

# United Nations General Assembly: Special Session on South American Affairs 2015

Chair:  
Ginny Tan

Vice Chairs:  
Sara Gold  
Nicole Widmer  
Jonathan Lopez





## United Nations General Assembly on South American Affairs

Dear Delegates,

Welcome to the United Nations General Assembly Special Session on South America. My name is Ginny Tan, and I am pleased to serve as your Chair for SSUNS 2015. Born in the United States but raised in Panama, I am currently a third year student at McGill University pursuing a degree in Economics with minor concentrations in International Development Studies and Marketing. I started doing Model UN during my freshman year in high school and I have loved it ever since. I currently serve as the Chargée D'Affaires on the Secretariat of our university-level conference, McMUN, and compete with McGill's Model UN team. Joining me as your vice-chairs are: Jonathan Lopez, Sara Gold, and Nicole Widmer.

Jonathan Lopez is pursuing a Joint Honors in International Development Studies and Political Science. Jonathan has been involved in Model United Nations both as delegate and staff member as he is passionate about international relations, diplomacy, and negotiation. Most recently, he just finished his internship at the United Nations High Commissioner for Refugees in Quito, Ecuador, working as an assistant to the Graduation Model. He looks forward to contributing his experience to the delegates' enjoyment of the committee.

Sara Gold is currently completing an undergraduate degree in Honours International Development and Women's Studies. Sara has been involved in Model UN previously as a staff member and is interested in international relations and its intersection with health, law and women's issues. She has also experienced the real UN twice, by attending the 57<sup>th</sup> and organizing a trip to the 59<sup>th</sup> Commissions on the Status of Women at the UNHQ, in New York City. This summer, she interned in the Foreign Policy and Diplomacy Section of the Embassy of Canada to Argentina and Paraguay in Buenos Aires. Sara looks forward to sharing her passion for Latin America, women's health issues and policy-making, as well as international affairs throughout committee sessions at SSUNS 2015.

Having grown up in the Swiss Alps, Nicole also spent time living in Panama and Costa Rica. After developing her passion for MUN while attending the United World College Costa Rica, she looked forward to being involved with SSUNS before she even arrived to McGill. Nicole is incredibly excited to meet all of you, despite not being the biggest fan of the cold weather in Montréal. When not learning about politics, she enjoys drinking coffee with friends and playing the ukulele.

This committee aims to tackle the social challenges that have long been affecting South America. The topics that the committee will be addressing are: the social challenges of refugees, women's reproductive health, and resource extraction and the protection of the rights of the indigenous population. As a member of the General Assembly, you are expected to come up with comprehensive and sustainable solutions that take into consideration political, economic, and social objectives and are in line with your country's policies and interests. Happy researching!

Best regards,

Ginny Tan



### Introduction

Founded in 1945, the United Nations General Assembly is one of the six principal organs of the United Nations (UN) and the only body in which all 192 member states of the United Nations have equal representation and voting rights.<sup>1</sup> According to Article 10 of the Charter of the United Nations, the General Assembly's main responsibility is to examine, discuss, and make recommendations on matters that are within scope of the UN charter.<sup>2</sup> The resolutions that are passed by the body are not binding and the General Assembly does not have the power to enforce them or require nations to adopt them. Other functions of the General Assembly includes the admission of new members, selection of the non-permanent members of the Security Council, appointment of the Secretary General, supervision of other UN organs, and budgetary matters.<sup>3</sup>

As indicated by the UN Rules of Procedure, the General Assembly regular plenary sessions are convened "on the Tuesday of the third week in September, counting from the first week that contains at least one working day."<sup>4</sup> However, in addition to the regular sessions, if the members of the General Assembly or the Security Council deem it necessary, special sessions can be convened. In the pasts, the General Assembly has convened special sessions to discuss issues such as HIV/AIDS, gender equality, drugs, and social development, among others.<sup>5</sup> This year, a special session has been convened by the United Nations General Assembly to discuss issues related to social development in South America. This committee will be discussing: the social challenges of South American refugees, women's reproductive health, and ways to reconcile resource extraction and the protection of the rights of the indigenous population.

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<sup>1</sup> *Encyclopædia Britannica Online*, s. v. "United Nations General Assembly", accessed June 02, 2015, <http://www.britannica.com/EBchecked/topic/228351/United-Nations-General-Assembly>.

<sup>2</sup> "United Nations, Main Body, Main Organs, General Assembly." UN News Center. Accessed June 3, 2015.

<sup>3</sup> "United Nations General Assembly"

<sup>4</sup> "United Nations, Main Body, Main Organs, General Assembly."

<sup>5</sup> *Ibid.*



## Topic 1: The Social Challenges of Latin American Refugees

### Section 1: Background Information

According to the UNHCR, a refugee is a person who "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."<sup>6</sup>

However, violence, insecurity, and in some cases natural disasters are the main cause of forced migration in Latin America. Due to transnational, organized, criminal armed

Statistical Snapshot*			
Countries [1]	Refugees from [2]	Refugees in [2]	IDPs [3]
Argentina	388	3,415	0
Belize	40	10	0
Bolivia	602	747	0
Brazil	1,002	5,952	0
Chile	598	1,752	0
Colombia	397,079	237	5,700,381
Costa Rica	463	20,620	0
Cuba	7,509	369	0
Ecuador	700	123,133	0
El Salvador	9,673	39	0
French Guiana	0	-	0
Guatemala	6,622	168	0
Guyana	802	11	0
Honduras	3,338	23	0
Mexico	9,401	1,831	0
Nicaragua	1,536	223	0
Panama	105	17,671	0
Paraguay	100	135	0
Peru	4,768	1,229	0
Suriname	17	0	0
Uruguay	146	205	0
Venezuela	8,419	204,685	0
Notes + * As at July 2014			

Table 1: South American Refugees

On July 28 1951, the Office of the United Nations High Commissioner for Refugees, which was established in December 14, 1950, adopted the UN Convention relating to the Status of Refugees. Since then, UNHCR has been directly responsible for the wellbeing of asylum-seekers and refugees worldwide. The agency intended to disappear once the social and human consequences of the World War II were addressed, but a handful of

<sup>6</sup> "About Refugees," UNHCR

<sup>7</sup> "2015 UNHCR subregional operations profile – Latin America," UNHCR

<sup>8</sup> Ibid.



conflicts around the world made it necessary for the agency to continue and even increase its efforts. In Latin America, the military regimes in the Southern Cone of America (Argentina, Brazil, Chile and Uruguay) in the 1970s; the civil wars in Guatemala and El Salvador in the 1980s; and the drug war and armed conflict plus the guerilla outbreak in Colombia in the 2000s, are some examples of events that required the presence and prompt assistance of the UNHCR. As a direct consequence of the latter, as of 2000, for example, there were only 390 refugees in Ecuador, but by September 2013, there were 54,865 recognized refugees in the country and 170,965 asylum seekers, most of them (about 98%) coming from Colombia.

Social challenges are taking place wherever refugees are hosted since they are victims of all sorts of discrimination, lack of job opportunities, insecurity, and difficult social integration. As noted in Table I, almost all Latin American countries have both refugees hosted within their borders and citizens recognized as refugees abroad. This problem continues throughout Latin America, in some countries more than in others, mainly because of the presence of violence, armed groups, political instability, insecurity, and natural disasters as it is the case of Haiti in 2010.

This committee will deal with the following three social challenges: First, the discrimination and obstacles to local integration of refugees, asylum-seekers and persons of concern; second, the lack of employment and, when jobs are found, the inability to get proper working conditions; and third, insecurity and lack of dignity for all refugees, especially women and the youth. If a sustainable solution to alleviate this problematic and, eventually give a final solution to it is not found, it will escalate to the point of posing a threat to the national and international security to the nations most affected by refugee movements and its neighbouring countries.

### **Section 2: Past Actions**

The 1948 Universal Declaration of Human Rights in conjunction with the 1951 Convention Relating to the Status of Refugees are the foundation of international refugee law. The latter is amended by the 1967 Protocol relating to the Status of Refugees that lifts the time and geographic limits established in the previous convention. However, the 1984 Cartagena Declaration is the most significant legal policy for Latin America since it was adopted by a colloquium of government representatives and distinguished jurists. Overall, these laws aim to protect all those individuals who have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of human rights and other circumstances that have seriously disturbed the public order.<sup>9</sup>

The 1951 Convention Relating to the Status of Refugees has been ratified by 141 nations as of September 2001, from which 21 Latin American countries have signed to it: Argentina, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama,

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<sup>9</sup> "Refugee Protection: A Guide to International Refugee Law," UNHCR.



Paraguay, Peru, Suriname, Uruguay and Venezuela. Cuba is the only Latin American nation that has not signed to it.

These three laws are the backbone of all humanitarian assistance to persons of concern by the UNHCR. The principles and guidelines provided in such agreements are to be followed by all those who have ratified them. As an example, the principle of non-refoulement protects undocumented migrants from being deported to their country of origin, generating at the same time, a problem that must be addressed by the host country and the UNHCR.

Apart from the UNHCR, there are other UN agencies that have some involvement in refugee affairs like the United Nations Children's Fund (UNICEF), UN Women, UN Development Programme (UNDP), and the United Nations World Food Programme (UNWFP). Moreover, intergovernmental organizations like the International Organization for Migration (IOM), the International Refugee Organisation (IRO), and the International Committee of the Red Cross (ICRC) also play a fundamental role in providing humanitarian assistance and finding sustainable solutions for refugees. For example, the UNWFP provides all the required logistics to mobilize food, water, personnel, and basic goods to refugee camps or places of crisis; and the IOM is currently working in Central America addressing the issue of UASC (Unaccompanied and Separated Children), who are forced to migrate to North America escaping from the violence in their countries, however, such a migration is carried out on unseaworthy vessels prone to accidents and death.



*Emprendimiento "Actitud emprendedora ante la vida."* 2014. CRISFE.org. Web. 29 Sept, 2015.

### Section 3: Social Challenges and Country Policies

This committee is discussing social challenges of Latin American refugees because despite it is not a worldwide known problematic, it is a pressing issue that involves thousands of people, having an impact in their families and relatives. Refugees



everywhere face a handful of problems, but when it comes to social aspects, they become harsher. Delegates are expected to come up with sustainable solutions to significantly reduce discrimination, promote equal treatment for refugees and nationals, encourage human mobility and social integration, guarantee security and dignity for all persons of concern, and ameliorate the negative perception of refugees among locals.

### Examples of Social Challenges:

#### *Discrimination*

The harder part of being a refugee is not fleeing a conflict zone, it is to deal with constant repudiation from locals who make it even harder for the undocumented, asylum-seekers, and recognized refugees to access to proper jobs, health, education, financial services, adequate housing, and a equal treatment. Over 70% of the refugee population has suffered from discrimination.<sup>10</sup> Xenophobia against refugees is due in large part to an increasing negative perception of such a minority that are considered as a plague that came to steal jobs and resources from nationals.

#### *Finding work under proper conditions.*

The right to work, for example, is endorsed in article 23.1 of the *Universal Declaration of Human Rights*, in article 6 of the *International Covenant on Economic, Social and Cultural Rights*, and more specifically in articles 17, 18, and 19 of the *1951 Refugee Convention*.<sup>11</sup> They allow men and women of all ages and origins to find work under proper conditions, live with dignity and freedom, reduce discrimination and become self-reliant. However, according to FLACSO (Latin American Faculty of Social Sciences,) 90% of urban refugees find work but have not have legal contracts, making them vulnerable to exploitation.<sup>12</sup> In fact, refugees are usually underpaid; are charged higher rent wages or “extra fees” by landlords; are required to pay bribes associated with their lack of documentation; are frequent targets of delinquents; and are more likely to get involved in illegal activities such as prostitution, contraband, and child labour.

#### *Security and dignity for all refugees with special attention to women and the youth.*

Refugee women represent over half of the overall refugee population and a great percentage of them are under 18 years of age. Some of them have been victims of sexual and gender-based violence before seeking asylum, and many are again confronted with violence during their stay in their host countries. Due to the lack of legal employment, many women and their daughters find little alternatives other than survival sex.

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<sup>10</sup> “Comprehensive Solutions Initiative,” ACNUR.

<sup>11</sup> “Promoción de medios de vida sostenibles y autosuficiencia,” ACNUR.

<sup>12</sup> “Comprehensive Solutions Initiative,” ACNUR.

## Case Study: Ecuador

The significant presence of refugees, asylum-seekers, and other migrants in Ecuador have led the government to start planning on implementing a new law about human mobility, “Ley de Movilidad Humana,” that seeks to attend the needs of its citizens, specially the migrants, with an important emphasis in their rights and security. This project would allow the construction of a legislation that reflects the principles of the 2008 Constitution of Ecuador; regulating a national level of diverse migration modalities from a constitutional point of view of free mobility; articulating more than a dozen normative bodies into a sole legal body; and, more importantly, paying off the debt the country has with its migrants, granting their access to different development programs in areas like health, education, and employability.<sup>13</sup>

Additionally, in February 17, 2013, Ecuador implemented the National Plan of Good Living, “Plan Nacional para el Buen Vivir 2013-2017,” seeking to guarantee protection and foment economic and social inclusion of all persons in situation of human mobility and their families. Among the points of this plan are: develop mechanism of prevention, control and sanction facing acts of discrimination and violation of rights of persons in situation of human mobility; foment and implement educative and communicative instruments for the respect and dignity of human beings, the eradication of all forms of xenophobia and racism; foment initiatives that reaffirm intercultural coexistence and promote socio-cultural inclusion; and promote actions of integral attention to persons in situation of irregular migration, refugees, and others in need of international protection.<sup>14</sup>



Aguilar, Sonia. *ACNUR en Ecuador trabaja de manera especial con mujeres refugiadas*. 2011. Galeria Fotografica, Quito. ACNUR.org. Web. 29 Sept, 2015.

<sup>13</sup> “Construccion Ley de Movilidad Humana,” Ministerio de Relaciones Exteriores y Movilidad Humana.

<sup>14</sup> “La Movilidad Humana dentro del Plan Nacional para el Buen Vivir,” Ministerio de Relaciones Exteriores y Movilidad Humana.





### Section 4: Possible Solutions

**Discrimination:** A possible solution is to engage the media in campaigns to raise public awareness that ameliorate the image of and stigma about refugees and other migrants. Moreover, at the local government discretion, it could implement quotas to make mandatory the employment of a percentage of non-locals in all business that operate in the national territory. Additionally, a strong legal system that promptly responds to all violations against refugees and asylum seekers would promote respect, dignity, equality, and acceptance among the local population.

**Finding work under proper conditions:** Applying economic sanctions to those businesses that underpay, do not provide social benefits, oblige workers to work extra-hours, or discriminate employees due to their legal condition could be a potential solution but, one, it is hard to prove wrongdoings and, two, a legal allegation can take years. Usually, needing to provide for themselves and their families, undocumented, asylum-seekers, and refugees do not have choice but to tolerate these disparities. Furthermore, some covenants with businesses with Corporate Social Responsibility could be made, granting appropriate and legal working conditions for refugees. It is relevant to mention that it is unknown for some employers the legal processes for hiring refugees or simply they have misinformation about who the refugees are, why and how they migrated, what they used to do in their country of origin, the conditions they have to suffer are, etc. That is why is could be appropriate to persuade employers instead of forcing them to commit to this cause.

**Security and dignity for all refugees with special attention to women and the youth:** A potential solution is to facilitate education, health and financial services, and guidance to women in order to make them aware of the already existing organisms that protect their rights and promote their dignity and self-esteem. Apart from UNHCR, there are a number of other UN agencies, implementing partners and NGOs working towards this initiative. Among them we have: UN Women, the IOM, the Hebrew Immigrant Aid Society (HIAS) in Venezuela, Panama, and Ecuador; the Jesuit Refugee Service (SJR) in Republican Dominican, Haiti, Panama, Venezuela, and Ecuador; etc.

### Section 5: Conclusion

The countries in this committee fall into one of these two categories: those nations from where people migrate seeking security and those countries that provide humanitarian assistance to asylum-seekers and refugees. Since almost all Latin American countries have refugees abroad, those countries that welcome persons of concern will play an essential role in providing sustainable solutions to this problematic throughout Latin America. Resettlement could be a good answer to the problem but it could lead to more and more people claiming refugee status in order to be resettled to third countries, usually developed nations where they can access to better living standards, significantly higher security, better job opportunities, and faster social mobility. However, resettlement is not



sustainable since there is a strict list of criteria that refugee must fulfill before being considered to be resettled. Furthermore, through missions, mostly yearly, potential host nations are the ones who make the decision based on some preferred characteristics in refugees. This process could take at least one year. On the other hand, local integration is the most preferred option, making it necessary to provide a prompt solution to the aforementioned social challenges.

### **Questions to Consider**

1. How to provide opportunities for refugees without affecting the local population?
2. How to ameliorate the perception of refugees in their corresponding host countries?
3. How to guarantee the protection of the rights and a successful local integration of refugees?
4. What could be done to protect women and children from survival sex and child labour?



### Topic 2: Women's Reproductive Health in Latin America

#### Section 1: Background Information

In the latter half of the 20th century, Latin America went through a series of transitions towards democratic rule. As democracy began to spread throughout the region, feminist movements gradually began to push traditional institutions such as the state and church for reproductive rights. The 1994 International Conference on Population and Development as well as the launch of The Millennium Development Goals (MDGs) were instrumental in defining and establishing monitoring mechanisms for reproductive health conditions in the region. The fifth MDG, "Improve Maternal Health", was especially important, as the first target of this goal was to reduce the maternal mortality ratio by three quarters between 1990 and 2015.<sup>15</sup> Despite such initiatives and definite improvement, none of the Latin American countries have met the fifth goal, as reproductive health continues to be a difficult challenge within many nations. As this is especially an issue for poor and marginalized communities such as indigenous and afro-descendant populations, the General Assembly for South America must ask what social policies play a role in influencing these outcomes and how they can be improved as a means to lower the maternal mortality rate within the region.

The maternal mortality rate in Latin America is relatively low compared to other regions with a rate of death of 80 deaths per 100,000 live births.<sup>16</sup> Nevertheless, if one was to break down the region's mortality rate per country, it could be easily exemplified that there is a huge disparity between poorer and richer countries as well as between different levels of social classes. Young poor women have limited access to contraceptives and experience more difficulties in finding and paying for an experienced practitioner. They also have less awareness of the risks of unprotected sex and are more likely to delay seeking an abortion, which leads them to resort to clandestine abortions or means of contraception.<sup>17</sup> The extent of attainment of sexual and reproductive health and rights reflects patterns of inequality within the region, where the top 10% of the population control half the region's wealth, compared to the poorest tenth, who receive only 1.6% of the income.<sup>18</sup>

Adolescent sexual and reproductive health indicators and trends are particularly worrying. After sub-Saharan Africa, Latin America is the region with the second highest rates of adolescent motherhood with 30-50% of sexually active unmarried women aged 15 to 24 not using any contraceptive method. While total fertility rates in most countries have been declining, adolescent pregnancy has remained high, such as in Peru, or is increasing, such as in Argentina and Brazil.<sup>19</sup> Many services are lacking which could be used for young girls to make informed decisions. Young people face many social,

<sup>15</sup> "Millennium Goals", The United Nations <http://www.un.org/millenniumgoals/>.

<sup>16</sup> J. E. Pons, "Contraceptive Services for Adolescents in Latin America: Facts, Problems and Perspectives," *European J. of Contraception and Reproductive Healthcare* 4, no. 4 (1999): 244.

<sup>17</sup> A. Kulczycki, "Abortion in Latin America: Changes in Practice, Growing Conflict, and Recent Policy Developments," *Studies in Family Planning* 42, no. 3 (2011): 203.

<sup>18</sup> E. Richardson and A. E. Birn, "Sexual and Reproductive Health and Rights in Latin America: An Analysis of Trends, Commitments and Achievements," *Reproductive Health Matters* 19, no. 38 (2011): 184.

<sup>19</sup> Ibid.

cultural and religious barriers in order to access contraceptive/reproductive assistance. Many adolescents are denied help due to the personal moral convictions of the health workers. Other barriers include (1) lack of confidence of adolescent towards healthcare workers, (2) sexual partner's opposition, (3) objections from other adults (moral objects, fear of sex education, adult control and power of decision-making), (4) inappropriateness of the health system (gender inequality, regulatory barriers), (5) the educational system (educational failure, teacher's reluctance) and (7) other social matters like religious opposition, media ambivalent messages and fund restraints.<sup>20</sup>

Furthermore, continued high rates of unintended pregnancy across the region help explain elevated abortion rates and attest to the ongoing need for continuous reproductive health care.<sup>21</sup> Abortion is a particular and unique policy issue in this region. Despite clear transitions to democracy in many Latin American and Caribbean countries (LAC), the continuation of unsafe abortion is still very much a reality. Between 1995 and 2008, 95% of abortions were unsafe.<sup>22</sup> The remaining 5% of safe abortions occurred in the Caribbean, primarily in Cuba and in a few other countries where the procedure is legal and accessible. Only two countries, Puerto Rico and Cuba, allow for abortion without restriction. Countries such as Chile, Dominican Republic, El Salvador, Honduras and Nicaragua prohibit abortion altogether with no legal exceptions. The rest of the countries are somewhere in between. Please see abortion laws per region as stated below.

Table 2: Nation-specific South American Abortion Laws

Table 3 Latin American and Caribbean countries in which abortion is permitted, by circumstances under which it is permitted, mid-2011

Not permitted for any reason	Permitted only to save a woman's life	Permitted to protect a woman's life and physical health	Permitted to protect a woman's life, and physical and mental health	Permitted on socioeconomic and broad health grounds	Permitted without restrictions (during first trimester)
Chile	Antigua & Barbuda	Bahamas	Colombia <sup>23a</sup>	Barbados <sup>23a</sup>	Cuba
Dominican Republic	Argentina <sup>23b</sup>	Bolivia <sup>23b</sup>	Jamaica	Belize <sup>23c</sup>	French Guiana
El Salvador	Brazil <sup>23b</sup>	Costa Rica	Saint Kitts & Nevis	Saint Vincent & Grenadines <sup>23d</sup>	Guyana
Honduras <sup>23e</sup>	Dominica	Ecuador <sup>23b</sup>	Saint Lucia <sup>23b</sup>		Puerto Rico
Nicaragua	Guatemala	Grenada	Trinidad & Tobago		
	Haiti	Paru			
	Mexico <sup>23f</sup>	Uruguay <sup>23f</sup>			
	Panama <sup>23g</sup>				
	Paraguay				
	Suriname				
	Venezuela				

<sup>23a</sup>In Honduras, abortion is permitted under the Code of Medical Ethics if the woman's life is in danger, but may then be subject to significant restrictions. <sup>23b</sup>Permitted in cases of rape of a woman considered mentally incompetent. <sup>23c</sup>Permitted in cases of rape. <sup>23d</sup>Permitted in cases of fetal malformation. <sup>23e</sup>Permitted in cases of incest. <sup>23f</sup>Note: The small island populations of the French Antilles (including Guadeloupe, Martinique, and Saint Martin) permit first-trimester abortion without restrictions and allow later-term abortions only for medical reasons. Abortion has been prohibited for any reason in the Dutch Antilles, which was dissolved in 2010 and where abortion law has not changed to date on the two largest islands, Curaçao and Sint Maarten. <sup>23g</sup>Sources: UN (2011c) and updated from government websites to determine changes.

Source: Kulczycki, "Abortion in Latin America: Changes in Practice, Growing Conflict, and Recent Policy Developments"

Access to free and safe sexual education is foundational to counter the high abortion rate within the region. The Inter-American Commission on Human Rights (IACHR) has reported that access to information on reproductive health is especially problematic when women are poor, indigenous, of African descent, live in a rural area, or are migrants. This results in clandestine abortions, which become necessitated by restrictive legal and social structures cause more than 100,000 deaths and 500,000 hospitalizations per year.<sup>23</sup> The

<sup>20</sup> Pons, "Contraceptive Services for Adolescents in Latin America: Facts, Problems and Perspectives," 246.

<sup>21</sup> Kulczycki, "Abortion in Latin America: Changes in Practice, Growing Conflict, and Recent Policy Developments," 205.

<sup>22</sup> Ibid.

<sup>23</sup> Kulczycki, "Abortion in Latin America: Changes in Practice, Growing Conflict, and Recent Policy Developments," 199.



clandestine nature of abortion across nearly the entire region also reveals a number of inequalities: social, economic, ethnic, gender, and generational. The poor and young have limited access to family planning and to social networks that can help them obtain safe abortions.<sup>24</sup> In many countries, women can only terminate their pregnancies legally in extreme circumstance such as in cases of rape and then, are often denied because requirements are high, they want to avoid the public shame of denouncing a rapist, local medical official or priests object, access to medical care is limited or costs are excessive.<sup>25</sup> It thus makes it crucial to examine the Latin American context as unsafe abortion is a leading cause of maternal mortality and responsible for upwards of 20% of maternal deaths.<sup>26</sup>

Many reproductive health challenges remain across the region. The lifetime risk of maternal death still remains 1 in 480, compared with 1 in 4,300 in industrialized countries.<sup>27</sup> Many Latin American countries are being ignored, due to their achievement of “middle-income” status, thus resulting in development aid being diverted to low-income countries, which has in turn made sexual and reproductive health many government’s last priority.<sup>28</sup> The General Assembly for South America must concentrate on this issue, as many countries must ask themselves what role their social policies have played to influence these outcomes and what investment opportunities they can create so as to lower maternal mortality in the region and ensure sustainable development for their nations.

### Section 2: Past Actions

The history of reproductive health policy in Latin America has in many ways mirrored and been influenced by external and global developments. Throughout the Cold War, Latin American government were pressure to implement foreign aid only intended for population reduction policies, as particularly insisted by the US, who thought growing populations would threaten political stability in the region. The US heavily subsidized new contraceptive methods, like birth control pills and intrauterine devices, making them more accessible to women.<sup>29</sup> The Catholic Church was also involved at this time, promoting family planning amongst families.

Many LAC countries have signed several international conventions that recognize women’s rights and suggest policy reforms, such as the United Nations’ Convention on the Elimination of All Forms of Discrimination against Women. However, many gaps remain between statute change and effective implementation.<sup>30</sup> Attempts at active implementation were made at the 1994 International Conference on Population and Development (ICPD) when a Programme of Action was established, stating that goals for

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<sup>24</sup> Ibid, 213.

<sup>25</sup> Kulczycki, "Abortion in Latin America: Changes in Practice, Growing Conflict, and Recent Policy Developments," 213.

<sup>26</sup> Abortion Rights Movement Pulls Argentina Towards Liberalization," *Herizons*.

<sup>27</sup> Kulczycki, "Abortion in Latin America: Changes in Practice, Growing Conflict, and Recent Policy Developments," 201.

<sup>28</sup> Richardson and Birn, "Sexual and Reproductive Health and Rights in Latin America: An Analysis of Trends, Commitments and Achievements," 191.

<sup>29</sup> Ibid., 185.

<sup>30</sup> Mala Htun and Jennifer M Piscopo, "Presence without Empowerment?: Women in Politics in Latin America and the Caribbean" (2010), 11.





reproductive health rights were far from being reached in Latin America.<sup>31</sup> A reproductive health care approach was adopted and then strengthened at the Fourth World Conference on Women in Beijing in 1995 which “articulated a critical shift of focus in health and population policies and programmes from a primary emphasis on achieving country-level demographic targets, largely through family planning programmes, to a focus on improving the quality of life for individuals, primarily through the promotion of human rights and the provision of a comprehensive range of reproductive health information and services”.<sup>32</sup> The Programme of Action at the ICPD defined reproductive health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”<sup>33</sup> The Plan of Action also insisted that people have the right to “a satisfying and safe sex life” and should have the “capability to reproduce and the freedom to decide if, when and how often to do so”.<sup>34</sup> The decisions made at this conference led to a split between countries on the issues of induced abortion, family planning and sexual education. Argentina, Chile, Paraguay and Bolivia supported the more conservative stance of the Vatican, while Brazil and Mexico were recognized for having invested significantly in the ICPD Programme of Action.

Other policy tools that define the status of women’s reproductive health in Latin America include The Millennium Development Goals (MDGs), an instrumental tool used to define and establish monitoring mechanisms for reproductive health conditions in the region. As mentioned earlier, the fifth MDG “Improve Maternal Health” was particularly salient, as the first target of this goal was to reduce the maternal mortality ratio by three quarters between 1990 and 2015. Measuring achievement of MDG5 has been contentious and many countries did not reach the goal of reducing maternal mortality by 75% by 2015.<sup>35</sup> The lone exception to this case in Bolivia, where the maternal mortality rate fell from 439 to 180 maternal deaths per 100,000 live births between 1990 and 2008.<sup>36</sup> On an overall basis, maternal mortality across the region fell from 140 to 85 deaths per 100,000 live births between 1990 and 2008.<sup>37</sup>

Many other agencies such as UN WOMEN or the World Health Organization (WHO) continue to apply these treaties, resolutions and conventions as a means to address the topic. Although they have been effective at slowly impacting the maternal mortality rate in the region, NGO’s have also played an active role in addressing the topic.

NGO’s maintain pressure to ensure that already negative situations do not worsen, and they also file cases in courts and with human rights bodies. An example is in Argentina, when a 19-year old girl who was mentally disabled was raped by a relative and became

<sup>31</sup> Richardson and Birn, “Sexual and Reproductive Health and Rights in Latin America: An Analysis of Trends, Commitments and Achievements,” 183.

<sup>32</sup> Ana Langer, G Nigenda, and J Catino, “Health Sector Reform and Reproductive Health in Latin America and the Caribbean: Strengthening the Links,” *Bulletin of the World Health Organization* 78, no. 5 (2000): 669.

<sup>33</sup> Richardson and Birn, “Sexual and Reproductive Health and Rights in Latin America: An Analysis of Trends, Commitments and Achievements,” 183.

<sup>34</sup> Ibid.

<sup>35</sup> Ibid.

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.



pregnant, her mother unable to obtain an abortion for her in the public health system, despite several attempts and with support from numerous women's rights organizations in Buenos Aires. Finally, three Argentinean rights organizations took the case to the UN Human Rights Committee in April 2011, who is turned ruled that there have been various human rights violations.<sup>38</sup>

Other agencies and NGO's have also worked to address this topic, such as the Latin American and Caribbean Committee for the Defence of Women's Rights (CLADEM), a regional women's network that produced the Inter-American Convention on Sexual and Reproductive Rights.<sup>39</sup> Collaboration between NGOs and agencies is important as a means to strengthen reproductive health programming.

Nonetheless, many challenges still remain, as there are certain actions taken by NGO's which remain limited by the work of international organizations or national advocacy networks, limiting their capacity for action. NGO's often rely on consensus decisions, which in turn limits timely and decisive action, making them "no match for the hierarchical, well-organized and well-financed conservative opposition, particularly in the current climate of decreased funding for NGOs".<sup>40</sup> NGO's, often working against strong institutions for reproductive health rights in South America such as the Church, often face backlash and risk from being cut off from funding or contracts. They are also further discouraged from playing a highly critical role in regards to reproductive rights, by important figures in government and religious leaders. This was especially the case in Chile under Pinochet, when feminist NGO's worked with the Church to protect the politically persecuted, but was unwilling to break connections with the Church due to different stances on abortion.<sup>41</sup> Countries with changing leaders and politics must ask themselves whether they want to work with NGOs and invest in reproductive and sexual health as part of their social investment platforms.

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<sup>38</sup> Richardson and Birn, "Sexual and Reproductive Health and Rights in Latin America: An Analysis of Trends, Commitments and Achievements," 191.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

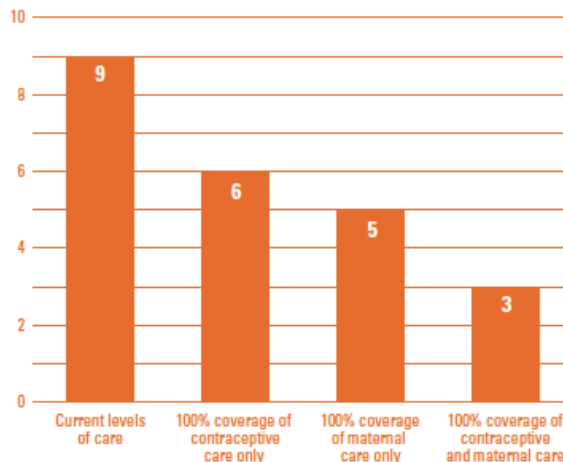
<sup>41</sup> Richardson and Birn, "Sexual and Reproductive Health and Rights in Latin America: An Analysis of Trends, Commitments and Achievements," 191.

## Section 3: Countries Policies and Possible Solutions

### Investing in Women's Health

Fulfilling unmet need for modern contraception and maternal health care saves lives.

Maternal deaths in Latin America and the Caribbean (000s)



Source: UNFPA

Clearly, the situation in South America is a very complex one and there is no clear-cut solution to work towards reproductive rights even though many international organizations and NGOs have taken many steps as a means to address it. In the case of abortion, laws in Latin America have not changed and, in fact, some have become more restrictive over time. Three countries (Chile, El Salvador, and Nicaragua) that used to permit abortion under very limited circumstances have now banned the procedure completely, even when the mother's life is in danger.<sup>42</sup> With the exception of Colombia, no Latin American country has liberalized restrictive laws on abortion.<sup>43</sup> The committee must focus on why millions of women lack these essential reproductive health services such as access to abortion, contraception and sexual education.

Countries with changing leaders and politics must make maternal health a policy priority. Active political will is crucial in order to search for possible solutions. This can be exemplified with the case of Chile. Historically, abortion has always been a contentious issue. Legalized in 1931, it was abolished by the military dictatorship in 1989, arguing that due to advances in medicine abortion was "no longer justifiable".<sup>44</sup> Current laws make it difficult to change what was established during that time, due to the requirements of a two-thirds majority of each chamber of the Chilean Congress to amend the abortion law.<sup>45</sup> This can prove to be difficult as country policy becomes dependent on the personal convictions of the politicians. Since 1990, 15 abortion-related bills have been submitted by legislators to congress for discussion. Some make it more difficult for abortion to happen whilst others have requested for abortion to be an option if a mother's

<sup>42</sup> Htun and Piscopo, "Presence without Empowerment?: Women in Politics in Latin America and the Caribbean," 11.

<sup>43</sup> Ibid.

<sup>44</sup> "Codigo Penal ", Biblioteca del Congreso Nacional de Chile <http://www.leychile.cl/Navegar?idNorma=1984>.

<sup>45</sup> "La Constitucion Politica De La Republica De Chile," Biblioteca del Congreso Nacional de Chile <http://www.leychile.cl/Navegar?idNorma=242302>.



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life is at risk or in the case of rape. Ultimately, country policy in Latin America will be a result of who is directly in power, as noted by further examining Chile. Abortion policy in Chile is slowly shifting. Rule under Michelle Bachelet is very different than when conservative president Sebastián Piñera was in power. In January 2015, President Michelle Bachelet announced she would send a draft bill to Congress to decriminalize abortion during the first 12 weeks of pregnancy (18 weeks, if the woman is under 14 years old) for the following cases: when the mother's life at risk, when the fetus will not survive the pregnancy, and in the case of rape.<sup>46</sup> In April 2015, this bill was being discussed in the Chamber of Deputies Health and Constitutions Commissions.<sup>47</sup> Ultimately, abortion policy in Latin America will be very dependent on the priorities of its leaders.

Countries must make it a priority to INVEST in sexual and reproductive health in Latin America as a means to prevent unwanted pregnancies or adverse health issues. Providing all women and their newborns with the services they would need at the standards recommended by the World Health Organization (WHO) would result in major health gains.<sup>48</sup> In fact, if the unmet need for modern contraception was satisfied, "unintended pregnancies would drop by 65%, from 10 million to 3.5 million per year and unsafe abortion would decline by 64%, from 3.9 million to 1.4 million".<sup>49</sup> According to a report published by the Guttmacher Institute and the UNFPA, "meeting all women's needs for modern contraception in Latin America and the Caribbean would cost US \$1.7 billion annually, up from \$1.1 billion spent in 2014. The investment would provide improved quality of care for current users, as well as coverage for new contraceptive users".<sup>50</sup> If the additional funds required to fully meet the need for sexual and reproductive health services come from national governments and individuals, this will be cost-effective and have enormous benefits for women, families and society, thus making it sustainable development and beneficial for the economic and productive growth of the region as a whole.<sup>51</sup>

There will be opposition to working towards improving female reproductive health within the committee. Reasons will include antiabortion activism, national ambivalence, and little active support from any types of institutions. Authoritarian and democratic governments may be reluctant to pursue such moves when no political gain is evident.<sup>52</sup> Traditional culture and strong presence of the Roman Catholic Church will position countries in to different sides. The status of reproductive health support will vary from country to country as exemplified in the table on page 17.

<sup>46</sup> Rosario Álvarez, "Presidenta Bachelet Presenta Proyecto Sobre Despenalización Del Aborto Terapéutico Hasta Las 12 Semanas De Gestación," *La Tercera*, 31/01/2015 2015.

<sup>47</sup> Ibid.

<sup>48</sup> "Investing in Sexual and Reproductive Health in Latin America and the Caribbean," The Guttmacher Institute, <http://www.guttmacher.org/pubs/FB-AddingItUp2014-LA.html>.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> "Investing in Sexual and Reproductive Health in Latin America and the Caribbean".

<sup>52</sup> Kulczycki, "Abortion in Latin America: Changes in Practice, Growing Conflict, and Recent Policy Developments," 214.



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Table 3: Abortion Laws in Latin America and Caribbean

Table 5. Index of Abortion Laws in Latin America and the Anglophone Caribbean.  
10 = no restrictions; 0 = banned under all circumstances.

Country Name	1975	1985	1995	2005
Antigua & Barbuda	1	1	1	1
Argentina	3	3	3	3
Bahamas	2	2	2	2
Barbados	5	5	5	5
Belize	5	5	5	5
Brazil	2	2	2	3
Chile	1	1	0	0
Colombia	1	1	1	1
Costa Rica	1	1	1	1
Cuba	9	9	9	9
Dominica	1	1	1	1
Dominican Republic	0	0	0	0
El Salvador	3	3	3	0
Grenada	2	2	2	2
Guyana	9	9	9	9
Jamaica	5	5	5	5
Mexico	3	3	3	3
Nicaragua	2	2	2	0
Peru	2	2	2	2
St. Kitts & Nevis	5	5	5	5
St. Lucia	2	2	2	5
St. Vincent & the Grenadines	5	5	5	5
Suriname	1	1	1	1
Trinidad and Tobago	5	5	5	5
Uruguay	5	5	5	5
Venezuela	1	1	1	1
LAC Average	3.0	3.0	3.0	3.1

Source: Htun and Weldon (n.d.) for Latin America; Boland and Katzive (2008) for the Anglophone Caribbean.

Source: Mala Htun and Jennifer M Piscopo, "Presence without Empowerment?: Women in Politics in Latin America and the Caribbean"

### Questions to Consider

Women's reproductive health in Latin America can be an absolutist, heated, moralist argument, however emphasis must be put on the technical argument, viewing contraception as a matter of health and not a matter of religion. Public health arguments





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must take presence, as citizens, governments, and policy makers must look at contraceptive matters as “an issue of maternal mortality, not just maternal morality”.<sup>53</sup> It is thus that the countries in the South American General Assembly must consider the following in regards to the status of women’s rights in Latin America:

1. What social policies should countries adopt so as to provide public free and safe access to proper contraception and sexual education while taking social, cultural and religious norms into consideration?
2. What could be done to provide access to public free and safe contraceptives and sexual education in rural, isolated areas?
3. Does the state have full authority on exercising public health or can other institutions play a role?
4. What social policies could be adopted to educate men and boys on the importance of female reproductive health?

### **Further Research**

<https://www.guttmacher.org>

<http://www.who.int/en/>

<http://www.un.org/millenniumgoals/>

<http://icpdbeyond2014.org>

<http://www.unwomen.org/en>

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<sup>53</sup> Ibid., 215.



### Topic 3: Natural Resource Extraction and Indigenous Rights

#### Section 1: Background Information

South America's wealth in natural resources has been the backbone of its economic history and a reoccurring theme in its political development. From the Spanish appropriation of its gold in the colonial era to the rather recent commodity dependency, natural resources tend to act as a curse to the continent.

Resulting of a wave of newly elected leftist presidents in the 2000s, many governments began to increase social spending to combat the region's characteristically deep social and economic inequality.<sup>54</sup> With the abandonment of neoliberalism as the leading development strategy, opinions on extractive activities have shifted too. Contrary to the neoliberal period where the state interfered as little as possible in the economic affairs of a country, states became increasingly involved in resource extraction. The revenue made through this would then be employed in social spending.

Yet the optimism for a better livelihood was tempered by how the dynamics of extractive development often collide with the cultural rights of the many indigenous groups of Latin America. Mining, petroleum extraction, deforestation and industrial agriculture disproportionately impact indigenous territories. The indigenous population, despite representing about a tenth of the population<sup>55</sup>, remains a marginalized and vulnerable sector of society whose rights to self-determination and land autonomy are rarely taken seriously.

#### Section 2: Benefits of Resource Extraction

Though an increase in commodity dependency and the "resource curse" easily come to mind when discussing resource extraction, it is important to point out that the benefits large parts of society and the national economy have reaped from its recent expansion. Contrary to traditional extractivism, the extractivist practices brought about by the new, leftist governments does not solely benefit multinational companies but is mainly collected by the governments. The shift away from neoliberalism has also cause a change in the actors involved in extractivism – now the governments play a much more important role in the industry and hence the profit is no longer mainly absorbed abroad.<sup>56</sup> Funding related to extractivism granted programs that increased access to health care and education, reduced poverty rates have been reduced and improved the overall quality of life.<sup>57</sup> Relatively successful conditional cash transfers programs were implemented Argentina, Bolivia and most prominently in Brazil, amongst other countries.<sup>58</sup> Conditional cash transfers programs enhance the income of the poor be in the short run as well as increase their human capabilities in the medium and long run.<sup>59</sup>

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<sup>54</sup> Van Cott (5)

<sup>55</sup> Van Cott (7)

<sup>56</sup> Crncic

<sup>57</sup> Dangel

<sup>58</sup> Jeong

<sup>59</sup> Sun (2)



These social programs were however not only made possible by the direct revenue of the extraction, but also through the strong economic growth brought about by Foreign Direct Investment (FDI). FDI in Latin America rose around 40 percent only between 2009 and 2010 and since 43 percent of all FDI goes directly into industries related to natural resource extraction, this growth stands in clear relation with the expansion of those industries. China, which has become one of the most important investors to Latin America, has placed 90 percent of its investment in natural resources.<sup>60</sup> Extractivism seems to remain an important pillar in South America's development.

### Section 3: Past Actions

Indigenous populations have long struggled for their rights in South America's socially unequal societies. Even though most states recognize and protect their rights in their constitutions, these claims often remain empty promises on paper.<sup>61</sup> Indigenous communities' right to be consulted priorly about projects that will impact their traditional way of life or their rights has been established in the ILO Convention No. 169, which almost all South American countries have ratified.<sup>62</sup> The convention notes that indigenous communities must give their free and prior consent to any natural resource projects on their territory. However, the practical implementation of these legally binding documents is incomplete. Most projects that took place on zones declared as indigenous land did not cooperate with the groups inhabiting the territory.

An example of this is an open-pit mine in Sipacapa, Guatemala, which was developed without the free and prior consent of the indigenous communities on which lands it was established. As the mine contaminated the water supply and damaged homes through the use of explosives, the results were not only devastating for inhabitants of the zone but also for the environment. The popular protests against the mining project were met with violent repression and, at first, the government ignored a popular referendum on the topic.<sup>63</sup>

For indigenous people, the extraction of the resources found on their ancestral land often means a displacement and therewith disconnection from their traditional way of life. It is also a clear infringement on their right to territorial control.<sup>64</sup> South American governments seem to consistently fail to implement strategies and technologies that are sustainable, community-controlled and fit within the principles of self-determination. Furthermore the considerable environmental impact due to resource extraction needs to be considered before developing projects.<sup>65</sup> Hence a close alliance between environmentalists and human right advocates has emerged that is demanding both a stricter enforcement of the laws and conventions already in place and a broadening of the criteria that need to be met in order for an extractivist project to be realized.

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<sup>60</sup> Haarstadt (210)

<sup>61</sup> Fernandez Fuenmayor

<sup>62</sup> Rösch

<sup>63</sup> Sandberg

<sup>64</sup> Fuentes

<sup>65</sup> Rösch



### Questions to Consider:

Resource extraction remains crucial to further economic growth in South America, yet the cultural rights of indigenous communities cannot be ignored. The reconciliation of governments that rule for the benefit of the majority and the more and more powerful indigenous social movements is important in order to sustain the stable economic growth extractivism has brought about so far. Hence the countries represented in the South American General Assembly must consider:

1. What measures can be put in place in order to protect indigenous cultural rights without jeopardizing the economic growth brought about by resource extraction?
2. What democratic measures can be implemented in order to ensure companies and states obtain the free and prior consent of indigenous communities to extractivist projects?
3. What policies should be proposed in order to promote indigenous self-determination?



### **Works Cited**

ACNUR. "El ACNUR en Ecuador." <http://www.acnur.org/t3/donde-trabaja/america/ecuador/>. Accessed on May 27, 2015

ACNUR. "Promoción de medios de vida sostenibles y autosuficiencia." <http://www.acnur.org/t3/recursos/publicaciones/>. Accessed on April 9, 2015

Álvarez, Rosario. "Presidenta Bachelet Presenta Proyecto Sobre Despenalización Del Aborto Terapéutico Hasta Las 12 Semanas De Gestación." *La Tercera*, 31/01/2015 2015.

"Codigo Penal ". Biblioteca del Congreso Nacional de Chile <http://www.leychile.cl/Navegar?idNorma=1984>.

Crcnic, Zeljko, and Sebastian Matthes. "Extractivism." Y Social and Political Key Terms of the Americas: Politics, Inequalities, and North-South Relations. 2012. Accessed July 3, 2015.

Dangl, Benjamin. "The Politics of Pachamama: Natural Resource Extraction vs. Indigenous Rights and the Environment in Latin America." *Upside Down World*. April 25, 2014. Accessed 26 April, 2015.

*Encyclopædia Britannica Online*, s. v. "United Nations General Assembly", accessed April 11, 2015, <http://www.britannica.com/EBchecked/topic/228351/United-Nations-General-Assembly>.





## United Nations General Assembly on South American Affairs

- Fernandez Fuenmayor, Andreina. *The Rise of Native Voices Against Natural Resource Extraction in Latin America*. Diss. Florida International U. Western Hemisphere Security Analysis Center, 2011.
- Fuentes, Federico. "The Complicated Extraction Issues In Latin America." *Popular Resistance*. 28 May 2014. Accessed 11 Apr. 2015.
- Haarstad, Ha. *New Political Spaces in Latin American Natural Resource Governance*. New York: Palgrave Macmillan, 2012.
- Htun, Mala, and Jennifer M Piscopo. "Presence without Empowerment?: Women in Politics in Latin America and the Caribbean." 2010.
- "Investing in Sexual and Reproductive Health in Latin America and the Caribbean." The Guttmacher Institute, <http://www.guttmacher.org/pubs/FB-AddingItUp2014-LA.html>.
- Jeong, Conradsen. "Environmentalism and Extractivism Through the Lens of the ChevronTexaco-Ecuador Trial." *DUKE TAKES CHEVRON-TEXACO*. November 24, 2013. Accessed July 3, 2015.
- Kulczycki, A. "Abortion in Latin America: Changes in Practice, Growing Conflict, and Recent Policy Developments." [In English]. *Studies in Family Planning* 42, no. 3 (2011): 199-220.
- "La Constitucion Politica De La Republica De Chile." Biblioteca del Congreso Nacional de Chile <http://www.leychile.cl/Navegar?idNorma=242302>.
- Langer, Ana, G Nigenda, and J Catino. "Health Sector Reform and Reproductive Health in Latin America and the Caribbean: Strengthening the Links." *Bulletin of the World Health Organization* 78, no. 5 (2000): 667-76.
- "Millenium Goals ". The United Nations <http://www.un.org/millenniumgoals/>.



- Ministerio de Relaciones Exteriores y Movilidad Humana. "Construcción Ley de Movilidad Humana." <http://www.cancilleria.gob.ec/construccion-ley-de-movilidad-humana/> (Accessed on June 30, 2015).
- Ministerio de Relaciones Exteriores y Movilidad Humana. "La Movilidad Humana dentro del Plan Nacional para el Buen Vivir." (Accessed on June 30, 2015). <http://www.cancilleria.gob.ec/la-movilidad-humana-dentro-del-plan-nacional-para-el-buen-vivir/> (Accessed on June 30, 2015).
- Pons, J. E. "Contraceptive Services for Adolescents in Latin America: Facts, Problems and Perspectives." [In English]. *European J. of Contraception and Reproductive Healthcare* 4, no. 4 (1999): 246-54.
- Richardson, E., and A. E. Birn. "Sexual and Reproductive Health and Rights in Latin America: An Analysis of Trends, Commitments and Achievements." [In English]. *Reproductive Health Matters* 19, no. 38 (2011): 183-96.
- Rösch, Michael. "Indigenous Communities and Resource Extraction: Dialogue Promotes Social Inclusion." *Deutsche Gesellschaft Für Internationale Zusammenarbeit*. GIZ GmbH, 2013. Accessed 11 Apr. 2015.
- Sandberg, Christin. "Guatemalan Court Rules in Favor of Indigenous People Over Goldcorp Mining in Sipacapa." *Upside Down World*. July 30, 2014. Accessed July 2, 2015.
- Sun, Hyun H. "Conditional Cash Transfer Programs: An Effective Tool for Poverty Alleviation?" July 1, 2008. Accessed July 3, 2015.
- UN News Center. "United Nations, Main Body, Main Organs, General Assembly." Accessed April 11, 2015.



UNHCR. "About Refugees."

[http://unhcr.org.au/unhcr/index.php?option=com\\_content&view=article&id=179](http://unhcr.org.au/unhcr/index.php?option=com_content&view=article&id=179)

& Accessed on May 27, 2015

UNHCR. "Comprehensive Solutions Initiative."

<http://www.acnur.org/t3/recursos/publicaciones/> Accessed on April 9, 2015

UNHCR. "Refugee Protection: A Guide to International Refugee Law." UNHCR.

<http://www.unhcr.org/3d4aba564.html>. Accessed on May 27, 2015

UNHCR "2015 UNHCR subregional operations profile – Latin America."

<http://www.unhcr.org/pages/49e45be46.html> .Accessed on May 27, 2015

Van Cott, Donna Lee. "Latin America's Indigenous Peoples." *Journal of Democracy*,

2004, 126-41.