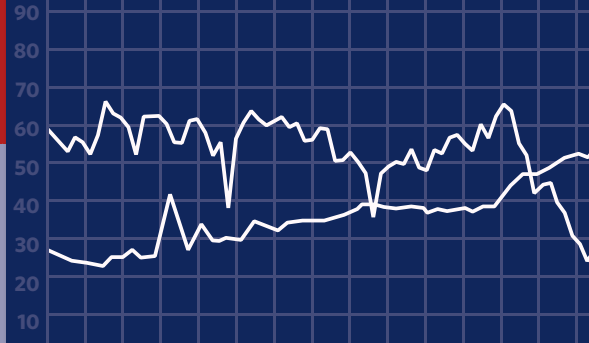




## UNITED STATES OF AMERICA



In light of the United States' appearance before the Universal Periodic Review of the UN Human Rights Council in 2010, this fact sheet examines the realization of economic and social rights in the United States.

The United States has signed but not yet ratified the most important international treaties that protect economic and social rights, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women. In signing these treaties, the United States has indicated an intention to be bound by their provisions in the future, and not to violate their objectives and purpose pending ratification. The United States has ratified the International Convention on the Elimination of All Forms of Racial Discrimination, therefore it is obligated to ensure equal treatment of racial and ethnic minorities with regard to social and economic rights. The United States' prominent role in drafting the Universal Declaration on Human Rights (UDHR) demonstrates its historical commitment to economic and social rights, which are included on an equal footing with civil and political rights in the declaration. Prompt ratification of those treaties that have evolved from the UDHR would reaffirm that commitment and help make the promise of the UDHR a reality for all Americans.

This analysis focuses on the realization of the rights to health, education, work, housing, and an adequate standard of living, in order to raise questions about possible public policy failures in these areas. It aims to graphically illustrate the most recent statistical data available to review the realization of these rights in the United States, comparing the current situation to other high-income countries of the Organisation for Economic Co-operation and Development (OECD).

The United States has the highest national income in the world as measured by GDP (World Bank 2010). Yet, in comparison with other OECD countries, the United States has some of the worst health and other social indicators, including the highest rates of infant mortality, maternal mortality and teen pregnancy. There are also sharp gender and ethnic disparities, including in education achievements, health, salary levels, and poverty rates; in particular, black and Hispanic groups still trail whites in enjoying their full economic and social rights.

Relatively low social spending suggests the government has not prioritized the realization of economic and social rights commensurate with the country's immense wealth. The data and graphs in this fact sheet point to possible failures by the state to take all appropriate measures to guarantee the exercise and enjoyment of human rights and fundamental freedoms, including economic and social rights, to everyone in the United States. They are based largely on official U.S. government agency statistics. International comparisons are made with the latest available data from the World Bank and the OECD.

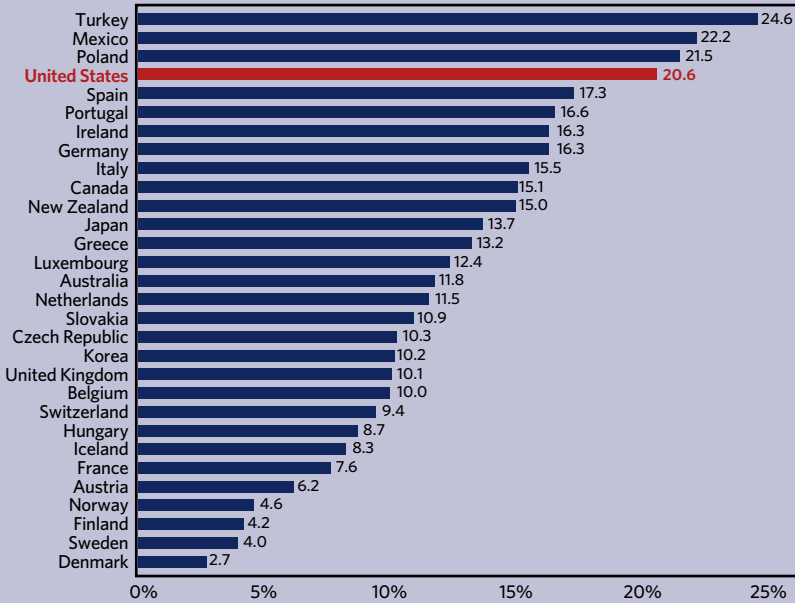
# VISUALIZING RIGHTS

# POOR HUMAN RIGHTS OUTCOMES

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." (Article 25 of the Universal Declaration of Human Rights)

**Figure 1**

% of Children Living in Poverty, OECD Countries, Latest Available Comparable Data



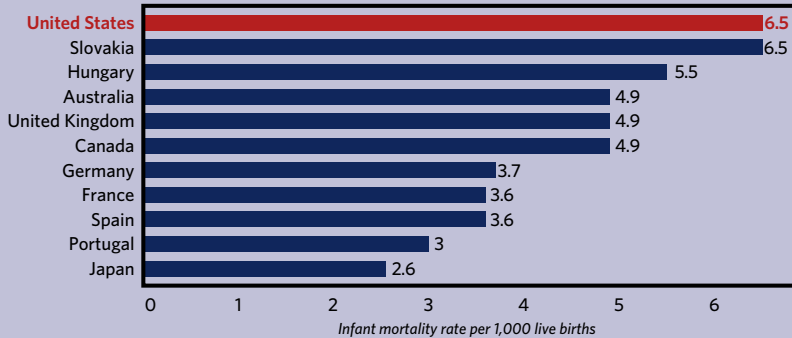
Source: OECD 2009b

**The United States is the world's wealthiest economy, yet one in five children live in poverty**

More than 20 percent of American children live in poverty, despite the fact that the United States has the world's highest GDP. The rate of child poverty is far higher in the United States than in other OECD countries with comparable income levels. This suggests a failure to guarantee the rights of all children to a standard of living adequate for the child's physical, mental and social development (Article 27 CRC).

**Figure 2**

Infant Mortality Rate, Selected OECD Countries, 2007



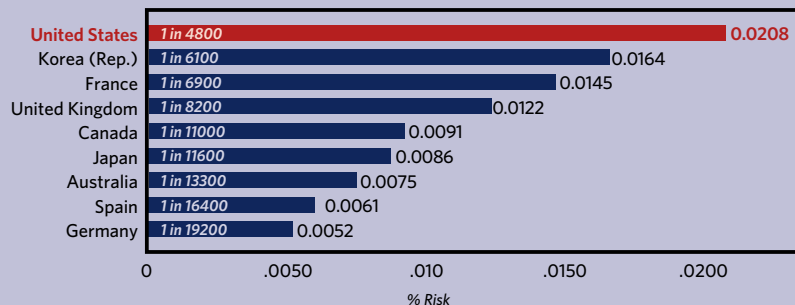
Source: World Bank 2010

**More infants die before reaching age one in the United States than in any other comparable country**

The number of infants who die in the United States before one year old is the highest among OECD countries (and equal to Slovakia). That more than twice as many African American infants die compared to white infants (CDC 2008) raises serious questions about the effectiveness of public policies to guarantee the equal right to health, without discrimination.

**Figure 3**

Lifetime Risk of Maternal Death, Selected OECD Countries, 2005 (latest available data)



Source: World Bank 2010

**Women in the United States have the highest risk of dying in childbirth of any high-income OECD country**

The risk of American women dying due to complications from pregnancy or childbirth is also the highest among high-income OECD countries, despite the country's resources. The risks are much lower in Japan and Germany, which were ranked second and fourth respectively for GDP in 2008. This raises questions about women's access to appropriate health care services.

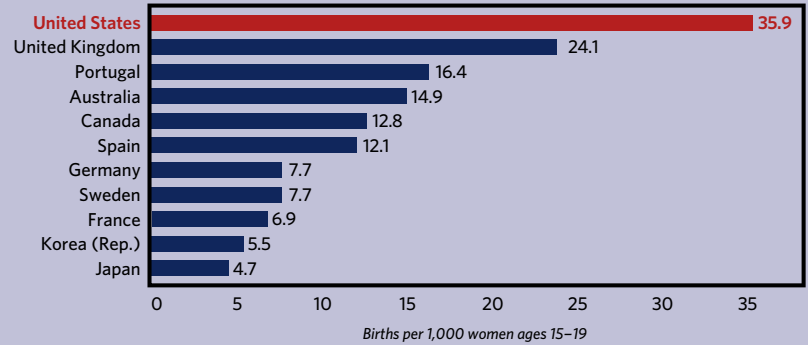


# DESPITE AVAILABLE RESOURCES

## **Pregnancy rates among U.S. teenagers are far higher than in comparable countries**

Teenage girls in the United States are more likely to become pregnant and give birth than teenage girls in any other high-income OECD country, and this rate has increased since 2005. This suggests a failure to ensure that teens have access to appropriate reproductive health services and information, including contraception (Center for Reproductive Rights 2009).

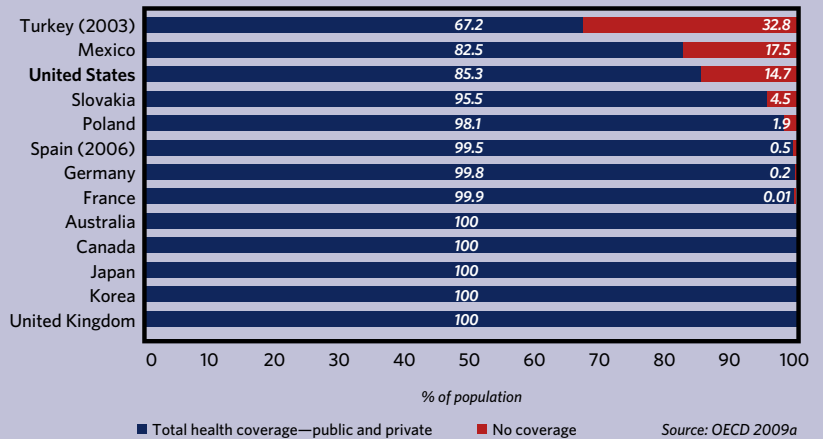
**Figure 4** Adolescent Fertility Rate, Selected OECD Countries, 2007



## **Fifteen percent of the population had no health insurance coverage in 2007**

Out of all OECD countries, only Mexico and Turkey have a larger proportion of people without health insurance. In the United States, 15 percent, or 47 million people, did not have health insurance in 2007, leaving them vulnerable and often unable to pay for any necessary treatment. This number has risen in the current economic recession, as many lost job-based health care coverage when they got laid off. A recent study shows that lack of health insurance coverage is associated with 45,000 deaths each year (Wilper et al. 2009). This suggests that the United States is failing to meet the core human rights obligation to ensure healthcare and services are economically accessible to all without discrimination.

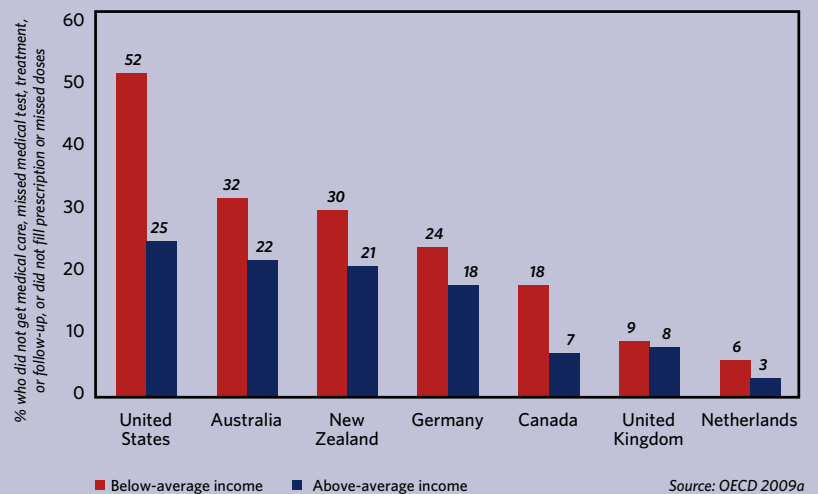
**Figure 5** Health Insurance Coverage for a Core Set of Services, Selected OECD Countries, 2007



## **Over half of poorer Americans go without healthcare due to costs**

More than half of Americans with below-average income have to forego necessary medical care or medicine because they cannot afford it. Even among Americans with above-average income, one-quarter report going without care due to high costs, including those who have health insurance. These rates are the highest among all OECD countries, and raise serious questions about the economic accessibility of health care for Americans.

**Figure 6** Persons Reporting an Unmet Health Care Need Due to Costs, Selected OECD Countries, 2007

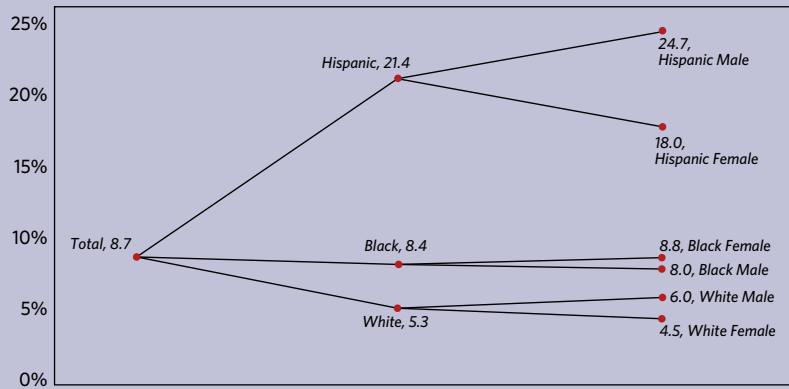


# PERSISTENT INEQUALITIES IN ECONOMIC

“Non-discrimination is an immediate and cross-cutting obligation in the Covenant... State parties must therefore immediately adopt the necessary measures to prevent, diminish and eliminate the conditions and attitudes which cause or perpetuate substantive or de facto discrimination.” (United Nations Committee on Economic, Social and Cultural Rights, General Comment 20)

**Figure 7**

% of High School Dropouts among Persons Ages 16–24, by Ethnicity and Gender, 2007



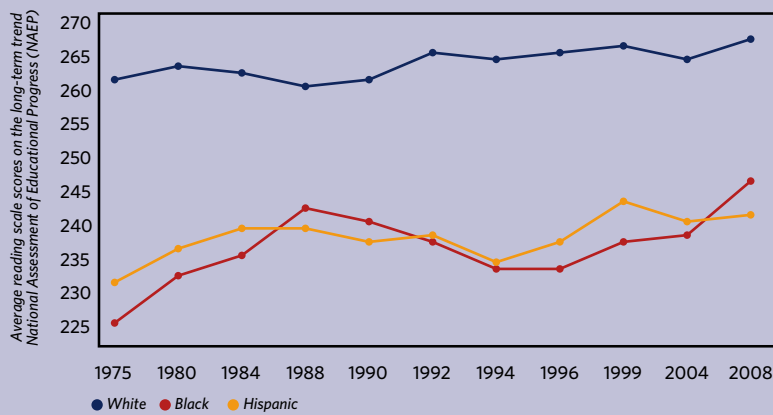
Source: U.S. Department of Commerce 2008

## Hispanic students are more likely than black or white students to drop out of school

Over one-fifth of Hispanic students drop out of high school, compared to only five percent of white students. Hispanic males drop out at an even higher rate—almost one-quarter of Hispanic male students do not complete high school. Such extreme disparities in high school completion rates, combined with the disproportionately high rate of expulsion, suspension, and exclusion of minority students from schools, points to a failure to make education accessible for minority students and appropriate to their needs (NESRI 2007).

**Figure 8**

Average Reading Scores for 13-Year-Olds, by Ethnicity



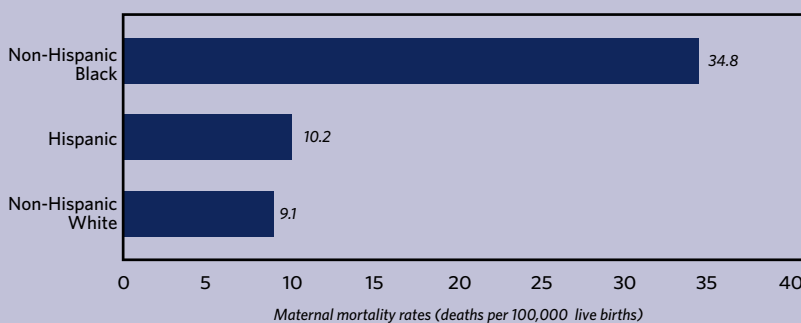
Source: National Center for Education Statistics 2009

## Educational achievement gaps among ethnic groups persist

While average reading scores of black and Hispanic/Latino students have slowly, though inconsistently, improved since 1975, wide gaps between these children and white children still remain. The gap in reading scores between white and non-white students was wider in 2008 than in 1988, suggesting that measures to accelerate the achievement of equality in education are urgently needed.

**Figure 9**

Maternal Mortality Rates by Ethnicity, 2006



Source: CDC 2009

## Ethnic disparities in maternal mortality

The United States has one of the highest rates of maternal mortality among OECD countries. In 2006, 569 women died in pregnancy or childbirth, an average rate of 13.3 deaths per 100,000 live births. However, disaggregated data show that black women have a much higher risk of maternal death than white or Hispanic women. The maternal mortality rate for black women was almost four times the rate for white women.



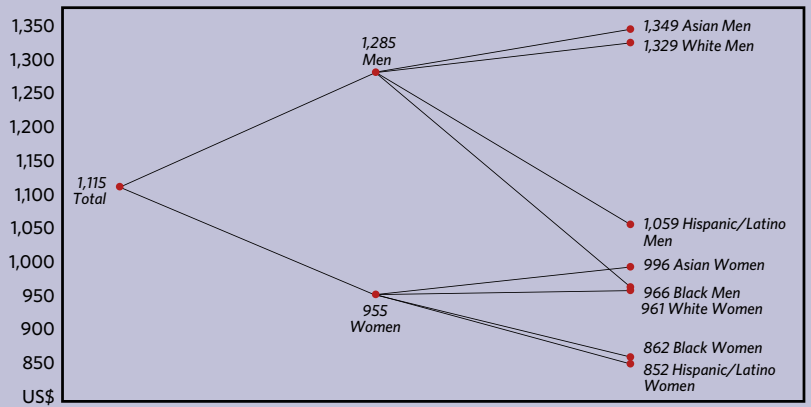
# AND SOCIAL RIGHTS ENJOYMENT

## Vast disparities in wages among ethnic groups and between men and women

Hispanic/Latino and black workers earn significantly less than white and Asian workers in the United States. Gender disparities are also very marked. The gender gap in earnings is very wide among college graduates. On average, women earn one-third less than men. Asian men with a B.A. or higher earn 50 percent more than Hispanic/Latina women with the same education. Even when hours, occupation, parenthood, and other pay-associated factors are excluded, women still earn less than men (AAUW 2007). Racial and ethnic minorities and women also suffer most from minimum-wage and overtime pay violations (Bernhardt et al. 2009).

Figure 10

Median Weekly Earnings of Full-time Wage (and Salary) Workers with a B.A. or Higher, 2008



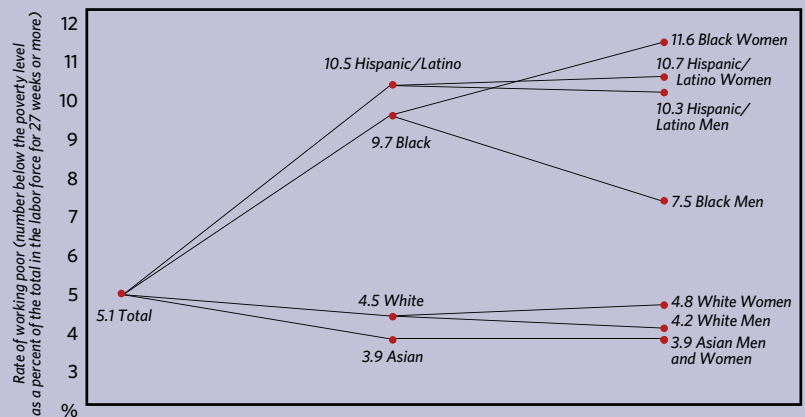
Source: U.S. Department of Labor 2009a

## More Hispanic/Latino and black people live in poverty even when working

Around 10 percent of Hispanic/Latino and black workers live in poverty, compared with about five percent and four percent of white and Asian workers, respectively. The situation is worst for black working women, more than 11 percent of whom live below the poverty line (income less than \$21,756 for a family of four in 2009). This suggests that wages are too low to ensure an adequate standard of living.

Figure 11

Rates of Working Poor by Ethnicity and Gender, 2007



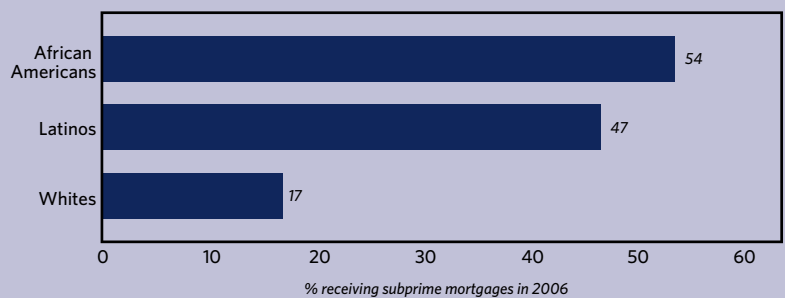
Source: U.S. Department of Labor 2009b

## Discriminatory lending practices threaten right to housing of minority communities

The mortgage crisis has had a disproportionate impact on black and Latino communities. Research indicates that unsustainable "subprime" mortgage loans were often targeted primarily at African-American, minority and elderly homeowners, irrespective of their credit scores. Around 50 percent of African-American and Latino borrowers received such loans compared to just one in six whites. The collapse of these loans triggered the global economic crisis and has left thousands of minority families and individuals in the United States facing foreclosure and loss of their homes (NCFHEO 2008).

Figure 12

% of Population Group Sold Subprime Mortgages, 2006

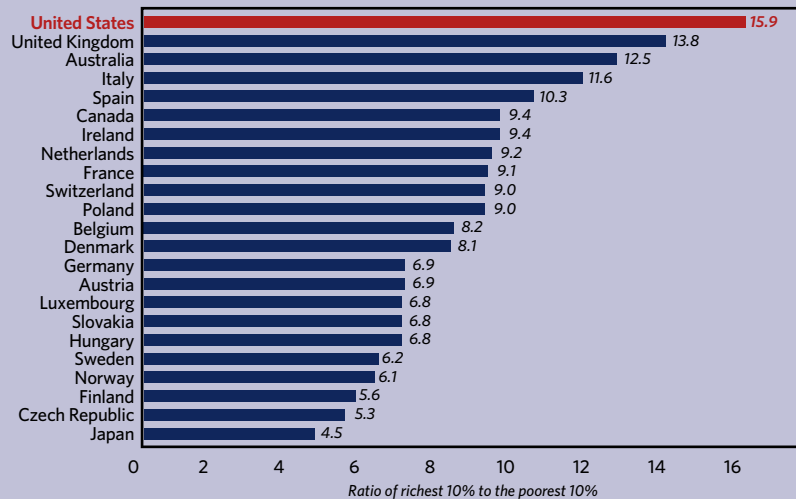


Source: Future of Fair Housing 2008

# RESOURCES NOT AIMED AT REDUCING

"Each State Party to the present Covenant undertakes to take steps . . . to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures." (Article 2, ICECSR)

**Figure 13** Income Inequality, Latest Available Data

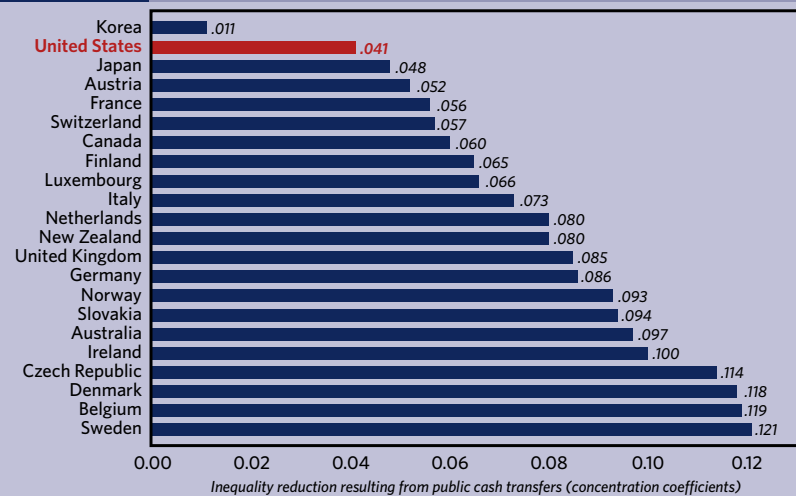


Source: UNDP 2009

## Poor human rights outcomes are related to extreme income inequalities

The United States has the widest income disparities of any comparable OECD country. The richest 10 percent of the population earns 16 times more than the poorest 10 percent. The income gap is almost four times wider than that of the second wealthiest economy, Japan. Research shows that there is a strong correlation between income inequality and poor economic and social rights outcomes in developed countries. The greater the level of income inequality, the worse countries tend to perform in terms of health, education and other social indicators. The United States' comparatively poor human rights outcomes, despite high average income levels, can be attributed in part to its extreme income disparities. The same pattern has been observed among U.S. states (Wilkinson and Pickett, 2009).

**Figure 14** Inequality Reduction from Public Cash Transfers, OECD Countries, Latest Available Data

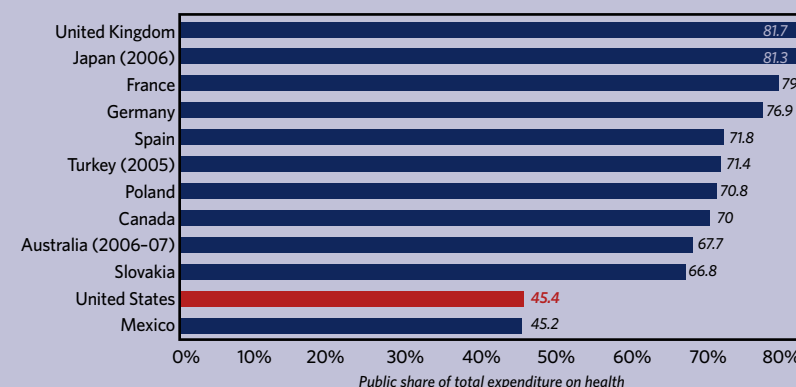


Source: OECD 2009b

## U.S. social programs are relatively ineffective at reducing inequality

The United States has the second-lowest rate among OECD countries for reducing inequality in society through public cash transfers. According to the UN Independent Expert on Human Rights and Extreme Poverty, cash transfers from the state are meant to increase monetary income to improve conditions and break inter-generational transmission of poverty. Inadequate investment in such programs have rendered them ineffective in breaking the cycle of poverty and ensuring all Americans can realize their economic and social rights.

**Figure 15** Public Share of Total Health Expenditure for Selected OECD Countries, 2007



Source: OECD 2009a

## Low public expenditure hinders fulfilment of right to health

Although total health expenditure is high as a proportion of GDP, the majority of health expenditure comes from private sources. The United States and Mexico are the only OECD countries where public expenditure accounts for less than half of total spending. Unlike most rich OECD countries, the U.S. health system does not have a universal public health insurance program. The United States places a much greater reliance on the private sector to fulfill the right to health than other comparable countries (Balakrishnan et al. 2008). This suggests a high level of commercialization of health care which is correlated with worse health care access and lower health outcomes (UNRISD 2007).





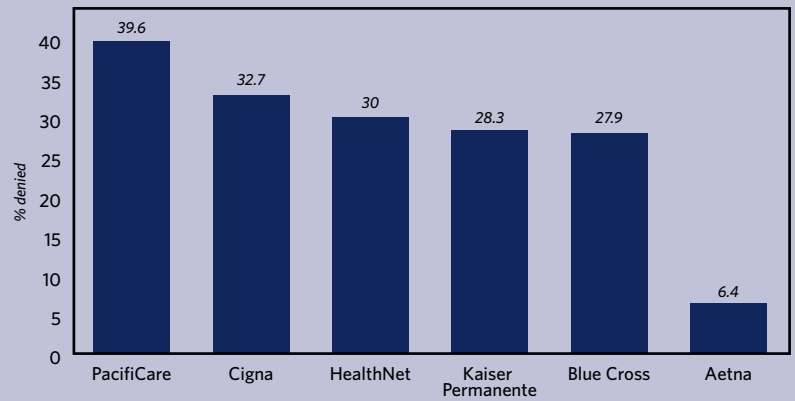
# INEQUALITY AND REALIZING RIGHTS

**Even those covered by health insurance do not necessarily get the care they need**

Private health insurance companies reject a large proportion of insurance claims. In California, for example, the most populous U.S. state and one of the ten largest economies in the world, residents with health insurance have one in five medical claims rejected, even when treatment is recommended by the patient's physician.

**Figure 16**

**Claim Denial Rates by Leading California Insurers, First Six Months of 2009**



Source: California Nurses Association 2009

**The United States spends far more than other OECD countries, as a percentage of GDP, on defense, and less on social programs**

While the U.S. government spends the most among OECD countries on defense as a percentage of GDP, it spends among the least on the social sector. U.S. government social spending is below the average for OECD countries of 20 percent of GDP. Yet the United States also spends more than double the OECD average on defense spending. The gap in spending priorities has grown over time. Defense spending doubled between 2001 and 2009, from \$306 billion to \$656 billion. Spending on Social Security (public pensions), meanwhile, rose by just 50 percent in the same period, from \$429 billion to \$678 billion (Baker 2010). Such contrasts in spending priorities suggest that the U.S. government is not devoting the maximum of available resources to the realization of the economic and social rights of all Americans.

**Figure 17**

**Social and Defense Spending for Selected OECD Countries, % of GDP, 2005**

SOCIAL SPENDING		DEFENSE SPENDING	
	%		%
Sweden	29.4	<b>United States</b>	<b>6.3</b>
France	29.2	United Kingdom	5
Austria	27.2	Korea	4.1
Denmark	26.9	Czech Republic	3.9
Germany	26.7	Slovakia	3.7
Belgium	26.4	Greece	3.6
Finland	26.1	Hungary	3.4
Italy	25	Portugal	3.4
Luxembourg	23.2	Italy	3.3
Portugal	23.1	Netherlands	3.2
Hungary	22.5	Finland	3.2
Norway	21.6	France	3.2
United Kingdom	21.3	Sweden	3.1
Spain	21.2	New Zealand	3
Poland	21	Spain	2.9
Netherlands	20.9	Poland	2.8
Greece	20.5	Belgium	2.7
Czech Republic	19.5	Germany	2.7
Japan	18.6	Canada	2.6
New Zealand	18.5	Norway	2.5
Iceland	16.9	Denmark	2.5
Ireland	16.7	Japan	2.4
Slovakia	16.6	Austria	2.4
Canada	16.5	Ireland	1.8
<b>United States</b>	<b>15.9</b>	Iceland	1.5
Korea	6.9	Luxembourg	1.3

Source: OECD 2009b



## References

- American Association of University Women (AAUW) 2007.** "Behind the Pay Gap" by Judy Goldberg and Catherine Hill. [www.aauw.org/research/behindPayGap.cfm](http://www.aauw.org/research/behindPayGap.cfm).
- Baker, Dean 2010.** "Defense Spending has been Growing More Rapidly than Social Security," Beat the Press Blog, February 7, 2010. [www.prospect.org](http://www.prospect.org).
- Balakrishnan, Radhika et al. 2008.** Rethinking Marco Economic Strategies from a Human Rights Perspective.
- Bernhardt, Annette et al. 2009.** "Broken Laws, Unprotected Workers: Violations of Employment and Labor Laws in America's Cities." [www.nelp.org](http://www.nelp.org).
- California Nurses Association 2009.** "California's Real Death Panels: Insurers Deny 21% of Claims," September 2, 2009. [www.calnurses.org](http://www.calnurses.org).
- Center for Reproductive Rights 2009.** "Contraception Access in the United States" and "Adolescents' Access to Reproductive Health Services and Information." [reproductiverights.org](http://reproductiverights.org)
- Centers for Disease Control and Prevention (CDC) 2008.** Infant Mortality Statistics 2005, National Vital Statistics Reports 57(2). [www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_02.pdf)
- Centers for Disease Control and Prevention (CDC) 2009.** Deaths: Final Data for 2006, National Vital Statistics Reports 57 (14). [www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_14.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf)
- College Entrance Examination Board 2009.** "College-Bound Seniors: Total Group Profile [National] Report." [professionals.collegeboard.com/data-reports-research/sat/cb-seniors-2009](http://professionals.collegeboard.com/data-reports-research/sat/cb-seniors-2009).
- Convention on the Rights of the Child (CRC).** [www2.ohchr.org/english/bodies/crc/index.htm](http://www2.ohchr.org/english/bodies/crc/index.htm)
- FairTest 2007.** "Ten Myths about the SAT." [www.fairtest.org/university/fact+sheets](http://www.fairtest.org/university/fact+sheets).
- International Covenant on Economic, Social, and Cultural Rights (ICESCR).** [www2.ohchr.org/english/bodies/cescr/index.htm](http://www2.ohchr.org/english/bodies/cescr/index.htm).
- National Center for Education Statistics 2009.** B.D. Rampey, G.S. Dion, and P.L. Donahue, "NAEP 2008 Trends in Academic Progress in Reading and Mathematics" (NCES 2009-479), National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. [www.nces.ed.gov](http://www.nces.ed.gov).
- National Commission on Fair Housing and Equal Opportunity (NCFHEO) 2008.** The Future of Fair Housing. [www.nationalfairhousing.org/Portals/33/reports/Future\\_of\\_Fair\\_Housing.pdf](http://www.nationalfairhousing.org/Portals/33/reports/Future_of_Fair_Housing.pdf).
- NESRI 2007.** National Economic and Social Rights Initiative. Deprived of Dignity. [www.nesri.org](http://www.nesri.org).
- Organization for Economic Cooperation and Development (OECD) 2009a.** Health Data. [www.oecd.org](http://www.oecd.org).
- Organization for Economic Cooperation and Development (OECD) 2009b.** OECD Factbook 2009. [www.oecd.org](http://www.oecd.org).
- Universal Declaration of Human Rights.** [www.un.org/en/documents/udhr](http://www.un.org/en/documents/udhr).
- United Nations Committee on Economic, Social and Cultural Rights (CESCR).** General Comments. [www2.ohchr.org/english/bodies/cescr/comments.htm](http://www2.ohchr.org/english/bodies/cescr/comments.htm).
- United Nations Development Program 2009.** Human Development Report.
- United Nations Independent Expert on Human Rights and Extreme Poverty 2009.** Report: Cash Transfer Programmes. [www2.ohchr.org/english/issues/poverty/expert/focus.htm](http://www2.ohchr.org/english/issues/poverty/expert/focus.htm).
- United Nations Research Institute for Social Development (UNRISD) 2007.** Commercialization and Globalization of Healthcare: Lessons from UNRISD Research.
- U.S. Department of Commerce 2008.** Census Bureau, Current Population Survey. [www.ed.gov/programs/digest/do8/tables/dto8\\_109.asp](http://www.ed.gov/programs/digest/do8/tables/dto8_109.asp).
- U.S. Department of Labor 2009a.** U.S. Bureau of Labor Statistics, November 2009, Report 1020. [www.bls.gov/cps/cpsrace2008.pdf](http://www.bls.gov/cps/cpsrace2008.pdf).
- U.S. Department of Labor 2009b.** U.S. Bureau of Labor Statistics, "A Profile of the Working Poor, 2007," March 2009, Report 1012. [www.bls.gov/cps/earnings.htm#workpoor](http://www.bls.gov/cps/earnings.htm#workpoor).
- U.S. Department of Labor 2010.** U.S. Bureau of Labor Statistics, News Release. January 21, 2010. [www.bls.gov/news.release/pdf/wkyeng.pdf](http://www.bls.gov/news.release/pdf/wkyeng.pdf).
- Wilkinson, Richard and Pickett, Kate 2009.** The Spirit Level: Why Equality is Better for Everyone (Penguin).
- Wilper, Andrew P. et al, 2009.** "Health Insurance and Mortality in U.S. Adults," *American Journal of Public Health*, December 2009, 99: 2289–2295.
- Woolhandler, Steffie, et al. 2003.** "Costs of Health Care Administration in the United States and Canada," *New England Journal of Medicine*. [www.pnhp.org/resources/pnhp-research-the-case-for-a-national-health-program](http://www.pnhp.org/resources/pnhp-research-the-case-for-a-national-health-program).
- World Bank 2010.** World Development Indicators. [www.worldbank.org](http://www.worldbank.org).

## ABOUT THIS FACT SHEET SERIES

This series is intended to contribute to the ongoing monitoring work of UN and other intergovernmental human rights mechanisms to monitor governments' compliance with their economic, social and cultural rights obligations. It is also intended to contribute to strengthening the monitoring and advocacy capabilities of national and international NGOs. Drawing on the latest available socioeconomic data, the country fact sheets display, analyze and interpret selected human development indicators in the light of three key dimensions of governments' economic and social rights obligations. Firstly, indicators such as maternal mortality or primary completion rates are used to assess the extent to which the population is deprived of minimum essential levels of the right to health, education, food and other economic and social rights. Secondly, data tracking progress over time can help to assess whether a state is complying with its obligation to realize rights progressively according to maximum available resources. Comparisons within the same region provide a useful benchmark of what has been achieved in countries with similar resources. Finally, data disaggregated by gender, ethnicity, geographical location and socioeconomic status is used to identify disparities and assess progress in eliminating discrimination and unequal enjoyment of these rights. The fact sheets are not meant to give a comprehensive picture, nor provide conclusive evidence, of a country's compliance with these obligations. Rather, they flag some possible concerns which arise when development statistics are analyzed and visualized graphically in light of international human rights standards.

## ABOUT CESR

The Center for Economic and Social Rights (CESR) was established in 1993 with the mission to work for the recognition and enforcement of economic, social and cultural rights as a powerful tool for promoting social justice and human dignity. CESR exposes violations of economic, social and cultural rights through an interdisciplinary combination of legal and socio-economic analysis. CESR advocates for changes to economic and social policy at the international, national and local levels so as to ensure these comply with international human rights standards.

Fuencarral, 158-1ªA, 28010 Madrid, Spain  
Tel: +34 91 448 3971 • Fax: +34 91 448 3980

162 Montague Street, 3rd Floor, Brooklyn, NY 11201, USA  
Tel: +1 718 237-9145 • Fax: +1 718 237-9147

We invite your comments and feedback: [rights@cesr.org](mailto:rights@cesr.org)

[www.cesr.org](http://www.cesr.org)

## BOARD MEMBERS

GEOFF BUDLENDER, *Constitutional and Human Rights Lawyer*  
LINDA CASSANO (Treasurer), *Commonwealth Bank of Australia*  
SAKIKO FUKUDA-PARR, *The New School, New York*  
RICHARD GOLDSTONE, *International Bar Association*  
CHRIS JOCHNICK, *Oxfam America*  
IRENE KHAN, *Former Secretary General, Amnesty International*  
ELIZABETH MCCORMACK, *Rockefeller Family & Associates*  
ALICIA ELY YAMIN, (Chairperson), *Harvard School of Public Health*  
PHILIP ALSTON (Honorary Board Member),  
*New York University School of Law*

Executive Director: Ignacio Saiz

## ACKNOWLEDGMENTS

CESR wishes to thank Cathy Albisa and Anja Rudiger at the National Economic and Social Rights Initiative (NESRI) for their invaluable help in reviewing this fact sheet.

© 2010 Center for Economic and Social Rights