

April 2008 • Issue 2

TABLE OF CONTENTS

Should Abortion Providers be Ob-Gyns?

Glossary: Dismissal With or Without Prejudice

Q and A: Ximena Andion

Paulina: Two Years Later

News You May Have Missed



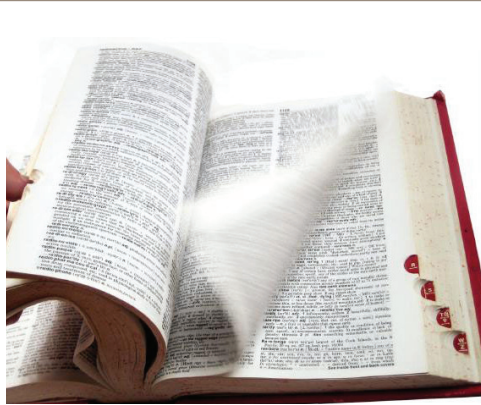
“...one-third of first-trimester abortion providers across the country are not ob-gyns. But requiring them to be could become a new anti-choice tactic to restrict abortion access.”

Should Abortion Providers be Ob-Gyns?

You don't need to be an ob-gyn—or even a doctor—to perform a safe first-trimester abortion; the procedure is relatively simple for trained medical professionals. The American College of Obstetricians and Gynecologists, the National Abortion Federation, and the Consortium of Planned Parenthood Abortion Providers all support the [recruitment of medical professionals who are not ob-gyns](#) to perform first-trimester abortions.

Despite this, and the fact that the state of Louisiana has no law requiring such providers to be ob/gyns, our client, a doctor known in court records as K.P., was ordered by the state medical board to stop performing abortions or risk the revocation of her medical license. Without K.P.'s services, a woman in northern Louisiana—or east Texas or southern Arkansas—has even fewer options if she wants or needs to terminate her pregnancy. Hope Medical Group for Women, the clinic in which K.P. provided services, has, unsurprisingly, been unable to find a replacement for her, as many doctors fear they too may be targeted by the state.

On May 18, Center attorneys Stephanie Toti and Suzanne Stolz will speak about barriers faced by abortion providers who are not ob-gyns during the annual meeting of the [National Coalition of Abortion Providers](#). The Center has been representing both the Hope Medical Group for Women and K.P.. In March, the Louisiana medical board agreed to drop all charges against K.P. and clarify the minimum training requirements for first-trimester abortion providers in an advisory opinion. The Center in turn dismissed its lawsuit against the board on behalf of K.P. with prejudice and Hope Medical Group without prejudice. However, if the board's requirements are unreasonable, the Center can resume litigation. For more information on dismissal with and without prejudice, please see the Glossary in this issue.



Glossary: Dismissal With and Without Prejudice

The party that initiates a lawsuit can also dismiss it if a settlement is reached with the defendant. A dismissal without prejudice means that the plaintiff can refile the lawsuit in the future; in a dismissal with prejudice, a lawsuit cannot be filed again. The Center's case against the Louisiana State Medical Board was dismissed without prejudice by Hope Medical Group for Women and with prejudice by K.P.



Ximena Andion

“We want to raise awareness of the maternal mortality in Brazil and unveil that the actions taken by the government until now have not been effective.”

Q and A: Ximena Andion

Ximena Andion joined the Center in February as International Advocacy Director. In this newly created position, she will craft advocacy strategies to enhance the impact of the Center's legal initiatives and influence the agendas of international human rights bodies to advance reproductive rights.

- Q:** The Center has filed a complaint before the [U.N. Committee on the Elimination of Discrimination Against Women \(CEDAW Committee\)](#) against Brazil over a case of maternal mortality. How will advocacy support the Center's case?
- A:** We want to raise awareness of [the situation of maternal mortality in Brazil](#) as a pressing human rights concern and contribute to the public debate around the issue. We expect we can create a strong coalition with civil society organizations, the medical community, and other key actors, such as the UN agencies working in Brazil, that can contribute to the establishment of maternal mortality as a public health priority. We are also going to reach out to journalists to position the case and the topic on the public agenda. At the same, we will continue providing information and interacting with the CEDAW Committee to move the Alyne case forward. Once a decision is made, we could help Brazil implement the committee's recommendations by providing technical assistance and an international perspective on effective policies and practices in combating maternal mortality from a human rights-based approach.
- Q:** In April, you will attend the [U.N. Human Rights Council's](#) first-ever Universal Periodic Review. How can this new process help advance reproductive rights?
- A:** The Human Rights Council is the main political body of the UN that deals with human rights, thus the process could be useful for putting political pressure on governments to advance reproductive rights. One of the interesting aspects is that in the Universal Periodic Review, all UN member states will be reviewed,

even if they haven't signed specific human rights treaties. The review will try to cover all human rights issues in a country in one three-hour session, so there is a risk that reproductive and sexual rights might be pushed aside by other issues. Our presence there will be key to trying to ensure that they get included and heard.



“...The Center needs to continue pressing the Mexican government to circulate federal guidelines.”

Paulina: Two Years Later

A federal Freedom of Choice Act. Expanded access to emergency contraception. Healthcare for all pregnant women. These are the goals of the Center's first-ever [Reproductive Rights Federal Policy Agenda](#). And on January 24th, Center attorneys promoted the agenda's vision for the future in Washington, DC.

Janet Crepps, Deputy Director of the Domestic Legal Program, highlighted the policy goals to about 60 Congressional staffers during the Center's annual briefing on Capitol Hill. These meetings give us an opportunity to inform members of Congress and their staffs about the range of issues that we work on and the resources we can provide. Legislators will then know to call on Center attorneys as the experts in reproductive rights law when working on issues such as the Hyde Amendment, abstinence-only sex education, and international family planning assistance.

At this year's briefing, Celine Mizrahi, the Center's Legislative Counsel, also followed up on the updated [What If Roe Fell?](#) report and drew attention to how the [federal abortion ban](#) has encouraged anti-choice legislation at the state level. The International Legal Program raised awareness of obstacles to reproductive health and rights worldwide. Elisa Slattery, Regional Manager for Africa, and Aya Fujimura-Fanselow, Legal Adviser for International Litigation and Advocacy, discussed the Center's work on [access to quality maternal healthcare in Kenya](#) and the [contraception ban in the Philippine capital, Manila](#).