

2008 ANNUAL REPORT

# SEIZING TODAY TRANSFORMING TOMORROW

CENTER  
FOR  
REPRODUCTIVE  
RIGHTS

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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.

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# SEIZING TODAY TRANSFORMING TOMORROW

IN 2008, THE CENTER FOR REPRODUCTIVE RIGHTS DEPLOYED ITS UNIQUE LEGAL AND HUMAN RIGHTS EXPERTISE TO SECURE ACCESS TO REPRODUCTIVE HEALTHCARE, BLOCK ASSAULTS ON ABORTION AND BIRTH CONTROL, AND HOLD GOVERNMENTS ACCOUNTABLE FOR MATERNAL DEATHS.

We fought a devastating contraception ban in the [Philippines](#) and launched a visionary *U.S. Law School Initiative*. We won crucial victories for abortion rights in [Mexico](#) and emergency contraception in [Colombia](#). We exposed how policies in [Nigeria](#) and the [United States](#) caused needless deaths from pregnancy-related complications. And we engaged with the [United Nations](#) and regional human rights bodies to expand recognition of reproductive rights.

We made great strides in securing every woman's human right to dignity, health, and autonomy, setting the stage for even more progress in the future.

[Out of each victory springs one question: what next?](#)



“I remain awed at the **changes the Center has wrought** through its hard work, bold legal thinking, and **unwavering moral vision.**”

**MESSAGE FROM OUR BOARD CHAIR** Nicki Nichols Gamble

Earlier in my career, I served for 25 years as President and CEO of the Planned Parenthood League of Massachusetts—the last state to legalize birth control in 1966 and the first state to legislate a parental consent law for teens seeking abortions in 1974. I saw firsthand how some of the most important battles over a woman’s right to decide about childbearing—her right to determine her destiny—took place in a courtroom. So when I was invited to join the board of the Center for Reproductive Rights in 1999, and then to chair the board four years later, I didn’t hesitate to accept. I knew the reproductive rights movement needed an organization like the Center, not only to defend a woman’s reproductive freedom against relentless anti-choice assaults but also to build a future where every woman can live with dignity and equality.

As I prepare to hand over the reins to my good friend, incoming board chair **Barbara N. Grossman**, I remain awed at the changes the Center has wrought through its hard work, bold legal thinking, and unwavering moral vision.

In my first year as chair, we won recognition from the UN Human Rights Committee that access to abortion, where legal, is a human right—a triumph that set the ground for a sea change in how courts view a woman’s reproductive health. Later, we soundly defeated the outrageous “Kiss-and-Tell” policy in Kansas that would have required even kissing between 15-year-olds to be reported as child abuse. And just a few days before I sat down to write this letter, I received news of another monumental

victory, this time in our long-running case against the U.S. Food and Drug Administration (FDA).

We filed the FDA lawsuit in 2005 when the agency, going against scientific advice, refused to make the emergency contraceptive Plan B available without a prescription. We persisted in pressing our case after the FDA granted restricted over-the-counter access to Plan B—but only to women 18 and older and only from behind the pharmacy counter. Our tenacity paid off: on March 23, 2009, U.S. District Judge Edward Korman ordered the agency to permit the manufacturer to make Plan B available to 17-year-olds and to reconsider making Plan B available to all women without restrictions and based on science alone.

The ruling is a powerful affirmation of a woman’s fundamental right to reproductive autonomy and healthcare, and I am hopeful that the new Administration in Washington will take that message to heart. The 2008 U.S. elections have created an invaluable opportunity to build on our triumphs. But as with every victory so far, it can only happen with vigilance and public support.

You are an essential part of what makes the Center so effective and indispensable, and for that I thank you.

Sincerely,

**Nicki Nichols Gamble**



“What we need now is **tenacious advocacy and fresh legal strategies** to realize the promise of this new era, and **the Center’s plans are as ambitious as ever...**”

**MESSAGE FROM OUR PRESIDENT** Nancy Northup

In 2008, we saw the extremes to which the anti-choice movement would go: threatening to seize the private medical records of thousands of women who have sought abortions in Kansas; seeking to amend state constitutions to recognize a fertilized egg as a person in an outright attempt to overturn *Roe v. Wade*; issuing a new Health and Human Services regulation that would prevent millions of women from getting vital reproductive healthcare.

But what defined 2008 for the Center was not these attacks on reproductive freedom. It was, instead, a renewed sense of optimism and hope. Both courts and voters stood up for a woman’s right to reproductive autonomy and health, rebuffing the anti-choice agenda. The Kansas Supreme Court refused to allow unfettered access to the medical records of women who sought abortions in Kansas from **Dr. George Tiller**. High courts in Mexico, Colombia, and Nepal rejected attempts to ban emergency contraception and overturn laws that have increased abortion access.

And, not least of all, a new Administration in Washington, DC promises to once again make the United States a champion for reproductive health.

As always, the Center worked on the frontlines, representing **Dr. Tiller’s** patients, arguing before the Fourth Circuit, engaging government officials at the UN Human Rights Council and the Council of Europe, and drawing attention to critical reproductive health issues during the U.S. presidential election. But even as we celebrate these momentous victories, we know that our work is far from done. We still have to grapple

with the Bush Administration’s impact on the Supreme Court and the federal judiciary, which is now the most conservative in decades. Anti-choice lawmakers in state legislatures continue to push through dangerous new laws. From Brazil to Poland, women are losing their lives because they are denied vital reproductive healthcare. And even with a pro-choice administration in the White House, the temptation to play political football with women’s reproductive health is too strong for us to rest easy.

What we need now is tenacious advocacy and fresh legal strategies to realize the promise of this new era, and the Center’s plans are as ambitious as ever: Repealing federal restrictions on abortion funding. Bringing groundbreaking new cases to ensure access to birth control and safe abortion. Establishing preventable maternal deaths as a human rights violation. Persuading the U.S. State Department to address reproductive rights in its country reports on human rights. Promoting cutting-edge legal scholarship on reproductive health and human rights.

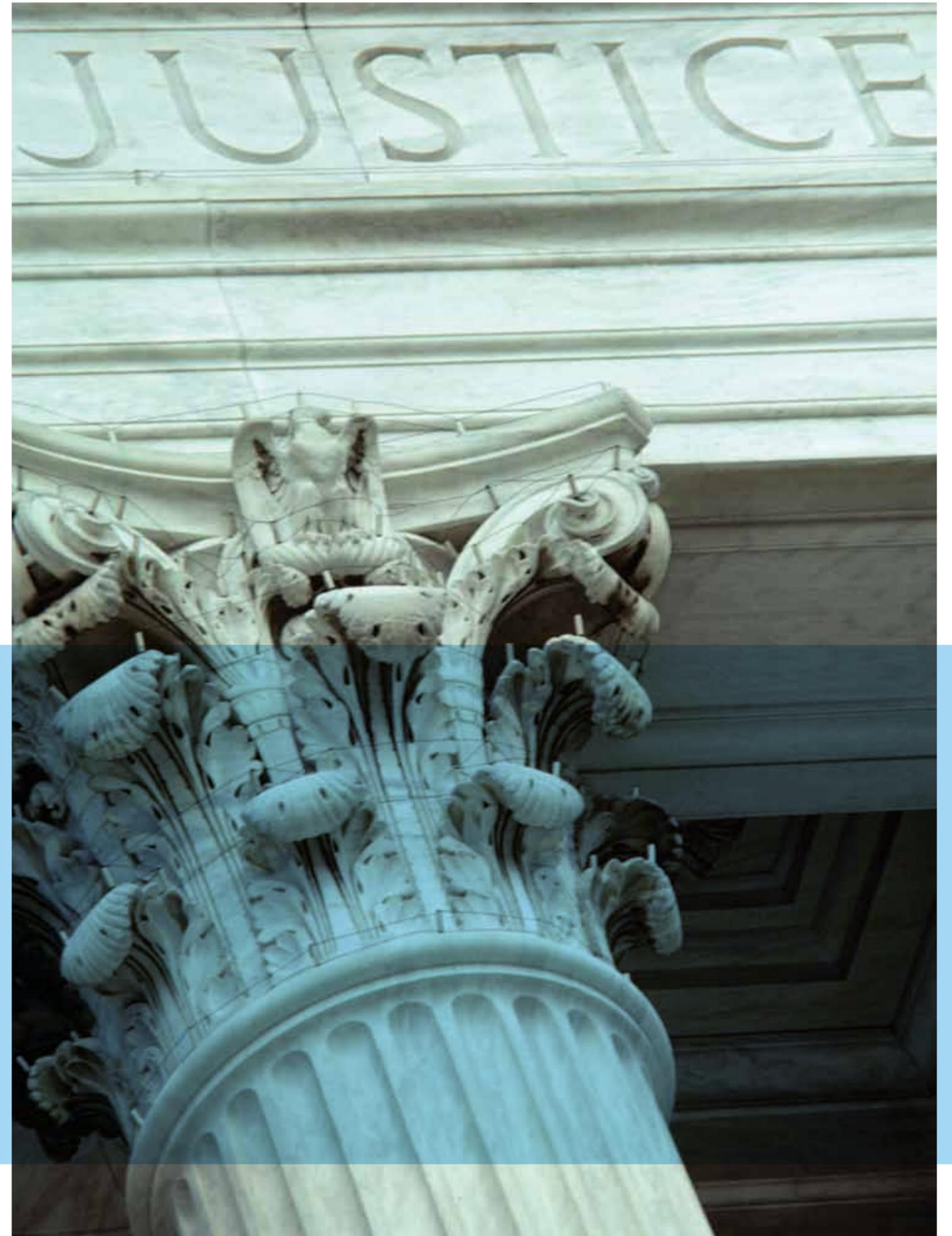
We have a tremendous opportunity before us to redefine the landscape of reproductive health and rights, in the U.S. and around the world, and we are ready and determined to seize this moment for change.

Sincerely,

**Nancy Northup**

LAWS DETERMINE WHETHER A WOMAN SEEKING TO END A PREGNANCY WILL GET A SAFE, LEGAL ABORTION OR A PERILOUS, CLANDESTINE ONE, whether she can access the information she needs to make healthy decisions or purchase the birth control she wants even if her pharmacist doesn't believe in giving it to her. Whether we're establishing a pregnant woman's right to healthcare in Poland, redressing her medical neglect in Costa Rica, or protecting her privacy in Kansas, our innovative legal tactics are trailblazing women's rights and bettering lives around the world.

# WAGING LEGAL BATTLES



# KANSAS: RESCUING RIGHTS TO MEDICAL PRIVACY

In 2008, Kansas women's rights were under siege by anti-abortion activists. The Center acted swiftly and smartly to defend those rights, both in court and in the capital.

**In Kansas, women's rights were under siege by anti-abortion activists. The Center acted to defend those rights, both in court and in the capital.**

The first salvo came early in the year, when Kansans for Life and Operation Rescue revived an 1887 law to launch a citizens' grand jury investigation of Wichita doctor **George Tiller**, one of the country's few providers of late-term abortions. Claiming that **Dr. Tiller** had broken a law prohibiting late-term abortions unless a woman's life or health is in danger, the jurors subpoenaed the records of 2,000 patients who'd sought such abortions at his clinic.

In April, the Center went to the Kansas Supreme Court to stop the fishing expedition. Exposing intimate details of patients' lives "to strangers" is not only a gross intrusion on their constitutional right to privacy, said **Bonnie Scott Jones**, deputy director of the Center's U.S. Legal Program. "It is cruel."

In May, the court upheld the fundamental right to privacy in medical care, imposing strict limits on the subpoenas and requiring that the patient

records be independently redacted of all information irrelevant to the investigation. In July, the grand jury found no evidence of illegal conduct by **Dr. Tiller**.

While violating **Dr. Tiller's** patients' privacy rights, activists were also working to do the same to all Kansas women. The state Senate passed a bill that would allow a host of people—including siblings and grandparents—to legally challenge a woman's late-term abortion and extract monetary damages from doctors who break the law.

The Center again stepped in, persuading then-Governor **Kathleen Sebelius** to veto it.

"Nothing is more important to me than the safety, health, and privacy rights of our citizens," proclaimed the governor in her veto statement. Taking a cue from the Center's forceful letter, she argued the bill was "likely unconstitutional or even worse, endanger[ed] the lives of women."

## NEXT STEPS

**The Center stands ready to challenge any state laws that threaten a woman's access to safe abortion. We will also use a 2009 fact-finding report to bolster protections for abortion providers (see page 23 for more information).**



**“Nothing is more important to me than the safety, health, and privacy rights of our citizens...”** — Kathleen Sebelius, former Kansas Governor, Secretary of Health and Human Services

# ILLEGALITY OF AN ULTRASOUND LAW

## OKLAHOMA

An Oklahoma woman makes the difficult decision to end a pregnancy. She arrives at one of the state's three abortion clinics, only to find that the law requires her to submit to an ultrasound and listen to her doctor describe the image. One of the law's authors says it is "about informed consent." Yet the doctor may choose not to tell the woman that her fetus has a developmental abnormality that could lead to complications—and she may not sue him for failing to disclose this critical information.

This would have been the experience of thousands of women had the Center not challenged Oklahoma's "ultrasound law" in October 2008 and blocked the policy from taking effect while the case is pending. The statute also requires doctors to administer the medical abortion pill in a more costly and less effective way than the manner recommended by the American College of Obstetricians and Gynecologists. The lawsuit, *Nova Health Systems v. Henry*, argues that the law would intrude on privacy, endanger health, and assault dignity.

The law's ultimate fate could have broad repercussions: at least 12 other states considered similar legislation during the 2009 session.

"These laws are not about information. They are being used as scare tactics to dissuade women from having abortions altogether and get in the way of good medical care," said **Celine Mizrahi**, the Center's legislative counsel for the U.S. Legal Program. Such legislation, she added, "is being pushed by people who believe that women can't make the decision to have an abortion alone."

# ABORTION STATISTICS WORLDWIDE

Every year, **20 million** women worldwide have an illegal abortion.

**26%** of all people live in countries where abortion is prohibited.

An estimated **8** women die every **1** hour of complications from unsafe abortions.

# LIFE-SAVING CARE: A BASIC RIGHT

## POLAND

**U.L.'s** daughter was two months pregnant when she was diagnosed with a painful colon disease. When she sought medical care in her Polish hometown and other cities, however, doctor after doctor refused to treat her illness. Even though the treatment posed little risk to the fetus, the doctors were more concerned about harming it than the woman's serious illness. But none raised a formal moral or religious objection to treating her, so they didn't have to refer her to a doctor who would do so, as required by Polish law. In September 2004, **U.L.'s** daughter miscarried, then died.

In 2008, the Center worked closely with the **Polish Federation for Women and Family Planning** and the **Warsaw University Law Clinic** to develop a lawsuit against Poland on behalf of **U.L.**

The case, filed before the European Court of Human Rights in September, asserts that holding the health concerns of a fetus above those of a pregnant woman is a violation of that woman's rights to life, to freedom from inhumane and degrading treatment, and to non-discrimination. The lawsuit aims to ensure that Poland maintains enough healthcare workers who are willing to provide all legal health services and that patients get timely referrals. The suit also seeks to create clear international standards, which recognize that, while individuals may follow their conscience, governments must protect women's human rights.

# SECURING ACCESS TO ABORTION

## COSTA RICA

In March 2007, doctors diagnosed **A.N.**, a 26-year-old Costa Rican, with a high-risk pregnancy that threatened her health and life. Her fetus showed a severe brain abnormality and would most likely die soon after birth. But even though abortion in Costa Rica is legal when the mother's health is in danger, the hospital refused to terminate **A.N.'s** pregnancy.

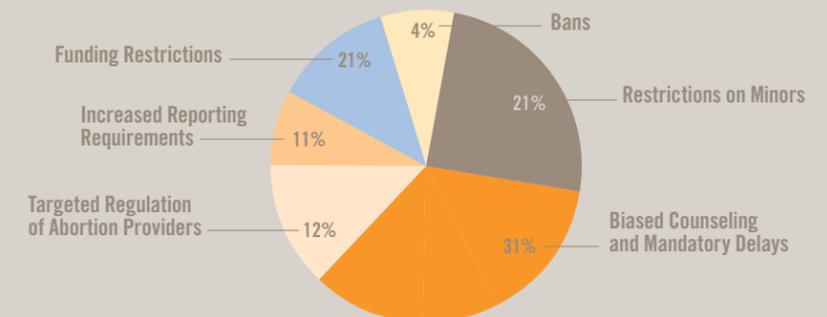
**A.N.** continued to suffer pain, bleeding, and vomiting. She contemplated suicide. Her mother's appeal for support from the country's Professional Association of Doctors and Surgeons was rebuffed. **A.N.'s** psychiatrist diagnosed depression, caused by the denial of abortion, and recommended the procedure immediately. The hospital again refused.

**A.N.** took her case to the nation's Constitutional Court of the Supreme Court, claiming violation of her rights to life and health. The Court rejected the appeal, and **A.N.** was forced to deliver a stillborn baby.

In October 2008, the Center took these injustices to the Washington-based Inter-American Commission on Human Rights, which monitors compliance with the American Convention on Human Rights. *A.N. v. Costa Rica* asserts that the government violated **A.N.'s** human rights to life, health, and freedom from cruel, inhuman, or degrading treatment. A positive decision could influence other countries in a region with some of the world's most restrictive abortion laws.

**246**  
**ANTI-CHOICE**  
**BILLS IN THE U.S.\***

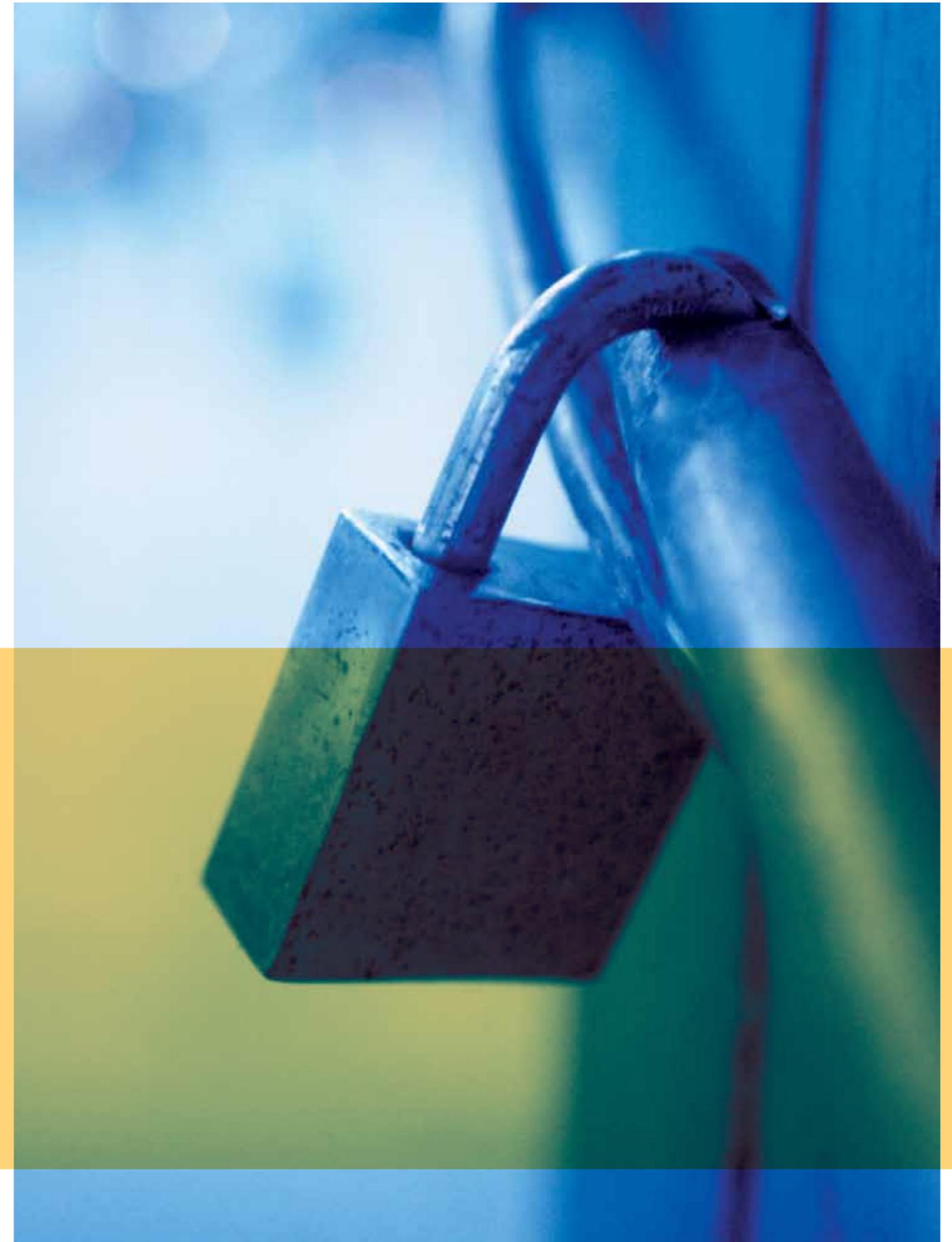
\* Number of bills restricting abortion considered by U.S. state legislatures in 2008.



## WE BELIEVE THAT REPRODUCTIVE RIGHTS ARE ESSENTIAL TO A WOMAN'S HUMAN RIGHTS:

she can only enjoy her full human citizenship if she has the freedom to decide whether and when to have children and the ability to live the healthiest life possible. This idea breaks new ground. That's why we work with international and regional bodies to establish human rights standards that can persuade courts and governments to recognize and protect reproductive rights. At the same time, we engage local activists, policymakers, and public health experts to hold governments accountable when they fail to uphold those rights.

# SECURING HUMAN RIGHTS



# PHILIPPINES: HUMAN RIGHTS ARE TURNING THE TIDE

For almost a decade, poor women in Manila City have had to choose between buying birth control and feeding their families. Many have been forced to carry risky pregnancies to term, while others have chanced dangerous backroom abortions. These have been the real-life consequences of a policy, introduced in 2000 by **then-Mayor Jose “Lito” Atienza**, which has effectively banned city clinics and hospitals from distributing “artificial” contraception and left private providers afraid to sell it.

**For almost a decade, poor women in Manila City have had to choose between buying birth control and feeding their families.**

In January, twenty Manila City residents filed a lawsuit against the city in a Philippine high court, claiming that the policy has violated their human rights and should be revoked immediately.

“We want to decide for ourselves how many children we would have, and not the government to tell us how to do it,” **Lourdes Osil**, one of the plaintiffs and a mother of six, told reporters from Reuters.

The Center and its Philippine partners **Likhaan** and **ReproGen** worked closely to develop the lawsuit, drawing on a joint fact-finding report

from 2007. As the case, *Lourdes Osil et al. v. Mayor of Manila*, bounced from court to court on technical grounds, the Center stepped up its advocacy nationally and internationally to exert more pressure on the government.

In October, we submitted a shadow letter to the **UN Committee on Economic, Social, and Cultural Rights** that underscored how ideologically driven policies—including the Manila City policy and a blanket ban on abortion—have led to as many as 500,000 Philippine women seeking unsafe abortions every year and one of the highest maternal mortality rates in East and Southeast Asia.

In response, the committee issued a forceful statement urging the government to expand access to family planning, address the root causes of maternal deaths, and reconsider its stance on abortion. The recommendations came at an opportune time, as Philippine lawmakers began to debate a national reproductive health bill that would provide government-funded family planning services.

## NEXT STEPS

**The Center will continue to press the Philippines at the UN and on the national level to pass the reproductive health bill. We are also exploring a case at the international level.**

**“We want to decide for ourselves how many children we would have, and not the government to tell us how to do it.”**

— Lourdes Osil, plaintiff

# PREGNANT PRISONERS SHACKLED

**Shawanna Nelson** was serving time for writing bad checks in an Arkansas prison when she went into labor. Even though she was not a flight risk, she was forced to give birth immobilized, with her legs shackled to a hospital bed. Under established principles of international human rights law, shackling prisoners during childbirth is tantamount to torture. Nevertheless, the practice remains common across the U.S.

In 2008, the Center submitted a friend-of-the-court brief asking the Eighth Circuit Court of Appeals to reconsider a ruling that **Nelson's** treatment was lawful. In our brief, we used our expertise in international human rights and comparative law to argue that the practice of shackling prisoners during childbirth violates the Eighth Amendment's prohibition of cruel and unusual punishment. The court granted a rehearing, which took place in September. We now await a decision.

We also advocated for legislation to prohibit the practice in New York, and provided advice to attorneys who filed a class-action lawsuit on behalf of prisoners shackled during childbirth in Illinois. To bring international attention to the issue, we submitted a letter to the UN Special Rapporteur on Torture.

## COUNCIL OF EUROPE STANDS UP FOR SAFE AND LEGAL ABORTION

In Poland, a pregnant woman whose fetus may have a severe anomaly is denied a prenatal exam because doctors fear she will seek an abortion. In Moldova, a young woman is charged with murder and sentenced to twenty years in prison for having an abortion at home. These are just two of the Center's recent cases in Europe that show how women who seek and have abortions in the region continue to be punished and denied their rights, even when the procedure is legal.

A major resolution passed by the Parliamentary Assembly of the Council of Europe (PACE) in April will make it

harder for governments to deny women access to safe and legal abortion. The resolution urges member countries not only to decriminalize the procedure, but also to make it affordable and ensure there are enough providers and facilities to meet women's needs.

The measure is something that the Center, along with **Amnesty International** and **Human Rights Watch**, strongly endorsed in a letter to parliamentarians across Europe. It will add force to the Center's arguments in a number of pending cases before the European Court of Human Rights.

## MAKING SAFE PREGNANCY A HUMAN RIGHTS IMPERATIVE

In 2008, the Center worked at the forefront of both international and grassroots activism to secure every woman's right to safe pregnancy. Every year, over half a million women die during pregnancy and childbirth. Almost all these deaths could be easily prevented, and the fact that they are not represents a violation of a woman's most basic human right—the right to life.

On June 5, we successfully lobbied the UN Human Rights Council to hold its first-ever panel discussion on maternal mortality. It was a first step toward getting the council to adopt a resolution that recognizes governments have a human rights obligation to prevent pregnancy-related deaths. Such a resolution would advance the Center's worldwide advocacy and litigation efforts against maternal mortality.

These efforts include our pending case against Brazil on behalf of the family of one woman, **Alyne da Silva Pimentel**, who died after she was denied timely and appropriate medical care during her second pregnancy. We filed the case in 2007 with the UN Committee on the Elimination of Discrimination against Women, and, in 2008, we generated media coverage and built a broad coalition to press Brazil to stem maternal deaths.

In addition, as host and co-founder of the *International Initiative on Maternal Mortality and Human Rights*, we urged world leaders to tackle maternal mortality at a review of the Millennium Development Goals and supported community projects in Kenya, India, and Peru.

## VIEWS ON OUR ISSUES: PAUL HUNT

**PAUL HUNT** is a human rights lawyer and professor of law who served as the United Nation's first Special Rapporteur on the Right to Health from 2002 to 2008. Professor Hunt teaches at the University of Essex School of Law and is an adjunct professor at the University of Waikato, Aotearoa/New Zealand. Since 2005, he has been a member of the Center's *International Litigation Advisory Committee*, which advises the International Legal Program on ways to advance its strategic litigation. His mandate was to help governments and others better promote and protect the right to health.

**Why are health and access to healthcare human rights issues?** The lawyer's answer is that the right to the highest attainable standard of health is enshrined in numerous legally binding international human rights treaties, as well as many national constitutions. So anybody who believes that the rule of law is important should support the right to health. I have noticed that the right to health is often the victim of a double standard. For example, levels of precision are demanded of the right to health that are not asked of the right to privacy or even the prohibition against torture.

**To what extent is the UN addressing sexual and reproductive health rights?** Despite opposition from powerful forces, the UN has made progress. The new Convention on the Rights of Persons with Disabilities explicitly recognizes sexual and reproductive health rights. UN human rights bodies and Special Rapporteurs are holding governments accountable in relation to these human rights. But the record remains patchy. For example, more work is needed in the UN Human Rights Council, which is made up of government representatives. Listening to delegates in the Council, it becomes clear that there is more extensive common ground on abortion and human rights than is commonly recognized—this needs to be explored with great care.

**“The Center...[applies] the human rights lens to pressing sexual and reproductive health issues.”**

**Why is the Center's work crucial right now?** The Center makes a crucial contribution in a number of ways, not least by applying the human right lens to pressing sexual and reproductive health issues. Recently, for example, it has done this in relation to maternal mortality, women living with HIV, and conscientious objection. Crucially, it does not just slap the label “human rights violation” on the selected issue. Rather, it uses the right-to-health framework—as well as insights provided by other fundamental human rights—to deepen understanding of the problem, identify appropriate policies, empower ordinary people, galvanize civil society, and hold governments accountable.



## ALL TOO OFTEN, WOMEN SUFFER IN SILENCE

when deprived of the ability to make their own reproductive decisions, when denied vital healthcare because they cannot afford it, or when stripped of their dignity by abuse and neglect. Our fact-finding missions and “shadow reports” to the UN and regional human rights bodies show the real-world impact of laws and policies, provide springboards for litigation and legal advocacy—and give voice to women who might otherwise never be heard.

# DOCUMENTING RIGHTS VIOLATIONS



# NIGERIA: SAVING MOTHERS' LIVES BY MAKING GOOD POLICY REAL

In Nigeria, women in labor travel to hospitals by motorbike. Patients wander the maternity wards begging for money to pay their hospital fees. Pregnant women must bring their husbands to donate blood; if they don't and can't afford a fee in lieu of a blood donation, they must leave.

**Almost 60,000 Nigerian women die annually during pregnancy or childbirth from preventable causes.**

Almost 60,000 Nigerian women die annually during pregnancy or childbirth from preventable causes. Why is this happening in a nation with vast oil wealth and good maternal health policies—at least on paper? Because the government has failed to adequately implement and fund these policies, leading to substandard healthcare. So concludes *Broken Promises: Human Rights, Accountability and Maternal Death in Nigeria*, a report published by the Center in collaboration with the **Women Advocates Research and Documentation Centre** in Lagos, Nigeria.

Said **Onyema Afulukwe**, an attorney with the Center and one of the report's authors: "This is not a problem of resources or culture, but a failure of political will."

In July, the Center presented *Broken Promises* to a UN committee that monitors governments'

compliance with the **Convention on the Elimination of All Forms of Discrimination against Women**.

After asking pointed questions of the Nigerian representatives, the committee issued a long list of recommendations for improving maternal health that clearly reflected the report's concerns. The recommendations include ensuring access to contraceptives and safe and legal abortion.

But the intention of *Broken Promises* was not only to expose the problem—it was to offer solutions. To craft effective and far-reaching strategies against maternal deaths, the Center drafted a policy paper and has been engaging with government officials, local and international civil society and donor organizations, and Nigerian doctors and educators.

Looking ahead, a critical part of holding Nigeria accountable to its own policies is making information about how the government spends its money available to the public.

## NEXT STEPS

**The Center will be working with a leading women's rights organization to promote transparency and accountability through law—another step in stemming the tragic, unnecessary loss of Nigerian women's lives.**

**“This is not a problem of resources or culture, but a failure of political will.”**

— Onyema Afulukwe, Center for Reproductive Rights attorney

# THE RIGHTS OF HIV+ WOMEN AT RISK

## KENYA

This is how **Christine** found out that she was HIV-positive: lying in a crowded hospital room, listening to doctors talk about her as if she wasn't even there. No one had asked for her permission to perform the test, and no one had bothered to inform her of the results.

It was a story the Center heard over and over again from Kenyan women as it researched *At Risk: Rights Violations of HIV-Positive Women in Kenyan Health Facilities*. Not much is known about what happens to HIV-positive women who seek reproductive health-care. The report, released in June with the **Federation of Women Lawyers—Kenya**, aims to fill that gap.

According to its findings, forced HIV testing in Kenya is common. Doctors and nurses often disclose a woman's HIV status to her husband without her consent, putting her at risk of violence. As a result, many women shun HIV treatment programs altogether.

The Center is using *At Risk* to push for changes in Kenya's HIV law that will secure rather than undermine a woman's right to affordable, accessible, and safe health services. We brought our report's findings to the attention of both the **African Commission on Human and Peoples' Rights** and the **UN Committee on Economic, Social, and Cultural Rights**, the latter of which then pressed Kenya to ensure the human rights of people living with HIV. We will continue to raise the issue nationally and internationally in 2009.

The Center is using *At Risk* to push for changes that will secure rather than undermine a woman's right to health services.



# RACIAL DISPARITIES IN HEALTHCARE

For too many women of color in the U.S., healthcare, family planning, and even basic information about reproductive health are out of reach. The consequences are devastating: extremely high rates of maternal death, HIV/AIDS infection, and unwanted pregnancy. These racial inequities in reproductive and sexual health are so profound and pervasive that, in March, the UN Committee on the Elimination of Racial Discrimination rebuked the U.S. for them.

It was a triumph for the Center and U.S. reproductive health activists who had submitted "shadow reports" and testified before the committee, which monitors governments' compliance with the International Convention on the Elimination of All Forms of Racial Discrimination. The treaty, ratified by the U.S. in 1994, offers an invaluable tool to promote the right to health, something U.S. courts have yet to recognize.

Armed with the committee's findings, we co-hosted a Congressional briefing in April where we urged lawmakers to change policies that endanger the health and lives of women of color—insufficient funding for family planning programs, eligibility barriers for Medicaid, and abstinence-only sex education, to name a few. We followed up by submitting testimony—together with the **National Latina Institute for Reproductive Health** and the **National Asian Pacific American Women's Forum**—to two U.S. House of Representatives' committees. And to encourage further activism, we held a series of "report back" sessions across the country with community activists, public health experts, and law students.

# ABORTION PROVIDERS UNDER SIEGE

"Protesters have followed me and the doctor...to our homes. They have harassed my mother and my neighbors....The atmosphere outside of the clinic... feels so unsafe that we hired armed guards."

Thus did one U.S. abortion clinic administrator describe her working conditions to the Inter-American Commission on Human Rights in October. The hearing was initiated by the Center and three partners who urged the Commission to bring attention to the abuses suffered by women's human rights defenders in the Americas. Prominent among these defenders, the Center argued, are providers of reproductive healthcare, including abortion.

In a related letter to the UN Special Rapporteur on Human Rights Defenders in July, the Center detailed relentless attacks on U.S. providers—from deadly violence to smear campaigns—since 1973, when abortion became a constitutional right. Charging that the government fails to guarantee these workers' safety and freedom to practice medicine, the letter pointed to the states' own contribution to the harassment: burdensome regulations on abortion providers and criminal penalties for noncompliance.

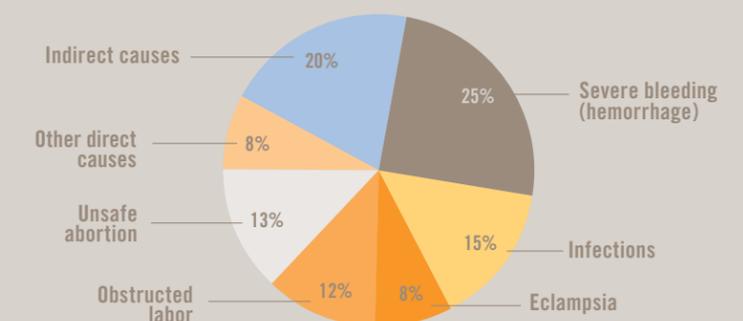
The results: fewer healthcare professionals willing or able to perform abortions and more women stymied in making their own decisions about their bodies and their lives.

In 2009, we will release a U.S. fact-finding report to spur greater protections for these brave doctors.

**FIGHT MATERNAL DEATHS**  
Give to the Center today!  
[www.reproductiverights.org](http://www.reproductiverights.org)

## CAUSES OF MATERNAL DEATHS WORLDWIDE\*

\* The World Health Report 2005. *Make Every Mother and Child Count*. Geneva, World Health Organization, 2005.



**AS THE WORLD'S ONLY GLOBAL LEGAL ADVOCACY ORGANIZATION DEDICATED TO SECURING WOMEN'S REPRODUCTIVE RIGHTS**, the Center is committed to exchanging ideas and knowledge with other lawyers, legal scholars, and grassroots activists. And we are ideally positioned to share successful strategies and tactics with our friends around the globe. Through these efforts, we are helping to build a more powerful worldwide movement to realize the promise of reproductive freedom and, with it, dignity and equality for every woman.

# LEARNING ACROSS BORDERS



# LAW SCHOOL INITIATIVE: **BOLD NEW IDEAS** ON REPRODUCTIVE RIGHTS

**Khiara M. Bridges:** a top graduate of Columbia Law School; an anthropologist who spent 15 months conducting field research at an obstetrics clinic in New York City; a budding legal scholar with a keen interest in how racial inequality undercuts women's reproductive rights. **Bridges'** accomplishments and passions made her the ideal recipient of the first *Future Scholar Fellowship*, a central feature of the Center's visionary *Law School Initiative*.

the topic. It has also created the *Innovation in Scholarship Award* to support top legal scholars and established—with **Columbia Law School**—the *Future Scholar Fellowship* to cultivate promising young scholars such as **Bridges**. The fellowship enables these future leaders to pursue independent scholarship and watch first-hand as legal theory is put into practice.

Helping spearhead the *Law School Initiative* is **Diana Hortsch**, former director of the Global Public Service Law Project at New York University's School of Law. While at NYU, **Hortsch** developed innovative programs for law students, including a partnership with the International Criminal Tribunal for Rwanda that provided students with on-the-ground experience in international law. She also has extensive teaching experience and worked on human rights issues for the Ford Foundation.

**The Initiative has organized academic gatherings to fuel cutting-edge legal thinking and writing on reproductive health and human rights.**

Launched in 2008, the *Initiative* aims to invigorate legal scholarship and teaching around reproductive health and human rights. It brings to U.S. law schools a growing international body of law that recognizes a woman's reproductive autonomy and health as critical to her human rights. The ultimate goal: to stimulate new legal theories that can advance reproductive rights litigation, advocacy, and policy.

Already the *Initiative* has organized academic gatherings across the U.S. to fuel cutting-edge legal thinking and writing on reproductive health and human rights, and developed new curricula and course materials to promote teaching on

## NEXT STEPS

In 2009, the *Initiative* will grant the first *Innovation in Scholarship Award* to **Reva Siegel, the Nicholas deB. Katzenbach Professor of Law at Yale Law School (see page 29 for more information).**



Diana Hortsch

Khiara M. Bridges

Launched in 2008, the *Initiative* aims to invigorate legal scholarship and teaching around **reproductive health and human rights.**

# WORKING TOGETHER TO MAP OUR RIGHTS

## UNITED STATES

A woman living in Arkansas may have the same legal right to abortion or birth control as a woman living in New Hampshire, but whether she can actually exercise those rights is often decided by state laws.

In 2008, the Center's State Program worked with **SisterSong**, **Ipas**, and the **National Gay and Lesbian Task Force** to enhance *Mapping Our Rights*. This interactive website monitors and analyzes legislation on sexual and reproductive rights issues across the U.S., with an eye toward informing and mobilizing grassroots activists.

The Center is contributing its legal expertise to *Mapping Our Rights* while learning from its partners how race, income, and sexuality affect a woman's ability to exercise her reproductive rights. The U.S. Legal Program's two new legal fellows—**Jordan Goldberg** and **Rebecca Hart**, who bring with them rich experience in Native American issues and immigrant rights—have further strengthened the Center's ability to engage diverse communities.

## CREATING A TRANSNATIONAL NETWORK OF ADVOCATES

As a legal adviser for one of the judges on Colombia's Constitutional Court, **Mónica Arango** played a significant role when that court decided, in 2006, to liberalize Colombia's abortion law. In 2008, **Arango** brought her first-hand knowledge of how the law can create social change to the Center as the Legal Fellow for Latin America and the Caribbean.

The Center's *Visiting Lawyers and International Fellows Programs* seek to train future reproductive rights leaders, build legal capacity in other countries, and develop partnerships worldwide.

**Arango** saw in the Center a combination of all the things she loves: litigation, international and

comparative law, and reproductive rights. The Center saw valuable expertise, broad experience, and a passionate advocate for human rights.

"The Center has shown me that international law can be used to secure reproductive rights as human rights for all women," said **Arango**, who drafted shadow reports, worked on cases, and prepared advocacy materials as a fellow.

Past fellows have gone on to challenge human rights violations in their countries' highest courts, teach groundbreaking university courses on women and the law, and even start their own legal and advocacy organizations.

## BUILDING THE NEXT GENERATION OF HUMAN RIGHTS LAWYERS

### EUROPE

As a lawyer for Romanian human rights groups, **Iustina Ionescu** grew increasingly intrigued by international and regional human rights law. So in 2004 she enrolled in the **Women's Human Rights Institute**, a pioneering program developed by the Center, the **Bulgarian Gender Research Foundation**, and the **Network of East-West Women**. Based in Bulgaria, the institute trains lawyers from Central and Eastern Europe and the Commonwealth of Independent States to argue women's human rights cases, including reproductive rights cases.

For **Ionescu**, it was a transformative experience—so inspiring that she joined the Center in March as the Legal Fellow for Europe and organized the Institute's second phase, which is training some 20 lawyers and will conclude in 2009.

"The Institute gave me a sense of belonging to a legal community and the self-confidence and inspiration to start using human rights law in Romania," said **Ionescu**, who went on to litigate some of Romania's first cases challenging discrimination based on sexual orientation. Other participants in the Institute's first phase have subsequently filed cases on domestic violence and reproductive rights before the European Court of Human Rights.

## VIEWS ON OUR ISSUES: REVA SIEGEL

**REVA SIEGEL**, a leading U.S. legal scholar on reproductive rights, is the Nicholas deB. Katzenbach Professor of Law at Yale Law School. Her writing draws on legal history to explore questions of law and inequality and analyze how courts interact with representative government and popular movements in interpreting the U.S. Constitution. In 2009, **Professor Siegel** will receive the first *Innovation in Scholarship Award* from the Center's *Law School Initiative* (please see page 26 for more information).

**How has the way that legal scholars address reproductive rights and health changed since you started teaching?** I started teaching in the early '90s, right around the time that the U.S. Supreme Court decided *Planned Parenthood v. Casey* and reaffirmed that the Constitution prohibits the government from controlling women's decisions about childbearing. At the time, constitutional law scholars were addressing the question of reproductive rights as a central question of constitutional law. Today, this is no longer the case. We need to re-establish lines of communication within academia about the relationship between constitutional rights and reproductive rights, and promote renewed engagement with these questions by scholars who are training the next generation of lawyers.

**How is the Center's Law School Initiative helping to energize legal scholarship and teaching on reproductive rights?** The Center is playing an important role in promoting dialogue among scholars and lawyers interested in reproductive rights. Meanwhile, international human rights bodies, as well as courts in other countries, have made great strides in protecting reproductive rights as human rights. By supporting scholars who want to explore these developments, the *Law School Initiative* is strengthening our understanding of the relationship between constitutional rights and human rights.

**"The Center is playing an important role in promoting dialogue among scholars and lawyers..."**

**How can human rights law move reproductive rights forward?** It is especially timely to analyze reproductive rights through human rights concepts such as the right to health or human dignity. The U.S. is now thinking more comprehensively about the right to health. At the same time, opponents of reproductive rights have been arguing that abortion protections are a threat to women's health, urging that women need laws to protect them from the consequences of their own reproductive decisions. To meet both developments, we need to clarify and deepen the law's understanding of how reproductive rights protect citizens' dignity and health.



# CONFERENCES, TRAININGS AND CONSULTATIONS, AND PUBLICATIONS

## CONFERENCES

### UN COMMITTEE ON THE ELIMINATION OF RACIAL DISCRIMINATION

Geneva, Switzerland, February 18–March 7, 2008

Center President **Nancy Northup** testified before the committee during its review of U.S. compliance with the Convention on the Elimination of All Forms of Racial Discrimination, bringing attention to high rates of maternal mortality, HIV/AIDS, and unwanted pregnancy among women of color. Please see page 22 for more information.

### NATIONAL ABORTION FEDERATION ANNUAL MEETING

Minneapolis, Minnesota, April 7–8, 2008

Center attorneys updated abortion providers from across the U.S. and Canada about legislative trends and the Center's current litigation. U.S. Legal Program Deputy Director **Janet Crepps** moderated the closing plenary.

### U.S. HUMAN RIGHTS NETWORK CONFERENCE

Chicago, Illinois, April 17–20, 2008

The 2008 U.S. Human Rights Network National Conference gathered activists, lawyers, and students to generate ideas for using human rights to promote social justice. Human Rights Attorney **Katrina Anderson** led a workshop on immigration and reproductive rights, and U.S. Legal Program Director **Cynthia Soohoo** presented on the Inter-American Commission on Human Rights and the use of human rights sources.

### NATIONAL COALITION OF ABORTION PROVIDERS ANNUAL MEETING

Washington, D.C., May 18, 2008

At this gathering of some 200 independent abortion providers from the U.S., Center attorneys discussed state and federal legislative trends and challenges faced by physicians who are not ob-gyns but want to provide abortions.

### AMERICAN CONSTITUTION SOCIETY ANNUAL CONVENTION

Washington, D.C., June 12–14, 2008

The American Constitution Society—a leading U.S. progressive legal organization—brought together lawyers, judges, scholars, and law students at its annual meeting to exchange ideas on revitalizing democracy. U.S. Legal Program Director **Cynthia Soohoo** spoke about the value of human rights strategies and tactics.

### XVII INTERNATIONAL AIDS CONFERENCE

Mexico City, Mexico, August 1–8, 2008

The world's largest HIV/AIDS forum provided the Center with an opportunity to educate HIV/AIDS activists, health experts, and governments about the intersections between the epidemic and reproductive rights. The Center co-organized three different events that called for human rights protections for women living with HIV/AIDS, including a lecture by the new UN Special Rapporteur on the Right to Health, **Anand Grover**.

### AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING

San Diego, California, October 25–29, 2008

This meeting is the oldest and largest gathering of public health professionals in the world, attracting more than 13,000 national and international physicians, administrators, nurses, and other health workers. Staff Attorney **Michelle Movahed** addressed how U.S. reproductive health policies have a negative impact on low-income women and women of color, offering advocacy strategies for ensuring that all women can obtain vital reproductive healthcare.

### RIGHTS AND REALITIES IN PROMOTING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Rotterdam, Netherlands, November 10–11, 2008

This conference, organized by Youth Incentive and the World Population Federation, sought to explore and discuss the challenges of implementing a rights-based approach to sexual and reproductive health and rights. Center President **Nancy Northup** gave a keynote speech about the importance of norm-building and accountability around rights-based advocacy and the impact of the U.S. presidential election on norm-building worldwide.

### AWID INTERNATIONAL FORUM ON WOMEN'S RIGHTS AND DEVELOPMENT

Cape Town, South Africa, November 14–17, 2008

The largest gathering of its kind, the AWID forum brought together some 1,500 women's rights

advocates from around the world to discuss the power of movements. The Center co-hosted a panel exploring how legal strategies can realize women's human rights, at which Center President **Nancy Northup** and International Advocacy Director **Ximena Andión Ibañez** discussed strategic partnerships between human rights organizations and how they can advance social justice for women.

## TRAININGS AND CONSULTATIONS

### BULACAN, PHILIPPINES

April 2008

Abortion in the Philippines is illegal, and over half a million women seek unsafe, illegal abortions every year. Many of them experience severe complications requiring medical care and an estimated 1,000 die. This training was the first in the Philippines on human rights and post-abortion care, organized with our Philippine partner **Likhaan**. It provided post-abortion care providers with information about their ethical duties and international human rights standards relating to post-abortion care.

### OAKLAND, CALIFORNIA

August 2008

This training helped apply human rights language and strategies to the reproductive justice work of the group **Generations Ahead**, which seeks to identify the social justice issues raised by emerging reproductive and genetic technologies.

## HYDERABAD, INDIA

August 2008

Local doctors and health activists with experience in maternal health worked with the Center, the Hyderabad-based **Academy for Nursing Studies**, and our Indian partner **Human Rights Law Network** to analyze maternal death cases and identify opportunities for legal action.

## KATHMANDU, NEPAL

August 2008

Coordinated by the **Forum for Women, Law and Development**, a leading public interest and human rights organization in Nepal, this consultation with lawyers from different parts of the country addressed obstacles to bringing reproductive rights litigation and identified potential cases.

## NEW YORK, NEW YORK

November 2008

Together with the **National Institute for Reproductive Health** and the **National Health Law Program**, the Center organized a day-long summit on access to contraception in the U.S. The event brought women's health advocates from across the country to work together to ensure that all women who face a range of access barriers can obtain the contraception they need.

## PUBLICATIONS

### ***AT RISK: RIGHTS VIOLATIONS OF HIV-POSITIVE WOMEN IN KENYAN HEALTH FACILITIES***

This 75-page report vividly illustrates the failure of the Kenyan government to care for women living with HIV. It was distributed to Kenyan officials and to health advocates at the XVII International AIDS Conference in Mexico City in August. See page 22 for more information.

### ***BRINGING RIGHTS TO BEAR***

This signature Center publication has been redesigned into a user-friendly series of briefing papers that analyze what UN human rights bodies have said about specific reproductive rights issues. It is designed to help advocates worldwide use the UN system to advance reproductive rights.

### ***BROKEN PROMISES: HUMAN RIGHTS, ACCOUNTABILITY, AND MATERNAL DEATH IN NIGERIA***

The 87-page report documents the reasons why almost 60,000 women in Nigeria die every year during pregnancy and childbirth. The report has been distributed to Nigerian and UN officials to urge them to reform the healthcare system. See page 20 for more information.

### ***REPRODUCTIVE RIGHTS FEDERAL POLICY AGENDA***

The agenda lays out the concrete actions that the White House and Congress should take to strengthen and protect women's reproductive rights. An updated version was distributed widely to lawmakers and media during the 2008 U.S. elections, and will be used to support the Center's federal advocacy.

### ***ILP LITIGATION BRIEFING SERIES***

This series of information kits provides summaries and background information on the Center's most important cases. It is intended to support reproductive rights advocacy efforts and assist activists and lawyers interested in litigating similar cases.

### ***THE JUDGES' VIEW: GENDER AND SEXUALITY IN LATIN AMERICAN JURISPRUDENCE***

The first of its kind, this casebook—a collaboration with the **Washington College of Law** and **Red Alas**—provides examples of winning legal arguments from recent reproductive rights cases in the region. It is intended to promote teaching on the issue in Latin American law schools and be a resource for judges and lawyers working on similar cases.

### ***MATERNAL MORTALITY IN INDIA: USING INTERNATIONAL AND CONSTITUTIONAL LAW TO PROMOTE ACCOUNTABILITY AND CHANGE***

This report assesses the maternal mortality crisis in India. It provides litigators, activists, judges, and citizens with a resource for using human rights law and legal strategies to seek accountability for maternal deaths and address the root causes of the problem.

### ***UNEQUAL HEALTH OUTCOMES IN THE UNITED STATES: RACIAL AND ETHNIC DISPARITIES IN HEALTHCARE TREATMENT AND ACCESS***

This report—a joint effort with 25 other U.S. social justice groups—documents racial discrimination in U.S. healthcare access and urges U.S. policymakers and the UN Committee on the Elimination of Racial Discrimination to treat the issue as a human rights violation. Please see page 23 for more information.

# 2008 DOCKET

In 2008, the Center added **10 new cases** to its docket, for a total of **46 cases** in the U.S. and International Programs. The 2008 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.

## ENSURING ACCESS TO ABORTION

### Defending Access to Abortion When Legal

- *A.N. v. Costa Rica* (Inter-American Commission on Human Rights)
- *Benten v. Kessler* (U.S. District Court for the Eastern District of New York)
- *Carey v. Maricopa County* (U.S. District Court for the District of Arizona)
- *Doe v. Corrigan* (Supreme Court of Kansas)
- *Hill v. Kemp* (U.S. District Court for the Northern District of Oklahoma)
- *Hope Medical Group for Women v. LeBlanc* (U.S. District Court for the Middle District of Louisiana)
- *K.L. v. Peru* (United Nations Human Rights Committee)
- *Lakshmi Dhikta and Others v. His Majesty's Government of Nepal* (Supreme Court of Nepal)
- *Nova Health Systems d/b/a Reproductive Services v. Henry* (District Court of Oklahoma County)
- *Paulina Ramírez v. Mexico* (Inter-American Commission on Human Rights)
- *Presidential Women's Center v. State of Florida* (Florida State Circuit for the 15th Judicial Circuit of Palm Beach County)
- *Prudhome v. June Medical Services, L.L.C.* (Louisiana State Court for the 1st Judicial District Court, Caddo Parish)
- *Tysiac v. Poland/Amici* (European Court of Human Rights)
- *R.R. v. Poland/Amici* (European Court of Human Rights)

## Opposing Criminalization of Abortion

- *A.B.C. v. Ireland/Amici* (European Court of Human Rights)
- *Gonzales v. Carhart* (U.S. Supreme Court)
- In re Abortion Law Challenge in Nicaragua/Amici (Supreme Court of Nicaragua)
- In re Constitutionality of Abortion Law in Mexico City/Amici (Supreme Court of Mexico)
- In re Challenge to Abortion Legislation/Amici (Slovak Constitutional Court)
- *L.S. v. Moldova / Amici* (Moldovan Supreme Court)
- *Northland Family Planning Clinic, Inc. v. Cox* (U.S. Court of Appeals for the Sixth Circuit)
- *Richmond Medical Center for Women v. Herring* (U.S. Court of Appeals for the Fourth Circuit)

## Challenging Restrictions on Abortion Providers

- *Hope Medical Group for Women v. Leblanc* (U.S. District Court for the Eastern District of Louisiana)
- *Planned Parenthood of Kansas and Mid-Missouri, Inc. v. Donnelly* (U.S. District Court for the Western District of Missouri)
- *Palmer v. Missouri State Department of Health and Senior Services* (Circuit Court of the Nineteenth Judicial Circuit, Cole County)
- *Tucson Woman's Clinic v. Eden* (U.S. District Court for the District of Arizona)

## FIGHTING COERCIVE STERILIZATION & VIOLENCE AGAINST WOMEN

- *A.S. v. Hungary* (United Nations Committee on the Elimination of Discrimination against Women)
- *K.H. and Others v. Slovakia* (European Court of Human Rights)
- *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)

## SECURING CONTRACEPTIVE ACCESS & EQUITY

- 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)
- *Lourdes Osil and Others v. Office of the Mayor of Manila City and others* (Philippines Supreme Court)
- *Tummino v. von Eschenbach* (U.S. District Court for the Eastern District of New York)

## COMBATING BANS ON REPRODUCTIVE HEALTH TECHNOLOGIES

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

## PROTECTING THE RIGHTS OF ADOLESCENTS

- *Aid For Women v. Foulston* (U.S. District Court for the District of Kansas)
- *Interights v. Croatia* (European Social Charter Collective Complaints Mechanism)
- *Planned Parenthood v. State of Alaska* (Supreme Court of Alaska)

## PROMOTING SAFE & HEALTHY PREGNANCY

- *Alyne da Silva Pimentel v. Brazil* (United Nations Committee on the Elimination of Discrimination against Women)
- *AT&T Corp. v. Hulteen/Amici* (U.S. Supreme Court)
- *Nelson v. Norris/Amici* (U.S. Court of Appeals for the Eighth Circuit)
- *Sandesh Bansal v. The State of Madhya Pradesh & Others/Amici* (High Court of Madhya Pradesh, India)
- *Snehalata Singh v. The State of Uttar Pradesh and Others/Amici* (High Court of Uttar Pradesh, India)
- *U.L. v. Poland* (European Court of Human Rights)

# HONORING OUR SUPPORTERS

The Center for Reproductive Rights is enormously grateful to each and every individual and foundation whose contribution made our work in 2008 possible. We are inspired and energized by your dedication to securing reproductive freedom and human rights for all women.

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Richard Leeds and Anne Kroeker  
Amy and David Levere  
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Ira and Janina Marks  
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Judy E. Tenney  
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Elizabeth Wallace  
Sandra L. Weekley  
Jane and Stuart Weitzman  
Roger Wellington  
Tom Wendel  
Women's Pavilion Of South Bend  
Joyce Zaitlin

## **MATCHING GIFTS**

Bank of America Matching Gifts Program  
Broadridge  
The Capital Group Companies  
DIRECTV  
The Ford Foundation Matching Gifts Program  
GE Foundation  
HP Employee Giving Program  
Maverick Capital Charities  
Microsoft Matching Gifts Program  
Mobil Foundation  
Pfizer Foundation Matching Gifts Program  
Tyco Electronics  
Union Bank of California Foundation

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Wilmer Cutler Pickering Hale & Dorr LLP  
The Woody Law Firm

# FINANCIAL INFORMATION 2008

The Center's total operating revenues for work in Fiscal Year 2008 totaled **\$12,991,950**. This included **\$10,079,786** in financial support, which consisted of grants, individual charitable contributions, attorney fee awards and miscellaneous revenue. Of this **\$10,079,786** in financial support, **50% (\$5,014,541)** came from foundations (excluding family and community foundations) and **37% (\$3,770,033)** from individuals, family/community foundations and government institutions. The balance of the Center's financial support of **\$1,295,212** was derived from attorney fee awards and miscellaneous revenue. In addition, the Center received **\$2,912,164** in donated services, which consisted primarily of pro-bono legal services.

# STATEMENT OF FINANCIAL POSITION

For the Year Ended December 31, 2008

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

<b>ASSETS</b>	
Cash and cash equivalents	\$ 4,447,727
Certificates of deposits	2,007,474
Investments	5,356,160
Grants and contributions receivable	3,887,849
Prepaid expenses and other assets	259,480
Security deposits	126,379
Fixed assets—net	83,186
<b>Total Assets</b>	<b>\$ 16,168,255</b>
<b>LIABILITIES</b>	
Accounts payable and accrued expenses	\$ 415,092
Accrued salaries and related benefits	337,793
Deferred rent payable	320,366
<b>Total Liabilities</b>	<b>\$ 1,073,251</b>
<b>NET ASSETS</b>	
Unrestricted	
Operating	\$ 7,531,068
Board designated	167,205
<b>Total Unrestricted</b>	<b>\$ 7,698,273</b>
Temporarily restricted	\$ 6,392,611
Permanently restricted	1,004,120
<b>Total Net Assets</b>	<b>\$ 15,095,004</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 16,168,255</b>

# STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2008

	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL
<b>PUBLIC SUPPORT AND REVENUES</b>				
Foundation grants	\$ 449,000	\$ 3,482,072	\$ -	\$ 3,931,072
Contributions	2,265,142	633,691	-	2,898,833
Government grants	-	133,106	-	133,106
Attorney fees	1,254,605	-	-	1,254,605
Donated services	2,912,164	-	-	2,912,164
Other income	40,607	-	-	40,607
Net assets released from restriction	6,070,432	(6,070,432)	-	-
<b>Total Revenues</b>	<b>12,991,950</b>	<b>(1,821,563)</b>	<b>-</b>	<b>11,170,387</b>
<b>EXPENSES</b>				
<b>Program services</b>				
U.S. legal program	4,541,182	-	-	4,541,182
International legal program	3,370,971	-	-	3,370,971
Communications and public education	1,561,556	-	-	1,561,556
Total Program Services	9,473,709	-	-	9,473,709
<b>Supporting services</b>				
Management and general	771,248	-	-	771,248
Fund raising	1,321,405	-	-	1,321,405
Total Supporting Services	2,092,653	-	-	2,092,653
<b>Total Expenses</b>	<b>11,566,362</b>	<b>-</b>	<b>-</b>	<b>11,566,362</b>
<b>CHANGE IN NET ASSETS BEFORE INVESTMENT LOSS</b>	1,425,588	(1,821,563)	-	(395,975)
Investment loss	(1,313,813)	-	-	(1,313,813)
<b>CHANGE IN NET ASSETS</b>	111,775	(1,821,563)	-	(1,709,788)
<b>Net assets—beginning of year</b>	7,586,498	8,214,174	1,004,120	16,804,792
<b>NET ASSETS—END OF YEAR</b>	<b>\$ 7,698,273</b>	<b>\$ 6,392,611</b>	<b>\$ 1,004,120</b>	<b>\$ 15,095,004</b>

# STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended December 31, 2008

## PROGRAM SERVICES

## SUPPORTING SERVICES

	U.S. LEGAL PROGRAM	INTERNATIONAL LEGAL PROGRAM	COMMUNICATIONS AND PUBLIC EDUCATION	TOTAL PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUND RAISING	TOTAL SUPPORTING SERVICES	TOTAL EXPENSES
Salaries	\$ 1,216,598	\$ 1,373,688	\$ 614,860	\$ 3,205,146	\$ 304,622	\$ 543,864	\$ 848,486	\$ 4,053,632
Payroll taxes and employee benefits	263,882	324,459	133,983	722,324	85,937	110,858	196,795	919,119
Total salaries and related expenses	1,480,480	1,698,147	748,843	3,927,470	390,559	654,722	1,045,281	4,972,751
Professional fees	407,277	191,186	373,204	971,667	62,030	120,350	182,380	1,154,047
Printing and publications	3,735	81,518	214,331	299,584	930	24,928	25,858	325,442
Dues, fees and subscriptions	72,362	5,665	18,559	96,586	2,265	25,547	27,812	124,398
Travel	151,857	188,473	11,681	352,011	7,932	20,115	28,047	380,058
Direct mail	-	-	-	-	-	326,532	326,532	326,532
Equipment and maintenance	35,990	29,134	31,026	96,150	17,557	9,599	27,156	123,306
Telecommunications	14,216	13,783	12,454	40,453	6,620	6,716	13,336	53,789
Office supplies	32,056	45,672	23,241	100,969	22,105	31,317	53,422	154,391
Insurance	10,138	11,888	4,740	26,766	11,027	3,549	14,576	41,342
Occupancy	265,907	238,680	94,964	599,551	220,903	71,097	292,000	891,551
Depreciation and amortization	10,828	12,698	5,063	28,589	11,777	3,791	15,568	44,157
Contributed services	2,040,720	840,027	17,518	2,898,265	5,855	8,044	13,899	2,912,164
Miscellaneous	15,616	14,100	5,932	35,648	42,970	15,098	58,068	93,716
<b>Total expenses</b>	<b>4,541,182</b>	<b>3,370,971</b>	<b>1,561,556</b>	<b>9,473,709</b>	<b>802,530</b>	<b>1,321,405</b>	<b>2,123,935</b>	<b>11,597,644</b>
Less expenses deducted directly from revenues on the statement of activities					(31,282)		(31,282)	(31,282)
<b>Total expenses reported by function on the statement of activities</b>	<b>\$ 4,541,182</b>	<b>\$ 3,370,971</b>	<b>\$ 1,561,556</b>	<b>\$ 9,473,709</b>	<b>\$ 771,248</b>	<b>\$ 1,321,405</b>	<b>\$ 2,092,653</b>	<b>\$ 11,566,362</b>

# CENTER BOARD AND STAFF 2008

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Megan Moore, *Development Assistant*  
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Mónica Arango  
Jaime Todd-Gher  
Jordan Goldberg  
Rebecca Hart  
Iustina Ionescu  
Payal Shah  
Gauri Subramaniam  
Dana Sussman

*Center Staff as of December 1, 2008*

*Please see our website, [www.reproductiverights.org](http://www.reproductiverights.org),  
for a current list of our leadership and legal staff.*

# SUPPORT THE CENTER!

There has never been a more important time to support the Center. Together, we can seize this moment to advance a bold agenda for change. Please make your tax-deductible gift today to ensure reproductive healthcare for women across the U.S. and around the world.

## ONLINE DONATIONS

To make a secure online credit card donation, click on the **Donate Now** button at <http://www.reproductiverights.org>.

## DONATIONS BY MAIL

Donations can be mailed to the **Center for Reproductive Rights, 120 Wall Street, 14th Floor, New York, NY 10005**. A Donation Form can be downloaded from <http://www.reproductiverights.org> or requested from **Megan Moore** at **(917) 637-3691** or [contribute@reprorights.org](mailto:contribute@reprorights.org).

## DONATIONS BY PHONE

To make a credit card donation by phone, please contact **Megan Moore** at **(917) 637-3691**.

## MONTHLY GIVING

For a small monthly contribution of \$25, \$20, or even as little as \$15, you can help ensure that the Center for Reproductive Rights has the resources we need to continue to fight for reproductive freedom. Our program is easy for you and efficient for us—with more of your contributions going right to our most urgent programs.

## TRIBUTE GIFTS

Honor your friends, family, or heroes with a gift to advance women's dignity and reproductive freedom. This is a wonderful way to thank those who have inspired the ideals you hold dear. To make this special contribution, please contact **Megan Moore** at **(917) 637-3691**.

## STOCK DONATIONS

Gifts of appreciated stock advance the Center's mission—and often translate into significant tax savings for you. For directions on making a gift of stock, please contact **Ivory D. Rios** at **(917) 637-3671**.

## 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

By including the Center in your estate plans, you will help future generations of women and their families. Your bequest will help us advance a woman's right to participate with full dignity as an equal member of society. Bequests to the Center are deductible for federal and state estate tax purposes in accordance with the law. To learn more, please contact **Vivian Lindermayer**, Director of Development, at **(917) 637-3610** or [vlindermayer@reprorights.org](mailto:vlindermayer@reprorights.org).

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

**CENTER  
FOR  
REPRODUCTIVE  
RIGHTS**

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The Center for Reproductive Rights is a nonprofit legal advocacy dedicated to protecting and defending women's reproductive rights worldwide.