REPRO WRITES

CENTER FOR REPRODUCTIVE RIGHTS

UPDATES FROM THE CENTER

September and October 2008 • Issue 6

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New regulations could allow a receptionist in a federally funded health clinic to refuse to make an appointment for a woman seeking contraception.

Why Public Funding for Birth Control?

Did you know that:

1 in **4** American women who receive family planning services do so at a publicly funded clinic?

Of the approximately **7** million women who receive family planning services from these clinics every year, **67%** have incomes below the federal poverty level?

Publicly funded family planning services prevent an estimated **1.4 million** unintended pregnancies in the U.S. every year?

The U.S. Department of Health and Human Services is proposing new regulations that could allow a receptionist in a federally funded health clinic to refuse to make an appointment for a woman seeking contraception?

The draft regulations could have a devastating impact on the ability of low-income women to get the services and information they need to make their own decisions about their reproductive lives. In September, the Center urged HHS to drop the proposed rules in extensive comments submitted together with two allied groups and endorsed by fifty other organizations.

Expanding access to birth control for all women is a key goal of the Center's *Federal Policy Agenda*. It will also be the focus of a summit on November 21—organized by the Center, the National Institute for Reproductive Health, and the National Health Law Program—that will bring advocates and experts from across the country together to address barriers to contraception for low-income women.

Glossary: Special Rapporteurs/Representatives

The United Nations Human Rights Council has 34 Special Rapporteurs and Representatives. They are independent experts who monitor, examine, report, and advise on human rights situations in specific countries or on specific topics. The Center has engaged those Rapporteurs who can help build support for reproductive rights across different areas of human rights. When the Special Rapporteur on Violence against Women visited Moldova this summer, the Center and local groups informed her of a Moldovan woman who has been sentenced to 20 years in prison for a self-induced abortion. At the XVII International AIDS Conference in August, the Center and other advocates organized a lecture by the new Special Rapporteur on the Right to Health that illuminated the links between reproductive rights and HIV/AIDS. The Inter-American Commission on Human Rights and the African Commission on Human and Peoples' Rights also have Special Rapporteurs.

"In the U.S., abortion providers are targeted for providing women with safe and legal abortions."

Abortion Providers as Human Rights Defenders

Firebombings. Vandalism. Relentless harassment. Human rights activists around the world face these threats on a daily basis because of their work. In the U.S., abortion providers are targeted for providing women with safe and legal abortions—in other words, for defending a woman's basic right to reproductive autonomy and health. Think of **Dr. George Tiller**, who was shot in both arms outside of his Wichita clinic in 1993 by an anti-abortion extremist. Or Dr. Leroy Carhart, who lost his family home in an arson attack that law enforcement never investigated.

On October 28, the Inter-American Commission on Human Rights will hold a thematic hearing on women's rights defenders in the Americas, in response to a request from the Center and three of its partners. This follows a letter we submitted in July to the UN Special Representative on Human Rights Defenders. (For more about UN Special Representatives and Rapporteurs, see the Glossary in this issue.) The communication charges that the U.S. has failed to take necessary steps for those who provide abortions to live and work free from violence, intimidation, and harassment. It urges special protections for abortion providers and calls on the Special Representative to investigate the full range of violations that they experience.

These efforts are part of a global movement drawing attention to the unique threats faced by women's rights defenders.

"...human rights arguments have transformed the abortion debate by establishing that a woman's right to choose is essential to her dignity, autonomy, and health."

Abortion: From Bans to Human Rights

Two recent rulings out of Latin America have fortified abortion rights—and shown how much the conversation on abortion has changed in the region. First, in February, Colombia's Constitutional Court ruled that hospitals and clinics must have doctors onboard who will not refuse to perform abortions for moral or religious reasons. Those doctors who do object must immediately refer the woman to another doctor in the health facility who will perform the abortion. Then, in August, Mexico's Supreme Court rejected a challenge to a 2007 law introduced in Mexico City that legalized first-trimester abortion.

Just five years ago, women in Colombia and Mexico who wanted to end a pregnancy rarely had an option other than a back-alley abortion. Then came a series of legal breakthroughs, many spearheaded by the Center. In 2005, the UN Human Rights Committee recognized for the first time that denial of legal therapeutic abortion amounts to cruel, inhumane, and degrading treatment. In 2006, the Mexican government entered into a landmark settlement that formally recognized that a young girl's human rights had been violated when she was denied a legal abortion. Shortly after, Mexico City's legislature passed one of Latin America's most liberal abortion laws.

These victories have not gone uncontested. Mexico's National Human Rights Commission challenged the Mexico City abortion law. In Colombia, where the Constitutional Court has recognized that a woman's right to legal abortion is a human right, women seeking abortions have persistently faced obstacles in finding doctors willing to perform them. The ruling from the Mexico Supreme Court has now opened the door for all Mexican women to demand that their local governments take Mexico City's lead. Colombia's Constitutional Court, meanwhile, has made it clear that the country's abortion law will be enforced and that those health facilities that flout it will be penalized. In both countries, human rights arguments have transformed the abortion debate by establishing that a woman's right to choose is essential to her dignity, autonomy, and health.

Q and A: Khiara M. Bridges

Khiara M. Bridges joined the Center in July as the first Center for Reproductive Rights-Columbia Law School Fellow. She is a top graduate of Columbia Law School and holds a PhD in anthropology from Columbia University. On October 20, she and Center President **Nancy Northup** will participate in a panel on new scholarship on reproductive rights at Columbia Law School. The event, open to the public, will officially launch the fellowship, which is part of the Center's groundbreaking Law School Initiative.

> "This fellowship is the sort of opportunity young scholars like me need—to hear other people's scholarship, to think in a group setting, to be around people who are actively involved in realizing reproductive justice."
>
> **- Khiara Bridges**

Q: For your anthropology dissertation, you spent 15 months at an obstetrics clinic in a public New York City hospital. What did you learn from the experience?

A: My fieldwork focused on how reproductive rights policies and laws in practice end up reproducing racial inequalities. New York state offers poor women a wealth of prenatal services, but one of the first things I noticed is how unkindly poor women, most of them women of color, were treated at the clinic. Women who depend on state assistance are vilified, and that has an impact on their health. The women are less likely to come to their appointments or to tell doctors if there is a problem. That plays into the racial disparity in maternal mortality. Women who come to the clinic are also strongly encouraged to select a method of contraception that they'll use after birth. Women walk away from that experience with the understanding that their pregnancy is a bad thing, a negative consequence of ignorance or irresponsibility. If reproductive rights means that women have the ability to make meaningful choices about their bodies, then a state policy that frowns on poor women's fertility undermines those rights. Many people would say that the clinic is a triumph of the welfare state. If you apply a human rights lens, however, you can more clearly see the clinic's failure to respect these women's dignity and autonomy.

Q: How can legal scholarship, and this fellowship, promote reproductive justice?

A: Scholarship is important for grounding and informing action. My research could help policymakers create better policies that recognize there is an important difference between offering services to women and compelling women to receive them. Clinic administrators could also take lessons away about how they can do a better job of promoting women's health.

This fellowship is the sort of opportunity young scholars like me need—to hear other people's scholarship, to think in a group setting, to be around people who are actively involved in realizing reproductive justice. The work I produce during the fellowship will reflect the Center's knowledge and experience, and be more convincing as a result of that.

NEWS YOU MAY HAVE MISSED

A Human Rights Response to Maternal Mortality
Nepal Upholds a Woman's Right to Abortion
For Teen Girl in Poland, Even a Legal Abortion Is Hard to Get
UN to India: Reducing Maternal Mortality Must Be "Highest Priority"

NEW PUBLICATIONS

Annual Report 2007
At Risk: Rights Violations of HIV-Positive Women in Kenyan Health Facilities
Broken Promises: Human Rights, Accountability, and Maternal Death in Nigeria