

Center For Reproductive Rights

U.N. Committee Finds U.S. Is Falling Short in Addressing Racism in Reproductive Health Care

On March 7, 2008, the eve of International Women's Day, the United Nations Committee on the Elimination of Racial Discrimination said the United States was falling short in its duty to eliminate persistent racial inequities in reproductive and sexual health care. Expressing concern that "wide racial disparities continue to exist in the field of sexual and reproductive health," the Committee validated charges that the U.S. has failed to actively combat racial discrimination in reproductive health care. It called on the U.S. government to reduce high rates of maternal and infant mortality, unintended pregnancies leading to higher abortion rates, and the growing epidemic of HIV/AIDS among women of color.

"We applaud the Committee for addressing the unconscionable racial disparities in maternal deaths, unintended pregnancies, and HIV-AIDS. It's time for the U.S. to stop making excuses for racial inequalities and take responsibility for ensuring access to quality reproductive health care for all women in America," said Nancy Northup, President of the Center for Reproductive Rights.

Northup testified before the Committee on February 18, during its review of U.S. compliance with the international treaty the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD). The Committee monitors whether states that have ratified the treaty are taking their obligations seriously by pro-actively addressing racial discrimination.

According to a letter the Center filed with the CERD Committee, African-American women are nearly four times more likely to die in childbirth than white women. They are also 23 times more likely to be infected with HIV/AIDS and 14 times more likely to die from the disease. And the unplanned pregnancy rate among Latinas is twice the national average. In its "Concluding Observations," the Committee noted reproductive health disparities affecting all women of color but drew particularly attention to the status of African American women's health.

Under CERD, the U.S. government has an obligation to guarantee equal access to health care, but as the Committee has pointed out, more aggressive efforts are needed to combat the racial disparities that exist in women's reproductive and sexual health care. The Committee recommends that the U.S. government improve access to maternal health care and family planning, as well as facilitate access to adequate contraception and family planning methods. It also specifically called on the government to reduce eligibility barriers to Medicaid—a problem that has significantly affected the ability of low-income immigrants and African American women to access reproductive health care. Finally, to combat the disproportionately high rates of unintended pregnancies and sexually transmitted infections among women of color, the Committee calls on the government to provide comprehensive sexuality education aimed specifically at preventing these outcomes.

"It is time for the U.S. government to reaffirm its commitment to its obligations under CERD and adopt the Committee's recommendations by creating new health care policies that will guarantee quality and affordable reproductive and sexual health care for women of color," said Northup.

In addition to submitting a letter to the Committee highlighting racial disparities in reproductive health, the Center for Reproductive Rights joined a coalition of 250 U.S. organizations in submitting a shadow report to the Committee in December outlining numerous ways that the U.S. government has failed to eliminate racial discrimination in the United States. CERD has been ratified by 173 countries, including the United States in 1994. Since the U.S. ratified the treaty, the Committee has reviewed U.S. compliance only once before, in 2001.

The Center's shadow letter and report can be found online at www.reproductiverights.org