



**Women Enabled International
Submission to the Special Rapporteur on the Rights of Persons with Disabilities on
Older Women with Disabilities**

Drafted by: Women Enabled International

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The above-listed individuals and organizations appreciate the opportunity to provide information to the Special Rapporteur on the Rights of Persons with Disabilities (Special Rapporteur) for her forthcoming report on the rights of older persons with disabilities. This submission focuses on information and data related to older women, particularly older women with disabilities, and how discrimination at the intersection of age, disability, and gender affects this population worldwide.

I. Introduction

Women comprise a majority of the population of older persons, while nearly one-quarter (23.6%) of the world's women are aged 50 and older.¹ Furthermore, according to the Centers for Disease Control and Prevention, more than half of all women over the age of 65 are persons with disabilities.² Indeed, because women on average live longer than men, women make up the majority of the older population, represent a larger proportion of the total population at each higher age, report higher rates of physical disability, and spend more years as persons with disabilities.³ For instance, in the U.S., older women account for 59% of all older persons with disabilities, and older women are more likely than older men to experience disability.⁴

Women with pre-existing disabilities generally experience disparities that persist and intensify with older age, including poverty, lack of access to adequate nutrition and health care, and violence.⁵ Ageing will likely be exaggerated for women who have lived in poverty with poor nutrition and have had little, if any, access to education and health care, increasing the risk that they will acquire impairments that lead to disability in older age.⁶

Older women with disabilities experience human rights violations that are distinct from or disproportionate to those experienced by others. At the heart of these violations are discrimination, stigma, and stereotyping about older women with disabilities. Indeed, in its General Recommendation No. 27 on older women, the Committee on the Elimination of Discrimination against Women (CEDAW Committee) notes that older age may compound discrimination against women based on other factors, including based on gender and disability,⁷ while also finding that gender stereotyping and traditional practices can have particularly harmful effects on all areas of life for older women with disabilities, "including family relationships, community roles, portrayal in the media, employers' attitudes, health care and other service providers, and can result in physical violence as well as psychological, verbal and financial abuse."⁸

This submission will concentrate on providing information on the situation of older women with disabilities, including related to violence and abuse, institutionalization, social protection, and access to health care, to help provide a particular gender context for the Special Rapporteur's forthcoming report on older persons with disabilities. This submission will also provide an overview of international human rights legal standards concerning these topics as they apply to older women with disabilities. Finally, this

submission contains a short set of gender-specific recommendations for the Special Rapporteur to consider including in her report on the rights of older persons with disabilities.

II. Issues Particularly Impacting Older Women with Disabilities

This section will summarize available data surrounding issues that particularly impact older women with disabilities. There is very little data specific to the situation of older women with disabilities, and so much of what is summarized below focuses on older women more generally. Because older women with disabilities account for a significant percentage of the population of older women (see above), this information is likely to apply to older women with disabilities in equal measure.

A. Violence, Exploitation, and Abuse of Older Women with Disabilities

Women with disabilities generally are two to three times more likely to experience violence than are other women, and are also more likely than men with disabilities to experience violence, due to factors based on both gender and disability. Women with disabilities become more vulnerable to violence as they become older, particularly if they are dependent on another person for daily care.⁹ This violence often exists at the margins between intimate partner violence and elder abuse (or violence at the hands of a caregiver or adult child)¹⁰ and includes not only physical violence and sexual violence but also financial abuse, neglect, and enforced dependence.¹¹ Although it is thought that older women experience some forms of violence, such as intimate partner abuse, at lower rates than younger women, women over the age of 50 are also much less likely to report such violence if it does occur, making it hard to determine the scope of the problem.¹² Furthermore, although all older persons may experience some forms of violence, exploitation, and abuse, certain forms of this abuse—including sexual violence and intimate partner violence—are still experienced disproportionately by older women at the hands of men.¹³

Violence against older women with disabilities occurs at home and in institutions. For older women with disabilities who reside at home, the violence is often perpetrated by spouses or other partners, as a result of cycles of power and control that show similar characteristics to intimate partner violence experienced by younger women.¹⁴ Older women, however, may be more vulnerable in these abusive situations, because they are more likely to be economically dependent on abusers, have experienced abuse for a longer period of time, are more likely to experience physical impairments, or because of the changing nature of relationships as intimate partners grow older (for instance, increased need for caregiving).¹⁵ Older women, particularly those with disabilities, may also experience certain forms of intimate partner violence at disproportionate rates, including verbal abuse, isolation, autonomy-related abuse (for instance, the appointment of the abuser as a legal guardian or power of attorney), financial abuse including at the hands of a legal guardian or power of attorney, and the creation of dependency and neglect (including control and withholding of needed medications or mobility devices).¹⁶

Older women, particularly those with disabilities, are also at increased risk of violence, exploitation, and abuse in long-term residential care homes and other institutions. As the Committee on the Rights of Persons with Disabilities (CRPD Committee) has noted, “institutionalization may expose persons with disabilities to violence and abuse, with women with disabilities being particularly exposed”¹⁷ because “institutions tend to isolate those who reside within them from the rest of the community.”¹⁸ The consequences of this abuse may also be more severe for older women with disabilities than for younger women. For instance, one study found that older women who had been subjected to sexual violence in institutions were more likely than others to die within 12 months of the violence.¹⁹ The authors of an analysis of criminal justice responses to violence against older women in Canada found that “[p]reventing and detecting sexual abuse of older women by caregivers requires that clear standards be set for interactions between caregivers and clients, and that a team approach to care be instituted to ensure adequate supervision of clients, particularly those with cognitive impairments.”²⁰

Accountability, Access to Justice, and Support Services to Address Violence against Older Women with Disabilities

Many incidents of violence against older women with disabilities go unreported, which may be due to existing societal limitations in awareness concerning violence against older women with disabilities.²¹ In particular, older women may be reluctant to report abuse because they do not want to get a family member in trouble or are afraid of losing access to caregiving services.²² When they do report abuse, older women, particularly those with cognitive disabilities or dementia, may be viewed as poor witnesses due to memory problems,²³ and thus authorities may require that there is another witness to the abuse in order to bring the case forward.²⁴ Furthermore, particularly when abuse occurs in long-term care facilities, the abuse may happen at the hands of a person with cognitive impairments or dementia who is considered not culpable, or at the hands of caregivers who may claim that the abusive behavior was actually part of caregiving.²⁵ As a result, older women with disabilities experience compounded barriers to accessing justice following violence committed against them.

Remedies provided to older women, including older women with disabilities, in cases of violence, exploitation, and abuse may also be inadequate. An analysis of legal remedies for intimate partner violence against older women in the U.S. state of California found that most cases were handled by elder abuse judges, who usually dealt with abuse perpetrated by adult children or other caregivers and often did not have adequate training to address intimate partner violence situations.²⁶ At the same time, remedies and services for intimate partner violence were often designed with younger women in mind, meaning that they were not equipped to meet the particular physical and emotional needs of older women.²⁷ Furthermore, California law requires that some service providers must report to relevant authorities if they suspect elder abuse,²⁸ a situation that can undermine the autonomy of older women and also deter them from seeking needed help or treatment if they are not ready to report intimate partner violence or other abuse.

Rehabilitation services for gender-based violence, including physical and psychological services and counselling, may also not be inclusive of older women with disabilities, as they may not be accessible or age- and gender-sensitive.²⁹ For instance, the analysis of the U.S. state of California's response to intimate partner violence against older women found that domestic violence shelters were often not designed with older women in mind, in that they were not equipped to accommodate caregivers or to meet more intense medical or support needs, and many also required that women pitch in with daily chores that older women were often unable to perform.³⁰ Furthermore, support services themselves may pose risks of gender-based violence for older women with disabilities, as older women with disabilities become more reliant on caregivers, opening them up to abuse.³¹

State Obligations

Both the CRPD and CEDAW Committees have enumerated State obligations to ensure that older women with disabilities are protected from violence. For instance, in its General Recommendation No. 27 on Older Women, the CEDAW Committee outlined that “States parties have an obligation to draft legislation recognizing and prohibiting violence ... against older women, including those with disabilities” and that they have an obligation to “investigate, prosecute and punish all acts of violence against older women, including those committed as a result of traditional practices and beliefs.”³² The CRPD Committee has further found that States must include gender-based violence in their monitoring of institutions and “ensure access to redress for women with disabilities who are exposed to gender-based violence in institutions.”³³ The CEDAW Committee has further found that States “should provide older women with information on their rights and how to access legal services” and should “train the police, judiciary as well as legal aid and paralegal services on the rights of older women, and sensitize and train public authorities and institutions on age- and gender-related issues that affect older women.”³⁴ The CEDAW

Committee has further found that “[i]nformation, legal services, effective remedies and reparation must be made equally available and accessible to older women with disabilities.”³⁵

As the CRPD Committee has noted, it is imperative that all services to support the independent living of persons with disabilities “leave no space for potential abuse or exploitation of persons with disabilities or any violence against them.”³⁶ The CRPD Committee has recommended that States ensure “[d]isability-, gender- and age- sensitive monitoring, legal remedies and relief” for all persons with disabilities who use these services and who may face violence, abuse, or exploitation.³⁷

B. Institutionalization and Access to Community-Based Support Services for Older Women with Disabilities

As the CRPD Committee has noted, “Age and impairment, separately or jointly, can increase the risk of institutionalization of older persons with disabilities.”³⁸ This is particularly the case for older women with disabilities, for several reasons. Older women with disabilities are more likely to lack family support to live in the community than are older men with disabilities. For instance, a survey of older Americans with disabilities found that older women with disabilities were “nearly twice as likely to live alone as older men with a disability (36.6 percent compared with 20.2 percent).”³⁹ This disparity correlates with a higher rate of institutionalization for older women with disabilities, as they are less likely to have support and care from a spouse at home.⁴⁰ Older persons with fewer financial means are also more likely to end up in institutions rather than receiving home- and community-based care and support,⁴¹ a situation that disproportionately impacts older women with disabilities who, as noted in Section C below, are likely to have fewer financial resources. Furthermore, older women with disabilities face unique consequences of institutionalization, due to their age, gender, and disability, including as noted above, increased rates of violence and abuse in institutions.

The CRPD Committee has provided extensive guidance on State obligations related to Article 19 of the CRPD, including how it applies to older women with disabilities. In its General Comment No. 5, the CRPD Committee recognized that intersectional identities impact the right to live in the community for persons with disabilities, noting that Article 19 applies equally to women and that “the right to live independently and be included in the community encompasses the protection of persons with disabilities belonging to any age group, ethnic group, scheduled caste or linguistic and/or religious minority, as well as migrant, asylum seeking and refugee persons.”⁴² The CRPD Committee further provided that support services to ensure individuals can live and participate in the community must be available, affordable, and acceptable to all persons with disabilities, including by being gender- and age-sensitive.⁴³ Finally, the CRPD Committee has found that States must ensure that all decisions related to independent living in the community can be appealed, that support to enable independent living in the community is enforceable as a right and an entitlement, and that “substantial rights to legal aid, support and procedural and age-appropriate accommodations” are ensured in order to guarantee access to justice in these circumstances.⁴⁴

C. Access to Social Protection for Older Women with Disabilities

Social protection is particularly important for older women with disabilities, who due to age, gender, and disability are more likely to live in poverty.⁴⁵ Indeed, a survey of literature on older Americans with disabilities found that while 9.2% of older men with disabilities experience poverty, 15.2% of older women with disabilities do.⁴⁶ In Canada, older women experience lower incomes at nearly twice the rate of older men (6.0% as compare to 3.3%), with single older women having even higher rates of low income (14.3%) and experiencing nearly three times the rate of poverty.⁴⁷ When older women do work, it is often in the informal economy, where they earn less than older men.⁴⁸

Economic insecurity in younger and middle age also often contributes to higher needs for social protection for older women with disabilities. Indeed, women worldwide are paid less than men in part-time and full-time positions, are more likely to engage in part-time work due to other unpaid care responsibility, are less likely to have pension rights as part of their employment, and are more likely to have taken unpaid leave associated with care work.⁴⁹ As a result, older women have generally accrued less wealth by older age than have older men, and because they live longer than men, older women have to spread what wealth they do have over a longer period of time.⁵⁰ Due to their gender and the existence of patriarchal laws and practices, older women also face increased barriers to inheriting housing, land, and property,⁵¹ and having or acquiring a disability in older age can lead to a need for long-term services and supports, often at high cost.⁵² At the same time, when social protection is allocated based on lifetime payroll contributions, older women are also likely to receive less, due to the barriers to economic security in younger age identified above.⁵³

In order to address disparities in social protection for older women, including those with disabilities, the CEDAW Committee has recommended that States facilitate the participation of older women in work, address gender- and age-related pay gaps, and do not impose mandatory retirement ages on older women, so that they can continue to work and accrue pension benefits.⁵⁴ The CEDAW Committee has also recommended that States “provide adequate non-contributory pensions, on an equal basis with men, to all women who have no other pension or insufficient income security.”⁵⁵ The CRPD Committee has further recommended that States adopt affirmative action measures to ensure equal opportunities for women with disabilities with regard to social protection.⁵⁶

D. Access to Health Care for Older Women with Disabilities

Information about access to health care for older women with disabilities is largely unavailable. However, the barriers to accessing health care for women with disabilities, including physical, information, attitudinal, communications, and financial barriers, are likely to persist or even increase in older age.⁵⁷ For instance, although women with disabilities are more likely to use the health care system, 52% of women with disabilities worldwide indicated that they could not afford health care.⁵⁸ Women with disabilities also report greater dissatisfaction with the care they received due to the barriers and challenges faced when accessing health care services.⁵⁹ This puts them at greater risk for developing preventable health conditions and comorbid diseases due to physical and structural barriers, communication and provider bias, and financial and systemic barriers.⁶⁰ In particular, the numerous barriers to access cause women with disabilities to avoid seeking out regular gynecological care.⁶¹ As a result, they are less likely to receive preventive reproductive health care such as pelvic and breast exams that detect reproductive cancers, which can appear particularly in older age.⁶² These barriers place women with disabilities at a high risk for breast cancer incidence and death.⁶³

The CEDAW Committee has provided extensive guidance to States on ensuring the right to the highest attainable standard of health for older women, including older women with disabilities. For instance, the CEDAW Committee has found that State policy “should ensure affordable and accessible health care to all older women through, where appropriate, the elimination of user fees, training of health workers in geriatric illnesses, provision of medicine to treat age-related chronic and non-communicable diseases, long-term health and social care, including care that allows for independent living and palliative care.”⁶⁴ The CEDAW Committee has further stipulated that State policy must “ensure that health care provided to older women, including those with disabilities, is based on the free and informed consent of the person concerned”⁶⁵ and is tailored to the specific physical, mental, emotional and health needs of older women, with a special focus on women with disabilities.⁶⁶

III. Conclusions and Recommendations

The CEDAW Committee has found that States have an obligation “to eliminate negative stereotyping and modify social and cultural patterns of conduct that are prejudicial and harmful to older women, so as to reduce the physical, sexual, psychological, verbal and economic abuse that older women, including those with disabilities, experience based on negative stereotyping and cultural practices.”⁶⁷ The CRPD Committee has further found that the CRPD “enshrines an obligation to combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life.”⁶⁸ It is imperative that States uphold their human rights obligations to older women with disabilities, so as to address the human rights issues outlined above.

With this in mind, we hope that the Special Rapporteur will consider including the following recommendations to States in her report on older persons with disabilities:

- Collect data on violence, social protection, and access to services including health services, disaggregated by age, sex, and disability, as well as other statuses, to get a clearer picture of the situation of older women with disabilities.⁶⁹
- Amend laws and policies to address violence against older women with disabilities and ensure access to justice, including by ensuring that abuse and violence committed by intimate partners, family members, and caregivers against older women with disabilities is effectively criminalized in law, that long-term residential care institutions are adequately monitored for violence and abuse, that legal aid and support services for victims of violence, including shelters, are equipped to work with older women with disabilities, that justice system actors are trained to recognize and address different forms of violence experienced by older women with disabilities, and that there are adequate redress mechanisms for violence and abuse, including accessible to those living in institutions.
- Ensure that older women with disabilities have access to support services they may need to live in their homes and participate in their communities and are not forced to live in long-term residential care homes or other institutions.
- Ensure that women of all ages have access to employment, with equal pay and pension benefits, so as to ensure economic security in older age to older women, including those with disabilities, while also ensuring that workplaces accommodate and do not discriminate against older women, including those with disabilities. Provide an adequate safety net to ensure an adequate standard of living for all older persons, including those who do not otherwise have access to pension benefits.
- Ensure that health care information, goods, and services, particularly reproductive health and cancer screenings, are available, accessible, affordable, and gender-, age-, and disability-sensitive for all older women, including those with disabilities.

Thank you for your time and attention to this submission. Please feel free to contact Women Enabled International, including Amanda McRae, Director of U.N. Advocacy, at a.mcrae@womeneabled.org, or Stephanie Ortoleva, Founding President and Executive Director, at President@womenenabled.org, if you have any questions or require further information.⁷⁰

¹ United Nations Development Programme, *Leave No-One Behind: Ageing, Gender and the SDGs* (2016), www.undp.org/content/undp/en/home/librarypage/womens-empowerment/leave-no-one-behind--ageing--gender-and-the-sdgs.html.

² Centers for Disease Control and Prevention, *Disability and Health Information for Women with Disabilities*, www.cdc.gov/ncbddd/disabilityandhealth/women.html.

³ JACK M. GURALNIK, ET AL., EDS. THE WOMEN'S HEALTH AND AGING STUDY: HEALTH AND SOCIAL CHARACTERISTICS OF OLDER WOMEN WITH DISABILITY 2-3 (1995); *see also* Centre for Policy on Ageing, *Diversity in Older Age – Disability* 3 (2016), https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/equality-and-human-rights/rb_may16_cpa_rapid_review_diversity_in

older_age_disability.pdf; Lisa Rapaport, “Women outlive men but suffer long years of disability,” REUTERS, Mar. 18, 2016, <https://www.reuters.com/article/us-health-longevity-disability-idUSKCN0WK2OE>.

⁴ WAN HE AND LUKE J. LARSON, OLDER AMERICANS WITH A DISABILITY: 2008-2012 2-3, 7 (2014); *see also* “Trend means U.S. women live longer but face years of disability,” FUTURITY, Mar. 18, 2016; <https://www.futurity.org/women-aging-disability-1122582-2/>.

⁵ JACK M. GURALNIK, ET AL., EDS. THE WOMEN'S HEALTH AND AGING STUDY: HEALTH AND SOCIAL CHARACTERISTICS OF OLDER WOMEN WITH DISABILITY 2-3 (1995)

⁶ *Id.*

⁷ CEDAW Committee, *General recommendation No. 27 on older women and protection of their human rights*, para. 13, U.N. Doc. CEDAW/C/GC/27 (2010).

⁸ *Id.*, para. 16.

⁹ JACK M. GURALNIK, ET AL., EDS. THE WOMEN'S HEALTH AND AGING STUDY: HEALTH AND SOCIAL CHARACTERISTICS OF OLDER WOMEN WITH DISABILITY 2-3 (1995).

¹⁰ Violence Against Women Learning Network, *Issue 18: Violence Against Women Who Are Older* (Apr. 18, 2018), www.vawlearningnetwork.ca/issue-18-violence-against-women-who-are-older.

¹¹ Centers for Disease Control and Prevention, *Elder abuse: Definitions* (2016), <http://www.cdc.gov/violenceprevention/elderabuse/definitions.html>.

¹² Taylor Jillian Altman, *A Crime at Any Age: Intimate Partner Abuse in Later Life*, 105 CALIF. L. REV. 1543, 1550 (2017).

¹³ *See, e.g., id.*; Isabel Grant and Janine Benedet, *The Sexual Assault of Older Women: Criminal Justice Responses in Canada*, 62(1) MCGILL L.J. 41, 55 (2016).

¹⁴ Taylor Jillian Altman, *A Crime at Any Age: Intimate Partner Abuse in Later Life*, 105 CALIF. L. REV. 1543, 1551 (2017).

¹⁵ *Id.* at 1552.

¹⁶ *Id.*

¹⁷ CRPD Committee, *General comment No. 3 (2016) on women and girls with disabilities*, para. 55, U.N. Doc. CRPD/C/GC/3 (2016).

¹⁸ CRPD Committee, *General comment No. 5 (2017) on living independently and being included in the community*, para. 83, U.N. Doc. CRPD/C/GC/5 (2017).

¹⁹ *See* Ann Wolbert Burgess, Elizabeth B Dowdell & Robert A Prentky, *Sexual Abuse of Nursing Home Residents* 38:6 J. PSYCHOSOCIAL NURSING & MENTAL HEALTH SERVICES 10, 17 (2000).¹⁹

²⁰ Isabel Grant and Janine Benedet, *The Sexual Assault of Older Women: Criminal Justice Responses in Canada*, 62(1) MCGILL L.J. 41, 76 (2016).

²¹ Violence Against Women Learning Network, *Issue 18: Violence Against Women Who Are Older* (Apr. 18, 2018), www.vawlearningnetwork.ca/issue-18-violence-against-women-who-are-older.

²² Taylor Jillian Altman, *A Crime at Any Age: Intimate Partner Abuse in Later Life*, 105 CALIF. L. REV. 1543, 1548 (2017).

²³ *Id.*

²⁴ Isabel Grant and Janine Benedet, *The Sexual Assault of Older Women: Criminal Justice Responses in Canada*, 62(1) MCGILL L.J. 41, 75 (2016).

²⁵ *Id.*

²⁶ Taylor Jillian Altman, *A Crime at Any Age: Intimate Partner Abuse in Later Life*, 105 CALIF. L. REV. 1543, 1559 (2017).

²⁷ *Id.* at 1561.

²⁸ *Id.* at 1560.

²⁹ CRPD Committee, *General comment No. 3 (2016) on women and girls with disabilities*, para. 57, U.N. Doc. CRPD/C/GC/3 (2016).

³⁰ Taylor Jillian Altman, *A Crime at Any Age: Intimate Partner Abuse in Later Life*, 105 CALIF. L. REV. 1543, 1562 (2017).

³¹ JACK M. GURALNIK, ET AL., EDS. THE WOMEN'S HEALTH AND AGING STUDY: HEALTH AND SOCIAL CHARACTERISTICS OF OLDER WOMEN WITH DISABILITY 2-3 (1995).

³² CEDAW Committee, *General recommendation No. 27 on older women and protection of their human rights*, para. 37, U.N. Doc. CEDAW/C/GC/27 (2010).

³³ CRPD Committee, *General comment No. 5 (2017) on living independently and being included in the community*, para. 83, U.N. Doc. CRPD/C/GC/5 (2017).

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- ³⁴ CEDAW Committee, *General recommendation No. 27 on older women and protection of their human rights*, para. 33, U.N. Doc. CEDAW/C/GC/27 (2010).
- ³⁵ *Id.*
- ³⁶ CRPD Committee, *General comment No. 5 (2017) on living independently and being included in the community*, para. 83, U.N. Doc. CRPD/C/GC/5 (2017).
- ³⁷ *Id.*
- ³⁸ CRPD Committee, *General comment No. 3 (2016) on women and girls with disabilities*, para. 55, U.N. Doc. CRPD/C/GC/3 (2016).
- ³⁹ WAN HE AND LUKE J. LARSON, *OLDER AMERICANS WITH A DISABILITY: 2008-2012*, 8 (2014).
- ⁴⁰ H. Trottier, et al., *Living at home or in an institution: what makes the difference for seniors?* 11.4 HEALTH REPORTS 11.4 49 (2000), <https://pdfs.semanticscholar.org/4164/0b499e712d41dc5acb8d9f66809b79e7656e.pdf>.
- ⁴¹ *Id.*
- ⁴² CRPD Committee, *General comment No. 5 (2017) on living independently and being included in the community*, para. 23, U.N. Doc. CRPD/C/GC/5 (2017).
- ⁴³ *Id.*, para. 35.
- ⁴⁴ *Id.*, para. 81.
- ⁴⁵ CRPD Committee, *General comment No. 3 (2016) on women and girls with disabilities*, para. 59, U.N. Doc. CRPD/C/GC/3 (2016).
- ⁴⁶ WAN HE AND LUKE J. LARSON, *OLDER AMERICANS WITH A DISABILITY: 2008-2012* 11 (2014).
- ⁴⁷ Sue Westwood, *I May Be Older, but I Ain't No Elder: A Critique of Elder Law*, 21 TEMP. POL. & CIV. RTS. L. REV. 485, 497 (2012).
- ⁴⁸ Lucio Rost, *Older women's economic empowerment: A review of the literature* 11 (2018), <https://www.odi.org/sites/odi.org.uk/files/resource-documents/12510.pdf>.
- ⁴⁹ Sue Westwood, *I May Be Older, but I Ain't No Elder: A Critique of Elder Law*, 21 TEMP. POL. & CIV. RTS. L. REV. 485, 497-98 (2012).
- ⁵⁰ *Id.* at 498.
- ⁵¹ See, e.g., U.N. Economic and Social Council, *Report of the United Nations High Commission for Human Rights*, para. 45, U.N. Doc. E/2012/51 (2012).
- ⁵² Jason Brown and Karen Dynan, *Increasing the Economic Security of Older Women*, THE HAMILTON PROJECT, Oct. 18, 2017, www.hamiltonproject.org/papers/increasing_the_economic_security_of_older_women.
- ⁵³ See, e.g., U.N. Economic and Social Council, *Report of the United Nations High Commission for Human Rights*, para. 51, U.N. Doc. E/2012/51 (2012).
- ⁵⁴ CEDAW Committee, *General recommendation No. 27 on older women and protection of their human rights*, paras. 20 & 41, U.N. Doc. CEDAW/C/GC/27 (2010).
- ⁵⁵ *Id.*, para. 44.
- ⁵⁶ CRPD Committee, *General comment No. 3 (2016) on women and girls with disabilities*, para. 64(b), U.N. Doc. CRPD/C/GC/3 (2016).
- ⁵⁷ For more detailed information on barriers to ensuring the right to health for women with disabilities, please see *Women with Disabilities Submission to the UN Special Rapporteur on the Rights of Persons with Disabilities: The Right to Health* (March 30, 2018), <https://womenenabled.org/publications.html>.
- ⁵⁸ UNITED NATIONS, *PROMOTING INCLUSION THROUGH SOCIAL PROTECTION: REPORT ON THE WORLD SOCIAL SITUATION 2018*, 65 (2018), <https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2018/07/Chapter-VPersons-with-disabilities-breaking-down.pdf>.
- ⁵⁹ Association of State and Territorial Health Officials, *Access to Preventive Healthcare Services for Women with Disabilities* (2013), <http://www.astho.org/Access-to-Preventive-Healthcare-Services-for-Women-with-Disabilities-Fact-Sheet>.
- ⁶⁰ *Id.*
- ⁶¹ National Council on Disability, *The Current State of Health Care for People with Disabilities* 56 (Sept. 30, 2009), http://www.ncd.gov/publications/2009/Sept302009#Health_and_Health_Disparities_Research.
- ⁶² 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. See 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).

⁶³ 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); see also Rie Suzuki et al., *Multi-level Barriers to Obtaining Mammograms for Women with Mobility Limitations*, 37 AM. J. HEALTH BEHAV. 711-718 (2013).

⁶⁴ CEDAW Committee, *General recommendation No. 27 on older women and protection of their human rights*, para. 45, U.N. Doc. CEDAW/C/GC/27 (2010).

⁶⁵ *Id.*, para. 45.

⁶⁶ *Id.*, para. 46.

⁶⁷ *Id.*, para. 36.

⁶⁸ CRPD Committee, *General comment No. 3 (2016) on women and girls with disabilities*, para. 8, U.N. Doc. CRPD/C/GC/3 (2016).

⁶⁹ CEDAW Committee, *General recommendation No. 27 on older women and protection of their human rights*, para. 32, U.N. Doc. CEDAW/C/GC/27 (2010).

⁷⁰ Thank you to Marta Herrera, Executive Administrative Assistant at Women Enabled International, for her research to support the drafting of this submission.