

COMMISSION ON HUMAN RIGHTS

Fifty-sixth session

Item 12 of the provisional agenda

Integration of the human rights of women and the gender
perspective: (a) Violence against women

1. As we approach the fifth anniversary of the adoption of the Beijing Platform for Action, we wish to bring to the Commission's attention continuing problems of violence against women. Such violence is often overt, as in the reported cases of stoning of Afghanistan women alleged to have violated strict codes of dress or conduct imposed by the ruling Taliban. On the other hand, violence is often more covert and systematic, especially in places where discrimination based on race, religion and/or national origin is taking place. In such places, women are often the target of discrimination against them both because they are women and because they belong to a specific race.
2. In its worst forms, women were a target of the ethnic cleansing campaigns that took place during the Bosnian conflict. The systematic rape of women was used there as a way to limit the births of the disfavored ethnic groups and to increase births of the favored ethnic group. While these forms of violence are rare and shocking, we should not allow them to inure us to more subtle and incremental forms of violence, including distinctly ethnic violence, perpetrated against women in the form of regulations and practices controlling women's reproductive rights.
3. Violations of the reproductive rights of women, including forced or coerced abortion, sterilization and intrusive monitoring of reproductive cycles, violate Articles 1 and 2 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). As the Beijing Platform for Action notes (paragraph 94), reproductive rights embrace the basic right of all couples and individuals to decide freely the number, spacing and timing of their children and the right to make decisions concerning reproduction free from discrimination, coercion and violence. The Platform for Action recognizes that governments must (1) ensure that all health services and workers secure voluntary and informed consent and (2) take all appropriate measures to eliminate harmful, medically unnecessary or coercive medical interventions (paragraph 106(g)-(h)).
4. We wish to bring the Commission's attention to the particular example of Tibetan women. The reproductive rights and health rights of Tibetan women are routinely violated. Tibetan women are subjected to systematic violence in the form of forced or coerced sterilization, contraception and abortion, including late-term abortion. Most Tibetan women have almost no access to basic medical care, and onerous costs are imposed on the limited available services. Women detainees face degrading treatment through the denial of their most basic health needs. Discrimination against Tibetan women in the provision of health care exists because of their gender and ethnicity. This Commission should recognize the urgent need for: (1) immediate international

intervention to prevent the violation of Tibetan women's reproductive rights and eliminate discrimination in health care; and (2) focused attention on the Tibetans' right of self-determination.

5. Violations of Tibetan women's reproductive rights take place against a longstanding pattern of human rights abuses against Tibetans generally. Human rights violations in Tibet have been the subject of General Assembly Resolutions in 1959, 1961 and 1965, each of which called upon China to respect the fundamental rights of the Tibetan people, including their integral right to self-determination. The Sub-Commission on the Prevention of Discrimination and Protection of Minorities of the UN Commission on Human Rights expressed similar concerns in its 1991 Resolution concerning the situation in Tibet. Nonetheless, recent reports of continuing violence and human rights violations in Tibet, including violations of women's reproductive rights and rights to health care by Amnesty International, Human Rights Watch, the International Commission of Jurists, Tibet Information Network and Physicians for Human Rights attest to deteriorating human rights conditions in Tibet.

6. Women's reproductive rights and rights to health care were a focus of recent interviews of Tibetan refugee women conducted by the Women's Commission for Refugee Women and Children, et al., and presented in January 1999 to the CEDAW Committee. The report notes that China has implemented family planning policies throughout Tibet, which include forced and coerced abortions and sterilizations of Tibetan women. There exists, however, no rational basis for the application of this law to Tibetans given the total size of the Tibetan population (6 million), the size of Tibet and concurrent population transfer into Tibet.

7. Previous reports documented local instances of systematic violence against women as a means of controlling births among Tibetans as early as the mid-1980's. For example, the head of the Tibet Autonomous Region (TAR) Family Planning Department announced in 1987 that 30% of women of child-bearing age in TAR had undergone birth control operations. The same official claimed that 17% of women in Nyingtri, Lhoka and Shigatse were sterilized by 1986. In 1990, a local radio station in Amdo Province (northeastern Tibet) announced that 10% of women of child bearing age had been sterilized. Forced and coerced abortions occur in all trimesters, and according to American physician Dr. Kerr, even into the ninth month of pregnancy using the chemical lavanor. Kerr reports that infanticide occurs in the hospitals as a method of population control.

8. Unfortunately, despite international attention and condemnation, the refugee interviews show that these practices continue to the present. In 1997, 113 forced abortions took place in one district alone, in Amdo. A Tibetan refugee woman from Phenpo witnessed a coerced abortion performed on a woman who was six months pregnant. A 37 year old man from Kham reported a policy of gathering Tibetan nomad women for abortions.

9. The penalties levied against Tibetan women for unauthorized pregnancy and/or children include forced abortion and sterilization, prohibitive fines, loss of employment or employment benefits, and loss of an unauthorized child's rights to education, health, food and employment benefits. The hardship of the monetary fines is so severe that many women are coerced into birth control methods that transgress their religious and cultural beliefs.

10. One male health care worker who fled Chushul in 1997 reported that all women with two children were summoned for sterilization in October 1994. Those who disobeyed were fined and farm women who could not pay lost their land. Another witness from Amdo reported that women with at least one child were brought from nearby villages in trucks to be sterilized. Her mother reported that Tibetan nomads were brought into Amdo under false pretenses to be sterilized in 1997. A witness from Kham reported seeing women gathered for sterilization in Nyemo in the summer 1996. About 300 were sterilized on that day, including those with fetuses below three months. Women were literally dragged against their will and even had to pay for the procedure.

11. China's family planning policies include extensive monitoring of women's reproductive cycles, regular vaginal exams and mandatory public birth control meetings. One woman from Phenpo reported that she was pressured to attend weekly monitoring meetings. Women discovered to be not menstruating were given "a blue tablet to remove the child or taken to the hospital to check them or get an abortion."

12. Tibetan women's health is systematically compromised through family planning policies, poor access to services, discriminatory health care, and a lack of access to basic health care. Evidence of this includes a significantly higher maternal mortality rate among Tibetans of up to 20 per 10,000 as compared to 6 per 10,000 among Chinese, with 70-80% of Tibetan maternal deaths considered preventable.

13. Tibetan women shun medical care because they fear that Chinese authorities will force unwanted birth control methods on them. Many Tibetan women refuse to see a doctor when pregnant fearing coerced/forced abortion and sterilization. This fear becomes a barrier to pre-natal and other health care increasing risks of infant and maternal mortality.

14. This systematic violence against Tibetan women demands international action. The Tibetan people are working to secure fundamental human rights, including their right to self-determination, through a non-violent campaign. If this peaceful course of action fails to engender meaningful international support and resolution, then the global community sends the incontrovertible message that only the kind of violence that spiraled out of control in the former Yugoslavia serves to focus world attention on existing conflicts. We urge the Commission to resolve to take steps to stop all forms of violence against women, and to intervene specifically on behalf of Tibetan women subjected to systematic violations of their reproductive rights. It appears that recognizing the Tibetan people's right to self-determination is the only viable solution to decades of human rights

abuses, including violent methods used against Tibetan women to prevent births among the Tibetan people.