INTER-AMERICAN COURT OF HUMAN RIGHTS

MANUELA AND FAMILY

v.

EL SALVADOR

BRIEF *AMICI CURIAE* IN SUPPORT OF PETITIONERS

Presented by

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I. INTEREST OF AMICI

Amici curiae are national and international women's and human rights organizations, international law clinics, international law professors, and public health and human rights experts dedicated to advancing women's equality and human rights around the world.[1] *Amici* are committed to ensuring that women are not deprived of their human rights simply because they are capable of pregnancy, and recognize that states must address conditions of entrenched poverty, inequality, and discrimination that often undermine women's full equality and citizenship.

Amici present this brief, which draws on collective expertise in the fields of public health, gender equality, and human rights, in favor of Petitioners. The brief will inform the Inter-American Court of Human Rights' understanding of the environment in which poor and rural women and girls exist in El Salvador, and how the total prohibition of abortion has a particularly detrimental and discriminatory impact on their health and rights. Specifically, the brief provides information about the punitive treatment experienced by women and girls who seek care at public hospitals for pregnancy complications, miscarriages, stillbirths, and other pregnancy-related conditions, as a result of El Salvador's complete ban on abortion, and how this contravenes El Salvador's international responsibility to respect, protect, and fulfill human rights for women and girls without discrimination and on the basis of substantive equality.

II. SUMMARY OF ARGUMENT

This case concerns human rights violations arising from El Salvador's prohibition and criminalization of abortion in all circumstances and manifested in the case of Manuela: a poor and uneducated woman living in a rural community who was prosecuted and convicted of murder simply for experiencing an out-of hospital delivery. Petitioners in this case have presented

[1] Descriptions of the individual *amici* are included in the attached Appendix.

information to the Inter-American Court of Human Rights ("IACHR" or "the Court") that demonstrates the extent to which El Salvador's criminal abortion regime creates an environment in which women are scrutinized and criminally punished not only for abortion but also for a range of pregnancy outcomes, including miscarriages and obstetric emergencies, in violation of numerous human rights guaranteed to them under the American Convention on Human Rights ("the American Convention") and other human rights instruments. *Amici* submit this brief to highlight both the inherently discriminatory nature of a legal regime that criminalizes women's health outcomes, and the disproportionate impact the criminal abortion ban has on women and girls, like Manuela, who come from socioeconomically vulnerable backgrounds with already limited access to healthcare and few or no means to protect their rights.

Children would not exist nor would the species survive but for women who become pregnant and, at significant risks to their own lives and health, give birth and bring forth life.[2] It is the nature of pregnancy that no one—not women, doctors, or the state—can guarantee that a particular pregnancy will continue and result in a healthy birth outcome. Despite this reality, El Salvador has created and fostered a criminal law regime that transforms essential healthcare into the site of criminal investigations; exposes women to prosecution for their pregnancy outcomes,

[2] Although pregnancy and childbirth have become significantly safer around the world in recent years, they still present serious dangers for many women. According to the World Health Organization, about 808 women died from complications of pregnancy and childbirth every day in 2017. World Health Organization [WHO], *Global Health Observatory (GHO) Data: Maternal and reproductive health*, http://www.who.int/gho/maternal_health/mortality/maternal_mortality_text/en/ (last visited Dec. 18, 2020). Maternal mortality rates vary widely between rich and poor, urban and rural areas, and between and within countries. *Id.* In 2015, El Salvador's maternal mortality rate was about 38 per 100,000 live births, compared to 15 per 100,000 live births in the most developed countries. Nicholas J. Kassebaum et al., *Compare Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015*, 388 LANCET 1775, 1784, 1787 (Oct. 8, 2016), *available at* https://doi.org/10.1016/S0140-6736(16)31470-2. The WHO's latest data indicates that El Salvador's rate has risen to 46 per 100,000 live births. World Health Organization [WHO], *Global Health Observatory (GHO) Data: Maternal mortality ratio*, https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births) (last visited Dec. 18, 2020).

whether voluntary or involuntary; labels them criminals; and subjects them to decades in prison, if convicted.

This brief highlights the particularly severe effect that El Salvador's criminal abortion regime has on women and girls who experience intersecting forms of discrimination, on the basis of both their gender and their socioeconomic vulnerabilities, which makes them most susceptible to abuses of the state's police power. This pattern is made clear by the fact that Manuela and most of the women convicted under this law came from disenfranchised and impoverished communities where the state had failed to ensure the realization of their human rights. These women and girls face multiple vulnerabilities that are often a result of the state's systemic failure to ensure their access to healthcare, education, freedom from violence, and special protections owed to marginalized communities. The state's failures in this regard undermine women and girls' physical and mental health and increase their risks of becoming pregnant, of pregnancy complications, and of negative pregnancy outcomes. Further, when these individuals seek medical care for pregnancy complications in public healthcare facilities, they come under scrutiny from their healthcare providers; face being reported to the authorities for a suspected abortion; often receive poor quality medical care; and may face substantial abuse from their physicians, the very people tasked with protecting their health and physical integrity. In short, under the criminal abortion regime, El Salvador essentially criminalizes women for health outcomes that result from a lifetime of gender and economic-based marginalization while depriving them of their rights to life, health, personal integrity and dignity, and medical privacy.

Amici recognize that the total abortion ban is based on and perpetuates patriarchal and discriminatory notions about the role of women and girls in society, and as such amounts to invidious gender discrimination under the American Convention. This brief contends, however,

that the discriminatory nature of this legal regime can only be fully understood through an intersectional lens, which reveals the law's invidious and discriminatory operation against the most marginalized and disenfranchised women in El Salvador. The state has failed to fulfill the special obligations it owes to these women and girls and has enacted a regime that intensifies their vulnerabilities and further violates their human rights. Ultimately, in its effort to punish women and prevent all abortions, El Salvador is leaving a trail of broken families, destroyed futures, cyclical poverty, and, in the case of Manuela, a void that her family can never fill again.

III. STATEMENT OF FACTS

In the late 1990s, El Salvador amended its Penal Code and Constitution to severely restrict women's reproductive rights. In 1998, the Salvadoran government replaced Article 169 of the Penal Code, which permitted abortion in cases of rape or sexual relations with a minor, fetal abnormalities, or where the woman's life was at risk,[3] with Article 133, which completely outlaws abortion under all circumstances and carries a punishment of two to eight years' imprisonment for women who undergo the procedure.[4] Under Article 135 of the Penal Code, medical professionals may be punished with six to twelve years in prison should they participate in an abortion.[5] The following year, El Salvador amended Article 1 of the Constitution to establish that life begins at the moment of conception.[6] This has resulted in a system where women can be prosecuted not only for alleged abortions, but also for aggravated homicide, which carries a penalty of thirty to fifty

[3] Center for Reproductive Rights & Agrupación Ciudadana por la Despenalización del Aborto Terapéutico, Ético y Eugenésico, *Marginalized, Persecuted, and Imprisoned: The Effects of El Salvador's Total Criminalization of Abortion*, at 18 (2014), *available at* https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/El-Salvador-CriminalizationOfAbortion-Report.pdf [hereinafter CRR, *Marginalized, Persecuted, and Imprisoned*].
[4] Penal Code of El Salvador, Legis. Decree 1030 of June 10, 1997, Tit. I, Chap. II, Art. 133 [hereinafter Penal Code (1997)].
[5] Penal Code (1997), Tit. I, Chap. II, Art. 135.
[6] Constitution of the Republic of El Salvador, 1983, Art. 1 (amended 2003).

years' imprisonment.[7] Since then, El Salvador's total abortion ban has been used to criminally punish at least 181 of women,[8] including the woman whose case is at issue here—"Manuela."[9]

Manuela was a woman with limited economic resources. She lived in Cacaopera, a rural area of El Salvador, and could not read or write. Due to the state's egregious departure from its international human rights commitments, Manuela suffered a tragedy that consumed the last few years of her young life. Manuela was the mother of two children, whom she raised alone because her husband had left her. In 2007, she began to experience severe health-related problems, including visible growths and other symptoms, which remained undiagnosed and largely untreated even though she sought help at her local clinic and the hospital.[10] Despite her serious pain and other symptoms, the medical providers never informed Manuela of the importance of undergoing medical examinations and did not provide any assistance for her to get to the hospital, which was financially and logistically difficult for her to access from her rural community.[11]

In 2007, Manuela became pregnant. On February 26, 2008, in the third trimester of her pregnancy, she suffered a serious fall while doing laundry in the river. The next day Manuela was rushed to San Francisco Gotera National Hospital after falling unconscious and hemorrhaging due to an obstetric emergency.[12] At the hospital, instead of receiving the care and compassion she required, Manuela was confronted by a hostile treating physician who filed a police report accusing

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[7] Penal Code (1997), Tit. I, Chap. I, Art. 129.

[8] Agrupación Ciudadana por la Despenalización del Aborto en El Salvador, *Del hospital a la cárcel: Consequencias para las mujeres por la penalización sin excepciones de la interrupción del embarazo en El Salvador. 1998-2019*, at 15 (2019), *available at* https://agrupacionciudadana.org/download/del-hospital-a-la-carcel-tercera-edicion/?wpdmdl=13171&refresh=601d61eadf4631612538346.

[9] Comisión Interamericana de Derechos Humanos, Informe No. 153/18, Caso 13.069, Informe de fondo, Manuela y familia, El Salvador, 7 Dec. 2018, at 2 n.1 ("Las organizaciones peticionarias solicitaron mantener confidencialidad respecto del nombre de la presunta víctima, requiriendo que se le identifique con el nombre de 'Manuela'.").

[10] *Id.* ¶ 7.

[11] *Id.*

[12] *Id.* ¶¶ 8–9, 38.

her of having induced an abortion for the purpose of hiding a pregnancy resulting from an "extramarital relation."[13]

During this period, and while still recovering from the physical and emotional trauma of her obstetric emergency, Manuela was interrogated by police officers and without an attorney. She was handcuffed to her bed and was not privy to the proceedings that were happening against her.[14] On March 2, 2008, an arrest warrant was issued; even though Manuela was illiterate and had no defense counsel, no one verbally explained the charges to her.[15] Her parents, who were also illiterate, were harassed and coerced into denouncing their own daughter.[16] In fact, Manuela's father was forced to sign a document that he could not read or understand, which was used to file a complaint against Manuela and later used as evidence against her in her criminal trial.[17] The criminal proceedings against Manuela were plagued by serious procedural irregularities; indeed, the court held the first hearing without Manuela even being present.[18]

On July 31, 2008, the Trial Court of San Francisco Gotera convicted Manuela and subsequently sentenced her to 30 years in prison for aggravated murder.[19] Manuela's health continued to decline in prison but she did not receive medical attention again until February 2009, when she was diagnosed with nodular sclerosis Hodgkin's lymphoma and prescribed chemotherapy. However, the prison staff often refused to take her to her chemotherapy

[13] *Id.* ¶ 9.
[14] *Id.* ¶¶ 10-11, 46.
[15] *Id.* ¶¶ 13, 54–56.
[16] *Id.* ¶ 15.
[17] *Id.* ¶¶ 44, 61, 63.
[18] *Id.* ¶¶ 11, 13.
[19] *Id.* ¶ 12, 69.

appointments.[20] Manuela passed away on April 30, 2010 at age 33, less than two years after her conviction and while still in the custody of the Salvadoran state.[21]

IV. ARGUMENT

El Salvador is required under human rights law to protect marginalized individuals and groups from discrimination and to ensure equal protection under its domestic laws. El Salvador's criminal abortion ban violates these obligations in numerous ways. The ban itself is based on and perpetuates impermissible gender-based stereotypes and singles out women and girls for criminal punishment on the basis of their health outcomes without an objective and reasonable justification. At the same time, the discriminatory impact of El Salvador's abortion laws cannot be understood on the basis of gender alone. This regime, in fact, operates with particular intensity on women and girls who are also marginalized on the basis of their social conditions, including poverty, rural isolation, lack of education, and exposure to systemic violence. El Salvador owes special protections to these vulnerable communities. Yet the state has failed to address the environmental conditions that expose these women and girls to poor health and negative pregnancy outcomes while criminalizing the medical care they need to preserve their lives and health. This regime, as such, violates the state's obligations of non-discrimination and equality with regard to women and girls from the most vulnerable communities and undermines the full realization of their human rights on a basis of equality.

A. EL SALVADOR'S CRIMINAL ABORTION BAN IMPERMISSIBLY DISCRIMINATES AGAINST WOMEN AND GIRLS AND FAILS TO

[20] *Id.* ¶¶ 14, 77.

[21] Center for Reproductive Rights, *Manuela Toolkit*, at 1 (2014), *available at* https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/GLP_Manuela_Toolkit_English_FINAL.pdf [hereinafter CRR, *Manuela Toolkit*].

EQUALLY ENSURE THEIR RIGHTS TO HEALTH, LIFE, PERSONAL INTEGRITY AND DIGNITY, AND PRIVACY.

The principles of equal and effective protection of the law and of non-discrimination are fundamental *jus cogens* norms, from which no derogation is permitted.[22] Under articles 1.1. and 24 of the American Convention on Human Rights, El Salvador is required to respect and guarantee "free and full exercise" of all rights and freedoms protected under the Convention "without any discrimination"[23] on the grounds, *inter alia*, of race, color, sex, economic status, or "any other social condition,"[24] and to ensure that all persons are treated "equal[ly] before the law."[25] States are required under the Convention to "abstain from producing discriminatory regulations or those with discriminatory effects on … different groups … when exercising their rights."[26] Discrimination on the basis of sex is explicitly prohibited and "very weighty reasons [must] be put forward to justify a distinction based solely" on this ground.[27]

1. ***The criminal abortion ban perpetuates gender-based stereotypes and unlawfully discriminates against women and girls in El Salvador.***

[22] YATAMA v. Nicaragua, Preliminary Objections, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C.) No. 127, ¶¶ 184–85 (June 23, 2005); Juridical Condition and Rights of Undocumented Migrants, Advisory Opinion OC-18/03, Inter-Am. Ct. H.R. (ser. A) No. 18, ¶ 101 (Sept. 17, 2003) ("…no legal act that is in conflict with this fundamental principle [of equal protection and non-discrimination] is acceptable…").

[23] The American Convention on Human Rights does not explicitly define "discrimination." The Inter-American Court, however, has adopted a definition based on the International Convention on the Elimination of All Forms of Racial Discrimination and the International Convention on the Elimination of All Forms of Discrimination against Women, namely: "any distinction, exclusion, restriction or preference which is based on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on an equal footing, of all rights and freedoms." Artavia Murillo et al. ("In Vitro Fertilization") v. Costa Rica, Preliminary Objections, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 257, ¶ 285 n.438 (Nov. 28, 2012).

[24] Organization of American States, American Convention on Human Rights, art. 1(1), Nov. 22, 1969, O.A.S.T.S. No. 36, 1144 U.N.T.S. 123 (in force since July 18, 1978) [hereinafter American Convention].

[25] *Id.* art. 24 ("All persons are equal before the law. Consequently, they are entitled, without discrimination, to equal protection of the law.").

[26] Artavia Murillo ("In Vitro Fertilization") v. Costa Rica, *supra* note 23, ¶ 286.

[27] María Eugenia Morales de Sierra v. Guatemala, Case 11.625, Inter-Am. Comm'n H.R., Report No. 4/01, OEA/Ser./L/V/II.111, doc. 20 rev ¶ 36 (2001) (internal quotations omitted).

El Salvador's criminal abortion ban prohibits a medical procedure that only women need and criminalizes women for health outcomes—including miscarriages and stillbirths—that only they experience. By targeting women's healthcare for criminal surveillance and their medical conditions for punishment, El Salvador impermissibly singles out women and girls for differential treatment under the law without objective and reasonable justification.[28] While El Salvador's criminal abortion ban is presumably aimed at decreasing rates of abortion, studies show that these laws do not actually reduce abortion rates but simply make abortion less safe.[29] Furthermore, El Salvador's abortion laws elevate illusory protection of embryos and fetuses over the rights of women and girls. Under its human rights obligations, however, El Salvador's desire to "protect[] prenatal life" cannot "justify the total negation of other rights"[30] and "must be harmonized with the fundamental rights of other individuals," especially the woman.[31]

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[28] *See* YATAMA v. Nicaragua, *supra* note 22, ¶ 185 ("A distinction that lacks objective and reasonable justification is discriminatory.") Indeed, many human rights bodies and experts recognize that criminal abortion bans like El Salvador's discriminate against women in girls in violation of states' international human rights obligations. *See, e.g.*, U.N. Committee on the Elimination of All Forms of Discrimination Against Women, *General recommendation No. 33 on women's access to justice*, ¶ 47, U.N. Doc. CEDAW/C/GC/33 (Aug. 3, 2015) (a state discriminates against women by "[c]riminalizing forms of behaviour that can be performed only by women, such as abortion"); U.N. Office of the High Commissioner for Human Rights, *El Salvador: UN experts urge Congress to allow termination of pregnancy in specific circumstances* (May 8, 2017), http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21595&LangID=E [hereinafter OHCHR, *UN experts urge Congress to allow termination of pregnancy*].

[29] Gilda Sedgh et al., *Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends*, 388 LANCET 258, 263 (July 2016), *available at* http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)30380-4.pdf (finding that abortion rates are slightly higher in countries where abortion is illegal in all circumstances or legal only to save a woman's life). *See also* U.N. Human Rights Council, *Report of the Working Group on the issue of discrimination against women in law and practice*, ¶ 82, U.N. Doc. A/HRC/32/44 (Apr. 8, 2016) [hereinafter U.N. Human Rights Council, *Report on discrimination against women*]; U.N. General Assembly, *Report of the U.N. Special Rapporteur on the right to health, Criminalization of sexual and reproductive health standard of physical and mental health*, ¶ 25, U.N. Doc. A/66/254 (Aug. 3, 2011) ("The rate of unsafe abortions and the ratio of unsafe to safe abortions both directly correlate to the degree to which abortion laws are restrictive and/or punitive.") [hereinafter U.N. Special Rapporteur on the right to health, *Criminalization of sexual and reproductive health*].

[30] Artavia Murillo ("In Vitro Fertilization") v. Costa Rica, *supra* note 23, ¶ 258. *See also* U.N. Human Rights Committee, Communication No. 1153/2003, K.L. v. Peru, U.N. Doc. CCPR/C/85/D/1153/2003 (2005) (finding that the state's refusal to allow girl to have abortion, even though the fetus had a fatal anomaly and would not survive after birth, violated multiple rights under the International Covenant on Civil and Political Rights).

[31] Artavia Murillo ("In Vitro Fertilization") v. Costa Rica, *supra* note 23, ¶ 260; *accord* ¶ 264.

The abortion ban, in application, also extends beyond regulation of abortion and punishes women for poor pregnancy outcomes that are outside of their control, as in the case of Manuela and many others who were prosecuted for homicide on the basis of miscarriages and obstetric emergencies.[32] The abortion ban fosters the dangerous and medically inaccurate myth that pregnancy outcomes and child health are solely or even primarily the result of the action or inaction of any individual pregnant woman. Yet, as further explained in Part IV.B, the state's failure to promote the health of its most vulnerable populations only increases the risk that women will experience a negative pregnancy outcome. Public health experts have found that "the physical and social environments within which individuals function need to be safe, clean, affordable, socially supportive and adequately resourced in order to maximize every woman's potential to deliver a full-term and healthy infant."[33] El Salvador's criminal abortion regime, however, punishes women and girls for negative pregnancy outcomes rather than providing them with the resources and support they need to lead healthy lives. For all these reasons, the ban lacks an objective and reasonable justification and cannot meet the heightened standard of justification demanded of laws that differentiate on the basis of sex.

The criminal abortion ban further discriminates against women and girls because it is based on and perpetuates harmful gender stereotypes.[34] The Inter-American Court has recognized that

[32] *See* Amnesty Int'l, *On the Brink of Death: Violence Against Women and the Abortion Ban in El Salvador*, at 34–37 (2014), *available at* https://www.amnestyusa.org/files/el_salvador_report_-_on_the_brink_of_death.pdf.
[33] Am. Pub. Health Ass'n, *Reducing Racial/Ethnic and Socioeconomic Disparities in Preterm and Low Birthweight Births*, Policy No. 20062 (Nov. 8, 2006), *available at* https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/18/10/01/reducing-racial-ethnic-and-socioeconomic-disparities-in-preterm-and-low-birthweight-births.
[34] González et al. ("Cotton Field") v. Mexico, Preliminary Objection, Merits, Reparations, and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 205, ¶ 401 (Nov. 16, 2009) (noting that "gender stereotyping refers to a preconception of personal attributes, characteristics or roles that correspond or should correspond to either men or women"). *See also* REBECCA J. COOK & SIMONE CUSACK, GENDER STEREOTYPING: TRANSNATIONAL LEGAL PERSPECTIVES 20 (2010).

state actions based on gender stereotypes are illegitimate and discriminatory,[35] including those, like El Salvador's abortion ban, that are "influenced by the stereotype that protection of the fetus should prevail over the health of the mother."[36] Although states are required under the American Convention to "dismantl[e]…stereotypes and practices that perpetuate discrimination,"[37] El Salvador actually *enforces* these stereotypes through harsh criminal punishment of women and girls who transgress their "traditional" roles as mothers and child-bearers, either through accessing an abortion or simply losing a pregnancy, including labeling these women as murderers.[38] The ban's reliance on these stereotypes also results in heightened scrutiny and abuse of women seeking healthcare. In Manuela's case, for example, her doctors accused her of apparently commiting a crime to hide an "extramarital relation," reported her to the police, and shackled her as she was recovering from hemorrhaging and severe preeclampsia.[39] Despite her serious health condition, including extreme blood loss, Manuela's physicians, law enforcement, and the courts all treated

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[35] *See, e.g.*, Atala Riffo & Daughters v. Chile, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 239, ¶¶ 111, 145–46 (Feb. 24, 2012) (finding that domestic court decision awarding custody of lesbian woman's daughters to their father was based on stereotypes about LGBT persons and was impermissible discrimination under the American Convention); González et al. ("Cotton Field") v. Mexico, *supra* note 34, ¶ 401 (violence against women constituted discrimination where "the subordination of women can be associated with practices based on persistent socially-dominant gender stereotypes, a situation that is exacerbated when the stereotypes are reflected, implicitly or explicitly, in [state] policies and practices….")

[36] Artavia Murillo ("In Vitro Fertilization") v. Costa Rica, *supra* note 23, ¶ 297 (Costa Rica's prohibition on in vitro fertilization was impermissibly based on "the influence of stereotypes, in which [the state] gave absolute prevalence to the protection of the fertilized eggs without considering the situation of disability of some of the women"); *Id.* at ¶ 302 (noting that "these gender stereotypes are incompatible with international human rights law and measures must be taken to eliminate them").

[37] Atala Riffo & Daughters v. Chile, *supra* note 35, ¶ 267. *See also* Convention on the Elimination on All forms of Discrimination Against Women, G.A. Res 34/180, Art 2(f) & 5(a) (Dec 18, 1979) (requiring states parties to take "all appropriate measures" to "modify the social and cultural patterns of conduct of men and women" in an effort to eliminate practices that "are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women") [hereinafter CEDAW].

[38] *See supra* Part III, Statement of Facts; Inter-American Commission on Human Rights, *Preliminary observations from* in loco *visit to El Salvador*, Dec. 27, 2019, http://www.oas.org/en/iachr/media_center/preleases/2019/335.asp ("these women were sentenced without there being conclusive scientific or objective evidence against them, in trials that were marked by gender stereotypes that discriminate against such women because of their gender and who are treated as "bad mothers" and "child killers" by the judges themselves.") [hereinafter IACHR, *Preliminary observations from* in loco *visit* (2019)].

[39] Comisión Interamericana de Derechos Humanos, Informe No. 153/18, Caso 13.069, Informe de fondo, Manuela y familia, El Salvador, 7 Dec. 2018, ¶¶ 8–9, 38.

her as if she could have done more to save the fetus. Indeed, the judge who presided over her trial found that "her maternal instincts should have prevailed" and "that she should have protected the fetus."[40] In short, because the stereotype of the all-sacrificing "good mother" does not allow for medical conditions or biologic misfortune, Manuela was treated as a criminal on the basis of her health condition and her right to receive compassionate healthcare was disregarded.

2. *El Salvador's enforcement of the criminal abortion ban discriminates against women and girls by undermining their rights to life, health, privacy, personal integrity, and dignity.*

El Salvador's criminal abortion regime operates in large part through the healthcare system. This situation undermines women and girls' access to healthcare and discriminates against them in the realization of their right to health, life, personal integrity and dignity, and privacy, in violation of El Salvador's commitments under the American Convention.[41] The Inter-American Court recognizes that the right to health is protected by Article 26 of the American Convention and in relation to Articles 1(1) and 2 of the Convention, which requires state parties to adopt measures to progressively achieve economic, social, educational, scientific, and cultural standards set forth in the Charter of the Organization of American States.[42] Furthermore, the Court also

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[40] *See* Center for Reproductive Rights, *Manuela Toolkit*, *supra* note 21, at 13 (quoting Roberto Flores, *El Salvador enfrenta nueva demanda en CIDH*, Diario Colatino (Mar. 22, 2012).

[41] Article 1(1) of the American Convention on Human Rights requires states to respect and guarantee all rights protected under the Convention without discrimination. Thus, "any treatment that can be considered to be discriminatory with regard to the exercise of any of the rights guaranteed under the Convention" amounts to a violation of both article 1(1) and the substantive right. *See* Apitz Barbera et al. ("First Court of Administrative Disputes") v. Venezuela, Preliminary Objections, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 182, ¶ 209 n.223 (Aug. 5, 2008). *See also* IACHR, *Preliminary observations from* in loco *visit* (2019), *supra* note 38, ("the IACHR has deemed that sexual and reproductive rights should include the rights to equality and nondiscrimination, life, personal integrity, health, dignity, and access information, among other things… states' fundamental obligations include guaranteeing prompt access to healthcare services that are only required by women and girls as a result of their gender and reproductive roles, free from all forms of discrimination and violence, in accordance with existing international commitments on gender equality.").

[42] Cuscul Pivaral and others v. Guatemala, Preliminary Objection, Merits, Reparations, and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 359, ¶ 67 (Aug. 23, 2018) (citing American Convention, *supra* note 24, art. 26); Poblete Vilches and others v. Chile, Merits, Reparations, and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 349, ¶¶ 116–117 (Mar. 8, 2018).

recognizes the right to personal integrity and human dignity, protected by Article 5.[43] Article 10 of the Protocol of San Salvador—to which El Salvador is a party—also explicitly protects the right to health, defined as the enjoyment of the "highest level of physical, mental, and social well-being," and requires states to provide healthcare as a public good.[44] States also owe special measures of protection to pregnant women, who face particular vulnerabilities with regard to their lives and health.[45]

El Salvador's criminal abortion ban violates these rights in a discriminatory manner, first, by penalizing and, in many cases, closing the door to certain medical care that only women and girls need to preserve their lives, health, personal integrity, and dignity. The Inter-American Court has found that "penalizing a medical activity, which is not only an essential lawful act, but which is also the physician's obligation to provide" violates states' human rights obligations.[46] El Salvador's ban explicitly prohibits a medically necessary procedure—abortion—and also deters physicians from providing other life- or health-saving medical treatment like removal of ectopic pregnancies out of fear that they could be prosecuted for illegal abortion or homicide.[47]

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[43] American Convention, *supra* note 24, art. 5(1) ("Every person has the right to have his physical, mental, and moral integrity respected."); Albán Cornejo et al. v. Ecuador, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 171, ¶ 117 (Nov. 22, 2007) ("…the rights to life and humane treatment are directly and immediately linked to human health care").

[44] Organization of American States [OAS], Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights, "Protocol of San Salvador," art. 10, Nov. 17, 1988, O.A.S.T.S No. 69 (in force since November 16, 1999) ("(1) Everyone shall have the right to health, understood to mean the enjoyment of the highest level of physical, mental and social well-being. (2) In order to ensure the exercise of the right to health, the States Parties agree to recognize health as a public good…").

[45] Artavia Murillo ("In Vitro Fertilization") v. Costa Rica, *supra* note 23, ¶ 222 (noting that Article 7 of the American Declaration "establishes the right of all women, during pregnancy, to special protection, care, and aid"); *See also* Xákmok Kásek Indigenous Cmty. v. Paraguay, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 214, ¶ 233 (Aug. 24, 2010).

[46] De la Cruz Flores v. Peru, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser C.) No. 115, ¶ 102 (Nov. 18, 2004).

[47] IACHR, *Preliminary observations from* in loco *visit* (2019), *supra* note 38, ("On the issue of maternal health, the delegation was informed that at least 36 women died from chronic preventable diseases and a further 13 from ectopic pregnancies between 2011 and 2015. It is reasonable to argue that such deaths could have been prevented if women had been able to legally terminate their unsafe pregnancies, a situation that was prevented by the country's legislation, which criminalizes abortion under any circumstances."). Amnesty Int'l, *On the Brink of Death*, *supra* note 32, at 23

The Inter-American Court has recognized this discriminatory aspect of El Salvador's abortion ban: In 2013, the Court ordered the Salvadoran state to allow a young, pregnant woman, "Beatriz," to obtain a life-saving abortion of a non-viable fetus and acknowledged that, in cases like Beatriz's, an absolute bar to abortion could cause "damage … irreparable to the rights to [] life, personal integrity and health."[48] Despite the Court's order, however, the Salvadoran state continued to deny Beatriz treatment until she was 27 weeks pregnant and the fetus could be delivered via caesarean section, putting Beatriz's health at further risk and forcing her to undergo an invasive surgical procedure. Beatriz's daughter was born without a brain—which had been diagnosed and predicted—and died only five hours after her birth.[49]

El Salvador further undermines the health and human rights of women and girls by conscripting their medical providers to serve as the first line of enforcement and primary source of evidence against them in cases of suspected abortion. On one hand, Salvadoran law contains a robust professional confidentiality provision, which requires physicians to protect information revealed to them in the professional relationship, at the threat of imprisonment.[50] However, the Salvadoran penal code also requires heads of public and private medical centers to report injured or ill persons in their care who are suspected of a criminal offense within eight hours of intake or face prosecution.[51] The conflicting legal duties place medical professionals in a precarious

(quoting a medical doctor at a public hospital maternity ward during a 2013 interview: "Even though we know that we must intervene [in a case of ectopic pregnancy], we can't because the embryo is still alive…. Some colleagues will note on ultrasound scans .... 'remember, it is illegal to do this.' And the patient is even more confused."). Women and doctors are often forced to wait until a woman's fallopian tube has ruptured, causing hemorrhaging that can lead to the woman's death. *Id.* at 23–24.

[48] Matter of B. v. El Salvador, Provisional Measures, Order of the Court, "Considering That," ¶ 17 (Inter-Am. Ct. H.R. May 29, 2013), *available at* http://www.corteidh.or.cr/docs/medidas/B_se_01_ing.pdf.

[49] *Baby Born to El Salvador Woman Denied Abortion Dies after C-Section*, THE GUARDIAN (June 4, 2013), https://www.theguardian.com/world/2013/jun/04/baby-el-salvador-woman-abortion-dies.

[50] Penal Code (1997), Tit. VI, Chap. II, Art. 187.

[51] Penal Code (1997), Tit. XV, Chap. I, Art. 312. *See also* CRR, *Marginalized, Persecuted, and Imprisoned*, *supra* note 3, at 8 n.1.

position, particularly in emergency situations where there is a tension between their fiduciary duties to their patients and the requirements of the abortion ban.[52] Doctors are forced to become arms of the police state, rather than permitted to provide confidential medical care. The law's harsh penalties incentivize or frighten medical professionals to report obstetric emergencies as suspected abortions, either out of caution[53] or active hostility toward their patients.[54]

This scheme exposes women and girls experiencing pregnancy loss and other complications to increased scrutiny by their medical care providers and revelation of their confidential medical information, in violation of their rights to privacy under both Salvadoran law and human rights law. The American Convention guarantees the right to be free from "arbitrary or abusive interference with [one's] private life" and the protection of the law against such interference.[55] Privacy in one's medical information is a key component of the right to private life,[56] and, as the Inter-American Court of Human Rights has recognized, is particularly important for the realization of women and girls' sexual and reproductive health.[57] Under international law,

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[52] *See* Amnesty Int'l, *On the Brink of Death*, *supra* note 32, at 33.

[53] *See Id.* at 22 (quoting a medical doctor in a maternal health unit during a 2013 interview: "We're not discussing a medical question, but a purely legal one. We all know what needs to be done, but we go back to the fact that we all have our hands tied by what is written in the law.").

[54] The physician who tended to Manuela in the hospital not only accused her of having induced an abortion, but also shamed her for supposedly having an "extramarital relation" and inquired whether her husband knew what she had done. *Supra* Part III, Statement of Facts. In another case, "María" said about her arrival at the hospital during her medical emergency: "I remember that a doctor saw me…and began to treat me badly and said, 'Because of what you came for,' he told me, 'forget about leaving here and going back home.'" CRR, *Marginalized, Persecuted, and Imprisoned*, *supra* note 3, at 26.

[55] American Convention, *supra* note 24, art. 11.

[56] *See* De la Cruz Flores v. Peru, *supra* note 46, ¶ 101; U.N. Committee on the Elimination of Discrimination Against Women, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, at 360 ¶ 12(d), *in* U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008).

[57] Inter-Am. Comm'n H.R., *Access to information on reproductive health from a human rights perspective*, ¶ 76, OAS/Ser.L/V/II, doc. 61 (Nov. 22, 2011), *available at* http://www.oas.org/en/iachr/women/docs/pdf/womenaccessinformationreproductivehealth.pdf ("Confidentiality is a duty of healthcare professionals who receive private information in a medical environment, and maintaining the confidentiality or privacy of information they obtain from their patients is of critical interest in sexual and reproductive health.") [hereinafter IACHR, *Information on reproductive health*].

such confidentiality may only be breached in exceptional circumstances to benefit the patient or to guarantee the public health, and private medical information may not be used as evidence against a patient in criminal proceedings.[58] In El Salvador, women's medical information is routinely used against them in criminal prosecutions for alleged abortion-related crimes, as happened in Manuela's case.

The criminalization of abortion also causes a diminishment of other medical care and thereby impermissibly infringes on women and girls' rights to life, health, and freedom from discrimination. Manuela, for example, was hemorrhaging and unconscious due to an obstetric emergency and required urgent and humane medical care, but instead she was interrogated by her doctors who reported her to the police and handcuffed her to her convalescent bed. The potential causes of her out-of hospital delivery, including her history of serious untreated health problems, appear to have received little attention from her doctors who were focused on interrogating and denouncing her.[59] Physicians are incentivized—or coerced—to focus on interrogation rather than on providing appropriate medical care. Manuela's case is a stark example of that. In her case, she had a history of visible growths and serious, untreated conditions. The doctors neither asked her about those nor treated them; they were too focused on facilitating her prosecution for alleged abortion—or distracted by the risks they might face under this draconian law. The conscription of medical providers into law enforcement—in any context and particularly, here, in the context of

[58] *See* Carolina Loayza Tamayo & Ysabel Marin Sandoval, *El derecho de las médicas y los médicos al Secreto Profesional en la Jurisprudencia de la Corte Interamericana de Derechos Humanos*, 5 (PROMSEX: 2010), http://promsex.org/images/docs/Publicaciones/derechomedicoSentencialacruz.pdf; *cf.* Office of the United Nations High Commissioner for Human Rights, *Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, ¶ 65, U.N. Doc. HR/P/PT/8/Rev.1 (Aug. 9, 1999) ("The duty of confidentiality is not absolute and may be ethically breached in exceptional circumstances where failure to do so will foreseeably give rise to serious harm to people or a serious perversion of justice. Generally, however, the duty of confidentiality covering identifiable personal health information can be overridden only with the informed permission of the patient."); *accord Id.* at ¶¶ 68–69.

[59] *Supra* Part III, Statement of Facts.

any pregnancy loss, including miscarriage or stillbirth—impermissibly undermines women's right to life, health, and freedom from discrimination in a way which men's rights are not.[60]

Other women prosecuted for suspected criminal abortion have received similar abusive treatment at the hands of physicians who actively participate in the law's enforcement.[61] By requiring medical professionals' involvement in enforcing the ban, El Salvador undermines doctors' professional integrity. The state has created and sanctioned a system that exposes women and girls to violence in healthcare settings, including shackling and other abuses,[62] and violates their inter-dependent rights to privacy, mental and physical integrity, dignity, health, and reproductive freedom.[63]

The requirement that physicians report suspected abortion, including negative pregnancy outcomes, to the authorities also harms women's health and the public health by deterring women and girls from seeking medical care after an abortion or in cases of obstetric emergency or

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[60] *See* IACHR *Preliminary observations from* in loco *visit* (2019), *supra* note 38, (In "all the known cases of this sort … all the women were treated as being guilty of murder from the very beginning of proceedings by healthcare workers…").

[61] *See, e.g.*, Sara García & María Teresa Ochoa, *¿Por qué me pasó esto a mí?: La criminalización del aborto en El Salvador*, at 21–22, 26, Ipas Centroamérica (2013), https://agrupacionciudadana.org/download/por-que-me-paso-esto-a-mi-la-criminalizacion-del-aborto-en-el-salvador/?wpdmdl=537 (available in Spanish only) (describing the experiences of Esperanza and Natalia, both of whom were reproached by medical professionals during their obstetric emergencies).

[62] The interaction between the criminal abortion ban and the perpetuation of violence against women in El Salvador is beyond the scope of this brief. *Amici*, however, recognize that "gender-based violence is a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men." U.N. Committee on the Elimination of Discrimination Against Women, *General Recommendation 19: Violence against women*, ¶ 1, U.N. Doc. A/47/38 (1992). El Salvador is obligated to refrain from engaging in any act or practice of violence against women and has due diligence obligations to prevent, prosecute, and redress violence against women. *See* Organization of American States [OAS], Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, "Convention of Belém do Pará,", art. 7, June 9, 1994, 33 ILM 1534 (in force since March 5, 1995), *available at* http://www.oas.org/juridico/english/treaties/a-61.html; González et al. ("Cotton Field") v. Mexico, *supra* note 34, ¶ 258. *Amici* urge the Court to consider these issues further in reviewing the parties' submissions.

[63] Artavia Murillo ("In Vitro Fertilization") v. Costa Rica, *supra* note 23, ¶ 147 (recognizing that the realization of personal autonomy, reproductive freedom, and physical and mental integrity are closely connected) ("The lack of legal safeguards that take reproductive health into consideration can result in a serious impairment of the right to reproductive autonomy and freedom.").

miscarriage.[64] Inability to access care can have devastating effects on women's health in these circumstances, including life-long disabilities, infertility, and even loss of life.[65] In fact, numerous human rights bodies have recognized that criminal abortion laws like El Salvador's deter women from medical care, exposing them to serious health risks, and have urged El Salvador to reform its law.[66]

Women and girls also face the very real threat of harassment, abuse, and sub-standard medical care when they report to medical facilities after experiencing an obstetric emergency, miscarriage, or abortion. This treatment has serious consequences for their physical and mental health, both of which are components of the right to health.[67]

In sum, El Salvador's criminal abortion regime deprives women and girls of equal protection of the law and actively undermines the realization of their human rights, including the

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[64] U.N. Special Rapporteur on the right to health, *Criminalization of sexual and reproductive health*, *supra* note 29, ¶¶ 41–42 ("Where women fear criminal prosecution, they may be deterred from accessing health services and care…"); IACHR, *Information on reproductive health*, *supra* note 57, ¶ 81 ("The IACHR notes that issues related to sexuality and reproduction are extremely sensitive, and thus the fear that confidentiality will not be respected can have the effect of women not seeking the medical care they need."). *See also* U.N. Human Rights Council, *Report on discrimination against women*, *supra* note 29, ¶ 82 ("[R]estrictions on access to information on termination of pregnancy and services can deter women from seeking professional medical attention, with detrimental consequences for their health and safety."); World Health Organization [WHO], *Safe Abortion: Technical and Policy Guidance for Health Systems*, at 68, 94 (2012), *available at* http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf?ua=1.

[65] *See* United Nations Population Fund [UNFPA], *Providing Obstetric and Newborn Care*, at 2 (last updated Dec. 2012), https://www.unfpa.org/sites/default/files/resource-pdf/EN-SRH%20fact%20sheet-Urgent.pdf.

[66] *See* U.N. Office of the High Commissioner for Human Rights, *Statement by UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein at the end of his mission to El Salvador* (Nov. 17, 2017), http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22412&LangID=E; U.N. Committee on the Elimination of All Forms of Discrimination Against Women, *Concluding Observations on the Combined Eighth and Ninth Periodic Reports of El Salvador*, ¶¶ 36–37, U.N. Doc. CEDAW/C/SLV/CO/8-9 (Mar. 3, 2017); U.N. Committee on Economic, Social, and Cultural Rights, *Concluding Observations on the combined third, fourth, and fifth periodic reports of El Salvador*, ¶ 22, U.N. Doc. E/C.12/SLV/CO/3-5 (June 19, 2014); U.N. Human Rights Committee, *Concluding Observations: El Salvador*, ¶ 10, U.N. Doc. CCPR/C/SLV/CO/6 (Nov. 18, 2010); hereinafter OHCHR, *UN experts urge Congress to allow termination of pregnancy*, *supra* note 28. *See also* European Parliament resolution on El Salvador: the cases of women prosecuted for miscarriage, EUR. PARL. DOC. 2017/3003(RSP), *available at* http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2f%2fEP%2f%2fTEXT%2bMOTION%2bP8-RC-2017-0695%2b0%2bDOC%2bXML%2bV0%2f%2fEN&language=EN [hereinafter *European Parliament resolution*].

[67] *See* Protocol of San Salvador, *supra* note 44, art. 10(2)(a) (recognizing that the right to health includes the "highest level of physical, *mental*, and social well-being" (emphasis added)).

rights to health, privacy, life, and personal integrity and dignity, on a discriminatory basis. As argued below, this discriminatory regime has particularly punitive effects on women and girls from the most marginalized communities in El Salvador, further compounding the violations of their human rights.

B. EL SALVADOR'S CRIMINAL ABORTION BAN HAS A PARTICULARLY DISCRIMINATORY EFFECT ON WOMEN AND GIRLS FROM POOR AND MARGINALIZED BACKGROUNDS.

El Salvador's total abortion ban not only discriminates on the basis of gender by criminalizing healthcare that only women and girls require, but it also disparately impacts women and girls who already suffer intersecting forms of vulnerability. Salvadoran women and girls who live in poverty or rural isolation; experience violence; and lack access to comprehensive healthcare and education, are more susceptible to poor health outcomes and greater scrutiny by state-run medical institutions. Further, El Salvador has failed to address serious structural barriers that undermine the right to health of marginalized women and girls, in violation of its obligations under human rights law. The application of the abortion ban to these women and girls further compounds these existing rights violations.[68] Consequently, poor and marginalized women and girls shoulder a significant burden under a law that broadly criminalizes women's reproductive health, including health outcomes that are beyond their control, in contravention of El Salvador's duty to promote their social inclusion and protect their human rights.

The Inter-American Court has increasingly recognized that discrimination does not just exist along a single axis, such as gender, but that certain populations experience heightened discrimination based on a confluence of factors, such as the intersection of gender with poverty,

[68] *See* IACHR *Preliminary observations from* in loco *visit* (2019), *supra* note 38, ("[T]he IACHR noted with great concern a pattern of criminalization whereby mostly poor women aged between 18 and 23 at the time of their sentences have been systematically sentenced to 30 years in prison, mostly after being reported by healthcare workers such as doctors and nurses" and where "the Criminal Code establishes sentences of up to 12 years for the crime of abortion.").

youth, racial and ethnic discrimination, and rural isolation, among others.[69] Under the American Convention, states parties are required to both refrain from enacting discriminatory laws and to take positive measures to "eliminate regulations of a discriminatory nature, to combat [discriminatory] practices …, and to establish norms and other measures that recognize and ensure the effective equality before the law of each individual."[70] These affirmative duties are heightened with regard to populations suffering from historic marginalization and discrimination, and states must enact special protections to address structural discrimination and ensure that they are able to realize their human rights on a basis of equality.[71] The American Convention also prohibits states parties from enacting laws that have the purpose or effect of discriminating against persons in the realization of their human rights on the basis of economic status, which includes situations of poverty.[72]

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[69] *See, e.g.*, Caso Trabajadores de la Hacienda Brasil Verde v. Brasil, Preliminary Objections, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 318, ¶¶ 337, 340–41 (Oct. 20, 2016) (recognizing states' affirmative obligations to persons in situations of extreme poverty) (opinion not available in English); Xákmok Kásek Indigenous Cmty. v. Paraguay, *supra* note 45, ¶¶ 233–34 (finding state responsibility for violations of the right to life in relation to article 1(1) of the American Convention where state did not take adequate steps to address extreme poverty and lack of adequate medical care for vulnerable and pregnant indigenous women) (noting that "pregnant women require special measures of protection"); González et al. ("Cotton Field") v. Mexico, *supra* note 34, ¶ 408 (noting states' special obligations to victims of gender-based violence "owing to their condition as girls who, as women, belong to a vulnerable group"). *See also* CEDAW, *supra* note 37, art. 14(2) (requiring states parties to take "all appropriate measures" to eliminate discrimination against rural women).

[70] YATAMA v. Nicaragua, *supra* note 22, ¶ 185. *See also* The Girls Yean & Bosico v. Dominican Republic, Preliminary Objections, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C) No. 130, ¶ 141 (Sept. 8, 2005) ("[S]tates must combat discriminatory practices at all levels, particularly in public bodies and, finally, must adopt the affirmative measures needed to ensure the effective right to equal protection for all individuals."); Atala Riffo & Daughters v. Chile, *supra* note 35, ¶ 80 (Feb. 24, 2012) (same).

[71] Caso Trabajadores de la Hacienda Brasil Verde v. Brasil, *supra* note 69, ¶ 338; *see also* Artavia Murillo ("In Vitro Fertilization") v. Costa Rica, *supra* note 23, ¶ 292 ("Anyone in a situation of vulnerability is subject to special protection owing to the special duties that the State must comply with in order to satisfy the general obligation to respect and guarantee human rights."); Case of the Yakye Axa Indigenous Cmty. v. Paraguay, Merits, Reparations and Costs, Judgment, Inter-Am. Ct. H.R. (ser. C.) No. 125, ¶ 162 (June 17, 2005) ("[T]he State has the duty to take positive, concrete measures geared toward fulfillment of the right to a decent life, especially in the case of persons who are vulnerable and at risk, whose care becomes a high priority.").

[72] *See* American Convention, *supra* note 23, art. 1(1); Caso Trabajadores de la Hacienda Brasil Verde v. Brasil, *supra* note 69, ¶¶ 340–41; Artavia Murillo ("In Vitro Fertilization") v. Costa Rica, *supra* note 23, ¶¶ 286–87, 303–04 (recognizing that the American Convention prohibits state action that has a discriminatory *effect* even when it lacks a discriminatory intent).

Women and girls living in poverty and facing rural isolation, lack of economic and educational opportunities, and violence already face heightened structural barriers to the realization of their interrelated rights to life, health, dignity, and privacy. The imposition of the criminal abortion ban compounds these vulnerabilities and further undermines the realization of rights. In fact, publicly available information indicates that women from poor and marginalized backgrounds are more likely to be prosecuted under El Salvador's criminal abortion regime. Between 2000 and 2019, at least 181 women in El Salvador were prosecuted for the crimes of abortion or aggravated homicide connected to alleged abortion.[73] Like Manuela, these women were mostly young, living in poverty, had low levels of education, had difficulty accessing basic health services, and were reported to the authorities when seeking medical care for serious obstetric emergencies.[74] Numerous human rights experts and international bodies, including the U.N. High Commissioner for Human Rights, have expressed concern at the disproportionate application of the criminal abortion laws to vulnerable women and girls.[75]

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[73] Agrupación Ciudadana por la Despenalización del aborto en El Salvador. *Del hospital a la cárcel. Consecuencias para las mujeres por la penalización sin excepciones de la interrupción del embarazo en El Salvador. 1998 - 2019*, p. 15. https://agrupacionciudadana.org/download/del-hospital-a-la-carcel-tercera-edicion/?wpdmdl=13171&refresh=60429b46b44b21614977862

[74] Inter-Am. Comm'n H.R., *Legal Standards: Gender Equality and Women's Rights*, at 139–40, ¶ 54 (2015), *available at* https://www.oas.org/en/iachr/reports/pdfs/legalstandards.pdf (describing testimony presented to the Commission during the hearing on the situation of human rights of women and girls in El Salvador, held on March 16, 2013); CRR, *Marginalized, Persecuted, and Imprisoned*, *supra* note 3, at 49 ("Of the women prosecuted, 68.22% were between the ages of 18 and 25; 3.1% had some university education; 1.55% have technical training; 11.63% had a high school education; 17.83% had finished grade school; 22.48% have had fewer than nine years of education; 6.98% of the women are illiterate; 73.64% were single; 51.16% receive no income; and 31.78% have very low-paying jobs. The data indicates that the majority of women prosecuted were impoverished.").

[75] The U.N. High Commissioner for Human Rights, Zeid Ra'ad Al Hussein, on his mission to El Salvador in November 2017, visited women who were imprisoned for aggravated homicide after experiencing obstetric emergencies and observed that, "[i]t only seems to be women from poor and humble backgrounds who are jailed, a telling feature of the injustice suffered" under the law. U.N. Office of the High Commissioner for Human Rights, *Statement by UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein at the end of his mission to El Salvador* (Nov. 17, 2017), http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22412&LangID=E. *See also* European Parliament resolution, *supra* note 66, (noting that most women convicted of abortion-related crimes were "young, poor, with limited education, and from remote communities"). *See also* IACHR *Preliminary observations from* in loco *visit* (2019), *supra* note 37, ("[T]he IACHR noted with great concern a pattern of criminalization whereby mostly poor women aged between 18 and 23 at the time of their sentences have been

A number of factors expose vulnerable women and girls to heightened scrutiny and punishment under the abortion ban. Conditions of poverty, adolescent pregnancy, and gender-based violence all contribute to negative pregnancy outcomes such as miscarriage and stillbirth,[76] meaning that vulnerable Salvadoran women who live at the intersection of these social conditions have an increased risk of being prosecuted under the criminal abortion law regardless of whether they sought an abortion. Additionally, El Salvador has relatively high rates of negative birth outcomes: According to a 2018 report, El Salvador's estimated stillbirth rate was 50% higher than the estimated rate for the region.[77] Risk of stillbirth is particularly high among vulnerable women who experience low socioeconomic status, poor nutrition, and limited access to skilled healthcare.[78] El Salvador has high rates of poverty—in 2017, 29% of households lived below the poverty line, including 8.5% which live in extreme poverty[79]—and relatively low rates of human development, defined as people's access to a long and healthy life, knowledge, and a decent standard of living.[80] In rural areas, where about 37% of the population lives, Gross Domestic

systematically sentenced to 30 years in prison, mostly after being reported by healthcare workers such as doctors and nurses" and where "the Criminal Code establishes sentences of up to 12 years for the crime of abortion.").

[76] Salvadoran women have been prosecuted for both miscarriages and stillbirths. For example, "Teodora" was sentenced to 30 years in prison for a stillbirth that was prosecuted as "aggravated homicide." Amnesty Int'l, *El Salvador: Court fails to release woman unfairly jailed after suffering a stillbirth* (Dec. 8, 2017), https://www.amnesty.org/en/latest/news/2017/12/el-salvador-court-fails-to-release-woman-unfairly-jailed-after-suffering-a-stillbirth/.

[77] V. Pingray, et al., *Stillbirth rates in 20 countries of Latin America: an ecological study*, 125 BRIT. JOURNAL OF OBSTETRICS AND GYNECOLOGISTS 1267 (2018), available at https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.15294.

[78] Elizabeth M. McClure & Robert L. Goldenberg, *Stillbirth in Developing Countries: A review of causes, risk factors and prevention strategies*, 22 J. MATERNAL FETAL NEONATAL MED. 183, 186 (2014).

[79] The World Bank defines extreme poverty as living on $3.2 USD per person per day or less. The World Bank, *El Salvador*, http://www.worldbank.org/en/country/elsalvador/overview (last visited Jan. 11, 2020). Amici recognize, however, that "focusing on one factor alone, such as income, is not enough to capture the true reality of poverty. Multidimensional poverty measures can be used to create a more comprehensive picture." *See* Multidimensional Poverty Peer Network, *What is Multidimensional Poverty?*, https://mppn.org/multidimensional-poverty/what-is-multidimensional-poverty/ (last visited Jan. 11, 2020).

[80] El Salvador is ranked 124 out of 189 countries and territories on the Human Development Index (HDI). *See* United Nations Development Programme, *Briefing Note for Countries on the 2020 Human Development Report – El Salvador*, at 2 (2020), http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SLV.pdf; *see also Id.* at 5

Product per capita is one third of that in urban areas, life expectancy is six years shorter, and there is double the rate of chronic and global malnutrition.[81] Rural women continue to face particular challenges to accessing skilled medical attention, all exposing them to the risk of poor pregnancy outcomes and scrutiny under the criminal abortion regime.[82]

Girls aged 10 to 19 account for nearly a third of all pregnancies in El Salvador.[83] In 2015, there were 1,445 reported cases of pregnant girls between 10- and 14-years-old,[84] and during the first half of 2020 alone there were 258 registered cases of pregnant girls of that age.[85] Adolescents face greater risks of pregnancy complications and poor pregnancy outcomes than adults. In fact, adolescents in low and middle-income countries like El Salvador have a 50% higher risk of

(noting that in 2019 El Salvador experienced a 38% loss in human development due to inequality between female and male achievements).

[81] Global Health Workforce Alliance, *Mid-level health workers for delivery of essential health services: A global systematic review and country experiences*, at 173, annex 11 (Nov. 2013), *available at* http://www.who.int/workforcealliance/knowledge/resources/mlp2013/en/.

[82] In 2009, El Salvador undertook a new national health strategy with the goal of expanding access to universal primary healthcare. *See* Mary A. Clark, *The New Left and Health Care Reform in El Salvador*, 57 J. LATIN AM. POL. & SOC. 97, 104–05 (2015). Despite some important successes from this program, poor and rural women continue to face barriers to healthcare. Many women in rural areas, for example, continue to live far from the nearest health center, making health care both more difficult to physically access and potentially cost-prohibitive. *See* Amnesty Int'l, *Aborto en El Salvador: La Delgada Línea entre Médicos y Policías* (Dec. 1, 2015), https://www.amnesty.org/es/latest/news/2015/12/aborto-en-el-salvador-la-delgada-linea-entre-medicos-y-policias/ (describing a young pregnant woman from the rural zone who arrived at a hospital hemorrhaging and in shock after having traveled an hour and a half). Nationally only 13.9% of health professionals are located in rural communities. Pan-American Health Organization, *Health in the Americas: El Salvador – Leading Health Challenges*, http://www.paho.org/salud-en-las-americas-2017/?p=4023 (last visited Jan. 11, 2020).

[83] Dr. Eduardo Espinoza, Vice-Minister of Health Pol'y, El Salvador Ministry of Health, *Mapping teenage pregnancy using administrative records*, at 2, https://www.unfpa.org/sites/default/files/event-pdf/FINAL-El_Salvador_-_Mapping_teenage_pregnancy_using_administrative_records.pdf; United Nations Population Fund, *Teen Pregnancies, and Attendant Health Risks, a Major Concern in El Salvador* (Aug. 3, 2017), http://www.unfpa.org/news/teen-pregnancies-and-attendant-health-risks-major-concern-el-salvador (citing statistics from the Salvadoran Ministry of Health) (last visited Jan. 11, 2020).

[84] *See* European Parliament resolution, *supra* note 66.

[85] Hospital Nacional de la Mujer "Dra. María Isabel Rodríguez," Embarazadas en departamentos y por grupos de edad atendidas en la Red de Establecimientos de Salud del MINSAL, available at https://www.transparencia.gob.sv/institutions/h-maternidad/documents/377348/download. Sylvia Juárez, from the Organization of Salvadoran Women for Peace (ORMUSA), told the AP that in the first half of 2020 there were 258 registered pregnancies of girls aged 10 to 14 years and 6,581 in the group from 15 to 19 years old, but she warned that there is an under-registration due to confinement due to the pandemic. See Mario Guevara, *Child Pregnancy Numbers in the First Semester of 2020*, U.S.-EL SALVADOR SISTER CITIES (Aug. 21, 2020), https://www.elsalvadorsolidarity.org/child-pregnancy-risen/.

experiencing a stillbirth or neonatal death than women between 20-24 years of age,[86] increasing the risk that adolescent girls in El Salvador will come under scrutiny for a suspected abortion based on these pregnancy outcomes.[87] The criminalization of girls' pregnancy outcomes places another burden on girls who are already socially disadvantaged and abused. High rates of teenage pregnancy are linked to inadequate access to comprehensive, quality sex education, particularly in rural areas,[88] and high rates of sexual assault.[89] Sexual assault and unplanned pregnancies have such devastating impacts that, in El Salvador, three out of eight maternal deaths are the result of suicide among pregnant girls under the age of nineteen.[90]

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[86] World Health Organization, *Fact Sheet: Adolescent Pregnancy* (last updated Jan. 31, 2020), https://www.who.int/es/news-room/fact-sheets/detail/adolescent-pregnancy.

[87] For example, Evelyn Beatriz Hernandez Cruz, a young rural woman, became pregnant at 18 as the result of repeated sexual abuse and was convicted and sentenced to 30 years in prison for murder after experiencing a stillbirth. Nina Lakhani, *El Salvador teen rape victim sentenced to 30 years in prison after stillbirth*, THE GUARDIAN (July 6, 2017), https://www.theguardian.com/global-development/2017/jul/06/el-salvador-teen-rape-victim-sentenced-30-years-prison-stillbirth. The number of prosecutions against minors for abortion-related crimes is unknown because the criminal files of minors are confidential. CRR, *Marginalized, Persecuted, and Imprisoned*, *supra* note 3, at 38.

[88] *See* U.N. Committee on Economic, Social, and Cultural Rights, *Concluding Observations on the combined third, fourth, and fifth periodic reports of El Salvador*, ¶ 23, U.N. Doc. E/C.12/SLV/CO/3-5 (June 19, 2014); U.N. Human Rights Council, *Report of the Special Rapporteur on Violence Against Women: Follow-up Mission to El Salvador*, ¶ 67, U.N. Doc. A/HRC/17/26/Add.2 (Feb. 14, 2011) (noting that "high levels of teenage pregnancy could be significantly reduced if sex education and family planning were generally and openly addressed in school curricula"); see also U.N. Committee on the Elimination of All Forms of Discrimination against Women, *Concluding Observations on the combined eighth and ninth periodic reports of El Salvador*, ¶ 32, U.N. Doc. CEDAW/C/SLV/CO/8-9 (Mar. 9, 2017) (noting continued high levels of adolescent pregnancy, little sexual education, and persistent discrepancies between rural and urban access). Access to clinics and reproductive healthcare is also challenging for young people living in rural areas, who find that, even when they do manage to get to a clinic, providers stigmatize them for seeking sexual health services. *See* Int'l Planned Parenthood Fed'n, *Over-protected and under-served: A multi-country study on legal barriers to young people's access to sexual and reproductive health services—El Salvador Case Study* 17 (2014), https://www.ippf.org/sites/default/files/ippf_coram_el_salvador_report_eng_web.pdf.

[89] Anastasia Moloney, *Rape, Abortion Ban Drives Pregnant Teens to Suicide in El Salvador*, REUTERS (Nov. 12, 2014), https://www.reuters.com/article/us-el-salvador-suicide-teens/rape-abortion-ban-drives-pregnant-teens-to-suicide-in-el-salvador-idUSKCN0IW1YI20141112 ("There's a correlation between sexual violence and the high rates of suicides among adolescents—that's the reality. Pregnancy is a determining factor behind teenage suicides.").

[90] *Id.*. *See also* Carlos Ayala Ramírez, *Suicidio en el embarazo*, RADIO YSUCA (Apr. 17, 2012), http://www.uca.edu.sv/noticias/texto-1357.

Violence during pregnancy is further associated with an increased risk of both miscarriage and stillbirth.[91] In 2017, El Salvador had the highest homicide rate in Central America,[92] and in 2019 ranked second in Latin America for rates of femicide.[93] An estimated ten Salvadoran women are subjected to violence and sexual assault each day.[94] These stresses increase the risk of both miscarriage and stillbirth, and the associated risk of criminal prosecution for alleged abortion. As the U.N. Special Rapporteur on the Right to Health has observed, violence and human rights violations are both "often rooted in the deprivation and discrimination of individuals and communities," and addressing violence is key to achieving the right to health.[95]

While socioeconomic and environmental factors increase the risk of poor pregnancy outcomes among marginalized women and girls, their relationship to the public healthcare system further subjects them to social monitoring, reporting, and ultimately prosecution. First, many poor and rural women and girls cannot easily access medical care, which exposes them to scrutiny under El Salvador's laws. In fact, many of the 181 women who were prosecuted between 2000 and 2019 came to the attention of law enforcement because they lived in remote communities and their families or neighbors asked the local police to transport them to the closest health facility when they experienced an obstetric emergency.[96]

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[91] World Health Organization, *Women & Health: Today's Evidence Tomorrow's Agenda*, at 42 (2009), http://www.who.int/gender-equity-rights/knowledge/9789241563857/en/.

[92] Excluding all the subregions of Africa, for which complete data were not available, Central America was the subregion with the highest average homicide rate in 2017. United Nations Office on Drugs and Crime, Global Study on Homicide, at 17 (2019), https://www.unodc.org/documents/data-and-analysis/gsh/Booklet2.pdf (last visited Jan. 11, 2020).

[93] Gender Equality Observatory for Latin America and the Caribbean, *Femicide or feminicide*, https://oig.cepal.org/en/indicators/femicide-or-feminicide (last visited Jan. 11, 2020).

[94] Catalina Lobo-Guerrero, *In El Salvador, 'Girls Are a Problem'*, N.Y. TIMES (Sept. 2, 2017), https://www.nytimes.com/2017/09/02/opinion/sunday/el-salvador-girls-homicides.html.

[95] U.N. Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, ¶ 101, U.N. Doc. A/HRC/29/33 (Apr. 2, 2015).

[96] Agrupación Ciudadana por la Despenalización del aborto en El Salvador. *supra* note 73.

If and when women actually reach a public health facility, they appear to be at an especially high risk of being reported to the authorities. Of the 129 abortion-related cases prosecuted between 2000 and 2019, approximately 54% originated from public hospitals or the Salvadoran Social Security Institute.[97] The absence of any publicly known criminal cases originating from the private health sector also suggests there are closer ties between law enforcement and public medical institutions.[98] Anecdotally, women understand that they will be subject to increased scrutiny of their pregnancies solely by virtue of going to a public hospital as opposed to a private one.[99] This situation is especially pernicious because, since 2009, El Salvador has invested in expanding its public healthcare system, including in poor and rural areas, and encouraged women to seek obstetric and prenatal care and give birth at public hospitals.[100] Thus, while El Salvador has taken steps to improve access to healthcare for poor and rural women, it has also undermined this goal by enacting a criminal regime that targets these women and girls through the very healthcare system that was supposed to improve their overall health and access to services.

The operation of the criminal ban further intensifies the vulnerabilities that women and girls from poor, rural, and otherwise marginalized communities face, exposes them to worse health outcomes, and thus discriminates against them in the realization of their right to health and its

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[97] *Id.*

[98] La Agrupación Ciudadana por La Despenalización del Aborto Terapéutico, Ético y Eugenésico, *Del Hospital a la Cárcel: Consecuencias para las mujeres por la penalización sin excepciones, de la interrupción del embarazo en El Salvador*, at 34 (2012), http://www.clacaidigital.info:8080/xmlui/bitstream/handle/123456789/487/Del-hospital-a-la-carcel-ElSalvador2013.pdf?sequence=1&isAllowed=y (available in Spanish only).

[99] Amnesty Int'l, *On the Brink of Death*, *supra* note 32, at 31 (quoting Cristina, a woman who had a miscarriage and was accused of aggravated homicide: "Of course, if I'd been the daughter of a politician, none of this would have happened to me. To start with, I would never have gone to a public hospital, because [I would have enough] money to go to a private one. Me, a poor woman, where am I going to go to give birth? Where everyone goes. They violate people's rights, and even more so women's rights, because a man is never going to have a miscarriage."); *see also* Nina Lakhani, *El Salvador: Where Women May Be Jailed for Miscarrying*, BBC (Oct. 18, 2013), http://www.bbc.com/news/magazine-24532694 (quoting a woman stating that she "would be terrified to go [to] a public hospital as there is no benefit of doubt given to young women").

[100] *See* Clark, *The New Left and Health Care Reform in El Salvador*, *supra* note 82, at 104–05; Diana Valcárcel, *El Salvador's Health Reform: The Right Path to Reduce Maternal Mortality*, PAN-AMERICAN HEALTH ORG. (Mar. 24, 2015), http://new.paho.org/hq/index.php?option=com_content&view=article&id=10608&Itemid=39620&lang=en.

component rights. These dynamics are clear in cases such as Manuela's: Manuela, who was from a poor, rural community, suffered from increasingly poor health, but her condition remained undiagnosed at the time she became pregnant, despite her efforts to access the limited medical care available to her. When she experienced a precipitous and unexpected end to her pregnancy and sought emergency medical attention, her physician at the public hospital reported her to the authorities rather than accepting her statement that she had experienced what she believed was a miscarriage. Manuela then faced abuse while she was held at the hospital and the state took advantage of her family's illiteracy to distort her parents' account of her obstetric emergency. The state was so focused on prosecuting and imprisoning her that it was not until a year after her miscarriage—and while she was in prison—that she received subsequent medical care and was diagnosed with nodular sclerosing Hodgkin's lymphoma. This disease, if treated, usually has a good prognosis, so the denial of care likely killed Manuela unnecessarily. It ultimately led to her death in state custody less than two years after being imprisoned for her miscarriage.[101]

The particular impact poor and marginalized women experience under the total abortion ban is a continuation of the systemic discrimination they are exposed to as part of vulnerable communities. Many of these women essentially are criminalized for the state's failure to provide them with consistent and meaningful access to education, healthcare, and other crucial resources throughout their lives. As the U.N. Special Rapporteur on the Right to Health has recognized, laws that criminalize women for their health outcomes or statuses are "particularly perverse" where the state has failed to provide the conditions necessary for good health outcomes.[102] In other words,

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[101] *See supra* Part III, Statement of Facts.

[102] U.N. Special Rapporteur on the right to health, *Criminalization of sexual and reproductive health*, *supra* note 29, ¶ 43 ("As availability of, and access to, health-care goods and services is the responsibility of States, it is particularly perverse that the criminal law has the potential to punish women for the inadequacy of the Government in this respect.").

criminal laws like El Salvador's "effectively shift the burden of realizing the right to health away from States onto pregnant women, punishing women for the lack of effective provision of health-care goods, services and education by the Government."[103] The effect of such discriminatory laws is that women who are often struggling to simply keep their families afloat in a country that has failed them on multiple levels are removed from their loved ones and denied their rights to health, liberty, and even life, leading to the continuing cycle of poverty in their communities.[104]

El Salvador owes special obligations of protection to women and girls who are socially marginalized due to the interaction of poverty, youth, rural isolation, and gender-based violence, among other factors.[105] Instead of fulfilling its positive obligations to ensure equal realization of these women and girls' human rights, El Salvador has imposed a barrier to their equal citizenship in the form of a criminal abortion ban that appears to be disproportionately applied to them and that has particularly detrimental effects on their health and lives. As such, El Salvador's criminal abortion ban amounts not only to impermissible gender discrimination, but also contravenes the state's obligation to eliminate laws that have a discriminatory effect on persons living in poverty and other situations of marginalization, and to take affirmative steps to ensure the realization of their right to health and the related rights to life, privacy, and personal integrity and dignity on the basis of equality.

V. CONCLUSION

El Salvador's criminal abortion law amounts, at the very least, to a violation of the state's obligations to ensure equal protection of its laws to all and to respect, protect, and fulfill the rights

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[103] *Id.*
[104] *See* Amnesty Int'l, *Separated Families, Broken Ties* (2015), https://www.amnesty.org/en/documents/amr29/2873/2015/en/.
[105] *See supra* notes 73–75.

to life, health, personal integrity and dignity, and privacy without discrimination. It is also a systemic violation of El Salvador's obligations to provide special protections to women and girls like Manuela who have already been marginalized and neglected by the state. *Amici* urge the Court to find that El Salvador has violated its duties under Articles 1(1), 2, 4(1), 5, 11, 24 and 26 of the American Convention on Human Rights, among other provisions, and recommend that El Salvador immediately take action to remedy these violations by eliminating its complete criminal ban on abortion, and providing additional remedies to the women and families, like Manuela's, whose rights have been so grossly violated under this regime. Specifically, *amici* urge the Court to recommend El Salvador provide adequate monetary compensation to Manuela's family to remedy the human rights violations they have sustained; to vacate the criminal sentence for every person convicted pursuant to the abortion ban; to release anyone serving a sentence without conditions; and to suspend any pending criminal prosecutions brought pursuant to the ban.

Further, El Salvador must make every effort to meet its obligations under the American Convention and to ensure the human rights of women and girls are protected. As such, the Court should recommend that El Salvador review its laws, procedures, and policies to ensure all women and girls, especially those who are impoverished and live in rural communities, have equal access to comprehensive and confidential healthcare as well as quality sex education as a part of school curricula. El Salvador must take every necessary measure to guarantee that human rights violations like those suffered by Manuela never recur.

APPENDIX I

STATEMENTS OF INTEREST FOR AMICI CURIAE

INSTITUTIONAL AMICI

The Allard K. Lowenstein International Human Rights Clinic is a Yale Law School course through which students gain first-hand experience in human rights advocacy under the supervision of international human rights lawyers. The Clinic undertakes a number of litigation, research, and advocacy projects each term on behalf of human rights organizations and individual victims of human rights abuses. The Clinic has prepared briefs and other submissions for this Court and the Inter-American Commission on Human Rights, as well as the European Court of Human Rights, the African Commission on Human and Peoples' Rights, various bodies of the United Nations, and national courts, including courts in the United States and other countries in the Americas. The Clinic has a longstanding commitment to the protection of women's human rights and, in particular, their reproductive rights and has a significant interest in the resolution of this case.

Argentine Safe Abortion Network (RedAAS) is a network of health and legal professionals associated with public and community health services in Argentina. Our commitment is to accompany and assist women in situations of legal abortion, understanding it as part of our professional, ethical and legal duty. Our goal is to help eliminate institutional and political barriers to access safe and legal abortions, promote appropriate interpretation and application of the causes contemplated in the current regulations and build a community to share information, exchange experiences and offer a space of solidarity, encouragement and political support. REDAAS has more than 300 members from 14 different professions distributed in 20 provinces of Argentina.

The Human Rights and Gender Justice Clinic ("HRGJ") (formerly the International Women's Human Rights Clinic) at the City University of New York ("CUNY") School of Law is devoted to defending and implementing the rights of women under international law and ending all forms of discrimination. HRGJ is part of the nonprofit clinical program, Main Street Legal Services, Inc. at CUNY School of Law. Since its inception in l992, HRGJ has given particular attention to the development of women's and gender rights in the inter-American system. HRGJ directors participated in the first meeting of experts that drafted the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women ("Convention of Belém do Pará") and in the advisory group of the first Special Rapporteur on Women of the Inter-American Commission on Human Rights ("the Commission"). Experts from HRGJ have provided testimony to the Inter-American Court of Human Rights ("the Court") for *González v. Mexico ("Cotton Field")*, *Herrera Monreal v. Mexico*, and *Ramos Monarrez v. The United Mexican States*.

Ibis Reproductive Health is an international nonprofit organization with a mission to improve women's reproductive autonomy, choices, and health worldwide. Ibis Reproductive Health's core activity is clinical and social science research on issues receiving inadequate attention in other research settings and where gaps in the evidence exist. Its agenda is driven by women's priorities and focuses on increasing access to safe abortion, expanding contraceptive access and choices, and integrating HIV and comprehensive sexual and reproductive health services. Ibis Reproductive Health partners with advocates and other stakeholders who use our research to improve policies and delivery of services in countries around the world.

The International Action Network for Gender Equity and Law ("IANGEL") is a non-governmental organization dedicated to advancing gender equity and protecting the human and civil rights of women and girls, through peaceful legal means. IANGEL advances its mission by connecting the lawyers and legal associations willing to donate their skills and energy to organizations working to promote the cause of gender equality locally, nationally, and globally, and by advocating for laws, policies, and practices that prevent all forms of gender discrimination. Since its founding in 2013, IANGEL has promoted gender equality through education, action, and engagement. One of its core focus areas is reproductive health. IANGEL has joined other organizations numerous times to advocate for law and policies that protect and promote safe, available reproductive health care for all women and girls.

The International Human Rights Center at Loyola Law School, Los Angeles is committed to achieving the full exercise of human rights by all persons, and seeks to maximize the use of international and regional human rights bodies through litigation, advocacy, and capacity-building. The Clinic has conducted extensive advocacy related to the criminalization of abortion, specifically in the context of the right to enjoy the benefits of scientific progress.

The International Justice and Human Rights Clinic at the Peter A. Allard School of Law (University of British Columbia) gives upper-year law students the opportunity to work on pressing human rights and global justice concerns through hands-on work on international cases and projects. Students gain experience in the year-long clinic applying international human rights law, international criminal law, and/or international humanitarian law working on cases and projects with a range of international justice organizations, including international criminal courts and tribunals, United Nations human rights bodies, and non-governmental organizations. The Allard IJHR Clinic is directed by international human rights lawyers Nicole Barrett (J.D.,

Columbia Law School, M.I.A., School of International and Public Affairs, Columbia University; B.A. Stanford) and Maria Sokolova (J.D., University of British Columbia, L.L.L., University of Ottawa, L.L.M., Harvard University).

The International Women's Human Rights Clinic ("IWHRC") at Georgetown University Law Center works with NGO partners in sub-Saharan Africa to challenge laws and practices that discriminate against women through strategic litigation, fact finding, and statutory and policy reform. Since its establishment in 1998, the IWHRC has worked on a number of important women's rights issues, including FGM, child marriage, marital rape, polygamy, bride price, domestic violence, workplace discrimination, pregnancy discrimination, sexual harassment and sexual violence, and unequal inheritance, property, and citizenship laws. The Clinic has also worked actively to protect women's reproductive rights through projects seeking comprehensive sexual and reproductive rights education in schools, access to contraception and safe abortion, and an end to pregnancy discrimination against school girls and working women.

Global Doctors for Choice (GDC) is a network of physicians who advocate for the improvement of access to reproductive health care, including abortion, in countries across the globe. At the core of its mission, GDC strengthens the capacity of doctors for advocacy and brings scientific authority, medical ethics, and the experience of doctors to policy discussions at global, regional and national levels. Its aim is to expand reproductive rights and counter the impact of systemic inequities in order to enable all people to exercise autonomy over their reproductive lives.

MADRE is an international women's human rights organization that partners with community-based women's groups worldwide facing war and disaster to advance women's human rights. For over 30 years MADRE has partnered with grassroots women's organizations to provide vital services to their community and help them build new skills and step up as leaders, while

advancing the human rights framework through international advocacy to make international law accountable to the people it is meant to serve. MADRE and our partners know that strong communities start with healthy people, and we meet often overlooked long-term needs for family planning, sexual and reproductive health, and maternal care. MADRE believes that in order to build resilient communities, women should have access to life-saving reproductive healthcare, not punished for choosing the right thing for themselves and their families.

National Advocates for Pregnant Women ("NAPW") is a non-governmental organization with international consultative status with the United Nations that advocates for the rights, health, and dignity of all women, focusing particularly on pregnant and parenting women, and those who are most vulnerable to state control and punishment, including women living in poverty. Through litigation, representation of leading medical and public health organizations as amicus, and through public education, NAPW works to ensure women do not lose their human rights as a result of pregnancy. NAPW has also organized and submitted international human rights amicus briefs in various cases, including in U.S. federal court to oppose the shackling of pregnant prisoners during childbirth as a form of cruel and unusual punishment. NAPW supports policies that promote appropriate, accessible, and confidential healthcare for all people, and promotes evidence-based laws that actually protect maternal, fetal, and child health. NAPW believes pregnancy outcomes should be addressed through healthcare, and not be treated as crimes.

PopDev (the Population and Development Program) has challenged population control since 1986. PopDev offers critical, feminist counter-narratives to "population bomb" stories that blame people's reproduction for global problems such as food scarcity, violence and environmental degradation. Our work—grounded in social justice perspectives—includes facilitating collaboration among feminist activists and scholars across social movements and

geographical borders; publishing well-researched analyses of population control and alarmism; and serving as a key resource for non-profits, journalists, students and activists on these issues. The program is currently a project of the Civil Liberties and Public Policy Program (CLPP).

The International Human Rights Clinic at Santa Clara Law offers law students the opportunity to gain professional experience working on litigation, advocacy, and policy projects and cases involving human rights violations. Students collaborate with human rights organizations and provide them support in their cases and projects before international, regional and national forums, through research and documentation of human rights violations, among others.

INDIVIDUAL AMICI**

Paola Bergallo, J.SD, J.SM, LLM, is Associate Professor at the School of Law and Adjunct Researcher at the Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET). She is a lawyer graduated with honors from the Universidad de Buenos Aires. She holds a J.S.D. and J.S.M. from Stanford Law School, and an LL.M. from Columbia University. She received fellowships from Stanford and Harvard University, the Hewlett Foundation, and the Research Council of Norway. Professor Bergallo has previously taught full time at Universidad de Palermo and Universidad de San Andrés, where she has been a member of their founding faculties. She has been a visiting professor at Universidad Pompeu Fabra, Universidad de Los Andes in Colombia, and Universidad de Puerto Rico. She has also lectured in universities across the Americas and Europe. Professor Bergallo's work focuses on public law, health rights, access to justice, gender, and socio-legal studies. She is a global fellow of the Center for Law and Social Transformation of the Christian Michelsen Institute (CMI) in Norway, and has been a visiting researcher at the Centro de Estudios de Estado y Sociedad (CEDES) in Argentina. Professor Bergallo has conducted research and headed projects for the National Ministry of Health, the UN Fund for Population (UNFPA), the Pan-American Health Organization (PAHO), the Nordic Fund for the World Bank, and the Center for Reproductive Rights. Professor Bergallo has been an expert witness before the American Court of Human Rights and has sat in advisory committees of government programs and prestigious Argentine NGOs. She is a member of the Latin American Seminar on Constitutional Theory (SELA). Professor Bergallo's writings in Spanish have been published in law reviews and books from Argentina and other Latin American countries. In English, her works include papers featured by the Texas Law Review, and books edited by Penn, Harvard, and Oxford University presses.

Andrea Carlise, Esq. leads IANGEL with a long history of passionate advocacy for gender equity, diversity, and inclusion. She is a past president of both the National Conference of Women's Bar Associations (NCWBA) and California Women Lawyers. She served on the No Glass Ceiling Monitoring Task Force of the Bar Association of San Francisco, and as the NCWBA's Liaison to the American Bar Association's Commission on Women in the Profession, where she co-chaired the Commission's sexual harassment committee. Prior to joining IANGEL, Andrea worked as a litigation attorney for 28 years, specializing in labor and employment law. She served as an Assistant County Counsel for the County of Alameda, leading its Advocacy Division and serving as General Counsel to the County's Human Resource Services Department, and its Diversity Programs Office. Before working for the County, Andrea was the managing partner of Patton Wolan Carlise, LLP, a litigation boutique in Oakland, California. She also serves on and is a past president of the Board of Directors of her local Girls Inc., an organization that empowers girls to be strong, smart and bold through educational and community programming. Andrea is a fierce advocate for sexual and reproductive health and rights, beleiving that the right to self-determination is an inalienable human right that is dependent upon the ability to decide if and when to have children.

Rebecca J. Cook, JD, LLM, JSD, is Professor Emerita in the Faculty of Law, the Faculty of Medicine and the Joint Centre for Bioethics, and Co-Director, International Reproductive and Sexual Health Law Program, University of Toronto. She is the ethical and legal issues co-editor of the *International Journal of Gynecology and Obstetrics*. Professor Cook is a Member of the Order of Canada, a Fellow of the Royal Society of Canada, the recipient of the Ludwik and Estelle Jus Memorial Human Rights Prize, and the Certificate of Recognition for Outstanding Contribution to Women's Health by the International Federation of Gynecology and Obstetrics.

Her most recent co-edited volume, *Abortion Law in Transnational Perspective* (UPenn Press, 2014), is available in Spanish.

Joanne Csete, PhD, focuses her research and teaching on health and human rights, particularly the impact of criminalization and gender-based subordination on access to health services for people who use drugs, sex workers, and others vulnerable to HIV. At Human Rights Watch and the Canadian HIV/AIDS Legal Network, she documented and engaged in advocacy on human rights abuses against marginalized people facing severe health risks in more than 20 countries. Dr. Csete has worked on HIV/AIDS and other health and nutrition programs and policies in Africa for over 10 years, including in complex emergency situations. She was the lead author of the report of the Lancet Commission on Drug Policy and International Public Health (2016).

Laurel E. Fletcher, JD, is Clinical Professor of Law at UC Berkeley, School of Law where she directs the International Human Rights Law Clinic. Fletcher is active in the areas of human rights, humanitarian law, international criminal justice, and transitional justice. As director of the International Human Rights Law Clinic, she utilizes an interdisciplinary, problem-based approach to human rights research, advocacy, and policy. Fletcher has advocated on behalf of victims before international courts and tribunals, and has issued numerous human rights reports on topics ranging from sexual violence in armed conflict to human rights violations of tipped workers in the U.S. restaurant industry. She also has conducted several empirical human rights studies, including of the impact of detention on former detainees who were held in U.S. custody in Afghanistan and Guantanamo Bay, Cuba. She served as co-Editor-in-Chief of the *International Journal of Transitional Justice* (2011-2015).

Caitlin Gerdts, PhD, MHS, is the Vice President for Research at Ibis Reproductive Health. Caitlin leads the development and implementation of Ibis's research agenda, and serves

on the Senior Management Team. Caitlin is an epidemiologist whose past and current research includes clinical and epidemiologic studies to measure the prevalence of informal sector abortion, document women's experiences with medication abortion self-management, explore strategies (including mobile technologies) to improve access to safe abortion, analyze women's experiences traveling for abortion in Europe, measure abortion-related mortality, and understand the consequences of abortion denial. Caitlin's methodologic expertise is in study design and implementation, impact evaluation, and causal inference methods; she has authored and co-authored over 20 peer-reviewed publications. Prior to joining Ibis, Caitlin served as an Epidemiologist with Advancing New Standards in Reproductive Health (ANSIRH) at the University of California, San Francisco. She received her undergraduate degree in Human Biology from Stanford University; a Masters in Health Sciences (MHS) in Population, Family, and Reproductive Health from the Johns Hopkins Bloomberg School of Public Health; and a PhD in Epidemiology from the University of California, Berkeley.

Betsy Hartmann, PhD, is a professor emerita of development studies at Hampshire College in Amherst, MA, USA. Her research, writing, and advocacy focus on the intersections between reproductive health and rights, population, migration, environment, and security issues. During her time at Hampshire, she served as the director of the Population and Development Program. She is the author of The America Syndrome: Apocalypse, War and Our Call to Greatness and the feminist classic Reproductive Rights and Wrongs: The Global Politics of Population Control. Betsy's papers, including those from her decades-long involvement in the international women's health movement, are now archived in the Sophia Smith Collection of Women's History at Smith College. Betsy received her BA in South Asian Studies from Yale University and her PhD in development studies from the London School of Economics and Political Science.

Anne Hendrixson, MA, is the director of the Population and Development Program (PopDev) at the Civil Liberties and Public Policy Program (CLPP), which is fiscally sponsored by TSNE MissionWorks in Boston, MA. Anne researches, writes and speaks on issues of population control, populationism and contraceptive safety as reproductive justice issues. She is an advocate for sexual and reproductive health and rights, including safe and accessible abortion. Anne co-edited a 2020 themed section of Gender, Place & Culture, a feminist journal of geography, and co-authored its introduction, "Confronting Populationism: Feminist challenges to population control in an era of climate change." Other recent publications include "Threat and Burdens: Challenging scarcity-driven narratives of 'overpopulation,'" Geoforum, 101, (2019). Anne received her BA in gender studies and dance from Hampshire College and her MA in development studies from Clark University.

Deena R. Hurwitz, JD, is a human rights attorney and consultant based in Charlottesville, Virginia. She works on diverse matters, inter alia, gender justice; socio-economic rights, e.g., the right to education, legal literacy and empowerment; indigenous rights; Islamic law and women's rights; due diligence, state accountability and the right to a remedy. She taught international human rights in law school clinics and other law courses for over 16 years, and was founding director of the International Human Rights Law Clinic at the University of Virginia School of Law from 2003 until 2015. Her Clinic there worked closely with the UN Special Rapporteur on Violence Against Women, Rashida Manjoo. She has been involved in various forms of practice involving the Inter-American System of Human Rights. She received her JD from Northeastern University School of Law, and BA in Community Studies from the University of California, Santa Cruz.

Jocelyn Getgen Kestenbaum, JD, MPH, is Assistant Clinical Professor of Law at the Benjamin N. Cardozo School of Law where she directs the Human Rights and Atrocity Prevention Clinic and the Cardozo Law Institute in Holocaust and Human Rights. In the Clinic, students gain legal skills through work on human rights projects and cases on issues related to: the prevention of genocide and other mass atrocities; the protection of vulnerable populations, including asylum-seekers and victims of torture and sexual violence; and accountability for those responsible for war crimes, crimes against humanity, and genocide. Getgen Kestenbaum has developed and expanded clinical projects, including in-depth fact-finding on issues of sexual and gender-based crimes, persecution as a crime against humanity, and early warning risk analysis, on four continents and in more than twelve countries. She holds a JD from Cornell Law School and an MPH from the Johns Hopkins Bloomberg School of Public Health.

Bert Lockwood, JD, LLM, is The Distinguished Service Professor of Law and the Director of the Urban Morgan Institute for Human Rights at the University of Cincinnati College of Law. Since 1982 he has been Editor-in-Chief of Human Rights Quarterly, a multi-disciplinary academic journal published by The Johns Hopkins University Press. He is also the Series Editor of Pennsylvania Studies in Human Rights, a book series published by the University of Pennsylvania Press. Over 140 books have been published in the series. Professor Lockwood teaches Constitutional Law and a series of international human rights seminars, including International Women's Rights. He also teaches in the summer human rights program at the China University of Political Science and Law in Beijing.

Marta Machado, Ph.D, is a Professor of Law and the co-director of the Center of Studies on Crime and Punishment at Getulio Vargas Foundation in Sao Paulo, Reproductive and Sexual Health Law Fellow at University of Toronto, senior researcher at the Brazilian Center of Analysis

and Planning (CEBRAP), global fellow at the Centre on Law & Social Transformation (CMI/ Univ of Bergen), and one of the principal investigators at the Maria Sibylla Merian International Center for Latin America Conviviality in Unequal Societies. Her research is located in the inter-disciplinary field of Law, Political Science and Legal-Sociology and focuses on the relations between social movements and Law. She has developed empirical research on the Brazilian feminist movement and the campaign for passing legislation on gender violence; the (non) functioning of the Brazilian justice system in processing violations of human rights; and the pro- and anti-abortion movements in Brazil, its battles in different state arenas and how this political and moral agenda has been translated into the use of legal frames by both sides.

Benjamin Mason Meier, JD, LLM, PhD, is an Associate Professor of Global Health Policy and the Zachary Taylor Smith Distinguished Chair in Public Policy at the University of North Carolina at Chapel Hill. Dr. Meier's interdisciplinary research—at the intersection of global health, international law, and public policy—examines rights-based approaches to health. Working collaboratively across UNC's Department of Public Policy and Gillings School of Global Public Health, Dr. Meier has conducted extensive research over the past fifteen years on the development, evolution, and application of human rights in global health. As an advisor on the implementation of human rights in health policy, Dr. Meier serves additionally as a Scholar at Georgetown Law School's O'Neill Institute for National and Global Health Law and as a consultant to international organizations, national governments, and nongovernmental organizations.

Michelle Oberman, JD, MPH, is the Katharine and George Alexander Professor of Law at Santa Clara University School of Law. Professor Oberman is an internationally recognized scholar on the legal and ethical issues surrounding adolescence, pregnancy, and motherhood. Her

background in public health and law, as well as her long years of work with doctors in health care settings, gives her a unique perspective on women's health issues arising at the intersection of health law and criminal law. In recent years, Professor Oberman has studied reproductive health and abortion regulation in countries with widely divergent abortion laws. Her work in El Salvador, along with other countries and a range of U.S. jurisdictions, informs her forthcoming book (*Her Body, Our Laws: On the Frontlines of the Abortion War from El Salvador to Oklahoma*, Beacon Press, 2018) about what will and won't happen if abortion becomes illegal in the U.S. She has written numerous law review articles exploring the legal system's limitations when endeavoring to respond to issues such as abortion, rape, and infanticide. She has co-authored two groundbreaking books on the subject of maternal filicide: When Mothers Kill: Interviews from Prison (2008) and Mothers who Kill their Children (2001).

Francisca Pou-Giménez, JSD, is Associate Professor of Law at ITAM Law School (Mexico City), where she teaches Constitutional Law and Comparative Constitutional Law. She is a member of the Mexican National System of Researchers, and of several academic networks, such as the Network of Latin American Scholars on Gender, Sexuality and Legal Education (Red Alas), the Yale Latin American Seminar of Political and Constitutional Theory (SELA) (co-director), the International Society of Public Law, or the American Society of Comparative Law. She is also a member of the General Assembly of GIRE, the main litigation civil society organization in the area of reproductive rights in Mexico. Her writing focuses on courts, constitutions and fundamental rights. In this latter domain she has focused on mechanisms of rights protection, anti-discrimination law, reproductive rights, gender mainstreaming in adjudication, multi-level rights protection in Latin America. She is currently coordinating, with three colleagues, a project on gender and constitutionalism in Latin America.

Cesare P.R. Romano, Ph.D., LL.M., DES, is Professor of Law and W. Joseph Ford Fellow at Loyola Law School, Los Angeles. His expertise is in public international law, and in particular international human rights and international courts and tribunals. Between 1996 and 2006, he created, developed and managed the Project on International Courts and Tribunals, a joint undertaking of the Center on International Cooperation, New York University, and the Centre for International Courts and Tribunals at University College London, becoming a world-renowned authority in the field. In 2011, Professor Romano decided to put his considerable knowledge on the law and procedure of international adjudicative bodies to the service of victims of human rights violations. He founded the International Human Rights Center at Loyola Law School, Los Angeles. Since then, he has led his students in the litigation of dozens of cases before the Inter-American Commission of Human Rights and United Nations human rights treaty bodies (i.e. Human Rights Committee; Committee on the Convention on the Elimination of Discrimination against Women; Committee on the Covenant on Economic, Social and Cultural Rights, Committee on the Rights of the Child).In 2018, he helped establishing and joined the Steering Committee of Science for Democracy, a Brussels-based NGO whose goal is to promote the human right to science (i.e. the right to benefit from progress in science and technology) and the rights of science (i.e. the right of scientists to carry our research without undue interference). Besides teaching at Loyola, every year Prof. Romano teaches as visiting or adjunct professor in several universities in the U.S. and Europe.

Mindy Jane Roseman, JD, PhD, is the Director of International Law Programs and Director of the Gruber Program for Global Justice and Women's Rights. Prior to joining Yale Law, Roseman was the Academic Director of the Human Rights Program and a Lecturer on Law at Harvard Law School from 2005-2016 where she taught courses on gender and human rights, as

well as reproductive health and justice. Roseman was also an instructor in the Department of Population and International Health at Harvard School of Public Health. Before joining Harvard, Roseman was a staff attorney with the Center for Reproductive Rights in New York, in charge of its East and Central European program. Roseman received her J.D. from Northwestern University School of Law and served as an Articles Editor on its Law Review. She also received a Ph.D. from Columbia University, in Modern European History with a focus on reproductive health. After graduating from law school, she clerked for Judge John F. Grady, Chief Judge, U.S. District Court, Northern District, IL.

Cynthia Soohoo, JD is a Professor of Law and Co-Director of the Human Rights and Gender Justice Clinic at CUNY School of Law. Her work focuses on barriers to reproductive health and abortion services, including affordability, regulatory burdens, attacks on health providers, and criminalization of pregnant women. She has authored submissions to the U.S. Supreme Court, appellate courts and international forums on access to abortion, forced sterilization and criminalization of women's reproductive choices. She co-edits the Reproductive Rights Prof Blog and serves on the Board of Directors for Partners for Dignity and Rights and the Lawyering Project.

Jocelyn Viterna, PhD, is Professor of Sociology and Director of Undergraduate Studies at Harvard University. Her research examines how gender biases operate in politics and in judicial institutions, especially in El Salvador. In collaboration with the US Office of Overseas Prosecutorial Development, Assistance and Training (OPDAT), Viterna developed and deployed a training program aimed at mitigating implicit bias and gender discrimination in Latin American courts. Viterna has also conducted extensive research on the consequences of pregnancy laws for women's health and freedom in El Salvador. Her data include hundreds of interviews (with

Salvadoran doctors, politicians, activists, ministry officials, prisoners, and the general public), five years of medical records from high-risk pregnancies at the premier women's hospital in El Salvador, and extensive archival documents (legislative debates, thousands of news articles, and dozens of judicial cases). In her forthcoming book, Viterna demonstrates conclusively how anti-abortion activism in El Salvador fundamentally transformed the Salvadoran judicial system, and more specifically, its processes for litigating gender, to the extreme detriment of women's basic human rights. Viterna's work has been published in leading journals, including the American Journal of Sociology, the American Sociological Review, Politics and Gender, and the Latin American Research Review, among others. Her book, Women in War: The Micro-processes of Mobilization in El Salvador (2013, Oxford University Press) won four distinguished book awards (the ESS Mirra Komarovsky award, the ASA Section on Sex and Gender award, the ASA Section on Political Sociology award, and the SSSP Global Division award) and one honorable mention (the ASA section on the Sociology of Development). It is currently being translated for publication in Spanish.

Alicia Ely Yamin, JD, MPH, is currently a Lecturer on Law and Senior Fellow at the Petrie-Flom Center for Health Law Policy, Biotechnology and Bioethics at Harvard Law School; and Senior Advisor on Human Rights at the global health justice organization, Partners In Health (PIH). Yamin also serves as Research Director of the Gender, Sexuality and the Law Unit at the Centre on Law and Social Transformation (Bergen, Norway). In 2016, the UN Secretary General appointed Yamin as one of ten international global health experts to the Independent Accountability Panel for Women's, Children's and Adolescents' Health in the Sustainable Development Goals. She currently serves on the WHO's Technical Advisory Group on Health Technology Assessments, as well as the Lancet Commission on Arctic Health and the Expert

Working Group on Global Public Investment, an innovative model for redesigning global economic solidarity. In 2011, Yamin was named by the Colombian Constitutional Court as an Independent Expert on the implementation of T 760/08, a major structural judgment that led to major health system reform. She was also the only non-Kenyan appointed to the oversight committee for health matters of the Constitutional Implementation Commission in relation to the 2010 Kenyan Constitution (2012-2015). She regularly provides expert testimony and guidance to national and supra-national tribunals and legislative bodies around the globe, in relation to the application of international and constitutional law to health and sexual and reproductive rights issues. Since October 2020 alone, Yamin submitted amicus curiae briefs in the Causa Justa case in the Colombian Constitutional Court regarding abortion decriminalization in that country, the Manuela v El Salvador case in the Inter-American Court of Human Rights, and Whole Women's Health v Paxton in the Court of Appeals for Fifth Circuit in the United States. In November, 2020, Yamin also gave a plenary presentation in a judicial colloquium for the Peruvian judiciary on guaranteeing for sexual and reproductive health and rights of adolescents. In 2018, Yamin testified in the Argentine Chamber of Deputies on the legalization of abortion. As a member of the advisory board of the Argentine Safe Abortion Access Network (RedAAS), she has participated in multiple consultations and strategy sessions regarding law and health system reform subsequently. In January, 2021, Yamin was named on the oversight board of Proyecto Mirar, a multi-stakeholder group examining implementation of the recently enacted abortion law. Trained in both law and public health at Harvard, Yamin's 25+-year career at the intersection of global health and human rights has bridged academia and activism, as well as law and global health/development. Yamin has published over one hundred scholarly articles in law and peer reviewed public health journals

relating to health rights in international and comparative law, and received multiple awards in recognition of her scholarly and advocacy work on sexual and reproductive health.

** Individuals have joined as amici in their personal capacities; institutional affiliations are noted for identification purposes only.