

FAR-REACHING  
TENACIOUS  
**TRAILBLAZING**  
VISIONARY  
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ANNUAL REPORT 2007

CENTER  
FOR  
REPRODUCTIVE  
RIGHTS

REPRODUCTIVE RIGHTS  
**ARE HUMAN RIGHTS**

**THE CENTER WORKS WORLDWIDE,**  
SECURING RECOGNITION OF REPRODUCTIVE RIGHTS AS HUMAN  
RIGHTS. **OUR LITIGATION AND ADVOCACY BENEFIT WOMEN OF**  
**ALL AGES AND BACKGROUNDS,** FROM THE REACHES OF ALASKA,  
TO THE POOREST NEIGHBORHOODS OF RIO DE JANEIRO, TO THE  
MOUNTAINS OF NEPAL. OUR EXPERTISE IS AS BROAD AS THE  
RANGE OF ISSUES ON WHICH WE WORK: WE STAND FOR  
**INNOVATION – AND RESULTS.**

OUR ACCOMPLISHMENTS IMPROVE LIVES FAR BEYOND THE  
BORDERS OF ANY COUNTRY. ALL ARE STEPS TOWARD A  
UNIVERSAL GUARANTEE OF WOMEN'S BASIC RIGHTS TO  
**HEALTH, AUTONOMY, AND DIGNITY.**

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## OUR MISSION

The Center for Reproductive Rights uses the law to advance reproductive freedom as a fundamental right that all governments are legally obligated to protect, respect, and fulfill.

## OUR VISION

Reproductive freedom lies at the heart of the promise of human dignity, self-determination, and equality embodied in both the U.S. Constitution and the Universal Declaration of Human Rights. The Center works toward the time when that promise is enshrined in law in the United States and throughout the world. We envision a world in which all women are free to decide whether and when to have children; where all women have access to the best reproductive healthcare available; where all women can exercise their choices without coercion. More simply put, we envision a world where all women participate with full dignity as equal members of society.



## FROM OUR BOARD CHAIR

Nicki Nichols Gamble

**I have hope for 2008. I have hope that a new administration in Washington will read our *Reproductive Rights Federal Policy Agenda* and act to forward the policies it outlines.**

I have hope that a new Senate will join 185 other countries around the world and ratify CEDAW, the Convention on the Elimination of All Forms of Discrimination against Women. I have hope that the newly energized electorate in this country will demand from those who govern them that women's reproductive health and rights be seen as the fundamental human rights they are.

I have hope for 2008, too, because the Center is embarking on a very bold, very ambitious new strategic plan. Always at the cutting-edge, our commitment to using human rights throughout our work is a commitment to starting a new conversation, a new conceptual framework, a new way of thinking about reproductive rights. This strategy, so successful

in our international work, is a long-term strategy for changing the law and the debate in the United States. Given time and our hard work, the law and the debate *will* change. And, of course, our constitutional litigation and state and federal advocacy will continue as fiercely as ever.

We are calling for a real transformation of how reproductive rights are thought about. Reproductive rights should always have been thought of as basic to women's human dignity and equality. For a woman to be able to determine whether she gets pregnant, whether she carries a pregnancy to term, and whether she is able to deliver safely affects her health, her prospects, her life, her very sense of self. The founding documents of the U.S. promise life, liberty, and the pursuit of happiness. Without control over her reproductive life, a woman's ability to realize those promises is severely constrained. Treaties such as CEDAW recognize that core truth. It is time that all people and their governments recognize it as well.

Defending a woman's right to terminate a pregnancy or a child's right to informational privacy may not always be popular, but it is

the moral and ethical thing to do. In the face of great opposition, criticism, and even violence, healthcare providers, advocates, and, yes, lawyers like those at the Center continue their work, holding the baseline idea that you should stand — and keep standing — for what is right. We will not give up on *Roe v. Wade*. We will not give up on Nicaragua. We will not give up on a world in which reproductive rights are clearly recognized as human rights that governments are obligated to protect, respect, and fulfill. This report shows our work in 2007. As I write this letter, I have more than hope. I know that our bold approach will eventually succeed. Do join us for the long haul.

Sincerely,

Nicki Nichols Gamble



## FROM OUR PRESIDENT

Nancy Northup

**Our 15th year—my fifth at the Center—was a year in which we scored significant victories, faced significant challenges, and set a bold course for the next three years.**

The legal landscape in the U.S. continued to be hostile, but we continued to defend the rights of every woman to reproductive healthcare, blocking laws such as Kansas' notorious "Kiss and Tell" policy and moving swiftly and aggressively to blunt the worst excesses of the Supreme Court's *Gonzales v. Carhart* decision. Beyond the borders of the U.S., our attorneys worked for recognition of reproductive rights in both national and international law in cases such as *Alyne da Silva Pimentel v. Brazil* and *Tysiack v. Poland*.

Within the Center, 2007 saw the completion of an ambitious strategic plan. What is clear to us is that reproductive rights are fundamental human rights. When a woman dies in childbirth because she is turned away from a hospital, her basic right to life is violated. When a girl

cannot get the information she needs to protect herself against unintended pregnancy and sexually transmitted infections, her basic human right to information is violated. When a woman cannot choose the number and spacing of her children because she is barred from access to contraception, her basic human rights to control her body and determine the course of her life are violated. These are human rights violations whether a woman lives in Kenya, the Philippines, Chile, or Kansas.

We have been very successful in applying the human rights framework in our international program. It is time to use that framework in the U.S. to complement the cutting-edge litigation and legislative work we already do. At the end of 2007, renowned human rights lawyer **Cindy Soohoo** joined us as director of the Domestic Legal Program. Within weeks of joining the Center, Cindy joined me and Legal Fellow **Katrina Anderson** in Geneva. There, I testified before the United Nations Committee on the Elimination of Racial Discrimination, highlighting the U.S.' failure to live up to its international treaty obligation to eliminate persistent and significant racial inequities in reproductive and sexual health.

Moving forward, our strategic plan seeks a fundamentally changed landscape for reproductive health and rights. Our Law School Initiative will stimulate scholarship and teaching on reproductive rights as human rights so that a new generation of lawyers is not stuck in a long-stale debate about the legitimacy of *Roe v. Wade*. Our work in the U.S. will embrace the human rights framework and legal tools. We are also planning a Research and Development Lab through which leading academics and practitioners can collaborate with Center staff to identify emerging issues, craft strategic responses, and develop principled positions on the issues we care about.

Fifteen years on, we are still legal innovators with bold, fresh ideas and the determination and energy to see them through. There is so much to do. We are ready.

Sincerely,

Nancy Northup

# FAR-REACHING

**WHEN GOVERNMENTS FAIL TO PROVIDE  
ACCESS TO CONTRACEPTION AND PRENATAL  
AND OBSTETRIC CARE,  
WOMEN SUFFER.**

**AROUND THE WORLD, THE CENTER DEPLOYS ITS KIT OF  
LEGAL ADVOCACY TOOLS TO HOLD GOVERNMENTS  
ACCOUNTABLE: GOVERNMENTS MUST ENSURE EVERY  
WOMAN'S BASIC HUMAN RIGHT TO DECIDE WHETHER  
AND WHEN TO HAVE CHILDREN AND TO GET THE SERVICES THAT  
MAKE HER DECISIONS REAL.**



## ALASKA SUPREME COURT AFFIRMS TEENS' PRIVACY RIGHT

Most teenage girls facing unintended pregnancies turn to their parents for help. Those who do not have good reasons: fear of abuse, of being **forced to carry the pregnancy to term**, or of something worse. Parental consent requirements don't help these girls. Instead, they put them at risk.

The Center has long been a staunch defender of teenagers' rights to privacy and accessible reproductive care, including abortion. We have challenged parental involvement laws across the country. And in 2007—after a ten-year fight—we defeated a parental consent law in Alaska.

The law, passed in 1997 but never enforced, would have required teenagers under 17 to obtain either parental consent or a judge's permission before getting an abortion. But girls in rural Alaska have a hard time getting confidential health services—never mind a courtroom or judge; they are left without alternatives. The Center challenged the statute on behalf of **Planned Parenthood of Alaska** and a local doctor as soon as it was enacted.

In November 2007, the Alaska Supreme Court held that the law violated the explicit right to privacy guaranteed by the state constitution. When the state requires a young woman to get her parents' permission, the justices wrote, "it is no longer the pregnant minor who ultimately chooses to exercise her right to terminate her pregnancy, but that minor's parents."

"We know that a parent is involved in most cases when a teen is seeking an abortion. But allowing parents to make these decisions

for their daughters is not only intrusive, it also robs them of a very basic right," said **Janet Crepps**, deputy director of the Center's Domestic Legal Program.

The case, *Planned Parenthood v. Alaska*, included a three-week trial during which we used both local and national experts to show how the law would hurt young women. The court has denied a request by the state to reconsider the decision and has granted the Center attorneys' fees and expenses.

**Next Steps:** The Center is monitoring attempts in Alaska to reintroduce parental involvement laws and providing pro-choice legislators in the state with analysis and advice. In addition to the court victory, the Center tracked 61 bills in 27 states in 2007 alone that aimed to restrict minors' access to abortion and reproductive healthcare.

## PHILIPPINES: A CONTRACEPTION BAN TEARS LIVES APART

The ban is "yet another **abhorrent example of a larger global trend led by religiously motivated policymakers who adopt policies based on ideology instead of the health and well-being of the very people they are elected to serve.**"

For eight years, a contraception ban has wreaked havoc in Manila City. In 2000, then-Mayor Jose "Lito" Atienza introduced a policy that effectively prohibits public hospitals and health centers from providing "artificial" family planning services, including condoms, birth control pills, and sterilization. As a result, those residents who live below the poverty line—70 percent of the population—have been deprived of affordable contraception and the ability to control the sizes of their families. Women who have been specifically advised by their doctors against risking another pregnancy have had their health and lives endangered because, without contraception, they have been unable to avoid that risk. Families who cannot afford to support more children have sunk deeper into poverty when they have been unable to prevent conceptions and births. Some women abstain from sex to avoid pregnancy; for many, this has strained relationships and even led to violence. Without access to condoms, rates of sexually transmitted infections and HIV have risen.

According to **Melissa Upreti**, senior legal adviser for Asia, the ban is "yet another abhorrent example of a larger global trend led by religiously motivated policymakers who adopt policies based on ideology instead of the health and well-being of the very people they are elected to serve."

In 2007, the Center and its Philippine partners **Likhaan** and **ReproCen** set out to document the

damage wrought by the policy in a fact-finding report, *Imposing Misery: The Impact of Manila's Contraception Ban on Women and Families*. The report laid the groundwork for a case filed in a Philippine high court by 20 women and men against the office of the mayor of Manila. The Center worked closely with its partners to develop and publicize the lawsuit, which argues that the policy violates human rights and should be revoked. The case has been covered by the *BBC*, *Salon.com*, *Ms. Magazine*, and Australian radio, as well as local Philippine media.

The Manila policy is just one of several attempts by local governments in the Philippines—a deeply conservative society—to restrict reproductive health services. This is the first case in the country to directly challenge a reproductive health policy as unconstitutional. A positive decision would establish constitutional protections for reproductive rights throughout the country. It could also be used to defend similar rights in neighboring countries, as well as in Catholic countries throughout the world.

**Next Steps:** While waiting for the court's decision, we and our partners are exploring a broad array of options for international advocacy.



## EXPOSING ABUSE AND NEGLECT IN KENYAN MATERNITY WARDS

On the outskirts of Nairobi, one woman travels by foot to a private hospital to deliver a baby, only to be verbally and physically abused by the staff during labor. In the wake of a birth, a hospital worker comes, ostensibly to stitch another woman's vaginal tears. Instead, he genitally mutilates her.

More than 120 women shared their experiences with the Center and the **Federation of Women Lawyers-Kenya (FIDA Kenya)** for the fact-finding report *Failure to Deliver: Violations of Women's Human Rights in Kenyan Health Facilities*. For decades, women seeking obstetric services across Kenya have suffered serious human rights violations, including verbal attacks, sexual assault, mutilation, and flagrant neglect. Understaffing is a persistent problem, leading to neglect and mistreatment. Women who cannot pay hospital fees have been harassed and even detained by hospital staff. Pregnant women with HIV/AIDS are particularly vulnerable. Doctors and nurses can be reluctant to assist them during childbirth, in part because the equipment they need to protect themselves, such as gloves, is in short supply. The ethnic violence that erupted at the end of 2007—following a disputed election—only made it yet more difficult for women to obtain maternity care.

The report, released internationally in 2007, found that both public and private facilities suffer from lack of accountability and oversight. Because of the widespread abuse, many women choose to avoid hospitals—and vital maternal healthcare—altogether.

In 2007, we presented our findings to the African Commission on Human and Peoples' Rights—the body charged with ensuring the protection and promotion of human rights throughout the African continent—and the UN Committee on the Elimination of Discrimination against Women (CEDAW). Other groups, such as the Kenya Human Rights Commission, a leading national advocacy group, and Physicians for Human Rights, have used the report's findings in training healthcare providers on providing quality care. In 2008, we will work with **FIDA Kenya** as they bring a case to Kenya's Constitutional Court to press for stronger laws that protect the rights of women seeking reproductive healthcare.

## WILL POLITICS TRUMP SCIENCE AT FDA?

Plan B, the emergency contraception (EC) that can prevent pregnancy if taken within three days of unprotected sex, has been used safely and effectively by hundreds of thousands of women around the world, including women under the age of 18. Yet the U.S. Food and Drug Administration (FDA), despite the findings of its own advisory panels, still requires young women to get a prescription in order to obtain the medication—something not always easy to do on a Sunday morning. This marks the first time the FDA has ever restricted a nonprescription drug based on the patient's age.

As a 2006 *New York Times* editorial noted, the Center's suit was instrumental in pushing the FDA to reverse its decision on Plan B. Discovery during the case revealed what a large part politics played in the decision to deny unrestricted over-the-counter access. Testimony from depositions and disclosed government documents show how an anti-choice political agenda subverted the FDA's established scientific procedures and distorted its decision-making. On the basis of this wealth of evidence, we have asked the judge in *Tummino v. von Eschenbach* to remove the age restriction and allow women under the age of 18 to obtain EC without a prescription. We await the court's decision.

## A NEW LOOK AT WHAT IF ROE FELL?

Were *Roe v. Wade* no longer the law of the land, a woman in Jackson, Mississippi would not be able to get an abortion in her city. Instead, she'd have to cross two state lines and spend several hundred dollars to get to a clinic in Tennessee or Florida, where the state constitution recognizes abortion as a right. Her alternative? To carry an unintended pregnancy to term.

And she would not be alone. As the second edition of the Center's report *What If Roe Fell?* illustrates, states around the country are poised to ban abortion if the U.S. Supreme Court overturns *Roe*. The report found that, since 2004, legislators in 14 states have introduced 27 immediate abortion bans. Such bans are meant to force the Supreme Court to re-examine and reverse *Roe*; due in part to our hard work, none of them have gone into effect. Opponents of legal abortion have, however, also embraced a new tactic: bans-in-waiting. These would ban abortion in a state right after *Roe* is reversed; 11 have been introduced and four have been signed into law.

In total, 21 states are highly likely to outlaw abortion if *Roe* were to fall. Our report, *What If Roe Fell?*, arms pro-choice advocates with the facts to counter complacency about the devastating consequences of a *Roe* reversal.

## DEFENDING ARIZONA ABORTION PROVIDERS

Opponents of choice know that without abortion providers, the right to abortion is meaningless. In Arizona, they have adopted a two-fold strategy to reduce the number of providers, first pushing out a steadfast advocate for abortion training programs, then attempting to restrict who is allowed to perform abortions.

In 2004, **Dr. J. Christopher Carey** was the head of the ob/gyn residency program at Maricopa Medical Center, a Phoenix hospital. When county officials moved to eliminate abortion training for ob/gyn residents in his program, **Dr. Carey** publicly voiced his opposition. For that, he lost his job. "Every time I spoke out, they retaliated—launching bogus investigations, spreading false statements to ruin my reputation, and ultimately, firing me," he said. The Center is representing **Dr. Carey** in his lawsuit against Maricopa County, and in 2007 we continued to gather pretrial evidence and testimony for the case.

Meanwhile, in May 2008, the Arizona House of Representatives passed a bill that permits only doctors to perform abortions. The bill is an attempt to override the state nursing board after it voted to allow nurses to perform first-trimester abortions, a simple and low-risk medical procedure. The Center is working with providers and advocates to track this and similar legislation nationwide.

# TRAILBLAZING

A CHANGING LEGAL LANDSCAPE BOTH  
CREATES NEW BARRIERS AND OPENS **NEW AVENUES TO  
PROGRESS.**

WHETHER HELPING TO GAIN RECOGNITION FOR THE  
**HUMAN RIGHT TO SAFE PREGNANCY**  
OR SWIFTLY COUNTERING THE LATEST ANTI-CHOICE TACTIC,  
THE CENTER'S LEGAL TEAM EXPERTLY  
LEADS THE GLOBAL REPRODUCTIVE RIGHTS  
**MOVEMENT FORWARD.**



## EMERGENCY OBSTETRIC CARE AS HUMAN RIGHT

**Alyne da Silva Pimentel, 28, died after delivering a stillborn baby in a state hospital in Brazil. She didn't have to. In recent years, Brazil has made strides in reducing HIV transmission, poverty, and infant mortality. Still, the number of pregnant women who die during pregnancy and childbirth — over 4,000 annually — has changed little.**

According to the World Bank, Brazil's maternal mortality rates are three to 10 times those of other lower-middle income countries, such as Uruguay and Bulgaria. The government could prevent 98% of these deaths at low cost, but has refused to treat maternal mortality with the same urgency as other issues.

This was literally true for **Alyne**: more than once, healthcare providers misdiagnosed her symptoms and denied her timely care. Like most Brazilian women who lose their lives to pregnancy-related complications, she was poor, Afro-Brazilian, and dependent on the public healthcare system. She was one of the half a million women who die every year because they do not get the prenatal and obstetric care they need.

In November 2007, the Center and its local partner **Citizens' Advocacy for Human Rights (ADVOCACI)** took **Alyne's** case—and Brazil's record—to the UN committee that monitors compliance with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The case was the first to tackle preventable maternal mortality before an international human rights body. In addition to seeking compensation for **Alyne's** family, the Center's petition asks Brazil to reform its public healthcare system, train providers, and improve care in vulnerable communities.

CEDAW, which Brazil ratified in 1984, calls on governments to take specific measures to guarantee women access to reproductive healthcare. Its provisions make clear that reducing the number of deaths among pregnant women is not only a priority for a country's development, it is also an obligation under human rights law. A positive decision in the *da Silva Pimentel* case could be a powerful advocacy tool in any of the treaty's 185 ratifying countries. These do not include the U.S., which has not ratified CEDAW and has one of the highest maternal mortality rates among developed nations.

**Next Steps:** While the case is pending before the CEDAW Committee, the Center is reaching out to non-governmental organizations and public health experts in Brazil to build awareness and support.

## PRYING THE JAWS OF THE TIGHTEST TRAP

**TRAP laws are not designed to protect women's safety, as their proponents claim, but to shut down abortion clinics so that, though still legal, abortions would become unavailable.**

For over 30 years, women in St. Louis, Missouri have been going to **Dr. Allen Palmer** for ob/gyn services, including first-trimester abortions. Then, suddenly, Missouri legislators began claiming that allegedly too-narrow hallways and supposedly inadequate ventilation systems endanger those patients' safety. In 2007, Missouri became the first state to require clinics providing first-trimester abortions to become licensed as ambulatory surgical centers, even if the clinic only offers non-surgical abortions. The new regulations are among the most extreme TRAP (Targeted Regulation of Abortion Providers) laws yet.

It would cost **Dr. Palmer** more than a million dollars to bring his offices into compliance. That would force him to shut down, something he is passionately loath to do. "I devoted my life to helping women," he told NPR's *Morning Edition*. Losing **Dr. Palmer** would shrink the number of Missouri's providers from four to three.

And that is precisely the point of TRAP laws. They are not designed to protect women's safety, as their proponents claim, but to shut down abortion clinics so that, though still legal, abortions would become unavailable. Such laws impose regulations on abortion providers that are unnecessary and far more

stringent and burdensome than regulations applied to similar medical practices.

"TRAP laws, like other unnecessary restrictions on abortion providers, are intended to make abortion a hollow right for women," said **Celine Mizrahi**, the Center's state legislative counsel.

The Center is committed to protecting doctors such as **Dr. Palmer** from all forms of harassment. In August 2007, we sued Missouri in federal court. Within a month, Domestic Legal Program attorneys **Bonnie Scott Jones** and **Janet Crepps** had secured an order blocking enforcement of the regulations. We are experts at fighting TRAP laws; indeed, **Jones** coined the term.

**Next Steps:** The Center is negotiating with the Missouri Department of Health and Senior Services to obtain waivers for the most onerous requirements. If a settlement cannot be reached, we will proceed to trial.

## THE CENTER KISSES KISS-AND-TELL GOOD-BYE

Remember when you were young? When you were 14 or 15 years old? Maybe you had a boyfriend or a girlfriend in your class. Maybe you ‘made out’ with them. Maybe you confided shyly in your school counselor. How would you have felt if the counselor had then **reported you and your teenage partner to the state?**

In twenty-first century Kansas, this was almost the scenario under a “Kiss-and-Tell” policy that required healthcare providers and counselors to report as potential child abuse any sexual activity — even kissing — by teens under 16. The policy would not only have violated teenagers’ right to privacy, but also driven them away from seeking needed health services such as contraception and testing for sexually transmitted infections.

“Kiss-and-Tell” was the policy brainchild of the former Kansas Attorney General, anti-choice crusader Phill Kline. In 2003, Kline claimed that abortion clinics were required to report teen pregnancies as evidence of criminal sexual abuse under the state’s child abuse reporting law. In fact, his interpretation of the law was so broad that it included any underage sexual activity and applied to other healthcare professionals and teachers as well.

The Center challenged “Kiss-and-Tell” in 2004 on behalf of a group of healthcare and counseling professionals. Two years later, U.S. District Court Judge J. Thomas Marten called the policy “irreparably harmful” and permanently blocked its enforcement. It was the first time a federal court had recognized that minors have a constitutional right to privacy that protects their communications with healthcare providers.

In September 2007, in response to the lawsuit, Kansas lawmakers amended the state’s child-abuse reporting law, making clear that the statute does not require reporting of all adolescent sexual contact. “This is a great result for teenagers in Kansas, and for all those who care about protecting teens’ health and well-being,” said **Bonnie Scott Jones**, deputy director of the Center’s Domestic Legal Program.

“AS AN ATTORNEY, A WOMAN AND, MOST ESPECIALLY, A MOTHER TO TWO PRETEENS, I APPRECIATE THE EXTRAORDINARY TALENT AND RESOURCES THAT THE CENTER INVESTED IN KANSAS.”

— Laura Shaneyfelt, Attorney, Monnat & Spurrier.

“REPORTING SUSPECTED CHILD ABUSE IS ONE THING. BUT REPORTING ALL INTIMATE CONTACT BETWEEN ADOLESCENTS SIMPLY DRIVES A WEDGE BETWEEN THOSE YOUNG PEOPLE AND THE PROFESSIONALS WHO ARE THERE TO HELP THEM.”

— Bonnie Scott Jones, 9.19.07, Associated Press.



# TENACIOUS

LEGAL PROTECTIONS FOR REPRODUCTIVE RIGHTS ARE ALWAYS UNDER ASSAULT. NEW LAWS AND POLICIES THREATEN TO RESTRICT OR ABOLISH THOSE RIGHTS.

THE CENTER STANDS READY TO DEFEND EVERY WOMAN'S HUMAN RIGHT TO REPRODUCTIVE HEALTH AND FREEDOM, AND TO FIGHT OFF THOSE WHO WOULD UNDERMINE THEM.

## CHALLENGING ABSTINENCE- ONLY EDUCATION, CHALLENGING IGNORANCE

In Croatia, one-third of teens are sexually active, yet **only half or fewer use condoms**. Unintended teen pregnancy and sexually transmitted infections are on the rise. The Croatian government's solution? Teaching Croatian youth that condoms are not effective, stay-at-home mothers make for better families, and gay relationships are "deviant."

For ten years, Croatia has sponsored the sex education program TeenStar. Developed in the U.S., the program promotes sexual abstinence until marriage through misleading and medically inaccurate information. Croatia's own governmental ombudspersons for gender equality and children's rights have concluded that the program violates both Croatian and international law. That, however, has not stopped the Croatian Ministry of Science, Education and Sports from seeking to have GROZD, a TeenStar-based program, taught in all Croatian schools.

Similar programs have been spreading throughout Central and Eastern Europe and the world; TeenStar alone now exists in 30 countries. But the Center, together with its partners **Interights** and the **Center for Education, Counseling and Research (CESI)**, is taking a stand in Croatia. In October 2007, we filed a case through the collective complaints procedure of the European Social Charter, which guarantees the social and economic rights of all individuals. Our argument is simple: By failing to provide gender-sensitive, scientifically based sex education, Croatia is violating the rights of its youth to health and non-discrimination.

"Young people throughout the world are vulnerable to governments violating their basic

human rights, not just by feeding them discriminatory and medically inaccurate health information, but in limiting their access to quality reproductive health services," said **Christina Zampas**, the Center's senior legal adviser for Europe.

This is the first international human rights challenge against an abstinence-based program. If successful, it could lay the groundwork for cases against similar programs in other countries. The European Committee of Social Rights, which monitors compliance with the European Social Charter, is a persuasive authority in international human rights law, and its decisions can have influence in cases brought before such bodies as the United Nations Human Rights Committee and the Inter-American Human Rights Commission.

**Next Steps:** The Center is waiting for Croatia's response to the petition. We will continue to urge European policymakers to put political pressure on the country, which is applying for admission to the European Union.

## LIMITING CARHART II

As U.S. courts grow more conservative, reproductive rights advocates cannot rely on any one strategy or court to protect a woman's right to choose.

In June 2007, the Center won a key victory for abortion rights when the U.S. Court of Appeals for the Sixth Circuit struck down an extreme abortion ban in Michigan. The law was ostensibly aimed at prohibiting so-called "partial-birth" abortions. But the language in the statute was so vague that even first-trimester abortions would have been outlawed.

The timing of the Sixth Circuit ruling made it even more significant: it came only two months after the Supreme Court upheld the first-ever federal abortion ban in *Gonzales v. Carhart*. In its decision, the Sixth Circuit sent a strong message to states that the courts will interpret the *Carhart II* ruling narrowly and not allow lawmakers to expand the scope of the decision. In January 2008, the Supreme Court refused to review an appeal by Michigan in the case, *Northland Family Planning Clinic, Inc. v. Cox*. The Center brought the case with coalition partners the **American Civil Liberties Union** and **Planned Parenthood Federation of America**.

As U.S. courts grow more conservative, reproductive rights advocates cannot rely on any one strategy or court to protect a woman's right to choose. The Center has sought to secure abortion rights on multiple fronts in order to forestall relentless anti-choice assaults. The

Michigan case was brought in 2005, at the same time that we were challenging the federal abortion ban at the center of *Carhart II*.

In November 2007, the Center went back to court over another state ban, this time in Virginia (*Richmond Medical Center v. Herring*). We asserted that Virginia's statute, which we first challenged in 2003, is not only substantially broader than the federal law, but also hopelessly vague, such that even a physician completing a miscarriage could face criminal liability. We are waiting for a decision from the U.S. Court of Appeals for the Fourth Circuit, which is reviewing the law in light of *Carhart II*.

**Next Steps:** The Center will challenge unconstitutional bans in court and work with pro-choice lawmakers to block anti-choice legislation. We are also expanding our advocacy efforts in support of a federal Freedom of Choice Act, which would provide federal protection for a woman's right to abortion and prohibit states from denying or interfering with that right.

## ON THE FRONTLINES IN THE STATES

**Outlaw safe and common abortion procedures. Compel women seeking abortions to view ultrasounds of their fetuses. Prohibit government funding for abortion. State lawmakers promoted over 500 such bills during the 2007 legislative session. The Center's State Program kept watch on all of them, as well as almost 300 pro-choice bills, working with advocates and legislators to prevent harmful laws from being passed and advance those that would strengthen reproductive freedom.**

In 2007, opponents of abortion continued to shift their focus from protecting the unborn to “protecting” women. Anti-choice advocates used this new and brazenly sexist line of attack to support both outright bans and restrictions on abortion, arguing that a woman could never freely choose to have an abortion because to do so would go against her intrinsically maternal ‘nature.’ During this year’s legislative cycle, anti-choice lawmakers proposed 17 total abortion bans in ten states, the most abortion bans in a single legislative session in recent history.

In addition to these extreme measures, anti-abortion advocates also proposed 23 bills that would have required doctors to perform or offer to perform an ultrasound before an abortion, even if the procedure was medically unnecessary or would not be in the patient’s best interest. Additionally, 23 “anti-coercion” bills were introduced, which is almost three times the number of such

bills introduced in 2006. Under the guise of safeguarding women, these measures impose unnecessary requirements that interfere with the doctor-patient relationship, hinder a woman’s access to abortion, and belittle her decision-making abilities.

The Center’s State Legislative Program worked closely with allies to thwart these measures. In South Carolina, we provided pro-choice advocates with arguments to defeat a bill that would have made it mandatory for every woman seeking an abortion to view an ultrasound. In North Dakota, we helped to defeat a proposal that would have recognized a fetus as a person, opening the door to ban abortions at all stages of pregnancy. And in New York, moving aggressively to preempt future attacks on reproductive rights, the Center assisted advocates in researching and drafting a Freedom of Choice Act, which would codify abortion rights and protect all New York women.

## ROLLING BACK EFFORTS TO ROLL BACK RIGHTS

National constitutions may recognize the right to choose. Policies may be in place to provide women and girls with reproductive healthcare services. But none of this will deter opponents of choice. Two countries illustrate this point beautifully: Slovakia and Chile, where the Center and its allies have been fighting attempts to erode reproductive rights.

In Slovakia, where abortion is legal without restrictions during the first 12 weeks of pregnancy, conservative politicians pressed the country’s Constitutional Court to overturn the abortion law. In response, the Center filed a friend-of-the-court brief together with the **CUNY Law School Human Rights Clinic, Slovak Family Planning Association, and ProChoice Slovakia.** In December 2007, the Slovak Constitutional Court upheld the right to first-trimester abortions.

In Chile, a group of conservative parliamentarians have attempted to remove many forms of contraception from the public health system. The Center submitted a letter to Chile’s Constitutional Court in April 2007 urging continued access to birth control, including emergency contraception, for all women. In April 2008, however, the court banned public healthcare facilities from distributing emergency contraception. We will continue working with our partners in Chile to reestablish access to reproductive healthcare services.

## REFUSING TO QUIT IN NICARAGUA

Until October 2006, a pregnant woman facing a life-threatening condition could get an abortion in Nicaragua. Then the country outlawed all abortions, even those necessary to save a woman’s life. In less than two years, deaths preventable by therapeutic abortion have doubled.

The Center has fought the ban at every juncture. Most recently, in May 2007, the Center and Yale University’s **Allard K. Lowenstein International Human Rights Law Clinic** submitted a friend-of-the-court brief challenging the law to Nicaragua’s Supreme Court. That same month, the Center’s legal adviser for Latin America and the Caribbean, **Lilian Sepúlveda,** gave a series of press interviews and participated in a public forum organized by our local partners, **Ipas Central America** and the **Nicaraguan Center for Human Rights.**

In October, the Center once again put Nicaragua in the spotlight during a hearing on reproductive rights at the Inter-American Commission on Human Rights. The Commission had already warned the country once before that the abortion ban is contrary to international law and threatens women’s human rights. The Center will continue to work on all fronts to secure the right to safe abortion for all Nicaraguan women.



**“AN ABORTION PLACES A WOMAN AT GREATER RISK FOR PSYCHOLOGICAL DISTRESS, DEPRESSION, SUICIDAL IDEATION AND SUICIDE THAN CARRYING HER CHILD TO FULL TERM AND GIVING BIRTH.”**

– MS SB 2795. Mississippi. Ban-in-waiting. Enacted 2007.

**“THE STATE OF SOUTH DAKOTA POSSESSES A DUTY TO PROTECT, AND IT IS A LEGITIMATE EXERCISE OF THE STATE’S POWER TO PROTECT, THE LIFE OF EACH HUMAN BEING WITHIN ITS BORDERS, INCLUDING THOSE HUMAN BEINGS LIVING IN UTERO.”**

– SD HB 1293. South Dakota. Ban-in-waiting. Enacted 2007.

# VISIONARY

**IMAGINE A WORLD IN WHICH EVERY WOMAN IS ABLE TO MAKE HER OWN DECISIONS ABOUT HER BODY – AND HER LIFE.**

**WITH THAT VISION IN MIND, THE CENTER DEvised A SET OF GROUNDBREAKING STRATEGIC INITIATIVES IN 2007 THAT WILL BUILD WIDESPREAD ACCEPTANCE – FROM LAW SCHOOL CLASSROOMS TO CAPITOL HILL – OF REPRODUCTIVE RIGHTS AS BASIC HUMAN RIGHTS.**



## LAW SCHOOL INITIATIVE

Regional human rights courts and United Nations bodies increasingly recognize reproductive autonomy and healthcare as *basic* human rights. The Center has helped secure some of these victories, and now plans to incorporate these **successful legal advocacy strategies** into our work in the U.S.

More than two years in the making, we are launching an ambitious Law School Initiative to broaden and strengthen protections for reproductive health and human rights. Designed to promote legal scholarship and teaching on these issues, we expect this effort to transform the way reproductive rights is taught and studied at law schools across the country. As the first and only global legal organization dedicated to advancing women’s reproductive rights — having pioneered groundbreaking cases both in the U.S. and around the world — the Center is ideally positioned to lead such a bold initiative. Martha Davis, a well-known women’s rights attorney and legal scholar at Northeastern University School of Law, will guide the Initiative in its initial planning stages.

The Center aims to push the discussion and study of reproductive rights beyond the traditional — and increasingly stale — conversation about *Roe v. Wade* and privacy. We believe that academic curricula need to be expanded to reflect the breadth of reproductive rights as an issue that goes well beyond contraception and abortion. By helping develop such new curricula, the Center will also be able to highlight the wealth of approaches to the study, defense, and promotion of reproductive rights, including by the use of a human rights approach.

A Visiting Scholar Program will support established legal scholars. The program aims to stimulate writing and research, bringing together leading scholars with the Center’s own expert legal staff to develop the theoretical bases and empirical analyses for reproductive rights advocacy, litigation, and policy. To further facilitate this academic exchange, the Center will host a series of convenings and roundtables, including a major conference in 2010.

Future Scholar Fellowships will help launch the next generation of legal scholars. They are open to outstanding recent graduates from law schools nationwide who intend to pursue academic careers writing and teaching on reproductive health and human rights. Fellows will spend two years conducting independent research and writing as they prepare to enter the academic job market.

**Khiara M. Bridges** (pictured opposite) will be the first recipient of the new fellowship. She is a graduate of Columbia Law School, and a doctoral candidate in anthropology. Her dissertation — for which she conducted extensive field research in obstetrics at a major public hospital in New York City — focuses on how reproductive rights law and biomedical ethics intersect to reinforce racial inequalities in the U.S. She will receive her PhD in 2008.

## HUMAN RIGHTS IN THE U.S.

**If you are an African-American woman in the U.S., these are the odds you face: you are more likely than a white woman to live in poverty, less likely to have private health insurance, are four times more likely to die in childbirth, and 14 times more likely to die from HIV/AIDS.**

If you are an African-American woman in the U.S., these are the odds you face: you are more likely than a white woman to live in poverty, less likely to have private health insurance, are four times more likely to die in childbirth, and 14 times more likely to die from HIV/AIDS. Under human rights law, these disparities violate your basic rights to non-discrimination and to healthcare.

A United Nations review of U.S. compliance with the Convention on the Elimination of All Forms of Racial Discrimination (CERD) provided the Center with an opportunity to hold the U.S. accountable for its failure to eliminate racial inequities in reproductive and sexual health. The Center submitted a shadow letter to the CERD Committee and contributed to a comprehensive shadow report with 250 other U.S. groups, a collaboration that created new partnerships with civil rights and anti-poverty advocates. **Nancy Northup**, the Center’s president, testified before the CERD Committee during the review in Geneva.

In March 2008, our efforts paid off; the committee took the U.S. to task, telling the government that it needed to take more aggressive measures to guarantee equal access to reproductive healthcare. These findings will be an invaluable advocacy tool as we introduce our human rights approach into our U.S. work.

Such a human rights approach to reproductive rights issues in the U.S. points the way forward. While U.S. constitutional theories and tactics will remain the backbone of the Center’s domestic litigation, we will adopt human rights strategies wherever feasible to redefine reproductive rights and build powerful new coalitions. In 2008, we will undertake our first U.S. fact-finding mission to document the human rights violations associated with lack of access to reproductive healthcare in the U.S. The project will help bring to light the impact of government policies on individuals and could lay the foundation for future litigation and other advocacy strategies.

The Center’s new Domestic Legal Program Director, **Cynthia Soohoo**, is ideally suited to lead the effort. A former litigator, she also has extensive human rights advocacy experience. She was, most recently, the director of Columbia University Law School’s Bringing Human Rights Home Project.

MORE THAN  
**4** OUT OF **10**  
TEENAGE GIRLS IN THE U.S.  
BECOME PREGNANT AT LEAST ONCE  
BY THE TIME THEY ARE **20**.

**3** MILLION WOMEN  
EACH YEAR FACE AN  
UNINTENDED PREGNANCY.

AFRICAN-AMERICAN WOMEN  
ARE **4** TIMES MORE LIKELY  
THAN WHITE WOMEN TO  
DIE IN CHILDBIRTH.

EACH YEAR,  
ABOUT **2** OUT OF EVERY **100**  
WOMEN AGED 15–44 HAVE AN ABORTION;  
47% OF THEM HAVE HAD AT LEAST  
**1** PREVIOUS ABORTION.

## FEDERAL POLICY AGENDA

The Center released its first-ever *Reproductive Rights Federal Policy Agenda* in late 2007. The agenda reflects the Center’s stepped-up commitment to **advocacy in the face of an increasingly conservative U.S. judiciary**. It calls on policymakers to recognize that the principles supporting reproductive freedom — such as dignity, autonomy, and equality — are integral to American values as well as universal human rights.

More than four out of ten teenage girls in the U.S. become pregnant at least once by the time they are 20. Yet the federal government persists in promoting abstinence-only sex education. Three million women each year face an unintended pregnancy. But federal funding for family planning is 61% lower today than it was in 1980, after inflation is taken into account. Discrimination also persists: African-American women are four times more likely than white women to die in childbirth. Each year, about two out of every 100 women aged 15 to 44 have an abortion; 47% of them have had at least one previous abortion. Yet in 2007 the Supreme Court continued to chip away at constitutional protections for abortion that have been in place for over 30 years.

There is much policymakers can do to turn this troubling tide. They can pass a federal Freedom of Choice Act, support comprehensive sex education, increase funding for Title X and other family

planning programs — including foreign assistance programs — and ensure all women access to vital reproductive services. Ratifying international treaties on women’s and children’s rights would strengthen protections for reproductive rights. Just as important as these positive measures is repealing harmful policies and laws: the Hyde Amendment, the Partial-Birth Abortion Ban Act, the Global Gag Rule, and funding for abstinence-only sex education programs, to name a few.

The Center’s *Reproductive Rights Federal Policy Agenda* articulates both the vision and the concrete steps to promote women’s reproductive health and autonomy. The Center has distributed the agenda widely and will use it to persuade policymakers, the media, and other influential actors that reproductive rights are human rights, and that human rights are deeply embedded in America’s legal tradition.



# CONNECTED

THE CENTER IS WEAVING TOGETHER AND STRENGTHENING **A VITAL INTERNATIONAL WEB OF** LAWYERS, ACTIVISTS, HUMAN RIGHTS EXPERTS, AND REPRODUCTIVE HEALTH **PROFESSIONALS.**

OUR PUBLICATIONS, TRAININGS, AND PARTICIPATION IN KEY CONFERENCES **HELP MOVE ALLIES AND DECISION-MAKERS** TO UNDERSTAND — AND MOBILIZE AROUND — **REPRODUCTIVE RIGHTS AS** **HUMAN RIGHTS.**

## CONFERENCES

### NATIONAL ABORTION FEDERATION ANNUAL MEETING BOSTON, APRIL 22 – 24, 2007

Abortion providers from across the U.S. and Canada met at this gathering the same week of the Supreme Court's *Carhart* ruling. Center attorneys participated in panel discussions on second-trimester abortion provision, the Federal Abortion Ban, and how Medicaid restrictions affect access to abortion.

### SISTERSONG NATIONAL CONFERENCE CHICAGO, MAY 31 – JUNE 3, 2007

SisterSong, which works to advance reproductive justice for women and girls of color, brought together some 1000 activists for its second annual conference. Center attorneys were on hand to discuss how restrictive abortion legislation has harmed the reproductive health of low-income women of color.

### AMERICAN CONSTITUTION SOCIETY ANNUAL CONVENTION WASHINGTON, DC, JULY 28, 2007

During this conference, Center President **Nancy Northup** participated in a panel discussion on the search for compromise and consensus in reproductive rights. The American Constitution Society is a leading network of progressive lawyers, judges, law students, scholars, and policymakers in the U.S.

### WOMEN DELIVER CONFERENCE LONDON, OCTOBER 18 – 20, 2007

The conference sought to mobilize the political will and investment needed to cut pregnancy-related deaths and disabilities worldwide.

Center President **Nancy Northup**, International Legal Program Director **Luisa Cabal**, and **Elisa Slattery**, the Center's legal adviser for Africa, discussed human rights advocacy strategies during several panel presentations. The International Initiative on Maternal Mortality and Human Rights was launched during the conference.

### MARIE STOPES INTERNATIONAL GLOBAL SAFE ABORTION CONFERENCE LONDON, OCTOBER 23 – 24, 2007

This first-ever international gathering of its kind brought together 800 public health experts, government officials, and advocates from nearly 60 countries to address challenges and highlight successes in ending deaths and injuries from unsafe abortion. Center President **Nancy Northup** and attorneys from the International Legal Program presented on how human rights strategies can hold governments accountable for providing access to safe abortion. All conference participants received a copy of the Center's *World's Abortion Laws Map 2007*.

### INTERNATIONAL LITIGATION ADVISORY COMMITTEE (ILAC) NEW YORK, NOVEMBER 1 – 2, 2007

The Center's International Legal Program received invaluable feedback on its litigation and advocacy strategies from renowned reproductive rights and human rights experts during the third annual meeting of the

International Litigation Advisory Committee (ILAC). The meeting focused on Center cases that address abortion, access to contraception, and the reproductive rights of adolescents and marginalized groups.

### TOWARD A MORE CIVILIZED SOCIETY NEW YORK, NOVEMBER 13, 2007

Center President **Nancy Northup** exchanged ideas on reproductive freedom as an American value with Professor David Cole of the Georgetown University Law Center during this event, part of a lecture series organized by Planned Parenthood of New York City.

### CONGRESSIONAL BRIEFING WASHINGTON, DC, JANUARY 24, 2008

The Center positioned itself as the go-to resource on reproductive rights for policymakers during our annual briefing on Capitol Hill. Some 60 Congressional staffers heard Center attorneys speak about the *Reproductive Rights Federal Policy Agenda*, as well as about anti-choice legislation in the states and the Center's international work in Kenya and the Philippines.

## TRAININGS

### POLAND FEBRUARY 2007

Ten Polish lawyers learned how to bring reproductive rights cases to the European Court for Human Rights during this training, organized by the Center and its partners the **Polish Federation for Women and Family Planning** and the **Warsaw University Law Clinic**.

The European Court recently ruled that Poland must make abortion accessible to women who have a legal right to it. During the four-day training session, the lawyers developed skills and tactics to build on that victory.

### ECUADOR SEPTEMBER 2007

Over 50 Ecuadorian doctors, lawyers, ombudspersons, professors, and activists attended a capacity-building training for civil society, organized by the Center and **CEPAM-Guayaquil (Ecuadorian Women's Center for Promotion and Action)** in Guayaquil, Ecuador. The Center shared information with the participants on how to engage regional and international human rights bodies and identify cases that can be brought before these bodies to advance reproductive rights.

### KENYA OCTOBER 2007

The Center and **FIDA Kenya** followed up on their fact-finding report *Failure to Deliver*, which exposed obstacles to reproductive healthcare and violations of women's human rights in Kenya's healthcare facilities, by co-organizing a workshop with the **Reproductive Health and Rights Alliance (RHRA)** in Nairobi. The workshop aimed to educate lawyers, activists, healthcare professionals, and government officials about the links between human rights, patients' rights, and quality of care.

### BULGARIA NOVEMBER 2007

The second Women's Human Rights Training Institute kicked off with a training session that focused on violence against

women, reproductive and sexual health, and employment discrimination. The institute, organized by the Center, the **Bulgarian Gender Research Foundation**, and the **Network of East-West Women**, aims to build the capacity of lawyers from throughout the region to use human rights law and litigate women's rights issues at the national, regional, and international levels.

## PUBLICATIONS

### 2007 WHAT IF ROE FELL?

This publication analyzes the potential impact of new anti-choice tactics to overturn *Roe v. Wade* and outlaw abortion in many parts of the country. Please see page 13 for more information.

### FAILURE TO DELIVER: VIOLATIONS OF WOMEN'S HUMAN RIGHTS IN KENYAN HEALTH FACILITIES

This fact-finding report reveals the widespread abuse of women seeking maternity healthcare in both public and private facilities in Kenya. It also offers recommendations for systemic healthcare reforms. Please see page 12 for more information.

### REPRODUCTIVE RIGHTS FEDERAL POLICY AGENDA

This publication sets forth concrete and attainable policy goals for U.S. lawmakers that will help ensure every woman's reproductive autonomy and access to reproductive healthcare. Please see page 30 for more information.

### GAINING GROUND – ARABIC TRANSLATION

This publication is intended to help reproductive rights advocates in the Middle East and North Africa learn from advocacy efforts in other countries in order to successfully promote legal reforms at the national level. It includes examples of recently adopted laws and policies on key reproductive rights issues from around the world. Over 200 activists, lawyers, law professors, and policymakers in the region received the publication.

### IMPOSING MISERY: THE IMPACT OF MANILA'S CONTRACEPTION BAN ON WOMEN AND FAMILIES

This fact-finding report documents how an extreme and ideologically motivated contraception ban in Manila City, Philippines has devastated the lives of the city's residents, especially its women. Please see page 11 for more information.

### WORLD'S ABORTION LAWS MAP 2007

Updated in 2007, the *World's Abortion Laws Map* illustrates on what grounds each country permits abortion. Easy to read and available in four languages, the map is a valuable resource for comparing abortion laws and tracking legal reforms worldwide. *Good Magazine* reproduced the map in its January/February 2008 issue.

# 2007 Docket

In 2007, the Center added 15 new cases to its docket, for a total of 41 cases in the Domestic and International Programs. The 2007 docket illustrates the range of cases in which we are involved, protecting the reproductive freedom and health of women and girls all around the world.

## ABORTION

### Access to Abortion When Legal

- *Achyut Prasad Kharel v. His Majesty's Government of Nepal / Amici* (Supreme Court of Nepal)
- *Laxmi Dhikta v. Government of Nepal* (Supreme Court of Nepal)
- *R.R. v. Poland* (European Court of Human Rights)
- *Tysiack v. Poland / Amici* (European Court of Human Rights)
- *K.L. v. Peru* (United Nations Human Rights Committee)
- *Paulina Ramírez v. Mexico* (Inter-American Commission on Human Rights)

### Bans on Abortion

- *Gonzales v. Carhart* (U.S. Supreme Court)
- *Richmond Medical Center for Women v. Herring* (U.S. Court of Appeals for the Fourth Circuit)
- *Northland Family Planning Clinic, Inc. v. Cox* (U.S. Court of Appeals for the Sixth Circuit)
- *Utah Women's Clinic v. Walker* (U.S. District Court for the District of Utah)
- *D. v. Ireland / Amici* (European Court of Human Rights)

- *In re Abortion / Amici* (Slovak Constitutional Court)
- *In support of Challenge to Law Banning Abortion in Nicaragua / Amici* (Supreme Court of Nicaragua)

### Mandatory Delay / Biased Counseling

- *Presidential Women's Center v. Florida* (Florida State Court for the 15th Judicial Circuit of Palm Beach County)

### Restrictions on Minors

- *Aid for Women v. Foulston* (U.S. District Court for the District of Kansas)
- *Planned Parenthood of Alaska v. State* (Supreme Court of Alaska)

### Restrictions on Abortion Providers

- *Tucson Women's Clinic v. Eden* (U.S. District Court for the District of Arizona)
- *Brittany Prudhome v. June Medical Services, L.L.C.* (Louisiana State Court for the 1st Judicial District Court, Caddo Parish)
- *K.P., MD v. Lorraine LeBlanc* (U.S. District Court for the Middle District of Louisiana)
- *Hope Medical Group for Women v. Kim Edward Leblanc* (U.S. District Court for the Eastern District of Louisiana)

- *Planned Parenthood of Kansas and Mid-Missouri, Inc. and Dr. Allen Palmer v. Jane Drummond, et al.* (U.S. District Court for the Western District of Missouri)

## CENSORSHIP AND FREE-SPEECH RESTRICTION

- *Hill v. Kemp* (U.S. District Court for the Northern District of Oklahoma)
- *Carey v. Maricopa County* (U.S. District Court for the District of Arizona)

## COERCIVE STERILIZATION / VIOLENCE AGAINST WOMEN AND GIRLS

- *Pundevi Maharjan v. His Majesty's Government / Amici* (Supreme Court of Nepal)
- *Ramakant Rai & Health Watch UP Bihar v. Union of India and others / Amici* (Supreme Court of India)
- *A.S. v. Hungary / Amici* (United Nations Committee on the Elimination of Discrimination against Women)
- *María Mamérita Mestanza Chávez v. Peru* (Inter-American Commission on Human Rights)
- *M.M. v. Peru* (Inter-American Commission on Human Rights)
- *Paola Guzmán Albarracín v. Ecuador* (Inter-American Commission on Human Rights)
- *Sterilization without consent of woman living with HIV* (Chilean National Court)

## CONTRACEPTION ACCESS AND EQUITY

- *Tummino v. von Eschenbach* (U.S. District Court for the Eastern District of New York)
- *Osil v. Office of the Mayor of the City of Manila* (Philippines Court of Appeals)
- *In re Access to Emergency Contraception in Chile / Amici* (Constitutional Tribunal of Chile)
- *In re Access to Emergency Contraception in Colombia / Amici* (Colombian High Court)
- *In re Access to Emergency Contraception in Ecuador / Amici* (Constitutional Tribunal of Ecuador)

## PUNISHING WOMEN FOR BEHAVIOR DURING PREGNANCY

- *State of New Mexico vs. Cynthia Martinez / Amici* (Supreme Court of New Mexico)
- *Monroe County Department of Human and Health Services v. Stephanie P. and Rodney E. / Amici* (Supreme Court of New York)

## REPRODUCTIVE HEALTH TECHNOLOGIES

- *Ana Victoria Sánchez Villalobos and others v. Costa Rica / Amici* (Inter-American Commission on Human Rights)

## PREGNANT WOMEN'S RIGHTS

- *L.S. v. Moldova / Amici* (Moldovan Supreme Court)
- *Alyne da Silva Pimentel v. Brazil* (United Nations Committee on the Elimination of Discrimination against Women)

## SEX EDUCATION

- *Interights v. Croatia* (European Social Charter Collective Complaints Mechanism)

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Bank of America Matching Gifts Program  
The Capital Group Companies, Inc.  
Casey Matching Gift Program  
Edison International Employee  
Giving Campaign  
EMTA, Inc.  
GE Foundation Matching Gifts Program  
HP Employee Charitable Gifts Program  
J.P. Morgan Chase Foundation  
Open Society Institute Matching Gifts  
The Plymouth Rock Foundation

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# FINANCIAL INFORMATION 2007

The Center's total support and revenue for work in Fiscal Year 2007 totaled **\$14,349,699**. This included **\$8,588,177** in financial support, which consisted of grants, charitable financial donations, investment income, and miscellaneous revenue. Of this **\$8,588,177** in financial support, **49% (\$4,198,674)** came from foundations (excluding family and community foundations) and **44% (\$3,757,816)** from individuals and family and community foundations. The balance of the Center's financial support of **\$631,687** was derived from investments and miscellaneous revenue. In addition, the Center received **\$5,761,522** in donated services, which consisted primarily of pro-bono legal services and represents more than twice the level of donated services received in 2006.

## Statements of Financial Position

As of December 31, 2007 and 2006

*These are excerpts from our audited financial statements. Full copies of the audited financial statements may be obtained from: Center for Reproductive Rights, Attn: Finance Department, 120 Wall St., 14th floor, New York, NY 10005 USA*

	<b>2007</b>	<b>2006</b>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 1,449,324	\$ 2,837,528
Grants and contributions receivable	5,073,069	1,913,849
Prepaid expenses and other assets	125,892	132,794
Investments, at market	10,822,354	9,152,616
Property and equipment, net	113,411	248,103
Security deposits	125,839	125,307
<b>Total Assets</b>	<b>\$ 17,709,889</b>	<b>\$ 14,410,197</b>
<b>LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 571,180	\$ 702,216
Deferred rent payable	333,917	347,468
<b>Total Liabilities</b>	<b>905,097</b>	<b>1,049,684</b>
<b>NET ASSETS</b>		
Unrestricted	7,586,498	7,409,173
Temporarily restricted	8,214,174	4,947,220
Permanently restricted	1,004,120	1,004,120
<b>Total Net Assets</b>	<b>16,804,792</b>	<b>13,360,513</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 17,709,889</b>	<b>\$ 14,410,197</b>

# Statements of Activities

For the Years Ended December 31, 2007 and 2006

	For the Year Ended December 31, 2007				For the Year Ended December 31, 2006			
	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL 2007	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL 2006
<b>PUBLIC SUPPORT AND REVENUE:</b>								
Grants	\$ 970,000	\$ 7,293,947	\$ -	\$ 8,263,947	\$ 690,000	\$ 2,792,086	\$ -	\$ 3,482,086
Contributions	2,266,089	693,409	-	2,959,498	2,600,113	2,430,000	-	5,030,113
Attorney fees	-	-	-	-	640,127	-	-	640,127
Investment income	547,673	60,266	-	607,939	659,257	131,068	-	790,325
Donated services	5,761,522	-	-	5,761,522	1,669,079	-	-	1,669,079
Other income	23,747	-	-	23,747	46,358	-	-	46,358
Net assets released from restrictions	4,780,668	(4,780,668)	-	-	4,761,198	(4,761,198)	-	-
<b>Total Public Support and Revenue</b>	<b>14,349,699</b>	<b>3,266,954</b>	<b>-</b>	<b>17,616,653</b>	<b>11,066,132</b>	<b>591,956</b>	<b>-</b>	<b>11,658,088</b>
<b>EXPENSES:</b>								
<b>Program Services:</b>								
Domestic	7,384,855	-	-	7,384,855	3,990,251	-	-	3,990,251
International	3,178,871	-	-	3,178,871	2,307,842	-	-	2,307,842
Communications and public education	1,586,517	-	-	1,586,517	1,191,184	-	-	1,191,184
Total Program Services	12,150,243	-	-	12,150,243	7,489,277	-	-	7,489,277
<b>Supporting Services:</b>								
Management and general	768,975	-	-	768,975	753,479	-	-	753,479
Fund-raising	1,253,156	-	-	1,253,156	1,228,863	-	-	1,228,863
Total Supporting Services	2,022,131	-	-	2,022,131	1,982,342	-	-	1,982,342
<b>Total Operating Expenses</b>	<b>14,172,374</b>	<b>-</b>	<b>-</b>	<b>14,172,374</b>	<b>9,471,619</b>	<b>-</b>	<b>-</b>	<b>9,471,619</b>
<b>CHANGE IN NET ASSETS</b>	<b>177,325</b>	<b>3,266,954</b>	<b>-</b>	<b>3,444,279</b>	<b>1,594,513</b>	<b>591,956</b>	<b>-</b>	<b>2,186,469</b>
<b>Net assets - beginning of year</b>	<b>7,409,173</b>	<b>4,947,220</b>	<b>1,004,120</b>	<b>13,360,513</b>	<b>5,814,660</b>	<b>4,355,264</b>	<b>1,004,120</b>	<b>11,174,044</b>
<b>NET ASSETS - END OF YEAR</b>	<b>\$ 7,586,498</b>	<b>\$ 8,214,174</b>	<b>\$ 1,004,120</b>	<b>\$ 16,804,792</b>	<b>\$ 7,409,173</b>	<b>\$ 4,947,220</b>	<b>\$ 1,004,120</b>	<b>\$ 13,360,513</b>

# Statement of Functional Expenses

For the Year Ended December 31, 2007

(With comparative totals for December 31, 2006)

For the Year Ended December 31, 2007

## PROGRAM SERVICES

For the Year Ended December 31, 2007

## SUPPORTING SERVICES

	DOMESTIC	INTERNATIONAL	COMMUNICATIONS AND PUBLIC EDUCATION	TOTAL PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUND-RAISING	TOTAL SUPPORTING SERVICES	TOTAL 2007	TOTAL 2006
Salaries	\$ 1,426,480	\$ 1,175,751	\$ 474,744	\$ 3,076,975	\$ 228,317	\$ 495,158	\$ 723,475	\$ 3,800,450	\$ 3,427,839
Payroll taxes and employee benefits	288,997	256,229	86,539	631,765	54,846	93,110	147,956	779,721	766,818
<b>Total Salaries and Related Costs</b>	1,715,477	1,431,980	561,283	3,708,740	283,163	588,268	871,431	4,580,171	4,194,657
Professional fees	304,986	168,827	561,450	1,035,263	91,328	73,485	164,813	1,200,076	1,046,589
Printing and publications	1,345	70,421	257,894	329,660	24	20,263	20,287	349,947	210,635
Dues, fees, and subscriptions	58,557	4,986	14,894	78,437	5,623	11,651	17,274	95,711	99,904
Travel	134,083	151,908	18,817	304,808	4,275	9,037	13,312	318,120	344,010
Direct mail	-	-	-	-	-	368,293	368,293	368,293	439,165
Equipment rental and maintenance	41,864	29,392	27,924	99,180	17,754	8,899	26,653	125,833	113,301
Telecommunications	15,145	14,888	11,112	41,145	4,279	2,856	7,135	48,280	44,113
Office supplies	48,344	47,369	17,513	113,226	20,872	36,198	57,070	170,296	157,392
Insurance	9,295	8,124	2,686	20,105	8,394	3,039	11,433	31,538	23,532
Occupancy	306,573	211,716	73,337	591,626	227,610	82,438	310,048	901,674	824,005
Depreciation and amortization	40,100	33,679	11,589	85,368	36,212	13,112	49,324	134,692	215,456
Contributed services	4,684,479	986,602	20,140	5,691,221	51,612	18,689	70,301	5,761,522	1,669,079
Miscellaneous	24,607	18,979	7,878	51,464	17,829	16,928	34,757	86,221	89,781
<b>TOTAL EXPENSES</b>	\$ 7,384,855	\$ 3,178,871	\$ 1,586,517	\$ 12,150,243	\$ 768,975	\$ 1,253,156	\$ 2,022,131	\$ 14,172,374	\$ 9,471,619

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Please see our website for a current list of our Center leadership and legal staff.

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*Center Staff as of December 2007.*

# SUPPORT THE CENTER FOR REPRODUCTIVE RIGHTS

Our independence and effectiveness depend on an informed and committed community of supporters. Here are the many ways you can help the Center break new ground in the fight to ensure equal access to reproductive healthcare and self-determination for all women. Please make your tax-deductible gift to uphold and protect reproductive freedom as a fundamental human right.

## ONLINE DONATIONS

Online donations can be made through our secure credit card server at [www.reproductiverights.org](http://www.reproductiverights.org).

## DONATIONS BY MAIL

Cash, check, and credit card donations can be mailed to the Center for Reproductive Rights, 120 Wall Street, 14<sup>th</sup> Floor, New York, NY 10005.

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This is a wonderful way to thank those who have inspired the ideals you hold dear. To make this kind of special gift, please contact our Development Department at (917) 637-3691.

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## MATCHING GIFTS

Many companies match employee gifts, which can double or even triple your support of the Center. Check with your company's community affairs or human resources office for the appropriate forms.

## CHARITABLE BEQUESTS AND OTHER PLANNED GIFTS

By including the Center in your estate plans, you will help future generations of women and their families. Bequests to the Center are deductible for federal and state estate tax purposes in accordance with the law. You can also name the Center as a beneficiary of a trust or your IRA, life insurance policy or brokerage account, among other vehicles. For further information about planned giving, please contact **Vivian Lindermayer**, director of Development, at (917) 637-3610 or [vlindermayer@reprorights.org](mailto:vlindermayer@reprorights.org).

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