October 22, 2025

To: Permanent Representatives of Member and Observer States of the UN Human Rights Council

Re: Addressing Non-cooperation of the U.S. federal government in the UPR

Excellencies,

We the undersigned 115 reproductive health, rights, and justice organizations are dedicated to the protection and realization of human rights for all people, and we are deeply concerned about the United States Government's decision to withdraw from the Universal Periodic Review (UPR) process, an unprecedented step that signals a worrying retreat from our human rights obligations and the global mechanisms of accountability. As civil society organizations based in the U.S., we use the UPR to raise concerns of the egregious human rights violations that are happening in U.S. states each day. This would have been the first UPR since the *Dobbs* decision overturned *Roe v. Wade* and stripped certain federal constitutional protections for abortion. Since then, attacks on reproductive freedom and human rights have only escalated. In light of this, we respectfully request that the Council, as well as all UN Member States, take urgent measures to safeguard the UPR's integrity and complete this crucial peer-to-peer assessment of the U.S.' human rights record, regardless of whether the U.S. federal government participates in the process.

In 2025, sexual and reproductive health care access in the United States faces serious challenges on both the state and federal levels,[1] and nearly half of states have abortions bans that would have been unconstitutional before the *Dobbs* decisions, with 12 states banning abortion entirely and four additional states banning abortion as early as six weeks gestation.[2] The patchwork of laws force many people to carry pregnancies against their will or travel long distances for care, often incurring financial and logistical hardships. Confusion and fear around emergency medical exceptions also lead to delays and denials of necessary care, increasing health risks and preventable deaths. Alongside abortion restrictions, attacks on LGBTQIA+ healthcare access, including gender-affirming care, have increased, severely impacting marginalized groups.

In 2023, over 170,000 patients traveled out of state to seek abortion care; between 2020 and the first half of 2023, the number of people traveling out of state for care jumped from 1 in 10 to 1 in 5.[3] Because large swaths of the country have restrictive policies, many people have had to travel hundreds of miles to access care. In Texas, one of the most restrictive states in the country,[4] the highest number of outflows was to New Mexico — 14,320 patients traveled there in 2023; other Texas residents traveled as far as Washington and Massachusetts. Others cannot travel because of their immigration status and risk of deportation or because of their parole and probation status — forms of community supervision. Minors face additional and often insurmountable barriers to accessing abortion. In ban states, like Texas and Louisiana, judicial bypass[5] — the only alternative for minors to access clinical abortion without parental consent — has been essentially

[1] *See* Talia Curhan, et al., *State Policy Trends Midyear Analysis*, Guttmacher Institute & State Innovation Exchange (June 2025), https://www.guttmacher.org/2025/06/state-policy-trends-midyear-analysis.
[2] *See* Guttmacher Institute, *State Bans on Abortion Throughout Pregnancy* (Mar. 26, 2025), https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans.
[3] *See* Guttmacher Institute, *Stability in the Number of Abortions from 2023 to 2024 in US States Without Total Bans Masks Major Shifts in Access* (Jun. 2025), https://www.guttmacher.org/report/stability-number-abortions-2023-2024-us-states-without-total-bans-masks-major-shifts-access.
[4] Texas has served as a blueprint for other states, pioneering vigilante enforcement through SB 8. This model — allowing private citizens to sue those who "aid or abet" an abortion — has been replicated elsewhere, creating a chilling effect on healthcare providers and even friends or family members who help someone access care.
[5] A judicial bypass for abortion is an order from a judge that allows a young person to get an abortion without the notification or consent of their parents. See *Judicial Bypass for Abortion*, Jane's Due Process, https://janesdueprocess.org/services/judicial-bypass/.

eliminated due to the near total abortion bans. This forces countless minors into unwanted pregnancies or unsafe situations, particularly those from abusive or unsupportive families. The harms are compounded for LGBTQIA+ youth, young people of color, and those without financial or travel resources.[6] This reality is specifically troubling for people with disabilities who face pervasive transportation barriers and are significantly more likely to list transportation as the top barrier to accessing reproductive healthcare.[7]

While federal protections should protect pregnant people experiencing emergencies, abortion bans have led to confusion as well as doctors fearing criminal liability when performing permitted and necessary abortions. Resulting delays are particularly devastating for marginalized patients — such as people with disabilities, minors, immigrants, and those on probation or parole — who already face extreme barriers to accessing timely care. In some cases, pregnant people experiencing miscarriage have been forced to wait until they are septic before receiving treatment, even when the pregnancy is no longer viable.[8] This climate of fear has also deterred providers from giving clear information about pregnancy options, further undermining patients' rights to informed consent and safe, necessary medical care. For example, the life-threatening condition of pre-term, premature rupture of membranes (PPROM) should qualify as an exception under the Texas ban's life endangerment exception; in practice, it is not recognized, thereby threatening the lives of countless people.[9]

Additionally, new investigations show that abortion restrictions have cascading effects far beyond reproductive health care, resulting in discriminatory treatment of pregnancy-capable patients even outside pregnancy-related care.[10] Fear of criminalization has led to substandard treatment across specialties such as oncology, neurology, and rheumatology.[11] Patients are bounced between facilities and arrive septic or with irreversible organ damage. Physicians prescribe less effective drugs in fields ranging from oncology to dermatology out of fear of legal repercussions should pregnancy-capable patients become pregnant and need an abortion.[12] Due to fear of abortion-related criminalization, pharmacies and physicians have denied critical mifepristone, misoprostol, and methotrexate prescriptions for chronic conditions from cancer to Rheumatoid Arthritis on the basis of sex, violating federal civil rights.[13] Clinicians across practice areas are also leaving ban states due to fear of severe criminal and civil penalties.[14]

If a pregnant person does carry a pregnancy to term, they are likely to face challenges accessing quality prenatal care. Even while many swaths of the country are denied adequate access to maternal health care due to systemic divestment and other policy choices, midwives and doulas increasingly face threats of criminalization for providing birthing care and support during labor and delivery. A matrix of laws and policies create barriers for accessing midwifery care across the country,[15] and Black and Indigenous communities face particularly steep

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[6] Ipas, et al., Submission titled "Diminishing Reproductive and Bodily Autonomy in the USA: Centering Lived Experiences" (Apr. 7, 2025), https://www.ipas.org/resource/diminishing-reproductive-and-bodily-autonomy-in-the-usa-centering-lived-experiences/.

[7] *See* M. Antonia Biggs, et al., *Access to Reproductive Health Services Among People with Disabilities,* Jama Network Open, 6 (Nov. 29, 2023), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2812360.

[8] Lizzie Presser, et al., *Texas Banned Abortion. Then Sepsis Rates Soared*, ProPublica (Feb. 20, 2025), https://www.propublica.org/article/texas-abortion-ban-sepsis-maternal-mortality-analysis.

[9] Center for Reproductive Rights, Zurawski v. State of Texas, Case File, https://reproductiverights.org/case/zurawski-v-texas-abortion-emergency-exceptions/zurawski-v-texas/. See also State Innovation Exchange submission entitled "State Legislators' Obligation to Fulfill Human Rights for Sexual and Reproductive Health in the Void of United States Federal Protections." (Apr. 7, 2025), https://sixrepro.org/wp-content/uploads/2025/04/SiX-UPR-Submission-2025_w-annexes_FINAL.docx.pdf.

[10] *See* Physicians for Human Rights, *Cascading Harms: How Abortion Bans Lead to Discriminatory Care Across Medical Specialties* (Sep. 30, 2025), https://phr.org/wp-content/uploads/2025/09/Cascading-Harms-Research-Brief_PHR_September-2025.pdf.

[11] *Id.*

[12] *Id.*

[13] *Id.*; Madeline Morcelle, National Health Law Program, *An Advocate's Primer on Fighting Barriers to Prescription Drugs for Chronic Conditions Under Dobbs* (2024), https://healthlaw.org/resource/an-advocates-primer-on-fighting-barriers-to-prescription-drugs-for-chronic-conditions-under-dobbs/.

[14] *See* Physicians for Human Rights, *supra* note 10.

[15] World Health Organization, *Transitioning to Midwifery Models of Care: Global Position Paper* at xiv (2024), https://iris.who.int/bitstream/handle/10665/379236/9789240098268-eng.pdf?sequence=1.

hurdles to birthing care due to disproportionately living in geographic areas that decision-makers discriminatorily deny maternal health care access to.[16] For example, in Georgia, "where Black midwives have a long history of skillfully caring for families, the law now excludes all trained midwives except those with a nursing degree and masters level midwifery degree."[17]

Against this daunting landscape, the criminalization of pregnancy-capable people has accelerated in a post-*Dobbs* America as well. In the first two years after *Dobbs*, state prosecutors initiated at least 412 cases, charging people with crimes related to their own pregnancy, pregnancy loss, or birth.[18] The data also reveals that prosecutions are disproportionately concentrated in Southern states, including Alabama, South Carolina, and Oklahoma.[19] Demographically, the majority of those prosecuted are low-income women.[20] In many cases, prosecutions were triggered by information disclosed in hospitals, transforming what should be sanctuaries of care into sites of surveillance, chilling people from seeking essential healthcare, and leading to negative health outcomes.[21]

Criminalization, which is counterproductive to the health and well-being of pregnant people, is proliferating significantly after *Dobbs*.[22] There has been an increase in criminalizing not only pregnant people, but also abortion providers, and others who help people in need of care, including loved ones and mutual aid funds that help people with logistical support. There has also been an increase in criminalizing midwives and doulas for providing birthing care,[23] lifelines especially for those situated in areas where policymakers deny access to maternal health care. The walls closing in on pregnant people have dire consequences, namely, a public health crisis that is worsening maternal health outcomes, with the U.S. already leading in maternal mortality rates amongst comparably high-income countries.

Given the severity and urgency surrounding this human rights crisis and the dangerous precedent that could be set for the UPR process generally, we respectfully urge the Council to adopt a written decision with a firm deadline for the U.S. to complete its UPR review. If non-cooperation continues, the Council should consider appropriate actions, including proceeding with a review of the human rights situation in the United States without the state's participation.

Respectfully,

Abortion Care Network
Abortion Forward

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[16] Adashi, et al., *Maternity Care Deserts: Key Drivers of the National Maternal Health Crisis*, 38 J. AM. BD. FAM. MED. 165 (May 12, 2025), https://pmc.ncbi.nlm.nih.gov/articles/PMC12096371/.
[17] Center for Reproductive Rights, et al., *Submission to the United Nations Universal Periodic Review of the United States of America: Sexual and Reproductive Health, Rights, and Justice* (May 21, 2025), https://reproductiverights.org/submission-un-upr-us-srhr/.
[18] *See* Pregnancy Justice, *Pregnancy as a Crime An Interim Update on the First Two Years After Dobbs* (Sep. 30, 2025), https://www.pregnancyjusticeus.org/wp-content/uploads/2025/09/Pregnancy-as-a-Crime-An-Interim-Update-on-the-First-Two-Years-After-Dobbs.pdf.
[19] *Id.*
[20] *Id.*
[21] *Id.*
[22] *Id*. *See also* NGO submission entitled "Criminalization and Punishment of Pregnant People and People Who Facilitate Access to Abortion Care." (Apr. 7, 2025), https://www.law.cuny.edu/wp-content/uploads/media-assets/2025_Uploads_Clinic_HRGJ_UPR-Criminalization-and-Punishment-of-Pregnant-People-and-People-Who-Facilitate-Access-to-Abortion-Care.pdf. *See also* Bracey Harris, *New Study Finds More than 400 Pregnancy-related Prosecutions After Roe's Fall*, NBC News (Sep. 30, 2025), https://www.nbcnews.com/news/us-news/pregnancy-related-prosecutions-400-post-roe-wade-rcna233323.
[23] Mabel Felix, et al., *Criminal Penalties for Physicians in State Abortion Bans*, KFF (Mar. 4, 2025), https://www.kff.org/womens-health-policy/criminal-penalties-for-physicians-in-state-abortion-bans/. *See also* NGO submission entitled "Criminalization and Punishment of Pregnant People and People Who Facilitate Access to Abortion Care." (Apr. 7, 2025), https://www.law.cuny.edu/wp-content/uploads/media-assets/2025_Uploads_Clinic_HRGJ_UPR-Criminalization-and-Punishment-of-Pregnant-People-and-People-Who-Facilitate-Access-to-Abortion-Care.pdf.

Abortion Freedom Fund
ACCESS REPRODUCTIVE JUSTICE
Advance Maryland
Advocates for Trans Equality
Advocates for Youth
All* Above All
American Association of University Women (AAUW)
American Atheists
American Civil Liberties Union
Amplify Georgia Collaborative
Arkansas Abortion Support Network
Arkansas Black Gay Men's Forum
Autistic People of Color Fund
Autistic Women & Nonbinary Network
Avow
Beurre Roux
Birth In Color
Birthmark
Black Women for Wellness Action Project
Brooklyn for Reproductive and Gender Equity (BKForge)
California Latinas for Reproductive Justice
California Nurse Midwives Association
CEDAW Rising
Central Phoenix Inez Casiano NOW
CHOICE for Youth and Sexuality
Clearinghouse on Women's Issues
Collective Power
Courage California
DC Abortion Fund
Desert Flame Doula Services
Desiree Alliance
Dietz Consulting, LLC
El Pueblo
Every Mother Counts
Feminist Center for Reproductive Liberation
Feminist Majority Foundation
Forward Midwifery
Freedom Network USA
Friends of the Earth United States
Frontera Fund
Fund Texas Choice
Global Health Visions
Global Justice Center
Gravity FM
Greenbelt Alliance for Reproductive Freedom (GARF)
Guttmacher Institute
Health Action New Mexico
Human Rights and Gender Justice Clinic
Human Rights Watch
Ibis Reproductive Health
If/When/How: Lawyering for Reproductive Justice
In Our Own Voice: National Black Women's Reproductive Justice

Agenda
International Action Network for Gender Equity & Law (IANGEL)
International Center for Research on Women
Ipas US
Jane's Due Process
Just Futures Collaborative
La Fuerza
Last Mile4D
Lawyering Project
Lift Louisiana
Louisiana Abortion Fund
MADRE
Montgomery County MD Chapter, National Organization for Women
Nancy Davis Foundation
National Abortion Federation
National Asian Pacific American Women's Forum
National Birth Equity Collaborative
National Harm Reduction Coalition
National Health Law Program
National Homelessness Law Center
National Institute for Reproductive Health
National Latina Institute for Reproductive Justice
North American Society for Pediatric and Adolescent Gynecology
National Organization for Women
Outright International
People Power United
Physicians for Human Rights
Physicians for Reproductive Health
Planned Parenthood Federation of America
Positive Women's Network-USA
Pregnancy Justice
Pro-Choice North Carolina
ProgressNow
ProgressNow New Mexico
Religious Community for Reproductive Choice
Repro TLC
Repro Uncensored
Reproaction
Reproductive Freedom for All
Reproductive Health Access Project
Reproductive Justice Action Collective (ReJAC)
Santa Clara Law - International Human Rights Clinic
SisterSong Women of Color Reproductive Justice Collective
South Texans for Reproductive Justice
State Innovation Exchange
Tewa Women United
Texas Equal Access Fund (TEA Fund)
The American Society for Reproductive Medicine
The Holy H.O. E. Institute
The New Orleans Maternal and Child Health Coalition
The TransLatin@ Coalition
Transcending Strategies LLC

Treatment Action Group
UCSF Bixby Center for Global Reproductive Health
Unitarian Universalist Service Committee (UUSC)
Wavelength Psychological Services, LLC
We Testify
Women Enabled International
Women's Environment and Development Organization (WEDO)
Woodhull Freedom Foundation