Prevention (CDC), or with ICE's own Pandemic Response Requirements.¹⁵ This resulted in unacceptable health risks that violated the constitutional and human rights of detainees under the ICCPR.

Subsequent research, published in June 2021, examined the mistreatment and abuse of people who engage in hunger strikes while in immigration detention.¹⁶ Records revealed that ICE utilized an array of punitive and egregious practices against hunger strikers. Records analyzed by PHR staff also revealed that ICE routinely placed hunger strikers in solitary confinement, which often amounts to cruel, inhuman, or degrading treatment and, in certain conditions, torture.

In July 2021, PHR's report, "Neither Safety nor Health: How Title 42 Expulsions Harm Health and Violate Rights," interviewees reported that U.S. officials rebuffed their attempts to seek asylum in the United States.¹⁷ All the people interviewed described gratuitously cruel and inhumane treatment at the

Through evidence, change is possible.



hands of the U.S. government, including physical and verbal abuse by U.S. officials, inhumane detention conditions, active deception about their expulsion and the whereabouts of their family members, and unsafe returns that put people at heightened risk of harm.

In December 2022, Human Rights First and PHR staff interviewed 27 women during a human rights monitoring visit to a detention facility in the state of Pennsylvania.¹⁸ This investigation revealed inhumane conditions, medical neglect, and cruel and abusive treatment by Department of Homeland Security (DHS) staff. While this facility has since been closed, the Biden administration has not committed to closing any further detention centers where similar problems exist.

Under the Trump administration, the United States held more than 55,000 people in 220 immigration detention facilities across the country in what became the largest immigration detention system in the world.¹⁹ The numbers in detention fell sharply under President Biden assumed office, to 2,200 by March 2021 before rising again. As of 16 July 2023, a total of 31,064 people remain in ICE detention, over 60 percent of whom have no criminal records, and many more of whom only had minor offenses, such as traffic violations.²⁰

The reduction in ICE detention is correlated with the Biden administration's enrollment of over 200,000 people into a variety of programs that it considers to be alternatives to detention, including the Intensive Supervision Appearance Program (ISAP) and Young Adult Case Management Program.²¹ Unlike the Alternatives to Detention (ATDs) that PHR and other civil, immigration, and human rights organizations have been calling on the government to introduce – those that include community-based case management services, such as social services, legal counsel, counseling, and access to medical care²² – ISAP uses surveillance-based technology to ensure compliance with release conditions and is not routinely accompanied by community-based case management services. While PHR welcomes the reduction in the number of people being placed in immigration detention, PHR remains deeply concerned that people are being mass-enrolled into surveillance-based programs for whom detention would not have been considered appropriate, and thus has instead resulted in an overall increase in the number of people subject to government control. It is therefore a misnomer to describe these programs as alternatives to detentions.

Lack of accountability

While certain measures taken to address family reunification and the introduction of more safe and legal pathways to the U.S. through refugee resettlement are steps in the right direction, the U.S. government must not obscure the urgent need to rectify a system marked by chronic mistreatment, medical neglect, and denial of basic human rights. The Biden administration's current legal defense of the Trump administration's family separation policies and lack of comprehensive reparations for victims emphasize a failure in accountability and justice.²³

Recommendations:

1. **Immediately restore access to asylum at the border.** Rescind the “asylum ban” that creates undue and illegal barriers to asylum. The United States should affirm U.S. and international law under which all people have the right to seek asylum without discrimination and to pursue their claims, no matter the method or location of entry. The Biden administration should withdraw its appeal and accept the court's decision as final;
2. **Acknowledge wrongdoing and provide reparations to families affected by family separation policies.** The Biden administration's Justice Department should immediately withdraw its legal proceedings defending family separation policies in court against families who

Through evidence, change is possible.



are seeking monetary damages. The U.S. government should immediately provide full reparations including but not limited to an apology, monetary compensation, and rehabilitation;

3. **Create a humane and trauma-informed immigration process.** Reception of children seeking refuge should be managed by child welfare professionals, social workers, and health professionals with the support of qualified civil society organizations, as the United States has done with refugee resettlement and unaccompanied minors. The Department of Homeland Security should immediately act on the instructions from Congress to employ child welfare professionals to ensure deaths due to ill-treatment or negligence never happen again;²⁴ and
4. **End immigration detention.** It is within the government's power to expand use of community-based casework management programs in place of immigration detention and other, punitive, surveillance-based mechanisms.

Suggested questions:

1. How does the U.S. reconcile its 2023 “asylum ban” policy with its domestic and international legal obligations to respect the right to seek asylum regardless of the time, place, or manner that individuals present themselves?
2. Why is the government opposing monetary damages for families seeking redress for their separation under the Federal Tort Claims Act by relying on the 'Zero Tolerance' policies it has purportedly renounced? What measures does it have in place to ensure full reparations?
3. What measures are being taken to ensure that particularly vulnerable groups, including Black and Indigenous people, LGBTQI+ individuals, and those without access to technology or relevant language skills, but who fall outside of its restrictive exception criteria, are able to access the asylum system under the “asylum ban”?
4. What mechanisms are in place to monitor and evaluate the health and human rights impacts of the “asylum ban”? How will the government hold itself accountable for any negative outcomes?
5. Can the government provide information on the current conditions in holding facilities where migrants are detained, and how these conditions align with state and federal public health guidelines and human rights standards? How does the U.S. government ensure that, as mandated by The Nelson Mandela Rules,²⁵ detainees receive the same level of healthcare as the general public?
6. What steps are being taken to ensure transparency and accountability within ICE and CPB regarding their treatment of detainees, including procedures for addressing reports of physical and verbal abuse by U.S. officials?
7. Considering the evidence demonstrating that family and community-based case management programs do not have a negative impact on compliance with immigration conditions, and given the documented systemic failures of ICE to provide appropriate healthcare and protect human rights, under what basis does the U.S. government continue to justify the use of custodial settings?
8. How are community-based, non-surveillance case management programs being implemented or expanded, and what criteria are being used to assess their effectiveness in comparison to immigration detention or surveillance-based programs?
9. Given the persistent reports of violations against health, rights, autonomy, and dignity, what comprehensive reforms are being considered or implemented to ensure that the U.S. immigration detention system complies with state, federal, and international legal obligations?

Through evidence, change is possible.



2. Policing: Excessive use of force by law enforcement agents (ICCPR Article 6); LOI paragraph 14

Paragraph 14 of the List of Issues requests that the United States government indicate what steps it “is taking to limit excessive use of force by law enforcement officials against civilians, particularly those belonging to racial minorities,” and to “[d]escribe the mechanisms in place to hold law enforcement officials who use excessive force accountable...” In 2022, PHR published new research into the use of the discredited diagnosis known as “excited delirium,” which has been used in a wide range of contexts to deny police accountability for excessive force and deaths in police custody.

LOI Paragraph 14 also requests that the government, “[i]ndicate the relevant laws and describe the legal standards under domestic law on the appropriate use of force and firearms by law enforcement and security forces...” including during demonstrations. The Committee further requests that the government, “[e]xplain how such laws are compliant... with the Basic Principles on the Use of Force and Firearms by Law Enforcement Officials.” In 2016, PHR together with the International Network of Civil Liberties Organizations (INCLO) published a groundbreaking study into the health and human rights impacts of various forms of “less lethal weapons.” After years of further technical, legal, and policy innovations in this field, PHR and INCLO published an update – *Lethal in Disguise 2: How Crowd-Control Weapons Impact Health and Human Rights*– in 2023.²⁶ This update, undertaken following the 2020 protests in response to the police killing of George Floyd, includes relevant reflections and data from the U.S. government’s response to mass demonstrations, use of force policy guidance, and the need for alignment with UN principles on the use of force and the use of “less lethal weapons.”

“Excited Delirium” and Deaths in Police Custody

In recent years, more than 100 people in the United States – disproportionately Black men – have had their deaths in police custody attributed to a medically baseless condition known as “excited delirium.” Recent, high-profile cases include the deaths of Daniel Prude,²⁷ Elijah McClain,²⁸ and Manuel Ellis.²⁹ In May 2020, as Minneapolis police officer Derek Chauvin fatally knelt on George Floyd’s neck, fellow officer Thomas Lane could be heard saying, “Roll him on his side?... I just worry about the excited delirium or whatever.”

In March 2022, PHR published the report, “‘Excited Delirium’ and Deaths in Police Custody: The Deadly Impact of a Baseless Diagnosis.”³⁰ PHR undertook this investigation to evaluate the origins, history, use, and validity of the concept of “excited delirium” as a diagnosis and cause of death, and to better understand how flawed reliance on this false diagnosis contributes to inadequate investigation and undercounting of deaths in police custody. The report traces the evolution of the concept from the 1980s, when it was first coined by the forensic pathologist Dr. Charles Wetli in case reports on cocaine intoxication and then later wrongly used to explain the deaths of more than 17 Black women sex workers in Miami, Florida. Wetli’s grave mischaracterization of these murders – and the racism and misogyny that informed his continued promotion of the idea that that Black male death was due to cocaine-related “delirium” – should have discredited this theory, but instead use of the term grew.

As the report details, physicians helped disseminate “excited delirium” as a diagnosis while serving as legal defense experts or researchers for law enforcement agencies or for TASER International (now Axon Enterprise), the weapons manufacturer. TASER/Axon itself helped increase use of the term, distributing more than one thousand copies of a book on “excited delirium” to medical examiners and police chiefs. “Excited delirium” has since become a catch-all explanation for many deaths occurring in the context of law enforcement restraint, often coinciding with substance use or mental illness, and disproportionately used to explain the deaths of Black men in police encounters. Several of the purported signs of “excited

Through evidence, change is possible.



delirium” also invoke racist tropes that people of color possess “superhuman strength” and are “impervious to pain,” which increases the risk that officers trained to recognize such signs will respond with excessive force. Professor Osagie Obasogie of the University of California, Berkeley, found that from 2010 to 2020, of at least 166 reported deaths in police custody from possible “excited delirium,” of which number Black people made up 43.3 percent.³¹ A 2020 study conducted an extensive review of the literature on “excited delirium” and found that some form of restraint was described in 90 percent of all deaths.³²

“Excited delirium” is not included in any version of the International Classification of Diseases, the international standard for reporting diseases and health conditions, currently in its eleventh revision (ICD-11), or in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria for psychiatric illness. Neither the American Medical Association nor the American Psychiatric Association recognize its validity. In general, there is a lack of scientific data, and the body of literature supporting the diagnosis is small and of poor quality, with homogenous citations.

For all of these reasons, PHR has concluded that “excited delirium” is not a valid, independent medical or psychiatric diagnosis and should not be used by clinicians, attorneys, or law enforcement. The concept of “excited delirium” is scientifically meaningless because of the lack of consensus or rigorous evidentiary basis behind it. Moreover, many of the studies that have been used to support the diagnosis have serious methodological deficiencies and are laden with conflicts of interest with law enforcement and TASER/Axon. Rather, it is used in practice to baselessly justify excessive or lethal use of force by U.S. law enforcement.

In August 2022, the Office of the Independent Police Auditor (OIPA) for Bay Area Rapid Transit (BART) (the area in and around San Francisco, California) used PHR’s report to persuade the BART Police Department to remove the term from its policy manual and cease use of the term in its reports.³³ PHR urges other police departments, oversight bodies, and training associations to adopt similar policy changes.

Similarly, PHR has called on medical associations to issue statements opposing the use of “excited delirium” as both a diagnosis and cause of death. After the report’s publication, the American Academy of Emergency Medicine issued a position statement adopting PHR’s recommendations.³⁴ Additionally, following months of advocacy from PHR and members of the medical community, the last two major medical associations that recognized “excited delirium” each reversed course: the American College of Emergency Physicians in an April 2023 statement,³⁵ and the National Association of Medical Examiners in a statement the month before.³⁶ Now that the medical consensus has affirmed the rejection of “excited delirium” as a valid diagnosis or cause of death, it is critical for law enforcement agencies in the United States to remove all use of this concept in training materials, departmental policy documents, and investigative reports. U.S. police departments and other law enforcement agencies must also actively work to undo the damage done by “excited delirium” and undertake retraining initiatives to address engagement and use of force guidance for those experiencing mental health or substance abuse crises.

Undercounting Deaths in Custody in the United States

PHR’s report also noted that deaths in law enforcement custody, including in-custody deaths wrongly attributed to “excited delirium,” are undercounted across the United States, including by multiple federal agencies.

A 2021 Lancet study and a 2017 Harvard study both found that more than half of all police-related deaths were incorrectly classified in the National Vital Statistics System, a U.S. federal government system (managed by the U.S. CDC) that gathers death certificate data.^{37, 38} Similarly, the Government

Through evidence, change is possible.



Accountability Office recently found that in fiscal year 2021,³⁹ the Department of Justice (DOJ) undercounted deaths in custody by nearly 1,000 in its data collection, as mandated by the Death in Custody Reporting Act (DCRA) of 2013.⁴⁰ Additionally, almost 40 percent of the records DOJ received did not include the required description of the circumstances surrounding the death.

Undercounting disproportionately affects people of African descent, who are far more likely to be killed in police custody.⁴¹ Absent accurate statistics on deaths in custody, federal agencies like CDC and DOJ cannot assess patterns in the data to identify needed reforms, hold problem facilities or police departments accountable, and prevent future deaths.

Law Enforcement Response to Peaceful Anti-Racism Protests

In the summer of 2020, PHR investigated widespread police misuse of crowd control weapons against the public in the context of Black Lives Matter demonstrations following George Floyd's murder. PHR's multimedia exposé "Shot in the Head" documented 115 cases of injuries to the head and neck from police using kinetic impact projectiles (KIPs) against protestors across the country.⁴² In July 2020, when the Trump administration sent federal forces to Portland, Oregon against the wishes of the state government, PHR deployed a rapid response team to document abuses. Our report, "'Now they seem to just want to hurt us,': Dangerous Use of Crowd-control Weapons against Protestors and Medics in Portland, Oregon," found that law enforcement's use of crowd-control weapons and obstruction of medical care at the protests caused severe injuries and psychological trauma to both medics and protestors.⁴³

PHR has also conducted research on the harmful effects of "less than lethal" weapons used to suppress and restrict the right to freedoms of assembly and expression. The March 2023 PHR report, "Lethal in Disguise 2: How Crowd-Control Weapons Impact Health and Human Rights,"⁴⁴ (LiD2) built on PHR's 2016 investigation "Lethal in Disguise: The Health Consequences of Crowd-Control Weapons" (LiD1).⁴⁵ Some key findings from these reports on the United States include:

- Since 2016, when LiD1 was published, weapons use and manufacture have proliferated, resulting in more injuries and less accountability for these harms. Some weapons have already been determined to cause disproportionate harm to health, undue collective punishment, or both, and must be prohibited. These include: any kind of live ammunition; a number of forms of kinetic impact projectiles (KIPs, commonly known as rubber and plastic bullets) and chemical irritants; ⁴⁶ disorientation devices (such as stun grenades, explosive grenades, or other flash bang weaponry); direct contact electric shock weapons; and some blunt force weapons, such as whips, and weighted or spiked batons.
- In response to Black Lives Matter protests, law enforcement agencies indiscriminately deployed crowd-control weapons (CCWs), including KIPs such as foam/sponge bullets, rubber bullets, pepper balls, beanbag rounds, chalk grenades, and flash-bang grenades against protestors, the vast majority of whom were peacefully assembled. The police response to anti-police violence protests in the wake of Floyd's murder also involved widespread use of stun grenades, resulting in numerous injuries, and different forms of tear gas in dozens of cities. Countless protestors, bystanders, and journalists sustained critical wounds, broken bones, traumatic brain injuries, and even blindness as a result of the projectiles fired by police. In just one day, May 30, 2020, police partially blinded eight people across the country.⁴⁷
- There were more than 950 incidents of police violence against civilians recorded during the protests that followed the murder of George Floyd. These instances are symptomatic of the differentiated police response to those protesting racism and police brutality, and illustrate the disproportionate impact of the violent policing on people of African descent and other people of color. Moreover, while covering these protests, journalists became targets for assault and arrest by police officers.

Through evidence, change is possible.



Additionally, LiD2 details and seeks to mainstream international standards on the use of force, including the 1979 UNGA adopted Code of Conduct, the UN Basic Principles (1990), and the UN Guidance on Less Lethal Weapons (2020). From these international standards, PHR seeks to chiefly underscore the “six principles,” that “[a]ny use of force must comply with the principles of legality, precaution, necessity, proportionality, non-discrimination, and accountability.”

Recommendations:

1. The U.S. government should undertake a review of deaths in custody as a matter of racial and other disparities in health, including deaths in which the term “excited delirium” was applied to describe the circumstances of death. In this review, analyze the demographics of the people to whom this term is applied, as well as the common situations in which it is invoked;
2. Congress should allocate funding for new or expanded non-law-enforcement emergency mental health services and social services response programs on the state and local levels;
3. Police associations and first responders should stop disseminating “excited delirium” protocols and collect data on how the term has been applied, including racial disparities in its use; and
4. State and local governments should improve official responses to people experiencing mental and behavioral health challenges by:
 - a. Bolstering resources and social services to address community needs, including mental health and harm reduction;
 - b. Taking steps to ensure that medically trained professionals are the primary responders and decision-makers in the management of acute medical emergencies, including mental health and substance use disorder crises; and
 - c. Investing in alternative models of mental and behavioral health crisis response, led by health professionals and/or social workers, rather than law enforcement.
5. Enforce the Death in Custody Reporting Act of 2013 (Pub. L. No. 113-242) that requires law enforcement agencies to report to the Attorney General annually on all deaths in custody within their jurisdiction;
6. Enforce the 21st Century Cures Act by requiring the Department of Justice (DOJ) and others to regularly collect and report data related to law enforcement encounters and mental illness;
7. Establish national standards across all federal law enforcement agencies for clear procedures in death investigations in federal custody;
8. Work with Congress, and state and local governments, to unify national standards for investigations of deaths in custody, including well-supported independent accreditation, investigatory, and oversight mechanisms;
9. Add a required checkbox on the U.S. standard death certificate to enable physicians to report deaths in custody; and
10. The United States should adopt and mainstream international standards on the use of force by law enforcement, including the UN Code of Conduct (1979), the UN Basic Principles (1990), the UN Guidance on Less Lethal Weapons (2020), and the “six principles” on use of force.

Suggested Questions:

1. How does the government intend to disentangle racially fraught and outdated concepts like “excited delirium” from police policies and practices?
2. What steps does the government plan to take to investigate, study, or support new, non-securitized responses to people experiencing mental or behavioral health challenges?
3. What is the government’s plan of action to improve reporting for deaths in custody and to fully comply with the Death in Custody Reporting Act of 2013?

Through evidence, change is possible.



4. Can the government identify steps to be taken at all levels of government to unify national standards for investigations of deaths in custody, including well-supported independent accreditation, investigatory, and oversight mechanisms?
5. How has the United States worked to mainstream UN principles and guidance on the use of force in law enforcement, including the 2020 UN Guidance on Less-Lethal Weapons? How can the US government work to support or incentivize the mainstreaming of international principles at all levels of government and in all jurisdictions and localities?
6. Does the U.S. government support international, regional and national controls on the trade in crowd control weapons (CCWs) and equipment, including limits on the trade in inherently abusive weapons and equipment and control of the trade in CCWs that are misused to ensure that they are not used in human rights abuses?
7. What steps have been taken by the government to support training for law enforcement in human rights and legal standards as well as human rights-compliant use of CCWs?
8. What steps has the government taken to promote appropriate de-escalation techniques to minimize the risk of violence?

3. Reproductive Rights: Maternal mortality, termination of pregnancy and reproductive rights (ICCPR articles 2, 3, 6, 7 and 26); LOI paragraph 12

Reversal of the right to abortion in the U.S. violates the rights to life, non-discrimination and equality, freedom from torture and ill-treatment, and privacy

The Human Rights Committee published its List of Issues in 2019, prior to the U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, which reversed the recognition of a federal right to abortion in the U.S. Despite the Committee's request for information on state laws restricting access to abortion services, the U.S. failed to provide this information in its last submission or provide an updated submission since the *Dobbs* judgement was handed down.⁴⁸

A. Overview of Abortion Access in the United States: Fragmentation, Increasing Health Disparities, and Harm to Patients and Healthcare Workers

The U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* marked the most widespread retrogression in the protection of previously recognized constitutional rights in the country's history. The U.S. is one of only four countries in the world that has removed legal grounds for abortion since 1994, joining El Salvador, Nicaragua, and Poland.⁴⁹ The loss of federal protection for the right to abortion has made access to abortion care become increasingly fragmented and limited across the country. In response to the question in the List of Issues concerning state laws and reproductive rights, this section outlines the state-level landscape in the United States, with a particular focus on Oklahoma, which enacted multiple abortion bans.

Penalization of essential healthcare

The World Health Organization has recognized abortion as essential health care, and the drugs utilized for medication abortion as essential medicines.⁵⁰ Despite this, over a dozen states are enforcing total or near-total civil and criminal bans on abortion, with narrow and ambiguously defined exceptions that are not rooted in medical terminology. Many bans even fail to provide exceptions to preserve the health of a pregnant person or in cases of pregnancy resulting from sexual violence.⁵¹ Conversely, at least three states have rejected anti-abortion ballot initiatives and states like California and New York have passed laws that aim to protect access both for residents as well as those who need to travel from a state where abortion is prohibited, and also shield healthcare workers in their state who provide abortion for out-of-state

Through evidence, change is possible.



residents from penalties arising from other states' bans.⁵² Nationally, the U.S. Food and Drug Administration is also facing a lawsuit challenging the authorization of mifepristone, one of two medications typically used in combination for medication abortion, that could lead to this drug being de-registered and therefore prohibited for abortion across the country.⁵³

Chilling effect on abortion access, even in life-threatening circumstances

The limited exceptions that exist often do not reflect accurate medical terminology, rendering physicians' decision vulnerable to being challenged easily and placing clinicians at risk of lawsuits or prosecution. These bans impose severe criminal and civil penalties on health care professionals who are found to violate them.⁵⁴ Four states— Arkansas, Oklahoma, South Dakota, and Texas—have adopted civil and criminal laws that only include exceptions phrased along the lines of “except when necessary to save the life of the mother.”⁵⁵ Several states, including Oklahoma, have multiple bans in effect with inconsistent exceptions.⁵⁶ Although most abortion bans do include an exception for life-saving emergency care, these exceptions are framed in non-medical language that led to confusion about how close to death a patient needs to be to legally access an abortion. In several instances, this chilling effect has led to adverse medical outcomes for pregnant patients.^{57, 58}

Dual loyalty and violations of medical ethics

These bans leave clinicians in a situation known as “dual loyalty” – that is, a position where they must navigate arbitrary and punitive state laws while also seeking to comply with their ethical duty to provide the appropriate standard of care to their patients and ensure patient autonomy.⁵⁹ The threat of prison sentences, steep fines, and loss of medical licensure, among other potential penalties, creates a chilling effect on abortion care even for patients facing emergent health risks.⁶⁰ The American College of Obstetricians and Gynecologists (ACOG) expressed concern that these penalties impede medical professionals' abilities to “assess the unique patient and clinical situation in front of them and make reasonable evidence-based decisions about when to intervene.”⁶¹ More than 75 health care organizations echoed this sentiment in a 2022 joint statement, concluding that “our patients need to be able to access—and our clinicians need to be able to provide—the evidence-based care that is right for them, including abortion, without arbitrary limitations, without threats, and without harm.”⁶²

Harm to life and health of patients

Patients in states with abortion bans have been significantly harmed by this situation of dual loyalty. Due to “trigger bans” designed to immediately prohibit abortion as soon as *Roe* was overturned, *Dobbs*' impact on human rights has been swift and devastating. Across the country, numerous cases have emerged of pregnant patients who have suffered preventable trauma and come close to death because clinicians delayed or denied care to avoid penalty under abortion bans.⁶³ A recent national study found that post-*Dobbs* “health care providers have seen increased morbidity, exacerbated pregnancy complications, an inability to provide time-sensitive care, and increased delays in obtaining care for patients in states with abortion bans.”⁶⁴ While the federal government has issued guidance that the Emergency Medical Treatment and Active Labor Act (EMTALA) obligates physicians to provide stabilizing care, including abortion where medically appropriate, when a patient presenting at an emergency department is experiencing an emergency medical condition, this guidance has been challenged by states with near abortion bans.⁶⁵

Abortion bans also have often been broadly drafted in a manner that hinders access to non-reproductive health care; for example, bans on abortion have led to concerns about prescribing methotrexate (used to treat ectopic pregnancies) for auto-immune issues, delays in providing cancer treatment to pregnant patients who would typically undergo a pregnancy termination due to treatment-related risks, and

Through evidence, change is possible.



utilization of assisted reproductive technologies such as in vitro fertilization in states seeking to recognize personhood before birth.⁶⁶

Perpetuation of discrimination and health inequities

Prior to *Dobbs*, Black, indigenous, and Latinx populations already experienced stark inequities in access to reproductive health care in the U.S.; these disparities are likely to be further exacerbated as abortion access becomes increasingly limited.⁶⁷ Many bans are in states that already lead the country in maternal mortality and health disparities.⁶⁸ Fear of criminalization and other penalties as a result of abortion bans further threatens to perpetuate health disparities by dissuading clinicians from practicing medicine in ban states; for example, a recent study found that obstetrics and gynecology residency program applications are down 10% in states with abortion bans.⁶⁹ Post *Dobbs*, not only have dozens of abortion clinics closed down,⁷⁰ but hospitals in states where abortion is banned have also reported needing to close labor and delivery wards due to difficulty in attracting trained obstetrician/gynecologists.⁷¹

Violence against healthcare workers and clinics

Even prior to *Dobbs*, abortion providers and clinics in the U.S. faced significant attacks. One prominent provider was assassinated in 2009.⁷² In 2022, the National Abortion Federation found that there has been an increase in major incidents targeting abortion providers and clinics, including a 20% increase in death threats and a 229% increase in stalking incidents.⁷³ Notably, there was a “sharp increase” in violence in states that protect abortion rights, including a 133% increase in bomb threats.⁷⁴ The Department of Justice Reproductive Rights Task Force has litigated more cases of abortion-related violence and threats against clinics and clinicians in 2022 than the prior three years combined.⁷⁵

B. State-Level Impact of Abortion Bans: Confusion, Barriers to Healthcare Services, Erosion of Patient-Provider Relationship and Patient Autonomy, and Trauma

In April 2023, PHR together with the Oklahoma Call for Reproductive Justice (OCRJ) and the Center for Reproductive Rights (CRR) published a study entitled *No One Could Say: Assessing Prospective Prenatal Patients’ Access to Emergency Obstetrics Information in Post-Roe Oklahoma*, which assessed the ability of a pregnant person in Oklahoma to receive clear, sufficient, and necessary information to make informed decisions about their medical care, and the extent to which hospitals have adopted protocols or guidelines for providing care during obstetric medical emergencies.⁷⁶ At the time the research was conducted, Oklahoma residents were living under four overlapping and sometimes contradictory abortion bans (there are now three), which imposed severe civil and criminal penalties on health care professionals who violated them.⁷⁷ The situation in Oklahoma offers important insight into the effects of total abortion bans on pregnant patients and the clinicians who care for them in all 13 states with such bans.

Researchers posed as prospective patients and called hospitals that provide prenatal and peripartum care across the state to ask questions related to emergency pregnancy care. In response, hospitals provided opaque, contradictory, and incorrect information about when an abortion is available; lacked clarity on criteria and approval processes for abortions; and offered little reassurance to patients that their survival would be prioritized or that their perspectives would be considered. While staff made good faith efforts to assist the callers, not a single hospital in Oklahoma appeared to be able to articulate clear, consistent policies for emergency obstetric care that supported their clinicians’ ability to make decisions based solely on their clinical judgement and pregnant patients’ stated preferences and needs.^{78, 79}

Through evidence, change is possible.



C. Ongoing Widespread Violations of the Rights to Life, Freedom from Torture and Ill-Treatment, Non-Discrimination and Equality, and Privacy

In the months leading up to and since *Dobbs*, numerous U.N. human rights bodies and experts have expressed concern about human rights violations arising from the retrogression of reproductive rights in the United States.⁸⁰ These expressions of concern by U.N. human rights mandate holders have included the submission of an amicus brief filed by the UN High Commissioner for Human Rights to the Supreme Court of the United States in *Dobbs*, publication of statements following the *Dobbs* decision and just before the one year anniversary of the judgment, and the issuance of a communication to the U.S. government “urg[ing] the United States’ Federal Government to prevent retrogression in access to abortion in the United States and instead enact positive measures to ensure access to safe and legal abortion in order to respect, protect and fulfil the rights to life, health, including sexual and reproductive health, privacy, bodily integrity, equality and non-discrimination, and freedom from torture and other cruel, inhuman, and degrading treatment.”⁸¹ In August 2023, the U.N. Committee on the Elimination of Racial Discrimination (CERD Committee) issued concluding observations to the U.S. calling on the state party to address the “profound disparate impact” of *Dobbs* on racial and ethnic minorities and indigenous and low income individuals, and further recommending the state party to mitigate risks—including risk of criminal penalties-- faced by individuals seeking abortion and the health providers who assist them.⁸² Further, the CERD Committee called the U.S.’ attention to the World Health Organization’s abortion care guideline, which calls for abortion decriminalization.⁸³

Despite positive action by the federal government to try to mitigate the impact of abortion restrictions through executive orders and regulatory guidance, the U.S. government has yet to meaningfully respond to the concerns expressed by U.N. human rights mechanisms nor provide updates on its implementation of measures to address these human rights harms. The U.S. failed to update its responses to the Human Rights Committee List of Issues following *Dobbs*, including to reflect the concluding observations issued by the CERD Committee in the weeks following the reversal of abortion rights in the U.S. Similarly, the U.S. government failed to respond to the communication sent by ten U.N. human rights mandate holders within the mandated 60-day response period.

Civil society organizations in the U.S. have continued to track the violations arising from abortion restrictions enforced since *Dobbs*. In 2023, PHR along with partners Human Rights Watch, Global Justice Center, National Birth Equity Collaborative, Pregnancy Justice, and Foley Hoag LLP published a briefing paper entitled *Human Rights Crisis: Abortion in the United States After Dobbs*,⁸⁴ which enumerated a number of human rights violations arising as a result of regression of legal protection of abortion and the resulting dual loyalty constraints. This briefing paper outlines violations of several rights as protected under the International Covenant on Civil and Political Rights, including the rights to life, freedom from torture and ill-treatment, privacy, non-discrimination and equality, and freedom of expression.⁸⁵

Right to life (Article 6(1)):

In General Comment 36, the Human Rights Committee has recognized that states parties’ “restrictions on the ability of women or girls to seek abortion must not, inter alia, jeopardize their lives, subject them to physical or mental pain or suffering that violates article 7 of the Covenant, discriminate against them or arbitrarily interfere with their privacy.”⁸⁶ The Committee has stated that the Convention requires that states parties not introduce new barriers to abortion and permit abortion at a minimum “where the life and health of the pregnant woman or girl is at risk, or where carrying a pregnancy to term would cause the pregnant woman or girl substantial pain or suffering, most notably where the pregnancy is the result of rape or incest or where the pregnancy is not viable,” and explicitly noted that states parties must not take measures such as applying criminal sanctions to individuals who undergo abortion or medical providers who assist them.⁸⁷ Human rights bodies have long recognized the “chilling effect” of abortion

Through evidence, change is possible.



criminalization on pregnant persons' access to abortion services and the threats to survival for pregnant individuals that flow from this.

Despite these guarantees, the reversal of federally protected abortion rights in the U.S. has led to broad criminalization of abortion that fails to recognize even the minimally required exceptions articulated in General Comment 36. As discussed above, these restrictions have endangered the lives of pregnant individuals in states with abortion bans, both by denying access to legal abortion and by impeding access to reproductive health care more generally as obstetricians and gynecologists seek to work in states that do not criminalize pregnancy-related care. As our research in Oklahoma illustrates, under legal frameworks that continue to criminalize abortion, providers remain fearful of prosecution due to lack of clarity on the scope of the law, even in cases of obstetric emergencies that threaten the life of a pregnant person. There are very real concerns that the risks to individuals' right to life will even further increase as more states pass bans restricting interstate travel for abortion access.⁸⁸

Abortion bans can also lead to violations of the right to life of healthcare workers, including abortion providers. As noted above, there have been increasing reports of violence against abortion clinics and personnel in the months since *Dobbs*. In a press statement issued in June 2023, several U.N. human rights experts raised concern about “the increasing reports of threats to the lives of abortion service providers across the country.”⁸⁹

Right to freedom from torture and ill-treatment (Article 7):

Several human rights bodies, including the Human Rights Committee, the Committee against Torture, and the European Court of Human Rights have assessed restrictive abortion laws and state denial of abortion-related services as a form of torture or other ill-treatment.⁹⁰ In decisions on individual complaints from Peru, Argentina, and Ireland, the Human Rights Committee has specifically found that the denial of abortion services to pregnant individuals in cases of fatal fetal impairment and sexual violence can lead to foreseeable pain and suffering and amounts to ill-treatment, including where such denials stem from overly restrictive or vague laws.⁹¹ The Committee has called for the reform of criminal abortion bans, including through constitutional reform if necessary, in two such cases.⁹²

Numerous media reports across the country capture the accounts of pain and suffering experienced by individuals denied abortion in their home states as a result of abortion bans enacted or in force since *Dobbs*.⁹³ Like Jaci Statton's experience, many of these cases reflect trauma as a result of delays in accessing care due to the need to wait for an immediate risk of death or to have to travel out-of-state for an abortion.⁹⁴ Abortion bans also mandate healthcare providers to deny care that could prevent this trauma, making them complicit in inflicting torture and ill-treatment on patients who come to them seeking care.

Right to privacy (Article 17):

In General Comment 16, the Human Rights Committee has clarified that the right to privacy protects against arbitrary or unlawful interference or attacks on an individual's privacy, and includes bodily autonomy.⁹⁵ The Human Rights Committee has established in several judgments that where a state's actions or laws hinder access to abortion, this may constitute an arbitrary and unlawful interference with the right to privacy.⁹⁶ The reversal of the federally protected right to abortion in the United States was in part grounded in a restrictive understanding of the right to privacy as a constitutional right in the United States. As discussed in above, the rollback of reproductive rights at the federal level has led to ongoing and extreme violations of pregnant individuals' bodily autonomy, through states' outright prohibition of abortion in almost all circumstances with high penalties and vague and poorly crafted exceptions that do not utilize medical terminology, which create a chilling effect on abortion provision.

Through evidence, change is possible.



Rights to non-discrimination and equality (Articles 2, 3, 26):

Numerous human rights bodies and experts have recognized that criminalization of abortion constitutes gender-based discrimination.^{97, 98} The Human Rights Committee has recognized that there is discriminatory interference with women's right to privacy where governments "fail to respect women's privacy with regards to the reproductive functions,"⁹⁹ and the right to life where governments fail to protect women from arbitrary and preventable losses of life related to pregnancy and childbirth, which are risks only women face.¹⁰⁰

As noted in the paragraphs above, U.S. abortion bans improperly interfere with the rights of individuals who can become pregnant and disproportionately impact women and girls. In addition, as discussed previously, abortion bans will particularly harm certain marginalized groups who already face discrimination within and outside the healthcare system. This includes BIPOC women, people of diverse gender identities and sexual orientations, migrants, persons with disabilities, people who are low-income or living in poverty, children, and rural residents.¹⁰¹

Recommendations:

1. Restore legal recognition of the right to abortion; enact positive measures at the federal and state level to ensure that all people, including people of color, ethnic minorities, immigrants, adolescents, and people with disabilities have meaningful access to abortion; and adopt laws and policies that ensure that individuals in ban states are not prohibited from utilizing telemedicine or traveling to access abortion care;
2. Ensure that all national and state laws, policies, and regulations on abortion reflect the World Health Organization's 2022 Abortion Care Guidelines, which sets out evidence-based law and policy recommendations to States, including calling for the full decriminalization of abortion, avoidance of enactment of laws that restrict abortion by grounds, and registration of abortion medication to guarantee and expand access to abortion;
3. Protect medical professionals who provide abortion and other reproductive healthcare by prohibiting their civil or criminal liability, disbarment, loss of license, or other retribution or reprimanding measures as a result of abortion bans, including by promoting the adoption of "shield laws" that create protections for individuals who obtain, provide, recommend, or assist others in obtaining abortion services from civil actions of another state;
4. Prevent, investigate, prosecute, and provide remedy for attacks on healthcare workers and facilities that provide abortion-related care, including by enforcing the Freedom of Access to Clinic Entrances Act ("FACE") (which prohibits threats of force, obstruction and property damage intended to interfere with reproductive health care services), and continuing to support local authorities in investigating and prosecuting cases seeking accountability for such attacks including through the Department of Justice Reproductive Rights Task Force;
5. Recognizing that abortion bans cause a situation of "dual loyalty" where providers' ethical and professional obligations to their patients are undermined by their legal obligation to the state, utilize the U.S. government's oversight authority to monitor the impact of abortion bans on the provision of reproductive health care and on health disparities, and the effectiveness of legislative measures such as federal guidance on Emergency Medical Treatment and Active Labor Act (EMTALA) that is aimed to secure access to abortion in life-threatening situations even in states where abortion is banned, with the aim of safeguarding the ability of providers to deliver care; and,
6. Respond to the communication Ref.: AL USA 11/2023 dated May 10, 2023, sent to the U.S. from ten U.N. human rights mandate holders concerning the human rights situation in the U.S. post-

Through evidence, change is possible.



Dobbs, including concerning the rights to life, privacy, freedom from torture and ill-treatment, and non-discrimination and equality.

Suggested Questions:

1. What measures are being undertaken by the U.S. government to restore the federal recognition of the right to abortion and enact positive measures at the federal and state level to guarantee this right in practice and without discrimination? How is the U.S. government aiming to ensure the provision of abortion by clinicians practicing in states where abortion is legal, including by ensuring abortion can be provided via telemedicine, that providers do not face penalties for treatment of patients from out-of-state, and that patients are able to travel across state lines for legal abortion care?
2. The passage of abortion bans in the U.S. that are not grounded in medicine or science has led to confusion and inconsistency in how exceptions should be understood, as well as an overall chilling effect on abortion access. How is the U.S. monitoring the impacts of the reversal of the federally-protected right to abortion on human rights, including on access to sexual and reproductive health and on health disparities?
3. In light of the increasing physical and legal attacks on healthcare workers and facilities that provide abortion-related care, what steps is the U.S. government taking to bring about an immediate end to the violence and to protect clinicians from facing lawsuits and prosecutions for provision of safe abortion care?
4. Several U.N. human rights bodies and experts have expressed concern about the human rights situation in the U.S. as a result of abortion bans. In May 2023, ten U.N. special procedures sent a letter to the U.S. government expressing concern about violations of a wide range of human rights, including the right to life, freedom from torture and ill treatment, non-discrimination and equality, and privacy. Why has the U.S. failed to respond to this request? When does it plan to issue a response?

¹ “Family Reunification Task Force” U.S. Department Homeland Security, last updated April 28, 2023, <https://www.dhs.gov/family-reunification-task-force>

² Family Reunification Task Force May 31 2023 Interim Progress Report,” Interagency Task Force on the Reunification of Families, May 31, 2023, https://www.dhs.gov/sites/default/files/2023-06/23_5_31_osec_may_2023_frtf_interim_progress_report_final.pdf.

³ Hajar Habbach, Kathryn Hampton, and Ranit Mishori, “*You Will Never See Your Child Again*”: *The Persistent Psychological Effects of Family Separation*, Physicians for Human Rights, February 25, 2020, <https://phr.org/our-work/resources/you-will-never-see-your-child-again-the-persistent-psychological-effects-of-family-separation/>.

⁴ Tamaryn Nelson and Hajar Habbach, “*If I went back, I would not survive*.” *Asylum Seekers Fleeing Violence in Mexico and Central America*, Physicians for Human Rights, October 9, 2019, <https://phr.org/our-work/resources/asylum-seekers-fleeing-violence-in-mexico-and-central-america/>.

⁵ Kevin Ackerman, et. al, “There Is No One Here to Protect You” Trauma Among Children Fleeing Violence in Central America, Physicians for Human Rights, June 10, 2019, <https://phr.org/our-work/resources/there-is-no-one-here-to-protect-you/>.

⁶ Kathryn Hampton, et. al, *The psychological effects of forced family separation on asylum-seeking children and parents at the US-Mexico border: A qualitative analysis of medico-legal documents*, PLOS One 16 no. 11, November 24, 2021, <https://doi.org/10.1371/journal.pone.0259576>.

⁷ Hajar Habbach, *You Will Never See Your Child Again*.

⁸ “Migrant Protection Protocols,” U.S. Department of Homeland Security, last updated September 1, 2022, <https://www.dhs.gov/news/2019/01/24/migrant-protection-protocols>.

⁹ Kathryn Hampton, et. al, *Forced into Danger: Human Rights Violations Resulting from the U.S. Migrant Protection Protocols*, Physicians for Human Rights, January 19, 2021, <https://phr.org/our-work/resources/forced-into-danger/>.

Through evidence, change is possible.



-
- ¹⁰ “MPP (Remain in Mexico) Deportation Proceedings—All Cases,” TRAC Immigration, 2022, <https://trac.syr.edu/phptools/immigration/mpp/>.
- ¹¹ *United States of America: Mandatory Use of CBP One Application Violates the Right to Seek Asylum*, Amnesty International, May 7, 2023, <https://www.amnesty.org/en/documents/amr51/6754/2023/en/>.
- ¹² Ranit Mishori, “Risk behind bars: Coronavirus and immigration detention,” *The Hill*, March 17, 2020 <https://thehill.com/opinion/immigration/487986-risk-behind-bars-coronavirus-and-immigration-detention/>.
- ¹³ Olivia Falcone, “Unpacking Inequity: COVID-19, Structural Racism, and the U.S. Healthcare System,” Physicians for Human Rights, May 3, 2021, <https://phr.org/our-work/resources/unpacking-inequity-covid-19-structural-racism-and-the-u-s-healthcare-system/>.
- ¹⁴ “COVID-19 in Detention: Conditions, Ethics, and Solutions” Physicians for Human Rights, January 22, 2021, <https://phr.org/our-work/resources/covid-19-in-detention-conditions-ethics-and-solutions/>.
- ¹⁵ Katherine Peeler, et. al, *Praying for Hand Soap and Masks Health: Human Rights Violations in U.S. Immigration Detention during the COVID-19 Pandemic*, Physicians for Human Rights, January 12, 2021, <https://phr.org/our-work/resources/praying-for-hand-soap-and-masks/>.
- ¹⁶ Eunice Hyunhye Cho and Joanna Naples-Mitchell, *Behind Closed Doors: Abuse and Retaliation Against Hunger Strikers in U.S. Immigration Detention*, Physicians for Human Rights, ACLU National Prison Project, June 23, 2021, <https://phr.org/our-work/resources/behind-closed-doors/>.
- ¹⁷ Kathryn Hampton, Michele Heisler, and Cynthia Pompa, *Neither Safety nor Health: How Title 42 Expulsions Harm Health and Violate Rights*, Physicians for Human Rights, July 28, 2021, <https://phr.org/our-work/resources/neither-safety-nor-health/>.
- ¹⁸ “After Documenting Abuses at ICE Berks Detention Center, PHR and Human Rights First Welcome Biden Administration Decision to Close Facility, Human Rights First and Physicians for Human Rights,” December 2, 2022, <https://humanrightsfirst.org/library/after-documenting-abuses-at-ice-berks-detention-center-phr-and-human-rights-first-welcome-biden-administration-decision-to-close-facility/>.
- ¹⁹ “Immigrant Detention Numbers Dip Below 20,000 for the Third Time This Year,” TRAC Immigration, April 14, 2022, <https://trac.syr.edu/whatsnew/email.220414.html#:~:text=For%20context%2C%20in%20the%20summer%20over%2013%2C000%20immigrants%20were%20detained.>
- ²⁰ “Detained Immigrants Seeking Release on Bond Have Widely Different Outcomes – Overall Bond Grant Rates Have Dropped,” TRAC Immigration, July 19, 2023, <https://trac.syr.edu/reports/722/>.
- ²¹ “Alternatives to Detention,” U.S. Department of Homeland Security, July 6, 2023, <https://www.ice.gov/features/atd>
- ²² Nishant Uppnal, et. al, Alternatives to Detention: Immigration Reform Grounded in Public Health. *American Journal of Public Health* 11 no.8, August 2021, 1395-1397, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8489646/>.
- ²³ Nicole Acevedo and Jacob Soboroff, “Justice Dept. defends Trump family separations in court, citing ‘perceived humanitarian considerations,’” *NBC News*, June 1, 2023, <https://www.nbcnews.com/news/latino/biden-justice-dept-defends-trump-family-separations-court-rcna87115>.
- ²⁴ Senator Jacky Rosen and Senator Mazie Hirono, “Oversight-Letter-to-DHS-CBP-CMO-on-CWPs,” September 15, 2022, <https://www.rosen.senate.gov/wp-content/uploads/2022/09/2022.9.15-Oversight-Letter-to-DHS-CBP-CMO-on-CWPs-FINAL.pdf>
- ²⁵ “The Nelson Mandela Rules: Protecting the Rights of Persons Deprived of Liberty,” United Nations, last accessed September 11, 2023, <https://www.un.org/en/un-chronicle/nelson-mandela-rules-protecting-rights-persons-deprived-liberty>.
- ²⁶ Rohini J. Haar, et. al, *Lethal in Disguise 2: How Crowd-Control Weapons Impact Health and Human Rights*, Physicians for Human Rights, International Network of Civil Liberties Organizations, March 22, 2023, <https://phr.org/our-work/resources/lethal-in-disguise-2/>.
- ²⁷ Jesse McKinley, “Rochester to Pay \$12 Million to Family of Man Killed by the Police,” *New York Times*, October 6, 2022, <https://www.nytimes.com/2022/10/06/nyregion/daniel-prude-death-police-settlement.html>.
- ²⁸ “‘Excited Delirium’: Elijah McClain’s Mother Talks To ‘60 Minutes’ About Use Of Ketamine To Sedate Suspects,” *CBS News*, December 14, 2020, <https://www.cbsnews.com/colorado/news/excited-delirium-elijah-mcclain-60-minutes-ketamine-sedate-suspects/>.
- ²⁹ Ari Folley, “Three officers charged in killing of Manuel Ellis,” *The Hill*, May 27, 2021, <https://thehill.com/homenews/state-watch/555803-three-officers-charged-in-killing-of-manuel-ellis/>.
- ³⁰ Brianna da Silva Bhatia, et. al., “Excited Delirium” and Deaths in Police Custody: The Deadly Impact of a Baseless Diagnosis. Physicians for Human Rights, March 2, 2022, <https://phr.org/our-work/resources/excited-delirium/>.

Through evidence, change is possible.



-
- ³¹ Osagie K. Obasogie, *Excited Delirium and Police Use of Force*, Virginia Law Review 107 no. 8, December 2021, https://www.virginialawreview.org/wp-content/uploads/2021/12/Obasogie_Book_107.pdf.
- ³² Ellen M. F. Strömmer, Wendy Leith, Maurice P. Zeegers, and Michael D. Freeman, *The role of restraint in fatal excited delirium: a research synthesis and pooled analysis*, Forensic Science, Medicine, and Pathology 16, August 22, 2020, 680-692, <https://doi.org/10.1007/s12024-020-00291-8>.
- ³³ “‘Excited delirium’ removed from BART Police Department policy manual and will no longer be used in written reports,” Bay Area Rapid Transit (BART), August 18, 2022, <https://www.bart.gov/news/articles/2022/news20220818>.
- ³⁴ “AAEM Excited Delirium Statement,” American Academy of Emergency Medicine (AAEM), April 27, 2022, <https://www.aaem.org/UserFiles/ExcitedDeliriumStatement.pdf>.
- ³⁵ “ACEP’s Position on Hyperactive Delirium,” American College of Emergency Physicians (ACEP), April 14, 2023, <https://www.acep.org/news/acep-newsroom-articles/aceps-position-on-hyperactive-delirium>.
- ³⁶ “Excited Delirium Statement 3/2023,” National Association of Medical Examiners, March 2023, <https://name.memberclicks.net/assets/docs/Excited%20Delirium%20Statement%203%20-%202023.pdf>.
- ³⁷ *Fatal police violence by race and state in the USA, 1980–2019: a network meta-regression*, Lancet 298 no.10307, October 2, 2021, 1239 – 1255, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01609-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01609-3/fulltext).
- ³⁸ Justin M. Feldman, Sofia Gruskin, Brent A. Coull, and Nancy Krieger, *Quantifying underreporting of law-enforcement-related deaths in United States vital statistics and news-media-based data sources: A capture–recapture analysis*, PLOS Medicine 14 no. 10, October 10, 2017, <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002399>.
- ³⁹ Gretta L. Goodwin, “Deaths in Custody: Additional Action Needed to Help Ensure Data Collected by DOJ Are Utilized,” United States Government Accountability Office, September 20, 2022, <https://www.gao.gov/assets/gao-22-106033.pdf>.
- ⁴⁰ “A Matter of Life and Death: The Importance of the Death in Custody Reporting Act,” The Leadership Conference Education Fund and the Project on Government Oversight (POGO), February 2023, <https://civilrightsdocs.info/pdf/reports/DCRA-Report-2023.pdf>.
- ⁴¹ Frank Edwards and Hedwig Lee, and Michael Esposito, *Risk of being killed by police use of force in the United States by age, race–ethnicity, and sex*, PNAS 116 no. 34, August 5, 2019, 16793-16798 <https://www.pnas.org/content/116/34/16793>.
- ⁴² Scott Reynhout, Rohini Haar, MD, MPH, and Michele Heisler, *Shot in the Head: Crowd-control weapons have caused at least 115 head injuries across the United States during protests following the killing of George Floyd*, Physicians for Human Rights, September 14, 2020, <https://phr.org/our-work/resources/shot-in-the-head>.
- ⁴³ Kathryn Hampton, Michele Heisler, and Donna McKay, “Now they seem to just want to hurt us,”: *Dangerous Use of Crowd-control Weapons against Protestors and Medics in Portland, Oregon*, Physicians for Human Rights, October 8, 2020, <https://phr.org/our-work/resources/now-they-just-seem-to-want-to-hurt-us-portland-oregon/>.
- ⁴⁴ Rohini J. Haar, et. al, *Lethal in Disguise 2: How Crowd-Control Weapons Impact Health and Human Rights*, Physicians for Human Rights, International Network of Civil Liberties Organizations, March 22, 2023, <https://phr.org/our-work/resources/lethal-in-disguise-2/>.
- ⁴⁵ Rohini J. Haar and Vincent Iacopino, *Lethal in Disguise The Health Consequences of Crowd-Control Weapons*, Physicians for Human Rights, March 1, 2016, <https://phr.org/our-work/resources/lethal-in-disguise/>.
- ⁴⁶ “Health Impacts of Crowd-Control Weapons: Kinetic Impact Projectiles (Rubber Bullets),” Physicians for Human Rights, January 1, 2017, <https://phr.org/our-work/resources/health-impacts-of-crowd-control-weapons-kinetic-impact-projectiles-rubber-bullets/>.
- ⁴⁷ Meg Kelly, Joyce Sohyun Lee and Jon Swaine, “Partially Blinded by Police: Eight people suffered severe eye injuries at protests across the country on May 30. In three instances, video evidence undermines official accounts of what happened,” *Washington Post*, July 14, 2020, <https://www.washingtonpost.com/investigations/2020/07/14/george-floyd-protests-police-blinding>
- ⁴⁸ CCPR/C/USA/QPR/5, https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CCPR%2FC%2FUSA%2FOPR%2F5&Lang=en
- ⁴⁹ “Global Trends: Abortion Rights,” Center for Reproductive Rights, September 14, 2022, accessed April 5, 2023, <https://reproductiverights.org/global-trends-abortion-rights-infographic/>.
- ⁵⁰ “Abortion Care Guideline” World Health Organization, March 8, 2022, <https://www.who.int/publications/i/item/9789240039483>; “WHO Model List of Essential Medicines - 23rd list, 2023, July 26, 2023,” World Health Organization, July 26, 2023, last accessed August 1, 2023, 53, <https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02>.

Through evidence, change is possible.



-
- ⁵¹ “After Roe Fell: Abortion Laws by State,” Center for Reproductive Rights, last accessed August 3, 2023, <https://reproductiverights.org/maps/abortion-laws-by-state/>
- ⁵² *Abortion: civil actions*, California A.B. 1666, (2022), Chapter 42, https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1666; “Governor Hochul Signs Nation-Leading Legislative Package to Protect Abortion and Reproductive Rights for All,” New York State Governor, June 13, 2022, <https://www.governor.ny.gov/news/governor-hochul-signs-nation-leading-legislative-package-protect-abortion-and-reproductive>.
- ⁵³ Chloe Atkins, “A federal judge suspends FDA’s longtime approval of an abortion pill, but gives the government 7 days to appeal,” *NBC News*, April 7, 2023, <https://www.nbcnews.com/news/us-news/abortion-pill-case-texas-judge-halts-access-mifepristone-rcna72117>.
- ⁵⁴ 21 Okla. Stat. § 861 imposes a felony punishable by 2-5 years imprisonment for providing an abortion; Gabriella Borter, “Louisiana governor signs law to stiffen penalties for abortion providers,” *Reuters*, June 21, 2022, <https://www.reuters.com/legal/government/louisiana-governor-signs-law-stiffen-penalties-abortion-providers-2022-06-21/>. The Louisiana anti-abortion law increases the penalties for abortion providers to 1-10 years in prison and fines between \$10,000 to \$100,000.
- ⁵⁵ “After Roe Fell: Abortion Laws by State,” Center for Reproductive Rights, last accessed August 3, 2023, <https://reproductiverights.org/maps/abortion-laws-by-state/>
- ⁵⁶ Physicians for Human Rights, Oklahoma Call for Reproductive Justice, and Center for Reproductive Rights, *No One Could Say: Assessing Prospective Prenatal Patients’ Access to Emergency Obstetrics Information in Post-Roe Oklahoma*, April 25, 2023, <https://phr.org/our-work/resources/oklahoma-abortion-rights/>.
- ⁵⁷ Elizabeth Cohen and John Bonifield, “Texas woman almost dies because she couldn’t get an abortion,” *CNN*, June 20, 2023, <https://www.cnn.com/2022/11/16/health/abortion-texas-sepsis/index.html>.
- ⁵⁸ Selena Simmons-Duffin, “In Oklahoma, a woman was told to wait until she’s ‘crashing’ for abortion care,” *NPR*, April 25, 2023, <https://www.npr.org/sections/health-shots/2023/04/25/1171851775/oklahoma-woman-abortion-ban-study-shows-confusion-at-hospitals>.
- ⁵⁹ *Dual Loyalty & Human Rights In Health Professional Practice: Proposed Guidelines & Institutional Mechanisms*, Physicians for Human Rights and the School of Public Health and Primary Health Care University of Cape Town, 2002, 11-13, <https://phr.org/wp-content/uploads/2003/03/dualloyalties-2002-report.pdf>.
- ⁶⁰ Kavitha Surana, “Doctors Warned Her Pregnancy Could Kill Her. Then Tennessee Outlawed Abortion,” *ProPublica*, March 14, 2023, <https://www.propublica.org/article/tennessee-abortion-ban-doctors-ectopic-pregnancy>; Kate Zernike, “Five Women Sue Texas Over the State’s Abortion Ban,” *New York Times*, March 6, 2023, <https://www.nytimes.com/2023/03/06/us/texas-abortion-ban-suit.html>.
- ⁶¹ “Understanding and Navigating Medical Emergency Exceptions in Abortion Bans and Restrictions,” American College of Obstetricians and Gynecologists (ACOG), August 15, 2022, <https://www.acog.org/news/news-articles/2022/08/understanding-medical-emergency-exceptions-in-abortion-bans-restrictions>.
- ⁶² “More Than 75 Health Care Organizations Release Joint Statement in Opposition to Legislative Interference,” American College of Obstetricians and Gynecologists, July 7, 2022, <https://www.acog.org/news/news-releases/2022/07/more-than-75-health-care-organizations-release-joint-statement-in-opposition-to-legislative-interference>.
- ⁶³ Mark Zernike, “Five Women Sue Texas Over the State’s Abortion Ban”; David Goodman and Azeen Ghorayshi, “Women Face Risks as Doctors Struggle With Medical Exceptions on Abortion,” *The New York Times*, July 20, 2022, accessed April 2, 2023, <https://www.nytimes.com/2022/07/20/us/abortion-save-mothers-life.html>; Harris Meyer, “Hospital Investigated for Allegedly Denying an Emergency Abortion After Patient’s Water Broke,” *Kaiser Health News*, November 1, 2022, accessed April 5, 2023, <https://khn.org/news/article/emtala-missouri-hospital-investigated-emergency-abortion/>.
- ⁶⁴ *How post-Roe laws are obstructing clinical care*, UCSF, May 16, 2023, <https://www.ansirh.org/research/research/how-post-roe-laws-are-obstructing-clinical-care>; Grossman D, Joffe C, Kaller S, Kimport K, Kinsey E, Lerma K, Morris N, White K, *Care Post-Roe: documenting cases of poor-quality care since the Dobbs decision*, *Advancing New Standards in Reproductive Health (ANSIRH)*, University of California San Francisco, May 2023, <https://www.ansirh.org/sites/default/files/2023-05/Care%20Post-Roe%20Preliminary%20Findings.pdf>.
- ⁶⁵ Physicians for Human Rights, *No One Could Say*, <https://phr.org/our-work/resources/oklahoma-abortion-rights/>.
- ⁶⁶ Global Justice Center, Physicians for Human Rights, Human Rights Watch, Foley Hoag LLP, Pregnancy Justice, and National Birth Equity Collaborative, *Human Rights Crisis: Abortion in the United States after Dobbs*, 2023, https://phr.org/wp-content/uploads/2023/04/4.13.23_UN_SR_briefingPaper_FINAL.pdf.

Through evidence, change is possible.



-
- ⁶⁷ Liz Fuentes, *Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides*, Guttmacher Institute, January 17, 2023, <https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-deepening-existing-divides>.
- ⁶⁸ *The State of Reproductive Health in the United States: The End of Roe and the Perilous Road Ahead for Women in the Dobbs Era*, Gender Equity Policy Institute, January 19, 2023, 3-6, <https://thegepi.org/wp-content/uploads/2023/06/GEPI-State-of-Repro-Health-Report-US.pdf>
- ⁶⁹ Kendal Orgera, Hasan Mahmood, and Atul Grover, “Training Location Preferences of U.S. Medical School Graduates Post Dobbs v. Jackson Women’s Health Organization Decision,” AAMC, April 13, 2023, <https://www.aamc.org/advocacy-policy/aamc-research-and-action-institute/training-location-preferences>.
- ⁷⁰ “Communities Need Clinics, The New Landscape of Independent Abortion Clinics in the United States,” Abortion Care Network, 2022, <https://abortioncarenetwork.org/wp-content/uploads/2022/12/communities-needclinics-2022.pdf>.
- ⁷¹ Lisa Baumann, “Idaho abortion law one reason hospital won’t deliver babies,” Associated Press, March 23, 2003, accessed Aug. 1, 2023, <https://apnews.com/article/hospital-baby-delivery-idaho-abortion-ban-040fb50e0e069967efcb3fcd72a56677>; National Abortion Federation, “2022 Violence and Disruption Statistics,” 2022, accessed Aug. 8, 2023, <https://prochoice.org/wp-content/uploads/2022-VD-Report-FINAL.pdf>.
- ⁷² Miriam Berg, “Remembering Dr. George Tiller, the Man Whose Motto Was ‘Trust Women,’” May 31, 2019, accessed on August 7, 2023, <https://www.plannedparenthoodaction.org/blog/remembering-dr-george-tiller-the-man-whose-motto-was-trust-women>.
- ⁷³ National Abortion Federation, “2022 Violence and Disruption Statistics.”
- ⁷⁴ Ibid.
- ⁷⁵ Aaron Bolton, “Clinics offering abortions face a rise in threats, violence and legal battles,” *NPR*, April 7, 2023, accessed Aug. 7, 2023, <https://www.npr.org/sections/health-shots/2023/04/07/1168547810/clinics-offering-abortions-face-a-rise-in-threats-violence-and-legal-battles>.
- ⁷⁶ See Annex I
- ⁷⁷ Physicians for Human Rights, *No One Could Say*, <https://phr.org/our-work/resources/oklahoma-abortion-rights/>.
- ⁷⁸ Ibid.
- ⁷⁹ Oklahoma hospitals that are affiliated with an Indigenous nation were excluded from the study; because they operate under federal oversight, it is unclear how the Oklahoma bans impact them.
- ⁸⁰ Michelle Bachelet, “Comment by UN High Commissioner for Human Rights Michelle Bachelet on US Supreme Court Ruling on Dobbs v Jackson Women’s Health Organization,” UN High Commissioner for Human Rights, June 24, 2022, <https://www.ohchr.org/en/statements/2022/06/bachelet-us-ruling-dobbs-v-jackson-womens-health-organization>; Melissa Upreti et al., “Joint Web Statement by UN Human Rights Experts on Supreme Court Decision to Strike Down Roe v. Wade,” Working Group on Discrimination Against Women and Girls, Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health & Special Rapporteur on Violence Against Women, Its Causes and Consequences, June 24, 2022, <https://www.ohchr.org/en/statements/2022/06/joint-web-statement-un-human-rights-experts-supreme-court-decision-strike-down>.
- ⁸¹ AL USA, May 10, 2023, <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=28053>
- ⁸² “Concluding observations on the combined tenth to twelfth reports of the United States of America,” Committee on the Elimination of Racial Discrimination, September 21, 2022, https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CERD/C/USA/CO/10-12&Lang=en
- ⁸³ Ibid.
- ⁸⁴ See Annex II
- ⁸⁵ 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).
- ⁸⁶ Human Rights Committee, General Comment 36: the right to life, para. 8, U.N. Doc. CCPR/C/GC/36 (2019).
- ⁸⁷ Ibid.
- ⁸⁸ Sarah Varney, “Idaho AG sued over state’s teen abortion travel ban,” *CNN*, July 12, 2023, accessed Aug. 7, 2023, <https://www.cnn.com/2023/07/12/health/idaho-abortion-travel-ban-lawsuit-kff-health-news/index.html#:~:text=The%20travel%20ban%2C%20which%20took%20abortion%20care%20without%20parental%20permission>
- ⁸⁹ Reem Alsalem, et al., “United States: Abortion bans put millions of women and girls at risk, UN experts say,” Special Rapporteur on violence against women and girls, its causes and consequences; Working Group on

Through evidence, change is possible.



discrimination against women and girls; Special Rapporteur on freedom of religion or belief; Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment; Special Rapporteur on the human rights of migrants; Special Rapporteur on extreme poverty and human rights; Special Rapporteur on the right to privacy; Special Rapporteur on the rights of persons with disabilities; and Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, June 2, 2023, accessed August 2, 2023, <https://www.ohchr.org/en/press-releases/2023/06/united-states-abortion-bans-put-millions-women-and-girls-risk-un-experts-say>.

⁹⁰ *K.L. v. Peru*, Human Rights Committee, Comm. No. 1153/2003, U.N. Doc. CCPR/C/85/D/1153/2003 (2005), para. 6.3; *Id.*, *LMR v. Argentina*, para. 10; Committee Against Torture: Concluding Observations: Sierra Leone, U.N. Doc. CAT/C/SLE/CO/1 (2014), para. 17; Concluding Observations: Paraguay, U.N. Doc. CAT/C/PRY/CO/4-6 (2011), para. 22; Concluding Observations: Paraguay CAT/C/PER/CO/4 (year), para. 23; Concluding Observations: Nicaragua, CAT/C/NIC/CO/1 (year), para. 16; and Concluding Observations: Chile CAT/C/CR/32/5 (2004), para. 7; European Court of Human Rights, *P. and S. v. Poland* (App. No. 5735/08) (2012), paras. 168-169; *R.R. v. Poland* (Application no. 27617/04) (2011), paras. 161-162; Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, U.N. Doc. A/HRC/22/53 (2013).

⁹¹ *K.L. v. Peru*, Human Rights Committee, Comm. No. 1153/2003, U.N. Doc. CCPR/C/85/D/1153/2003 (2005), para. 6.3; Human Rights Committee, *Mellet v. Ireland*, Comm. No. 2324/2013, U.N. Doc. CCPR/C/116/D/2324/2013 (2016), para. 7.6; Human Rights Committee, *Whelan v. Ireland*, Commc'n No. 2425/2014, UN Doc. CCPR/C/119/D/2425/2014 (2017), paras. 7.7, 7.8, 7.9, 7.12.

⁹² Human Rights Committee, *Mellet v. Ireland*, Commc'n No. 2324/2013, U.N. Doc. CCPR/C/116/D/2324/2013 (2016), paras. 7.6, 7.7, 7.8; Human Rights Committee, *Whelan v. Ireland*, Commc'n No. 2425/2014, UN Doc. CCPR/C/119/D/2425/2014 (2017), paras. 7.7, 7.8, 7.9, 7.12.

⁹³ Mark Zernike, “Five Women Sue Texas Over the State’s Abortion Ban”; David Goodman, “Women Face Risks as Doctors Struggle With Medical Exceptions on Abortion.”

⁹⁴ Aria Bendix, “Woman suing Texas over abortion ban vomits on the stand in emotional reaction during dramatic hearing” *NBC News*, July 19, 2023, <https://www.nbcnews.com/health/health-news/woman-suing-texas-abortion-ban-vomits-on-stand-rcna95162>.

⁹⁵ Human Rights Committee, *General Comment No. 16*, para. 1.

⁹⁶ HRC, *Whelan v. Ireland*, CCPR/C/119/D/2425/2014 (“*Whelan v. Ireland*”), ¶ 7.8; HRC, *Mellet v. Ireland*, CCPR/C/116/D/2324/2013 (“*Mellet v. Ireland*”), ¶ 7.7-7.8; HRC, *K.L. v. Peru*, CCPR/C/85/D/1153/2003 (“*K.L. v. Peru*”), ¶ 6.4; HRC, *V.D.A. (on behalf of L.M.R.) v. Argentina*, CCPR/C/101/D/1608/2007 (“*V. D.A. v. Argentina*”), ¶ 9.3; HRC, *General Comment 28 (2000)* on the equality of rights between men and women (U.N. Doc. CCPR/C/21/Rev.1/Add.10) (29 Mar. 2000), ¶ 20 (“States parties must provide information to enable the Committee to assess the effect of any laws and practices that may interfere with women’s right to enjoy privacy” such as “where States impose a legal duty upon doctors and other health personnel to report cases of women who have undergone abortion. . . . States parties should report on any laws and public or private actions that interfere with the equal enjoyment by women of the rights under article 17, and on the measures taken to eliminate such interference and to afford women protection from any such interference.”).

⁹⁷ UN General Assembly, *International Covenant on Civil and Political Rights (ICCPR)*, 1976, Article 2, <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>; UN General Assembly, *International Covenant on Economic, Social and Cultural Rights (ICESCR)*, Article 2, <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>; American Convention, 1969, Articles 1 and 24; Charter of the United Nations, 1945, Articles 1(3) and 55; Universal Declaration of Human Rights, 1948, Article 2.

⁹⁸ Human Rights Committee, *General Comment 28*, UN Doc. HRI/GEN/1/Rev.9 (2008), paras. 20 and 10, 11; Human Rights Committee, *L.M.R. v. Argentina*, Committee No. 1608/2007, UN Doc. CCPR/C/101/D/1608/2007 (2011) para 9.4.; Human Rights Committee, *Concluding Observations: Colombia*, UN Doc. CCPR/C/79/Add.76 (1997), para. 24; *Argentina*, UN Doc. CCPR/CO.70/ARG (2000), para. 14; *Philippines*, UN Doc. CCPR/C/PHL/CO/4 (2012), para. 13; *Paraguay*, UN Doc. CCPR/C/PRY/CO/3 (2013), para. 13; *Peru*, UN Doc. CCPR/C/PER/CO/5 (2013), para. 14; and *Ireland*, U.N. Doc. CCPR/C/IRL/CO/4 (2014), para. 9; Human Rights Committee, *L.M.R. v. Argentina*, Comm. No. 1608/2007, UN Doc. CCPR/C/101/D/1608/2007 (2011), para. 6(9); UN Working Group on the issue of discrimination against women in law and in practice, *Report of the Working Group, Human Rights Council (32nd Session)*, UN Doc. A/HRC/32/44 (2016), para. 14; CRC, *Concluding Observation: Namibia*, UN Doc. CRC/C/NAM/CO/2-3 (2012), paras. 57, 58; “*Joint Statement by the UN Special Rapporteurs on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, on the situation of human rights defenders, on violence against women, its causes and consequences, and the UN Working Group on the issue of discrimination against women in law and in practice, Rapporteur on the Rights of Women of the Inter-American*

Through evidence, change is possible.



Commission on Human Rights and the Special Rapporteurs on the Rights of Women and Human Rights Defenders of the African Commission on Human and Peoples' Rights, "The 2030 Agenda for Sustainable Development and its implementation mark a unique opportunity to ensure full respect for sexual and reproductive health and rights which must be seized", "United Nations, 2015,

www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16490&LangID=E.

⁹⁹ Human Rights Committee, General Comment 28, UN Doc. HRI/GEN/1/Rev.9 (2008), paras. 20 and 10, 11; K.L. v. Peru, Human Rights Committee, Communication No. 1153/2003, U.N. Doc. CCPR/C/85/D/1153/2003 (2005); L.M.R. v. Argentina, Human Rights Committee, Communication No. 1608/2007, U.N. Doc. CCPR/C/101/D/1608/2007 (2011); Mellet v. Ireland, Human Rights Committee, Communication No. 2324/2013, para 2(4), U.N. Doc. CCPR/C/116/D/2324/2013 (2016).

¹⁰⁰ Mellet v. Ireland (*Concurring Opinion of Ben Achour, Cleveland, Rodruguey Rescia, de Fouville, & Salvioli*), Human Rights Committee, Commc'n No. 2324/2013, U.N. Doc. CCPR/C/116/D/2324/2013 (2016); Whelan v. Ireland, Human Rights Committee, Commc'n No. 2425/2014, U.N. Doc. CCPR/C/119/D/2425/2014 (2017).

¹⁰¹ A. Branigin & S. Chery, "Women of color will be most impacted by the end of Roe, experts say," *Washington Post*, June 24, 2022, <https://www.washingtonpost.com/nation/2022/06/24/women-of-color-end-of-roe/>. Laurel Powell, "Human Rights Campaign Fact Sheet: Lesbian, Bisexual, Queer Women Who Have Been Pregnant Are More Likely to Need Abortion Services; Demonstrates Impact Roe Reversal Would Have on LGBTQ+ People," Human Rights Campaign, June 2, 2022, <https://www.hrc.org/press-releases/human-rights-campaign-fact-sheet-lesbian-bisexual-queer-women-who-have-been-pregnant-are-more-likely-to-need-abortion-services-demonstrates-impact-roe-reversal-would-have-on-lgbtq-people>; American Association of People with Disabilities, "AAPD Statement on Leaked Supreme Court Draft Decision and Threat to Roe v. Wade" (May 10, 2022), <https://www.aapd.com/press-releases/aapd-statement-scotus-threat-to-roe/>.

Through evidence, change is possible.