Diminishing Reproductive and Bodily Autonomy in the USA: Centering Lived Experiences

Coalition Stakeholder Submission for Consideration on the 4th Cycle of the Universal Periodic Review of the United States of America

<u>Submitting Organizations</u>:
Global Justice Center
Ipas
Physicians for Human Rights
Guttmacher Institute
Birthmark
Louisiana Abortion Fund
Louisiana Coalition for Reproductive Freedom
ReJAC
Jane's Due Process
The Afiya Center
Lift Louisiana

(Organization descriptions contained in an Annex)

I. Introduction

As the United States ("US") approaches its 4th Universal Periodic Review ("UPR"), individuals' sexual and reproductive health and rights have significantly deteriorated across the country, particularly with regard to abortion and related healthcare. Following the Supreme Court's 2022 decision, *Dobbs v. Jackson Women's Health Organization*,[1] a growing number of states have implemented complete bans or aggressive restrictions on abortion, resulting in millions without access to care. Many seeking care, particularly in the South, are now forced to travel long(er) distances, seek medication through additional formal and informal means, or continue pregnancies against their will. Simultaneously, states are increasingly hostile to and criminalizing abortion seekers and providers, third parties who help individuals access care, and/or circumstances surrounding pregnancy, with laws that impose harsh penalties including fines, prosecution, and imprisonment.[2]

Abortion restrictions are incompatible with international human rights law, as highlighted during the US's 3rd UPR. The government's failure to ensure the provision of safe, legal, and accessible healthcare, including abortion, violates its obligations to protect and fulfill the rights to life; health; privacy; liberty and security of person; to be free from torture and other cruel, inhuman, or degrading treatment or punishment; freedom of movement; freedom of thought, conscience, and religion or belief; equality and non-discrimination; and to seek, receive, and impart information.[3]

In facilitating an increasingly restrictive landscape around abortion access, the US has breached its international human rights obligations. Moreover, by removing constitutional protections for abortion and empowering states to criminalize persons seeking, providing, and supporting abortion, the US has engaged in prohibited retrogressive measures in direct contravention of its treaty obligations and recommendations it accepted during its 3rd UPR.[4]

This submission provides quantitative research and qualitative data gathered from healthcare providers, researchers, doulas, abortion funds,[5] and pregnant and/or previously pregnant individuals directly impacted by restrictive abortion laws in southern states.[6] It further highlights prior UPR cycle and UN treaty body recommendations that the US has received and largely disregarded. Finally, the submission presents recommendations for member states to submit to the US during its 4th UPR.

The authors of this report believe in reproductive justice, which is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.[7] The reproductive justice framework examines all factors that impact someone's ability to create and exist in the family they desire, expanding beyond narrow legal or medical frameworks and centering the lived experiences of those most impacted — especially Black, Indigenous people, people of color (BIPOC), LGBTQIA+ folks, disabled people, and those living in poverty. It also allows us to name and challenge the systemic racism, classism, patriarchy, ableism, and other forms of oppression that shape who can access care, who is believed, who survives, and who gets left behind. This report largely focuses on lack of access to healthcare, in particular abortion care, but due to space limitations these issues cannot sufficiently be addressed within an analysis of larger systems of power that impact bodily autonomy more

broadly, though we will reference other UPR submissions[8] to draw attention to interconnected issues and reproductive justice harms that are occurring across the US.

II. Backsliding in Reproductive Health and Rights Since *Dobbs*

Access to reproductive healthcare has been constrained for decades in the US. However, the Supreme Court's decision to eliminate the federal right to abortion catastrophically upended the legal, policy, and practice landscape around abortion and reproductive healthcare in the US, to a deeply harmful effect.

As of March 2025, forty-one states have abortion bans based on some measure of gestation.[9] Twelve states ban abortion altogether.[10] Twenty-nine states ban abortion between 6 and 24 weeks, with some states using "viability" as the legal limit.[11] Of those, seven states have banned abortion at or before eighteen weeks gestation, which would have been unconstitutional under *Roe v. Wade*.[12] Of those, four states have banned abortion at six-weeks' gestation — a point at which many individuals do not yet realize they are pregnant.[13]

Because of this patchwork of laws and access, people are forced to carry pregnancies to term against their will, travel for essential healthcare (which often entails significant financial, logistical, and emotional hardship), avoid care, or self-manage their abortion. In 2023, over 170,000 patients traveled out of state to seek abortion care; between 2020 and the first half of 2023, the number of people traveling out of state for care jumped from 1 in 10 to 1 in 5.[14] Because large swaths of the country have restrictive policies,[15] many people have had to travel hundreds of miles to access care.[16] The highest number of outflows for Texas residents was to New Mexico —14,320 patients traveled there in 2023; other Texas residents traveled as far as Washington and Massachusetts.[17] Similarly, 1,710 Louisianans traveled to Florida to access care in 2023, although implementation of Florida's 6-week ban has and will likely continue to impact this outflow.

While thousands of people have traveled for care, many more are unable to because of intersecting forms of oppression. For some, the financial barriers to travel are impossible to overcome. Others are unable to travel because of their immigration status and risk of deportation from hostile state actors and the federal administration. Some are limited in their movement because of their parole and probation status — forms of community supervision. More than half of the 800,000 women under community supervision live in states with stark abortion restrictions, making the path to access more difficult, if not impossible, because they must obtain government permission prior to leaving the state.[18] As US states become increasingly carceral and militarized, thousands of people are unable to access healthcare, education and employment to sustain their families through restrictions on movement.

All forty-one states with abortion bans at some gestational duration include exceptions to preserve the pregnant person's life — though not all include exceptions to protect a patient's health. The Federal Emergency Medical Treatment and Labor Act (EMTALA)[19] should preempt state restrictions and require emergency departments to stabilize patients, which sometimes necessitates an abortion, regardless of state abortion law. However, vast confusion around EMTALA exists nationwide and some states have threatened doctors with lawsuits if they provide a patient with a life or health sustaining abortion in emergency situations.[20] Under threat of criminal

or civil penalties, providers who are unsure about the correct legal standard face the difficult task of determining what qualifies as a 'threat to life' in fast-evolving health situations or refraining from providing care altogether. This leads to delays and denials of medically necessary care, causing increased adverse health outcomes[21] and preventable deaths.[22]

Abortion restrictions also intersect with attacks on LGBTQIA+ people's access to education and healthcare. The same lawmakers that obstruct access to reproductive healthcare are prohibiting young people's access to gender-affirming care.[23] Rights to abortion care and gender-affirming care are grounded in the same protections, but federal courts are failing to safeguard these rights, let alone build jurisprudence that recognizes their linkages. In less than two years, the number of states with laws or policies limiting minors' access to gender-affirming care has increased drastically, climbing from just four states in June 2022 to 23 by January 2024.[24]

III. Grave Lived Realities

Devastating impacts of retrogressive laws and policies around healthcare, particularly abortion, can be distinctly felt in restrictive states. Below, we highlight the health and human rights impacts experienced by pregnant individuals and those who can become pregnant, with a focus on multiply-marginalized individuals. For those who are already criminalized, the threat of surveillance and further criminalization is exacerbated. BIPOC, LGBTQIA+, unhoused, and previously incarcerated people are most likely to be apprehended, incarcerated, and charged under restrictive laws.

Through evidence and testimony, this submission elevates the devastating impact of:

- Criminalizing individuals who provide abortion care, individuals and organizations who help pregnant people obtain abortion-related information and care, and/or travel for abortion.[25]
- Criminalizing individuals for their pregnancy outcomes.[26]
- Restricting individuals' movement within and outside of their states, as well as cost, childcare, and work-related barriers that impede individuals' ability to travel for lawful abortion care, and individuals' movement more broadly.[27]
- Threatening conspiracy and RICO[28] charges against individuals for purportedly "aiding and abetting" abortion-related activities and criminalizing abortion-related information sharing.[29]
- Denying access to comprehensive evidence-based sexual health education for adolescents by restricting education about contraception, pregnancy options, and consent.[30]
- Increasing medical providers and doulas' risk of criminalization for providing care in line with their medical ethical obligations and professional standards of care — which too often leads to denials of care and/or the chilling of medically-indicated care.
- Imposing criminal penalties on physicians and healthcare professionals who provide abortion care, including through prison sentences,[31] and even despite explicit protection offered by shield laws in states where abortion is protected.[32]
- Restricting access to abortion medication through 'controlled substance' classifications that subject abortion medication to strict regulations.[33]

The impact of the above-referenced information is given life through the words and experiences of pregnant individuals, doulas, birth workers, community leaders, abortion fund volunteers, and medical providers primarily in southern states, including Texas and Louisiana.[34]

a. Lived Realities

i. A Texas-based Abortion Seeker's Perspective

When faced with the reality that her local clinic could not provide the care she needed, a Texas patient was told that her only option was to travel out of state for an abortion. She recounted: "I kind of wanted to back out. I did. I wanted to back out because I was really scared.*"*

The process spanned several days. After flying to another state, she attended a first appointment to determine the gestational stage, a second appointment for the procedure, and a third follow-up appointment in her home state. Arranging the extended trip required careful planning and secrecy — "For everyone that I didn't tell, mostly my parents, I told them that I was going to be away at a friend's house." She arranged for her daughter to stay with her father and took time off from school. More than anything, she had to prepare herself mentally for the experience. During her recovery managing pain was difficult. "There were times where it was very painful for me to do stuff," she said, underscoring the physical toll of both the procedure and the travel required to access it, namely flying immediately after her procedure.

ii. A Texas-based OB-GYN's Perspective

A Texas-based OB-GYN described a recent case of a patient with good access to care who had a well-documented early fetal demise with no cardiac activity on an ultrasound.[35] Although she met legal indications for miscarriage care in Texas, rather than receiving misoprostol or uterine aspiration, her doctors told her that she had to go out of state for miscarriage management.[36] As the provider recounted:

> *"So then she says she calls her provider . . . and the provider is like, no one's going to help you here. You need to go out of state if you want this managed. So then this person who has access to care, who has been in care, went to New Mexico to get miscarriage management. And when I saw her, I was like, that's the craziest story in the entire world. She just could not have received that level of poor care. And so then I looked through the notes myself, and there were notes from other providers. There were the notes from the emergency room . . . . And I was like, oh, my goodness. This person who has access to care, it wasn't even anything that was unclear, who had a diagnosed pregnancy loss, had to leave the state to go get medications. And she was like, 'I was so scared. This has been going on for weeks. I was scared I was going to have an infection or bleed or something like that.' And so she felt like she had to go and she drove [hundreds of miles across the state of Texas]. I'm like, that is crazy."*[37]

The provider noted that as of March 2025, Texas's laws still exert such a chilling effect that many physicians in Texas continue delaying abortion care for pregnant patients with life-threatening conditions such as pre-term, premature rupture of membranes (PPROM):

> *"Once the Texas Medical Board came out, and the Zurawski suits, those types of things, I thought that it would change. And you know, we actually did ask, 'hey, can we immediately manage PPROM now?' And it was crickets; there has been no change."*[38]

iii. A Texas-based Doula's Perspective

A doula based in Texas recounted her experience over the last three years, first under a six-week abortion ban, and later under a total ban on abortion, with no exceptions. She shared the case of a 12-year-old African American girl, pregnant by her grandfather, whose social worker contacted the doula collective for support obtaining abortion care during the period after the leaked copy of the *Dobbs* decision was released, when a six-week abortion ban was in effect. Referring to the overturning of *Roe v. Wade* she stated, "we [were] working overtime because we [didn't] know when this thing [was] going to hit us." She continued, "we [were] already working under SB8, where we basically [didn't] have access. So we [were] already trying to get folks out of the state." She emphasized the difficult situation health professionals are placed in trying to access healthcare for people:

> *"So that put [us] in a difficult situation to decide, do we allow this to just unfold and just happen? Or do some folks start risking themselves to make sure that this baby just had access to healthcare? So that she can live. Folk who are community workers, our healthcare providers who have invested their life, their money, their time, into their careers and their craft who are literally having to risk it all to serve. To save a life. While our government is literally a direct threat. They [are] trying to kill us.*"[39]

The doula noted that this was not an isolated case, and stated, "as a community doula, what ended up happening is there are dozens and dozens of babies I know for sure in the state of Texas that were born to people that wanted to abort them. They weren't sure about the abortion laws, there was some barrier to them traveling and so they couldn't access their abortion."[40] She further recounted:

> *"At 12 years old [she] was going to be forced to go through the trauma of caring a pregnancy by her rapist…[she is] a victim of incest. Going through birth, which is grueling and dangerous and life threatening for a grown black woman, we are talking about a 12 year old black girl. And then [to] be forced to parent, and possibly co-parent with her abuser. What is that? That took away her life, risked her health, her privacy had been completely violated. Definitely discriminated against. [This] took away all her dignity and her bodily autonomy."*[41]

She emphasized how the current post-*Dobbs* abortion landscape has left birthing people's lives in the hands of local politicians stating, *"*how can we not see that these laws are a direct violation of our human rights? Literally, we got politicians playing god.*"*[42]

iv. A Texas-based Reproductive Justice Activist's Perspective

Millions of people live within the 100-mile radius between the US-Mexico border.[43] A reproductive justice activist explained, "this region is almost like its own world. Many people who live here have families that have always lived along the border, on both the US and Mexican side. When you grow up here, and don't ever leave, it's hard to see just how different it is but it's very often treated differently than the rest of the country because of how close we are to Mexico."[44] The activist recalled growing up in a region where, under the guise of the war on drugs and border security, it was common to see multiple police entities and forms of surveillance: "driving through this region, you don't just see local police, you also see State Troopers, Customs and Border Protection officers, and in the last 10 years we've seen the state and national guard be deployed to the region. There aren't just actual officers, there's also high-tech cameras on blimps that can record up to a 200-mile radius. These, along with sensors and other tech, are used by Border Patrol to keep tabs on everything."[45] Furthermore, they explained that all roads leading north, beyond the 100-mile radius, require passing through a border patrol checkpoint:

> *"When you are from here, you already know you have to go through the checkpoint. They have K-9 units and scan your car like you were crossing at the border. If you're lucky, and they don't think you are suspicious, you can just keep driving but if the officer decides, they can make you pull over, inspect your car, and question you. When you cross, you get ID ready, and if you have any kind of immigration status, you have to present your documents to the officer. Now if you are undocumented, you either lie about your status running the risk of being deported, or you just don't cross. I know it's a lot of information, and it may not seem important to accessing an abortion but think about it, when there is no way to have an abortion in this region, abortion is literally banned, you can't easily jump in your car and go. You have to think about what it means to have to drive in a place where there are so many different types of police, surveillance, and then to go north you have to go through this checkpoint. Traveling to get an abortion is extra complicated."*[46]

They continued, "for people that live here, travel is a luxury. But when you have to travel just to get healthcare, where does that leave you? Healthcare becomes a luxury, and one that many people here cannot afford."[47]

v. A Louisiana-based Doula's Perspective

A doula based in Louisiana recounted a story from a client who became pregnant while living at a youth shelter before implementation of the complete abortion ban, when the chill was already impacting providers and abortion seekers. Despite wanting an abortion, the legislative and financial barriers she faced forced her to continue the pregnancy to term.[48]

She recounted, "Ultimately, she ended up having to follow through with her pregnancy.... And then she started to have some complications . . .." The doula shared her client's fears, noting that she repeatedly confided in the doula "I don't know if I can do this." The doula attempted to reassure her while feeling "something like inside of me and our connection just made me feel like her motherly instinct was not like clicking on." The doula continued: "And that [doctors needed] to

like monitor baby and maybe even induce her earlier than her 37 weeks, due to the baby growing small. When that happened, she got very afraid.*"* The client's fear was exacerbated when doctors told her the birth would require a C-section. After giving birth, the client returned to the homeless shelter, where the doula requested, but did not receive, additional assistance from the Department of Children and Family Services (DCFS).[49]

The doula recounted the day she received a call from the second homeless shelter her client was forced to move to, despite having resources and support where she had delivered. She stated: *"*I got a call one day on the weekend ... And [the shelter staff] were calling me and was like we have some bad news... they told me that she had lost her baby...when she woke up the baby was not responsive... they think it's SIDS.*"* The doula recounted: *"*That really hit me, because I felt like if she had options to not follow through with this pregnancy, this may have not been happening... I just wish somebody would have either stepped in or DCFS would've did more... I think she was very in tune with who she was and knew what she can handle, but no one listened, and she had no options.*"*[50]

The Louisiana doula also described the difficulty in accessing reproductive health services after 2.5 years of Louisiana's complete ban on abortion. "Post-*Dobbs*…it's difficult to get an OB appointment, especially if you're early… Providers are really not wanting to see folks before 12 weeks, which is very unfortunate," she explained. "A lot of people find out they're pregnant [much earlier]… and want to know what's going on with their pregnancy… is this pregnancy viable?" The doula shared that pregnant people may have luck seeing a primary care doctor but will experience difficulty getting a special care appointment.[51]

She described the impact this has on her clients, particularly those experiencing homelessness: "If they're just coming from a homeless situation and into a shelter, they don't have, they haven't had care, or they've lost care... to pick that back up has started to be very difficult." After discussing the issue with other doulas, she realized it was a growing trend. "Before, you could have been [very early] and gotten an appointment. [And now] they're saying, 'Oh, well, we don't have an appointment until you're almost 12 weeks.'"[52]

This delay affects all pregnant individuals, regardless of whether they intend to continue their pregnancy. "Anyone that is seeking care... [after] finding out they're pregnant at home and now want to go to a provider to assure that pregnancy is real... And they are making folks wait till 12 weeks... you know how nerve-wracking that can be?" This delay can be attributed to providers attempting to shield themselves from any liability of complications amidst aggressive laws intended to hold providers criminally liable for providing abortions.[53]

As Louisiana's laws continue to shift, the doula discussed the far-reaching consequences of restrictions and drug scheduling of medications like mifepristone and misoprostol. She emphasized that these drugs are not only used for abortion but are also essential in managing life-threatening pregnancy complications. "I know the folks that need these drugs for several different reasons, beyond just not wanting the pregnancy. It's taking a major toll on those folks." She described cases where people face dangerous pregnancies, fetal impairments, or severe hemorrhaging, yet cannot access the necessary medication.[54] "I just wish these lawmakers, or

whoever is deciding these things, would understand and consider that. Clearly, [they] don't understand the importance of these abortion care drugs beyond 'I just don't want my pregnancy.'"

Beyond restricting access to the fundamental human right to bodily autonomy, these policies endanger lives. The doula pointed to doctors who hesitate to provide critical care for fear of legal repercussions:

> *"Just imagine being in that situation... you may have to put your life at risk to follow through with a pregnancy, because these drugs aren't provided. Or how long is a doctor [weighing their personal risks] when I am hemorrhaging in this moment? Should they grab this drug?... That is happening right now... doctors are second-guessing hemorrhages because they don't want to pull that drug... They don't want that on their name."*

For the doula, these stories are the most heartbreaking part of the ban: the way fear and legal uncertainty now shape decisions that could mean the difference between life and death.[55]

vi. Gulf Coast-based Abortion Fund Representatives' Perspectives

A community abortion fund representative detailed the obstacles faced by people seeking access to abortion care in the Gulf Coast,[56] highlighting travel costs and challenges:

> *"Every day, we speak with people who must travel hundreds of miles for essential healthcare. A recent case involved a mother of five who needed to travel from Louisiana to Maryland for care at 19 weeks. With no companion because her partner had to stay with their children, she faced not only the $3,750 procedure cost but also nearly $2,000 in travel expenses, lost wages, and childcare costs. Despite assistance from multiple funds, she still shouldered over $2,000 in expenses... all while navigating time away from family, coordinating childcare, and arranging transportation in an unfamiliar city. The 72-hour waiting periods in closer states made the longer journey to Maryland paradoxically more accessible, though it meant additional nights away from her children."*
>
> *"A full-time worker from Alabama had to drive 13.5 hours (920 miles each way) to Illinois for care for 14 weeks because it was the closest accessible state. She specifically chose a clinic with Saturday appointments to minimize time off work, but still lost income for herself and her companion. Between gas, lodging, food, and the procedure itself, the total cost reached $2,320. Even with support from multiple funds, she was left with a $1,730 gap. This common scenario forces people to choose between financial stability and essential healthcare."*[57]

vii. A Louisiana-based Criminal Justice Activist's Perspective

A Louisiana criminal justice activist explained how community supervision can impede or prevent someone's access to healthcare:

> "*Getting permission to leave the state is onerous under community supervision. A person must provide the date they will leave and return. If by plane, they will be asked what flight*

number; by vehicle, the license plate of the name, make, and model of the car. They will be asked who they are travelling with, where they will be staying, and the purpose of their visit. They then must wait anywhere from a few days to a few weeks or even months to hear a response. In states where abortion is illegal, it is inconceivable that an officer or judge would approve anyone leaving the state for the express purpose of obtaining an abortion. In Louisiana, the Governor has already openly sought to prosecute people across state lines. The Governor holds the power to fire any officer, and the state supreme court is closely aligned with him. Therefore, any reasonable person would need to surreptitiously obtain an abortion. Either by providing an alternative reason to travel or by going there and back again without anyone finding out. The latter is not available for people with daily check-ins or electronic monitoring."[58]

People on community supervision are also subject to the Interstate Compact on Adult Offender Supervision (ICAOS) and waive rights against extradition in their home state.[59] An out-of-state abortion seeker could thus be subject to arrest and extradition to their home state.[60] The activist explained, "although this could create a novel legal avenue, of someone seeking asylum or equal protections in the state where abortion is legal... this would be at the expense of a highly vulnerable individual. We have to remember that people on community supervision are some of the most impoverished people in America, many who will not have health care."[61] Emphasizing potential impacts upon youth in particular he said:

"*Girls in Louisiana, Texas, and Georgia are considered "adults" at seventeen in the criminal legal system. This further complicates the issues of out-of-state travel and parental consent. If it were known that a girl or woman was pregnant, she may possibly be put under heightened scrutiny and control for "the protection of the child." This means that it would be impossible for someone on electronic monitoring to be able to surreptitiously receive an abortion in another state*."[62]

viii. A Louisiana-based OB-GYN's Perspective

An OB-GYN who provides both inpatient and outpatient care at a medical center in Louisiana described the disproportionately harmful impact Louisiana's laws have on her low-income pregnant patients:

"I continue to have many patients who are experiencing severe emotional harms from their inability to travel outside of the state for abortion care they need. I had one patient who very recently said that she explored all the options and didn't think that she could get out of state just based on the cost, even though there was some help that was given to her. And so she's still kind of grappling with that. She does not want to continue her pregnancy, but she's kind of at a point where she feels like she can't find the resources yet to get care. She's too far along for medication. So, you know, as I care for largely low-income patients who are on Medicaid or do not have any insurance, it is difficult for many of them to grapple with the inconvenience and the cost and the complete disruption to their lives to travel out of state to get the care they need.[63]

The majority of my patients are women of color, women who are on Medicaid or have no insurance, women who, if they don't work, they don't get paid. A lot of women that I take care of already have families. It's very challenging even if there is some help and some kind of services provided for patients to get out of state, just even getting the two, three days off of work to do it is. That's a challenge in and of itself. Childcare is a challenge. I mean, there's, you could keep going. There is a huge list of potential problems depending on each person. And a lot of my patients have multiple of those things on their list that their lives get disrupted."[64]

The Texas-based OB-GYN cited above also has a medical license in Louisiana. She discussed the impact of the classification of mifepristone and misoprostol as controlled substances: "It's difficult for patients to get misoprostol from pharmacies sometimes. So, you know, you're writing for miscarriage management. You send the prescription to the pharmacy and the patient's like, 'they will not give it to me' because the pharma is like, 'this might be for an abortion'."[65]

IV. Past Recommendations - Third UPR and UN Treaty Bodies Disregarded by the US Government

During the previous UPR, the US received and supported 13 recommendations which emphasized its obligation to guarantee comprehensive sexual and reproductive health and rights, both internationally and domestically.[66] Specifically, member states called on the US to ensure access to sexual and reproductive health information, education, and services domestically and to reverse policies which inhibit universal access to comprehensive care.[67]

Since *Dobbs*, the international community has raised alarm about the US's increasingly draconian legal and policy frameworks and practices around abortion. UN treaty bodies, expert working groups, and special mandate holders have decried the human rights crisis in the US to little avail.[68]

In 2022, the CERD Committee expressed deep concern about intersecting forms of discrimination based on gender, race, ethnicity, and migration status and recommended that the US "take further steps to eliminate racial disparities in the field of sexual and reproductive health and rights."[69] Similarly, in 2023, the Human Rights Committee (HRC) expressed deep concern in response to "restrictions on inter-state travel, bans on medication abortion and the surveillance of women seeking abortion care through the use of their digital data for prosecution purposes."[70] Both the CERD Committee and the HRC urged the US to ensure the provision of "safe, legal and effective access to abortion" and emphasized that the US's human rights obligations extended to the state and local levels.[71]

V. Recommendations

Despite the US government's international legal obligations and political commitments, not only has it failed to implement previously accepted recommendations during the period under review, but it has increasingly facilitated and promoted the erosion of sexual and reproductive health and rights at all levels of governance, in violation of its obligations and commitments, thereby

endangering the autonomy, health, and safety of all rights-holders. We therefore call upon states to make the following recommendations to the US during the upcoming review cycle:

- Provide legal, effective, safe and confidential access to abortion for all across the country, including through the adoption of legislative initiatives at the federal, state and local levels.

- Align the US legal and policy framework with World Health Organization Abortion Care Guideline[72] by repealing all laws that criminalize abortion or any pregnancy outcome or circumstance surrounding a pregnancy, and related healthcare, including information and referrals, for abortion seekers, supporters and providers.

- Ensure universal access to sexual and reproductive health information, commodities, and services within each state, including by removing barriers related to lack of financial resources and childcare, loss of income, community supervision and immigration checkpoints that impede traveling for reproductive healthcare, and by preventing the implementation of interstate or within state travel restrictions that impede and punish individuals for traveling for care.

- Reinforce legal protections for all healthcare providers, including doctors, midwives, and doulas, who offer abortion and contraception services, ensuring they are not subjected to criminal or civil liability, through any federal, state or local law.

- Safeguard digital privacy rights by prohibiting the collection and use of personal health data to prosecute pregnant people for seeking reproductive healthcare, including abortion and gender-affirming care, or for any pregnancy circumstance or outcome.

- Establish federal and/or state and local oversight mechanisms to monitor and mitigate the disproportionate impact of abortion bans on racial minorities, low-income communities, LGBTQIA+, disabled, young people, and immigrant communities.

- Mandate comprehensive sexual and reproductive health education to address the rise in maternal mortality rates and ensure individuals have access to accurate healthcare information.

- Commit to the collection of disaggregated data and engage in ongoing monitoring of the impact of abortion bans and restrictions in US ban states, with a particular focus on individuals who are BIPOC, low-income, LGBTQIA+, and disabled.

- Address the disparate impact of *Dobbs* on individuals who are BIPOC and otherwise multiply-marginalized and provide a justification for the disbandment of committees in some states tasked with implementing maternal mortality and morbidity audits and other tracking of sexual and reproductive health outcomes across populations.

- Recognize and protect the right to bodily autonomy by ensuring access to both abortion and gender-affirming care and take urgent measures to address the disproportionate impact of intersecting bans on youth, BIPOC and low-income communities, as well as the chilling effect these laws have on healthcare providers.

ANNEX

Coalition Stakeholder Submission for Consideration on the 4th Cycle of the Universal Periodic Review of the USA

Submitting Organizations

Global Justice Center
Global Justice Center is a non-partisan, non-profit organization dedicated to promoting the enforcement of international law in a progressive, non-discriminatory manner in order to advance gender equality. In close collaboration with civil society partners, the organization focuses on two primary areas: promoting reproductive autonomy as an international human right and advancing justice for mass atrocities involving sexual and gender-based violence.
Contact: Elise Keppler, Executive Director; ekeppler@globaljusticecenter.net;
11 Hanover Square, 6th Floor New York, NY 10005, USA

Ipas
Ipas is an international nonprofit working for reproductive justice by expanding access to abortion and contraception. Ipas works with partners across Africa, Asia and the Americas to ensure all people have the right to make fundamental decisions about their own bodies and health. Ipas's sustainable, holistic approach recognizes that in order for that to happen, there must be community and health-system support for human rights and abortion access, and laws and policies that support bodily autonomy--cornerstones for healthy, thriving individuals, communities and countries.
Contact: Bethany Van Kampen Saravia, Senior Legal and Policy Advisor,
vankampensaraviab@ipas.org; P.O. Box 9990, Chapel Hill, North Carolina, 27515, USA

Physicians for Human Rights
Physicians for Human Rights (PHR), which shared in the 1997 Nobel Peace Prize, deploys scientific, medical, public health, and forensic technical expertise to document and seek justice for human rights and humanitarian violations and international crimes. PHR conducts research, undertakes fact-finding investigations, and galvanizes 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.
Contact: Payal Shah, Director of Legal Research and Advocacy; pshah@phr.org;
520 8th Avenue Suite 2301, 23rd Floor, New York, New York, 10018

Guttmacher Institute
The Guttmacher Institute is a leading research and policy organization committed to advancing sexual and reproductive health and rights (SRHR) worldwide. The Guttmacher Institute envisions

a future in which all people can realize their rights and access the resources they need to achieve sexual and reproductive health.
Contact: Kelly Baden, Vice President for Public Policy; kbaden@guttmacher.org;
New York, New York

Jane's Due Process
At Jane's Due Process, we are dedicated to bridging the gap between young people in Texas and access to confidential and compassionate reproductive healthcare services. JDP helps young folks navigate parental consent laws and abortion bans. We help people under 18 confidentially access legal and safe abortions, as well as birth control, STI testing, and more. Our organization fights to ensure all young people in Texas have the reproductive freedom to make their own choices.
Contact: Lucie Arvallo, Executive Director; lucie@janesdueprocess.org; Austin, Texas

Birthmark
Birthmark is a New Orleans-based birth justice cooperative committed to supporting, educating, and advocating for pregnant and parenting people and their families. We center communities facing barriers to care, working to increase access to respectful, culturally-rooted services.
Contact: Victoria Williams, DHA, LMSW, CBS, Doula Member-owner & Advocacy Lead
Victoria@birthmarkdoulas.com; New Orleans, Louisiana

Lift Louisiana
Lift Louisiana strives to build a better Louisiana for women, girls and gender expansive people by advocating for reproductive health, rights, and justice. We focus on non-biased educational materials to ensure that medically-accurate, evidence-based research is informing public opinion, community engagement and policy advocacy to shift power in the Louisiana Legislature, and legal advocacy and impact litigation to protect and affirm reproductive rights.
Contact: Alex Moody, Staff Attorney, alex@liftlouisiana.org; New Orleans, Louisiana

The Louisiana Abortion Fund
The Louisiana Abortion Fund (LAAF) helps Gulf South residents overcome financial and geographic barriers to abortion care. We provide direct funding to clinics, travel assistance, childcare support, and resource referrals. As a Black-led organization in the Deep South, we center marginalized communities and follow reproductive justice principles. We currently work with 44 clinics across 16 states and D.C. Our organization provides compassionate support to affirm the dignity of folks seeking abortion care.
Contact: Tyler Barbarin, Director of Grants and Development; tyler@louisianaabortionfund.org;
New Orleans, Louisiana

Louisiana Coalition for Reproductive Freedom
The Louisiana Coalition for Reproductive Freedom serves our 80+ Member Organizations across the reproductive health, justice and advocacy landscapes by facilitating collective impact, coordinating mutual aid, and investing in movement vitality to ensure a vibrant and resilient movement for bodily autonomy. We do this by convening the movement, investing in its future

leadership, providing skills trainings and wellness coaching, hosting a dynamic resource hub, and empowering emerging orgs with a focus on rural LA.
Contact: Victoria Coy, Executive Director, victoria@louisianarepro.org; New Orleans, Louisiana

ReJAC
ReJAC is building a world in which people have free access to accurate health information and resources and have the power to address community issues that are important to them as they arise. As a result, the health and care of BIPOC, trans, and gender expansive people are prioritized and all people are able to access reproductive health care without judgment and with dignity.
Contacts: Pearl Ricks, Executive Director, pearl@rejacnola.org; Morgan Moone, Strategic Data and Advocacy Manager, morgan@rejacnola.org; New Orleans, Louisiana

The Afiya Center
The Afiya Center (TAC) was established in response to the increasing disparities between HIV incidences worldwide and the extraordinary prevalence of HIV among Black womxn and girls in Texas. TAC is unique in that it is the only Reproductive Justice (RJ) organization in North Texas founded and directed by Black womxn. At TAC we are transforming the lives, health, and overall wellbeing of Black womxn and girls by providing refuge, education, and resources; we act to ignite the communal voices of Black womxn resulting in our full achievement of reproductive freedom.
Contact: Qiana Lewis-Arnold, Full Spectrum Doula;
qarnold@theafiyacenter.org; Dallas, Texas

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[1] *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022).
[2] *See* NGO submission entitled "Criminalization and Punishment of Pregnant People and People Who Facilitate Access to Abortion Care".
[3] Brief of United Nations Mandate Holders as Amicus Curiae in support of Respondents at 4, *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022).
[4] Since the *Dobbs* decision, UN human rights bodies and experts have repeatedly expressed concern about the country's increasingly restrictive and draconian legal and policy frameworks and practices around abortion. *Joint statement by UN Human rights experts on Supreme Court decision to strike down Roe v. Wade*, Office of the High Commissioner of Human Rights (Jun. 24, 2022), https://www.ohchr.org/en/statements-and-speeches/2022/06/joint-web-statement-un-human-rights-experts-supreme-court-decision.
[5] Abortion funds are local, independent organizations that provide financial and logistical support to individuals seeking abortions, helping to overcome barriers to access and ensure affordability.
[6] The authors of this submission interviewed individuals within various Southern states with restrictive legal abortion frameworks. While we focus on testimony from these restrictive states, abortion restrictions and bans have a profound impact on other US states, even those with strong abortion protections. For example, the abortion ban in Florida has caused an increase in wait times at clinics in Maryland — *See* Whitney Arey, *et. al*, *Delayed and Denied: How Florida's Six-Week Abortion Ban Criminalizes Medical Care,* Physicians for Human Rights (Sept. 17, 2024), https://phr.org/our-work/resources/delayed-and-denied-floridas-six-week-abortion-ban/.
[7] *Reproductive Justice*, SisterSong, https://www.sistersong.net/reproductive-justice/.
[8] *See* NGO submission entitled "Criminalization and Punishment of Pregnant People and People Who Facilitate Access to Abortion Care; State Innovation Exchange (SiX) submission entitled "State Legislators' Obligation to Fulfill Human Rights for Sexual and Reproductive Health in the Void of United States Federal Protections".

[9] *State Bans on Abortion Throughout Pregnancy*, Guttmacher (Mar. 26, 2025), https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans.
[10] *See id*.
[11] *See id*. There is no single formally recognized clinical definition of "viability," but the term is often used in medical practice in two distinct circumstances: 1) whether a pregnancy is expected to continue developing normally; and 2) whether a fetus might survive outside of the uterus. *See* ACOG, *Facts Are Important: Understanding and Navigating Viability*, https://www.acog.org/advocacy/facts-are-important/understanding-and-navigating-viability.
[12] *See Roe v. Wade,* 410 U.S. 113 (1973).
[13] *See id*.
[14] Kimya Forouzan, Amy Friedrich-Karnik & Isaac Maddow-Zimet, *The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care*, Guttmacher Institute (Dec. 7, 2023), https://www.guttmacher.org/2023/12/high-toll-us-abortion-bans-nearly-one-five-patients-now-traveling-out-state-abortion-care.
[15] *Interactive Map: US Abortion Policies and Access After Roe*, Guttmacher Institute (Apr. 2025), https://states.guttmacher.org/policies/.
[16] *Monthly Abortion Provision Study*, Guttmacher Institute, https://www.guttmacher.org/monthly-abortion-provision-study.
[17] *See id.*
[18] Wendy Sawyer, *Two years after the end of Roe v. Wade, most women on probation and parole have to ask permission to travel for abortion care*, Prison Policy Initiative (Jun. 18, 2024), https://www.prisonpolicy.org/blog/2024/06/18/dobbs/.
[19] 42 U.S. Code § 1395dd.
[20] In December 2024, amid the Texas ban on abortion, a judge granted a temporary restraining order preventing the ban from going into effect, permitting a woman to terminate her pregnancy after testing found her pregnancy was complicated and nonviable. The medical treatment the pregnant woman needed was an abortion; without it, she would be placing her health and future fertility at risk. The state argued that Mrs. Cox had not proven she qualified for the narrow exception to the ban, that her life or severe impairment was at risk and that more evidence was required. Hours after the judge granted a temporary restraining order, Texas AG Ken Paxton threatened to prosecute any doctor or personnel involved in performing Mrs. Cox's necessary abortion. Brendan Pierson, *Texas AG threatens to prosecute doctors in emergency abortion*. Reuters (Dec. 7, 2023), https://www.reuters.com/legal/texas-judge-allows-woman-get-emergency-abortion-despite-state-ban-2023-12-07/. There are several pending cases currently being litigated in federal district courts and this issue will return to the US Supreme Court. *See, e.g.,* Health Care Litigation Tracker: St. Luke's Health System, LTD. v. Labrador, O'Neill Institute (Mar. 25, 2025), https://litigationtracker.law.georgetown.edu/litigation/st-lukes-health-system-ltd-v-labrador/; *People of California v. Saint Joseph Health Northern California, LLC*, https://oag.ca.gov/system/files/attachments/press-docs/Providence%20PI.pdf; Ryan Burns, *Attorney General Sues St. Joseph Hospital for Denying a Woman Emergency Abortion Care*, Lost Coast Outpost (Sept. 30, 2024), https://lostcoastoutpost.com/2024/sep/30/attorney-general-sues-st-joseph-hospital-denying-w/ Sonja Sharp, *California woman sues Catholic hospital chain over emergency abortion denial*, Los Angeles Times (Apr. 1. 2025), https://www.latimes.com/california/story/2025-04-01/catholic-hospital-chain-emergency-abortion-denial-lawsuit; *NWLC Files Lawsuit to Hold Hospital Accountable for Discriminatory Refusal to Provide Emergency Abortion Care*, National Women's Law Center (Apr. 1, 2025), https://nwlc.org/resource/nwlc-files-lawsuit-to-hold-hospital-accountable-for-discriminatory-refusal-to-provide-emergency-abortion-care/.
[21] *Texas Banned Abortion. Then Sepsis Rates Soared*, ProPublica (Feb. 20, 2025), https://www.propublica.org/article/texas-abortion-ban-sepsis-maternal-mortality-analysis. This paper refers interchangeably to "people who can become pregnant" and "women and girls" as the targets of laws restricting abortion. Although most people who can become pregnant and require abortion services are cisgender women, people with diverse gender identities may also need abortions and are profoundly affected by abortion restrictions. For more information on the need for abortion services amongst trans, non-binary and gender diverse people in the US *see* Heidi Moseson, *et al.*, *Abortion experiences and preferences of transgender, nonbinary, and gender-expansive people in the United States*, 224 Am. J. Obstetrics & Gynecology 4 (2021); American College of Obstetricians and Gynecologists, *ACOG Committee Opinion: Health Care for Transgender and Gender Diverse Individuals*, 137 Obstetrics & Gynecology 3, e80-e81 (Mar. 2021),

https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2021/03/health-carefor-transgender-and-gender-diverse-individuals.pdf.

[22] *See* Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother's Death Was Preventable, ProPublica (Sept. 16, 2024), https://www.propublica.org/article/georgia-abortion-ban-amber-thurman-death; A Woman Died After Being Told It Would Be a "Crime" to Intervene in Her Miscarriage at a Texas Hospital, ProPublica (Oct. 30, 2024), https://www.propublica.org/article/josseli-barnica-death-miscarriage-texas-abortion-ban; A Pregnant Teenager Died After Trying to Get Care in Three Visits to Texas Emergency Rooms, ProPublica, (Nov. 1, 2024), https://www.propublica.org/article/nevaeh-crain-death-texas-abortion-ban-emtala; A Third Woman Died Under Texas' Abortion Ban. Doctors Are Avoiding D&Cs and Reaching for Riskier Miscarriage Treatments, ProPublica, (Nov. 25, 2024), https://www.propublica.org/article/porsha-ngumezi-miscarriage-death-texas-abortion-ban.

[23] Gender-affirming care is a model of care which includes a spectrum of "medical, surgical, mental health, and non-medical services for transgender and nonbinary people" aimed at affirming and supporting an individual's gender identity. Gender affirmation is highly individualized. Not all trans people seek the same types of gender affirming care or services and some people choose not to use medical services as a part of their transition. Lindsey Dawson and Jennifer Kates, *The Proliferation of State Actions Limiting Youth Access to Gender Affirming Care*, KFF (Apr. 6, 2025), https://www.kff.org/policy-watch/the-proliferation-of-state-actions-limiting-youth-access-to-gender-affirming-care/.

[24] *See id*.

[25] Kimya Forouzan, et al., *State Policy Trends 2024: Anti-Abortion Policymakers Redouble Attacks on Bodily Autonomy*, Guttmacher Institute (Dec. 2024), https://www.guttmacher.org/2024/12/state-policy-trends-2024-anti-abortion-policymakers-redouble-attacks-bodily-autonomy; *Yellowhammer Fund v. Marshall (*LEAD), No. 2:2023cv00450 - Document 48 (M.D. Ala. 2024). In some states, "bounty hunter" laws empower private citizens to sue individuals who assist or provide abortions in states where it is banned. *See* Emma Bowman, *As states ban abortion, the Texas bounty law offers a way to survive legal challenges*, NPR (Jul. 11, 2022), https://www.npr.org/2022/07/11/1107741175/texas-abortion-bounty-law.

[26] *See* NGO submission entitled "Criminalization and Punishment of Pregnant People and People Who Facilitate Access to Abortion Care" and Kebé, Elizabeth Ling & Kylee Sunder, *A Repro Legal Helpline Report: State Violence and the Far-Reaching Impact of Dobbs*, If/When/How (Jun. 2024), https://ifwhenhow.org/wp-content/uploads/2024/06/Repro-Legal-Helpline-Report-June-24.pdf.

[27] The ability of individuals on community supervision (or "community corrections") to travel is severely limited because they must receive approval from their correctional authority, typically their probation or parole officer. Given the stigma and criminalization of abortion in states with abortion bans and or extreme restrictions, it would be reasonable to believe that such a request would be denied. This puts the abortion seeker in the difficult position of having to lie about the purpose of their travel or to not seek permission at all. As US states are becoming increasingly carceral and militarized, including through immigration checkpoints and other forms of state surveillance, thousands of people are unable to access essential healthcare, education, or employment opportunities to sustain their families, with historically marginalized communities bearing the brunt. An estimated 3.7 million adults are under community supervision (sometimes called community corrections) — nearly twice the number of people who are incarcerated in jails and prisons combined. The majority of people under supervision are on probation (2.9 million people), and over 800,000 people are on parole. *See* Leah Wong, *Punishment Beyond Prisons*, Prison Policy Initiative (May 2023), https://www.prisonpolicy.org/reports/correctionalcontrol2023.html.

[28] RICO refers to the Racketeer Influenced and Corrupt Organizations Act, a law that allows authorities to punish offenders engaging in criminal activities, particularly racketeering. For example, RICO law punishes crime bosses who order their subordinates to carry out criminal activities for them.

[29] *See* NGO submission entitled "Criminalization and Punishment of Pregnant People and People Who Facilitate Access to Abortion Care."

[30] In Texas, for example, sex education is not required, but when it is taught, state law mandates an abstinence-focused approach, does not require discussion of contraception, and often requires parental opt-in for participation, leaving many teens without medically accurate information. The mandated Opt-in provision expired in August 2024, reverting to an Opt-out system; however, Texas Education Agency still advises, "notwithstanding expiration of the statutory opt-in mandate, school systems should continue requiring parental consent prior to offering human sexuality instruction to students, which is fully permitted by the authority granted to local school systems under TEC," §11.151. *See also* Texas: State Sex

Education Policies and Requirements at a Glance, Sex Education Collaborative, https://sexeducationcollaborative.org/states/texas.
[31] Mabel Felix, Laurie Sobel & Alina Salganicoff, *Criminal Penalties for Physicians in State Abortion Bans*, KFF (Mar. 4, 2025), https://www.kff.org/womens-health-policy/issue-brief/criminal-penalties-for-physicians-in-state-abortion-bans/.
[32] *See* NGO submission entitled "Criminalization and Punishment of Pregnant People and People Who Facilitate Access to Abortion Care."
[33] Amy Friedrich-Karnik, Isabel DoCampo & Candace Gibson, *Medication Abortion Remains Critical to State Abortion Provision as Attacks on Access Persist: First-ever state-level data highlight the vital role of medication abortion in the United States*, Guttmacher Institute (Feb. 2025), https://www.guttmacher.org/2025/02/medication-abortion-remains-critical-state-abortion-provision-attacks-access-persist; *See also* L. R.S. § 40:964 (Louisiana).
[34] For an overview of Texas's and Louisiana's policy landscapes, see *Interactive Map: US Abortion Policies and Access After Roe*, Guttmacher Institute (Apr. 2, 2025), https://states.guttmacher.org/policies/texas/abortion-policies. For a full listing of restrictive laws and policies impacting reproductive health and healthcare more broadly, see the SiX submission entitled "State Legislators' Obligation to Fulfill Human Rights for Sexual and Reproductive Health in the Void of United States Federal Protections."
[35] *See id.*
[36] *See id*.
[37] *Id*.
[38] *Id*. *See also*, *Center for Reproductive Rights, Zurawski v. State of Texas*, Case File, https://reproductiverights.org/case/zurawski-v-texas-abortion-emergency-exceptions/zurawski-v-texas/.
[39] Testimony collected by Ipas US on March 28, 2025. Full testimonies are on file with the authors.
[40] *Id.*
[41] *Id*.
[42] *Id*.
[43] The Texas Portion of the U.S.–México Border, Texas Department of Health and Human Services (Apr. 5, 2025), https://www.dshs.texas.gov/regional-local-health-operations/texas-border-health/tx-mx-border.
[44] Testimony collected by Ipas US on April 5, 2025. Full testimonies are on file with the authors.
[45] *Id.*
[46] *Id.*
[47] *Id.*
[48] Testimony collected by Ipas US on March 26, 2025. Full testimonies are on file with the authors.
[49] *See id.*
[50] *Id.*
[51] *Id*.
[52] *Id.*
[53] *Id.*
[54] *Id.*
[55] *Id.*
[56] The Gulf Coast of the US is a coastline area that consists of the southernmost states: Texas, Louisiana, Mississippi, Alabama, and Florida. Each of these states are located along the southern coast, and are known as the Gulf States as they border the Gulf of Mexico.
[57] Testimony collected by Ipas US on March 26, 2025. Full testimonies are on file with the authors.
[58] Testimony collected by Ipas US on April 5, 2025. Full testimonies are on file with the authors.
[59] Introduction - ICAOS Rules, Interstate Commission for Adult Offender Supervision, (Apr. 5, 2025), https://interstatecompact.org/icaos-rules/introduction.
[60] *See id.*
[61] Testimony collected by Ipas US on April 5, 2025. Full testimonies are on file with the authors.
[62] *Id.*
[63] Testimony collected by Physicians for Human Rights on March 26, 2025. Full testimonies are on file with the authors.
[64] *Id*.
[65] *Id*.
[66] *See* Matrix of Recommendations, UPR of United States of America (3rd Cycle), 36th sess., rec. 26.299–26.312, available at https://www.ohchr.org/en/hr-bodies/upr/us-index.

[67] See, *e.g.*, rec. 26.308.
[68] *See, e.g.,* Joint web statement by UN Human rights experts on Supreme Court decision to strike down Roe v. Wade, Office of the High Commissioner of Human Rights (Jun. 24, 2022), https://www.ohchr.org/en/statements-and-speeches/2022/06/joint-web-statement-un-human-rights-experts-supreme-court-decision.
[69] Concluding observations on the combined tenth to twelfth reports of the United States of America, Committee on the Elimination of Racial Discrimination, 107th sess. U.N. Doc CERD/C/USA/CO/10-12, para. 36 (Sept. 21, 2022).
[70] Concluding observations on the fifth periodic report of the United States of America, Human Rights Committee, 139th sess. U.N. Doc. CCPR/C/USA/CO/5, para. 28 (Dec. 7, 2023).
[71] "In the light of the Committee's general comment No. 36 (2018) on the right to life, and in line with the recommendations made by the Committee on the Elimination of Racial Discrimination, the State party should take all measures necessary at the federal, state, local and territorial levels to ensure that women and girls do not have to resort to unsafe abortions that may endanger their lives and health" *Concluding observations on the fifth periodic report of the United States of America*, Human Rights Committee, 139th sess. U.N. Doc. CCPR/C/USA/CO/5, para. 29 (Dec. 7, 2023).
[72] The abortion care guideline, published by the World Health Organization in 2022, recommends the full decriminalization of abortion, the removal of grounds-based restrictions on abortion, and the removal of gestational age-limits on the provision of abortion care. *Abortion Care Guideline*, WHO (2022), https://www.who.int/publications/i/item/9789240039483.