

INTER-AMERICAN COURT OF HUMAN RIGHTS

RAMOS DURAND ET AL.

v.

PERU

AMICUS CURIAE

GLOBAL JUSTICE CENTER

Submitted to the Court on the 5th day of June, 2025



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I. INTRODUCTION

1. Global Justice Center respectfully submits this brief to the Inter-American Court of Human Rights (“Court”) as *amicus curiae*, pursuant to Article 44 of the Court’s Rules of Procedure in the case submitted by the Inter-American Commission on Human Rights (“Commission”) against the Republic of Peru (the “State” or “Peru”) on 3 June 2023 for grave violations of the American Convention on Human Rights (“American Convention”) and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (“Convention of Belém do Pará”). In this brief, Global Justice Center respectfully urges the Court to: *first*, recognize forced sterilization as a specific form of reproductive violence with specific characteristics and harms, and requiring particular remedies; and *second*, consider the mass, State-sponsored character of the harm that underlies this case, in ordering appropriate reparations.

2. On the *first* issue, Global Justice Center submits that consistent with the development of its jurisprudence on gender-based violence, the Court should recognize forced sterilization as a form of reproductive violence, which is itself a specific form of gender-based violence. Gender-based violence is an umbrella term to describe violence that is based on the victim’s gender (or perceived gender), or violence that disproportionately affects persons of a particular gender, and it can take a variety of forms.¹ One such form is sexual violence, which involves any coerced or unconsented sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality.² Another form of gender-based violence is reproductive violence, which encompasses acts or omissions that interfere with an individual’s reproductive autonomy and rights, as well as violence targeted at an individual because of their actual or perceived reproductive capacity.³ Reproductive autonomy and capacity have their own value to individuals, separate from gender equality, sexual autonomy, or other facets of one’s personal life. Sexual violence can, but does not always, overlap with reproductive violence. Conflating reproductive violence with sexual violence or broader gender-based violence overlooks the distinct characteristics, patterns and consequences of reproductive violence for victims and survivors, as well as societies at large. Global Justice Center submits that the Court should recognize reproductive violence, including forced sterilizations, as a distinct form of

¹ See Global Justice Center and UN Women, “DOCUMENTING REPRODUCTIVE VIOLENCE. Unveiling Opportunities, Challenges, and Legal Pathways for UN Investigative Mechanisms” (September 2024), p. 7, <https://www.unwomen.org/en/digital-library/publications/2024/09/research-paper-documenting-reproductive-violence-unveiling-opportunities-challenges-and-legal-pathways-for-un-investigative-mechanisms>

² *Id.*, p. 8.

³ *Id.*, p. 7.

harm. To articulate forced sterilization as a form of reproductive violence, the Court may usefully draw from other bodies of international law, in particular international criminal law, as it has done in the past.

3. On the *second* issue, Global Justice Center submits that the Court should pay due regard to the mass, State-sponsored character of the harm, and its status as a crime against humanity. When the State carries out a forced sterilization pursuant to a State-sanctioned policy, it transforms the individual act into a form of institutional violence. In this case, the conduct also rises to the level of enforced sterilization as a crime against humanity because it formed part of a widespread, systematic attack on a civilian population, carried out with knowledge of the attack by the perpetrators. Recognizing this conduct as crimes against humanity places the acts in their proper context, and has significant legal consequences. Specifically, as the Court has repeatedly established, crimes against humanity are not subject to domestic statutes of limitations or other bars to prosecution.

4. Moreover, recognizing the mass, State-sponsored nature of the reproductive violence in this case, the Court must tailor its remedies to the communities most affected by it, considering their specific economic and social characteristics. This should include remedies specifically designed to address the needs of the affected population fully, within their cultural context. In this case, the victims were primarily female, poor, rural, and Indigenous, and remedies should be designed in consultation with these populations to ensure their relevance and appropriateness. In addition, the mass, State-sponsored nature of the harm heightens the need for access to justice and judicial protection of victims and survivors under Articles 8 and 25 of the American Convention. The Court should consider the critical role of effectively documenting, investigating, and prosecuting cases of reproductive violence in order to advance accountability for these mass, State-sponsored harms, protect the victims from further harm or retribution, and to prevent their recurrence.

II. STATEMENT OF INTEREST

5. The Global Justice Center is a non-governmental organization with United Nations consultative status that promotes gender equality and international human rights worldwide. The Center carries out its mission of using international law to advance gender equality through research, analysis, and strategic litigation; working with grassroots groups and activists; engaging with governments and experts around the world; collaborating with other stakeholders, such as the NGO Working Group on Women, Peace and Security, UN Working Group on Discrimination Against Women and Girls, and the Inter-Agency

Working Group on Reproductive Health in Crises; and advocating with mechanisms such as the United Nations Security Council and the United Nations Human Rights Council.

6. Given the general underdevelopment of the case law on reproductive violence, which is often conflated with sexual violence, and drawing from its own research and scholarship on the characteristics of, impacts from, and appropriate reparations for reproductive violence,⁴ the Center takes this opportunity to clarify certain factual and legal issues connected to reproductive violence, including State-sponsored forced sterilizations, which may impact the Court’s consideration of the merits and reparations in this case. The Center has no personal interest in this matter.

III. THE PERUVIAN GOVERNMENT PERPETRATED MASS STATE-SPONSORED FORCED STERILIZATIONS OF WOMEN, INCLUDING CELIA RAMOS, AND FAILED TO PROVIDE ANY ADEQUATE RELIEF TO VICTIMS AND SURVIVORS.

7. In its 5 October 2021 Report of its investigation into the sterilization of a Peruvian woman, Mrs. Celia Edith Ramos Durand (“Celia Ramos” or “Mrs. Ramos”), and thousands of other Peruvian women in the 1990s, the Commission described in detail the Peruvian Government’s campaign of mass State-sponsored non-consensual sterilization of largely rural, poor, and Indigenous women, including the specific acts perpetrated against Mrs. Ramos and the Government’s subsequent failure to investigate and prosecute those acts.⁵ For ease of reference, a summary of those facts is as follows.

A. The Peruvian Government Perpetrated Mass State-Sponsored Forced Sterilizations of Women between 1996 and 1998.

8. On 6 February 1996, the Peruvian Government under then-President Alberto Fujimori enacted the National Reproductive Health and Family Planning Program 1996-2000, (“PNSRPF” or “the Program”). The Program was enacted in the midst of an internal armed conflict in Peru between the Government and the communist guerilla group Shining Path, active primarily in rural areas of the country from 1980 to 2000.⁶ The Program’s stated aims included equipping Peruvian citizens with family planning information and services and ensuring that 100% of Peruvians who accessed State-run health services for childbirth or abortion would at the same time receive individual counseling and go home having initiated a

⁴ *Id.*, pp. 16–19.

⁵ See I/A Comm’n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752.

⁶ Hearing (Theidon) (May 22, 2025) (explaining that one motive for enacting the Program was as a response to the anti-government insurgency gaining traction in rural parts of Peru).

safe contraceptive method.⁷ In actuality, under the Program, Peruvian health agents conducted mass sterilizations primarily on poor, rural, and Indigenous women, without their informed consent.⁸

9. Beginning in 1997, the Peruvian media began to report stories of rural women being coerced into receiving tubal ligation surgery—a form of permanent reproductive sterilization.⁹ According to testimonials, Government representatives would organize health festivals in rural communities and, upon meeting women under the pretext of offering free health information, threaten to cut women’s access to food assistance if the women did not agree to undergo the surgery.¹⁰ Since then, thousands of women—many of them Indigenous and otherwise marginalized—have reported State health agents harassing, threatening, and blackmailing them into undergoing sterilization.¹¹ Some reported being tied down, blindfolded, and sedated with horse tranquilizers during the procedures.¹² Further testimonies detail State health agents tricking Indigenous, non-Spanish-speaking women into signing Spanish-language consent forms they could not understand and misleading others into believing they were receiving short-term contraception.¹³ One woman, for example, was denied access to her newborn until she agreed to be sterilized.¹⁴ In another case, a group of Indigenous women were lured to a clinic with the promise of free food, only to be forcibly sterilized.¹⁵ Many women, unaware of the permanence of the procedure, learned only later that they would never be able to conceive again.¹⁶ In some cases, State health agents exploited their authority as Government representatives to spread false information to women (for example, that

⁷ I/A Comm’n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶¶ 12–14.

⁸ I/A Comm’n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶¶ 16–18, 103; The Telegraph, “These indigenous women were forcibly sterilised in Peru – decades later they still seek justice,” (May 14, 2024), <https://www.telegraph.co.uk/global-health/women-and-girls/forced-sterilisation-peru-legal-fight-colonialism/>. See also Hearing (Theidon) (May 22, 2025) (describing to the Court the organized chain of command within the Peruvian Government which established and enforced sterilization quotas and directed sterilizations in specific communities within the civilian population).

⁹ I/A Comm’n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶ 17 (Referring to various press publications that shared testimonies of women subjected to tubal ligation procedures, including the newspapers *El Peruano*, *La República*, and *El Comercio*).

¹⁰ *Id.*, ¶ 18.

¹¹ M. Brown, K. Tucker, *Unconsented Sterilisation*, Participatory Story-Telling, and Digital Counter-Memory in Peru in *Antipode* (Vol 49, No. 5, 2017), p. 4.

¹² The Telegraph, “These indigenous women were forcibly sterilised in Peru – decades later they still seek justice,” (May 14, 2024), <https://www.telegraph.co.uk/global-health/women-and-girls/forced-sterilisation-peru-legal-fight-colonialism/>.

¹³ *Id.*

¹⁴ *Id.* (discussing María Elena Carbajal).

¹⁵ *Id.* (discussing the cases of 19-year-old Florentina Loayza and other women).

¹⁶ *Id.*

having more than five children was illegal) in an effort to convince them to undergo sterilization.¹⁷ In other words, these were not isolated acts perpetrated by rogue State officials. It was the Peruvian State itself, with the full force of its authority, that designed and directed the implementation of the program, including the deliberate targeting of poor and Indigenous populations.

10. In response to initial reports of this kind of abuse, the Office of the Ombudsman of Peru initiated an investigation into the Program's execution in 1997. The investigation identified that the Ministry of Health had assigned quotas for agents to gain a certain number of subscriptions to family planning methods from women of child-bearing age in target populations; men were not included in the quotas.¹⁸ The then-Minister of Health, Marino Costa Bauer, reported himself in 1997 that the Program task force already had achieved 64,831 contraceptive surgeries—43% of its target of 150,000—in just the first few months of 1997.¹⁹ The Ombudsman's investigation revealed that tubal ligation surgery was promoted as the preferred method of contraception under the Program, with little information available about other methods. The Ombudsman interviewed 56 women, only 35 of which said they signed a document authorizing the surgery, and of those 35, several reported having signed under pressure, without understanding it, or even after the surgery had already occurred. The Ombudsman detailed the results of its thorough investigation, as well as recommendations for improvement in executing the Program, in a Report dated 26 January 1998.²⁰

11. Although the Government took some steps to improve execution of the Program in line with these recommendations, including abolishing the health festivals and amending the Manual of Standards and Procedures for Voluntary Surgical Contraception to require at least two counseling sessions prior to obtaining a patient's consent and at least 72 hours between receiving consent and conducting the surgery,²¹ State agents continued to perpetrate mass and involuntary sterilizations. In August 1999, the Office of the Ombudsman conducted a second investigation, in which it found that, between 1996 and 1998,

¹⁷ S. Rowlands, V. Heaslip *et al.*, *The forced sterilisation of Indigenous and racialised Peoples: Origins, nature of abuses, impacts and responses* in *International Perspectives on Health Equity* (Vol. 1 No. 1, 2025), p. 7.

¹⁸ I/A Comm'n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶ 19 (listing the recommendations made by the Ombudsman to the Ministry of Health and the Director of Family Planning, including the dissemination of “all contraceptive methods are disseminated without giving priority to any,” “[r]eformulate the goals of the program, replacing those related to a certain number of people recruited,” and adopt new quantitative targets of coverage of information “for both men and women.”) (unofficial translation).

¹⁹ *Id.*, ¶ 22.

²⁰ *Id.*, ¶ 26.

²¹ *Id.*, ¶¶ 20, 107.

State agents sterilized 217,446 women under the Program: 81,762 in 1996, 109,689 in 1997 and 25,995 in 1998. The Ombudsman investigated 141 specific complaints of surgical sterilization, including 17 deaths. It found cases involving lack of free and informed consent, including cases where there was no paperwork authorizing the surgical sterilization; cases involving lack of rules and uniformity governing the procedures for obtaining authorization for operations; and cases where State agents procured inadequate consent from individuals who were illiterate or simply not proficient in Spanish.²²

12. While the justice system brought some cases of non-consensual sterilization to a close, the civil remedies were insufficient to adequately compensate the victims.²³ As the Commission noted in its Merits Report, the Prosecutor's Office also closed 2,074 criminal investigations of alleged non-consensual sterilization that had been initiated since the Program's onset, on the basis that the statutory limitation period had passed.²⁴

B. Celia Ramos Was a Victim of Peru's State-Sponsored Forced Sterilization Campaign.

13. Celia Ramos, a 34-year-old woman and a mother of three daughters from the village La Legua in Catacaos, Piura, was one of the victims of the Peruvian Government's forced sterilization campaign. Around summer 1997, Celia Ramos visited a Government-erected health post in her village, seeking dental care. After this visit, Mrs. Ramos received repeated visits at her home from Government health agents trying to convince her to undergo tubal ligation surgery. Even after she repeatedly told them she did not want the surgery, the Government agents continued to pressure her until she ultimately underwent the surgery on 3 July 1997. During the surgery, Mrs. Ramos went into anaphylactic shock and suffered cardiac arrest and respiratory complications, as a result of an allergic reaction to the administration of diazepam for anesthesia. Because the medics at the La Legua health post did not have the necessary tools to respond to the emergency, Mrs. Ramos was transferred to the San Miguel Clinic in the City of Piura, where she arrived in a coma, also due to an overdose of diazepam used for anesthesia. Moreover,

²² See N. Carranza, *Making the Case for Genocide, the Forced Sterilization of Indigenous Peoples of Peru* in International Association of Genocide Scholars (Vol. 14, No. 2, 2020), p. 95.

²³ I/A Comm'n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶¶ 39–41.

²⁴ I/A Comm'n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶ 35.

due to the lack of oxygen associated with the anaphylactic shock and cardiac arrest she experienced during the surgery, Mrs. Ramos also suffered brain damage. Mrs. Ramos passed away on 24 July 1997.²⁵

14. In 1997, the Office of the Ombudsman investigated Mrs. Ramos's case. Her medical file indicated that she had been identified as a "high reproductive risk" patient. According to the Ombudsman's findings, although Mrs. Ramos had signed a "Request and Authorization for the Surgical Prevention of Reproductive Risk" on 1 July 1997, this document did not comply with the requirements of the Manual of Standards and Procedures for Voluntary Surgical Contraception Activities then in force, which stated that express prior, free, and informed consent could only be provided via the "Consent for Voluntary Surgical Anticonception" form. The Commission concluded accordingly that Mrs. Ramos did not provide informed consent for the surgery.²⁶

C. The Peruvian Courts Repeatedly Dismissed Pleas for Recourse on Behalf of Celia Ramos and Other Victims and Survivors of the Peruvian Government's State-Sponsored Forced Sterilization Campaign.

15. The victims and survivors of forced sterilization under the Program, their families, and various Peruvian institutions have made numerous attempts to seek justice in Peru. Nearly thirty years on, there is a complete failure to deliver justice, thus compounding the harm that victims and survivors have suffered.

16. Mrs. Ramos's family sought recourse in the Peruvian courts, to no avail. On 30 July 1997, a week after Mrs. Ramos's death, her husband filed a complaint with the local prosecutor against the medical personnel involved in the surgery. After an investigation, on 17 December 1997, the prosecutor, Miguel Uriarte Aguirre, dismissed the complaint, finding no criminal culpability.²⁷ Reviewing the case two years later, the Office of the Ombudsman concluded that the complaint had been dismissed improperly and requested the initiation of proceedings against Uriarte Aguirre for failure to properly prosecute Mrs. Ramos's case. On 8 August 2000, the reviewing authority ruled that there was no merit in the complaint against the prosecutor and definitively closed the case.²⁸

²⁵ *Id.*, ¶¶ 42–49.

²⁶ *Id.*, ¶¶ 50–52 (unofficial translation).

²⁷ *Id.*, ¶¶ 53–55.

²⁸ *Id.*, ¶¶ 56–57.

17. There have also been several institutional initiatives requesting the investigation of the Program, but none resulted in justice for the victims and survivors:

- In 2002, the Congress filed constitutional complaints against three former Ministers of Health, and in 2003 a Congresswoman filed a second constitutional complaint against the three former Ministers of Health and former President Fujimori, but these complaints were dismissed after a year without providing sufficient reasons.²⁹
- In parallel, in 2002, Peruvian Congressman Héctor Hugo Chavez Chuchon referred Mrs. Ramos's case, along with several similar cases, to the Office of the Provincial Prosecutor for Crimes Against Human Rights. In 2009, after seven years of investigation, the Prosecutor closed the case. In response to a reconsideration motion filed by the applicants in December 2009, the Prosecutor responded that the crimes alleged could not be considered as serious human rights violations under international law, because they were not committed as part of a widespread or systematic attack carried out or tolerated by the Government. The Prosecutor also concluded that the acts alleged did not constitute criminal acts committed by the health professionals involved, as they were not carried out with intent to harm, and that, in any event, given the time that had elapsed the acts could no longer be criminally prosecuted.³⁰
- In 2011, the General Prosecutor's Office reopened the investigation into the sterilizations of more than two thousand victims and survivors conducted pursuant to the Program. The preliminary investigation was directed against five former Ministers of Health and other government officials for alleged human rights violations, including kidnapping and injuries resulting in death. The preliminary investigation was later extended to include former President Alberto Fujimori. The preliminary investigation was later expanded to include former President Alberto Fujimori, but in January 2014, authorities decided not to pursue criminal charges.³¹
- In 2015, a group of applicants secured a decision from the Third Criminal Prosecutor of Lima, annulling the 2009 closure of the criminal investigation, and ordering a series of investigations to determine whether the facts of the case constituted crimes against humanity. However, in 2016, the Prosecutor in charge decided to close the investigation once again, on the basis that the alleged victims and survivors signed consents to their sterilization procedures, which had not been declared invalid. The Prosecutor did not find compelling the evidence that the victims and survivors may have felt threatened or been coerced, or the fact that they may have been illiterate or, in some cases, not Spanish speakers. Representatives of the victims and survivors successfully challenged the dismissal in 2018, and the complaint (which includes Mrs. Ramos's case) is currently

²⁹ *Id.*, ¶¶ 66–67 (describing the conformation of a Subcommission in the Congress “to investigate complaints of irregularities committed in the period 1990-2000 within the framework of the PNSRPF” and the submission of a constitutional complaint in that regard) (unofficial translation); *id.*, ¶¶ 68–69 (summarizing the proceedings and decision regarding the constitutional complaint filed by Congresswoman Núñez Dávila in August 2003).

³⁰ *Id.*, ¶ 58.

³¹ *Id.*, ¶¶ 58–62.

pending before the Criminal Supraprovincial Transitory Court specialized in Organized Crime.³²

18. Nevertheless, nearly thirty years after sterilizations began under the Program, these facts still have not been “properly investigated,” and the Commission has found that the Peruvian courts have denied the victims and survivors effective judicial protection and access to justice.³³

IV. THE COMMISSION HAS FOUND THAT CELIA RAMOS’S NON-CONSENSUAL STERILIZATION VIOLATED THE AMERICAN CONVENTION AND THE CONVENTION OF BELÉM DO PARÁ

19. On 11 June 2010, while the above petitions and complaints were proceeding in the Peruvian judicial system, Mrs. Ramos’s family submitted a petition to the Commission, alleging that Mrs. Ramos’s sterilization without informed consent constituted a violation of international human rights law. On 7 March 2019, the Commission found the claim admissible. On 5 October 2021, the Commission issued its Merits Report No. 287/21, including its factual and legal findings, and its recommendations on reparations. The Commission concluded that the State violated Mrs. Ramos’s human rights to life; integrity; equality; judicial protections; and sexual and reproductive rights, recognized and protected by Articles 1.1, 2, 4.1, 5.1, 8, 11, 13, 24, 25, and 26 of the American Convention, and by Article 7 of the Convention of Belém do Pará.³⁴

A. The Commission Identified the Facts of Mrs. Ramos’ Case That Constituted Violations of the American Convention and the Convention of Belém do Pará.

20. The Commission concluded that Peru violated Mrs. Ramos’s rights enshrined under these treaties based primarily on the lack of adequate medical treatment, the lack of informed consent obtained from Mrs. Ramos, the discriminatory nature of the Program’s application in the Peruvian population, and the lack of investigation and proper judicial process.³⁵

³² *Id.*, ¶¶ 62–65.

³³ *Id.*, ¶ 135; *see generally id.*, ¶¶ 115–138 (analyzing the scope of the rights to judicial guarantees and judicial protection (Arts. 8.1, 25.1) under the American Convention and determining that they were violated in the case of Celia Ramos).

³⁴ *Id.*, ¶ 143.

³⁵ *Id.*, ¶¶ 100–103, 111–113, 127–138 (recognizing that (i) the health workers “did not have the necessary means to [conduct Celia Ramos’ surgery] in a safe manner,” (ii) the PNSRPF resulted in a situation of discrimination “on the basis of people’s gender,” and (iii) “24 years after the victim’s non-voluntary sterilization occurred and denounced, the facts have not been properly investigated.”) (unofficial translation).

21. *First*, as to the lack of adequate medical treatment, the Commission noted that the medical post where Mrs. Ramos received her surgery was not equipped to respond to the emergency that ultimately resulted in her death. The Commission deemed that the lack of resources to deal with such an emergency during a procedure like tubal ligation surgery constitutes medical negligence.³⁶ The Commission also determined that the Peruvian Government did not dedicate adequate resources to monitoring its medical posts in rural communities to ensure the prevention of harm to patients.³⁷ The Commission consequently found that Peru violated the right to life enshrined in Article 4.1, to physical, mental, and moral integrity enshrined in Article 5.1, and the implied guarantee of health of Article 26, including by failing to ensure the adequacy and quality of health care services.³⁸

22. *Second*, the Commission found that Peru did not obtain informed consent from Mrs. Ramos prior to performing her surgery. Specifically, the Commission pointed to the fact that the Government medical personnel did not accept Mrs. Ramos's initial refusal of the procedure and continued to visit her at home to convince her to undergo the surgery.³⁹ The Commission also found that Mrs. Ramos did not receive adequate information about alternative contraceptive methods and was not informed that the tubal ligation procedure was not a medical necessity in her case.⁴⁰ Additionally, the Commission cited the fact that the consent document that Mrs. Ramos signed did not comply with the standard consent form prescribed in the Manual of Standards and Procedures for Voluntary Surgical Contraception Activities in force at that time. Moreover, Mrs. Ramos signed the document only 48 hours before the surgery, as opposed to the required 72 hours beforehand, and without the required two counseling sessions intended to allow the patient to reflect on the decision.⁴¹ The Commission consequently found that Peru violated the right to privacy enshrined in Article 11, and the sexual and reproductive health rights under Article 26, including the right to obtain information and to access the family planning methods of choice.⁴²

23. *Third*, with respect to the discriminatory application of the Program, the Commission found that the Program specifically targeted women for reproductive interventions, particularly focusing on women with limited economic resources or from Indigenous communities.⁴³ This was reflected in the

³⁶ *Id.*, ¶ 111.

³⁷ *Id.*, ¶ 104.

³⁸ *Id.*, ¶¶ 73–80, 114.

³⁹ *Id.*, ¶ 106.

⁴⁰ *Id.*, ¶¶ 107–112.

⁴¹ *Id.*, ¶ 107.

⁴² *Id.*, ¶ 114.

⁴³ *Id.*, ¶ 103.

Government's targets and quotas established for execution of the Program, which only referred to women.⁴⁴ The Commission noted that because curtailments of sexual and reproductive freedoms are often targeted toward women, socioeconomically disadvantaged individuals, and racial and ethnic minorities, in this context they also constitute violations of Articles 1.1 and 24 of the American Convention, which prohibit discriminatory treatment and unequal protection under the law.⁴⁵

24. *Finally*, the Commission concluded that Peru failed to act with due diligence to investigate and punish the violations committed against Mrs. Ramos, citing, among other facts, (i) Mrs. Ramos's family's and others' multiple unsuccessful attempts to obtain redress from the Peruvian courts; (ii) the fact of failure of multiple Peruvian prosecutors to appropriately consider the facts, instead dismissing Mrs. Ramos's case based only on the existence of the flawed consent document; and (iii) prosecutors' improper dismissal of Mrs. Ramos's case from the Peruvian courts due to the criminal statute of limitations, notwithstanding the unjustifiable delays at each stage of the investigations and judicial proceedings. Consequently, more than two decades after Mrs. Ramos's death, there has still not been an adequate investigation in Peru into the Program. The Commission therefore determined that the State violated Articles 2, 8, and 25 of the American Convention, requiring States to guarantee the free and full exercise of the rights recognized by the Convention to all persons under their jurisdiction, to provide effective judicial remedies to punish and remedy violations, and to restore the rights violated.⁴⁶ The Commission reached this conclusion by considering the Court's past jurisprudence, which clarifies that the duty of States to provide effective judicial remedies encompasses a duty to investigate alleged violations of human rights in good faith, and in a diligent, thorough, and impartial manner, prosecute and punish those responsible, and to compensate the victims.⁴⁷ The Commission further noted that Article 7 of the Convention of Belém do Pará, which condemns all forms of violence against women, also requires States Parties to adopt policies

⁴⁴ *Id.* (explaining that “the Ministry of Health established in the PNSRPF goals of services exclusively for women of childbearing age, with greater emphatic emphasis on those living in poverty or from indigenous communities, excluding men from such treatment”) (unofficial translation).

⁴⁵ *Id.*, ¶¶ 82–86, 114 (recognizing that “sexual and reproductive health patterns generally reflect social inequalities and an unequal distribution of power based on gender, ethnicity, poverty, age, disability, among other social determinants.”) (unofficial translation).

⁴⁶ *Id.*, ¶¶ 115–138.

⁴⁷ *See, e.g.*, I/A Comm'n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶ 124; I/A Court H.R., *Case of Leguizamón Zaván et al. v. Paraguay*. Merits, Reparations and Costs. Judgment of November 15, 2022. Series C No. 473, ¶ 70 (“in light of the obligation to investigate with due diligence, once the authorities have knowledge of the event, they should initiate a serious, impartial and effective investigation, ex officio and without delay. This investigation should be undertaken utilizing all the legal means available and should be oriented toward the determination of the truth and seeking the prosecution, capture, and eventual trial and punishment of the perpetrators of the crimes”).

aimed at preventing, punishing, and eradicating such violence and to establish fair and effective legal procedures and reparations mechanisms for victims and survivors.⁴⁸ As discussed below in Section V.A, the Court has already found that sterilization without consent is a form of violence against women prohibited by Article 7 of the Convention of Belém do Pará.⁴⁹

25. Moreover, the Commission determined that Peru violated Mrs. Ramos’s family’s rights under Article 5.1 of the American Convention as a result of the psychological impacts they faced due to Mrs. Ramos’s death and the State’s impunity during the subsequent investigations. Specifically, Mrs. Ramos’s three daughters suffered serious emotional damage from the loss of their mother when they were 11, 9, and 5.⁵⁰ The Commission also considered the constant frustration her family members were made to feel at the State’s failure to punish those responsible.⁵¹

B. The Commission Recommended the Peruvian State to Make Full Reparation for Its Actions in Mrs. Ramos’s Case.

26. The Commission has recommended that Peru make full reparation to the family members of Mrs. Ramos by (i) adopting measures of economic compensation and public satisfaction, (ii) arranging for the physical and mental health care necessary for the rehabilitation of Mrs. Ramos’s relatives, (iii) investigating the facts concerning the non-consensual sterilization and subsequent death of Mrs. Ramos in order to clarify the facts in full, (iv) identifying and imposing appropriate sanctions against the responsible parties for the human rights violations, and (v) taking all necessary measures to prevent similar events in the future, in particular (a) reviewing the policies and practices applied in all hospitals with regard to obtaining informed consent from patients, and (b) adopting legislation, public policies, programs and

⁴⁸ I/A Comm’n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶ 126 (clarifying that the Convention of Belém do Pará complements the general obligations under the American Convention on Human Rights, and therefore the State has a reinforced obligation to act with due diligence in cases involving violence against women, and must carry out ex officio investigations with a gender perspective); see also I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶ 295; Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (“Convention of Belém do Pará”), June 9, 1994, Art. 7(f) y (g) (“The States Parties condemn all forms of violence against women and agree to pursue, by all appropriate means and without delay, policies to prevent, punish and eradicate such violence and undertake to: . . . establish fair and effective legal procedures for women who have been subjected to violence [:] establish the necessary legal and administrative mechanisms to ensure that women subjected to violence have effective access to restitution, reparations or other just and effective remedies”).

⁴⁹ I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶¶ 250–255.

⁵⁰ I/A Comm’n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶ 141.

⁵¹ *Id.*

directives to ensure the right of all persons to be informed and oriented in health matters, and not to undergo interventions or treatment without their informed consent. The Commission also recommended that the State’s reparative measures take special account of the particular needs of persons who are vulnerable by the intersection of factors such as their sex, race, economic status, or migrant status, among others.⁵²

27. On 3 June 2023, the Commission submitted this case to the Court. On 22 May 2025, the Court held a public hearing on the merits (“Hearing”).

V. THE COURT SHOULD RECOGNIZE FORCED STERILIZATION AS REPRODUCTIVE VIOLENCE, A SPECIFIC FORM OF GENDER-BASED VIOLENCE.

28. Global Justice Center respectfully requests the Court to adopt the Commission’s legal conclusions, reflected in its Report dated October 5, 2021, and to expressly recognize forced sterilization as reproductive violence, a distinctive form of gender-based violence. This is consistent with the Court’s jurisprudence (section V.A); consistent with the way other bodies of international law treat forced sterilization (section B); and appropriately accounts for the unique characteristics, harms, and effects of reproductive violence (section C).

A. The Court Has Already Recognized Sterilization Without Consent as Gender-Based Violence.

29. In reaching its conclusions and recommendations in its 5 October 2021 Report, the Commission relied heavily on the Court’s 2016 decision in *I.V. v. Bolivia*, in which the Court held the State of Bolivia responsible for the sterilization of a Peruvian woman without her consent.⁵³ In that case, petitioner I.V. visited a Bolivian public hospital to be treated for pregnancy complications. While performing an emergency cesarean section, the doctor attending to I.V. performed a tubal ligation procedure on I.V., without her informed consent.⁵⁴ The Court found that Bolivia failed to ensure that appropriate measures existed to prevent I.V.’s sterilization without prior, free, full, and informed consent, in violation of several protections enshrined in the American Convention.⁵⁵

⁵² *Id.*, p. 31.

⁵³ I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶¶ 235, 255, 270.

⁵⁴ *Id.*, ¶¶ 62–69, 170–196, 201.

⁵⁵ *Id.*, ¶¶ 220, 227.

30. The Court also found that Bolivia failed in its obligations to prevent gender-based violence under Article 7 of the Convention of Belém do Pará.⁵⁶ That treaty “establishes the right of every woman to be free from violence,” and affirms “that this right includes the right to be free of all forms of discrimination.”⁵⁷ The Convention of Belém do Pará defines “violence” as “any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere.”⁵⁸ In addition, the Court has noted that gender-based violence includes “acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty” on account of gender.⁵⁹ In *I.V.*, the Court noted that the obligations to refrain from gender-based violence “acquire[] special relevance when violations of the sexual and reproductive rights of women are involved, as in the case of non-consensual sterilizations performed in public hospitals.”⁶⁰ This is, in part, because gender-based violence of this kind “inhibits the ability [of women] to enjoy rights and freedoms, including economic, social, and cultural rights, on a basis of equality [with men].”⁶¹

31. In line with *I.V.*, the Court’s jurisprudence has recognized distinct forms of gender-based violence. For instance, the Court recognized sexual violence as a distinct form of gender-based violence. In the *Case of the Miguel Castro Castro Prison v. Peru*, state agents in a maximum-security prison in Peru subjected six female inmates to prolonged periods of forced nudity and, in one case, vaginal “inspections.”⁶² After recalling the broad definition of gender-based violence, the Court determined that this conduct specifically constituted “sexual violence.”⁶³

⁵⁶ *Id.*, ¶ 372.

⁵⁷ Convention of Belém do Pará, Arts. 3, 6(a), 8(a).

⁵⁸ Convention of Belém do Pará, Art. 1.

⁵⁹ I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶ 251 (citing I/A Court H.R., *Case of the Miguel Castro Castro Prison v. Peru*. Merits, Reparations, and Costs. Judgment of November 25, 2006. Series C No. 160, ¶ 303; and *Case of Espinoza González v. Peru*, Preliminary Objections, Merits, Reparations and Costs. Judgment of November 20, 2014. Series C No. 289, ¶ 223).

⁶⁰ *Id.*, ¶ 250.

⁶¹ *Id.*, ¶ 253.

⁶² I/A Court H.R., *Case of the Miguel Castro Castro Prison v. Peru*. Merits, Reparations and Costs. Judgment of November 25, 2006. Series C No. 160, ¶¶ 306–309.

⁶³ *Id.* ¶ 308; see also I/A Court H.R., *Case of V.R.P., V.P.C. et al. v. Nicaragua*. Preliminary Objections, Merits, Reparations and Costs. Judgment of March 8, 2018. Series C No. 350, ¶¶ 293–298 (recognizing rape as a distinct form of gender-based violence, in relation to which the State should adopt “positive measures to ensure effective and equal access to justice”).

32. More recently, the Court has also recognized obstetric violence as a distinct form of gender-based violence. In *Britez Arce et. al. v. Argentina*, the Court, noting its previous advisory opinion on *Differentiated Approaches with Respect to Certain Groups of Persons Deprived of Liberty*, affirmed that:

[O]bstetric violence is a form of gender-based violence . . . , caused by those responsible for the care of women at health institutions, which takes place during pregnancy, childbirth and post-partum⁶⁴

33. Adequately categorizing such acts is not a mere semantic exercise. As the Court noted in *Britez Arce*, the recognition of obstetric violence as a distinct form of gender-based violence is important because it recognizes “the special vulnerability [of women] implied during pregnancy and the post-partum period.”⁶⁵ The Court recognized that obstetric violence has specific characteristics that distinguish it from other forms of gender-based violence. Namely, obstetric violence is “mostly, but not exclusively, expressed in a dehumanized, disrespectful, abusive or negligent treatment; in the denial of treatment and of complete information on their state of health and the applicable treatments; in forced or coercive medical procedures, and in the tendency to pathologize the natural reproductive processes, among other threatening manifestations in the context of health care during pregnancy, childbirth and post-partum.”⁶⁶ These distinguishing features give rise to a unique constellation of human rights violations involving stereotyping, discrimination, and violence, which in turn, requires States to implement specific measures to prevent, punish, and abstain from such acts.⁶⁷ As demonstrated in *Britez Arce*, naming obstetric violence facilitates the Court’s analysis of its nature, extent, impacts, and implications.

B. The Court Can Usefully Draw from Other Bodies of International Law in Conceptualizing Forced Sterilization as Reproductive Violence.

34. Global Justice Center now asks the Court to recognize reproductive violence as another distinct form of gender-based violence, and forced sterilizations as a specific form of harm constituting reproductive violence. As the Court has done before, it should draw from other bodies of international law to inform its understanding and conceptualization of the conduct at issue and the rights at stake.

⁶⁴ I/A Court H.R., *Case of Britez Arce et. al. v. Argentina*. Merits, Reparations and Costs. Judgment of November 16, 2022. Series C No. 474, ¶¶ 75, 81 (citing I/A Court of Human Rights, Advisory Opinion OC-29/22 “Differentiated Approaches Regarding Certain Groups of Persons Deprived of Liberty” of May 30, 2022, ¶ 160).

⁶⁵ *Id.*, ¶ 77.

⁶⁶ *Id.*, ¶ 81.

⁶⁷ *Id.*

Specifically, the Court should consider other bodies of international law that already treat forced sterilization as a form of reproductive violence within the umbrella of gender-based violence.

(1) *The Court Regularly Considers Other Bodies of International Law in Analyzing Potential Violations of the American Convention.*

35. The Court has often considered other bodies of international law, invoking in particular the *pro personae* principle enshrined in Article 29 of the American Convention, and the systemic integration principle of Article 31(3)(c) of the Vienna Convention on the Law of Treaties (“VCLT”).⁶⁸ The *pro personae* principle requires the Court to seek the most favorable interpretation of the rights enshrined in the American Convention.⁶⁹ Simultaneously, the principle of systemic integration of international law enables the Court to look beyond the American Convention itself, to the broader *corpus juris* of the right in question.⁷⁰

36. Depending on the context, the *corpus juris* relevant for the interpretation of Convention rights may go beyond international human rights instruments and norms to include, for example, other related legal regimes such as international criminal law.⁷¹ According to the Court, it must consider “not only . . . the agreements and instruments formally related to [the American Convention] . . . but also the

⁶⁸ See, e.g., I/A Court H.R., *Case of the Ituango Massacres v. Colombia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of July 1, 2006. Series C No. 148, ¶ 155; I/A Court H.R., *Case of the Employees of the Fireworks Factory of Santo Antonio de Jesus and their families v. Brazil*. Preliminary Objections, Merits, Reparations and Costs. Judgment of July 15, 2020. Series C 407, ¶ 156.

⁶⁹ I/A Court H.R., *Gender Identity, and Equality and Non-Discrimination of Same-Sex Couples*. Advisory Opinion OC-24/17 of November 24, 2017, ¶ 67 (“when interpreting [the ACHR], the hermeneutic alternative that is most favorable to the protection of the rights of the individual and compatible to the application of the *pro persona* principle must be chosen”); see also I/A Court H.R., *Case of Atala Riffo and Daughters v. Chile*. Merits, Reparations, and Costs. Judgment of February 24, 2012. Series C No. 239, ¶¶ 83–84; I/A Court H.R., *Case of the “Mapiripán Massacre” v. Colombia*. Merits, Reparations, and Costs. Judgment of September 15, 2005. Series C No. 134, ¶ 106.

⁷⁰ Vienna Convention on the Law of Treaties, May 23, 1969, Art. 31(3)(c) (“[t]here shall be taken into account, together with the context . . . any relevant rules of international law applicable in the relations between the parties.”); see also I/A Court H.R., *The Right to Information on Consular Assistance in the Framework of the Guarantees of the Due Process of Law*. Advisory Opinion of October 1, 1999, ¶ 115 (defining *corpus juris* as “a set of international instruments of varied content and juridical effects (treaties, conventions, resolutions, and declarations).”).

⁷¹ I/A Court H.R., *Case of the Pacheco Tineo family v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 25, 2013. Series C No. 272, ¶ 143 (recognizing that “when determining the compatibility of the acts and omissions of the State, or of its norms, with the Convention or other treaties over which it has competence, the Court may interpret the obligations and rights contained in them in light of other pertinent treaties and norms.”); I/A Court H.R., *Case of the Employees of the Fireworks Factory of Santo Antonio de Jesus and their families v. Brazil*. Preliminary Objections, Merits, Reparations and Costs. Judgment of July 15, 2020. Series C 407, ¶ 157; I/A Court H.R., *Case of the Hacienda Brasil Verde Workers v. Brazil*. Preliminary Objections, Merits, Reparations and Costs. Judgment of October 20, 2016. Series C No. 318, ¶¶ 248–268.

system within which it is inserted.”⁷² For instance, in *Hacienda Brasil Verde Workers v. Brazil*, the Court considered the statutes and jurisprudence of several international criminal law tribunals to define the scope of the right to be free from slavery under Article 6 of the American Convention, including the situations that amounted to slavery and the test to determine whether features of slavery are present.⁷³ Similarly, in cases concerning situations of armed conflict, the Court has interpreted and applied the provisions of the American Convention relying on international humanitarian law norms as *lex specialis*.⁷⁴

(2) *International Criminal Law Recognizes Reproductive Violence, including Forced Sterilization, as a Distinct Form of Gender-Based Violence.*

37. The Rome Statute specifically recognizes both enforced sterilization and forced pregnancy as forms of reproductive violence independent from other sexual and gender-based violence crimes.⁷⁵ Under the Rome Statute and the Elements of Crimes of the International Criminal Court (“ICC”), enforced sterilization⁷⁶ entails “the deprivation of biological reproductive capacity” of a person not justified by medical treatment nor carried out with their genuine consent.⁷⁷ Forced pregnancy entails the unlawful and forced confinement of a woman forcibly made pregnant, with the intent of affecting the ethnic composition of any population or carrying out other grave violations of international law.⁷⁸

⁷² I/A Court H.R., *case of the Hacienda Brasil Verde Workers v. Brazil*. Preliminary Objections, Merits, Reparations and Costs. Judgment of October 20, 2016. Series C No. 318, ¶ 246.

⁷³ *Id.*, ¶¶ 255–256, 272, 275–276 (considering the Statutes of the International Criminal Tribunal for the former Yugoslavia (Art. 5.c), the International Criminal Tribunal for Rwanda (Art. 3.c), the Special Court for Sierra Leone (Art. 2.c), and International Criminal Court (Art. 7.1)).

⁷⁴ I/A Court H.R., *Case of Cruz Sanchez et al. v Peru*. Preliminary Objections, Merits, Reparations and Costs. Judgment of April 17, 2015. Series C No. 292, ¶ 272.

⁷⁵ Rome Statute of the ICC, Art. 7(1)(g), (“For the purpose of this Statute, “crime against humanity” means any of the following acts when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack: ... enforced sterilization...”); *id.*, Art. 8(2)(b)(xxii) (“For the purpose of this Statute, “war crimes” means: ... Other serious violations of the laws and customs applicable in international armed conflict, within the established framework of international law, namely, any of the following acts: ... committing ... enforced sterilization...”).

⁷⁶ While the ICC uses the term “enforced sterilization,” more commonly, the crime is referred to as “forced sterilization”. This amicus brief uses the term “forced sterilization” except when referring to the term used in the Rome Statute and ICC jurisprudence.

⁷⁷ ICC, “Elements of Crimes” (2013), Art. 7(1)(g)-5, Art. 8(2)(b)(xxii)-5; Global Justice Center and UN Women, “DOCUMENTING REPRODUCTIVE VIOLENCE. Unveiling Opportunities, Challenges, and Legal Pathways for UN Investigative Mechanisms” (September 2024), p. 39 <https://www.unwomen.org/en/digital-library/publications/2024/09/research-paper-documenting-reproductive-violence-unveiling-opportunities-challenges-and-legal-pathways-for-un-investigative-mechanisms>.

⁷⁸ ICC, “Elements of Crimes” (2013), Art. 7(1)(g)-4, Art. 8 (2) (b) (xxii)-4.

38. While the ICC has not considered enforced sterilization in its jurisprudence, it has analyzed provisions relevant to reproductive violence in the context of forced pregnancy in the case of *Prosecutor v. Dominic Ongwen*.⁷⁹ Acknowledging that forced pregnancy “is grounded in the woman’s right to personal and reproductive autonomy and the right to family,”⁸⁰ the Trial Chamber explained:

As with any crime, forced pregnancy must be interpreted in a manner which gives this crime independent meaning from the other sexual and gender based violence crimes in the Statute. This is demanded by the rule against surplusage, a basic principle of statutory interpretation that presumes that the legislator does nothing in vain and that the court must endeavour to give significance to every word of a statutory instrument. This also implicates the principle of fair labelling, and how the proper characterisation of the evil committed, that is to say, calling the crime by its true name, is part of the justice sought by the victims. It is not enough to punish it merely as a combination of other crimes (e.g., rape and unlawful detention), or subsumed under the generic ‘any other form of sexual violence’. The crime of forced pregnancy depends on the unlawful confinement of a (forcibly made) pregnant woman, with the effect that the woman is deprived of reproductive autonomy.⁸¹

39. This was the first time an ICC Chamber formally recognized that the crime of forced pregnancy affected a victim’s reproductive, rather than sexual autonomy. It interpreted the inclusion of an independent crime of forced pregnancy under the Rome Statute, in addition to rape and imprisonment, as protecting “a woman’s reproductive rights, including the right to be pregnant and to autonomously determine the way in which she carries out her pregnancy.”⁸² The Appeals Chamber confirmed that the crime refers not only to attacking the victim’s autonomy over whether to become or remain pregnant, but also encompasses all decisions about the circumstances in which to carry out a pregnancy and the right to access pregnancy-related healthcare.⁸³

⁷⁹ *Prosecutor v. Dominic Ongwen*, ICC, Case No. ICC-02/04-01/15, Trial Judgment (February 4, 2021), ¶ 2722.

⁸⁰ *Id.*, ¶ 2717.

⁸¹ *Id.*, ¶ 2722.

⁸² *Prosecutor v. Dominic Ongwen*, ICC, Case No. ICC-02/04-01/15, Judgment on Appeal (December 15, 2022), ¶ 1055.

⁸³ *Id.*, ¶ 1055, fn. 2334 (citing *Prosecutor v. Dominic Ongwen*, ICC, Case No. ICC-02/04-01/15 A A2, Amici Curiae Observations on the Rome Statute’s definition of ‘forced pregnancy’ by Dr Rosemary Grey, Global Justice Center, Women’s Initiatives for Gender Justice and Amnesty International, ¶ 37 (December 23, 2021) (“[t]he focus on reproductive autonomy distinguishes ‘forced pregnancy’ from related crimes such as rape, enslavement or imprisonment. The harm recognised by the crime of forced pregnancy is therefore not forcing the victim to give birth but violating the victim’s personal, sexual, and reproductive autonomy by unlawfully confining them, including by preventing them from accessing an abortion. Unlawful confinement can impact upon reproductive rights even in States where abortion is partially or completely criminalized or otherwise

40. The concept of reproductive violence as a distinct category of gender-based violence in international criminal law was recognized in the revised 2023 Gender-Based Crimes Policy by the ICC’s Office of the Prosecutor (the “Policy”).⁸⁴ The Policy explicitly articulates the evolving legal concepts, principles, and practical considerations in international criminal law that ground the ICC Office of the Prosecutor’s work on gender-based crimes. With respect to reproductive violence, the Policy notes:

While the term “sexual and gender-based crimes” reflected conceptualization of these crimes in 2014 when the first Policy was launched, the Office now refers to “GBC”. The term “GBC” encompasses crimes involving sexual, *reproductive*, and other gender-based violence, better reflecting current understanding about these forms of harm and how they relate to each other.⁸⁵

41. The Policy recognizes the importance of not conflating reproductive violence with sexual violence due to their distinct harms and the protected rights they infringe.⁸⁶ In this respect, the Policy defines reproductive violence as a violation of reproductive autonomy and/or violence directed at people on account of their actual or potential reproductive capacity, or perceptions thereof; whereas sexual violence is a form of gender-based violence that involves the commission or attempted commission of sexual acts.⁸⁷ Acts of reproductive violence may occur alongside sexual violence, or particular conduct may constitute both reproductive and sexual violence simultaneously; however, each can also occur separately.⁸⁸ The Policy further recognizes that reproductive violence violates a person’s fundamental rights to dignity and bodily integrity.⁸⁹

C. Recognizing That Forced Sterilization Constitutes Reproductive Violence Is Necessary for Appropriate Justice.

42. Recognizing the specific features, context, and harms of forced sterilization as a form of reproductive violence is necessary to afford victims and survivors appropriate justice.

restricted. It obstructs access to essential services that the victim may otherwise have accessed (even if restricted under domestic law.)”).

⁸⁴ Policy on Gender-Based Crimes, International Criminal Court (December 2023), <https://www.icc-cpi.int/sites/default/files/2023-12/2023-policy-gender-en-web.pdf>.

⁸⁵ *Id.*, p. 2 (emphasis added).

⁸⁶ *Id.*, pp. 17, 20.

⁸⁷ *Id.*, pp. 13–14.

⁸⁸ *Id.*, p. 34.

⁸⁹ *Id.*, p. 14.

43. *First*, the recognition of forced sterilization as reproductive violence is necessary for the correct identification of perpetrators’ intent, tactics, or methods of conduct. For example, the classification of forced sterilization as reproductive violence, rather than or in addition to sexual violence, recognizes that this crime is generally motivated by the intent to destroy the victims’ reproductive functions, often to eliminate a particular race or culture, or to further perpetuate institutionalized discrimination.⁹⁰ In this vein, at the Hearing, Dr. Kimberly Theidon described the concept of “reproductive governance,” through which States deploy methods such as sanctions, legislation, and incentives, in order to target, monitor, and control reproductive behavior.⁹¹ Similarly, regarding perpetrators’ tactics, classifying forced sterilization as sexual violence may overlook the fact that the tactics used to carry out a non-consensual sterilization are often linked to the victim’s reproductive capacity, as opposed to their sexual capacity or autonomy. For instance, in the specific case of Celia Ramos, the victims’ representatives described in the Hearing how agents of the Program sought to convince her that she had to be sterilized by emphasizing her “reproductive risk” and claiming that she would face life-threatening danger from any future pregnancy.⁹²

44. *Second*, conflating reproductive and sexual violence may fail to capture the specific forms of harm that result from violations of reproductive autonomy and capacity. This can be seen in investigations of mass atrocities in other contexts. For example, a report by the Commission of Inquiry for Syria documented instances of young girls giving birth following forced marriages, but failed to analyze whether these situations could amount to reproductive violence, such as forced pregnancy.⁹³ This conflated the initial sexual act and the violation of the girls’ sexual autonomy with the lasting harm of becoming pregnant against one’s will, having to undergo birth at a young age, and being forced into the lasting commitment of parenthood absent one’s active choice. Although sexual violence and reproductive violence may overlap, recognizing these distinctive elements is instructive and necessary to capture the full spectrum

⁹⁰ Global Justice Center and UN Women, “DOCUMENTING REPRODUCTIVE VIOLENCE. Unveiling Opportunities, Challenges, and Legal Pathways for UN Investigative Mechanisms” (September 2024), pp. 13–14, 18, <https://www.unwomen.org/en/digital-library/publications/2024/09/research-paper-documenting-reproductive-violence-unveiling-opportunities-challenges-and-legal-pathways-for-un-investigative-mechanisms>.

⁹¹ Hearing (Theidon) (May 22, 2025).

⁹² Hearing (Victims’ Representatives) (May 22, 2025).

⁹³ See Independent International Commission of Inquiry on the Syrian Arab Republic, “Gendered Impact of the Conflict in the Syrian Arab Republic on Women and Girls” (June 12, 2023), <https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/coisyrria/policypapersieges29aywar/2023-06-12-Gendered-impact-women-girls-%20Syria.pdf>.

of harms suffered by victims and survivors, while recognizing the intrinsic relationship between the various forms of violence.

45. *Third*, adequately recognizing forced sterilization as reproductive violence can help correct the effects on gender equality that result from its misclassification. The failure to acknowledge forced sterilization as reproductive violence obscures a type of harm that historically has principally affected women, girls, and others who can become pregnant, perpetuating narratives in which female experiences are seen as niche, less relevant, or not worthy of public debate.⁹⁴ On the other hand, reproductive violence may also be perpetrated against men and individuals of diverse sexual orientations and gender identities, and failure to capture this aspect can reinforce myths about who can be a victim of gender-based violence and who can perpetrate such violence.⁹⁵

46. *Fourth*, in post-conflict or transitional justice contexts, failing to name and address an act like forced sterilization as reproductive violence might lead to establishing “rebuilding priorities that neglect reproductive health” with impacts on mortality, morbidity, and gender equality, which in turn fuels the underprioritizing and underfunding of these issues.⁹⁶ This is exactly what happened in Peru: as Dr. Theidon testified at the Hearing, forced sterilizations were excluded from the mandate of the Truth and Reconciliation Commission established in 2001 to investigate human rights violations that occurred during the internal armed conflict between 1980 and 2000. This meant that the victims and survivors of the Program received no reparations for the harm they suffered.⁹⁷ Such failure, in turn, compounded the stigma faced by the victims and ensured that the harm of reproductive violence persisted for years after the fact. Moreover, the failure to recognize all aspects of the violence may in turn result in “the tendency for prevention, reparations, and redress efforts to lack components that respond specifically to these violations, blunting the transformative potential of such interventions.”⁹⁸ Global Justice Center and UN Women have

⁹⁴ Global Justice Center and UN Women, “DOCUMENTING REPRODUCTIVE VIOLENCE. Unveiling Opportunities, Challenges, and Legal Pathways for UN Investigative Mechanisms” (September 2024), pp. 16–17, <https://www.unwomen.org/en/digital-library/publications/2024/09/research-paper-documenting-reproductive-violence-unveiling-opportunities-challenges-and-legal-pathways-for-un-investigative-mechanisms>.

⁹⁵ *Id.*, p. 17.

⁹⁶ *Id.*, pp. 17–18.

⁹⁷ Hearing (Theidon) (May 22, 2023).

⁹⁸ Global Justice Center and UN Women, “DOCUMENTING REPRODUCTIVE VIOLENCE. Unveiling Opportunities, Challenges, and Legal Pathways for UN Investigative Mechanisms” (September 2024), p. 19, <https://www.unwomen.org/en/digital-library/publications/2024/09/research-paper-documenting-reproductive-violence-unveiling-opportunities-challenges-and-legal-pathways-for-un-investigative-mechanisms>.

described this as “a vicious cycle of neglect: advocacy for increased resources is met with skepticism about the need for such resources, given the lack of documentation of these needs.”⁹⁹

47. *Finally*, the express recognition of forced sterilization as reproductive violence also permits the formulation of remedies responsive to its far-reaching impacts. These impacts include the profound, personal loss that survivors experience, flowing from the violation of bodily integrity and the mental anguish of losing the ability to have children.¹⁰⁰ Societal and cultural perceptions of infertility, especially in settings where great cultural weight is placed on the woman’s role as a child-bearer, often result in abandonment by partners or families, the loss of marriage prospects, subjugation within their communities, and economic hardships resulting from such marginalization, due to their inability to comply with the reproduction-focused role imposed on women under patriarchy.¹⁰¹

48. For instance, in Peru, the victims and survivors of the Program have often reported their experiences of stigmatization and societal marginalization from their communities as a result of losing their reproductive capabilities.¹⁰² Some women were expelled from their homes by partners who misunderstood what had occurred to them, attributing their infertility to supposed promiscuity.¹⁰³ They described being

⁹⁹ *Id.*, p. 18.

¹⁰⁰ See I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶¶ 266–268.

¹⁰¹ See S. Rowlands, V. Heaslip *et al.*, *The forced sterilisation of Indigenous and racialised Peoples: Origins, nature of abuses, impacts and responses* in *International Perspectives on Health Equity* (Vol. 1 No. 1, 2025), p. 11 (“Many Peruvian Indigenous women reported stigmatisation, feeling “marginalised”, equating it to becoming “like disabled people””); United Nations Committee on the Elimination of Discrimination against Women, *Report adopted by the Committee under article 4, paragraph 1, of the Optional Protocol, concerning Communication No. 170/2021* (October 25, 2024), ¶¶ 2.7–2.10, <https://digitallibrary.un.org/record/4079984?ln=en> (summarizing the testimonies of some of the victims, who refer to have been abandoned by their partners after they were subjected to sterilization); and I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶¶ 243, 252 (discussing the woman’s role as a child-bearer).

¹⁰² See *e.g.*, S. Rowlands, V. Heaslip *et al.*, *The forced sterilisation of Indigenous and racialised Peoples: Origins, nature of abuses, impacts and responses* in *International Perspectives on Health Equity* (Vol. 1 No. 1, 2025), p. 11 (“Many Peruvian Indigenous women reported stigmatisation, feeling “marginalised”, equating it to becoming “like disabled people””); See also Quipu Project, *Data Base on Testimonies on Forced Sterilizations* (2022), <https://interactive.quipu-project.com/#/en/quipu/listen/r898?currentTime=0&view=thread&tag=responses>; United Nations Committee on the Elimination of Discrimination against Women, *Report adopted by the Committee under article 4, paragraph 1, of the Optional Protocol, concerning Communication No. 170/2021* (25 October 2024), p. 19, <https://digitallibrary.un.org/record/4079984?ln=en> (recommending the State to adopt a series of measures in consideration of the stigmatization effect of forced sterilization against the victims).

¹⁰³ See S. Rowlands, V. Heaslip *et al.*, *The forced sterilisation of Indigenous and racialised Peoples: Origins, nature of abuses, impacts and responses* in *International Perspectives on Health Equity* (Vol. 1 No. 1, 2025), p. 11.

left to cope on their own, without support.¹⁰⁴ Additionally, women who were in established relationships often experienced a deterioration in those relationships after learning of their sterilization.¹⁰⁵ Intimate partner violence, as well as separation and divorce, were frequently reported consequences.¹⁰⁶ One survivor stated: “Because I could not have any more children, my husband told me I was useless and abandoned me People in my community said it was my choice, that I had the operation to be with other men. My mother blamed me too. I was seen as a bad woman and had to leave.”¹⁰⁷ Another survivor, who was sterilized at age 27, was also cast out by her community. She recalls “[my] husband abandoned me – he said I was not worth it. He said I wasn’t even good for sex. I was insulted all the time, it was a small community, they said it was so I could be with many men.”¹⁰⁸ She recounts that she and the other victims and survivors in her village were referred to as “los castrados” (meaning “the castrated ones”). Thirty-four years later, she affirms that “[t]hey still say these words, they still hurt,” she says.¹⁰⁹ Indeed, as Dr. Theidon detailed at the Hearing, women who survived forced sterilization under the Program in Peru faced discrimination for no longer being able to meet the social expectation and stereotype of a “good woman”—one who may bear children.¹¹⁰

49. Identifying these experiences as reproductive violence can help to remedy these impacts in a variety of ways. Perhaps most importantly, this characterization may help individual victims recognize their experiences as violence committed against them, rather than viewing them as internalized failures to adhere to their socially constructed roles. Meanwhile, the public acknowledgement of these women and girls as victims of state violence can help to reshape community perceptions of their experiences, potentially supporting them to reclaim their place in their society. And ultimately, the recognition of reproductive autonomy as a protected value and individual right under international law may also help to stimulate

¹⁰⁴ Quipu Project, *Data Base on Testimonies on Forced Sterilizations* (2022), <https://interactive.quipu-project.com/#/en/quipu/listen/r898?currentTime=0&view=thread&tag=responses>.

¹⁰⁵ S. Rowlands, V. Heaslip *et al.*, *The forced sterilisation of Indigenous and racialised Peoples: Origins, nature of abuses, impacts and responses* in *International Perspectives on Health Equity* (Vol. 1 No. 1, 2025), p. 11.

¹⁰⁶ Quipu Project, *Data Base on Testimonies on Forced Sterilizations* (2022), <https://interactive.quipu-project.com/#/en/quipu/listen/r898?currentTime=0&view=thread&tag=responses>.

¹⁰⁷ The Telegraph, “These indigenous women were forcibly sterilised in Peru – decades later they still seek justice” (May 14, 2024), <https://www.telegraph.co.uk/global-health/women-and-girls/forced-sterilisation-peru-legal-fight-colonialism/> (quoting Florentina Loyza Cardenas, a Peruvian Indigenous woman from the Huancavelica region).

¹⁰⁸ *Id.* (quoting Mavila Rios De Rengiro).

¹⁰⁹ *Id.*

¹¹⁰ Hearing (Theidon) (May 22, 2023).

greater recognition and respect for reproductive autonomy across the society, including expanding the definition of a “good woman” to encapsulate much more than a woman’s reproductive experiences.

50. The experience of other countries in the region underscores the importance of properly labeling forced sterilization as reproductive violence, as opposed to sexual violence or indistinctly characterizing it as gender-based violence. In 2023, Colombia’s Special Jurisdiction for Peace (“JEP”) opened Macro-case No. 11 on “gender-based violence, including sexual and reproductive violence, and crimes committed out of prejudice.” The JEP was established as a transitional justice mechanism in response to the decades-long armed conflict in Colombia beginning in the 1950s between Fuerzas Armadas Revolucionarias de Colombia - Ejército del Pueblo (“FARC-EP”) and the State. After initial transitional justice measures struggled to recognize reproductive violence in the conflict and threatened to produce impunity for this violence, civil society organizations advocated for the inclusion of reproductive violence in the transitional justice process.¹¹¹ Finally, in Macro-case No. 11, the JEP established its jurisdiction over reproductive violence, alongside sexual violence and violence based on sexual-orientation and gender-identity, in the context of armed conflict.¹¹² According to the JEP, conduct amounting to reproductive violence—including forced abortion and contraception—served purposes such as disciplining and instrumentalizing female bodies for war, maintaining the fighting force, and preventing desertions motivated by maternity.¹¹³ Forced abortions were a recurring and mandatory practice, forming part of an organizational policy of the FARC-EP, supported by high-ranking commanders and reflected in internal regulations. In some cases, women who were not forced to abort were brought before “revolutionary war councils,” where commanders decided the fate of their children—whom women were never allowed to see again.¹¹⁴ Without the adequate recognition of reproductive violence and the distinctive harms it entails, these categories of victims and survivors may have been overlooked and others may have received

¹¹¹ A. Cocomá and J. Laguna. “Reproductive violence: a necessary category of analysis in transitional justice scenarios” (June 24, 2020), <https://blogs.lse.ac.uk/wps/2020/06/24/reproductive-violence-a-necessarycategory-of-analysis-in-transitional-justice-scenarios/>.

¹¹² Case No. 11 on “gender-based violence, sexual violence, reproductive violence, and other crimes committed out of prejudice based on sexual orientation, gender expression and/or diverse gender identity within the context of the Colombian armed conflict,” *Jurisdicción Especial para la Paz*, Colombia, Order No. 05 of 2023 from the Chamber for the Acknowledgment of Truth, Responsibility, and Determination of Facts and Conduct (September 6, 2023), ¶¶ 240–252 (analyzing separately the facts and motives behind incidents of sexual violence, reproductive violence, and violence based on sexual orientation and gender identity).

¹¹³ *Id.*, ¶¶ 246–247.

¹¹⁴ *Id.*, ¶ 245 (unofficial translation).

insufficient reparations or inadequate rehabilitation services under domestic remedies, simply because the conduct was not perpetrated sexually.¹¹⁵

51. Here too, failing to recognize forced sterilization as reproductive violence, which is a distinct form of gender-based violence, and instead conflating it with sexual violence or allowing it to be subsumed under the broader category of gender-based violence, can contribute to failure to understand and articulate these lived experiences—and to order the appropriate remedies to address them.

VI. THE MASS, STATE-SPONSORED CHARACTER OF THE HARM IN CELIA RAMOS’S CASE SHOULD INFORM THE COURT’S CONCLUSIONS AND REMEDIES.

52. Celia Ramos’s case offers the Court an opportunity to elucidate the remedies appropriate to address reproductive violence perpetrated pursuant to a mass, State-sponsored policy. In the Court’s past jurisprudence on non-consensual sterilization, specifically in *I.V. v. Bolivia*, the Court noted that the “non-consensual sterilization” at issue in that case “did *not* form part of a State policy and did not take place during an armed conflict or as part of a general and systematic attack on the civilian population.”¹¹⁶ The Court therefore tailored reparations to I.V. herself (including restitution and compensation) and ordered non-repetition measures to ensure that other individuals would have appropriate information on reproductive health and informed consent when visiting public or private Bolivian hospitals, and to ensure appropriate education of health professionals on these topics.

¹¹⁵ Global Justice Center and UN Women, “DOCUMENTING REPRODUCTIVE VIOLENCE. Unveiling Opportunities, Challenges, and Legal Pathways for UN Investigative Mechanisms” (September 2024), pp. 16–19, <https://www.unwomen.org/en/digital-library/publications/2024/09/research-paper-documenting-reproductive-violence-unveiling-opportunities-challenges-and-legal-pathways-for-un-investigative-mechanisms> (“[e]nsuring adequate identification and documentation of harms can also be vital for opening pathways for appropriate redress. . . victims may be entitled to rehabilitation or other services, reparations, public apologies, or other forms of justice—but only if the harms they have suffered are recognized and documented. Entire categories of victims, such as people subjected to forced contraception, can be overlooked if reproductive violence is not appropriately documented. Other victims, such as survivors of sexual violence that results in pregnancy, infertility, or other reproductive consequences, may receive insufficient reparations or inadequate rehabilitation services to account for the full range of violations.”); R. Rubio-Marin, *Reparations for Conflict-Related Sexual and Reproductive Violence: A Decalogue* in *William & Mary Journal of Race, Gender and Social Justice* (Vol 19 No. 1, 2012), p. 74 (“[i]n order to duly recognize victims and help them cope with the effects of violence and move forward properly, reparations must give primordial attention to the notion of harm and do so in ways which are adequate for the situations in which they operate. . . The acknowledgment of harms experienced by victims, and an adequate correlation between the harms experienced and the foreseen remedies is therefore the first principle that should guide reparations”).

¹¹⁶ I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶ 297 (emphasis added).

53. While these non-repetition measures may also be appropriate in Celia Ramos’s case, they are insufficient. In this case, the widespread and systematic nature of the forced sterilizations amounts to an attack on the reproductive autonomy of a civil population, which constitutes a crime against humanity and thereby gives rise to State obligations to prevent and punish such conduct.¹¹⁷ Moreover, the mass, State-sponsored character of the forced sterilizations under the Program requires a different approach, specifically because it heightens the State’s duty to investigate, ensure access to justice and judicial protection, and provide other effective remedies to victims, survivors, and the affected communities.

A. Peru’s Mass, State-Sponsored Forced Sterilization Campaign Meets the Definition of a Crime Against Humanity.

54. The Court should pay due regard to the mass, State-sponsored nature of Peru’s conduct, which meets the definition of a crime against humanity under international criminal law. Indeed, the Peruvian Government established a Special Commission in 2002, which found that the acts committed under the Program likely constitute crimes against humanity as defined under the Rome Statute.¹¹⁸ Where international criminal law recognizes a crime against humanity, it provides distinct remedies to address the far-reaching consequences suffered by the entire population subjected to the harm. International human rights law, and this Court, should do no less than international criminal law to recognize the breadth and gravity of harm that Peru perpetrated upon its population, and, as described in Section VI.B, provide reparations tailored to that unique harm without application of statutes of limitations or other barriers to justice.¹¹⁹

¹¹⁷ I/A Court H.R., *Case of Almonacid-Arellano et al v. Chile*. Preliminary Objections, Merits, Reparations and Costs. Judgment of September 26, 2006. Series C 154, ¶ 99 (“Said prohibition to commit crimes against humanity is a *ius cogens* rule, and the punishment of such crimes is obligatory pursuant to the general principles of international law.”); I/A Court H.R., *Case of Goiburú et al. v. Paraguay*. Merits, Reparations and Costs. Judgment of September 22, 2006. Series C No. 153, ¶ 128 (“the norms of international customary and treaty based law establish the obligation to prosecute those responsible. This acquires particular relevance in cases such as this, because the facts occurred in a context of the systematic violation of human rights – both offenses constituting crimes against humanity – and this gives rise to the States’ obligation to ensure that such conduct is criminally prosecuted and the perpetrators punished.”).

¹¹⁸ Subcomisión Investigadora de Personas e Instituciones Involucradas en las Acciones de Anticoncepción Quirúrgica Voluntaria, “Informe Final Sobre la Aplicación de la Anticoncepción Quirúrgica Voluntaria (AQV) en los años 1990-2000” (June 2002), pp. 102–103.

¹¹⁹ I/A Court H.R., *Case of the Miguel Castro Castro Prison v. Peru*. Merits, Reparations and Costs. Judgment of November 25, 2006. Series C No. 160, ¶ 347 (“the duty to investigate constitutes an imperative obligation of the state that derives from international law and cannot be disregarded or conditioned by domestic acts or legal provisions of any nature”); I/A Court H.R., *Case of La Cantuta v. Peru*. Merits, Reparations and Costs. Judgment of November 29, 2006. Series C No. 162, ¶¶ 225–226 (“the acts committed in La Cantuta . . . are crimes against humanity that cannot go unpunished, are non-extinguishable and cannot be the subject-matter of amnesty . . .

55. Since World War II, international criminal law has recognized that forced sterilization can rise to the level of a crime against humanity.¹²⁰ The Rome Statute explicitly recognizes enforced sterilization as a crime against humanity when committed as part of a widespread or systematic attack against any civilian population, with knowledge of the attack, pursuant to or in furtherance of a State or organizational policy to commit such attack.¹²¹ While there are different views about whether the existence of such a policy is required to constitute a crime against humanity under customary international law, there can be no doubt that Peru's actions under the Program meet this definition.

56. In the context of enforced sterilization, an attack entails "a course of conduct involving the multiple commission" of the act of deprivation of biological reproductive capacity not justified by the medical or hospital treatment of the person concerned nor carried out with their genuine consent.¹²² In this sense, the ICC's Elements of Crimes do not require that the perpetrator act in bad faith or with discriminatory or illicit motives, although when present, those facts may help prove other elements, such as the attack's widespread or systematic nature.¹²³

57. As noted, an attack must be widespread or systematic to amount to a crime against humanity. International criminal courts have interpreted "widespread" to refer either to the geographic scope of the measures and number of victims,¹²⁴ as well as the seriousness of the acts, and their massive, frequent, and collective character,¹²⁵ considering not just the direct victims but more broadly the targeted

The State may not rely upon any domestic law or regulation to justify its failure to comply with the Court's order to investigate and, if appropriate, criminally punish the parties responsible").

¹²⁰ See Nuremberg Military Tribunals, *Trials of War Criminals Before the Nuremberg Military Tribunals Under Control Council Law No. 10 ("Green Series"), Volume I*, 1947, pp. 8, 13, 16, https://maint.loc.gov/law/mlr/pdf/NT_war-criminals_Vol-I.pdf (including forced sterilizations in indictments for crimes against humanity); Nuremberg Military Tribunals, *Trials of War Criminals Before the Nuremberg Military Tribunals Under Control Council Law No. 10 ("Green Series"), Volume II*, 1947, pp. 223–228, 235–241; 277–281 (judgments finding defendants Gebhardt, Brandt, and Brack guilty of crimes against humanity for their role in forced sterilizations), https://tile.loc.gov/storage-services/service/l1/lmlp/2011525364_NT_war-criminals_Vol-II/2011525364_NT_war-criminals_Vol-II.pdf.

¹²¹ Rome Statute of the ICC, Art. 7; see also ICC, "Elements of Crimes" (2013), Art. 7.

¹²² Rome Statute of the ICC, Art. 7(2)(a); see also ICC, "Elements of Crimes" (2013), Art. 7(2)(g).

¹²³ See ICC, "Elements of Crimes" (2013), Art. 7(1)(g); *Prosecutor v. Jean-Pierre Bemba Gombo*, ICC, Case No. ICC-01/05-01/08, Judgment (March 21, 2016), ¶ 163 ("While it may be of evidential value, the Statute does not envisage any requirement of demonstrating a 'motive' or 'purpose' underlying the policy to attack the civilian population.").

¹²⁴ *Prosecutor v. Germain Katanga*, ICC, Case No. ICC-01/04-01/07, Judgment (March 7, 2014), ¶ 1123; see also *Prosecutor v. Bosco Ntaganda*, ICC, Case No. ICC-01/04-02/06, Judgment (July 8, 2019), ¶ 691; and *Prosecutor v. Jean-Pierre Bemba Gombo*, ICC, Case No. ICC-01/05-01/08, Judgment (March 21, 2016), ¶ 163.

¹²⁵ *Prosecutor v. Jean-Pierre Bemba Gombo*, ICC, Case No. ICC-01/05-01/08, Judgment (March 21, 2016), ¶ 163.

population.¹²⁶ While international law does not require a certain number of victims, attacks involving several thousand victims have been considered “widespread.”¹²⁷ In turn, “systematic” reflects the organized character of the acts of violence, for instance, under an organized plan that is executed in furtherance of a policy.¹²⁸

58. In this case, there is no question that the Program was a widespread attack, both in terms of geographic scope and number of victims, as well as in terms of its effects on the targeted population. As described above in Section III.A, the Ombudsman who investigated Peru’s execution of the Program determined that 217,446 women throughout Peru were sterilized under the Program.¹²⁹ Additionally, there have been over 2,000 complaints filed in Peruvian courts claiming the sterilizations were involuntary,¹³⁰ and the true number of forced sterilizations is likely much higher.¹³¹ Moreover, as detailed above, the women and communities targeted under Program faced lasting, permanent effects of the forced sterilizations, both physical and social.¹³²

59. The Program was also “systematic.” As evidenced by the deliberate targeting of primarily poor, rural, Indigenous communities and the quotas that only applied to women, it was an organized plan

¹²⁶ See, e.g., *Prosecutor v. Radovan Karadžić*, ICTY, Case No. IT-95-5/18-T, Judgment (March 24, 2016), ¶ 477; see also *Prosecutor v. Kaing Guek Eav alias Duch*, ECCC, Case No. 001/18-07-2007/ECCC/TC, Judgment (May 29, 2013), ¶ 301.

¹²⁷ See *Prosecutor v. Bosco Ntaganda*, ICC, Case No. ICC-01/04-02/06, Judgment (July 8, 2019), ¶ 691; *Prosecutor v. Jean-Pierre Bemba Gombo*, ICC, Case No. ICC-01/05-01/08, Judgment (March 21, 2016), ¶ 163; *Prosecutor v. Ahman Muhammad Harun and Ali Muhammad Al Abd-Al-Rahman*, ICC, Case No. ICC-02/05-01/07, Decision on the Prosecution Application under Article 58(7) of the Statute (April 27, 2007), ¶ 63.

¹²⁸ See *Prosecutor v. Germain Katanga and Mathieu Ngudjolo Chui*, ICC, Case No. ICC-01/04-01/07, Decision on the Confirmation of Charges (September 30, 2008), ¶ 397; *Prosecutor v. Bosco Ntaganda*, ICC, Case No. ICC-01/04-02/06, Judgment (July 8, 2019), ¶ 692; and *Prosecutor v. Germain Katanga*, ICC, Case No. ICC-01/04-01/07, Judgment (March 7, 2014), ¶ 1123; *Prosecutor v. Ahman Muhammad Harun and Ali Muhammad Al Abd-Al-Rahman*, ICC, Case No. ICC-02/05-01/07, Decision on the Prosecution Application under Art. 58(7) of the Statute (April 27, 2007), ¶ 62; *Prosecutor v. Laurent Gbagbo*, ICC, Case No. ICC-02/11-01/11, Decision on the confirmation of charges against Laurent Gbagbo (July 12, 2014), ¶ 223.

¹²⁹ See *supra* ¶ 11.

¹³⁰ See *supra* ¶ 12; see also Center for Reproductive Rights, “Proyecto de Ley pone en riesgo justicia para más de 2.000 mujeres víctimas de esterilizaciones forzadas en el Perú” (June 13, 2024), <https://reproductiverights.org/proyecto-de-ley-riesgo-justicia-2-000-mujeres-esterilizaciones-forzadas-peru/>.

¹³¹ See Subcomisión Investigadora de Personas e Instituciones Involucradas en las Acciones de Anticoncepción Quirúrgica Voluntaria, “Informe Final Sobre la Aplicación de la Anticoncepción Quirúrgica Voluntaria (AQV) en los años 1990-2000” (June 2002), pp. 62–63 (accounting for 244,210 women subjected to tubal ligation between 1996 and 1999, and for 314,605 counting from 1993); see also United Nations Committee on the Elimination of Discrimination against Women, *Report adopted by the Committee under article 4, paragraph 1, of the Optional Protocol, concerning Communication No. 170/2021* (October 25, 2024), ¶ 2.3, <https://digitallibrary.un.org/record/4079984?ln=en> (reflecting the figures found by Subcomisión Investigadora de Personas e Instituciones Involucradas en las Acciones de Anticoncepción Quirúrgica Voluntaria).

¹³² See *supra* § V.C.

to control and prevent the reproduction of a specific group.¹³³ At the Hearing, Dr. Theidon explained to the Court how, at times, Peruvian health agents were able to achieve hundreds of sterilizations in the course of just a few days. Moreover, Dr. Theidon described the chain of command from the health agents all the way up to the President, within an organized structure capable of establishing and enforcing sterilization quotas through incentives and disincentives for health agents. President Fujimori himself received regular reports on the Program's progress.¹³⁴

60. This attack was also directed against the civilian population—and indeed, particular communities within the civilian population. In particular, at the Hearing Dr. Theidon highlighted how implementation of the Program occurred primarily within a racialized geography, meaning that its design and impact played out along the contours of the existing racial hierarchies within Peruvian society, taking advantage of existing patterns of marginalization to achieve its aims.¹³⁵ Although the Program had the stated objective of combatting poverty broadly through providing family planning services, in practice it enabled Government representatives to disproportionately pressure and coerce women from rural, impoverished and often Indigenous communities to receive and undergo irreversible sterilizations surgeries. Often, the Program targeted women from these communities due to prevailing racialized stereotypes, such as that they were overly fertile or unwilling to control their reproductive capacity. For instance, women from rural communities declared that health workers threatened to suspend state aid to their families if they refused sterilization, and told them “you want to have children as guinea pigs.”¹³⁶

61. Mrs. Ramos herself represents a class of women who the State deliberately targeted on the basis of their socio-economic and rural backgrounds. The Commission recognized that Mrs. Ramos was “a victim of intersectional discrimination because of her gender and her economic situation, since the aforementioned violations of rights were caused by such social determinants.”¹³⁷ Furthermore, Dr. Theidon referred to the highly militarized context in which the Program took place, and the counter-insurgency logic behind it.¹³⁸ According to Dr. Theidon, the Program was partly driven by the notion that the anti-government insurgency, which was active in rural areas and which nominally fought on behalf of

¹³³ International Criminal Court, Office of the Prosecutor, “Policy on Gender-Based Crimes” (December 2023), ¶ 36.

¹³⁴ Hearing (Theidon) (May 22, 2025).

¹³⁵ Hearing (Theidon) (May 22, 2025).

¹³⁶ I/A Comm'n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶ 18 (unofficial translation).

¹³⁷ I/A Comm'n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶ 113 (unofficial translation).

¹³⁸ Hearing (Theidon) (May 22, 2025).

Indigenous and peasant communities, had to be “cut from the root.”¹³⁹ Under that guise, however, the State targeted thousands of women with no ties to the insurgency, simply based on race, class, and geography. These facts are further evidence of the State’s discriminatory motives and the systematic, organized nature of the policy through which they executed them.

62. Peru also conducted its forced sterilization campaign “pursuant to or in furtherance of a State or organizational policy to commit such attack.”¹⁴⁰ Although this is a requirement under the Rome Statute and the ICC’s jurisprudence,¹⁴¹ the International Criminal Tribunal for the former Yugoslavia (“ICTY”) has previously held it is not a requirement under customary international law.¹⁴² At any rate, the element would be met on these facts. According to the ICC’s current interpretation of this requirement, a State policy exists where the State actively promotes or encourages the attack against a civilian population; however, the policy need not be formally established, and it can be deduced from the circumstances and the way in which the acts occur.¹⁴³ Furthermore, this requirement is satisfied not only where a perpetrator deliberately acts to further the policy, but also where a perpetrator acts with knowledge thereof.¹⁴⁴ Peru’s actions in implementing the Program meet this element, as evidenced by the deliberate targeting of poor and Indigenous women and by the explicit quotas for achieving sterilizations and other behaviors detailed in Section III.A.

63. Finally, the perpetrator must be aware of or intend that their acts form part of the widespread or systematic attack against a civil population.¹⁴⁵ However, this element “should not be interpreted as requiring proof that the perpetrator had knowledge of all characteristics of the attack or the

¹³⁹ Hearing (Theidon) (May 22, 2025).

¹⁴⁰ See Rome Statute, Art. 7(2)(a); International Law Commission, “Draft Articles on Prevention and Punishment of Crimes Against Humanity” (2019) Draft Article 2(2)(a); International Criminal Court, “Elements of Crimes” (2013), Art. 7.

¹⁴¹ See *Prosecutor v. Germain Katanga and Mathieu Ngudjolo Chui*, ICC, Case No. ICC-01/04-01/07, Decision on the Confirmation of Charges (September 30, 2008), ¶¶ 392–393; *Prosecutor v. Jean-Pierre Bemba Gombo*, ICC, Case No. ICC-01/05-01/08, Judgment (March 21, 2016), ¶ 157.

¹⁴² *Prosecutor v. Dragoljub Kunarac et al.*, ICTY, Case No. IT-96-23 & IT-96-23/1-A 98, Judgement on Appeal (June 12, 2002), ¶ 98; *Prosecutor v. Fatmir Limaj et al.*, ICTY, Case No. IT-03-66-T, Judgement (November 30, 2005), ¶ 184; *Prosecutor v. Tihomir Blaskic*, ICTY, Case No. IT-95-14-A, Judgement on Appeal (July 29, 2004), ¶ 120.

¹⁴³ International Criminal Court, “Elements of Crimes” (2013), Art. 7(1)(3); *Prosecutor v. Germain Katanga*, ICC, Case No. ICC-01/04-01/07, Judgment (March 7, 2014), ¶¶ 1109–1110; *Prosecutor v. Duško Tadić a/k/a “Dule”*, ICTY, Case No. IT-94-1-T, Opinion and Judgment (May 7, 1997), ¶ 653; and International Law Commission, “Draft Articles on Prevention and Punishment of Crimes Against Humanity” (2019), ¶ 22.

¹⁴⁴ *Prosecutor v. Jean-Pierre Bemba Gombo*, ICC, Case No. ICC-01/05-01/08, Judgment (March 21, 2016), ¶ 161; see also International Law Commission, “Draft Articles on Prevention and Punishment of Crimes Against Humanity” (2019), ¶ 26.

¹⁴⁵ International Criminal Court, “Elements of Crimes” (2013), Art. 7(1)(g)-5.

precise details of the plan or policy of the State or organization.”¹⁴⁶ As discussed in Section III.A, sterilizations under the Program were conducted deliberately, and pursuant to explicit Government-set quotas, through the State’s public health apparatus. Importantly, even if the State and the health agents carrying out sterilizations sincerely believed the Program’s stated goals of poverty eradication and the country’s modernization, as discussed above, it is not necessary to establish a discriminatory motive to find that the conduct in this case constituted a crime against humanity. Sterilizing women as part of the Program, with the knowledge that they have not given their informed consent, would be enough to meet this element.¹⁴⁷

64. Peru’s conduct meets all the elements of crimes against humanity under international criminal law. As set out in further detail below, this characterization of Peru’s conduct and the resulting harms should inform the Court’s reparations.

B. Mass, State-Sponsored Reproductive Violence Heightens the Obligation to Ensure Appropriate Remedies, Including Community-Based Reparations and Access to Justice.

65. The appropriate remedies in this case should address the State-sponsored nature of the forced sterilization—which in this context amounts to a crime against humanity—and the specific impacts caused by this form of reproductive violence. In this case, while the Commission has recommended that Peru provide reparation to Mrs. Ramos and her family—including financial compensation and physical and mental health care measures, along with the investigation and prosecution of those responsible for the human rights violations against Mrs. Ramos, and certain guarantees of non-repetition—these measures may not go far enough to address the full extent of the harms caused in the course of the execution of the Program, for two main reasons.

66. *First*, since forced sterilization causes not only permanent damage to an individual’s reproductive capacity, but also serious physical and mental harm to the victim and their family, and affects

¹⁴⁶ *Id.*, Art. 7(1).

¹⁴⁷ *See Prosecutor v. Germain Katanga*, ICC, Case No. ICC-01/04-01/07, Judgment (March 7, 2014), ¶ 1125 (“Nor is it required that the perpetrator of the act subscribed to the State or the organisation’s criminal design, any more than it must be shown that the perpetrator deliberately intended his or her act to form part of the attack against the civilian population, even though the Elements of Crimes mention this scenario. The perpetrator’s motive is hence irrelevant to such proof and for his or her act to be characterised as a crime against humanity, it suffices to establish, in view of the context, knowledge of the particular fact that his or her act formed part of the attack”).

community inclusion and belonging,¹⁴⁸ accountability for reproductive violence must take into account these holistic harms to “secure the full range of reparations commensurate to the severity of the harm suffered.”¹⁴⁹ Currently, the reparations recommended in the Commission’s Merits Report are not sufficiently targeted to communities most affected by the Program and the specific harms suffered as a result.

67. *Second*, the reparations recommended in the Commission’s Merits Report do not include the most appropriate and effective means to investigate, document, and prosecute the harms perpetrated under the Program, because they do not sufficiently consider both the specific reproductive violence context and the mass, State-sponsored nature of the harms.

(1) *Community-Based Reparations for Reproductive Violence Are Necessary.*

68. The Court should ensure that reparations are geared toward the communities most affected by this reproductive violence. The Court has in the past awarded community-based reparations in cases involving mass, State-sponsored violence. For example, the Court has awarded public education measures, such as mandating national awareness campaigns and establishing scholarships in memory of victims of mass atrocities.¹⁵⁰ Similarly, the Court has mandated educational and economic development programs to facilitate access to medical care directly in communities affected by mass atrocities.¹⁵¹ But in terms of preventing future incidents where people are denied access to information and ability to consent with full information and awareness, it may not be enough to rely on national policies or even healthcare professional training to ensure informed consent. Rather, the women and community members who are most likely to be affected by reproductive violence should also directly be given the tools to help prevent their exploitation, including economic empowerment initiatives that support reproductive health and choice, and

¹⁴⁸ Global Justice Center and UN Women, “DOCUMENTING REPRODUCTIVE VIOLENCE. Unveiling Opportunities, Challenges, and Legal Pathways for UN Investigative Mechanisms” (September 2024), p. 16, <https://www.unwomen.org/en/digital-library/publications/2024/09/research-paper-documenting-reproductive-violence-unveiling-opportunities-challenges-and-legal-pathways-for-un-investigative-mechanisms>.

¹⁴⁹ *Id.*, p. 67.

¹⁵⁰ See e.g., I/A Court H.R., *Case of Gonzalez et al. ('Cotton Field') v. Mexico*. Preliminary Objection, Merits, Reparations and Costs. Judgment of November 16, 2009. Series C No. 205, ¶¶ 541–543; I/A Court H.R., *Case of Kawas-Fernandez v. Honduras*. Merits, Reparations and Costs. Judgment of April 3, 2009. Series C No. 196, ¶ 214; I/A Court H.R., *Case of Myrna Mack Chang v. Guatemala*. Merits, Reparations and Costs. Judgment of November 25, 2003. Series C No. 101, ¶ 285.

¹⁵¹ See e.g., I/A Court H.R., *Case of the Massacres of El Mozote and Nearby Places v. El Salvador*. Merits, Reparations and Costs. Judgment of October 25, 2012. Series C No. 252, ¶¶ 336–340; I/A Court H.R., *Case of the Yakye Axa indigenous community v. Paraguay* Merits, Reparations and Costs. Judgment of June 17, 2005. Series C No. 125, ¶¶ 205–206.

community-driven direct education programs focused on informed consent.¹⁵² Moreover, such mechanisms should be survivor-centric and trauma-sensitive, directly involving survivors in their construction, and taking into account the cultural aspects of the affected communities and traditional forms of reconciliation.¹⁵³ The Court has already recognized that effective State remedies with respect to Indigenous communities must take into account “their specificities, their economic and social characteristics, as well as their situation of special vulnerability, their customary law, values, and customs.”¹⁵⁴

69. Taking these principles and practice into account, Global Justice Center supports the statements made by the victims’ representatives at the Hearing that the Court’s reparations should advance justice to all victims of the Program and their communities, and should include (i) transformative, gender-informed public policies necessary to guarantee reproductive and sexual rights, and (ii) a comprehensive policy for victims of the Program grounded on both material and symbolic reparations and capable of restituting the victims’ dignity.¹⁵⁵

¹⁵² See I/A Court H.R., *Case of Gonzalez et al. (‘Cotton Field’) v. Mexico*. Preliminary Objection, Merits, Reparations and Costs. Judgment of November 16, 2009. Series C No. 205, ¶¶ 450–451 (“bearing in mind the context of structural discrimination . . . the reparations must be designed to change this situation, so that their effect is not only of restitution, but also of rectification. In this regard, reestablishment of the same structural context of violence and discrimination is not acceptable [reparation measures must be] designed to identify and eliminate the factors that cause discrimination; [and be] adopted from a gender perspective, bearing in mind the different impact that violence has on men and on women”); I/A Court H.R., *Case of Atala Riffo and Daughters v. Chile*. Merits, Reparations, and Costs. Judgment of February 24, 2012. Series C No. 239, ¶ 267 (“some reparations must have a transformative purpose, in order to produce both a restorative and corrective effect and promote structural changes, dismantling certain stereotypes and practices that perpetuate discrimination against LGBT groups.”); *Prosecutor v. Bosco Ntaganda*, ICC, Case No. ICC-01/04-02/06, Reparations Order (March 8, 2021), ¶ 94 (“transformative purpose of reparations aims at producing both a restorative and a corrective effect and to promote structural changes, dismantling discriminations, stereotypes, and practices that may have contributed to create the conditions”).

¹⁵³ See I/A Court H.R., *Case of The Rio Negro Massacres v. Guatemala*. Preliminary Objection, Merits, Reparations and Costs. Judgment of September 4, 2012. Series C No. 250, ¶ 285; I/A Court H.R., *Case of the Moiwana Community v. Suriname*. Preliminary Objections, Merits, Reparations and Costs. Judgment of June 15, 2005. Series C No. 124, ¶ 214–215; see also *Prosecutor v. Bosco Ntaganda*, ICC, Case No. ICC-01/04-02/06, Reparations Order (March 8, 2021), ¶¶ 45–48 (applying a ‘victim-centred’ approach to reparations, which “accords due consideration to the victims . . . so that their rights to truth, justice, and reparations are respected and enforced . . . tak[ing] into account the victims’ diversity, different needs, and interests, including sensitivities associated with sexual violence [and consulting with them] on issues relating to, *inter alia*, the identity of the beneficiaries[,] their priorities,[and] the modalities of reparations to be awarded.”).

¹⁵⁴ I/A Court H.R., *Case of the Yakye Axa indigenous community v. Paraguay*. Merits, Reparations and Costs. Judgment of June 17, 2005. Series C No. 125, ¶¶ 51, 63.

¹⁵⁵ Hearing (Victims’ Representatives) (May 22, 2025).

(2) *Reparations to Ensure Access to Justice Should Consider the Reproductive and Mass, State-Sponsored Violence Contexts.*

70. The Court should order reparations that ensure appropriate access to justice. As noted above, the Commission has found that Peru violated Mrs. Ramos’s rights to judicial guarantees and protection.¹⁵⁶ Moreover, because no adequate investigation has been conducted, it is unknown just how many of the hundreds of thousands of women who were sterilized under the Program were subjected to the procedure without their free and informed consent. In fact, it is likewise unknown whether all of the men who underwent vasectomies as part of the program gave their free, full, and informed consent. Given the coercive context in which the sterilization campaigns were conducted, there may be victims of all genders who have yet to be identified. Although the victims and survivors have filed over 2,000 domestic complaints, those without resources to file legal cases or without access to and knowledge of judicial processes may never have access to redress. Notably, the Court does not require that each of these individuals file a complaint to be entitled to relief in the Inter-American System.¹⁵⁷ Consequently, as it has done before, the Court should step in to require prompt, effective investigations to remedy the violation to the right of access to justice.¹⁵⁸ Global Justice Center respectfully submits that Peru should now conduct adequate investigations and documentation as a reparation measure,¹⁵⁹ specifically considering the context of reproductive violence; the poor and Indigenous characteristics of many victims and survivors; and the mass, State-sponsored nature of the harm.

71. The duty to ensure access to justice derives directly from the American Convention and the Convention of Belém do Pará. According to the Court, Articles 8 and 25 of the American Convention imply that “the victims . . . should have appropriate judicial remedies to establish whether a human rights violation has been committed and to provide appropriate means to rectify this.”¹⁶⁰ The obligations

¹⁵⁶ See *supra* ¶ 24.

¹⁵⁷ See e.g., I/A Court H.R., *Case of Plan de Sánchez Massacre v. Guatemala*. Reparations. Judgment of November 19, 2004. Series C. No. 116, ¶ 62–63 (considering “other forms of reparation in favor of all the members of the communities affected by the facts of the case.”).

¹⁵⁸ See I/A Court H.R., *Case of Gelman v. Uruguay*. Merits and Reparations. Judgment of February 24, 2011. Series C No. 221, ¶ 255; I/A Court H.R., *Case of Myrna Mack Chang v. Guatemala*. Merits, Reparations and Costs. Judgment of November 25, 2003. Series C No. 101, ¶ 275; I/A Court H.R., *Case of Cruz Sanchez et al. v Peru*. Preliminary Objections, Merits, Reparations and Costs. Judgment of April 17, 2015. Series C No. 292, ¶ 460.

¹⁵⁹ I/A Comm’n H.R., *Celia Edith Ramos and Family v. Perú*. Report No. 287/21, October 5, 2021. Case 13.752, ¶ 144.

¹⁶⁰ I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶ 293; see also American Convention, Art. 8.1 (“Every person has the right to a hearing, with due guarantees and within a reasonable time, by a competent, independent, and impartial tribunal, previously established by law, in the substantiation of any accusation of a criminal nature made against

enshrined in Articles 8 and 25 of the American Convention “are supplemented and reinforced [by] Article 7 of the Convention of Belém do Pará [which] requires that States take action to prevent, punish and eradicate violence against women.”¹⁶¹

72. Implementing the obligation to ensure access to justice and judicial protection requires a thorough investigation and adequate documentation of the facts concerning the violations. This is because the effectiveness of judicial remedies goes beyond their mere formal existence: “they must recognize and resolve the factors of real inequality . . . providing results or responses to the violations of the human rights recognized in the [American] Convention.”¹⁶² The Court also has consistently stated that “the right of access to justice must ensure, within a reasonable time, the right of the presumed victims or their next of kin that *everything necessary* is done to know the truth of what happened, establish the respective responsibilities, and punish those responsible.”¹⁶³ This is in line with the Hearing testimony of Marisela del Carmen Monzón Ramos, Mrs. Ramos’s eldest daughter, who testified about how important it is to her and the other victims that the truth about what happened to her mother is known and acknowledged.¹⁶⁴

73. In this case, Global Justice Center submits three observations regarding the right to access to justice and effective judicial protection, and the importance that the Court ensure its fulfillment as a form of reparation.

74. *First*, the State’s duty to provide “appropriate judicial remedies” through effective investigation and documentation is particularly important in cases of reproductive violence precisely because it is often conflated with other forms of violence.¹⁶⁵ Adequately documenting and investigating forms of reproductive violence can help communities understand and accept the nature of the harm inflicted upon them, lead to remedies that recognize and precisely address the victims’ suffering, strengthen prevention through raising awareness of the international wrongfulness of reproductive violence, and shape

him or for the determination of his rights and obligations of a civil, labor, fiscal, or any other nature”), Art. 25(1) (“Everyone has the right to simple and prompt recourse, or any other effective recourse, to a competent court or tribunal for protection against acts that violate his fundamental rights recognized by the constitution or laws of the state concerned or by this Convention, even though such violation may have been committed by persons acting in the course of their official duties”).

¹⁶¹ I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶ 295.

¹⁶² *Id.*, ¶ 294.

¹⁶³ *Id.*, ¶ 292 (emphasis added).

¹⁶⁴ Hearing (Monzón Ramos) (May 22, 2025).

¹⁶⁵ *See supra* § V.C.

rebuilding priorities in post-conflict or transitional justice contexts, ensuring that they take into account reproductive health, and breaking the “vicious cycle of neglect” described in Section V.C.¹⁶⁶

75. Moreover, effective documentation of reproductive violence is crucial to establish a factual historical record. This applies with particular force in this case, where forced sterilizations were excluded from the scope of Peru’s Truth and Reconciliation Commission.¹⁶⁷ Reproductive violence is sometimes core to regimes that suppress human rights, and accurately reflecting this violence is key to understanding the perpetrators’ motivations and tactics.¹⁶⁸ In this last sense, effective documentation is linked to the right to know the truth under Articles 8(1) and 25 of the American Convention.¹⁶⁹ On this basis, in other cases the Court has ordered States to conduct serious, efficient, effective, and *ex officio* investigations on violations of human rights and to publicize the outcomes.¹⁷⁰ In some cases, the Court has even ordered the documentation of the facts to be made in specific formats, such as documentaries for public distribution¹⁷¹ and periodic reports.¹⁷²

76. The Court’s reparations should require that investigative and documentary measures carefully consider the unique aspects of the harms caused by reproductive violence, as detailed in Section V.C. For instance, an appropriate procedure would investigate and document not just the occurrence of a forced sterilization and the lack of informed consent, but also the resulting experience of the survivor both

¹⁶⁶ See Global Justice Center and UN Women, “DOCUMENTING REPRODUCTIVE VIOLENCE. Unveiling Opportunities, Challenges, and Legal Pathways for UN Investigative Mechanisms” (September 2024), p. 18, <https://www.unwomen.org/en/digital-library/publications/2024/09/research-paper-documenting-reproductive-violence-unveiling-opportunities-challenges-and-legal-pathways-for-un-investigative-mechanisms>.

¹⁶⁷ Hearing (Theidon) (May 22, 2023).

¹⁶⁸ Global Justice Center and UN Women, “DOCUMENTING REPRODUCTIVE VIOLENCE. Unveiling Opportunities, Challenges, and Legal Pathways for UN Investigative Mechanisms” (September 2024), p. 18, <https://www.unwomen.org/en/digital-library/publications/2024/09/research-paper-documenting-reproductive-violence-unveiling-opportunities-challenges-and-legal-pathways-for-un-investigative-mechanisms>.

¹⁶⁹ See I/A Court H.R., *Case of the Massacres of El Mozote and Nearby Places v. El Salvador*. Merits, Reparations and Costs. Judgment of October 25, 2012. Series C No. 252, ¶ 298; I/A Court H.R., *Case of Myrna Mack Chang v. Guatemala*. Merits, Reparations and Costs. Judgment of November 25, 2003. Series C No. 101, ¶¶ 274–275 (“every person, including the next of kin of the victims of grave violations of human rights, has the right to the truth. Therefore, the next of kin of the victims and society as a whole must be informed of everything that has happened in connection with said violations.”).

¹⁷⁰ I/A Court H.R., *Case of Gelman v. Uruguay*. Merits and Reparations. Judgment of February 24, 2011. Series C No. 221, ¶ 255.

¹⁷¹ I/A Court H.R., *Case of González Medina and Family v. Dominican Republic*. Preliminary Objections, Merits, Reparations and Costs. Judgment of February 27, 2012. Series C No. 240, ¶ 303; I/A Court H.R., *Case of Rodríguez Vera et al. (The Disappeared from the Palace of Justice) v. Colombia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 14, 2014. Series C No. 287, ¶ 579.

¹⁷² I/A Court H.R., *Guerrero, Molina, et al. v. Venezuela*. Merits, Reparations and Costs. Judgment of June 3, 2021. Series C No. 424, ¶ 183.

personally and in their community, including personal feelings of loss or shame, familial estrangement, and social ostracization as a result of the loss of reproductive capacity or misconceptions about the motivations (e.g., promiscuity) for the sterilization. An appropriate investigation should also consider and document the survivor’s economic and demographic status, any evidence that this status influenced State health agents’ decision to target the survivor and their community, and the impact of the violation on any resulting marginalization the survivor experiences in their community.¹⁷³

77. *Second*, the duty to provide “appropriate judicial remedies” is heightened where, as here, the State conduct involves a pattern of mass violations. For example, in *Massacres of El Mozote and Nearby Places v. El Salvador*, the Court explained:

the obligation to investigate, as a fundamental and conditioning element for the protection of certain violated rights, acquires a particular and determining importance and intensity in view of the severity of the crimes committed and the nature of the rights violated, as in cases of grave human rights violations that occur as part of a systematic pattern or practice applied or tolerated by the State or in contexts of massive, systematic or generalized attacks on any sector of the population, because the urgent need to prevent the repetition of such events depends, to a great extent, on avoiding their impunity and meeting the expectations of the victims and society as a whole to know the truth about what happened.¹⁷⁴

78. Likewise, effective documentation is key in cases of mass violations because patterns of violence may not emerge from isolated investigative efforts. One mechanism that is often used to effectively document cases of mass violations are truth and reconciliation commissions, which thus become an invaluable source of evidence for future prosecutions. For instance, in Colombia and Guatemala, the

¹⁷³ I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶¶ 243, 252 (discussing the personal experience of I.V., the motivations behind her sterilizations, and the historic pattern of violence disproportionately affecting women).

¹⁷⁴ I/A Court H.R., *Case of the Massacres of El Mozote and Nearby Places v. El Salvador*. Merits, Reparations and Costs. Judgment of October 25, 2012. Series C No. 252, ¶ 244; *see also* I/A Court H.R., *Case of Goiburú et al. v. Paraguay*. Merits, Reparations and Costs. Judgment of September 22, 2006. Series C No. 153, ¶ 128 (“the norms of international customary and treatybased law establish the obligation to prosecute those responsible. This acquires particular relevance in cases such as this, because the facts occurred in a context of the systematic violation of human rights—both offenses constituting crimes against humanity—and this gives rise to the States’ obligation to ensure that such conduct is criminally prosecuted and the perpetrators punished.”); I/A Court H.R., *Case of Rodríguez Vera et al. (The Disappeared from the Palace of Justice) v. Colombia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 14, 2014. Series C No. 287, ¶ 467 (“the judicial processes aimed at clarifying what happened in contexts of systematic human rights violations may favor a space for public denunciation and accountability for the arbitrary conduct committed.”); I/A Court H.R., *Case of Maidanik v. Uruguay*, Judgment of November 15, 2021. Series C No. 444, ¶ 147 (revisiting the Court’s precedent and finding that “the failure to investigate . . . gross human rights violations that occurred in the context of systematic patterns is especially serious.”).

evidence of sexual- and gender-based crimes committed during the relevant armed conflicts first came to light through truth seeking and historical memory processes.¹⁷⁵ The Court too has in some cases relied on the findings of national truth commissions.¹⁷⁶ In Peru, the Truth and Reconciliation Commission uncovered evidence of widespread sexual violence by both State authorities and the guerilla group Shining Path. At the completion of its mandate, the commission referred 47 cases to the Ministry of Public Prosecution, and while there have been challenges in launching criminal prosecutions, the dissemination of the Truth and Reconciliation Commission's findings also allowed other parties to bring civil claims.¹⁷⁷ However, as mentioned above, Peru's Truth and Reconciliation Commission did not address the Program because it failed to recognize it as a form of reproductive violence amounting to a crime against humanity.¹⁷⁸

79. Proper documentation can also further accountability for international crimes and massive human rights violations by uncovering the evidence to link senior officials to the conduct of their subordinates.¹⁷⁹ Evidence of patterns of violence is less likely to emerge in the context of individual cases.

80. *Finally*, the duty to provide “appropriate judicial remedies” has particular force when it exists concurrently under other regimes of international law, as is the case here: international criminal law also imposes a duty to provide effective judicial remedies for conduct that might amount to crimes against humanity. Indeed, in *I.V. v. Bolivia*, the Court noted that this duty is based on the States’ parallel obligations under the Rome Statute and their respective domestic legislation, which the Court noted requires States to criminalize non-consensual sterilizations and “evidently involves an obligation to investigate *ex officio* such conduct.”¹⁸⁰ At the same time, as it is well-established in the Court’s jurisprudence, recognizing that

¹⁷⁵ D. Kravetz, *Promoting Domestic Accountability for Conflict-Related Sexual Violence: The Cases of Guatemala, Peru and Colombia*, 32(3) American University International Law Review (2017), p. 711.

¹⁷⁶ See e.g., I/A Court H.R., *J. v. Peru*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 27, 2013. Series C No. 275, ¶¶ 54–73.

¹⁷⁷ D. Kravetz, *Promoting Domestic Accountability for Conflict-Related Sexual Violence: The Cases of Guatemala, Peru and Colombia*, 32(3) American University International Law Review (2017), pp. 718–722.

¹⁷⁸ See *supra* ¶¶ 46, 75.

¹⁷⁹ Cf. *Prosecutor v. Jean-Pierre Bemba Gombo*, ICC, Case No. ICC-01/05-01/08, Judgment (March 21, 2016), ¶ 188 (noting that the existence of “effective control” for purposes of superior responsibility is “more a matter of evidence than of substantive law.”).

¹⁸⁰ I/A Court H.R., *Case of I.V. v. Bolivia*. Preliminary Objections, Merits, Reparations and Costs. Judgment of November 30, 2016. Series C No. 329, ¶ 301.

forced sterilizations pursuant to the Program amounted to crimes against humanity prevents the application of statutes of limitations, amnesties, or other domestic bars to investigation and prosecution.¹⁸¹

VII. CONCLUSION

81. Global Justice Center respectfully highlights that the Court is in a unique position to clarify the human rights implications of mass, State-sponsored forced sterilization, and to recognize that under the American Convention and the Convention of Belém do Pará:

- a. Forced sterilization is a form of reproductive violence with its distinct characteristics, harms, and remedies, as appropriately recognized by other bodies of international law, including international criminal law; and
- b. The mass, State-sponsored character of the forced sterilization underlying this case should inform the Court's reparations and remedies, including tailoring the remedies to the affected communities, and adequately emphasizing effective documentation, investigation, and prosecution of reproductive violence.

82. Global Justice Center expresses its appreciation for the opportunity to provide submissions to the Court on these critical issues and remains at the Court's disposal to assist further.

Dated: June 5, 2025.

¹⁸¹ I/A Court H.R., *Case of the Miguel Castro Castro Prison v. Peru*. Merits, Reparations and Costs. Judgment of November 25, 2006. Series C No. 160, ¶ 347; I/A Court H.R., *Case of La Cantuta v. Peru*. Merits, Reparations and Costs. Judgment of November 29, 2006. Series C No. 162, ¶¶ 225–226.

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