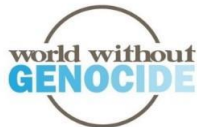


The United States Abridges the Human Right to Bodily Autonomy

For the Human Rights Council
Geneva, Switzerland

Joint Coalition Submission to the UN Human Rights Committee
For the 50th Session Universal Periodic Review (4th Cycle),
United States of America

November 3-14, 2025



World Without Genocide
www.worldwithoutgenocide.org



Citizens for Global Solutions
www.globalsolutions.org



Gender Justice
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Care and Choice at the End of Life
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Transparenthood
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Introduction

“I have become convinced that the most serious and unaddressed worldwide challenge is the *deprivation and abuse of women and girls.*”

-Former U.S. President Jimmy Carter¹

1. **Bodily autonomy** is the right to make decisions about one’s own body, including choices related to health, safety from violence, and well-being; all stages of reproduction; and the freedom to seek and access medical care. It is a cornerstone of gender equality and a fundamental human right.²
2. This Shadow Report addresses restrictions on and violations of bodily autonomy of people in the United States across their entire life span as well as increasing opposition to the protection of this human right. Restrictions on bodily autonomy violate the rights of all people in the US but especially those of women, girls, gender-expansive people, the disabled, the elderly, and the ill.
3. At the recent 69th UN Commission on the Status of Women, UN Secretary-General António Guterres said, “Women’s rights are under siege. The *poison of patriarchy* is back – and it is back with a vengeance... Around the world, the *masters of misogyny* are gaining in strength, confidence, and influence” (emphasis added).
4. We urge the Human Rights Council to consider these issues during its Universal Periodic Review of the United States in order to ensure the right to bodily autonomy for all people in the US.

Issue Summary

5. In the US, all individuals, but especially women, girls, gender-expansive people, the disabled, the elderly, and the ill, experience abridgment of their right to bodily autonomy:

1. Lack of bodily autonomy, dignity, and integrity in choices for conception, contraception, and reproductive rights, including pregnancy termination.

6. **Contraception.** In the US, there are severe restrictions on access to safe, accessible, high-quality, and affordable contraception. Without appropriate options for contraception, women’s and girls’ subsequent access to education, economic participation, and full opportunities in all spheres of civic life are significantly limited.
7. **Alternative Methods of Conception.** Individuals in the US face severe restrictions on alternate methods of conception, including costs, insurance coverage, and availability of alternate methods of conception, including intrauterine insemination, in vitro fertilization, egg/sperm donation, and surrogacy. These restrictions particularly affect people in rural areas, migrants, and those without insurance or resources to pay for these medical services.
8. **Termination and Abortion.** Women face very severe restrictions on access to safe, affordable, and legal terminations of pregnancy, even in cases of rape, incest, or threat to the woman’s health or life.

2. Lack of bodily autonomy in access to medical care throughout the life course.

1. **Access to Health Care.** Individuals in the US face severe restrictions on access to health care options, including palliative care and end-of-life care options, including medical aid in dying.
2. **Transition-Related Care.** Severe limitations exist in most U.S. states on access to medical transition-related care for transgender individuals due to discrimination, lack of insurance coverage, and state-level restrictions, particularly for minors.³

3. Lack of bodily safety from harm, especially from gender-based and sexual violence.

3. **Domestic Violence, Femicide, and Rape.** Individuals in the US lack safety from domestic violence and abuse, including elder abuse and child abuse.
 - **Domestic violence:** 2,000,000 U.S. women are battered by intimate partners every year.⁴
 - **Elder abuse.** As many as 1 in 10 older adults have been victims of elder abuse, most of them women.⁵
 - **Femicide:** An estimated 4,970 females were murdered in 2021, one-third killed by an intimate partner.⁶ A leading cause of death of pregnant women in the US is homicide by an intimate partner, a risk many times elevated for women of color.⁷
 - **Sexual assault:** An average of 433,648 rapes or sexual assaults occur each year.⁸
4. **Violence during Ecocide Disasters.** The climate crisis is not gender-neutral.⁹ Women face the direct impacts of ecocide disasters such as hurricanes, floods, and droughts, and increased risk of violence during these disasters. Women are 14 times more likely to die in a climate disaster than men¹⁰ and women constitute 80% of those displaced by disasters.¹¹

Relevant treaties and documents that guarantee the right to bodily autonomy

1. Universal Declaration of Human Rights (UDHR)¹²

The UN affirms that human rights require bodily autonomy for all – at all times:

Right to Life, Liberty, and Security of Person

5. Article 3 states, "Everyone has the right to life, liberty and security of person." This foundational principle underpins bodily autonomy, emphasizing the right to control and make decisions about one's own body without undue interference.

Reproductive Health and Rights

6. Article 25 recognizes the right to health, including access to quality sexual reproductive health information and services.

Right to Privacy

1. While not explicitly stated as "bodily autonomy," the right to privacy, articulated in Article 12, is crucial for protecting personal decisions about one's body, including reproductive health, health care, and end-of-life decisions.

Equality and Non-Discrimination

2. Article 2 emphasizes equality and non-discrimination, ensuring that everyone, regardless of gender, ethnicity, or other characteristic, has the right to make independent decisions about their bodies.

Freedom from Slavery and Torture

3. Articles 4 and 5 prohibit slavery and torture, reinforcing bodily autonomy by ensuring that individuals are free and protected from forced, unwanted, or involuntary bodily intrusions.

2. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

4. Article 12 of CEDAW articulates the right to bodily autonomy and encompasses women's and girls' sexual and reproductive freedom. Article 16(e) protects women's rights to decide freely and responsibly on the number and spacing of their children and to have access to information, education, and the means to exercise these rights.¹³
5. The US is one of only six states worldwide that has not ratified CEDAW, along with Sudan, Somalia, Iran, Palau, and Tonga. At the previous UPR, 39 UN Member States urged the US to ratify CEDAW. However, the US has taken no action in response.

3. Convention on the Rights of the Child (CRC)

6. The CRC guarantees children's bodily autonomy by emphasizing their right to health and protection from violence and abuse, ensuring they are not subjected to harmful practices.¹⁴
7. The US is the **only** state in the world that has not ratified the CRC. At the last UPR, 37 UN Member States urged the US to ratify CRC. The US has taken no action in response.

4. The International Covenant on Civil and Political Rights (ICCPR)

8. The US ratified the ICCPR in 1992, making it the "supreme law of the land" under the Supremacy Clause of the U.S. Constitution.¹⁵
9. Although the ICCPR does not explicitly mention "bodily autonomy," its provisions, particularly concerning the right to life, privacy, and freedom from torture, are widely interpreted to encompass bodily autonomy, including reproductive rights. States are obliged to provide safe, legal, and effective abortion but only where the life/health of the pregnant woman is at risk; in cases of rape, incest, or when the pregnancy is not viable (Article 6).¹⁶

5. The Rome Statute and the International Criminal Court (ICC)

1. On December 31, 2000, U.S. President Clinton signed the Rome Statute (RS),¹⁷ the first step towards ratification and participation in the ICC. Subsequently, President Bush effectively "unsigned" the RS in 2002.¹⁸ The RS recognizes sexual violence and gender-based crimes, including rape, sexual slavery, enforced prostitution, and enforced sterilization, as war crimes or crimes against humanity, and mandates a gender-sensitive approach to investigations and prosecutions. In 2023 and 2024 the ICC Office of the Prosecutor presented new policies for addressing gender-based crimes and slavery, emphasizing intersectionality and victims' rights and protections.¹⁹
2. By its absence from participation in this Court, the US demonstrates reluctance to support the global right to bodily autonomy.

6. 14th Amendment to the U.S. Constitution

3. The 14th Amendment, in its Due Process Clause, guarantees bodily autonomy by protecting individuals from state deprivation of "liberty" without due process of law. The U.S. Supreme Court has interpreted this to include fundamental rights such as reproductive freedom and the right to make personal decisions about one's body.²⁰
4. However, in 2022, the Court's decision in *Dobbs v. Jackson Women's Health Organization* overturned *Roe v. Wade* (1973), which had affirmed, for 50 years, the right to privacy of reproductive decisions. The *Dobbs* decision held that the 14th Amendment's guarantee of liberty does not encompass an individual's right to abortion.
5. This decision created turmoil in the US. Twelve states now prohibit all abortions even in cases of incest or rape, and some states can impose felony charges on women, medical providers, and others who seek or provide termination services. Although other states have enshrined abortion rights into their state laws, there is a real threat that the current U.S. administration may implement a nationwide abortion ban. Under the Supremacy Clause of the U.S. Constitution, a federal ban would take precedence over state-level abortion protections.
6. Government restrictions on reproductive autonomy can constitute sex, race, and economic discrimination, and the restrictions deny millions in the US the right to live with dignity.²¹

7. The Violence Against Women Act (VAWA)

7. VAWA is legislation passed by the U.S. Congress in 1994 to strengthen criminal and community responses to domestic violence, dating violence, sexual assault, and stalking.
8. VAWA funds victim services through rape crisis centers, domestic violence shelters, courts, district attorney offices, and law enforcement.²² VAWA was reauthorized in 2000, 2005, 2013, and 2022.²³ However, the current U.S. administration recently cut funding for domestic violence shelters and sexual assault advocates,²⁴ which will have devastating consequences for victims' support and for violence prevention efforts.²⁵

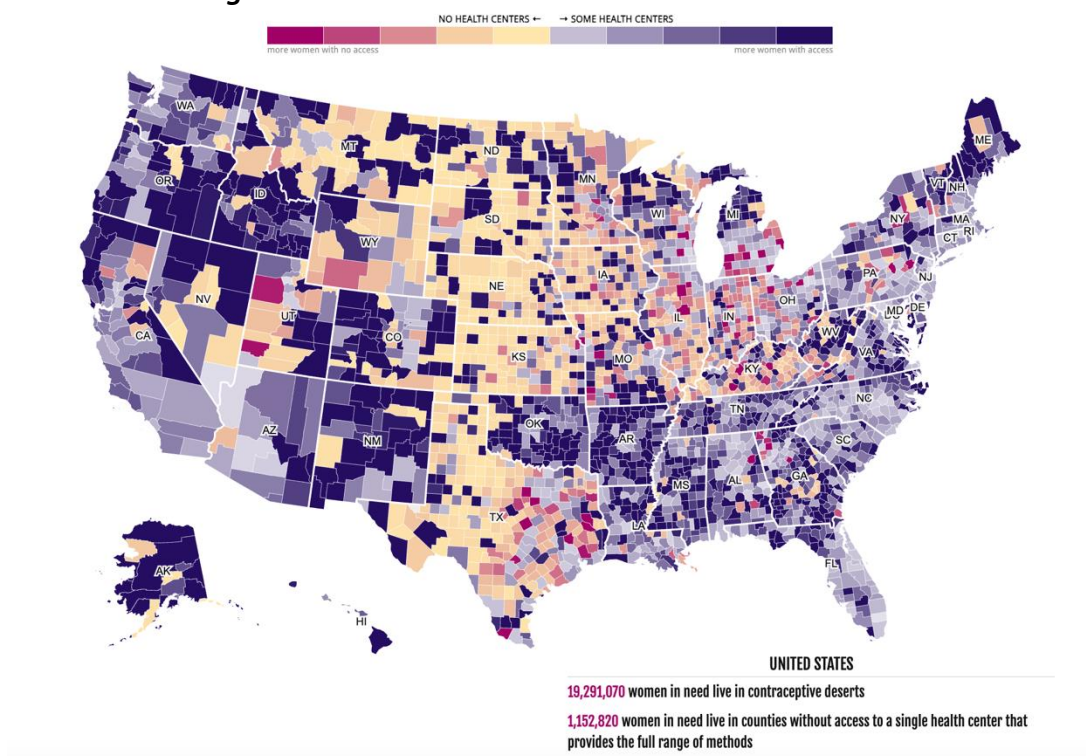
Detailed Discussion

1. Lack of bodily autonomy, dignity, and integrity in choices for conception, contraception, and reproductive rights, including pregnancy termination.

Contraception

1. Millions of U.S. women seek and use contraception. However, many of them face financial, geographic, and social barriers in accessing contraception, depending on the state where a woman or girl lives, where she resides within a state, employment status, insurance, and more. The consequences of lack of access to contraception are significant and violate the rights outlined above.
2. The following statistics illustrate the lack of access to contraception in the US:
 - Approximately 99% of sexually-active women use some form of contraception during their lifetime.²⁶
 - About 19 million women of reproductive age live in counties called "contraceptive deserts" that lack access to a medical health center with a full range of contraceptive methods.²⁷
 - On April 1, 2025, the US slashed funding for reproductive health clinics in 20 states, including a federal program that helps low-income people access birth control, cancer screenings, and other essential reproductive health care.²⁸

Figure 1: Health Centers and Birth-Control Methods²⁹



- The U.S. Supreme Court will hear a case which, if decided for the plaintiffs, could result in employers and insurers fully denying employee coverage for birth control coverage.³⁰ For many

employees, health insurance through employment is the only means of obtaining affordable contraception.

- U.S. Congressional legislation was proposed to protect the right to obtain and use contraceptives and to prevent states from banning contraception.³¹ However, the bills do not have enough support to pass Congress, thereby precluding federal protection for the right to obtain and use contraceptives.³²
- Eight states in 2024 enacted or proposed restrictions on contraceptive access.³³ For example, Oklahoma proposed a bill to restrict contraception and abortion, conflating types of reproductive care with abortion.³⁴

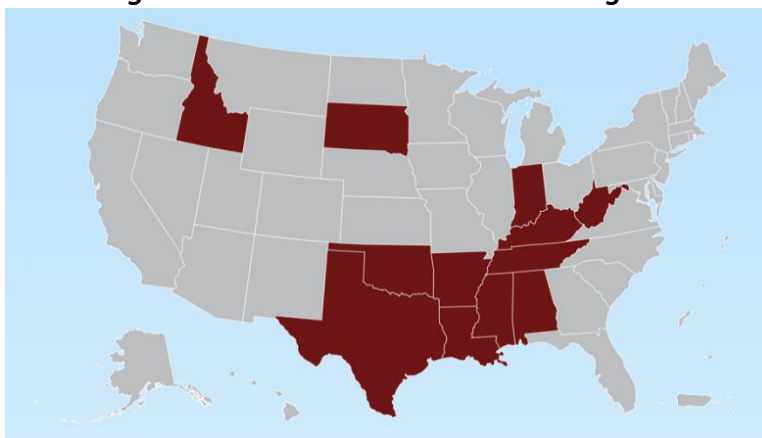
Conception

1. Many women face severe restrictions on availability of alternate methods of conception, including intrauterine insemination, in vitro fertilization (IVF), egg/sperm donation, and surrogacy. There is great variation across U.S. states in availability, procedures, legality, enforceability of contracts, and access to alternate methods of conception.³⁵ These restrictions prohibit people from accessing their human right to found a family (UDHR, Article 16) in cases where natural conception is not medically viable.
 - An estimated 2% of US-born babies were conceived through IVF.³⁶
 - U.S. senators blocked legislation to guarantee women's access to IVF and fertility treatments.³⁷
 - Private insurers in 29 states are not mandated to cover IVF treatment.³⁸
 - For 67% of patients receiving infertility care, the cost is \$10,000 or more.³⁹
 - A single IVF cycle is estimated to cost \$15,000 to \$20,000.⁴⁰

Abortion

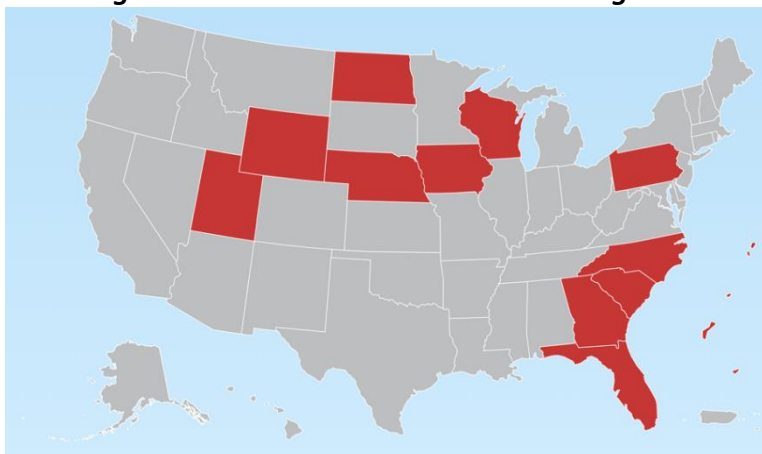
2. Since overturning the federal right to abortion in the US in 2022, abortion policies are now set by states, with very severe restrictions on access to safe, affordable, and legal terminations of pregnancy, even in cases of rape, incest, or risk to the mother's health or life. This violates women's rights to access health care and their right to life.
 - Around 22 million reproductive-age women and girls live in states where abortion is heavily restricted or unavailable.⁴¹
 - People with limited financial means are over-represented among those seeking abortions, largely because they are originally unable to access contraception. They subsequently often cannot overcome geographic, legal, and financial barriers to access safe terminations.⁴²
 - More than 50% of people seeking abortions pay out of pocket, averaging \$560.⁴³
 - Abortion is illegal in 12 states, shown in the map below, with several states imposing criminal and civil penalties.⁴⁴
 - Idaho: medical providers can perform emergency abortions only at *one* hospital.⁴⁵
 - Texas: a licensed midwife has been criminally charged with a felony for performing an abortion⁴⁶ and could be sentenced to 20 years in prison.⁴⁷
 - West Virginia: lawmakers are seeking to remove the rape and incest exception to the state's abortion restriction.⁴⁸

Figure 2: States Where Abortion is Illegal ⁴⁹



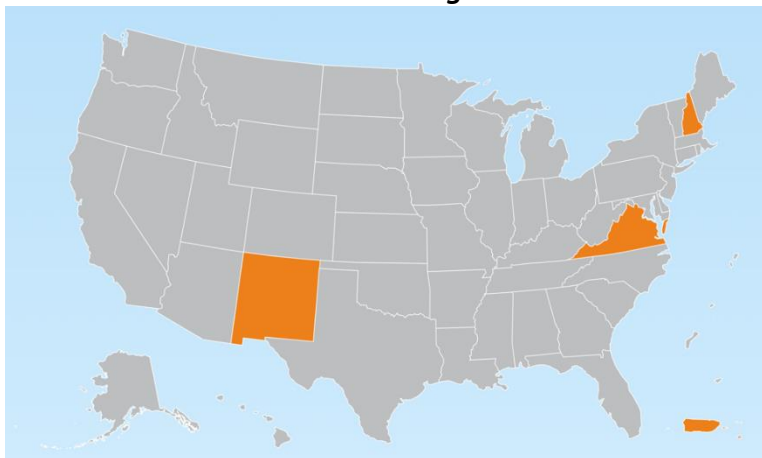
- Eleven states and three U.S. territories, shown below, are considered "hostile" to abortion rights as state legislatures push for abortion restrictions, and several states enact 6-week abortion bans.⁵⁰
 - Wyoming: the state passed licensing restrictions for the *last* abortion clinic, putting its existence at risk.⁵¹
 - Ten states have introduced legislation to make abortion a felony punishable by the death penalty.⁵² The US was urged in previous Universal Periodic Reviews to end its use of the death penalty but has made no response.

Figure 3: States "Hostile" to Abortion Rights ⁵³



- In three states and one U.S. territory, shown below, abortion remains available but lacks any legal protection.⁵⁴

Figure 4: States Where Abortion is Legal but Without Protection⁵⁵



1. At the federal level, the 1994 U.S. Freedom of Access to Clinic Entrances Act (FACE Act)⁵⁶ protected access to reproductive health clinics, criminalizing demonstrators who block entrances, damage property, or threaten patients, with both civil and criminal penalties.⁵⁷
2. However, this Act has been scaled back by the current administration. On January 23, 2025 President Trump granted pardons to 23 people⁵⁸ convicted under the FACE Act during previous years.⁵⁹ On January 25, 2025, the Justice Department stated that only in "extraordinary circumstances" will demonstrators be prosecuted who interfere with patients' access to reproductive health clinics.⁶⁰ The U.S. Department of Justice was also instructed to drop three pending actions involving clinic blockades in Ohio, Pennsylvania, and Tennessee.⁶¹

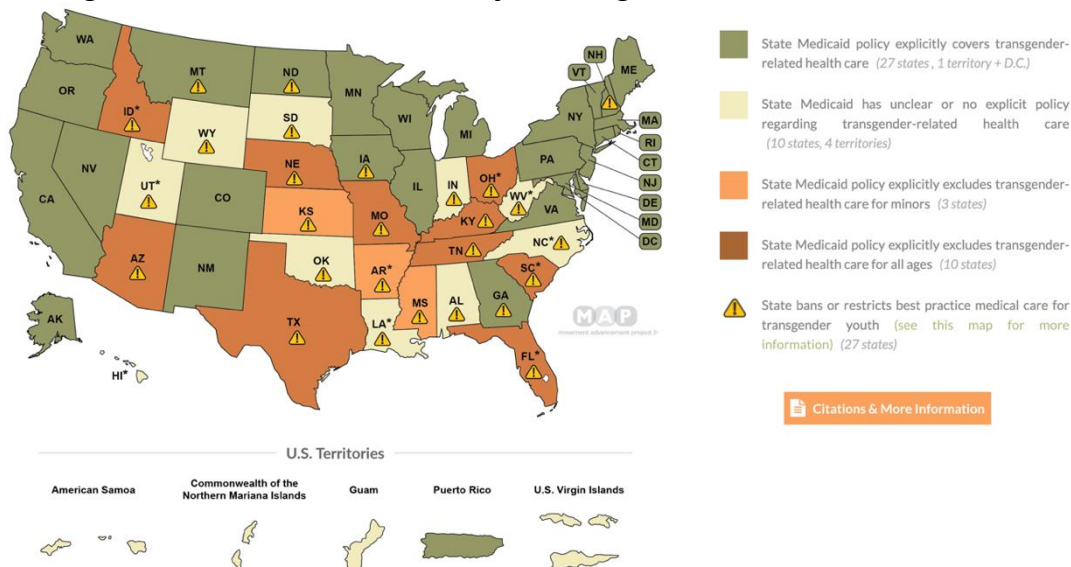
2. Lack of bodily autonomy in access to medical care throughout the life course.

Access to Health Care for Transgender Individuals

3. Transgender people comprise 0.6% of the U.S. population ages 13 and older, approximately 1.6 million people.⁶² Despite the small proportion of U.S. residents identifying as transgender, state legislatures have expended significant resources to limit and restrict medical care, particularly gender-affirming care for transgender and gender-expansive people.
 - Lawmakers in several states introduced bills to limit gender-affirming care for adults,⁶³ including proposals to "prohibit federal Medicaid coverage [for lower-income people] of gender-transition services, prevent state or county health professionals from providing it, or bar the use of public money to pay for such care for incarcerated adults."⁶⁴

- In 10 states, shown below in orange, Medicaid policies exclude transgender-related health care for all ages.⁶⁵ In 27 states, medical care is banned or restricted for transgender youth.⁶⁶

Figure 5: State Medicaid Policies for Transgender-Related Health Care⁶⁷



- Without insurance coverage, gender-affirming treatment costs can be prohibitive. Surgeries can range from \$8,000 to \$25,000 and Hormone Replacement Therapy costs up to \$800 for testing plus \$40 to \$400 per month.⁶⁸
- For transgender people in rural communities, 27% must travel 75 miles (121 km) or more for transition-related health care⁶⁹ and 24% travel 25-75 miles (40-121 km) for primary healthcare.⁷⁰
- One in two transgender individuals, which includes 68% of transgender people of color, reported mistreatment by a health care provider, including care refusal and verbal or physical abuse.⁷¹
- Over 20% of transgender people postpone care due to fear of discrimination during treatment.⁷²
- The Department of Veteran Affairs no longer offers medical treatment for gender dysphoria, which previously included gender-affirming care.⁷³

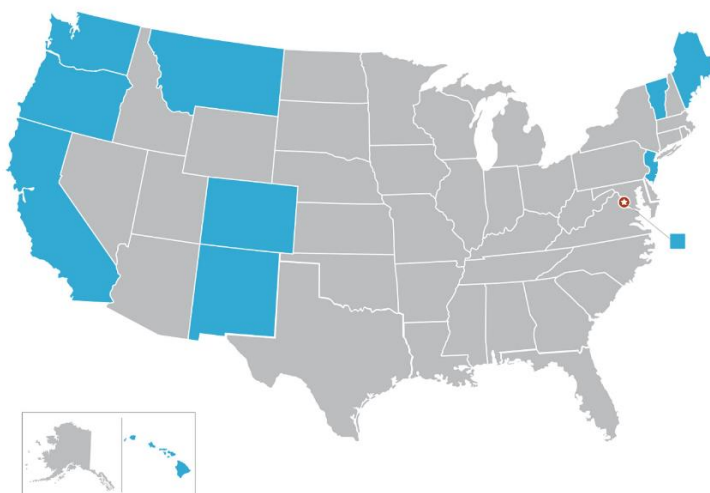
1. Several legal cases involve transgender individuals suing hospitals for denial of medically necessary care or discrimination based on gender identity.⁷⁴
2. The American Civil Liberties Union reports at least 23 cases litigated for discriminatory treatment or refusal to render necessary or emergency care.⁷⁵

End-of-Life Care and Medical Aid in Dying (MAID)

3. Approximately 67% of U.S. adults have not completed an advance directive for their medical end-of-life care wishes.⁷⁶ A recent study documents end-of-life care disparities disproportionately related to poverty and communities of color,⁷⁷ including a lack of opportunity to make wishes known, lack of equal access to palliative care, and lack of access to end-of-life planning and culturally competent communications and treatment. These issues may lead to unwanted medical treatment and create a loss of control, autonomy, and personhood at a time of confusion, distress, and fear.

1. **One form of end-of-life care is medical aid in dying.** In the US, medical aid in dying (MAID) allows terminally ill, mentally competent adults with a prognosis of six months or less to request and self-administer a lethal prescription medication to end their lives, ensuring patient autonomy and control over their end-of-life choices.⁷⁸
2. While only a small number of people will choose this option, MAID availability supports patient-provider discussions as death approaches. MAID protects patients, affords dying people autonomy and compassion, and costs states almost nothing to implement.
3. In *Washington v. Glucksberg* (1997), the U.S. Supreme Court ruled that there is no constitutional right to MAID, and individual states can legalize or criminalize it. In state legislatures across the US, some legislators oppose MAID bills despite overwhelming public support across age, gender, racial, disability, political, and religious spectrums.⁷⁹
4. MAID is currently legal in only ten U.S. states and Washington, D.C., shown below in blue,⁸⁰ and in one of these U.S. jurisdictions, MAID may be overturned.
5. As of March 25, 2025, assisted dying in various forms is legal in 12 countries: Australia, Austria, Belgium, Canada, Colombia, Ecuador, Luxembourg, the Netherlands, New Zealand, Portugal, Spain, and Switzerland.
6. MAID is defined and operationalized more expansively in countries other than the United States.⁸¹

Figure 6: States with Medical Aid in Dying⁸²



7. States in gray have criminalized MAID through state constitutional, statutory, or common law prohibitions. The U.S. Congress has banned federal funds for MAID and the majority of people in the US are unable to access this option.⁸³

3. Lack of bodily safety from harm, especially from gender-based and sexual violence.⁸⁴

Domestic Violence, Femicide, and Rape

1. People across the US lack protection from domestic violence and abuse. Women in the US experience epidemic rates of sexual and gender-based violence, contravening the rights detailed above.
 - 1 in 4 college women will be sexually assaulted.⁸⁵
 - Women constitute 96% of victims of intimate partner murder-suicides.⁸⁶
 - Every 68 seconds, a person in the US is sexually assaulted.⁸⁷
 - Nearly 1 out of every 5 U.S. women have been the victim of an attempted or completed rape.⁸⁸
 - On average, there are 463,634 victims of rape and sexual assault each year.⁸⁹
 - 63,000 children a year were victims of sexual abuse between 2009-2013. Of victims under age 18, 34% were under age 12.⁹⁰
2. Women of color are at an elevated risk of violence from the intersections of race, class, and gender.
 - 40-60% of Black women are subjected to coercive sexual contact by age 18.⁹¹
 - 4 in 10 Black women have been subjected to intimate partner violence in their lifetimes.⁹²
 - 40% of confirmed sex trafficking victim-survivors are Black.⁹³
 - Indigenous people in the US face sexual violence at twice the rate of other racial groups.⁹⁴
 - Indigenous women experience higher rates of murders and sexual assaults occurring on reservations and in surrounding towns, exceeding those of other women.⁹⁵
 - 5,487 missing Indigenous women and girls were reported missing in 2022.⁹⁶
3. Transgender and gender-expansive people in the US are victimized by sexual and gender-based assault.
 - In 2023, 32 U.S. transgender women died from gun and interpersonal violence; 84% of them were people of color and 50% were Black, in an intersection of transphobia, misogyny, and racism.⁹⁷
 - From 2013-2023, there were at least 335 transgender and gender non-conforming victims of fatal violence.⁹⁸

Conclusion

1. This report addresses the serious denial of bodily autonomy of individuals in the US over the life course, with a disproportionate effect on women, girls, gender-expansive people, and other vulnerable individuals. Further, the impact on the victims and victim-survivors affects an ever-expanding circle of influence: families, communities, legal and medical professionals and systems, and economic institutions. With the derogation of this most basic and fundamental human right yields the destruction of the foundation of democratic society: the worth of every individual life.

Everyone counts – or nobody counts.

2. In its last review, the US maintained that

“[I]ndividuals within the United States have effective legal means at the local, state, and federal levels to seek policy, administrative, and judicial remedies for human rights violations and abuses, and all levels of government pursue civil and criminal enforcement actions to punish illegal behavior and to redress both individual and systemic grievances. We are proud that our nation has long served as a beacon of human rights for people everywhere.”
3. However, the government has disregarded and ignored recommendations from the previous review and, worse, is regressing in efforts to protect the right to bodily autonomy, freedom from bodily harm, the right to privacy, and freedom from violence and discrimination. We urge reviewers to examine these issues thoroughly and to ensure the rights of women, girls, gender-expansive people, and others in the US to contraception, alternate methods of conception, quality and affordable medical care, abortion and termination of pregnancies, freedom from gender-based violence and sexual violence, the right to life, and, when the time comes, the right to die on their own terms with dignity.

Recommended Questions

1. **Reproductive Rights**

How is the US ensuring that all individuals, regardless of race, gender, or socioeconomic status, have equal access to reproductive healthcare services, including abortion, alternate methods of contraception, and fertility treatments?

2. **Access to Healthcare**

What steps is the U.S. government taking to reduce financial barriers to healthcare, particularly for low-income individuals, marginalized groups, and those without insurance, to ensure access to medical services, including end-of-life care?

3. **End-of-Life Care**

Palliative care is not equally available to all people in the US, nor is MAID. How does the US address the disparity to ensure people's autonomy over their care at the end of life and in death and to respect their dignity regardless of their state of residence?

4. **Gender-Based Violence and Sexual Violence**

What is the U.S. government doing to reduce gender-based violence, child abuse, elder abuse, and sexual violence, and to ensure access to justice and support services for victim-survivors?

5. **Marginalized Communities**

What measures is the U.S. government taking to ensure that rights to bodily autonomy and healthcare of marginalized communities are protected? How is the US addressing discrimination in healthcare settings, particularly for transgender individuals, and ensuring equal treatment?

Recommendations

1. **Ensure Universal Access to Reproductive Health Services**

The US should take immediate steps to ensure universal access to reproductive health services, including abortion, fertility treatments, alternate methods of conception, and contraception, across all states, and protect these rights under federal law.

2. **Promote Equality and Affordability in Healthcare Access**

The US should provide equal healthcare access for all individuals, especially those from marginalized communities. The US should expand and strengthen its healthcare system to ensure affordable healthcare services, especially for low income and uninsured individuals.

3. **Align Domestic Policies with International Human Rights Standards**

The US should align its domestic policies, particularly on issues impacting the right to bodily autonomy, with international human rights standards including CEDAW, CRC, the Rome Statute, and ICCPR.

4. **Expand End-of-Life Care**

The US should ensure all individuals have equitable access to information about end-of-life options, are fully able to make informed decisions about their own care, and have access to those options regardless of gender, race, socioeconomic status, or other factors.

5. **Address Gender-Based Violence and Increase Legal Protections**

The US must strengthen its legal frameworks and ensure comprehensive legal enforcement to prevent and address gender-based and sexual violence, including improving support systems, services, and prompt and equal access to justice.

Annex 1: Submitting Organizations

World Without Genocide

7220 Cornelia Drive, Minneapolis, MN 55435-4160, USA

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www.worldwithoutgenocide.org

World Without Genocide, founded in 2005, is a 501(c)(3) human rights organization (nonprofit) in Special Consultative Status with the United Nations Social and Economic Council (ECOSOC) since 2022.

We address four core issues: discrimination and persecution of women, girls, and gender-expansive people; the climate crisis as a ‘force multiplier’ of violence; impunity for perpetrators of mass atrocities; and violence against vulnerable groups based on their identities (race, religion, ethnicity, national origin, gender identity, disability, etc.).

We advocate for equality and an end to discrimination for women, girls, and gender-expansive people; prevention, mitigation, and reparations of the climate crisis; retributive justice for perpetrators of the core human rights crimes and reparations for individuals and communities that have suffered grievous harms; and safety, security, dignity, and equality in civil society for all people.

Our outcomes include successful introduction and passage of bills at state legislatures; successful introduction and passage of the United Nations Convention on the Elimination of all forms of Discrimination against Women (CEDAW) at ten municipalities; successful human rights policy initiatives in the State of Minnesota executive branch; and support for issues at city, state, national, and international levels, including providing testimony at Congressional and state hearings.

We work collaboratively with state and national organizations that have broad ‘reach’ for social and legal justice: civic, faith, educational, and legal institutions and groups.

Other Submitting Organizations

Citizens for Global Solutions

5 Thomas Circle NW, Washington, DC 20005, USA

Rebecca Shoot, Executive Director

shoot@globalsolutions.org

www.globalsolutions.org

Citizens for Global Solutions (CGS), a non-governmental organization, has brought individuals and organizations together for more than 75 years to advocate for peace, human rights, and the rule of law. CGS operates through the Education Fund, a 501(c)(3) organization (nonprofit), and Action Network, a 501(c)(4), or social welfare organization. CGS is a member of the World Federalist Movement–Institute for Global Policy (WFM-IGP), and is in consultative status with the United Nations Economic and Social Council. The organization is headquartered in Washington, D.C. and has chapters in eight states.

Compassion & Choices

8156 S Wadsworth Blvd #E-162, Littleton, CO 80128, USA

Bernadette Nunley, National Director of Policy

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www.compassionandchoices.org

Compassion & Choices, a national 501(c)(3) organization (nonprofit) operating since 2007, works to improve patient autonomy and individual choice at the end of life, including access to medical aid in dying. Headquarters are in Portland, Oregon, with action in all 50 states, Washington, D.C., Guam, American Samoa, and Puerto Rico. The organization provides legal and legislative advocacy in communities, state legislatures, Congress, courts, and medical settings.

Gender Justice

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Megan Peterson, Executive Director

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www.genderjustice.us

Gender Justice, founded in 2010, advances gender equity through the law. The organization specializes in promoting and protecting legal rights for women and gender-expansive people by increasing protections and dismantling barriers. The organization takes an intersectional approach, addressing the multiplicative effects of racism, poverty, ableism, and other forms of oppression.

Genocide Watch

P.O. Box 809, Washington, D.C. 20044, USA

Dr. Gregory H. Stanton, Founding President and Chairman

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www.genocidewatch.com

Genocide Watch, founded in 1999, is a human rights organization that works to predict, prevent, stop, and punish genocide and other forms of mass murder. The organization builds a global network to support human rights awareness, intervention, and advocacy. Genocide Watch is the chair and coordinator of the Alliance Against Genocide, which includes 100 organizations in 24 countries.

Transparenthood

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Leslie Lagerstrom, Executive Director

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www.transparenthood.net

Transparenthood was founded in 2011 to support families of transgender children and to provide information and education to medical and academic professionals and communities throughout the United States. Today the organization is a resource for families who are leaving U.S. states with repressive policies towards gender-expansive people and who seek transgender-supportive living communities.

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