Civil Society Briefing

Universal Periodic Review of the United States

April 15, 2020
Opening Remarks

Presented by Salimah Hankins,
US Human Rights Network
Anti-Asian Racism

- Asian Americans are not immune to racism.
- **Old racist tropes** are being replayed. Historically, Asian immigrants were called a “yellow peril”: **unclean and unfit for citizenship in the US.**
- Trump’s rhetoric, calling COVID-19 “the Chinese virus” reinforces **xenophobia** against Asian people.
- Surge of global and national **anti-Asian racism during the pandemic**, including verbal, physical, and online attacks against Asian people or Asian-appearing people.
- STOP APPI HATE has received around 100 reports a day of verbal and physical racist attacks in the US since the end of March, which is likely much lower than the actual number.
- On March 14, three Asian American family members, including a 2-year-old and 6-year-old, were **stabbed in a grocery store** hate crime in Texas by a man who said they were spreading the coronavirus.
People of African Descent Most Likely to Die from COVID-19

- **Milwaukee County** - 81% of people who died were PAD even though PAD make up only 27% of the population.
- **Chicago** - PAD account for **more than half** of those who have tested positive and 72% of virus-related fatalities in Chicago, even though they make up a little less than a third of the population.
- **Louisiana** - 70% of the people who have **died are PAD**, though only a third of that state’s population is.
- **UN Working Group of Experts on People of African Descent Statement** - “Thus far, no protection efforts have **focused** the public health response on the specific vulnerabilities of people of African descent,”
People of African Descent Most Likely to Die from COVID-19

- Structural/systemic and socio-economic factors play a part in the disproportionate deaths.
- Because of socio-economic factors, PAD are less likely to be able to work from home and are more likely to have service jobs requiring them to work during the pandemic.
- Ongoing disparities in healthcare contribute to pre-existing conditions.
- PAD are less likely to be insured
- Even when wearing a mask, PAD can be viewed with suspicion.
- Doctors are less likely to test PAD for COVID-19 even if they are displaying the same symptoms as their white counterparts. Disparity in testing can lead to considerably worse outcomes since the disease progresses very quickly.
Housing, Sanitation & Water

Presented by Robert Robinson,
*Partners for Dignity and Rights*
My name is Robert Robinson

I am speaking today on behalf of several organizations - the National Law Center on Homelessness and Poverty, Partners for Dignity & Rights, UPR Cities Network, Columbia Law School Human Rights Institute, Center for Rural Enterprise and Environmental Justice, and the US Human Rights Network. Thank you for the opportunity to speak with you about the human rights situation within the United States.

The focus of our brief remarks is the causes and impacts of the ongoing failure of the United States to recognize, or protect, basic rights essential for an adequate standard of living, health, and dignity.
We will focus on the communities within the United States. **Disinvestment and neglect of housing, health care, sanitation and water have long harmed people living at or near the poverty line.** Black, indigenous, and migrant communities - those who have historically lacked political power, **are the most impacted.** As all the data about the current pandemic shows: these communities are now in even greater peril.

* Coronavirus deaths are hitting black communities hardest. And those falling sick are least likely to have adequate healthcare.

* Low wage workers are on the front lines because they rely on wages to live and risk losing jobs if they stay home. Homeless persons face the greatest risk and have the least support.
Lack of Adequate Sanitation Has Health & Environmental Impacts
All of this highlights the need for immediate solutions and long-term investment in basic needs. The federal, state and local governments have failed to protect economic and social rights and that must change.

The United States is one of the wealthiest countries in the world, yet over a million people lacked access to adequate, affordable, healthcare, housing, sanitation and water before this pandemic. This is true in cities and in rural communities. In practice:

* Rural households have failing, and in some cases non-existent systems to dispose of human waste. Water being delivered to many of these communities contains high levels of lead due to faulty infrastructure, much of which is more than a hundred years old.

* In cities, families and individuals are burdened with rent and mortgages consuming fifty percent or more of household income, forcing people to make choices of paying for housing or paying for necessary healthcare. Today, hotels and houses stand empty and many cities refuse to open them to individuals in need of shelter.
More than 2,000,000 Americans live without basic access to safe drinking water and sanitation.

This number includes:

- 1.4 million people in the United States lack access to indoor plumbing (hot and cold running water, a sink, a shower/bath, or a flush toilet)
- 250,000 people in Puerto Rico
- 553,000 homeless people in the United States who may lack equitable water and sanitation access

Many more people face related water challenges:

Native American households are 19 times more likely than white households to lack indoor plumbing.

More than 44,000,000 people are served by water systems that recently had health-based Safe Drinking Water Act violations.

23% of private wells tested by the United States Geological Survey showed contaminants with health concerns, including arsenic, uranium, nitrates, and E. coli.

17% of people living in rural areas report having experienced issues with safe drinking water.

12% of people living in rural areas report issues with their sewage system.

What is needed?

There has been no political will to recognize water, sanitation and housing, as basic rights and laws and policies do not promote an adequate standard of living as human rights require. Ongoing structural discrimination and heavy corporate influence in US politics mean that decision-making does not reflect what is best for the public good, and communities that have been historically marginalized continue to be excluded from decision making. This is what we want to change.
Racial Disparities in Homelessness

In Every State, African Americans Are More Likely Than Whites to Experience Homelessness

Ratio of Black-to-White homelessness rate by state, 2018

Poverty Rates by Age, Race, & Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Under 18</th>
<th>Adults 18-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Alone</td>
<td>8.9%</td>
<td>8.1%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>11.3%</td>
<td>9.4%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Hispanic (any race)</td>
<td>23.7%</td>
<td>14.2%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Black Alone</td>
<td>29.5%</td>
<td>17.5%</td>
<td>18.9%</td>
</tr>
</tbody>
</table>

Recommendations

We urge your governments to make recommendations to the United States that promote access to affordable healthcare, housing, water and sanitation on an equal basis. The US must:

**FOR WATER AND SANITATION:**
* Prioritize access to affordable and potable water and basic sanitation for all
* Provide direct funding targeted for infrastructure improvements in indigenous, rural and urban communities
  o This includes projects that will ensure lead free water is delivered to homes and schools; particularly in low income and minority communities
* Encourage states and localities to eliminate laws that penalize poverty

**FOR HOUSING:**
* Invest in targeted affordable housing that ensures those most in need have access to housing that requires residents to pay no more than thirty percent of household income; a standard set by the US government
* Focus on the over 500,000 people homeless in the US by reinvesting in public housing and refocus on “Opening Doors” the US government’s plan to end homelessness.

We are happy to provide our reports and 2 pagers on these issues to give further details.
Thank you
US Human Rights Network
UPR Task Force

* Center for Rural Enterprise and Environmental Justice
* Columbia Law School Human Rights Institute
* National Law Center on Homelessness and Poverty
* Partners for Dignity and Rights
* UPR Cities Network
* Hawaii Institute for Human Rights
Workers’ Rights

Presented by Monica Jones,
The Outlaw Project,
Sex Workers’ Rights Working Group
WORKERS RIGHTS
Presented by Monica Jones, the Outlaw Project
The information was developed with support of:

- Desiree Alliance
- NJ Red Umbrella Alliance
- The Outlaw Project
- Black Sex Worker Collective
- Best Practices Policy Project
- Workers Rights Working Group, USHRN
- Sex Worker Rights Working Group, USHRN

Penelope Saunders of Best Practices Policy Project supported the development of this presentation.
The workers that are being directly affected by COVID-19 are essential to life in the United States but many are considered to be of “low status” and have their economic (and other) rights violated. Such workers include:

- domestic workers
- fast food workers
- restaurant workers
- cleaning staff in hospitals
- Sex workers
COVID-19 is not the only reason people are dying

- African Americans are making up the majority of cases. In Louisiana, in spite of making up 33% of the population, African Americans make up 70% of the deaths.

- this is due to inadequate health care and institutional racism

- African Americans not being tested

- workers of color are being forced to work
Sex workers face the same issues as many others workers.

- their work places are closed
- yet sex workers are being denied benefits from the economic stimulus package. So are undocumented immigrant workers.
- as a result sex workers are having to work without harm reduction materials and without personal protective equipment (PPE)
- In light of this, sex worker organizations are expected to do mutual aid to make up for this gap.
The rights violations we documented last year continue:

- health and hospital systems are still transphobic
- Sex workers are still being arrested and ticketed, especially trans people
- the prison industrial system is still broken
- Migrants workers and undocumented workers are still being detained and not being given essential health care.
Work is work.

You should not have to risk death to work. Workers should have rights and safe working conditions.

Sex workers deserve these rights too. For this to happen, we must end the criminalization of sex work.
Workers have the right to organize. Instacart and Amazon workers have organized for workplace harm reduction during COVID-19.

Sex workers have been denied their right to organize due to the passing of FOSTA/SESTA and censorship by social media companies such as Twitter.
This US already accepted Recommendation 86 which was to reduce the harms faced by sex workers. During COVID-19, sex workers are still facing harms. We recommend:

- everyone in the US, including sex workers and undocumented immigrants, are able to access economic stimulus funds
- health care services should be targeted towards at risk communities, such as African Americans
- sex work should be treated as work for worker safety
- end mass incarceration and reduce the prison population
- the US should stop policing trans people’s lives, especially through anti-prostitution policing.
Prisons, Jails & Immigration Detention

Presented by Eunice Cho,
American Civil Liberties Union
Mass Incarceration in the United States

- The United States is the world’s leader in incarceration.
  - 2.3 million people held in U.S. prisons and jails:
    - 1,833 state prisons; 110 federal prisons
    - 3,134 local jails
    - 218 immigration detention facilities
    - 1,772 juvenile correctional facilities
  - 1 in 7 people are serving life sentences.
  - Nearly 12,000 people sentenced to life for crimes committed as juveniles.

Source: Prison Policy Initiative, 2020
MASS INEQUALITY

BLACK MEN ARE 6× MORE LIKELY THAN WHITE MEN TO BE INCARCERATED 5

BLACK AND LATINX PEOPLE REPRESENT 28% OF THE U.S. ADULT GENERAL POPULATION AND 56% OF THE U.S. ADULT PRISON POPULATION 6

HOW WE COMPARE

INTERNATIONAL RATES OF INCARCERATION PER 100,000 PEOPLE IN 2019 7

<table>
<thead>
<tr>
<th>UNITED STATES</th>
<th>EL SALVADOR</th>
<th>RWANDA</th>
<th>RUSSIA</th>
<th>BRAZIL</th>
<th>AUSTRALIA</th>
<th>SPAIN</th>
<th>CHINA</th>
<th>CANADA</th>
<th>FRANCE</th>
<th>GERMANY</th>
<th>DENMARK</th>
<th>SWEDEN</th>
<th>INDIA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>655</td>
<td>618</td>
<td>464</td>
<td>383</td>
<td>333</td>
<td>172</td>
<td>127</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>114</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>77</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>63</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33</td>
</tr>
</tbody>
</table>

THE UNITED STATES LOCKS UP MORE PEOPLE, BOTH IN ABSOLUTE NUMBERS AND PER CAPITA, THAN ANY OTHER COUNTRY.
THE DEATH PENALTY

29 STATES AND THE FEDERAL GOVERNMENT FORMALLY RETAIN THE DEATH PENALTY.

2,617 PEOPLE WERE ON DEATH ROW AS OF JANUARY 1, 2020.

CALIFORNIA, FLORIDA, & TEXAS, ACCOUNT FOR NEARLY HALF OF ALL PEOPLE ON DEATH ROW.
COVID-19 in the United States

Statistics:

- 553,822 confirmed cases of COVID-19 (as of Apr. 14, 2020)
- 21,972 deaths due to COVID-19 (as of April 14, 2020)*

*World Health Organization COVID-19 Situation Report

*World Health Organization COVID-19 Situation Report
COVID-19 in Jails, Prisons, and Detention

- Jails, prisons and detention centers are congregate environments where COVID-19 spreads rapidly.
  - Shared, close quarters; no social distancing;
  - No access to soap, hygiene, PPE;
  - Lack of COVID-19 testing;
  - Inadequate medical care;
  - Rural locations far from hospital resources.

Chicago’s Jail Is Top U.S. Hot Spot as Virus Spreads Behind Bars

At least 1,324 confirmed coronavirus cases are tied to prisons and jails across the United States, according to data tracked by The Times, including at least 32 deaths.

Doctors warn of 'tinderbox scenario' if coronavirus spreads in ICE detention

U.S.
MORE THAN 700 PEOPLE HAVE TESTED POSITIVE FOR CORONAVIRUS ON RIKERS ISLAND, INCLUDING OVER 440 STAFF

Crisis at Oakdale: Coronavirus cripples federal prison in Louisiana
RECOMMENDATIONS

SENTENCING REFORM:
- Eliminate mandatory minimums for drug crimes and three-strikes laws and apply them retroactively
- Pass federal legislation that allows anyone who has served 10 years or more to apply for resentencing
- Pass legislation that limits life sentences to 20 years and ends mandatory life in prison without parole and eliminates juvenile life without parole

PAROLE AND FEDERAL RELEASE REFORM:
- Enact policies that allow people to file for elderly release after age 50 directly with the courts
- Expand presumptive parole models where the burden is on the parole board to provide evidence for why a person should remain in prison
- States should expand release eligibility for all offenses

EXECUTIVE CLEMENCY REFORM:
- Expand executive clemency, in which the president or a state governor may order a commutation of a sentence
- A presumption of release for certain categories of persons; for example, people still serving time for drug-related offenses where laws have since changed

END THE DEATH PENALTY:
- The federal government should impose a national moratorium on the use of the death penalty and Congress should pass legislation abolishing the federal death penalty.
COVID-19 Recommendations

- The United States should avoid further expansion of detention and incarceration; utilize alternatives.
- Reduce total number of people detained:
  - Release people most vulnerable to COVID-19;
  - Release people held without a sufficient legal basis; misdemeanors; grants of good time, use of home custody.
- Protect individuals in custody:
  - Adopt preventative measures, including screening, face masks, PPE; proper sanitation; limit transfers.
COVID-19 Recommendations

- Ensure civil and human rights of people in custody: restrictive measures must have a legal basis; exposure should not mandate solitary confinement; provide access to food, water, air; access to phone; equal standards of care; adequate health services; eliminate financial charges for care.

- Ensure safe release from custody: screen, provide medical support; home placement; continuity of care.

- Release immigrants from detention: stop raids and deportations; release of medically vulnerable; eliminate in-person check-ins.
For more information:

Eunice Cho: echo@aclu.org
www.aclu.org

Photo Copyright Flickr-Via Tsuji
WE THE PEOPLE
Healthcare

Presented by Mary Gerisch,

*Rights and Democracy*
MONEY is the only way to get Healthcare in United States
Healthcare Only if You Can Afford to pay for it

No real healthcare system in the United States. There is only a for-profit insurance system.
Health INSURANCE is NOT HealthCARE

Insurance is based on ability to

1. Pay Monthly premium to for profit company AND
2. Pay Co pay at point of service AND
3. Pay Annual Deductible of up to $10,000.00US
30 MILLION in US with no insurance

71 MILLION underinsured: People who HAVE paid for their health insurance premiums but cannot seek medical care because they cannot afford the deductibles and copays.
NO Cost Controls on Insurance Companies

- Insurance premiums go up EVERY year

- More than 65% of all Bankruptcies are due to Medical Costs

- Workers have less take-home pay - employer based rising insurance costs are passed on to employees

- People must choose between Healthcare and rent or food

- The most marginalized populations suffer the most
HEALTHCARE IS

Ability for all ethnicities and economic stratas to access:

1. Preventative Care
2. Care for any medical condition- including mental health
3. Long term care
4. Ability to get well and stay well while being able to buy food and pay rent
Populations who cannot freely access HealthCARE

1. African Americans
2. Indigenous peoples
3. Differently abled people
4. LGBTQ people
5. Women - particularly for reproductive rights
6. Immigrants
7. Economically disadvantaged workers and others
Pandemic has Illustrated Systemic Marginalization of Minorities in United States

1. Racial inequities are evident in those who are getting sick and dying in larger proportion than whites.
2. Economic inequities are evident as those who are high income or have higher paying jobs are not getting sick or dying at the same rate as those who are near poverty level.
3. Immigrants are suffering at higher rates than non-immigrants.
WHAT to DO ?? We NEED your Help!

1. Recommend US Healthcare be treated as an actual right - not dependent upon race or economic or citizenship status
2. Recommend US establish create national legislation to provide health CARE to all residents of the country through public funding
3. Ensure public funding of the system is progressive; taxation based upon economic status.
With thanks to those who helped develop this presentation”
Democracy, Voting Rights & Human Rights Defenders

Presented by Lumumba Akinwole-Bandele,
Movement for Black Lives
The Black Freedom movement in the US continues to struggle for inclusion in the electoral process. Black people in the US have never been able to actualize full, uninterrupted and genuine participation in the national electoral process.
Throughout US history, freedom movement’s have forced to federal government to enact legislation to protect every citizen’s right to vote.
- Civil Rights Act of 1957
- Voting Rights Act was enacted in 1965 in order to prevent racial discrimination in the electoral process.

However, recent efforts by conservative forces/administrations have gained success at dismantling some of these pieces of legislation
In very coordinated efforts, states lawmakers have instituted policies to limit Black people’s access to the democratic process including:

- Voter ID Laws
- Poll taxes
- Felon disenfranchisement
- Voter roll purges
COVID19 pandemic has added an extra dangerous and deadly layer to the challenges of political participation and empowerment for Black communities in the US
Federal Demands

- Provide nationwide emergency vote by mail and online voting to make sure all people can vote.
- Expand access to non-excuse early voting.
- Enact universal automatic registration measures.
- Extend voter registration deadlines for all elections, especially those that have been postponed due to COVID-19.
- Ensure all mail-in ballots are hand-marked paper ballots.
- Allowing formerly and presently incarcerated people to vote.
State Demands

- Expand vote-by-mail options.
- Extend early voting dates and times statewide.
- Ensure polling locations are sanitized, healthy, safe, and accessible for all voters.
State Demands

- Mail-in ballot options should be made available to all registered voters.
- Communicate all changes to voters.
- Waive petitioning requirements for political campaigns.
- States should expand early voting options.
State Demands

- States must implement automatic voter registration
- Cease purging of voters.
- Extend the right to vote to incarcerated and formerly incarcerated people.
FREE THE VOTE

EVERY PERSON SHOULD BE ABLE TO VOTE

WE DEMAND:

☑ That every citizen in every territory of the United States—including Puerto Rico—be allowed to participate in the U.S. democratic process by casting their ballot.

☑ The deployment of emergency measures to ensure that voters will be able to fully participate in the electoral process without fear of suppression or erasure.

M4BL
Indigenous Peoples

Presented by Dr. Octaviana Trujillo (Yoeme),
Alianza Indígena Sin Fronteras
INDIGENOUS PEOPLES’ HUMAN RIGHTS DURING THE COVID-19 PANDEMIC

April 15, 2020
THE RIGHT TO WATER
CRIMINALIZATION OF HUMAN RIGHTS DEFENDERS
EASING OF ENVIRONMENTAL REGULATIONS AND FAST-TRACKING OIL & GAS DEVELOPMENT
THE RIGHT TO EXIST AND CONCERN ABOUT FORCED MIGRATION
THE MASHPEE WAMPANOAG TRIBE
RECOMMENDATIONS

1. Consult with native leaders and communities to understand their key priorities and needs to ensure that they have access to needed resources and support to deal with the health, food, water, and security emergencies that have arisen during this global pandemic. Such needs and priorities must be fully considered in future Covid-19 related federal legislation.

2. Ensure that the minimum human rights standards enshrined in the UN Declaration on the Rights of Indigenous Peoples are Implemented.

3. Call on the U.S. to extend an invitation to UN Special Procedures, specifically the UN Special Rapporteurs for: The Rights of Indigenous Peoples; Human Rights of Migrants; and Violence Against Women; to conduct an in-country visit and investigation with a specific focus on Indigenous children and families with a special emphasis of infringement of rights under COVID-19.
Women’s Rights

Presented by Denice Labertew,
Women LEAD Network
COVID-19 AND WOMEN’S HUMAN RIGHTS

Presented by Denice Labertew (Women Lead Network) on behalf the Women’s Rights Working Group
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Abortion</td>
<td>Abortion is essential health care but opponents use COVID-19 to implement restrictions</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Pregnant Women are considered “at risk”</td>
</tr>
<tr>
<td>Frontline Work</td>
<td>Women make up a disproportionate number of frontline workers and informal caregivers</td>
</tr>
<tr>
<td>Healthcare Access</td>
<td>Women are overrepresented in jobs that lack health care benefits</td>
</tr>
<tr>
<td>Gender Based Violence</td>
<td>COVID-19 creates circumstances that foster intimate partner violence</td>
</tr>
</tbody>
</table>
Recommendations

• Ensure availability of sex-disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse

• Embed gender dimensions and gender experts within response plans and budget resources to build gender expertise into response teams

• Provide priority support to women on the frontlines of the response, for instance, by improving access to women-friendly personal protective equipment and menstrual hygiene products for healthcare workers and caregivers, and flexible working arrangements for women with a burden of care

• Ensure equal voice for women in decision making in the response and long-term impact planning
Recommendations

• Ensure that public health messages properly target women including those most marginalized
• Develop mitigation strategies that specifically target the economic impact of the outbreak on women and build women’s resilience
• Protect essential health services for women and girls, including sexual and reproductive health services and
• Prioritize services for prevention and response to gender-based violence in communities affected by COVID-19
Additional Resources

• UN Women Policy Brief on the Impact of COVID-19 on Women

• Feminist Alliance for Rights - Call for a Feminist COVID-19 Policy
  http://feministallianceforrights.org/blog/2020/03/20/action-call-for-a-feminist-covid-19-policy/

• National Women’s Law Center-Promoting Equitable Access to Health Care in Response to COVID-19

Q&A

Please type your questions in the chatbox
Closing Remarks

Presented by Salimah Hankins,

*US Human Rights Network*
Thank you