

December 15, 2020

Biden-Harris Transition Team

Kalisha Dessources Figures, kfigures@jbrpt.org

Rachel Wallace, rwallace@jbrpt.org

Carissa Joy Smith, cjsmith@jbrpt.org

VIA ELECTRONIC SUBMISSION

Dear Ms. Figures, Ms. Wallace, and Ms. Smith:

The undersigned organizations write to respectfully urge the Biden-Harris Administration immediately upon taking office to accept the recommendations related to sexual and reproductive health and rights received during the United States' 3rd Universal Periodic Review (UPR).

Reproductive autonomy lies at the heart of the promise of human dignity, self-determination, and equality embodied in the U.S. Constitution, the Universal Declaration of Human Rights, and the core human rights treaties. The upcoming adoption of the UPR report at the UN Human Rights Council in March offers an important opportunity for the incoming Biden-Harris Administration to re-engage the United States on human rights and commit itself to protecting and ensuring sexual and reproductive health and rights, both at home and abroad.

During its 3rd UPR in November 2020, the United States received numerous recommendations related to reproductive health, rights, and justice. These recommendations provide a roadmap for addressing the extraordinary harm that the Trump administration has done to reproductive healthcare access globally and within the United States, with devastating impact on marginalized communities.

The recommendations fall into the following categories:

1) Protect and promote access to comprehensive reproductive healthcare

- Improve, protect, and ensure equitable access to sexual and reproductive health rights, services, and information, with particular focus on people experiencing multiple and intersecting forms of discrimination
 - United Kingdom 6.300; Austria 6.302; Canada 6.303; Finland 6.305; France 6.306; Iceland 6.307; Luxembourg 6.308; Malaysia 6.309; Mexico 6.310
- Rescind Title X regulations to ensure access to comprehensive family planning services for all
 - Denmark 6.304

- 2) **Remove global restrictions on sexual and reproductive health care**
 - End restrictions on U.S. foreign assistance to promote access to sexual and reproductive health and rights, including by repealing the Helms Amendment and rescinding the Global Gag Rule
 - Norway 6.299; Austria 6.302; Canada 6.303; Netherlands 6.311; New Zealand 6.312
- 3) **Advance universal maternal healthcare**
 - Sri Lanka 6.316
- 4) **Ensure that laws permitting refusals of care do not restrict sexual and reproductive health and rights**
 - Australia 6.301
- 5) **Improve healthcare access for migrants and guarantee human rights for migrants and people seeking asylum**
 - Improve access to basic services for migrants, seek alternatives to immigration detention, and improve conditions of confinement and detention for migrants and refugees to meet human rights standards
 - Norway 6.333; Thailand 6.335; Zambia 6.337; Ecuador 6.340; Fiji 6.342; Ghana 6.343; Mexico 6.346; Nicaragua 6.347

These recommendations are aligned with and echo numerous recommendations the U.S. has recently received from UN human rights experts. This includes recommendations received from the Special Rapporteur on violence against women,¹ the Special Rapporteur on extreme poverty and human rights,² the Working Group of experts on people of African descent,³ the Working Group on discrimination against women and girls,⁴ and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.⁵ They also respond to many of the issues raised in the U.S. UPR stakeholder report on Reproductive Rights, Health, and Justice.⁶

Thus, the below signatories urge the incoming Administration to accept the recommendations above in full and set measurable benchmarks for both implementation of these recommendations and compliance with core human rights treaties.

This opportunity comes at a critical juncture to undo the regressive policies of the previous Administration, including its continual efforts to erase sexual and reproductive health and rights from the global human rights discourse and to undermine access to sexual and reproductive healthcare and services within the United States and around the world. These efforts have had a particularly devastating impact on marginalized communities, including people of color, Indigenous peoples, people with disabilities, LGBTQI+ people, immigrants, people who are low-income or living in poverty, and people who are incarcerated.

Now more than ever, the United States must signal its dedication to protecting the full spectrum of fundamental human rights, including sexual and reproductive rights, domestically and globally. With the adoption of the UPR report in March, the incoming Biden-Harris Administration has an immediate opportunity to reaffirm these rights protections and its commitment to making them a reality within the United States and around the world.

For additional information, or if you have questions regarding this letter, please contact Risa Kaufman at the Center for Reproductive Rights, rkaufman@reprorights.org, or 917-637-3669.

Sincerely,

Abortion Care Network
American Jewish World Service
American Medical Student Association
Amnesty International
Black Mammamatter Alliance (BMMA)
Center for Biological Diversity
The Center for Reproductive Rights
CUNY School of Law, Human Rights and Gender Justice Clinic
Endocrine Society
Guttmacher Institute
Human Rights Watch
If/When/How: Lawyering for Reproductive Justice
International Women's Health Coalition
Ipas
NARAL Pro-Choice America
National Asian Pacific American Women's Forum (NAPAWF)
National Family Planning & Reproductive Health Association
Planned Parenthood Federation of America
SisterLove, Inc
SisterSong
Union for Reform Judaism
Whole Woman's Health
Whole Woman's Health Alliance
Women Enabled International
Women and Justice Project
Women of Reform Judaism

¹ Special Rapporteur on violence against women, its causes and consequences, *A human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence*, para. 35, U.N. Doc. A/74/137 (July 11, 2019).

² Special Rapporteur on extreme poverty and human rights, *Report of the Mission to the United States of America*, para. 56-57, U.N. Doc. A/HRC/38/33/Add.1 (May, 4, 2018) (by Philip Alston).

³ Human Rights Council, Report of the Working Group of Experts on People of African Descent, on its Mission to the United States, para. 9, U.N. Doc. A/HRC/33/61/Add.2 (Aug. 18, 2016).

⁴ Human Rights Council, *Communication of Special Procedures to the U.S. regarding Information received concerning restrictions taken in the context of the COVID-19 pandemic and which have been interpreted in ways impeding access to abortion services*, Ref. AL USA 11/2020 (May 22, 2020); U.N. Working Group on Discrimination Against Women in Law and Practice, *Report of the Mission to the United States of America*, para. 69, 80, 90(g), 95(e), 95(h), 95(i), U.N. Doc. A/HRC/32/44/Add.2 (June 7, 2016).

⁵ UN Human Rights Council, *Communication of Special Procedures to the U.S. on Immigration detention of pregnant women*, 3, Ref. OL USA 8/2018 (May 16, 2018).

⁶ Center for Reproductive Rights et al., *Submission to the United Nations Universal Periodic Review of United States of America: Reproductive Health, Rights, and Justice* (May 2020),

[https://reproductiverights.org/sites/default/files/2020-](https://reproductiverights.org/sites/default/files/2020-01/3rd%20US%20UPR%20-%20repro%20rights%20and%20justice%20stakeholder%20report.pdf)

[01/3rd%20US%20UPR%20-%20repro%20rights%20and%20justice%20stakeholder%20report.pdf](https://reproductiverights.org/sites/default/files/2020-01/3rd%20US%20UPR%20-%20repro%20rights%20and%20justice%20stakeholder%20report.pdf).