



Women Enabled International Submission to the United Nations Special Rapporteur on Extreme Poverty and Human Rights Regarding his Country Visit to the United States
October 4, 2017

Women Enabled International (WEI) welcomes the opportunity to submit information to the United Nations (UN) Special Rapporteur on Extreme Poverty and Human Rights (Special Rapporteur on Extreme Poverty) prior to his country visit to the United States of America (United States or U.S.) occurring in December 2017. WEI works at the intersection of women's rights and disability rights, advocates and educates for the human rights of all women and girls—emphasizing women and girls with disabilities—and works to include women and girls with disabilities in international resolutions, policies, and programs addressing women's human rights and development.

According to the Centers for Disease Control (CDC), approximately 27 million women in the U.S., or about 17% of the total female population, are women or girls¹ with disabilities.² These women are more likely to live in poverty than others, including men with disabilities and other women, as women with disabilities are often more susceptible to factors that increase poverty including lower wages, higher rates of unemployment, and lower levels of education. They also often lack resources to help address these factors. Furthermore, poverty is both a cause and consequence of other persistent human rights abuses against women with disabilities, who are more likely to experience gender-based violence and face increased barriers to accessing needed health services, including sexual and reproductive health care.

In this submission, WEI provides background information on human rights issues affecting women with disabilities that are both a cause and consequence of their higher rates of poverty in the United States, including related to income and employment, gender-based violence, and health care. WEI also summarizes how the United States' non-ratification of several human rights treaties impacts levels of poverty for women and girls with disabilities. WEI then provides recommendations on issues the Special Rapporteur on Extreme Poverty should address as part of his visit, as well as organizations to contact regarding these human rights issues.

I. Background

A. Poverty, Gender, and Disability in the United States

The national poverty line in the United States, set annually by the U.S. Department of Health and Human Services (HHS), is currently \$12,060 for an individual and \$24,600 for a four-person household.³ Women in the United States experience higher rates of income poverty for several

¹ Throughout this submission, "women" is intended to refer to women and girls throughout the lifecycle, unless otherwise noted.

² Center for Disease Control and Prevention (CDC), *Women with Disabilities* (2014), available at <https://www.cdc.gov/ncbddd/disabilityandhealth/women.html>.

³ U.S. Dep't of Health and Hum. Serv., *U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs* (2017), available at <https://aspe.hhs.gov/poverty-guidelines>.

reasons, including because they are paid lower wages and because they take on more domestic responsibilities, including childcare.⁴ As of 2015, nearly one in eight women lived in poverty, making them 35% more likely to live in poverty than men.⁵

This income-based measure of poverty, however, does not take into account the higher cost of living with a disability in the United States, including medical care, accessible transportation, durable medical equipment, and personal assistance. As Amartya Sen, a professor and economist with a particular focus on poverty, stated in his address to the World Bank's Conference on Disability and Inclusive Development, the poverty line for persons with disabilities should take into account the extra expenses they incur in translating their income into the freedom to live well.⁶ Sen noted that studies have shown that the poverty rate for disabled people doubles if these extra costs are taken into account.⁷

By any measure, persons with disabilities in the United States are more likely to live in poverty, including long-term poverty, than their non-disabled peers. According to a 2009 survey by the Center for Economic and Policy Research (CEPR), "About half of all working-age adults who experience income poverty have a disability, and ... almost two-thirds of all such adults experiencing long-term income poverty have a disability."⁸ Furthermore, those living in poverty have a higher likelihood of acquiring a disability due to lack of access to healthcare, good nutrition, and safe living and working conditions, which in turn means they face increased barriers to education, employment, and public services that could help them escape poverty.⁹ Persons with intellectual and developmental disabilities are at particular risk of poverty, including food insecurity.¹⁰

Because of both their gender and disability, women with disabilities are particularly likely to live in poverty in the United States. According to a long-term study conducted by Cornell University researchers, as of 2013 more than one-third of working-age women with disabilities (35.1%) lived below the poverty line, an increase of almost 4% over 10 years.¹¹ The causes of poverty for women with disabilities are multiple and complex, and they are reflections of the unique and

⁴ Ariane Hegewisch and Emma Williams-Baron, "The Gender Wage Gap: 2016; Earnings Differences by Gender, Race, and Ethnicity," Institute for Women's Policy Research (2017), *available at* <https://iwpr.org/publications/gender-wage-gap-2016-earnings-differences-gender-race-ethnicity/>.

⁵ National Women's Law Center, *National Snapshot: Poverty Among Women & Families, 2015* (2015), *available at* <https://nwlc.org/resources/national-snapshot-poverty-among-women-families-2015/>,

⁶ Amartya Sen. *Keynote Address at the World Bank's Conference on Disability and Inclusive Development* (2007), *available at* <http://documents.worldbank.org/curated/en/930491468158381717/pdf/393850WP0Socia00Box374323B00PUBLIC0.pdf>.

⁷ *Id.*

⁸ Shawn Fremstad, "Half in Ten: Why Taking Disability into Account is Essential to Reducing Income Poverty and Expanding Economic Inclusion," Center for Economic and Policy Research (2009), *available at* <http://cepr.net/documents/publications/poverty-disability-2009-09.pdf>.

⁹ Disabled World, "Disability Statistics: Information, Charts, Graphs, and Tables" (2017), *available at* <https://www.disabled-world.com/disability/statistics/>.

¹⁰ Debra L. Brucker and Derek Nord, *Food Insecurity Among Young Adults With Intellectual and Developmental Disabilities in the United States: Evidence From the National Health Interview Survey*, 121(6) AMER. J. ON INTELLECTUAL AND DEVELOPMENTAL DISABILITY 520-532 (2016).

¹¹ Cornell University, Institute on Employment and Disability, "Disability Statistics" (2016) *available at* <http://www.disabilitystatistics.org/reports/cps.cfm?statistic=poverty>.

disproportionate human rights violations women with disabilities in the United States experience as part of their daily lives.

B. *Sources of Income for Women with Disabilities in the United States*

Women with disabilities face significant barriers to employment in the United States. For instance, women with disabilities experience barriers to accessing higher education, thus lowering their employment rates and potential wages. According to U.S. Department of Labor (DOL) statistics from 2014, women with disabilities are less likely to have achieved post-high school education, which can pose a barrier to employment.¹² The DOL's 2014 statistics indicate that even women with disabilities who earned a Bachelor's degree or higher still only had a 26.2% labor force participation rate, as compared to non-disabled women (74%) and non-disabled men (93%).¹³ This may be because women with disabilities face other barriers to accessing employment based on their disability, such as inaccessible transportation and the need for reasonable accommodations, as well as barriers based on both their gender and disability, including stereotypes and misperceptions that they are weak or unable to do the job.¹⁴

Furthermore, the U.S. Bureau of Labor Statistics in its most recent monthly report (August 2017) indicated that the unemployment rate (a number that differs from labor participation rate because it is limited to those who are unemployed but are still seeking employment) for women with disabilities currently stands at 9.7%.¹⁵ Although this is an improvement from 2016 (11%), the unemployment rate for women with disabilities in the United States is still almost three times higher than the national average for non-disabled men and women, at 3.4%.¹⁶

When women with disabilities do participate in the labor force, they earn lower wages than do men with disabilities and other women. A woman with disabilities earns only 80.8% of what a man with disabilities earns, and only 69.5% of what a nondisabled man earns.¹⁷ Under the Fair Labor Standards Act, employers are also permitted to pay workers with disabilities a wage that is lower than minimum wage.¹⁸ Furthermore, women with disabilities are less likely to receive supplemental income—such as Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)—than men with disabilities, and even when they do receive these benefits, they receive less money than do men with disabilities.¹⁹ This is because the amount individuals receive under SSDI and SSI is dependent on work history and previous income, and

¹² U.S. Dep't of Labor, Women's Bureau, "Issue Brief: Key Characteristics of Working Women with Disabilities," (July 2015), *available at* https://www.dol.gov/wb/resources/women_with_disability_issue_brief.pdf [hereinafter Dep't of Labor, "Issue Brief"]. Only 21.5% of women with disabilities who have some college participate in the workforce, while only 5.9% of women with disabilities who have less than a high school education do.

¹³ *Id.*

¹⁴ *Id.*

¹⁵ U.S. Dep't of Labor, Bureau of Labor Statistics, "Table A-6. Employment status of the civilian population by sex, age, and disability status, not seasonally adjusted," (September 1, 2017), *available at* <https://www.bls.gov/news.release/empst.t06.htm>.

¹⁶ *Id.*

¹⁷ Dep't of Labor. "Issue Brief," *supra* note 12.

¹⁸ Fair Labor Standards Act of 1938, as amended, 29 U.S.C. § 214(c) (2011).

¹⁹ *Id.*

women with disabilities are less likely to have worked and more likely to have had jobs that paid lower wages,²⁰ a situation common for women across the United States.

C. Gender-Based Violence

Worldwide, gender-based violence is a cause and consequence of both poverty and extreme poverty, including for women with disabilities. The former UN Special Rapporteur on Violence against Women (SRVAW), Yakin Ertürk, has noted that poverty, marginalization, and lack of protective mechanisms “make women easy targets for abuse,” while gender equality in employment and income give women more bargaining power in relationships and help negate other risk factors for gender-based violence.²¹ The former SRVAW, Rashida Manjoo, has found that women and girls with disabilities are already more likely to experience gender-based violence than are other women, that shelters for victims of this violence are often inaccessible to women with disabilities, and that poverty increases the risk of gender-based violence for women with disabilities.²²

Gender-based violence also has a particularly severe impact on women already living in poverty. As the former UN Special Rapporteur on Extreme Poverty, Magdalena Sepúlveda, found, “Women living in poverty who are victims of gender-based violence face particular difficulties in accessing justice and in leaving abusive relationships.”²³ As a result, in her guiding principles on extreme poverty and human rights, Sepúlveda recommended that states “take forceful action to combat gender-based violence.”²⁴

Women with disabilities are two to three times more likely to experience gender-based violence than are non-disabled women, and they are more likely to experience abuse over a longer period of time, and often suffer more severe injuries as a result of the violence.²⁵ As many as 83% of female adults in the United States with developmental disabilities are victims of sexual assault.²⁶ Multiple and intersecting forms of discrimination contribute to and exacerbate this violence, and women with disabilities who are also people of color or members of minority or indigenous

²⁰ *Id.*

²¹ U.N. Human Rights Council, *Report of the Special Rapporteur on violence against women, its causes and consequences, Yakin Ertürk: Political economy of women’s human rights*, ¶¶ 31 & 64, U.N. Doc. A/HRC/11/6 (2009), available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G09/132/95/PDF/G0913295.pdf?OpenElement>.

²² U.N. General Assembly, *Report of the Special Rapporteur on violence against women, its causes and consequences*, ¶¶ 21, 31 & 68, U.N. Doc. A/67/227 (2012), available at <http://www.ohchr.org/Documents/Issues/Women/A.67.227.pdf>.

²³ Human Rights Council. *Final draft of the guiding principles on extreme poverty and human rights, submitted by the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona*, ¶ 25, U.N. Doc. A/HRC/21/39 (2012), available at http://www.ohchr.org/Documents/Issues/Poverty/A-HRC-21-39_en.pdf.

²⁴ *Id.*

²⁵ U.N. General Assembly, *Report of the Special Rapporteur on violence against women, its causes and consequences*, ¶ 31, U.N. Doc. A/67/227 (2012), available at <http://www.ohchr.org/Documents/Issues/Women/A.67.227.pdf>.

²⁶ Maine Coalition Against Sexual Assault. *Sexual Violence Against Individuals with Disabilities*, available at <http://www.mecasa.org/index.php/special-projects/individuals-with-disabilities>.

peoples or religious groups, who are lesbian, transgender or intersex, who are older, or who live in poverty can be subject to particularized forms of violence and discrimination.²⁷

In the United States, women who experience gender-based violence frequently experience high out-of-pocket costs for health services following that violence, a situation that can lead to or exacerbate poverty.²⁸ Health costs related to gender-based violence can be particularly devastating for women with disabilities, who are less likely to have private health insurance (see Section D below) and are more likely to experience long-term violence that results in severe physical or psychological injury.

U.S. laws and programs attempt to address violence against women in several ways. Through the federal Violence Against Women Act of 2013,²⁹ the U.S. Department of Justice's Office on Violence Against Women (OVAW) funds a limited number of programs including programs specifically designed to address violence and abuse of women with disabilities.³⁰ Furthermore, the Americans with Disabilities Act, as amended, 2008 (ADA), prohibits domestic and sexual violence shelters and programs from discriminating based on disability in the full and equal enjoyment of goods, services, facilities, privileges, advantages or accommodations.³¹

However, the implementation of these laws falls short of protecting women with disabilities. For instance, very few programs actually receive funding from OVAW for women with disabilities-based programming, especially since funding was reduced from \$10 million to \$9 million in the VAWA 2013 reauthorization. In fiscal year 2016, there were only nine disability grant recipients in six out of fifty states and the total amount allocated through the Disability Grant Program was an inadequate 0.8% of the total allocated by OVAW.³² Furthermore, sexual and domestic violence shelters are still often inaccessible, and a study of shelters and gender-based violence programs in the United States found that only 16% of programs in the study had a staff member specifically assigned for services to women with disabilities and less than 5% of these staff members were nurses, sign language interpreters, substance abuse specialists, or legal specialists trained to work with women with disabilities.³³

²⁷ Stephanie Ortoleva & Hope Lewis, *Forgotten Sisters - A Report on Violence Against Women with Disabilities: An Overview of its Nature, Scope, Causes and Consequences*, NORTHEASTERN UNIVERSITY SCHOOL OF LAW, Research Paper No. 104-2012 (Aug. 21, 2012), available at <http://ssrn.com/abstract=2133332>.

²⁸ Institute for Women's Policy Research, *The Economic Cost of Intimate Partner Violence, Sexual Assault, and Stalking* (Aug. 14, 2017), <https://iwpr.org/publications/economic-cost-intimate-partner-violence-sexual-assault-stalking/>.

²⁹ Violence Against Women Reauthorization Act of 2013, Pub. L. No. 113:4, Overview (Mar. 7, 2013).

³⁰ U.S. Dep't of Justice, *Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities*, Grant Programs, Office of Violence Against Women.

³¹ Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. § 12181 et seq. (2008).

³² U.S. Dep't of Justice, *FY 2016 OVW Grant Awards By Program*, Awards, Grant Programs, Office of Violence Against Women (OVW) (reporting that the nine states that received funds were: CA, MA, MI, MN, NY, OH, and WA with MA and MN receiving two grants). OVW disability-related grants totaled \$3,775,000, a mere 0.8% of the overall total allocated by OVW Grant Program of \$452,886,693.

³³ Baylor College of Medicine. *Domestic Violence Programs*. Information based on excerpts from M.A. Nosek, C.A. Howland, and M.E. Young, "Abuse of Women with Disabilities: Policy Implications," available at <https://www.bcm.edu/research/centers/research-on-women-with-disabilities/topics/violence/access-to-domestic-violence-programs>.

D. Poverty and Access to Health Care for Women with Disabilities

As the former UN Special Rapporteur on Extreme Poverty, Magdalena Sepúlveda, has noted, worldwide, those experiencing ill health are more likely to fall into extreme poverty, while those living in extreme poverty are more likely to experience ill health, particularly when physical and mental health services are inaccessible or unaffordable, creating a vicious circle of poverty.³⁴ In order to break this circle, Sepúlveda recommended that states ensure that women living in poverty have access to preventive and treatment services related to gender-based violence, as well as high-quality sexual and reproductive health information and services, and that states undertake tailor-made measures to target groups facing particular challenges in accessing health care.³⁵

Having a disability and being in good health are not mutually exclusive.³⁶ However, in the United States, there are many challenges women with disabilities face in accessing health information and services to keep them in good health. These challenges are frequently created by discrimination and stereotypes based on both their gender and disability statuses,³⁷ including that they are asexual, hypersexual, unable to make decisions for themselves, or unable to be good parents.³⁸ The prevalence of stereotypes and lack of provider training make healthcare providers significantly less likely to ask women with disabilities about their use of or need for contraceptives,³⁹ meaning that women with disabilities in the U.S. may be more susceptible to unplanned pregnancies that can have a significant impact on their health and well-being and can lead to or exacerbate poverty. Additionally, because physicians frequently see women with disabilities as sexually inactive and thus not in need of reproductive health care,⁴⁰ and because transportation and health facilities are frequently inaccessible,⁴¹ women with disabilities are also less likely to receive needed health screenings for reproductive and breast cancer,⁴² a situation

³⁴ Human Rights Council. *Final draft of the guiding principles on extreme poverty and human rights, submitted by the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona*, ¶ 81, U.N. Doc. A/HRC/21/39 (2012), available at http://www.ohchr.org/Documents/Issues/Poverty/A-HRC-21-39_en.pdf.

³⁵ *Id.*, ¶ 82.

³⁶ J. P. Wisdom, M. G. McGee, et al., “Health Disparities Between Women With and Without Disabilities: A Review of the Research,” National Center for Biotechnology Information, U.S. National Library of Medicine, National Institutes of Health, (2003), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3546827/>.

³⁷ *Id.*

³⁸ Center for Research on Women with Disabilities, *Medical Professionals Knowledge*, <https://www.bcm.edu/research/centers/research-on-women-with-disabilities/topics/health-care/medical-professionals-knowledge> (last visited October 3, 2017).

³⁹ Center for Research on Women with Disabilities, *Access to Reproductive Health Care*, <https://www.bcm.edu/research/centers/research-on-women-with-disabilities/topics/health-care/reproductive-health-care> (last visited October 3, 2017).

⁴⁰ Erin Billups, *Women with Disabilities Have Trouble Receiving Gynecology Services in City*, N.Y. TIMES (Apr. 15, 2014), http://www.ny1.com/content/lifestyles/health_and_medicine/207001/women-with-disabilities-have-trouble-receiving-gynecology-services-in-city.

⁴¹ Nancy Mele et al., *Access to Breast Cancer Screening Services for Women with Disabilities*, 34 J. OF OBSTETRIC, GYNECOLOGIC, & NEONATAL NURSING 453-64 (July 2005).

⁴² The National Center for Health Statistics found that as of 2005, 65-71% of women with disabilities have had a Pap test compared to 83% of women without disabilities. *Id.*, at 41. See also Elizabeth Pendo, *Reducing Disparities through Health Care Reform: Disability and Accessible Medical Equipment*, 4 UTAH L. REV. 1057, 1065 (2010) [hereinafter *Reducing Disparities*]; Drew Rivera et al., *Disability and Pap Smear Receipt among U.S. Women, 2000 and 2005*, 42 PERSP. ON SEXUAL AND REPROD. HEALTH, 258-66 (2010).

that can lead to significant and costly long-term health problems. Due to poverty, women with disabilities are also more reliant than others on government health insurance, including Medicaid and Medicare.⁴³ By law, these programs do not cover abortion,⁴⁴ a service that is essential to ensuring that women can make decisions about their health and lives, including decisions that can help keep them out of poverty.

United States law provides some health protections for women with disabilities. For instance, the amended ADA prohibits healthcare providers and hospitals from discriminating on the basis of disability in the full and equal enjoyment of goods, services, facilities, privileges, advantages or accommodations.⁴⁵ Furthermore, the Patient and Protection Affordable Care Act of 2010 (ACA) mandated coverage in health plans for women's preventive health care, including contraception, and prohibited discrimination by health insurers against those with pre-existing conditions,⁴⁶ while also attempting to make private health insurance more affordable for all. In 2012, the U.S. Access Board recommended, pursuant to the ACA, improved accessibility standards for medical diagnostic equipment (e.g., exam tables, chairs, tables) inclusive of sexual and reproductive healthcare access.⁴⁷ Although standards on this issue have been developed, the U.S. Department of Justice has not yet made them mandatory for health care providers and equipment manufacturers.⁴⁸

Additionally, at the time of writing, a new political environment made the status of the ACA itself and the ACA's requirements unclear, including requirements that expanded access to Medicaid (which is a government-run health insurance program for low-income individuals), and there were fears that rising health insurance premiums would prevent the most vulnerable, which includes women with disabilities, from accessing affordable health care.⁴⁹ Because women with disabilities have higher rates of unemployment and poverty than the general population, they are far less likely to have private insurance to cover reproductive health goods and services.⁵⁰

E. Non-ratification of CEDAW, ICESCR, and the CRPD

⁴³ National Council on Disability, *The Current State of Health Care for People with Disabilities*, (Sept. 2009), available at <https://www.ncd.gov/publications/2009/Sept302009#>.

⁴⁴ For more information about these restrictions, see American Civil Liberties Union, *Access Denied: Origins of the Hyde Amendment and other Restrictions on Public Funding for Abortion*, available at <https://www.aclu.org/other/access-denied-origins-hyde-amendment-and-other-restrictions-public-funding-abortion>.

⁴⁵ Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. § 12181 et seq. (2008).

⁴⁶ U.S. Dep't of Health and Hum. Serv., *Section 1157 of the Patient Protection and Affordable Care Act*; see also U.S. Dep't of Health and Hum. Serv., *Affordable Care Act Expands Prevention Coverage for Women's Health and Well Being*.

⁴⁷ See U.S. Access Board, *Advancing Equal Access to Diagnostic Services: Recommendations on Standards for the Design of Medical Diagnostic Equipment for Adults with Disabilities* (Dec. 6, 2013), available at <http://www.access-board.gov/guidelines-and-standards/health-care/about-this-rulemaking/advisory-committee-final-report/5-recommendations>.

⁴⁸ U.S. Access Board, *About the Rulemaking on Medical Diagnostic Equipment*. available at: <https://www.access-board.gov/guidelines-and-standards/health-care/about-this-rulemaking>.

⁴⁹ Steven Rattner, "How Donald Trump is Driving Up Health Insurance Premiums," in N.Y. TIMES, August 15, 2017, https://www.nytimes.com/2017/08/15/opinion/how-donald-trump-is-driving-up-health-insurance-premiums.html?mcubz=1&_r=0.

⁵⁰ Center for Research on Women with Disabilities, *Health Insurance*, <https://www.bcm.edu/research/centers/research-on-women-with-disabilities/topics/health-care/health-insurance> (last visited October 3, 2017).

The United States has ratified the ICCPR, under which the Human Rights Committee has recognized a right to life with dignity that includes access to the goods and services needed to maintain a decent life.⁵¹ Despite these legal protections, however, the country's non-ratification of other human rights treaties—including CEDAW, ICESCR, and the CRPD—has a significant impact on the rights of women with disabilities. In particular, United States law does not recognize a right to health,⁵² which means that health insurance coverage for the most vulnerable—including women with disabilities—is not guaranteed and instead is entirely dependent on whether the individual is employed, whether there is political support for government-provided health insurance, or whether health insurance providers charge reasonable rates. Furthermore, U.S. law does not recognize a right to an adequate standard of living,⁵³ meaning that government assistance programs such as SSDI and SSI are again dependent on political support. If the United States were to ratify the CRPD, for instance, it would be required “[t]o ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes.”⁵⁴ Because government health insurance and social protections programs are frequently under political attack in the United States, this creates instability in the lives of those who may rely on those programs, and these individuals are, as noted above, disproportionately women with disabilities.

II. *Specific Recommendations*

Women with disabilities, as a historically marginalized subset of the population in the United States, have lower levels of education, lower earnings and likelihood of employment, and higher likelihood of living in poverty.⁵⁵ Their experience of gender-based violence is a further cause and consequence of this poverty, as is lack of access to affordable and accessible health care, including sexual and reproductive health care.

With these issues in mind, WEI would like to make the following recommendations to the Special Rapporteur as he plans for his visit to the United States:

- Contact the following individuals and organizations working on disability rights, including the rights of women and girls with disabilities:

⁵¹ Human Rights Committee, *Draft General Comment No. 36 on Article 6: Right to Life* (2017), available at <http://www.ohchr.org/EN/HRBodies/CCPR/Pages/GC36-Article6Righttolife.aspx>.

⁵² International Covenant on Economic, Social and Cultural Rights, adopted Dec. 16, 1966, art. 12, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, U.N. Doc. A/6316 (1966) (entered into force Jan. 3, 1976) [hereinafter ICESCR]; Convention on the Elimination of All Forms of Discrimination against Women, adopted Dec. 18, 1979, art. 12, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46, U.N.T.S. 13 (entered into force Sept. 3, 1981) [hereinafter CEDAW]; Convention on the Rights of Persons with Disabilities, adopted Dec. 13, 2006, art. 25, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611, (entered into force May, 3 2008) [hereinafter CRPD].

⁵³ ICESCR, *supra* note 51, art. 11; CEDAW, *supra* note 51, art. 13; CRPD, *supra* note 51, art. 28.

⁵⁴ CRPD, *supra* note 51, art. 28(2)(b).

⁵⁵ J. P. Wisdom, M. G. McGee, et al, “Health Disparities Between Women With and Without Disabilities: A Review of the Research,” National Center for Biotechnology Information, U.S. National Library of Medicine, National Institutes of Health, (2003), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3546827/>.

- **Vera Institute of Justice**, <https://www.vera.org/securing-equal-justice/reaching-all-victims/people-with-disabilities-and-deaf-people>
 - **Illinois Imagines**, <http://www.icasa.org/index.aspx?PageID=%201045> .
(Contact: Teresa Tudor, *Project Director*, +1 (217) 558-6192, teresa.tudor@illinois.gov) (note that this is a government program, not a non-governmental organization)
 - **ADAPT**, <http://adapt.org/>
 - **World Institute on Disability**, <https://wid.org/>, **Phone:** (510) 225-6400 (wid@wid.org; Loretta Herrington, Manager of Special Projects: Loretta@wid.org)
- Question the government about the definition of poverty, and make sure cost of living for persons with disabilities is included as part of that measure. Use this measure to also determine the level of social assistance for which persons with disabilities are eligible.
 - Question government officials about the consistently high rates of unemployment and underemployment of women with disabilities, as well as the lower percentage of women with disabilities on government assistance, and recommend that the government vigorously enforces anti-discrimination laws.
 - Question government actors about the high rates of gender-based violence against women and girls with disabilities, and recommend that the government increases funding for programs addressing gender-based violence that are targeted at women with disabilities and for existing programs and shelters to make them more accessible to persons with disabilities.
 - Question government actors about how they plan to address health insurance gaps for women with disabilities, which lead to more expensive care and delays in receiving needed health services. Recommend that states and federal agencies enforce current laws, which mandate that such services are accessible to women with disabilities and that necessary reasonable accommodations are provided, and require that doctors and other health care workers are trained to work with persons with disabilities.

Thank you for your time and attention to this submission. Should you have any questions or require further information, we hope you will feel free to contact WEI at the information provided below. WEI would also appreciate the opportunity to participate in any roundtable dialogues or convenings held by Special Rapporteur during his visit. We have staff available in both New York City and Washington, DC.

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