

7 November 2023
Waterloo, Ontario, Canada

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To: Judge Eduardo Ferrer Mac-Gregor
President
Inter-American Court of Human Rights
10th Ave, between street 45 and street 47, Los Yoses, San Pedro, San Jose, Costa Rica

Re: Observations with respect to the Advisory Opinion requested by the Republic of Argentina on the content and scope of care as a human right, and its interrelationship with other rights

Dear Judge Eduardo Ferrer Mac-Gregor:

Below you will find enclosed our observations with respect to the Advisory Opinion requested by Argentina on January 20, 2023. We are academics from the Political Science Department at Wilfrid Laurier University who respectfully submit our research findings for the Court's consideration. The submission is made on a personal basis, exercising our academic freedom, and does not necessarily represent the views of the university. The human right to care is a pillar of social well-being and therefore an important social policy concern. In spring 2023, an honours seminar directed by Dr. Allison Petrozziello conducted policy-relevant research in preparation for this submission. Our methodology reflects social policy research in Canada, with some comparative research within the Latin America and Caribbean region. We hope that these observations prove valuable in informing the Court's forthcoming endeavours.

Sincerely,



Dr. Allison Petrozziello, Contract Faculty Member



OBSERVATIONS WITH RESPECT TO THE
ADVISORY OPINION
REQUESTED BY THE REPUBLIC OF ARGENTINA

“THE CONTENT AND SCOPE OF CARE AS A HUMAN
RIGHT, AND ITS INTERRELATIONSHIP WITH OTHER
RIGHTS”

RESPECTFULLY SUBMITTED BY
ACADEMICS FROM THE POLITICAL SCIENCE
DEPARTMENT
OF WILFRID LAURIER UNIVERSITY (CANADA)

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I. Premise upon which Submission is Made

The concept of care as a fundamental human right currently lacks a precise and comprehensive definition, as there is an absence of specific guidelines or established criteria delineating the parameters of this right to care. As a result, the government of Argentina has requested that the Inter-American Court of Human Rights issue an Advisory Opinion to help determine the scope of care as a human right with greater precision.

We recognize that Canada has not ratified the American Convention on Human Rights. Nevertheless, we find value in the regional human rights system for gradually expanding the rights framework. We wish to mobilize our research in order to engage in this process, both to showcase some care-related policy innovations in Canada, and to show our own government how the Court is helping to define care as a human right across the Americas.

This submission begins by briefly discussing what we consider essential content for defining care as a human right. Subsequently, we present our answers to the specific questions posed by the Court under each topic considered here.

II. Observations to the Inter-American Court of Human Rights

2.1 Care Work as Essential Work

A gender perspective on the work of care affirms that this is essential work, although it has not always been recognized as such because the primary burden of care work falls on women. During the COVID-19 pandemic, Canadians finally saw care work being recognized as essential to the functioning of the home and society. In particular, the COVID-19 pandemic negatively impacted women by increasing their care work levels. The COVID-19 pandemic provides a unique policy window to understanding the value and necessity that care brings to our collective well-being. In addition to previous advances in the region, the aftermath of the COVID-19 pandemic brought about new and innovative policies and recommendations outlining care work as work, and how care work should be recognized, compensated and redistributed. There is an opportunity to enhance the structural provision and availability of care by defining it as a human right.

While Canada has yet to build a comprehensive care system, it has taken important steps toward building a national childcare system and reforming the elder care system. In 2019, amendments to the Canadian Labour Code were made to give employees working in federally regulated sectors the right to request flexible work arrangements.¹ During the aftermath of COVID-19, the Ontario government introduced a Support for Families Program and a Canada Recovery Caregiving benefit to assist those unable to return to work due to care work responsibilities.² In addition, the Ontario government also committed to creating up to 30,000 childcare spaces in schools over five years, lessening the burden of finding childcare.³ These are some examples of actions taken by Canada's federal and provincial governments to recognize and redistribute care work.

2.2 An Intersectional Approach to Elder Care

This observation asks the Inter-American Court of Human Rights to take special consideration for elderly populations, a vulnerable and heterogeneous group, and recommends that the Court promote an intersectional approach to elder care. The principle of special protection indicates that the elderly population is of special concern when creating policies; in addition, a differentiated approach is required to meet the needs of vulnerable populations.⁴ Our research on challenges faced by the elderly in Ontario demonstrates the value of using an intersectional approach to empower elderly populations through care that aligns with cultural, linguistic, gender, and sexual diversity. For example, the Ontario Human Rights Commission found that language diversity is not recognized within the elder healthcare sector.⁵ Elders from the LGBTQ community may lack familial, financial, or emotional support. Likewise, where elders come from diverse cultural backgrounds, the lack of culturally competent care can

¹ Canada, E. and S. D. (2022, April 19). Government of Canada. Canada.ca. <https://www.canada.ca/en/employment-social-development/corporate/portfolio/labour/programs/labour-standards/reports/what-we-heard-flexible-work-arrangements.html>

² Agency, C. R. (2022, November 8). Government of Canada. Closed - Canada.ca. <https://www.canada.ca/en/revenue-agency/services/benefits/recovery-caregiving-benefit.html>

³ Ontario Chamber of CommerceF. (2020). The she-covery project: Confronting the gendered economic impacts of COVID-19 in Ontario. The she-covery project. <https://childcarecanada.org/printpdf/13892>

⁴ Inter-American Court of Human Rights. (2023). Observations on the Request for an Advisory Opinion. Request for an Advisory Opinion submitted by the Argentine Republic. https://www.corteidh.or.cr/observaciones_oc_new.cfm?lang=en&lang_oc=en&nId_oc=2639

⁵ Ontario Human Rights Commission. n/d. Age & intersectionality. <https://www.ohrc.on.ca/en/time-action-advancing-human-rights-older-ontarians/age-intersectionality>. Accessed May 16, 2023.

contribute to “poor patient outcomes, reduced patient compliance, and increased health disparities.”⁶

An intersectional approach to social policy works to recognize and dismantle the compounding inequalities and discrimination experienced by individuals. In doing so, an intersectional approach to social policy prioritises the overall well-being of vulnerable populations and supports the right to care. As it extends to broader human rights, protecting the care rights of diverse elders is imperative. Taken together, when determining the scope and content of care as a human right, an intersectional approach to meet the needs of diverse seniors is required. States must implement care infrastructure that protects all people's human rights and equality throughout the life course. For seniors, this means guaranteeing a dignified life of their choosing with living conditions that promote their well-being, free of discrimination and inequality.

2.3 School Feeding Programs

School feeding programs can help states to meet the human right to care. Such programs, which are present in many but not all parts of the Americas, are critical because they address children's urgent nutritional needs and their long-term educational, health, and future capabilities. School lunch programs also alleviate the care burden on women and families to pack lunches. When states make use of existing social infrastructure to deliver nutrition to children, they not only uphold children's human right to care, but also fulfil related human rights including the right to food, the right to education, the right to health⁷, and the right to a healthy environment. The latter is especially possible when school feeding programs are designed as part of sustainable food systems, connecting schools with local producers, as can be seen in the Canadian examples of British Columbia's Farm to School and ThinkEatGreen initiatives.⁸

⁶ Laher, N. (2017). Diversity, Aging, and Intersectionality in Ontario Home Care. Wellesley Institute. <https://www.wellesleyinstitute.com/wp-content/uploads/2017/05/Diversity-and-Aging.pdf>. Pg. 5.

⁷ Wang, D., & Fawzi, W. W. (2020). Impacts of school feeding on educational and health outcomes of school-age children and adolescents in low- and middle-income countries: protocol for a systematic review and meta-analysis. *Systematic Reviews*, 9(1), 55–55. <https://doi.org/10.1186/s13643-020-01317-6>

⁸ See Think&EatGreen@School: <https://thinkeatgreen.ca/> and Farm to School BC. <https://farmtoschoolbc.ca/>

The ThinkEatGreen initiative uses a "Learning with Life" philosophy, which provides a School Feeding Program that focuses on food literacy and sustainability.⁹ Students learn to grow organic vegetables in a garden, and how to process, clean, prepare, and dispose of food. The idea is to incorporate such a system into the curriculum so that students go to school to learn life lessons while creating a sustainable food system.¹⁰ The ThinkEatGreen program proves to be beneficial for the students' well-being and the environment. This kind of school feeding program is an important means by which states can deliver on the human right to care, in its relation to the rights to food, education, health, and a healthy environment.

2.4 Mental Health

An important but overlooked aspect of the human right to care is the need to ensure the population's mental health. The COVID-19 pandemic has harmed the individual and collective mental health of far too many. Rather than considering mental health an individual concern or matter of "self-care," there is an opportunity to recognize states' role in promoting mental health as part of public health, and the inter-relationship between the human right to care and the human right to health. States in the Americas could learn from the example of Sweden, which has introduced a number of policy changes and strategies over the last 20 years to improve community mental health, address mental health inequality, prevent suicide, and promote work-life balance.¹¹

⁹ School Food Systems. Think&EatGreen@School. (2018, May 27). <https://thinkeatgreen.ca/about-2/school-food-systems>

¹⁰ Ibid.

¹¹ Bergmark, M., Bejerholm, U., & Markström, U. (2017). Policy Changes in Community Mental Health: Interventions and Strategies Used in Sweden over 20 Years. *Social Policy & Administration*, 51(1), 95–113. <https://doi.org/10.1111/spol.12175>

Pixelpia. (2022, March 21). *Work-life balance in Sweden*. Work-Life balance in Sweden.

<https://aswedishfika.com/work-life-balance-in-sweden/#:~:text=In%20Sweden%2C%20the%20normal%20workweek,taking%20work%20home%20with%20them>.

Saiesha. (2022, November 24). *Addressing mental health inequality in Sweden*. The Borgen Project.

<https://borgenproject.org/mental-health-inequality-in-sweden/#:~:text=William%20Russell%2C%20an%20international%20health,terms%20of%20mental%20health%20care>.

Public Health Agency of Sweden. (2020). *The National Action Programme for Suicide Prevention*. <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/living-conditions-and-lifestyle/suicide-prevention/national-action-programme-for-suicide-prevention/>

2.5 Transformative Approaches to Overcome Existing Harms in the Provision of Care

The call for inputs by the IACtHR does not acknowledge existing harms which have been done in the name of providing care, especially by state actors. Systemic racism, for example, can affect access and quality of care for racialized individuals, especially Black and Indigenous peoples. When in the care of institutions, discriminatory practices, stereotyping, and prejudice can lead to poor mental and physical health outcomes and mistrust in institutions. Based upon research on anti-racist and decolonial innovations in the social provision of care in Canada, we urge the Court to consider promoting a transformative, anti-racist and decolonial approach as part of combating discrimination in the guarantee of the human right to care.

2.5.1 Abolition as an Approach for the Human Right to Care

Some of the most innovative work being done in North America to address historic harms done to Black, Indigenous and People of Colour (BIPOC), whether by omission or commission, is done in the name of abolition. While the term abolition is often associated with the abolition of slavery, in today's context it refers to a movement with a policy agenda which aims to reduce dependency on the police and the criminal justice system by creating social policies that redirect resources to community development initiatives.¹² Abolitionists contend that since crime is a symptom of a broken society, resources should be reallocated to social services rather than prisons and policing. Abolitionist approaches seek to move away from police dependency toward constructing a new system that stresses communal care and combats the need for individuals to resort to crime in the first place. The concept of abolition developed from recognition of the disproportionate representation of BIPOC in the carceral system. The first movement on prison and police abolition emerged in the US and Canada in the 1980s and continues to promote the significance of communal care.

Communal care is a system where the community actively assists one another in addressing individuals' emotional, physical, and social needs.¹³ This can involve providing care for children, helping around the house, providing mental health support, planning community events, providing food security and clothing, and fostering the general well-being of the community. Communal care developed in reaction to structural flaws in formal care systems and as a way to address particular problems encountered by marginalised and

¹² Wilson Gilmore, Ruth. (2021). *Change Everything: Racial Capitalism and the Case for Abolition*. Haymarket Books.

¹³ Ibid.

vulnerable groups. These problems are often the consequences of systemic racism.¹⁴ States can design social policy to support and build upon existing communal care initiatives, in order to adopt a socially transformative approach to care for historically marginalized groups.

2.5.2 Decolonization and the Human Right to Care

Similarly, when defining care as a human right, it is crucial to acknowledge and address the colonial legacies that undermine the rights of Indigenous children, youth, and families to receive adequate care. Indigenous children and youth have experienced significant harm in the name of care through the Canadian child welfare system.¹⁵ While our research focused mainly on Canada, the research team acknowledges that similar practices of culturally-insensitive removal of Indigenous children and placement in foster care have occurred in many other countries throughout the Americas. The child welfare system in Canada has worked to assimilate and destroy Indigenous culture and personhood by removing children and youth from their families instead of addressing the root causes of neglect, which can be understood as poverty, lack of housing, and other symptoms of intergenerational trauma.

Indigenous care not only involves providing children, youth, and families with their basic physical needs but also encompasses cultural, emotional, and spiritual aspects essential to Indigenous communities' well-being. Canada has worked to address historical and contemporary harms through the creation of the Truth and Reconciliation Commission, Bill C-92, adoption of the United Nations Declaration on the Rights of Indigenous Peoples, Bill C-15, and most recently, a \$23 billion settlement agreement, all of which work towards achieving Canada's goal of reconciliation. Bill C-92 mandates the collaboration between Indigenous communities and the Canadian government to co-create agreements and action plans to support Indigenous children and youth.

To achieve reconciliation, governments must take steps toward recognizing the unique cultural needs of Indigenous children, youth, and families. The Inter-American Court, as a regional human rights body, plays a crucial role in interpreting and applying human rights standards. In defining the scope and content of care as a human right, the Inter-American Court

¹⁴ Systemic racism is defined as “policies and practices that exist throughout a whole society or organisation, and that result in and support a continued unfair advantage to some people and unfair or harmful treatment of others based on race” (Cambridge Dictionary, 2022).

¹⁵ Blackstock, C. (2012) Jordan’s Principle; Canada’s broken promise to First Nations Children? National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3448536/>
Blackstock, Cindy. 2015. “Should Governments Be Above the Law? The Canadian Human Rights Tribunal on First Nations Child Welfare.” *Children Australia* 40 (2): 95–103. <https://doi.org/10.1017/cha.2015.6>.

of Human Rights has the unique opportunity to call upon States to redress historical and contemporary harms of Indigenous children’s rights in the name of child welfare.

2.5.3 The Right to a Healthy Environment

The right to care must include the right to a healthy environment, which is necessary for our collective wellbeing. Indigenous knowledge systems can help guide the way toward restoring the rights of nature and establishing more reciprocal relationships between humans and our natural environment. Indigenous-led movements, such as the Buen Vivir movement in Ecuador, emphasize community well-being, reciprocity, solidarity, and harmony with Pachamama (Mother Earth).¹⁶ In Canada, many Indigenous peoples share a common life goal of intergenerational and well-being in harmony with the earth, which the Anishinaabek call *mino-mnaamodzawin*, or “living well with the world.”¹⁷ What these philosophies share in common is that they consider the critical importance of mutually respectful and beneficial relationships among not only peoples but all our relations, which includes all living things and many entities not considered by Western society as living, such as water, rocks, and Earth itself.¹⁸

In recognition of the importance and urgency of achieving sustainability of life on this planet, we urge the Court to emphasize the need for states to invest in the right to a healthy environment, divest from fossil fuels, and uplift Indigenous knowledge regarding environmental preservation, when defining the scope and content of care as a human.

III. Responses to Questions Posed by the Court and Recommendations

This section synthesizes our responses to four specific questions posed by the Court in its call for inputs for its forthcoming advisory opinion on the human right to care:

- I. “Is care an autonomous human right enshrined in Article 26 of the American Convention on Human Rights? If so, how does the Court understand the right of people to provide and receive care and to exercise self-care? What obligations do States have in relation to this human right from a gender, intersectional and intercultural perspective

¹⁶ Williford, B. (2018). Buen Vivir as Policy: Challenging Neoliberalism or Consolidating State Power in Ecuador. *Journal of World-Systems Research*, 24(1), 96–122. <https://doi.org/10.5195/JWSR.2081.629>

¹⁷ Borrows, John. 2016. *Freedom and Indigenous Constitutionalism*. Toronto: University of Toronto Press.

¹⁸ McGregor, Deborah. 2016. “Living Well with the Earth: Indigenous Rights and the Environment.” In Lennox and Short 2016: 167–180.

and what is its scope? What are the minimum essential contents of the right that the State must guarantee, the budgetary resources that can be considered sufficient and the progress indicators that allow monitoring the effective fulfilment of this right? What public policies must States implement in the area of care to ensure the effective enjoyment of this right and what role do comprehensive care systems specifically play in it?”¹⁹

- II. “What are the obligations of States in the area of care (giving care, receiving care and self-care) in terms of gender inequality in light of the right to equality before the law and the principle of non-discrimination enshrined in Articles 24 and 1.1 of the American Convention on Human Rights? What are the obligations of States, in light of these articles, considering the intersection of vulnerability factors, especially socioeconomic status, disability, age, migratory status, sexual orientation, gender identity, among others? What measures should States adopt to address the unequal distribution of care responsibilities based on gender stereotypes in accordance with Article 17 of the ACHR? What obligations do States have in relation to care in light of Article 8.b of the Belém Do Pará Convention regarding the modification of socio-cultural patterns of behaviour of men and women? What equality criteria should be taken into account when adopting domestic law provisions on care in light of Art. 2 of the ACHR?”²⁰
- III. “What are the State's care obligations in relation to the right to life in light of Art. 4 of the American Convention on Human Rights and Art. 6 of the Inter-American Convention on the Protection of the Human Rights of Older Persons? What measures must States take in light of the said article in the area of care to guarantee dignified living conditions”²¹
- IV. “What obligations do States have in terms of care in light of Art. 26 of the ACHR, Arts. 1, 2 and 3 of the Protocol of San Salvador, Art. 4 of the Inter-American Convention on the Protection of the Human Rights of Older Persons and Art. III of the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities? Is unpaid care work, work in the light of art. 26 of the ACHR and arts. 6 and 7 of the Protocol of San Salvador? What rights do people who perform unpaid care

¹⁹ Inter-American Court of Human Rights. (2023). Observations on the Request for an Advisory Opinion. Request for an Advisory Opinion submitted by the Argentine Republic . https://www.corteidh.or.cr/observaciones_oc_new.cfm?lang=en&lang_oc=en&nId_oc=2639

²⁰ Ibid.

²¹ Ibid.

work have in the light of these regulations and what are the State's obligations towards them in relation to the right to work? How should unpaid care work be considered in social security benefits in the light of art. 26 of the ACHR and art. 9 of the Protocol of San Salvador? What measures should States take in light of Article 26 of the ACHR and Articles 6, 7 and 15 of the Protocol of San Salvador to guarantee the right to work of those who must provide unpaid care, including maternity and paternity leave and care infrastructure? What are the rights of paid care workers and what are the State's obligations towards them in light of Article 26 of the ACHR and Articles 3, 6, 7 and 9 of the Protocol of San Salvador? What are the obligations of States regarding the right to health in relation to caregivers, care recipients and self-care in light of Art. 26 of the ACHR, Arts. 10, 16, 17 and 18 of the Protocol of San Salvador, Arts. 12 and 19 of the Inter-American Convention on the Protection of the Human Rights of Older Persons and Art. III of the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities? What are the obligations of States regarding the right to education in relation to care in light of articles 19 and 26 of the ACHR and articles 13 and 16 of the Protocol of San Salvador? What are the obligations of States in terms of care infrastructure in general, including but not limited to day care centres, nurseries, residences for the elderly, as well as access to water, sanitation, public services, food and housing, and regarding climate change, in light of arts. 19 and 26 of the ACHR, arts. 11, 12, 16, 17 and 18 of the Protocol of San Salvador, arts. 12 and 19 of the Inter-American Convention on the Protection of the Human Rights of Older Persons and art. III of the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities?"²²

3.1 Care Work as Essential Work

In response to question I, article 26 of the American Convention on Human Rights recognizes Progressive Development, which seeks to ensure that State Parties "adopt measures, both internally and through international cooperation, especially those of an economic and technical nature, to achieve progressively, by legislation or other appropriate means, the full realisation of the rights implicit in the economic, social, educational, scientific, and cultural standards" as they are presented in the Charter of the Organization of American States.²³ Based

²²Ibid.

²³ Inter-American Commission on Human Rights. (2023). Basic documents. American Convention on Human Rights

on the definition provided, care would be an autonomous human right; understanding each of these separate aspects has its roots in care.

The state obligation which would follow involves investment in comprehensive care systems to fulfil the human right to adequate care. This is a matter of ethical responsibility and is essential to the health and wellbeing of society. Comprehensive care systems encompass a large range of services which work to address everyone's physical, social, mental, and spiritual wellbeing.

3.1.2 Recommendation

- Recognize care as an autonomous human right, which States can uphold through investment in comprehensive care systems.

3.2 An Intersectional Approach to Elder Care

In response to questions I and III, from a gender, intersectional and intercultural perspective, States must address the diverse care needs of seniors through inclusive social policy. Acknowledging the intersections of age, race, and language in social policy is critical to combat health disparities among ethno-culturally and linguistically diverse seniors.²⁴ Social policy for elder care must address the changing demographic of a rapidly expanding and increasingly diverse ageing population that experiences "multiple axes of inequalities."²⁵ As cultural, linguistic and inclusive care directly relates to health outcomes,²⁶ protecting the needs of diverse seniors is interconnected with articles 11 and 12 of the Convention Protecting Older Persons, which enshrines the right to health care that promotes "physical, mental, and emotional wellbeing."²⁷ In light of article 18 of the American Convention Protecting the Rights of Older Persons, care rights intersect with the rights of diverse elders to prohibit discrimination based on age, gender, race, and sexual orientation.²⁸

²⁴ Laher, N. (2017). Diversity, Aging, and Intersectionality in Ontario Home Care. Wellesley Institute. <https://www.wellesleyinstitute.com/wp-content/uploads/2017/05/Diversity-and-Aging.pdf>

²⁵ Ibid.

²⁶ Ibid.

²⁷ OAS. (2023). OAS : IACHR : Rapporteurship on the rights of older persons : Basic documents. Inter-American Convention on the Rights of Older Persons. <https://www.oas.org/en/IACHR/jsForm/?File=/en/iachr/r/pm/bdocuments.asp>

²⁸ Ibid.

3.2.1 Recommendations

- Ensure the adoption of an intersectional approach to the identification of diverse groups' care needs throughout the life course.
- Encourage states to build their capacity to conduct intersectional policy analysis through virtual courses, such as the government of Canada's Introduction to Gender-Based Analysis Plus (GBA+) training, which has been translated to Spanish in collaboration with the Inter-American Commission of Women, and is now available on the OAS virtual campus.
- Ensure that comprehensive care systems provide a variety of culturally-sensitive alternatives for elder care, including supports for home care, long-term care homes, etc. System design and monitoring should involve active consultation with diverse groups of seniors, to ensure their needs are known and accounted for.

3.3 School Feeding Programs

In response to question I, school feeding programs are a policy initiative that States must implement in the area of care to ensure the effective enjoyment of this right. As demonstrated above, school feeding programs ensure the wellbeing and educational success of children and should be included when defining care rights.

3.3.1 Recommendation

- Implement or scale up the provision of school feeding programs, ensuring the integration of nutritional and sustainability considerations in system design.

3.4 Mental Health as a Human Right

The request for inputs does not include a discussion on mental health as an aspect of care as a human right. The Court has the opportunity to elevate the recognition of mental health in relation to comprehensive, integrated healthcare that addresses the holistic needs of individuals. Moreover, mental health is a matter of social justice and equality. Mental health conditions disproportionately affect marginalised and disadvantaged groups, exacerbating social inequities. Denying mental health care perpetuates discrimination, exclusion, and stigma. By integrating mental health into the human right to care, societies can strive for more significant equity, inclusivity, and fairness for all individuals.

3.4.1 Recommendation

- Encourage States to recognize and prioritize mental health prevention and treatment services as part of comprehensive healthcare systems.

3.5 Transformative Approaches to Overcome Existing Harms in the Provision of Care

A rights-based approach to the provision of care must acknowledge the existing harms that care systems have wrought upon vulnerable populations, including Black and Indigenous children and youth. Further, transformative policy approaches such as abolitionist, decolonial, and Indigenous sustainability, which elevate the voices and experiences of these populations, can overcome those harms in order to guarantee the human right to care. Including Indigenous children, youth, and families in the definition of care as a human right is a fundamental step towards reconciliation and healing for Indigenous communities. Indigenous communities are best positioned to recognize, understand, and address the unique needs of their children and youth. Community-led care is an approach that allows Indigenous communities to choose how they wish to support families, which in many cases does not involve apprehension and removal; instead, it recognizes the need for culturally sensitive treatment that falls in line with Indigenous values.

3.5.1 Recommendations

- Take steps toward abandoning reliance on law enforcement by redirecting funding toward community development initiatives, led by Black, Indigenous, and other marginalised communities.
- Take steps toward redressing historical harms and work to incorporate Indigenous knowledge into the definition of care in order to enrich understanding and overall practice of care.
- Link the right to a healthy environment with the human right to care. Elevate and learn from Indigenous knowledge systems which integrate both as aspects of sustainability of life on the planet, such as the Buen Vivir or *mino-mnaamodzawin*.

IV. Closing Remarks

As students from the Political Science department of Wilfrid Laurier University, we respectfully present a summary of our social policy research findings to the Inter-American Court of Human Rights, with the aspiration that they may contribute to defining the scope and content of care as a human right. Our observations emphasize the importance of building comprehensive care systems, school feeding programs, mental health, as well as adopting intersectional and transformative policy approaches as part of what it means for care to be a human right. We commend the Court for this initiative and look forward to reading the upcoming Advisory Opinion.