CENTER FOR REPRODUCTIVE RIGHTS

October 3, 2017

Professor Philip Alston
Special Rapporteur on extreme poverty and human rights
Office of the High Commissioner for Human Rights
UNOG-OHCHR, CH1211 Geneve 10, Suisse
Via email: srextremepoverty@ohchr.org

Re: Request for input on extreme poverty and human rights in the United States

Distinguished Special Rapporteur,

The Center for Reproductive Rights ("The Center") is a non-governmental legal advocacy organization dedicated to advancing reproductive rights worldwide. We write in response to your request for civil society input on "issues related to poverty and human rights" in preparation for your official visit to the United States in December 2017. This letter provides information regarding the impact of poverty and extreme poverty on the reproductive rights, lives, and health of people living in the United States (U.S.), with a particular focus on the ways in which gender, race, and class discrimination intersect and lead to dire reproductive health outcomes and violations of reproductive rights.

Your visit to the United States comes at a critical juncture and has the potential to bring significant attention to issues that disproportionately impact marginalized women in this country. During your visit, the Center respectfully urges you to draw attention to the reproductive rights violations that poor women, and especially poor women of color, currently experience in the United States. These violations range from inadequate access to comprehensive health care, to racial disparities in reproductive health outcomes and the unnecessary separation of families. In drawing attention to these issues, your visit and subsequent report will create important opportunities to address the ongoing backlash against reproductive rights, social protection programs, and historically marginalized communities within the United States.

I. Sexual and Reproductive Rights are Human Rights.

All people have sexual and reproductive rights. Reproductive rights are based on a number of fundamental human rights including the rights to health, life, equality, information, education, privacy, freedom from discrimination and violence, and freedom from torture and cruel

treatment.[1] In the U.S., organizations like the Center for Reproductive Rights work to ensure that these human rights are reflected and protected in our domestic laws.

U.S. advocates for sexual and reproductive rights have also developed a "reproductive justice" framework to articulate a vision of human rights implementation that is attentive to structural inequalities and access barriers, in addition to legal protections for individual decision-making and bodily autonomy. The reproductive justice framework was developed in the 1990's by Black women who, inspired by the 1994 International Conference on Population and Development (ICPD) in Cairo, began utilizing human rights language and concepts in their work to advance the sexual and reproductive freedom of marginalized people in the United States.[2] The reproductive justice framework promotes the interrelated nature of human rights by explicitly recognizing that sexual and reproductive rights often depend upon the simultaneous realization of other economic and social rights. In addition, the reproductive justice movement serves as a model for how U.S. advocates can use international human rights standards to empower marginalized communities and build support for the full range of human rights, despite the U.S. government's failure to ratify core human rights treaties.

We hope that you will have the opportunity to meet with reproductive justice advocates during your official visit to the U.S., and we have included recommendations for contacts at the end of this letter.

II. U.S. Poverty Disproportionately Impacts Marginalized Communities, Leaving Them More Vulnerable to Sexual and Reproductive Rights Violations.

In the United States, poverty disproportionately impacts marginalized communities, including women and girls, people of color, noncitizens, and people with disabilities. According to the U.S. Census Bureau, women are more likely than men to be poor, as are children under the age of 18.[3] Almost one in five Hispanic people and almost a quarter of Black people live in poverty, while people with disabilities are more than twice as likely to be poor as those without disabilities.[4] Poverty is experienced throughout the United States, in both urban and rural locations, with the Southern region of the U.S. having the highest poverty rates of all.[5] Areas with high poverty

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[1] International Covenant on Civil and Political Rights, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, arts 2(1), 6(1), 7, 17, 26, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, *entered into force* Mar. 23, 1976; International Convention on the Elimination of All Forms of Racial Discrimination, G.A. res. 2106 (XX), Annex, 20 U.N. GAOR Supp. (No. 14) at 47, art 5(e)(iv), U.N. Doc. A/6014 (1966), 660 U.N.T.S. 195, *entered into force* Jan. 4, 1969; Convention on the Elimination of All Forms of Discrimination Against Women, *adopted* Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, arts. 1, 10, 12, U.N. Doc. A/34/46 (1979), *entered into force* Sept. 3, 1981; International Covenant on Economic, Social and Cultural Rights, G.A. res. 2200A (XXI), 21 U.N.GAOR Supp. (No. 16) at 49, arts. 2(2), 12, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3, *entered into force* Jan. 3, 1976. *See also* Committee on Economic, Social, and Cultural Rights (CESCR), *General Comment No. 14: the Right to the Highest Attainable Standard of Health (Art. 12)*, para. 12, U.N. Doc. E/C.12/2000/4 (4 July 2000); K.L. v. Peru (1153/2003), para. 6.4, U.N. Doc. CCPR/C/85/D/1153/2003 (2005); 13 IHRR 355 (2006).

[2] SISTERSONG, *Women of Color Reproductive Justice Collective*, http://sistersong.net/reproductive-justice/.

[3] Jessica L. Semega, Kayla R. Fontenot, & Melissa A. Kollar, *Income and Poverty in the United States: 2016*, 13 U.S. CENSUS BUREAU (Sept. 2017), https://www.census.gov/content/dam/Census/library/publications/2017/demo/P60-259.pdf.

[4] *Id*.

[5] *Id*.

rates often lack structural resources such as hospitals, health care providers, and accessible public transportation systems, putting reproductive health care out of reach for many who live there.

Moreover, research shows that the conditions in which people are born, grow, live, work, and age, have profound impacts on their ability to realize the highest attainable standard of health. Enjoyment of economic and social rights, including access to education, food, safe living conditions, and freedom from violence, have been described by health researchers as the social determinants of health, and are recognized as a critical foundation for health and well-being across the lifespan.[6] For women with marginalized identities, discrimination and poverty are often inter-related, threatening multiple human rights at once and leaving them more vulnerable to poor reproductive health outcomes and violations of their reproductive rights.

III. Poverty in the United States Contributes to Inequities in both Health Outcomes and Access to Health Care Services, Impeding the Realization of Sexual and Reproductive Rights.

In the United States, socioeconomic status plays an important role in shaping access to health information and health care services, including access to sexual and reproductive health care. Poor women in the U.S. face significant barriers to accessing the goods, information, and services they need to safeguard their health and self-determine their futures. Moreover, since race and class are deeply intertwined in the U.S., poor women of color face multiple, intersecting forms of discrimination that are rooted in institutionalized social, political, and economic inequality.

Poverty contributes to violations of sexual and reproductive rights across the lifespan, and across the spectrum of reproductive experiences. In the following section, we outline five examples of how poverty and economic inequality undermine human rights in this area.

A. Many poor women in the United States cannot afford basic health care.

Poverty presents a direct barrier to health care services for those who cannot afford to pay for them. Basic health care is the foundation for reproductive health, and key to the enjoyment of many other rights.

In the United States, the Affordable Care Act (ACA) was an important step toward more equitable health care access for all. It expanded affordable health insurance options to many of the nation's uninsured through a large Medicaid expansion, tax credits, and protection from proven obstacles to care, such as high deductibles, co-payments, and gaps in insurance coverage.[7] The ACA improved access to reproductive health care by including maternal and

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[6] WORLD HEALTH ORGANIZATION, *Social Determinants of Health*, http://www.who.int/social_determinants/sdh_definition/en/; *see also* OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION, *Social Determinants of Health*, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

[7] Bowen Garrett & Anuj Gangopadhyaya, *Who Gained Health Insurance Under the ACA, and Where Do They Live?*, URBAN INSTITUTE 4 (Dec. 2016),

newborn care as an essential service insurance plans in the individual market must cover, and by making women's preventive services, such as contraception, HIV screening and counseling, and cervical cancer screenings, available to millions of low-income women with no co-pay. As a result, the ACA significantly reduced uninsured rates and expanded health care coverage for low-income people and people of color.[8]

Nevertheless, the language and implementation of the ACA still left some people uncovered and health insurance remains out of reach for a significant number of poor women. Many low-income uninsured people whom the ACA was intended to cover have fallen through the cracks because state legislatures with ideological objections to the federal law have opted out of Medicaid expansion. The states that have failed to expand Medicaid are some of the poorest states in the country, including several Southern states that have disproportionately high rates of women of color living in poverty.[9] In addition, many immigrants are excluded from coverage under the Affordable Care Act.[10]

Congress's recent efforts to repeal the ACA and alter Medicaid, as well as the Administration's efforts to undermine the ACA and Medicaid through agency action, would eviscerate recent gains, deprive millions of women of critical sexual and reproductive health care, and exacerbate racial disparities. Various legislative proposals would make deep cuts to Medicaid (which covers half of all births),[11] prohibit people who receive Medicaid coverage from accessing preventative and other healthcare services at Planned Parenthood, and allow states to waive the provision of essential health benefits, eliminating the guarantee of maternity care. In addition, proposed repeals would allow states to impose a work requirement for Medicaid recipients, meaning that states may require new mothers receiving Medicaid to find work within two months of giving birth; prohibit some immigrants from purchasing insurance on state exchanges and eliminate

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https://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf.

[8] Petry Ubri & Samantha Artiga, *Disparities in Health and Health Care: Five Key Questions and Answers*, The Henry J. KAISER FAMILY FOUNDATION (Aug. 12, 2016), http://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/.

[9] Rachel Garfield & Anthony Damico, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid*, THE HENRY J. KAISER FAMILY FOUNDATION (Oct. 19, 2016), http://www.kff.org/uninsured/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/; *see also* Hannah Katch, Jessica Schubel, & Matt Broaddus, *Medicaid Works for Women – But Proposed Cuts Would Have Harsh, Disproportionate Impact*, CENTER ON BUDGET AND POLICY PRIORITIES (May 11, 2017), https://www.cbpp.org/research/health/medicaid-works-for-women-but-proposed-cuts-would-have-harsh-disproportionate-impact.

[10] Samantha Artiga & Anthony Damico, *Health Coverage and Care for Immigrants*, THE HENRY J. KAISER FAMILY FOUNDATION (July 11, 2017), http://www.kff.org/disparities-policy/issue-brief/health-coverage-and-care-for-immigrants/.

[11] Women of color currently comprise the majority of Medicaid enrollees: nearly one-third (31 percent) of Black women of reproductive age are enrolled in Medicaid; one quarter (27 percent) of Latinas are enrolled in Medicaid; and nearly one-fifth (19 percent) of Asian-American Pacific Islander (AAPI) women are enrolled in Medicaid. IN OUR OWN VOICE, NATIONAL ASIAN PACIFIC AMERICAN WOMEN'S FORUM (NAPAWF), NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH, NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES, *The House Republican Repeal Bill Threatens Reproductive Justice for Women of Color* (March 2017), http://www.latinainstitute.org/sites/default/files/WOC_RJ_ACA_FactSheet_3.21.17.pdf.

related financial assistance; and limit women's ability to purchase private insurance coverage for abortion care.

On a parallel track, the Administration is pursuing a similar set of priorities, from defunding teen pregnancy prevention programs to eliminating guaranteed coverage for contraception, which could continue forward regardless of whether the effort to repeal the ACA is successful. These exclusions and roll backs will disproportionately impact women of color, thus perpetuating barriers to sexual and reproductive health care, exacerbating racial and ethnic disparities, and undermining any gains towards achieving health equity in the United States.

B. Poverty undermines maternal health and contributes to disparities in maternal mortality and morbidity.

Poverty undermines reproductive health outcomes by shaping the social determinants of health, or the economic and social conditions that play a significant role in determining health outcomes. In the United States, poverty -- combined with racial discrimination -- contributes to the current crisis in U.S. maternal health and denies poor women equal opportunities to survive pregnancy and childbirth.

The United States has the highest maternal mortality ratio in the developed world.[12] While most countries are achieving declines in maternal deaths, the U.S. is one of only thirteen countries where maternal mortality is on the rise.[13] Racial disparities drive this crisis. Black women in the U.S. are 3-4 times more likely to die from pregnancy complications than white women are, and they are twice as likely to suffer maternal morbidity.[14]

In the U.S., racial disparities in health are closely linked to social and economic disadvantages, reflecting systemic obstacles to health that disproportionately affect women of color. Factors such as poverty, lack of access to health care, social inequality and exposure to racism all undermine health and may contribute to the elevated number of Black maternal deaths. Indeed, higher poverty rates are associated with higher rates of maternal mortality, and Black women are

[12] The United States has a maternal mortality ratio (MMR) of 14, placing the U.S. behind 45 other countries. WORLD HEALTH ORGANIZATION, *Trends in Maternal Mortality: 1990 to 2015: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division* 70-77 (2015), http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1.

[13] *Id.*

[14] CENTERS FOR DISEASE CONTROL AND PREVENTION, *Reproductive Health: Pregnancy Mortality Surveillance System*, (last updated June 29, 2017), https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html; Andrea A. Creanga et al., *Racial and Ethnic Disparities in Severe Maternal Morbidity: A Multistate Analysis, 2008-2010*, 210 AM. J. OBSTET. GYNECOL. 435, 437 (2014).

more than twice as likely as white women to live in poverty.[15] At the same time, the Black-white disparity in maternal mortality persists, even after controlling for income and education level.[16]

In its 2014 review of the United States, the Committee on the Elimination of Racial Discrimination expressed concern with high maternal and infant mortality rates among African American communities.[17] Other human rights experts have expressed related concerns. After its 2015 visit to the United States, the UN Working Group on discrimination against women in law and practice recommended that the U.S. address racial disparities in maternal health.[18] Similarly, at the conclusion of its 2016 U.S. visit, the UN Working Group of Experts on People of African Descent noted that racial discrimination has a negative impact on Black women's ability to maintain good health and recommended that the U.S. prioritize policies and programs to reduce maternal mortality for Black women.[19]

Despite these troubling maternal health outcomes, and despite this international recognition, the U.S. does not adequately monitor maternal deaths. The Centers for Disease Control and Prevention (CDC) collects and publishes data through its "Pregnancy Mortality Surveillance System," but this system relies on non-standardized data voluntarily submitted by states. About half of all U.S. states currently lack a maternal mortality review process, and those that do exist vary widely in their scope and efficacy.[20] Standardized data and comprehensive review mechanisms that engage impacted communities are critical to uncovering the root causes of racial disparities in maternal mortality and morbidity. The lack of state and national data on maternal mortality and morbidity thwarts progress in understanding the problem and finding effective solutions.

C. The Hyde Amendment denies poor women equal access to comprehensive reproductive health care by severely restricting abortion coverage.

It is important that all people have coverage for the health care they need so that cost does not become a barrier to access. Unfortunately, when it comes to coverage of abortion care, millions

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[15] Gopal K. Singh, *Maternal Mortality in the United States, 1935 – 2007: Substantial Racial/Ethnic, Socioeconomic, and Geographic Disparities Persist*, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION, MATERNAL AND CHILD HEALTH BUREAU (2010), http://www.hrsa.gov/ourstories/mchb75th/mchb75maternalmortality.pdf; *Poverty and Family Supports Snapshot: Poverty Among Women & Families 2014* NATIONAL WOMEN'S LAW CTR. (Sept. 2015), https://nwlc.org/wp-content/uploads/2015/08/povertysnapshot2014.pdf. (stating that the poverty rate for adult Black women in 2014 was 25.0% while the rate for adult White women in 2014 was 10.8%).

[16] Priya Agrawal, *Same Care No Matter Where She Gives Birth: Addressing Variation in Obstetric Care through Standardization*, HEALTH AFFAIRS BLOG (Sept. 12, 2014), http://healthaffairs.org/blog/2014/09/12/same-care-no-matter-where-she-gives-birth-addressing-variation-in-obstetric-care-through-standardization/.

[17] COMM. ON THE ELIMINATION OF RACIAL DISCRIMINATION, *Concluding Observations—United States of America*, ¶ 15, UN Doc. CERD/C/USA/CO/7-9 (Sept. 25, 2014).

[18] HUMAN RIGHTS COUNCIL, *Report of the Working Group on the Issue of Discrimination Against Women in Law and in Practice, on its Mission to the United States*, ¶¶ 72, 89, 95, UN Doc. A/HRC/32/44/Add.2 (June 7, 2016).

[19] HUMAN RIGHTS COUNCIL, *Report of the Working Group of Experts on People of African Descent, on its Mission to the United States*, ¶ 117, UN Doc. A/HRC/33/61/Add.2 (Aug. 18, 2016).

[20] REVIEW TO ACTION, *MMR Map,* http://www.reviewtoaction.org/content/mmr-map.

of low-income women and women of color have been denied this health coverage for decades, severely inhibiting their access to this constitutionally protected right.

Since 1976, the Hyde Amendment has banned federal programs like Medicaid, which provides health insurance to low-income people, from covering abortion care, except in the limited cases of rape, incest, or life endangerment. Every year since the Hyde Amendment first passed, anti-choice members of Congress have added abortion coverage bans and federal funding bans to appropriations bills that place restrictions on: Medicaid, Medicare, and the Children's Health Insurance Program (CHIP); federal employees and their dependents; Peace Corps volunteers; Native Americans; people in federal prison and detention centers; and more. The Hyde Amendment, in particular, disproportionately impacts women of color; just over half of the 7.5 million women potentially affected by the Hyde Amendment are women of color.[21] When a woman is unable to access abortion care, the consequences can be far reaching, impacting her own well-being and economic security, and that of her family.[22] UN human rights experts have called on States to repeal laws that unduly restrict abortion, and to ensure that abortion services are available and affordable to all women who need them, not just the rich.[23]

Despite the evidence, Congress and the Administration are working to expand bans on coverage of abortion and to cut off access entirely. In January 2017, the House passed a bill (H.R. 7) that would make the Hyde Amendment permanent and impose abortion coverage bans on the private insurance market. Congress repeated these attempts in legislative proposals to repeal the ACA. In contrast, the proposed EACH Woman Act (H.R.771) would remove all abortion coverage bans on those who receive health insurance or health care from the federal government and prohibit political interference with decisions of private health insurance companies to offer coverage of abortion care.

D. The U.S. government's failure to ensure environmental justice leads to lost pregnancies.

Poor women and women of color in the United States are disproportionately exposed to toxic environments that harm their reproductive health. In many cases, exposure is not natural, but rather the result of government policies that deprioritize the safety and well-being of marginalized communities.

In the case of Flint, Michigan, government officials changed the source of the public's water supply in 2014, in an effort to save costs. Although residents complained about the quality of the water, government authorities assured the public that the water was safe. However, testing revealed that the lead levels in Flint's water were many times higher than the Environmental

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[21] Megan K. Donovan, *In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact*, 20 GUTTMACHER POLICY REVIEW 1, 2 (2017), https://www.guttmacher.org/sites/default/files/article_files/gpr2000116.pdf.

[22] Diana Greene Foster et al., *Socioeconomic consequences of abortion compared to unwanted birth*, AMERICAN PUBLIC HEALTH ASSOCIATION (Oct. 30, 2012), http://apha.confex.com/apha/140am/webprogram/Paper263858.html.

[23] UNITED NATIONS HUMAN RIGHTS OFFICE OF THE HIGH COMMISSIONER, *Safe Abortions for All Women Who Need Them – Not Just The Rich, Say UN Experts* (Sept. 28, 2017), http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22167&LangID=E

Protection Agency's (EPA) safety threshold.[24] International human rights experts, including this mandate holder and several other UN special procedures mandate holders, have raised concerns over the significant human rights violations that have resulted from the government's oversight and inaction related to the contamination of Flint's water supply, and its failure to safeguard the human rights of Flint's residents.[25]

More recently, studies have found that the proportion of lead exposed children in Flint doubled after the water supply change, while fertility declined. Women living in Flint during the water crisis experienced a dramatic increase in miscarriages and recorded stillbirths.[26]

Many of the women in Flint who lost wanted pregnancies and/or are mothering lead exposed children are low-income women of color.[27] Across the country, poor and minority communities disproportionately bear the burdens of pollution, due to both the lack of infrastructure investment in their communities and the placement of hazardous sites in their neighborhoods.[28] Meanwhile, proposed cuts to Medicaid and the EPA threaten to leave marginalized communities with even fewer protections and no legal recourse to address structural inequalities.[29]

E. U.S. child welfare policies deny poor parents the right to maintain their families and care for their children.

Poor women in the U.S. who struggle to provide for their children's material needs may have their parental rights challenged and ultimately taken away. Child welfare policies often punish families living in poor social and economic conditions, effectively shifting discussions of accountability away from government institutions, and onto the most vulnerable individuals, while inflicting irreparable harm to communities of color.

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[24] Christopher Ingraham, *Flint's lead-poisoned water had a 'horrifyingly large' effect on fetal deaths, study finds* THE WASHINGTON POST (Sept. 21, 2017), https://www.washingtonpost.com/news/wonk/wp/2017/09/21/flints-lead-poisoned-water-had-a-horrifyingly-large-effect-on-fetal-deaths-study-finds/?utm_term=.0b6b0164decf.

[25] OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS, *Mandate of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context; the Special Rapporteur on extreme poverty and human rights; and the Special Rapporteur on the human right to safe drinking water and sanitation*, UN Doc. AL, USA 2/2016 16 (April 6 2016), https://spdb.ohchr.org/hrdb/33rd/public_-_AL_USA_05.04.16_(2.2016).pdf.

[26] Daniel S. Grossman & David J.G. Slusky, *The Effect of an Increase in Lead in the Water System on Fertility and Birth Outcomes: The Case of Flint, Michigan*, UNIVERSITY OF KANSAS, DEPT. OF ECONOMICS 3-4 (Aug. 2017), http://www2.ku.edu/~kuwpaper/2017Papers/201703.pdf.

[27] Flint is the poorest city in the U.S., more than half of its residents are Black, and nearly half of its residents are poor. Ingraham, *supra* note 24.

[28] Rachel Massey, *Environmental Justice: Income, Race, and Health*, GLOBAL DEVELOPMENT AND ENVIRONMENT INSTITUTE 5 (2004), http://www.ase.tufts.edu/gdae/education_materials/modules/Environmental_Justice.pdf; *see also* Lauren Kaljur & Macee Beheler, *Tribes grapple with contaminated water, federal bureaucracy*, THE OREGONIAN (Aug. 15, 2017), http://www.oregonlive.com/pacific-northwest-news/index.ssf/2017/08/tribes_grapple_with_contaminat.html.

[29] Maya Rupert, *Flint Manslaughter Charges- Why We Can't Roll Back EPA Protections*, THE HILL (June 15, 2017), http://thehill.com/blogs/pundits-blog/energy-environment/337954-flint-manslaughter-charges-why-we-cant-roll-back-epa.

Under U.S. law, to protect children from neglect and abuse, the state may intervene in family structures by conducting investigations, offering services, removing children from their parents, placing children in foster care, and terminating a parent's legal rights to their child. Commentators have noted that "the need for this intervention is usually linked to poverty, racial injustice, and the state's approach to caregiving, which addresses family economic deprivation with child removal rather than services and financial resources."[30] Poor children and children of color are severely overrepresented in the child welfare system. African American children are represented in foster care at 1.8 times their rate in the general population and American Indian/Alaska Native children are represented 2.7 times their rate in the general population.[31] Indeed, many indigenous mothers and mothers of color have lost custody of their children based on definitions of "neglect" that "merely describe what it means to be poor."[32] At a time when social protection programs are under renewed attack, many poor mothers are struggling to find the resources needed to keep their families together.

Women in the U.S. have also been subjected to child welfare interventions for failure to receive prenatal care,[33] or as the result of information they disclosed to a health provider while seeking prenatal care. In addition, poor women and women of color are targeted for prenatal drug screening, and are more likely to have their infants tested for drugs at the hospital where they are born.[34] In New York City, the Administration for Children's Services has been seeking access to confidential prenatal medical records in order to charge mothers with child neglect, based on suspicions that a woman used marijuana or other drugs (including legally prescribed medications) while pregnant.[35] This entangling of health care and punitive state systems effectively turns health care settings into sites of surveillance for the poor, thereby undermining low-income women's bodily autonomy, privacy, and the realization of reproductive rights.

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[30] Dorothy E. Roberts, *Prison, Foster Care, and the Systematic Punishment of Black Mothers*, 59 UCLA L. Rev. 1471, 1484 (2012), https://www.uclalawreview.org/pdf/59-6-2.pdf; Khiara Bridges also notes that the moral construction of poverty is used to justify "disruptive state interventions in poor families, as opposed to benevolent state support of poor families." Khiara M. Bridges, THE POVERTY OF PRIVACY RIGHTS 128-129 (2017).

[31] CHILD WELFARE INFORMATION GATEWAY, *Racial Disproportionality and Disparity in Child Welfare* 3 (Nov. 2016), https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf.

[32] Bridges, *supra* note 30, at 116, 129.

[33] *Id.* at 131.

[34] *Id*. at 123; Nina Martin, *How Some Alabama Hospitals Quietly Drug Test New Mothers – Without Their Consent* PROPUBLICA (Sept. 30, 2015), https://www.propublica.org/article/how-some-alabama-hospitals-drug-test-new-mothers-without-their-consent; Oren Yaniv, *Weed Out: More Than a Dozen City Maternity Wards Regularly Test New Moms for Marijuana and Other Drugs* NEW YORK DAILY NEWS (Dec. 29, 2012), http://www.nydailynews.com/new-york/weed-dozen-city-maternity-wards-regularly-test-new-mothers-marijuana-drugs-article-1.1227292; Rachel Blustain, *Medical Consensus or Child Abuse? Moms On Methadone Caught in the Middle* THE DAILY BEAST (Sept. 9, 2012), http://www.thedailybeast.com/medical-consensus-or-child-abuse-moms-on-methadone-caught-in-the-middle.

[35] Emma S. Ketteringham, Sara Cremer & Caitlin Becker, *Healthy Mothers, Healthy Babies: A Reproductive Justice Response to the "Womb-to-Foster-Care Pipeline"*, 20 CUNY L. Rev. 77 (2016), http://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1414&context=clr.

IV. Suggested Locations and Contacts.

As you prepare for your visit, we hope that you will consider meeting with reproductive justice advocates and other reproductive rights stakeholders in New York City and Atlanta, Georgia.

- In New York City, Black women are twelve times more likely to die of pregnancy related complications than white women are. Community based organizations like **Ancient Song Doula Services** are working in the most impacted neighborhoods to improve birth outcomes and empower self-advocacy. The **NYC Department of Health and Mental Hygiene** is also pioneering a promising model of community engagement that uses the reproductive justice framework to bring community members into health department decision-making processes. Attorneys at **the Bronx Defenders** are providing direct legal services to low-income women whose poverty places them at risk of losing their children, and **National Advocates for Pregnant Women** advocate nationally for pregnant and parenting women, including those most likely to be targeted by state control and punishment.

- In Atlanta, Georgia, **SisterSong Women of Color Reproductive Justice Collective** is providing Southern based leadership to the national reproductive justice movement, and ensuring that the perspectives of Southern, low-income, women of color are represented in discussions about health care, abortion access, and maternal health. Three leaders of the **Black Mamas Matter Alliance** are also located in Atlanta, GA, one of the worst states for maternal health in the country. The Black Mamas Matter Alliance is explicitly taking a human rights based approach to preventing maternal mortality and morbidity, and addressing racial disparities in maternal health by centering Black women's leadership.

We appreciate your attention to U.S. poverty during this critical moment for U.S. human rights, and we respectfully urge you to bring a particular focus to the ways in which poverty intersects with gender and race discrimination, leading to poor reproductive health outcomes and violations of reproductive rights. Upon request, we will be happy to provide you with additional information about women's reproductive rights and the specific violations outlined in this letter. We will be happy, as well, to provide you with contact information for the stakeholder organizations discussed above.

Kind regards,

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Resources Related to Poverty and Sexual & Reproductive Rights in the United States

Resources on reproductive justice

SISTERSONG, *Women of Color Reproductive Justice Collective*, http://sistersong.net/.

ASIAN COMMUNITIES FOR REPRODUCTIVE JUSTICE, *A New Vision for Advancing Our Movement for Reproductive Health, Reproductive Rights, and Reproductive Justice*, http://strongfamiliesmovement.org/assets/docs/ACRJ-A-New-Vision.pdf.

Resources on ACA repeal efforts

THE HENRY J. KAISER FAMILY FOUNDATION, *Five Ways the Graham-Cassidy Proposal Would Affect Women* (Sept. 2017), http://files.kff.org/attachment/Fact-Sheet-Five-Ways-the-Graham-Cassidy-Proposal-Would-Affect-Women.

Kate Zernike, Reed Abelson, & Abby Goodnough, *Latest Obamacare Repeal Effort Is Most Far-Reaching*, N.Y. TIMES (Sept. 21, 2017), https://nyti.ms/2ygHj0p.

Rachel Garfield, Larry Levitt, Robin Rudowitz, and Gary Claxton, *State-by-State Estimates of Changes in Federal Spending on Health Care Under the Graham-Cassidy Bill*, THE HENRY J. KAISER FAMILY FOUNDATION (Sept. 21, 2017),http://www.kff.org/health-reform/issue-brief/state-by-state-estimates-of-changes-in-federal-spending-on-health-care-under-the-graham-cassidy-bill/ .

Resources on poverty and maternal health

Meaghan Winter, *A Matter of Life & Death: Why Are Black Women in the U.S. More Likely to Die During or After Childbirth?*, ESSENCE (Sept. 26, 2017), http://www.essence.com/news/black-women-mortality-rate-child-deaths-united-states.

Nicholas Kristof, *If Americans Love Moms, Why Do We Let Them Die?*, N.Y. TIMES (July 29, 2017), https://www.nytimes.com/2017/07/29/opinion/sunday/texas-childbirth-maternal-mortality.html?mcubz=3.

Aaron Carroll, MD, *Why Is U.S. Maternal Mortality Rising?*, THE JAMA FORUM (June 8, 2017), https://newsatjama.jama.com/2017/06/08/jama-forum-why-is-us-maternal-mortality-rising/.

Sabrina Tabernese, *Maternal Mortality Rate in U.S. Rises, Defying Global Trend, Study Finds*, N.Y. TIMES (Sept. 21, 2016), https://www.nytimes.com/2016/09/22/health/maternal-mortality.html?mcubz=3.

Resources on pregnancy and contamination of the public water supply in Flint, Michigan

Maya Rupert, *Flint Manslaughter Charges - Why We Can't Roll Back EPA Protections*, THE HILL (June 15, 2017), http://thehill.com/blogs/pundits-blog/energy-environment/337954-flint-manslaughter-charges-why-we-cant-roll-back-epa

Christopher Ingraham, *Flint's Lead-Poisoned Water Had A 'Horrifyingly Large' Effect On Fetal Deaths, Study Finds*, THE WASHINGTON POST (Sept. 21, 2017), https://www.washingtonpost.com/news/wonk/wp/2017/09/21/flints-lead-poisoned-water-had-a-horrifyingly-large-effect-on-fetal-deaths-study-finds/?utm_term=.0b6b0164decf.

Daniel S. Grossman & David J.G. Slusky, *The Effect of an Increase in Lead in the Water System on Fertility and Birth Outcomes: The Case of Flint, Michigan*, UNIVERSITY OF KANSAS, DEPT. OF ECONOMICS 3-4 (Aug. 2017), http://www2.ku.edu/~kuwpaper/2017Papers/201703.pdf.

Resources on poverty and abortion access

Heather D. Boonstra, *Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters*, GUTTMACHER INSTITUTE (July 14 2016), https://www.guttmacher.org/gpr/2016/07/abortion-lives-women-struggling-financially-why-insurance-coverage-matters.

Resources on poverty and the child welfare system

Stephanie Clifford & Jessica Silver-Greenberg, *Foster Care as Punishment: The New Reality of 'Jane Crow'*, N.Y. TIMES (July 21, 2017), https://nyti.ms/2tlR23I.

Emma S. Ketteringham, Sara Cremer & Caitlin Becker, *Healthy Mothers, Healthy Babies: A Reproductive Justice Response to the "Womb-to-Foster-Care Pipeline"*, 20 CUNY L. Rev. 77 (2016), http://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1414&context=clr.

Dorothy E. Roberts, *Prison, Foster Care, and the Systematic Punishment of Black Mothers*, 59 UCLA L. REV. 1471 (2012), https://www.uclalawreview.org/pdf/59-6-2.pdf.

NATIONAL CONFERENCE OF STATE LEGISLATURES (NCSL), *Disproportionality and Disparity in Child Welfare* (Aug. 2017), http://www.ncsl.org/research/human-services/disproportionality-and-disparity-in-child-welfare.aspx.