

**Universal Periodic Review of the United States of America
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Joint Submission by:

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and

**Sexual Rights Initiative (SRI)
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I. Executive Summary

1. This report is jointly submitted by the Sexual Rights Initiative^e and an anonymous activist from the United States.
2. The following analysis and recommendations address a wide range of sexual rights issues, from the ratification of foundational human rights instruments to the rights of women, children, and lesbian, gay, bisexual, and transgender (LGBT) persons. The report revisits recommendations made to the United States during its previous review, charting the progress that has been made thus far and the steps still required to maximize compliance with human rights principles.
3. Within the broad range of issues presented in the report, special attention is paid to the use of criminal laws to punish sex workers and people living with HIV / AIDS (PLWHA), restrictions on sexuality education and access to information, and increasingly draconian restrictions on access to contraception and abortion that undermine reproductive health and rights. Although these are not the only pressing sexual rights issues in the United States, they reflect some of the more worrying violations that the federal government can mitigate or curb using various tools at its disposal.
4. In keeping with the spirit and function of the Universal Periodic Review, the report concludes with a number of recommendations the authors believe the United States should swiftly implement to address outstanding sexual rights concerns. The federal structure of the United States means the de facto and de jure protection of sexual rights can vary considerably from state to state. The recommendations in this report are expressly designed to highlight ways in which the federal government can respect, protect, and promote sexual rights using the mechanisms available to it, which may include federal legislation, administrative regulations, funding and budget allocations, and technical and political support for state initiatives.

II. Recommendations from the 1st cycle of the UPR

5. During its first Universal Periodic Review in 2010, the United States received a wide range of recommendations related to sexual rights. The government rejected a select few of these recommendations, declining to make maternity leave mandatory, to remove blanket abortion restrictions on humanitarian aid to women and girls who are raped, and to ratify the International Covenant on Economic, Social, and Cultural Rights (ICESCR) and the Optional Protocols to the Convention on the Rights of the Child (CRC) and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Although the United States has previously declined to accept these recommendations, it might now reconsider them during its second review. Should the government conclude it is still unwilling to adopt them, states might encourage the United States to identify alternative means of addressing and resolving the underlying sexual rights violations they have identified.

6. The government's responses to other recommendations were more equivocal or unclear, especially where these pertained to the ratification of core human rights instruments. The reviewing states recommended that the United States ratify the CRC, CEDAW, the Convention on the Rights of Persons with Disabilities (CRPD), the Optional Protocol to the International Covenant on Civil and Political Rights (ICCPR), and the International Labor Organization's (ILO) Convention No. 111, which regards discrimination in employment and occupation. States might consider questions and recommendations that would clarify where the United States stands on the ratification of, or adherence to, these widely adopted instruments.

7. The United States also accepted a number of recommendations in its first review. The paragraphs that follow briefly survey the accepted recommendations, noting where progress has been made in the intervening period and where further steps are required for the United States to meaningfully act on its commitments. The recommendations included at the end of this report suggest some potential interventions that might be taken by the U.S. government to advance these goals.

8. *Taking measures to address discrimination on the basis of sexual orientation and gender identity (SOGI) and combatting stereotypes and violence against LGBT people.* In the absence of federal legislation, protections from discrimination on the basis of SOGI vary considerably from state to state. Currently, eighteen states and the District of Columbia prohibit discrimination on the basis of SOGI, and three states prohibit discrimination on the basis of sexual orientation alone.³ President Obama took a laudable step in July 2014 when he issued an executive order prohibiting federal contractors from discriminating on the basis of SOGI, and publicly called for Congress to legislatively enact a broader set of protections.⁴ Thus far, however, legislative efforts have met with little success. The Employment Non-Discrimination Act (ENDA), which would prohibit adverse employment actions on the basis of SOGI, has been repeatedly introduced without passage since 1994. The most recent version of ENDA passed the Senate in a bipartisan vote, but has languished in the House of Representatives. A number of civil rights organizations have recently withdrawn their support for the current version of ENDA, protesting the broad exemption contained within the bill that permits religious organizations to discriminate on SOGI grounds.⁵ Discrimination on the basis of SOGI persists in other areas of federal policy, for example, in the Food and Drug Administration's blanket ban on blood donation by men who have had sex with men, regardless of their monogamy, safer sex practices, or serostatus.⁶ In 2013, the American Medical Association joined a chorus of scientific and medical experts decrying the policy as discriminatory and not grounded in sound science, and urged the government to adopt a more rational and effective approach.⁷ To date, however, the U.S. government has maintained the policy.

9. *Ensuring access to public services with attention to the special vulnerability of sex workers.* Advocates welcomed the U.S. Supreme Court's 2013 ruling in *Agency for International Development v. Alliance for Open Society International, Inc.*, which struck down the so-called "prostitution pledge" requiring that recipients of funds from USAID take a stance opposing sex work. In the U.S. context, however, sex workers still face daunting deterrents and barriers to safe, accessible, and non-stigmatizing health care, police assistance, legal assistance, and public benefits. Taking steps to ensure sex workers have

access to public services is essential if violations of their rights, well-being, and safety are to be addressed and eliminated.

10. *Taking steps to end child prostitution.* In 2013, the Federal Bureau of Investigation conducted the largest sweep against child sexual exploitation to date.^{vii} Nonetheless, the sexual exploitation of children remains rampant. The U.S. Department of Justice reported in 2011 that forty percent of suspected incidents of human trafficking involved the sexual exploitation of children.^{viii} Furthermore, organizations have reported worrying gaps in the services available to children who are survivors of sexual exploitation. Children can be denied services if they have special health or mental health needs, and programs tend to be aimed at female victims such that young male and transgender survivors are frequently excluded or underserved.^{ix} Although added policing and punitive or rehabilitative measures may help stem the tide of offenses, additional steps must be taken if the survivors of child sexual exploitation are to be sufficiently protected and cared for.

11. *Combatting violence against women and gun violence.* After uncertainty about whether it would pass the House of Representatives, the Violence Against Women Reauthorization Act of 2013 was signed into law by President Obama on March 7, 2013. The reauthorization of VAWA bolstered efforts to prevent and address domestic violence by strengthening protections for LBT, Native American, and immigrant survivors; requiring reporting and responses to domestic violence in university settings; ensuring survivors are able to access and maintain their housing, and preserving funding for relevant programs.^x Legislation to combat gun violence has not fared as well. A bill that would ban assault weapons, ban high-capacity gun magazines, and bolster background checks for purchases of firearms failed in a high-profile vote in the U.S. Senate.^{xi} The loss stymied efforts to curb gun violence through the legislative process, leaving the United States without meaningful gun reform in the wake of multiple mass shootings.

12. *Defining, prohibiting, and punishing human trafficking.* In 2012, the Obama Administration announced a number of initiatives to address human trafficking. The efforts included an executive order to prevent federal contractors and subcontractors from engaging in trafficking, training for law enforcement and judiciary personnel to aid trafficking survivors, additional resources to ensure trafficking survivors receive legal assistance and public services, and a range of partnerships and collaborative efforts.^{xii} Amidst these efforts, advocates have reported alarming trends regarding human trafficking in the United States. The National Human Trafficking Resource Center recently reported that, between 2008 and 2012, their call volume related to human trafficking increased by 259%, with 9,298 unique reports of human trafficking.^{xiii} Of these, U.S. citizens were the victims in forty-one percent of sex trafficking cases and twenty percent of labor trafficking cases.^{xiv} Although these statistics are worrying, greater care must be taken by police departments and federal agencies in distinguishing sex trafficking and sex work. Responses to sex trafficking and labor trafficking should focus specifically on deceptive and coercive work, and should not be used to criminalize or punish adult sex workers who consensually engage in transactional sex.

13. *Promoting equal socioeconomic and educational opportunities, in law and fact, regardless of ethnicity, race, religion, national origin, gender, or disability.* The Obama Administration has

launched a number of programs which aim remedy educational disparities, including the Race to the Top initiative.^{xv} According to the Administration, almost ninety percent of discretionary spending in the proposed Department of Education budget for 2015 is aimed at programs which assist low-income students, minority students, students with disabilities, and those who are learning English.^{xvi} Efforts like these are badly needed. Statistics collected by the National Center for Education Statistics report significant educational disparities on the basis of race and ethnicity, gender, disability, language, and socioeconomic class.^{xvii} Such disparities affect educational attainment and socioeconomic mobility on multiple fronts, including academic achievement, access to postsecondary education, and outcomes in the labor market.^{xviii}

14. *Taking steps toward economic and social rights for women and minorities, especially with regard to access to work and housing.* President Obama signed two executive orders in 2014 related to gender-based pay disparities, barring federal contractors from retaliatory action against employees who discuss their salaries and instructing the U.S. Department of Labor to collect data on gender disparities in pay from federal contractors.^{xix} Just days later, however, the Paycheck Fairness Act, a piece of legislation designed to address the pay gap, failed to pass the U.S. Senate.^{xx} A meaningful response requires much more than either the Administration or Congress has done thus far. The American workforce is highly stratified, with women, people of color, and LGBT people facing disparities in opportunity and pay.^{xxi} Where individuals are multiply marginalized, these disparities are especially acute.^{xxii} Statistics published by the Equal Employment Opportunity Commission and Bureau of Labor Statistics indicate that racial minorities and women continue to fare worse in employment than white men, with persistent disparities in participation rates, unemployment rates, and the representation of particular groups in executive or senior level positions in the workforce.^{xxiii} Access to housing, too, continues to be strongly stratified on the basis of race and ethnicity, and is further shaped by gender, disability, SOGI, and veteran status.^{xxiv} Alleviating these disparities will require federal and state agencies to address the conditions that generate unemployment and homelessness, revise policies that criminalize homelessness and trap individuals in cycles of marginalization, and initiate programs that provide work and housing to those without it.

15. *Taking further action to ensure gender equality at work.* In early 2009, President Obama signed into law the Lilly Ledbetter Fair Pay Act, which relaxed restrictions barring women from bringing suit to challenge gender-based disparities in their pay.^{xxv} In 2012, however, women in the United States still earned \$0.77 for every dollar earned by their male counterparts annually.^{xxvi} At the current rate of progress, the Institute for Women's Policy Research estimates that pay for men and women in the United States will not be at parity until 2058.^{xxvii} Although the passage of the Fair Pay Act was a notable victory for women's rights advocates, more direct action is necessary to ensure that gender equality in the workplace is fully realized.

16. *Preventing slavery of agricultural workers, especially women and children.* The Obama Administration proposed rules to protect children engaged in agricultural labor, but ultimately withdrew them after facing criticism in a public comment period.^{xxviii} For children as well as adults, coercion in the agricultural industry takes a number of forms. In addition to low pay, long hours, and grueling working conditions, agricultural workers often do not have access to labor protections like family and medical leave,

health insurance, and pensions.^{xxx} Advocates estimate that up to five percent of agricultural workers in the United States work under conditions of forced labor.^{xxx} For legal as well as social reasons, women and children are particularly disadvantaged in the agricultural workforce. Women in particular face sexual harassment, coercion, and violence, and often lack the labor protections and alternative employment options that would allow them to report violations and obtain redress.^{xxxii} Human Rights Watch has documented children as young as seven years old among the hundreds of thousands of children engaged in agricultural labor in the United States.^{xxxiii} The Fair Labor Standards Act gives children working in agriculture less protection than children in other industries; so long as the work is on a small farm and with parental consent, for example, there is no minimum age or maximum number of hours outside of the school day for child labor.^{xxxiii} Without basic protections and stricter guidelines, laws designed to allow children to work on family farms leave many children exposed to highly exploitative conditions.

17. *Redoubling efforts to address sexual violence in correction and detention facilities and address prison conditions.* In 2012, the Department of Justice issued rules to implement the Prison Rape Elimination Act of 2003.^{xxxiv} Although the rules are laudable, legitimate concerns about compliance, monitoring, and enforcement remain.^{xxxv} Officials in seven states have already failed to meet the law's requirements, and governors from five of those states have informed the Department of Justice they are deliberately failing to comply.^{xxxvi} Notably, too, the new rules do not apply to immigration detention facilities or detention facilities operated by the Department of Health and Human Services and Department of Defense, which are supposed to adopt their own rules regarding sexual violence.^{xxxvii} Ensuring all federal agencies are held to similarly high standards is essential if the commitments made in the legislation itself are to be made meaningful.

18. *Taking measures for migrant women and foreign adopted children subject to domestic violence.* The U.S. Congress has thus far failed to pass comprehensive immigration reform bills that are before both the House and the Senate. The bills include provisions to provide protection and redress to undocumented women who experience domestic violence. In their present form, they would shield undocumented women who leave their abusive spouse from being deported, double the number of visas available to women who are survivors of domestic violence, and lengthen the deadline to apply for asylum beyond the current one-year restriction.^{xxxviii} If a comprehensive immigration reform bill is not forthcoming, the needs of migrant women will remain urgent and should be addressed swiftly by any legislative or administrative means available.

19. *Taking measures to end gross human rights abuses against women by military personnel stationed at foreign bases.* In 2012, President Obama issued an executive order expressly prohibiting federal contractors and subcontractors from engaging in human trafficking or exploitative forced labor on U.S. military bases.^{xxxix} In 2014, however, journalists continued to document troubling violations of these rules on a number of U.S. military bases abroad. As one report notes, despite flagrant abuses, there have not yet been any prosecutions, fines, or suspensions for trafficking violations by federal contractors.^{xl} The sustained U.S. military presence in countries around the world, combined with the growing use of contractors and subcontractors for military purposes, has entrenched a system where physical and sexual violence, labor exploitation, and environmental degradation are flagrant and accountability is scarce.^{xi} Where the United States

maintains military bases, robust mechanisms to stop human rights abuses, punish offenders, and provide redress are urgently needed.

III. Sexual Rights Issues in the United States

A. Criminalization

20. Throughout the United States, transactional sex is criminalized under a variety of state laws and local regulations. Except for Nevada, every U.S. state prohibits sex work under state law. Laws prohibiting sex work may be more or less explicit; while some states prohibit soliciting, operating a brothel, or living off the avails of prostitution, restrictions on loitering, disturbing the peace, and other public order offenses are also used to harass and arrest those suspected of being sex workers. Individuals who are arrested as sex workers may not only face felony charges and jail time; in at least six states, they may also be registered as sex offenders and thereby face extremely harsh restrictions on their activities and movement.^{xiii}

21. Criminalizing sex work has profoundly detrimental effects on the rights, health, and well-being of sex workers. Criminalization drives sex work underground, making it difficult for sex workers to access sexual and reproductive health services; seek police assistance and redress when they are robbed, assaulted, or raped; and gain access to benefits that are attached to employment in the United States, such as health insurance, family and medical leave, and Social Security. As a result, sex workers are at a heightened risk of contracting HIV and other STIs,^{xiii} but also face heightened exposure to physical and sexual violence from strangers, clients, and police officers and economic marginalization.

22. In some municipalities, criminal laws, policies, and practices place sex workers at especially heightened risk. A worrying development is the classification of condoms as evidence of “prostitution,” a practice that invites harassment from law enforcement officials and deters sex workers from self-protective measures against HIV and other STIs. In 2012, Human Rights Watch described the adverse effects that these policies have had in New York City, Washington, DC, Los Angeles, and San Francisco.^{xiv}

23. Subsequently, police departments in San Francisco and New York City revisited their policies and announced that officers will no longer treat condoms as evidence.^{xv} A closer inspection reveals worrying gaps in both reforms. In San Francisco, condoms may still be used to prosecute trafficking cases, which may deter women who have been trafficked from using them.^{xvi} In New York, loopholes which allow police to use condoms to justify an arrest or to enter condoms as evidence in promotion-of-“prostitution” and trafficking cases continue to stymie the full enjoyment of health and human rights.^{xvii} And in other cities across the country, law enforcement personnel officially or unofficially continue to confiscate condoms from sex workers or use them as evidence of “prostitution.” A bill to prohibit the use of condoms as evidence in the rest of New York State, for example, has stalled in the state legislature.^{xviii} The adverse effects of these practices can be seen in cities like New Orleans, where twenty-six percent of sex workers surveyed by Human Rights Watch had been harassed by police for carrying condoms.^{xix}

24. The use of criminal laws to police sexual behavior also disproportionately affects people living with HIV/AIDS. UNAIDS has expressed concern about the use of criminal law to punish acts that fall short of intentional transmission – that is, acts in which a person knows that he or she is HIV-positive, intends to transmit HIV to another, and does so. Using the criminal law to prohibit non-disclosure of HIV status, exposing another to HIV without transmitting the virus, or unintentionally transmitting HIV raise serious human rights concerns. Nonetheless, exposing another person to HIV – typically through sex or shared needles, but sometimes through blood, organ, or sperm donation – is criminalized in thirty-two U.S. states.ⁱ In a number of these states, laws criminalizing “transmission” are broad enough to include spitting at or biting another person, despite the fact that HIV is not transmitted through saliva.ⁱⁱ To be convicted under these laws, a person need not actually transmit the virus, intend to transmit the virus, or realistically expose another person to the virus. HIV-positive individuals who take measures to limit the risk of transmission or exposure by using condoms, pre-exposure prophylaxis, or antiretroviral drugs may nonetheless be charged and sentenced under these laws.

25. Criminalizing exposure to or transmission of HIV/AIDS has been criticized as counterproductive, both by the UN Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and by public health agencies like UNAIDS.ⁱⁱⁱ Criminalization can deter individuals from getting tested and knowing their status, from disclosing that status to sexual partners for fear of being reported, or from taking various types of safer sex measures that meaningfully reduce the risk of transmitting HIV but are not accounted for in the law. In their various guises, laws criminalizing HIV exposure or transmission entrench stigma against PLWHA, and force disclosure of their medical status even when precautions render the threat of transmitting the virus negligible.

26. The National HIV/AIDS Strategy, formulated in 2010, recommends that states review their HIV-specific criminal laws “to ensure that they are consistent with current knowledge of HIV transmission and support public health approaches to preventing and treating HIV.”^{iv} The guidelines do not, however, expressly recommend that states repeal laws that criminalize potential exposure to HIV. In 1990, the U.S. Congress required states to criminalize knowing HIV exposure in order to receive federal funding under the Ryan White Care Act.^v To make the best use of scientific knowledge about HIV and respect the rights of PLWHA, states should now be similarly encouraged to repeal laws that have become outdated, counterproductive, and unnecessarily stigmatizing.

B. Restrictions on Sexuality Education and Access to Information

27. The lack of comprehensive, scientifically accurate sexuality education in the United States has significant consequences for teenagers. Among industrialized countries, the United States has one of the highest rates of teenage pregnancy, at 68 per 1000 women age 15-19.^{vi} Rates of gonorrhea and chlamydia, too, are disproportionately high in comparison with those in other countries.^{vii} The effects are social as well as medical and sociological. For girls and young women, abstinence-only sexuality education and other ideological curricula fuel sexism and pernicious stereotypes about femininity, consent, and STIs.^{viii} The absence or poor quality of sexuality education can also reproduce

heterosexism and cissexism, either implicitly or explicitly, and contribute to a hostile climate where bullying and discrimination of LGBTQ youth is rampant.^{lviii}

28. Like many other sexual rights issues, the availability and quality of sexuality education for school-aged children varies considerably from state to state. Only twenty-two states and the District of Columbia mandate that public schools teach sexuality education, and only nineteen states require that sexuality education curricula are factually, technically, or medically accurate.^{lx}

29. A child's right to sexuality education, which has been recognized and affirmed by the Convention on the Rights of the Child and the Special Rapporteur on the Right to Education,^{lxi} remains subject to parental consent in most states. A full thirty-five states and the District of Columbia permit parents to opt their children out of sexuality education, and three states require that parents give affirmative consent for their child to receive sexuality education.^{lxii}

30. The result is that teenagers remain disconcertingly ill-informed about sex and sexuality. Approximately 46% of males and 33% of female teenagers report having sex before receiving any formal education about contraception.^{lxiii} In one survey of 18 and 19 year olds, a full 41% reported knowing very little or nothing about condoms, and 75% reported knowing little or nothing about the contraceptive pill.^{lxiiii}

C. Restrictions on Abortion, Contraception, and Other Sexual and Reproductive Health Services

31. The right to reproductive choice and sexual health is firmly recognized in both domestic and international law. The U.S. Supreme Court recognized a right to privacy that encompasses access to contraception in its 1965 ruling in *Griswold v. Connecticut*, and expressly extended that right to unmarried persons in its 1972 ruling in *Eisenstadt v. Baird*. In 1973, the Court ruled in *Roe v. Wade* that abortion was a fundamental right protected under that same right to privacy, invalidating a number of criminal laws which restricted access to abortion. Since *Roe*, however, access to abortion has been systematically fettered by a number of legislative and judicial restrictions, making it increasingly difficult for women across the United States to obtain accessible, affordable reproductive care.

32. The precariousness of access to contraception and abortion has been pronounced in recent years, as states have sought to restrict reproductive rights to an unprecedented degree. The Guttmacher Institute has reported that ninety-two new state-level anti-abortion measures were passed in 2011 alone with forty-three new anti-abortion measures in 2012 and seventy anti-abortion measures in 2013.^{lxv} The number of abortion restrictions enacted during this three-year period – 205 in all, passed in thirty states – was greater than the number enacted during the previous ten years combined.^{lxvi} Although the restrictions take a variety of forms – for example, banning abortion after twenty weeks, imposing unduly constrictive regulations on abortion providers, limiting private insurance coverage of abortion, and restricting access to medical abortion – they all make it difficult for women to exercise their right to reproductive decision making. Functioning in tandem, these laws often make abortion prohibitively difficult for women to obtain. They are exacerbated by restrictions that have already been passed in

many states and ratified by the courts, including gestational limits, requirements that abortions be performed by a licensed physician, prohibitions on so-called “partial birth abortion,” mandatory pre-abortion counseling, mandatory waiting periods, and parental involvement in a minor’s decision to have an abortion.^{lxvi} A full fifty-six percent of women live in states with more than four types of abortion restrictions, placing more than half of the women in the United States at serious risk of having their reproductive rights denied and their reproductive health needs unmet.^{lxvii}

33. Setbacks for reproductive rights have not only been at the state legislative level, however. In 2014, the U.S. Supreme Court ruled in *Hobby Lobby v. Burwell* that closely held corporations could not be required to provide contraceptive coverage to their employees if they objected to providing that coverage on religious grounds.^{lxviii} Other employers have already begun using the case to avoid providing contraceptives to their employees,^{lxix} and many more are likely to follow.^{lxx} The decision in *Hobby Lobby* will likely have repercussions far beyond the provision of contraception. Furthermore, employers and religious leaders have already begun to argue that the ruling exempts them from complying with a range of other generally applicable laws, including those that prohibit employers from firing unmarried employees who engage in sexual activity or employees who identify as LGBT.^{lxxi} With a bill to override the *Hobby Lobby* decision failing to gain the necessary votes for passage in the U.S. Senate, the plausibility of these claims will likely fall to the courts to decide.^{lxxii}

34. The decision in *Hobby Lobby* follows a number of provisions that have been passed in the healthcare arena. At both the state and federal level,^{lxxiii} reproductive rights have been significantly undermined by the propagation of conscience clause legislation, which allows medical personnel to refuse to provide particular services on moral or religious grounds.^{lxxiv} Typically, these laws allow providers to opt out of providing abortion, contraception, and other reproductive health services to women who need them. Many of these laws have been broadened over time to not only cover hospitals, doctors, and nurses, but also pharmacies and pharmacists. In forty-six states, some providers can refuse to provide abortion services; in thirteen states, providers can refuse to provide contraceptive services; and in eighteen states, providers can refuse to provide sterilization services.^{lxxv}

35. Although the *Hobby Lobby* decision and conscience clause legislation have recently made national headlines, women in the United States also face more systemic barriers to accessing abortion and contraception. Particular groups of women, including people of color, poor women, immigrants, and minors, face unique disadvantages.^{lxxvi} The Hyde Amendment, passed by the U.S. Congress in 1977, bars the federal government from covering abortion under Medicaid, the federal program which provides healthcare to low-income individuals, except in cases of rape, incest, or endangerment of the life of the mother. Federal law equates “post-abortion care” with medical attention for complications from abortion, and this is not prohibited by the Hyde Amendment or the Affordable Care Act.^{lxxvii} Public funding for abortion is crucially important in the United States context, where approximately seventy percent of women do not have sufficient insurance or are financially ill-equipped to meet their medical needs.^{lxxviii} Barring Medicaid coverage of abortion continues to disproportionately affect poor women, women of color, immigrants, and minors, who are significantly less likely to have access to private-sector alternatives.^{lxxix} The government’s commitment to providing

contraception has also waned considerably; funding for Title X, a federal program which covers low-cost family planning services, is sixty-one percent lower than it was in 1980.^{xxx}

36. Even with these restrictions in place, efforts to undermine access to abortion, contraception, and other reproductive health coverage continue in the present day. Following the passage of the Affordable Care Act, at least twenty states excluded abortion coverage from their state healthcare plans, and the House of Representatives voted to bar federal subsidies to insurance plans that include abortion coverage.^{xxxx} Although the proposed legislation has not passed the Senate or been signed into law, it is illustrative of an ongoing political effort to further narrow the scope of reproductive rights in the United States.

IV. Recommendations

37. To honor the commitments made during the first review of the United States and further ensure compliance with international human rights law, the U.S. government should:

38. Ratify the CRC, CEDAW, CRPD, the Optional Protocol to the ICCPR, and the ILO's Convention No. 111;

39. Pass the Employment Non-Discrimination Act after removing the broad exemption allowing employers to disclaim adherence to generally applicable non-discrimination laws on religious grounds;

39. Repeal the Food and Drug Administration's ban on blood donation by men who have sex with men;

40. Issue guidance from federal administrative agencies and provide funding for state initiatives aimed at ensuring that sex workers are able to access health care, police assistance, legal assistance, and public benefits;

41. Extend funding to ensure that survivors of child sexual exploitation, including male and transgender survivors and those with special health needs, are able to access public services;

42. Pass comprehensive gun control legislation that would, at a minimum, ban assault weapons, ban high-capacity gun magazines, and bolster background checks for purchases of firearms;

43. Integrate awareness raising programs regarding sex work into anti-trafficking efforts and train law enforcement, judicial personnel, and health workers on sex workers' rights such that trafficking and sex work are not conflated;

44. Fully fund proposed administrative programs and initiatives which alleviate disparities in education, work, and housing, paying special attention to persistent disparities on the basis of gender and SOGI;

45. Pass the Paycheck Fairness Act to alleviate gender disparities in the workplace, including disparities in pay;
46. Review conditions for women and children in agricultural work, up to and including administrative and legislative action to address sexual harassment, coercion, and violence and the permissive loopholes in labor law which allow child agricultural labor to continue unabated;
47. Strengthen compliance, monitoring, and enforcement mechanisms to ensure adherence to the rules implementing the Prison Rape Elimination Act, including any measures necessary to compel intransigent states;
48. Extend the rules implementing the Prison Rape Elimination Act to cover detention facilities operated by all federal departments, including immigration detention and any holding facilities operated by the Department of Health and Human Services and Department of Defense;
49. Pass comprehensive immigration reform that includes robust protections for undocumented women who are survivors of domestic violence, including access to visas, access to asylum, and protection from deportation, or pass these measures independently via legislative or administrative action;
50. Implement rigorous monitoring and enforcement mechanisms to ensure compliance with the recent executive order prohibiting federal contractors and subcontractors from engaging in human trafficking and forced labor on U.S. military bases;
51. Extend funding and technical support to assist states, municipalities, and police departments which take steps to protect the rights of sex workers, including the elimination of prostitution-free zones, the termination of official or unofficial condoms-as-evidence policies, and the decriminalization of sex work and related activities;
52. Revise the National HIV/ AIDS Strategy to expressly condemn laws criminalizing potential exposure or transmission of HIV, and extend funding and technical support to states and municipalities which repeal laws criminalizing the non-disclosure, exposure or transmission of HIV;
53. Extend funding and technical support for comprehensive sexuality education that is factually, technically, and medically accurate;
54. Adopt guidance and initiate programming through the Department of Education to promote sound and comprehensive sexuality education instruction in public schools, ensuring that such instruction affirms sexual and reproductive rights, including gender equality, sexual and gender diversity, and all aspects of sexual and reproductive health, including HIV/ AIDS, sexually transmitted infections, teenage pregnancy, contraception, and safe abortion;
55. Pass the Real Education for Health Youth Act;

56. Employ any and all legal mechanisms available to the Department of Justice to defend reproductive rights from state-based restrictions which function, independently or in tandem, to meaningfully restrict the constitutional right to abortion and contraception;

57. Pass legislation to ensure that all women are able to access affordable contraception in the aftermath of *Hobby Lobby v. Burwell*;

58. Ensure that the rights and freedoms of women, LGBT people, and other marginalized groups are respected and protected, including by refraining from passing or by narrowly interpreting conscience clauses to ensure they do not infringe on the rights of marginalized groups;

59. Pass legislation to repeal the Hyde Amendment and extend Medicaid funding to cover abortion;

60. Increase funding for Title X to ensure that poor women have access to affordable contraception; and

61. Ensure that insurance coverage under the Affordable Care Act covers abortion and other reproductive health services.

¹ The Sexual Rights Initiative (SRI) is a coalition including: Action Canada for Population and Development (Canada); Egyptian Initiative for Personal Rights (Egypt); Federation for Women and Family Planning (Poland); Creating Resources for Empowerment and Action (India); Coalition of African Lesbians (Africa); Akahata Equipo de Trabajo en Sexualidades y Generos (Latin America) and others. www.sexualrightsinitiative.com.

² http://www.thetaskforce.org/downloads/reports/issue_maps/non_discrimination_5_14_color.pdf.

³ <http://www.nytimes.com/2014/07/22/us/politics/obama-job-discrimination-gays-executive-order.html>.

⁴ http://www.huffingtonpost.com/2014/07/08/enda-religious-exemption_n_5568736.html.

⁵ <http://www.fda.gov/biologicsbloodvaccines/bloodbloodproducts/questionsaboutblood/ucm108186.htm>.

⁶ <http://thinkprogress.org/lgbt/2013/06/20/2189821/ama-blood-donation-ban>.

⁷ <http://www.cnn.com/2013/07/29/justice/child-prostitution-arrests>.

⁸ <http://www.bjs.gov/content/pub/press/cshti0810pr.cfm>.

⁹ <http://thinkprogress.org/justice/2013/07/09/2270371/100000-children-are-forced-into-prostitution-each-year>.

¹⁰ <http://nnedv.org/policy/issues/vawa.html>.

¹¹ <http://www.nytimes.com/2013/04/18/us/politics/senate-obama-gun-control.html>.

¹² <http://www.whitehouse.gov/the-press-office/2012/09/25/fact-sheet-obama-administration-announces-efforts-combat-human-trafficki>.

¹³ <http://www.polarisproject.org/resources/hotline-statistics/human-trafficking-trends-in-the-united-states>.

¹⁴ <http://www.polarisproject.org/resources/hotline-statistics/human-trafficking-trends-in-the-united-states>.

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