

October 10, 2012

United Nations Committee against Torture
Office of the United Nations High Commissioner for Human Rights
Palais des Nations
CH-1211 Geneva 10
Switzerland

Re: Supplementary Information on Russia, scheduled for review by the U.N. Committee against Torture during its 49th session (November 2012)

Honorable Committee Members:

This letter is intended to supplement the periodic report submitted by the Russian Federation, which is scheduled for review by the U.N. Committee against Torture (the Committee) during its 49th session in November 2012. The Center for Reproductive Rights (New York) and the Russian Association for Population and Development (Moscow), two independent non-governmental organizations, hope to further the work of the Committee by providing independent information concerning the rights protected in the International Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT or the Convention). This letter highlights the systemic problem of limited access to sexual and reproductive health services for certain groups of women in the Russian Federation.

This Committee has recognized that specific harms experienced by women and girls can constitute torture and cruel, inhuman and degrading treatment (torture and CIDT).¹ It has further stated that women may be subject to violations of the CAT on the basis of their “actual or perceived non-conformity with socially determined gender roles.”² This is particularly important in the context of sexual and reproductive rights, since women are often vulnerable to violence and ill-treatment due to their sexuality, gender and reproductive capacity. Women are especially at risk of torture and ill-treatment in the context of “deprivation of liberty, medical treatment, particularly involving reproductive decisions, and violence by private actors in communities and homes.”³

This submission begins by discussing the situation of sexual violence in the Russian Federation and the barriers survivors of such violence face in accessing essential sexual and reproductive health care, including obstacles to access emergency contraception (EC). It examines the obligations of the Russian Federation under its constitution and international human rights law, particularly the CAT. The letter goes on to highlight women drug users’ lack of access to key sexual and reproductive health services and the involuntary sterilization of women with

disabilities and transgender persons. In order to guarantee women's right to be free from torture and CIDT, the Russian Federation must enforce effective laws and policies to (1) provide access to sexual and reproductive health services and (2) prevent, prosecute, and provide compensation for violations under CAT, including the involuntary sterilization of women with disabilities and transgender persons. We hope that the Committee will urge the state to prioritize these issues as central to the implementation of its obligations under the Convention.

1. The Legal Framework

As a party to CAT, the Russian Federation has an obligation to prevent all forms of ill-treatment and torture within its jurisdiction.⁴ The Constitution of the Russian Federation recognizes the right to be free from “torture, violence or other severe or humiliating treatment or punishment.”⁵ Article 41 of the constitution establishes that everyone has the right to health protection and medical aid.⁶ Article 19 reinforces this guarantee by outlawing discrimination in the provision of health services and assuring that women and men have equal rights, liberties and opportunities.⁷

The Federal Law on Protection of Citizens' Health in the Russian Federation guarantees every woman the right to free family planning consultation, and provides for state support of pregnant women through health care insurance and other social services guarantees.⁸

However, there is currently no comprehensive sexual and reproductive health strategy in the Russian Federation and women and adolescent girls face numerous barriers in their access to sexual and reproductive health information and services, including contraception. The high cost of modern contraception, which is not covered by public health insurance schemes, makes it unaffordable for many low-income women, adolescents, and women living in rural areas. Gynecologists often lack comprehensive knowledge and training in the area of reproductive health. The widespread belief that contraceptives are ineffective and dangerous exacerbates the situation. Moreover, the Russian Orthodox Church is an outspoken opponent of any type of contraception. For instance, the 2008 Social Concept of the Russian Orthodox Church denounces the “deliberate refusal of childbirth on egoistic grounds” as “a definite sin” and fuels the myth that some contraceptive methods cause abortion.⁹

In 2010, the Ministry of Health and Social Development of the Russian Federation issued guidelines that include an instruction on psychological counseling of pregnant women seeking abortion.¹⁰ These are not formally binding but have been disseminated to gynecological clinics throughout the country, with the express support of the head of the Department for Mother and Child Health of the Ministry of Health and Social Development. The guidelines seek to discourage women from opting for abortion and do not include complete information on their lawful choices. They treat abortion as “a murder of a living child” and consider women with unwanted pregnancies irresponsible.¹¹ Counselors are instructed to “awaken the woman's maternal instinct,” convince her of “the immorality and cruelty of abortion,” and “lead the

woman to an independent conclusion that, if a baby is born, then the means to raise it can be found.”¹²

By depriving women of objective and factual information, biased and incomplete pre-abortion counseling coerces women into enduring the physical pain, health risks, and psychological stress associated with unwanted pregnancy and childbirth instead of giving them a chance to make the best decision for themselves and their families. For this reason, the 2012 World Health Organization (WHO) Guidelines on Safe Abortion counsel states to provide women with complete, accurate, and easy-to-understand information that will help them choose a course of treatment.¹³ Attention should be given in particular to the special needs of poor, adolescents, and other vulnerable and marginalized women.¹⁴ At the same time, the WHO Guidelines recognize that “[m]any women have made a decision to have an abortion before seeking care” and that “this decision should be respected without subjecting a woman to mandatory counselling.”¹⁵

Restrictions on access to legal reproductive health services on the basis of gender constitute violations under Articles 2 and 16 of the Convention. This Committee has specifically requested that states take measures to punish and prevent violations of the Convention in the context of discrimination, particularly gender discrimination.¹⁶ According to the former Special Representative on Violence against Women (SRVAW), “[a]cts deliberately restraining women from using contraception or from having an abortion constitute violence against women by subjecting women to excessive pregnancies and childbearing against their will, resulting in increased and preventable risks of maternal mortality and morbidity.”¹⁷ Barriers to reproductive health services can trap women in cycles of violence—denial of access to contraceptives places women at risk for unplanned and unwanted pregnancies, which in turn expose them to risks of unsafe abortion and pregnancy-related deaths.¹⁸

2. Access to health care services for victims of sexual violence

Access to comprehensive sexual and reproductive health care is an essential part of respecting, protecting, and fulfilling a range of internationally-protected human rights.¹⁹ International human rights bodies have recognized that, for survivors of sexual violence and abuse, the denial of the full range of health care services can have particularly devastating consequences. This Committee, for example, has expressed concern that survivors of rape or incest who are forced to carry pregnancies resulting from gender violence continue to be constantly exposed to the violation committed against them, suffer from serious traumatic stress, and often have long-lasting psychological problems such as anxiety and depression.²⁰

The situation of sexual violence in the Russian Federation

As evidenced by NGOs, there is no state-supported system of providing timely professional medical and psychological help to victims of sexual violence in Russia.²¹ State policies have failed to treat sexual violence as a serious hurdle to implementing national, regional, and international women’s rights protections. The government lacks both a large-scale system and

local programmes for preventing, prosecuting, and alleviating the effects of sexual violence, which leaves the task of assisting survivors to largely underfunded NGOs.²² Thus, many women who have experienced or live with sexual violence lack access to gynecological care. The following case from the ANNA Center, a Russian NGO working with female survivors of violence, illustrates the ways in which the state neglects vulnerable women by denying them sexual and reproductive health care:

*Irina, the victim, was beaten, mugged and raped (anally and vaginally, without a condom) in the yard of her house on her way back from the shops. She went to the police immediately, where five law enforcement officers (...) tried for 3 and a half hours to dissuade her from filing a complaint. (...) Only after three hours she was finally taken to a hospital. Tests were done and the results given to the police officer who accompanied her. She was not offered hospitalization, even though her nose was broken, and no emergency measures were taken against STD, HIV and pregnancy. She was simply told to use potassium permanganate for vaginal irrigation.*²³

Art. 20(3) of the Code of Penal Procedure states that rape and similar instances of sexual violence fall under the category of private-public prosecution – proceedings are instigated only if the victim or her legal representative (at her request) reports the crime.²⁴ By treating rape and other forms of sexual violence differently from every other violent crime, the Russian Federation undermines the gravity of such violence. Survivors of sexual violence are extremely unlikely to report the crime due to the stigma surrounding rape,²⁵ cultural and religious traditions that look to women to uphold certain sexual norms,²⁶ and a lack of sex education (including instruction on healthy sexual relationships).²⁷

Many police officers compromise valuable evidence by failing to refer victims for forensic medical assessments, as courts generally refuse to consider reports that are not issued by forensic doctors.²⁸ Officers who know to refer victims struggle to find facilities that are equipped to make assessments.²⁹ To make matters worse, there are no medical guidelines for documenting injuries—some doctors refuse to examine victims because they do not wish to testify in court.³⁰ Elena’s experience provides a glimpse into the ways in which ignorance and indifference among state personnel jeopardize victims’ chances of obtaining justice:

*Elena was subjected to a forced sexual act, and sperm was found on her chest and hair. She was waiting for a car at the police station for four hours. She was then taken to a maternity hospital. The doctor categorically refused to collect the sperm from her chest and hair. The victim then cut off her hair but was unable to present it as evidence as there was no procedure enabling her to do so. For this reason the police refused to prosecute*³¹

Lack of access to emergency medical care for victims of sexual violence

Access to comprehensive, gender-sensitive health services is essential for survivors of sexual violence to, according to the WHO, “cope with the physical and mental health consequences of their experience and to aid their recovery from an extremely distressing and traumatic event.”³² These services include pregnancy testing, pregnancy prevention (including access to EC), access to abortion services, STI testing and/or prophylaxis, treatment of injuries and psychosocial counseling.³³

International human rights bodies have recognized that access to EC is particularly important for survivors of rape or other forms of sexual abuse.³⁴ In its recent recommendations for Haiti, for example, the Inter-American Commission on Human Rights (IACHR) stated that access to EC should be a part of the government’s obligation to protect victims of sexual violence and instructed the government of Haiti to ensure access to EC for victims of rape in displacement camps.³⁵ WHO includes EC in its list of essential drugs, meaning that they should be accessible and affordable to all.³⁶ The Committee on Economic, Social and Cultural Rights (ESCR Committee) recognizes that providing access to drugs on this list is a core state obligation under the right to health.³⁷ If made available over-the-counter, EC has enormous potential to protect the health, preserve the dignity, and reduce the trauma of victims of sexual violence.

Although EC is legal in Russia, most Russian women are unable to access it. They cannot purchase EC over-the-counter because all drugs containing hormones are available by prescription only.³⁸ At the same time, EC is not widely known among medical professionals; in practice, only OB/GYNs tend to prescribe it. Each of these factors causes delays that exceed the short time frame for effective EC use. In contradiction of international human rights standards, police do not routinely provide EC to victims of sexual violence. For victims who are coping with emotional trauma, physical injury, and/or issues with law enforcement, any one of these obstacles effectively prevents access. Further, the fact that no contraceptives are covered under public insurance means that low-income women and adolescents are unable to afford EC. It is particularly difficult to obtain EC in rural areas because clinics and pharmacies are sparse, women face long waiting periods to even get a medical appointment, and pharmacies tend not to keep EC on stock.

Barriers to EC access increase the incidence of unwanted pregnancy, contribute to high abortion rates, raise public medical costs, and compound the distress of women recovering from sexual violence.³⁹ The Special Rapporteur on Torture has affirmed that the denial of health care constitutes CIDT if it causes severe pain and suffering.⁴⁰ The Special Rapporteur has further affirmed that states’ failure to take reasonable measures to ensure accessibility of pain treatment calls into question their compliance with their positive obligations to protect their citizens from inhuman and degrading treatment.⁴¹

3. Vulnerable groups of women

This Committee has emphasized that ensuring “protection of certain minority or marginalized individuals or populations especially at risk of torture is a part of the obligation to prevent torture or ill-treatment.”⁴² Such populations include, among others: low-income and rural women, women belonging to socially disadvantaged groups, and those living with HIV/AIDS.⁴³

Maternal and child health policies in the Russian Federation often fail to take into account the needs of particularly vulnerable women, regularly limiting their access to health and social care in pregnancy and childbirth. The Committee on the Elimination of Discrimination against Women recently expressed its concern “at the limited access to reproductive and sexual health care services [in the Russian Federation], especially in rural areas,” noting that “only 27 per cent of women of childbearing age make use of modern methods of contraception.”⁴⁴ Similarly, the ESCR Committee has called on the Russian Federation to continue its efforts to increase knowledge of and access to affordable contraceptive methods “to ensure that family-planning information and services are available to everyone including in the rural areas.”⁴⁵

Lack of access to reproductive health services for female drug users

Individuals must officially register as drug users to obtain free drug treatment despite guarantees of anonymous and voluntary drug treatment under Russian law.⁴⁶ The registration requirement prevents most drug-using pregnant women and mothers from receiving any reproductive health care at all. Under Russian family law “chronic alcoholism or drug addiction,” which registration discloses, is grounds for terminating parental rights.⁴⁷ Pregnant women registered as drug users are frequently told to terminate their pregnancies because of the widespread belief that drug users cannot give birth to healthy babies.⁴⁸ According to a recent report, one service provider in Tomsk, Russia, said: “The only message a drug-using woman receives is that she’ll give birth to a freak. . . . [Y]ou either have an abortion or give birth to a monster.”⁴⁹ The report confirms that the fear of degrading or humiliating treatment is identified by drug using women as a major reason for not seeking reproductive health services.⁵⁰ Similarly, many drug users who give birth are pressured right after delivery to give up their infants.⁵¹ The realities of being a registered drug user force many pregnant women and mothers to avoid contact with reproductive health services, including antenatal care.⁵² Women drug users who lack legal documents, especially passports, are barred from reproductive health clinics regardless of whether they register.⁵³ This practice harms drug-using sex workers in particular because police officers frequently confiscate their passports.⁵⁴ In these ways, the state inflicts suffering on individual women and simultaneously fails to advance critical reproductive health objectives, such as reducing unintended pregnancy and ensuring early enrollment in anti-retroviral treatment in cases of HIV infection.⁵⁵ A 2010 study of high-risk women attending an STD clinic in St. Petersburg demonstrates the difficulty for this group of women to access reproductive health care. The study showed that 45% of the women visiting the clinic had had abortions and that the “abortions might have resulted from a lack of hormonal contraceptive use by participants with lower

incomes.”⁵⁶ The authors highlighted “a need for intervention programs to increase contraceptive use among these women.”⁵⁷

Pregnant drug users are deprived of adequate drug treatment as well. Drug treatment clinics commonly reject pregnant women because substance abuse treatment protocols require the use of medication that is dangerous for both the woman and fetus.⁵⁸ Opioid maintenance treatment is illegal in Russia⁵⁹ even though the WHO has announced that it is safe for pregnant opiate users.⁶⁰ In its resolution 2005/25, the United Nations Economic and Social Council recognized the importance of improving pain treatment through the use of opioid analgesics, as advocated by the WHO, and called on states to remove barriers to the medical use of such analgesics.⁶¹ The inability to obtain good-quality, evidence-based drug treatment during pregnancy harms women’s short- and long-term sexual and reproductive health, which causes severe physical pain and mental suffering. This Committee’s General Comment 2 emphasizes that states parties are obligated to identify, prevent, and punish torture and ill-treatment.⁶² This includes eliminating legal barriers that impede the eradication of torture and ill-treatment and continually monitoring national laws and performance under the Convention.⁶³

Lack of access to timely and comprehensive sexual and reproductive health care services constitutes state failure to take effective measures to prevent acts of torture (Article 2) and cruel, inhuman, or degrading treatment (Article 16). This Committee has confirmed that states have a heightened obligation to protect vulnerable and marginalized individuals, as individuals who face discrimination are generally more at risk of experiencing torture and CIDT.⁶⁴

Involuntary sterilization of women with disabilities and transgender people

Forced and coerced sterilizations may occur as a result of formal or informal government policies, improper incentive programs, or a lack of procedural safeguards to ensure informed consent. The Special Rapporteur on Violence against Women (SRVAW) has characterized forced sterilization as “a method of medical control of a woman’s fertility without the consent of a woman. Essentially involving the battery of a woman—violating her physical integrity and security—forced sterilization constitutes violence against women.”⁶⁵ Involuntary sterilization carries serious and lasting consequences for a person’s health, including permanently robbing him or her of his or her reproductive capabilities and inflicting severe physical and mental suffering. World Medical Association (WMA) and International Federation of Health and Human Rights Organizations (IFHHRO) have noted that “[i]nvoluntary sterilisation is a clear infringement of a persons’ [sic] reproductive autonomy and human rights.”⁶⁶ Therefore, consent to sterilization should be “free from material or social incentives and should not be a condition of other medical care, social, insurance or institutional benefits.”⁶⁷

This Committee has stated that involuntary sterilization is among those acts, which “put women’s physical and mental health at grave risk and . . . constitute cruel and inhuman treatment.”⁶⁸ It has further expressed concern about “cases where gonads have been removed . . .

[from intersex persons] . . . without effective, informed consent of the concerned individuals or their legal guardians. . . .”⁶⁹ The Committee has on multiple occasions called upon state parties to prosecute and investigate claims of involuntary sterilization, punish the perpetrators, and provide the victims with fair and adequate compensation.⁷⁰

With regards to persons with disabilities, the Committee on the Rights of Persons with Disabilities has expressed concern about the lack of clarity in the scope of legislation “to protect persons with disabilities from being subjected to treatment without their free and informed consent, including forced treatment in mental health services.”⁷¹ That Committee has specifically recommended that states “incorporate into the law the abolition of surgery and treatment without the full and informed consent of the patient, and ensure that national law especially respects women’s rights.”⁷² The United Nations Special Rapporteur on the Right to Health has recognized that “[f]orced sterilizations, rape and other forms of sexual violence, which women with mental disabilities are vulnerable to, are inherently inconsistent with their sexual and reproductive health rights and freedoms.”⁷³ He also stressed that “[c]onsent to treatment is one of the most important human rights issues relating to mental disability,”⁷⁴ and accordingly “it is especially important that the procedural safeguards protecting the right to informed consent are both watertight and strictly applied.”⁷⁵

Russia has recently ratified the Convention on the Rights of Persons with Disabilities.⁷⁶ Nevertheless, Russian law allows sterilization or induced the abortion of a legally incompetent woman, as long as there is a court order and the consent of her legal representative.⁷⁷ Recent reports suggest that this practice occurs regularly and that state authorities fail to respect even the legal safeguards that are in place. As a result, women with mental disabilities have been subjected to forced and coerced sterilizations and abortions.⁷⁸ A local human rights commission found that fourteen female patients at psychiatric institutions in Perm were sterilized against their will, in the absence of a court order, and without the permission of their legal representatives.⁷⁹ One staff member stated that the institutions had sterilized the women so that they “would not give birth to lunatics.”⁸⁰

Specifically addressing involuntary sterilization of transgender people, the Council of Europe Commissioner for Human Rights has noted that making “sterilization or other surgery . . . a prerequisite to enjoy legal recognition of one’s preferred gender ignores the fact that while such operations are often desired by transgender persons, this is not always the case,” and “[i]t is of great concern that transgender people appear to be the only group in Europe subject to legally prescribed, state-enforced sterilisation.”⁸¹ In its recent report, the Global Commission on HIV and the Law recommended ensuring that “transgender people are able to have their affirmed gender recognised in identification documents, without the need for prior medical procedures such as sterilisation. . . .”⁸² The state’s practice of coercively sterilizing transgender people causes them tremendous physical and psychological pain and constitutes a failure to take effective measures to prevent acts of torture and CIDT.

Officially, Russian law does not require transgender people to be sterilized to achieve formal recognition of their gender identity. Under the Federal Law on Acts of Civil Status, a civil registry office may change an applicant's civil status as long as it receives medical certification of a sex change.⁸³ In practice, however, official sources suggest that civil registry offices and courts often refuse to make these changes unless transgender applicants are sterilized.⁸⁴ Thus, it is extremely difficult for a transgender person in Russia to obtain formal recognition of his or her identity without giving up the ability to bear children.

Recommendations for the Russian Federation

By failing to make sexual and reproductive health care available to especially vulnerable groups of women—sexual violence victims and drug users—and coercively sterilizing women with disabilities and transgendered persons, the Russian Federation continues to violate the right to be free from torture and CIDT. Because the Russian Constitution, the CAT, and other international human rights law obligate Russia to respect, protect, and fulfill this right, we respectfully ask this Committee to: (1) reaffirm that the denial of sexual and reproductive health care and involuntary sterilization are forms of torture and CIDT and (2) recommend to the Russian Federation that it prioritize the adoption, enforcement, and monitoring of laws and policies that will both ensure access to sexual and reproductive health care and eliminate involuntary sterilization while prosecuting those who perpetuate it and compensating the victims.

We respectfully submit the following recommendations to be considered by this Honorable Committee during the Russian Federation's periodic review.

That the state:

1. Devise a comprehensive sexual and reproductive health strategy. The strategy should include:
 - (1) amending public health insurance schemes to cover hormonal contraception, including EC;
 - (2) training gynecologists to: counsel patients about and administer a wide-range of modern contraceptives, provide services to which sexual violence victims are entitled under international law (e.g. free EC, the timely administration of forensic medical exams, free HIV prophylaxis, free STI and pregnancy testing, abortion services, etc.), and use WHO-approved methods for counseling and treatment of pregnant drug users, by employing a non-judgmental, user-friendly, and evidence-based approach;
 - (3) allocating resources for and launching a public health campaign to dispel persistent myths about contraception;

- (4) making EC available over-the-counter in pharmacies and free of charge in emergency rooms, police stations, local clinics, and other places where victims of sexual violence are likely to seek help;
 - (5) ensuring that all pre- and post-abortion counseling is non-biased, scientifically accurate, and voluntary.
2. Repeal the registration and documentation requirement for accessing drug treatment as per the guarantee of anonymous and voluntary drug treatment under Russian law.
3. Legalize the use of opioid maintenance treatment in drug treatment clinics in accordance with WHO standards, and educate doctors about the ways in which opioid maintenance treatment may be used to help pregnant drug users have healthy pregnancies.
4. Ensure that women drug users receive both reproductive health services and drug treatment with due respect for their rights to confidentiality, dignity, and special needs.
5. Reform law and practice related to access to reproductive health care services for women with disabilities in accordance with standards set forth in the Convention on the Rights of Persons with Disabilities, and ensure that all such services, including sterilizations and abortions, are provided with the full and free consent of the women concerned.
6. Implement and monitor the Federal Law on Acts of Civil Status so that all civil registry offices grant civil status changes to transgender applicants without requiring sterilization.
7. Gather data on the incidence of involuntary sterilization among transgendered persons and women with disabilities and introduce mechanisms through which victims can lodge complaints against healthcare providers. Investigate, prosecute, and punish all cases of involuntary sterilization, and develop appropriate redress in conjunction with victims and victim programs.
8. Institute measures to prevent involuntary sterilization, and create standards for obtaining voluntary and informed consent prior to all sterilization procedures.

There remains a significant gap between the rights protected in the CAT and the lives of sexual violence victims, women drug users, women with disabilities, and transgendered persons in Russia. We applaud the Committee for its commitment to the rights of women, and the strong Concluding Observations and recommendations that the Committee has issued to governments in the past, which stress the need to enact, implement, and review laws and policies that protect the reproductive rights of all persons.

We hope that the information provided in this letter will be useful to the Committee during its review of the Russian Federation's report. If you have any questions, or would like further information, please do not hesitate to contact us.

Sincerely,

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¹ See, e.g., Committee against Torture (CAT Committee), *Concluding Observations: Chile*, para. 7(m), U.N. Doc. CAT/C/CR/32/5 (2004); *El Salvador*, para. 23, U.N. Doc. CAT/C/SLV/CO/2 (2009); *Nicaragua*, para. 16, U.N. Doc. CAT/C/NIC/CO/1 (2009); see also Human Rights Council, *Rep. of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development*, U.N. Doc. A/HRC/7/3 (2008) (by Manfred Nowak) [hereinafter *Special Rapporteur on Torture—Promotion and Protection of All Human Rights* (2008)].

² Committee against Torture, *General Comment No. 2: Implementation of article 2 by States parties*, (39th Sess., 2007), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, at 381, para. 22, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CAT Committee, *Gen. Comment No. 2*].

³ *Id.*

⁴ *Id.* paras. 1 & 16.

⁵ KONSTITUTSIJA ROSSIJSKOI FEDERATSII [CONSTITUTION] art. 21(2) (Russ.).

⁶ *Id.* art. 41.

⁷ *Id.* art. 19.

⁸ Federal Law on Protection of Citizens' Health in the Russian Federation, SOBRANIE ZAKONODATEL'STVA ROSSIJSKOI FEDERATSII [RUSSIAN FEDERATION COLLECTION OF LEGISLATION] 2011, No. 323-FZ, arts. 48-49.

⁹ Russian Orthodox Church: Official Website of the Department for External Church Relations, *The Basis of the Social Concept*, available at <http://www.mospat.ru/en/documents/social-concepts/xii/> (last visited Oct. 8, 2012).

¹⁰ MINISTRY OF HEALTH AND SOCIAL DEVELOPMENT OF THE RUSSIAN FEDERATION, ПСИХОЛОГИЧЕСКОЕ ДОАБОРТНОЕ КОНСУЛЬТИРОВАНИЕ МЕТОДИЧЕСКИЕ РЕКОМЕНДАЦИИ [GUIDELINES ON PSYCHOLOGICAL PRE-ABORTION COUNSELING], No. 15-0/10/2-9162 (2010), available in Russian at www.coi.su/docs/metod_consult.pdf.

¹¹ *Id.*

¹² *Id.*

¹³ WORLD HEALTH ORGANIZATION (WHO), SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS 31 (2nd ed., 2012), available at http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf.

¹⁴ *Id.* at 64.

¹⁵ *Id.* at 36.

¹⁶ CAT Committee, *Gen. Comment No. 2*, *supra* note 2, at 376, 381, paras. 2, 22.

¹⁷ Commission on Human Rights, *Report of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, in accordance with Commission on Human Rights resolution 1997/44, Integration of the Human Rights of Women and the Gender Perspective, Addendum: Policies and practices that impact women's reproductive rights and contribute to, cause or constitute violence against women*, para. 57, U.N. Doc. E/CN.4/1999/68/Add.4 (Jan. 21, 1999) [hereinafter SRVAW Report (1999)].

¹⁸ *Id.* paras. 57-58.

¹⁹ See e.g., Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20th Sess., 1999), in *Compilation of*

General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 364-365, paras. 29, 31, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) (noting that a national plan to promote women's health must include universal access to a full range of high-quality and affordable healthcare, including sexual and reproductive health services, and recommending that states remove all barriers to women's access to health services, education, and information); *see also* Committee on Economic, Social and Cultural Rights (ESCR Committee), *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, (22nd Sess., 2000), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, at 79, paras. 8, 11, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter *ESCR Committee, Gen. Comment No. 14*] (underscoring the need for states parties to provide the full range of high-quality and affordable health care, including sexual and reproductive services such as family planning, and recommending that states remove all barriers to women's access to health services, education, and information, including in the area of sexual and reproductive health).

²⁰ CAT Committee, *Concluding Observations: Nicaragua*, para. 16, U.N. Doc. CAT/C/NIC/CO/1 (2009).

²¹ ANNA National Centre for the Prevention of Violence, *Violence against Women in The Russian Federation, Alternative Report to the United Nations Committee on the Elimination of Discrimination against Women*, at 21 (2010), available at

http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/ANNANCPV_RussianFederation46.pdf [hereinafter ANNA NATIONAL CENTRE FOR THE PREVENTION OF VIOLENCE (2010)].

²² *Id.* at 21-22.

²³ *Id.* at 26.

²⁴ Code of Penal Procedure of the Russian Federation, No. 174-FZ (2001), available in Russian at

http://www.consultant.ru/popular/upkrf/11_3.html#p291_

²⁵ The Advocates for Human Rights, *Stop Violence Against Women: A project of the Advocates for Human Rights* (2009), http://www.stopvaw.org/russian_federation (last visited Oct. 8, 2012).

²⁶ Amie Ferris-Rotman, *Orthodox Church asks Russian women to dress modestly*, REUTERS (Jan. 19, 2011, 1:28 PM), <http://www.reuters.com/article/2011/01/19/us-russia-church-women-idUSTRE70I5P620110119>.

²⁷ Alissa de Carbonnel, *Church-backed abortion bill sparks protest in Russia*, REUTERS (Nov. 8, 2011, 4:24 AM), <http://www.reuters.com/article/2011/11/08/russia-abortion-idUSL5E7M323R20111108>.

²⁸ ANNA NATIONAL CENTRE FOR THE PREVENTION OF VIOLENCE (2010), *supra* note 21, at 28. AMERICAN BAR ASSOCIATION CENTRAL EUROPEAN AND EURASIA LAW INITIATIVE, CEDAW ASSESSMENT TOOL FOR THE RUSSIAN FEDERATION 99 (2006), available at <http://apps.americanbar.org/rol/publications/russia-cedaw-eng.pdf> [hereinafter ABA CEELI, ASSESSMENT TOOL REPORT (2006)].

²⁹ ABA CEELI, ASSESSMENT TOOL REPORT (2006), *supra* note 28, at 99.

³⁰ ANNA NATIONAL CENTRE FOR THE PREVENTION OF VIOLENCE (2010), *supra* note 21, at 28.

³¹ *Id.*

³² WHO, GUIDELINES FOR MEDICO-LEGAL CARE FOR VICTIMS OF SEXUAL VIOLENCE 2 (2003), available at <http://whqlibdoc.who.int/publications/2004/924154628X.pdf>.

³³ *Id.*

³⁴ *See* CEDAW Committee, *Concluding Observations: Mexico*, para. 32, U.N. Doc. CEDAW/C/MEX/CO/6 (2006) (expressing concern that women lack adequate access to emergency contraception); *Peru*, para. 25, U.N. Doc. CEDAW/C/PER/CO/6 (2007) (urging Peru to increase the provision of family planning information and services, including emergency contraception).

³⁵ Inter-American Commission on Human Rights, *Follow up Report on the situation of human rights in Haiti, in Annual Report of the Inter-American Commission on Human Rights*, para. 77(1), available at www.cidh.oas.org/annualrep/2010eng/Chap.V.HAITI.doc.

³⁶ *See* WHO, MODEL LIST OF ESSENTIAL MEDICINES 26 (17th ed., Mar. 2011), available at http://whqlibdoc.who.int/hq/2011/a95053_eng.pdf.

³⁷ ESCR Committee, *Gen. Comment No. 14*, *supra* note 20, para. 43.

³⁸ State Register of Drugs, available in Russian at <http://grls.rosminzdrav.ru/default.aspx> (last visited October 8, 2012).

³⁹ ELIZABETH G. RAYMOND & JAMES TRUSSELL, EMERGENCY CONTRACEPTION: A LAST CHANCE TO PREVENT UNINTENDED PREGNANCY 14 (2012), available at <http://ec.princeton.edu/questions/ec-review.pdf>; REBECCA TOLSON & OLGA RYCHKOVA, NO WOMAN LEFT BEHIND? THE LIMITS OF REPRODUCTIVE HEALTH AND RIGHTS FOR WOMEN WHO USE DRUGS IN RUSSIA 3 (2012), available at http://www.centerwomenpolicy.org/programs/health/statepolicy/documents/REPRO_NoWomanLeftBehind_RebeccaTolsonandOlgaRychkova_000.pdf [hereinafter NO WOMAN LEFT BEHIND?].

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- ⁴⁰ *Special Rapporteur on Torture—Promotion and Protection of All Human Rights* (2008), *supra* note 1, para. 27.
- ⁴¹ *Id.* para. 71.
- ⁴² CAT Committee, *Gen. Comment No. 2*, *supra* note 2, para. 21.
- ⁴³ *See, e.g., id.*
- ⁴⁴ CEDAW Committee, *Concluding Observations: Russian Federation*, para. 38, U.N.Doc. CEDAW/C/USR/CO/7 (2010).
- ⁴⁵ ESCR Committee, *Concluding Observations: Russian Federation*, para. 30, U.N. Doc. E/C.12/RUS/CO/5 (2011).
- ⁴⁶ NO WOMAN LEFT BEHIND?, *supra* note 39, at 6.
- ⁴⁷ FAMILY CODE OF THE RUSSIAN FEDERATION [SEMEINYI KODEKS ROSSIISKOI FEDERATSII] 1995, No. 223-FZ, sec. IV, art. 69., *available at* <http://www.jafbase.fr/docEstEurope/RussianFamilyCode1995.pdf>.
- ⁴⁸ NO WOMAN LEFT BEHIND?, *supra* note 39, at 4.
- ⁴⁹ *Id.*
- ⁵⁰ *Id.*
- ⁵¹ Civil Society Organizations from the Russian Federation, *Discrimination against women from vulnerable groups, including women who use drugs and/or engage in sex work in the Russian Federation: Alternative report for the 46th session of the CEDAW Committee*, 4 (July 30, 2010), *available at* http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/CivilSocietyOrganizations_RussianFederation_46.pdf [hereinafter *Alternative report for the 46th session* (2010)].
- ⁵² *Id.*
- ⁵³ NO WOMAN LEFT BEHIND?, *supra* note 39, at 6.
- ⁵⁴ *Id.*
- ⁵⁵ NO WOMAN LEFT BEHIND?, *supra* note 41, at 2.
- ⁵⁶ Nadia Abdala et al., *Correlates of abortions and condom use among high risk women attending an STD clinic in St Petersburg, Russia*, 8 REPRODUCTIVE HEALTH 28, 5 (2011), *available at* <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3214124/pdf/1742-4755-8-28.pdf>.
- ⁵⁷ *Id.*
- ⁵⁸ *Alternative report for the 46th session* (2010), *supra* note 51, at 5.
- ⁵⁹ FEDERAL LAW ON NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES, art. 31 (1997) (Russ.).
- ⁶⁰ WHO/UNODC/UNAIDS, POSITION PAPER: SUBSTITUTION MAINTENANCE THERAPY IN THE MANAGEMENT OF OPIOID DEPENDENCE AND HIV/AIDS PREVENTION 18 (2004).
- ⁶¹ Economic and Social Council Res. 2005/25: *Treatment of pain using opioid analgesics* (July 22, 2005).
- ⁶² CAT Committee, *Gen. Comment No. 2*, *supra* note 2, para. 11.
- ⁶³ *Id.* para. 4.
- ⁶⁴ *Id.* para. 21; *see also* Ximenes v. Brazil, 2006 Inter-Am. Ct. H.R. (ser.C) No. 149, para. 103 (July 4, 2006).
- ⁶⁵ SRVAW Report (1999), *supra* note 17, para. 51.
- ⁶⁶ *See* World Medical Association, *Global Bodies Call for End to Forced Sterilization*, http://www.wma.net/en/40news/20archives/2011/2011_17/index.html (last visited Oct. 8, 2012).
- ⁶⁷ *Id.*
- ⁶⁸ CAT Committee, *Concluding Observations: Peru*, para.23, U.N. Doc. CAT/C/PER/CO/4 (2006).
- ⁶⁹ CAT Committee, *Concluding Observations: Germany*, para. 20, U.N. Doc. CAT/C/DEU/CO/5 (2011).
- ⁷⁰ *See, e.g.,* CAT Committee, *Concluding Observations: Czech Republic*, para 6(n), U.N. Doc. CAT/C/CR/32/2 (2004); *Slovakia*, para. 14, U.N. Doc. CAT/C/SVK/CO/2 (2009).
- ⁷¹ Committee on the Rights of Persons with Disabilities, *Concluding Observations: Tunisia*, para. 28, U.N. Doc. CRPD/C/TUN/CO/1 (2011).
- ⁷² *Id.* para. 29.
- ⁷³ Commission on Human Rights *Rep. of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*, paras. 38, U.N. Doc. E/CN.4/2005/51 (Feb. 11, 2005) (by Paul Hunt).
- ⁷⁴ *Id.* para. 87.
- ⁷⁵ *Id.* para. 90.
- ⁷⁶ Convention on the Rights of Persons with Disabilities, *adopted* Dec. 13, 2006, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611, (*entered into force* May, 3 2008). Ratification by the Russian Federation on

25 Sept, 2012. *See* United Nations Treaty Collection, http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&lang=en (last visited Oct. 9, 2012).

⁷⁷ Federal Law on Protection of Citizens' Health in the Russian Federation, SOBRANIE ZAKONODATEL'STVA ROSSIISKOI FEDERATSII [RUSSIAN FEDERATION COLLECTION OF LEGISLATION] 2011, No. 323-FZ, arts. 56, para. 7.

⁷⁸ *See, e.g.,* Anna Bogdanova, *Psychiatric patients sterilised and mistreated*, RT (Apr. 1, 2009, 13:12), <http://rt.com/news/psychiatric-patients-sterilised-and-mistreated/>; *You're Disabled, You Can't Fly!" Or Can You?*, HUMAN RIGHTS WATCH (Aug. 23, 2012), <http://www.hrw.org/news/2012/08/23/you-re-disabled-you-can-t-fly-or-can-you>.

⁷⁹ Bogdanova, *supra* note 79.

⁸⁰ *Id.*

⁸¹ Council of Europe Commissioner for Human Rights., *Human Rights and Gender Identity*, CommDH/Issue Paper (2009) 2 (by Thomas Hammarberg), https://wcd.coe.int/ViewDoc.jsp?id=1476365#P101_20803 (last visited Oct. 8, 2012).

⁸² UNITED NATIONS DEVELOPMENT PROGRAMME, GLOBAL COMMISSION ON HIV AND THE LAW: RISKS, RIGHTS & HEALTH 54, para. 3.4.5 (2012).

⁸³ Federal Law on Acts of Civil Status in the Russian Federation, SOBRANIE ZAKONODATEL'STVA ROSSIISKOI FEDERATSII [RUSSIAN FEDERATION COLLECTION OF LEGISLATION] 1997, No. 143-FZ, art. 70.

⁸⁴ Letter by Irina Alyabyeva, the Deputy Director of the Department of Legal Assistance and Relations with Judges of the Russian Ministry of Justice, No. 16-31767 (May 18, 2011).