

A PIVOTAL MOMENT

2014 ANNUAL REPORT



CENTER
FOR
REPRODUCTIVE
RIGHTS

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OUR MISSION

FOR MORE THAN 21 YEARS, THE CENTER FOR REPRODUCTIVE RIGHTS HAS BEEN ON THE FRONT LINES OF THE MOST SIGNIFICANT BATTLES FOR THE FUTURE OF REPRODUCTIVE FREEDOM ACROSS THE GLOBE.

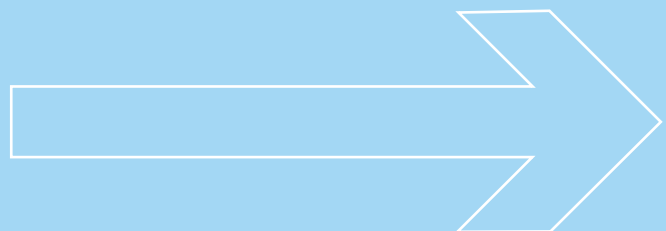
WE USE THE POWER OF LAW to establish and defend the right of every woman to make her own decisions about her health, family, and future—free of government intrusion, coercion, or discrimination.

Across five continents, our staff—the best attorneys and advocates in the reproductive rights field—are working tirelessly to end the daily assaults on women’s dignity, autonomy, health, and on their very lives.

WE HAVE BEEN THE DRIVING FORCE behind historic, precedent-setting decisions at the United Nations, at international courts, and in human rights bodies worldwide.

WE HAVE LED THE CHARGE on Capitol Hill to advance the history-making Women’s Health Protection Act, defending the right of reproductive choice for every woman across the United States.

WE PURSUE THE TOUGHEST, MOST INFLUENTIAL COURT CASES. When the U.S. Supreme Court takes up its next watershed case on reproductive rights, in all likelihood it will be one of ours. It is a pivotal moment we have been building toward for years—developing the legal innovations, laying the groundwork, and winning extraordinary victories.



A MESSAGE FROM OUR BOARD CHAIR REBECCA COOK



For as long as I have been involved with the Center, this organization has served as a beacon of justice and fortitude in the face of regressive forces the world over.

Two years ago, when I had the honor of stepping into the role of chair of the board, we had only just begun to glimpse the extent of the latest wave of assaults on reproductive freedom in the United States.

Being part of the Center's mobilization to confront and counteract these attacks has been an inspiring experience. In this time, we have expanded and fully deployed our top-notch teams of lawyers and policy advocates to take on countless incursions against the promise of *Roe v. Wade* at the state and national levels. We have pioneered the innovative and powerful Women's Health Protection Act in Congress. We have fought—and won—at the U.S. Supreme Court.

At the global level, I have been proud to witness the Center's unrelenting efforts in international courts and human rights bodies, where we are shaping a legal and humanitarian framework that asserts our vision of reproductive health as a fundamental human right.

In Brazil, after a decade of the Center's determined advocacy, the government agreed to pay reparations in an avoidable maternal death case that we brought and won before an international human rights body. This is the first time that a country has

acknowledged responsibility for protecting women's maternal health as a human right.

From East Africa to Ireland, we have elevated the complex factors surrounding abortion stigma, unsafe abortion, and the perils of extreme abortion bans to a global reckoning that can no longer be denied or ignored. Holding governments accountable for ensuring high standards for maternal and reproductive health care means that every day we are moving concretely toward a more just and humane world.

What these accomplishments have made clear to me is that there is no challenge that the Center—with our talented and hardworking staff, our dedicated board, and our passionate supporters—cannot overcome.

While my tenure as chair of the board drew to a close at the end of 2014, it has been my great pleasure and privilege to serve such a high-achieving, high-impact organization. Thank you for the many ways you support and empower the Center to do its remarkable work.

A handwritten signature in black ink that reads "Rebecca J. Cook". The signature is fluid and cursive.

Rebecca Cook
Chair of the Board

A MESSAGE FROM OUR PRESIDENT AND CEO NANCY NORTHUP



I spend a great deal of time talking with a wide range of people around the globe about the fundamental human rights at stake in women's access to reproductive health care.

In the past year, I addressed the African Commission on Human and Peoples' Rights about the forced pregnancy testing and expulsion of school girls in Tanzania. I testified before the U.S. Senate Judiciary Committee about the groundbreaking federal Women's Health Protection Act, which would end the avalanche of laws passed by state legislatures bent on depriving women of their constitutional right to safe and legal abortion care. Joined by diplomats from around the world at the opening of our new office in Geneva, I talked about the important role the UN plays in ensuring the recognition of reproductive rights as human rights.

Looking back on all of this, what occurs to me is that we need to be talking about reproductive rights and health issues more.

As we talk about the devious methods lawmakers are using to shut down abortion clinics across the U.S., and about the 30-year prison sentences women in El Salvador face if they're convicted of violating that country's ban on abortion, and about the battles we're fighting for access to contraception and quality maternal care and against child marriage and forced sterilization, I see the same reactions over and over.

It's a series of realizations: First, a realization that all of this is really happening, right now, in this day

and age. Then, that something must be done. And then that something must be done now—because the outcomes of these battles will have a profound impact on women's ability to participate equally and meaningfully in their communities, their societies, and our world for generations to come.

The Center for Reproductive Rights is doing something about this—right now, every day, all around the world. The stories you'll read in this Annual Report tell part of the tale.

But I hope you won't just read these stories. I hope you'll talk with your friends and families about the monumental challenges and opportunities before us, and the far-reaching work we're doing to confront them. I hope you'll tell them about the personal reasons why this cause means so much to you, and why you've given your support to the Center for Reproductive Rights.

Thank you for all you do to spread the word, and to stand with us in this vitally important cause.

Nancy Northup
President and CEO



KNOWLEDGE

CHOICE

POWER



RISING TO THE CHALLENGE

THE BATTLE IN THE STATES

When extremist politicians attack women's fundamental rights, the Center steps in to execute high-impact strategies to ensure that all women can obtain the reproductive health care they need.



Supporters in front of
Whole Woman's Health
clinic in McAllen,
Texas, July 2013.



Above: Jackson Women's Health Organization, the sole clinic providing safe, legal abortion care in Mississippi. The Center successfully blocked a state law aimed at shutting the clinic down. Opposite: Amanda Allen, state legislative counsel.

Jackson Women's Health Organization, the only remaining abortion clinic in Mississippi, is now painted a loud, proud pink.

You cannot miss it—which is important, since without it women in the state would have to leave the state to obtain safe, legal abortion care. For the last two years, the Center for Reproductive Rights has been fighting to keep the clinic open. This July, we secured a key victory when a panel of judges on the U.S. Court of Appeals for the Fifth Circuit blocked enforcement of a law passed under the false pretext of improving health care for women, but designed specifically to shut the clinic down. And in November the full Fifth Circuit court reaffirmed that decision.

Jackson Women's Health is allowed to stay open—for now.

Mississippi is by no means alone in its destructive and duplicitous anti-clinic laws. In 2014 alone, more than 250 measures restricting abortion access have been proposed in nearly 40 states across the country. The very existence of abortion facilities hangs in the balance in a growing number of states, particularly in the South.

“Clinic shutdown laws have become a powerful tool for anti-choice legislators,” says **Amanda Allen**, the Center's state legislative counsel. “From Texas to Louisiana to Alabama, we continue to see lawmakers promoting medically unjustified measures as an underhanded way of shuttering clinics that provide essential reproductive services to women across the region.”

Major medical groups have spoken out against these types of restrictions. Both the American Medical

“From Texas to Louisiana to Alabama, we continue to see lawmakers promoting medically unjustified measures as an underhanded way of shuttering clinics.”

Amanda Allen
State Legislative Counsel

Association (AMA) and the American Congress of Obstetricians and Gynecologists (ACOG) have opposed new laws requiring any doctor performing abortions to have admitting privileges at an area hospital, in part because abortion care has an excellent safety record, with few patients experiencing complications and even fewer requiring hospitalization. Both groups have also expressed opposition to laws that single out abortion providers for the imposition of medically unnecessary facility requirements, not required of comparable surgical procedures.

The Center is battling these sham laws in courts at all levels—including at the Supreme Court. In addition to fighting clinic shutdown laws in five states, we currently have multiple active cases combatting a range of unlawful restrictions—from abortion bans as early as six weeks to forced



➔ *The Center is battling these sham laws in courts at all levels—including at the Supreme Court.*

ultrasounds, limits on insurance coverage, and restrictions on medication abortion. In 2015, the Supreme Court will almost certainly hear an abortion case, and when they do, it is very likely to be one of ours.

While defending women’s constitutional rights in the courts, the Center is also playing a leading role across the country in crafting and advancing proactive state measures to expand women’s health care access and coverage and positioning abortion care as vital to economic well-being and overall health. In collaboration with more than 50 national and state organizations, we produced a new resource guide on state-level policies that have been successful in promoting reproductive health and rights. Going forward, the Center will work with policymakers and advocates to use this resource to advance women’s health and the vision of a just and equitable society in their own state legislatures.



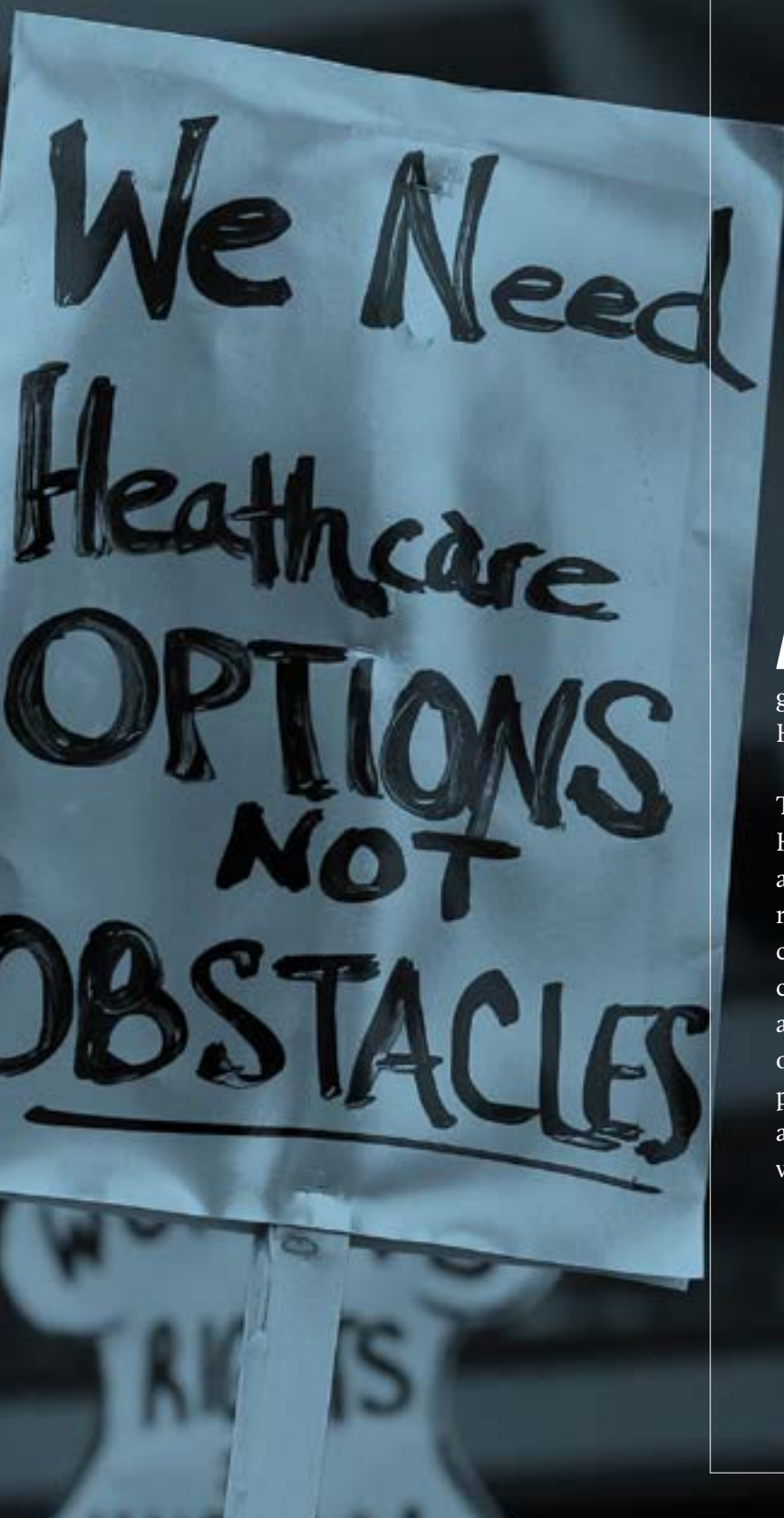
“State lawmakers in the South are continuing to spend their time making women’s lives harder instead of addressing the real problems their constituents face—like the staggering rates of women in poverty, teen pregnancy, and maternal mortality in the region,” says **Angela Hooton**, the Center’s vice president of U.S. policy and advocacy. “But we are not taking this assault sitting down. The Center is at work every day partnering with advocates and pro-choice legislators to both shape and protect our vision of safe, accessible reproductive health care for all women.”



Above: Stephanie Toti, senior counsel
 Top: Stephanie Toti (left), with Amy Hagstrom Miller of the Whole Woman’s Health clinic, speaks with reporters outside the Court of Appeals for the Fifth Circuit in New Orleans, where the Center’s legal team has contested the Texas clinic shutdown law HB2.

“We were able to show that the state’s so-called experts lacked credibility and the challenged requirements would actually harm rather than benefit abortion patients. Overall, it was a great success.”

Stephanie Toti
Senior Counsel



SPOTLIGHT: SHOWDOWN IN TEXAS

When it comes to extreme regulations limiting abortion access, Texas politicians outdid themselves with their omnibus bill, HB2, which includes multiple harmful restrictions.

From the moment the bill was introduced in the summer of 2013, the Center has been on the ground mobilizing to prevent the worst harms of HB2 from taking effect.

The bill takes aim at abortion access from all angles. HB2 includes provisions that seek to restrict the administration of medication that ends a pregnancy, require licensed abortion clinics to transform into costly mini-hospitals known as ambulatory surgical centers, and mandate that abortion providers have admitting privileges at a hospital within 30 miles of their clinic. While masquerading as a measure to protect women's health, each of these provisions is actually intended to shut down clinics and/or block women from getting the care they need.



In response, the Center’s legal team has contested HB2 on several levels. Our most recent challenge—the one that we took to the U.S. Supreme Court this past fall—focuses on the ambulatory surgical center and admitting privileges requirements.

If those provisions of HB2 are allowed to stand, the number of abortion clinics in Texas would be dramatically reduced. Although Texas had more than 40 licensed clinics when HB2 was enacted, only seven open today could satisfy the law’s requirements. As a result, nearly a million women would have to travel at least 150 miles to reach the nearest Texas abortion provider. Although technically permitted by the letter of the law, abortion care would be out of reach for a huge number of women.

For five scorching days this August, in a cramped courtroom in Austin, Texas, our legal team argued on behalf of Texas women before U.S. District Court **Judge Lee Yeakel**, representing eight clinics and three physicians and their patients.

“It was exhilarating,” recalls **Stephanie Toti**, the Center’s lead counsel in the Texas case. “We were able to show that the state’s so-called experts lacked credibility and the challenged requirements would actually harm rather than benefit abortion patients.”

On August 29, we achieved a vital victory. Judge Yeakel ruled that both provisions violated the Constitution by imposing an undue burden on women seeking abortion care and blocked the state from enforcing the law. As a result, the imperiled clinics across the state were allowed to stay open.

In a disappointing ruling just weeks later, the Fifth Circuit Court of Appeals stayed Judge Yeakel’s injunction, allowing HB2 to take full effect. All but seven of Texas’s clinics were shuttered overnight, stranding thousands of women with limited or no access to safe, legal abortion care. Alarm spread through the impoverished rural reaches of the state



Demonstration in support of the Whole Woman’s Health clinic in McAllen, Texas, October 2014.

where women would now be forced to travel over 300 miles round trip to find an open clinic.

“After just a few days, we had already begun to see the real impact of these onerous and medically unnecessary restrictions,” says **Amy Hagstrom Miller**, whose Whole Woman’s Health clinic was shuttered under the Fifth Circuit ruling. “We were being forced to turn women away from safe, compassionate health care simply because of our politicians’ ideological agenda.”

The Center swiftly filed an emergency application with the U.S. Supreme Court, asking the Court to restore the injunction. The Court responded promptly, granting our application for this extraordinary relief. Over a dozen clinics across the state were permitted to reopen as a result.

“Women in Texas were being needlessly placed in harm’s way, and the Supreme Court took direct action to remedy that,” says Stephanie Toti. “As a result, women throughout Texas will have access to safe abortion care while we continue to fight this pivotal battle.”

The final outcome of the case remains far from certain. Texas has been ground zero for some of the most dangerous anti-woman legislation in this country, and the Center will not stand down until we have abolished these insidious measures in their entirety.

***“WE KNOW THAT
WHEN WOMEN HAVE
ACCESS TO ABORTION,
CONTRACEPTION, AND
SEX EDUCATION, THEY
THRIVE. IT SHOULD
BE THE SAME FOR ALL
WOMEN NO MATTER
WHERE THEY LIVE.”***

Dr. Willie J. Parker

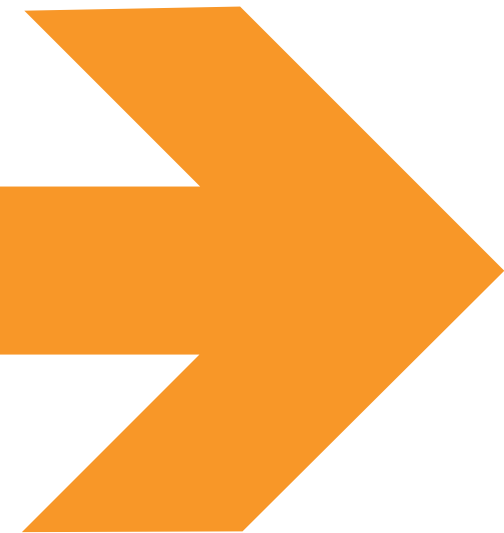
*Represented by the Center in a case challenging Mississippi's
clinic shutdown law.*



Willie J. Parker, MD, MPH
Women's Services



LEADING THE CHARGE



WOMEN'S HEALTH PROTECTION ACT

In addition to protecting women's rights at the state level, the Center has spearheaded federal legislation that will put a stop to unnecessary reproductive health restrictions altogether.



Center president and CEO Nancy Northup at the introduction of the Women's Health Protection Act, November 2013.

The Center is at the front lines of the charge to advance a big-picture solution: the historic Women's Health Protection Act.

At the abortion clinic in Colorado where Klaira works, it is not at all uncommon to see out-of-state patients. Some come from as far away as North Dakota and Texas, where medically unwarranted restrictions have shut down local clinics and imposed burdensome obstacles such as excessive waiting periods and mandatory ultrasounds.

“Just a few weeks ago we had a patient who flew to Denver from Texas, just for enough time to get her abortion and go back home,” Klaira recounts. “With what it would take for her to go through the process of getting an abortion in her state, it was easier for her to fly to Denver and rent a car to get her abortion at our clinic.”

As Klaira points out, this woman was fortunate to be able to make such a trip. For women with fewer resources or living in more rural areas, the barriers to abortion services are more than an inconvenience: they are deal breakers.

Stories of women across America struggling to obtain access to safe, legal abortion care—despite their constitutional right to such services—have become alarmingly familiar. Always at the front lines of the charge, the Center is striking back with a big-picture solution by working to advance the historic Women's Health Protection Act.



Top, left to right: Cynthia Blumenthal, Sen. Richard Blumenthal (D-CT), Nancy Northup, Center board chair Rebecca Cook, and board members Phyllis Cohen and Laurie Campbell, at the Women's Health Protection Act Advocacy Day in Washington, DC, June 2014. Above: A reproductive rights advocate from New Mexico speaks with Sen. Patty Murray (D-WA) in Washington, DC, June 2014.



Top: Actress Martha Plimpton and Nancy Northup met with Sen. Richard Blumenthal (D-CT) and other lawmakers to develop a federal response to anti-choice legislation, June 2013.

“Today, women’s access to abortion services is being blocked through an avalanche of pretextual laws designed to accomplish by the pen what could not be accomplished through brute force.”

Nancy Northup
President & CEO



We alerted legislators to the crisis brewing around the country and found our champions—the lawmakers who would take the lead in securing federal protection against state attacks on women’s reproductive health.




The Women’s Health Protection Act aims to end state legislative attacks intended to limit women’s access to abortion services and puts women’s health, rights, and lives first. The groundbreaking bill highlights the fundamental unfairness of regulations that single out reproductive health services for restrictions that apply to no other similar medical practices and procedures. By making a range of medically unwarranted restrictions on abortion services unlawful, the act affirms that constitutional rights should not vary by zip code and establishes jurisdiction for enforcement of these rights.

“Today, women’s access to abortion services is being blocked through an avalanche of pretextual laws designed to accomplish by the pen what could not be accomplished through brute force—the closure of facilities providing essential reproductive health care to the women of this country,” says Center president and CEO **Nancy Northup**. “We are confident the Women’s Health Protection Act has the teeth to stop this assault, and we are doing everything in our power to ensure its advancement.”

Top: Center federal policy counsel Kristine Kippins (center), flanked by Women’s Health Protection Act advocates, participating in our Advocacy Day, June 2014.

Below: Center federal policy adviser Amy Friedrich-Karnik (right) speaks with a Advocacy Day attendee, June 2014.





SPOTLIGHT: THE RISE OF A GROUNDBREAKING BILL

By spring 2013, we had seen enough damaging anti-choice legislation to know that it was time for the Center to take an ambitious, proactive stand.

We were not alone. Our Draw the Line Campaign had gathered signatures from 250,000 supporters fed up with the ceaseless onslaught of state restrictions on women's reproductive health.

"The groundswell was stunning. We knew it was time to raise awareness in Washington about just how dire things had become and how many Americans were enraged by it," says **Julianna Gonen**, director of federal policy and advocacy at the Center.

Nancy Northup and actress **Martha Plimpton**—along with a small delegation of Center staff—traveled to Washington in June 2013 to meet with legislators and develop a plan for a federal response.

Rep. Judy Chu (D-CA), cosponsor of the Women's Health Protection Act.



During that trip, we alerted legislators to the crisis brewing around the country, and we found our champions—the lawmakers who would work with us to secure federal protection against state attacks on women’s reproductive health.

Sen. Richard Blumenthal (D-CT) and **Rep. Judy Chu (D-CA)**, both established defenders of reproductive freedom, spearheaded the new legislation. Senators **Tammy Baldwin (D-WI)** and **Barbara Boxer (D-CA)** and Representatives **Marcia Fudge (D-OH)** and **Lois Frankel (D-FL)** soon signed on as well, forming the core group of lead sponsors.

On November 13, 2013, the Women’s Health Protection Act was introduced in both the House and Senate, and our vision became a palpable promise for the protection of American women’s constitutionally guaranteed rights.

Over the next eight months, the Center’s robust advocacy earned more than 160 cosponsors in Congress. On June 25 and 26, 2014, we returned to Washington for an Advocacy Day on Capitol Hill to promote the bill. We brought with us an energized group of over 100 women’s health advocates from 29 states.

And just two weeks later, on July 15, when the Senate Judiciary Committee convened a hearing on the proposed legislation, an overflow audience watched the intense and heated debate. Nancy Northup testified as the lead witness, along with **Dr. Willie Parker**, an abortion provider at the last clinic in Mississippi, and **Rep. Chris Taylor**, a state legislator from Wisconsin. The hearing generated nationwide interest.

The bill was reintroduced with the start of the new Congress in January 2015. Given the current makeup of Congress, an innovative and unrelenting campaign will be essential to making the Women’s Health Protection Act a reality. Fortunately, tireless pursuit of the promise of a healthier and more equitable world is exactly what the Center does best.



Sen. Barbara Boxer (D-CA), a sponsor of the Women’s Health Protection Act.



Rep. Marsha Fudge (D-OH), a supporter of the legislation, spoke at the bill’s launch in Washington, DC.



Women’s health advocates at Advocacy Day, June 2014.



Rep. Lois Frankel (D-FL) speaking on Advocacy Day.

WOMEN'S HEALTH PROTECTION ACT TIMELINE

JANUARY 21, 2015

The bill's sponsors reintroduce the act to Congress in conjunction with the 42nd anniversary of *Roe v. Wade*.

JULY 15, 2014

The Senate Judiciary Committee holds historic hearing on the bill.

JUNE 26, 2014

The Center's Advocacy Day brings over a hundred advocates to Capitol Hill.

NOVEMBER 13, 2013

Sen. Richard Blumenthal (D-CT) introduces the act in Congress.

JUNE 16, 2013

The Center embarks on its mission to DC.

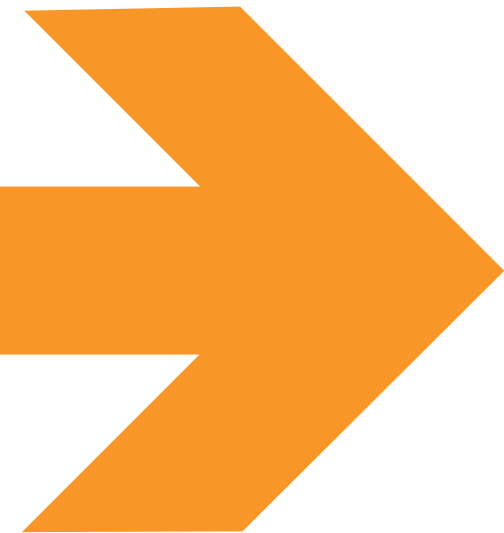
“THIS BILL IS ABOUT STOPPING LAWS THAT PURPORT TO BE ABOUT HEALTH WHEN REALLY THEY INTERFERE WITH THE DOCTOR-PATIENT RELATIONSHIP AND HAVE THE EFFECT OF HARMING WOMEN AND LIMITING CONSTITUTIONALLY PROTECTED RIGHTS.”

Sen. Richard Blumenthal (D-CT)
Lead sponsor of the Women's Health Protection Act





SETTING THE STANDARD



MOVING FORWARD WORLDWIDE

With each international victory, we are blazing a path of legal precedents crucial to securing meaningful and lasting policy changes, guaranteeing and protecting the fundamental human rights of women worldwide.



Women in overcrowded conditions at El Salvador's Ilopango prison. Manuela, a young woman convicted of murder after suffering a miscarriage, died here.

➔ *One of the most dangerous and pervasive issues we combat is unsafe abortion—which kills 47,000 women every year and injures another five million.*



El Salvador has one of the world's most extreme abortion bans—prohibiting abortion even to save a woman's life, and threatening harsh criminal penalties for both women and physicians. The Center has fought for more than a decade to expose the consequences of this draconian policy.

Every day, across the globe, women face an array of indignities and perils at the hands of discriminatory policies that rob them of their rights, health, and self-determination.

The Center is committed to eliminating these violations by fighting laws that are harmful to women and promoting policies that help secure justice. Our work encompasses a broad range of concerns—from advocating for improved maternal health care to eradicating culturally embedded practices such as child marriage to ensuring that girls facing pregnancy are allowed to stay in school and get an education.

One of the most dangerous and pervasive issues we combat is unsafe abortion—which kills 47,000 women every year and injures another five million. The World Health Organization has recognized that in countries with the most restrictive abortion laws, women's health and lives are frequently at acute risk—as the rates of induced abortion are high and most abortions are unsafe. The Center has zeroed in on countries with the most extreme bans in an effort to expose the consequences of these harsh policies on the global stage and eliminate these fatal restrictions.

Our work in El Salvador, home of one of the world's harshest abortion bans, is an example of the Center's dynamic approach to tackling human rights violations. Using a range of strategies, from grassroots advocacy to legal action in international human rights bodies, we are fighting to reveal and remedy the tragic consequences for women living in that country.

Since 1998, El Salvador has criminalized abortion even to save a woman's life and imposed harsh criminal penalties on both women and physicians. Under the ban, women face jail sentences of up to eight years. Those who have miscarriages or other obstetric emergencies may be charged with



Monica Arango, regional director for Latin America and the Caribbean, testified before the UN Committee on Economic, Social and Cultural Rights to expose the severe violations of women's rights as a consequence of El Salvador's abortion ban.

From grassroots advocacy to legal action in international human rights bodies, we are fighting to expose and eliminate the tragic consequences for women living in El Salvador.

abortion but later convicted of homicide and jailed for up to 40 years.

Right now, we are seeking justice in the Inter-American Commission on Human Rights on behalf of **Manuela**—a young woman convicted of murder and sentenced to 30 years in prison after suffering a late-term miscarriage. Two years into her sentence, Manuela died of Hodgkin's lymphoma, which had most likely been the root cause of her obstetric emergency.

The Commission can take several years to review a case, but we are not standing by as more women's lives are ruined by the inhumane ban. This past spring, as part of our campaign to further expose the severe violations of women's rights and the dangerous consequences resulting from a total abortion ban, the Center brought the issue to the attention of the United Nations Committee on Economic, Social and Cultural Rights.

In a powerful statement, the UN committee's concluding observations admonished El Salvador, expressing grave concern for the lack of abortion care in exceptional circumstances—such as in cases of sexual assault or illness—and recommended that the state prioritize quality care for unsafe abortion complications over criminal prosecution.



Rajni, 5, just after waking up before her wedding ceremony in Rajasthan, India, on April 28, 2009.

Despite international and local laws clearly condemning child marriage, South Asian countries refuse to address this illegal practice which could lead to a projected 130 million young girls married against their will by 2030, according to a report by the Center for Reproductive Rights.

Photography: Stephanie Sinclair/VII/
Tooyoungtowed.org

Today, 15 women who suffered pregnancy-related complications remain imprisoned for homicide in El Salvador. Together with partners including **La Agrupación Ciudadana** and **Amnesty International**, we are using international pressure to call for their release. And we are advocating on the ground in El Salvador to bring heightened community awareness to the concrete harms of the country's abortion policy.

While El Salvador is a particularly brutal example, we work just as fiercely to combat the damaging impact of restrictive abortion laws in many other countries. In March 2014, we filed our second case against Ireland with the United Nations Human Rights Committee on behalf of a woman forced to go abroad for legal abortion care to terminate a tragically nonviable pregnancy.

Faced with the news that she was carrying a fetus with a fatal impairment, **Siobhán Whelan** was left adrift by the Irish health care system, which has a near-absolute

➔ ***“The Committee’s recommendations put the Irish government on notice. Ireland must move quickly to expand access to safe and legal abortion and respect the basic human rights of all women.”***

Lilian Sepúlveda

Vice President, Global Legal Program

abortion ban. Her doctors provided her no options, support, or information. Siobhán was forced to travel to the United Kingdom to receive abortion care. As with many other Irish women forced into the same situation, the horrific experience left Siobhán feeling both criminalized and ostracized.

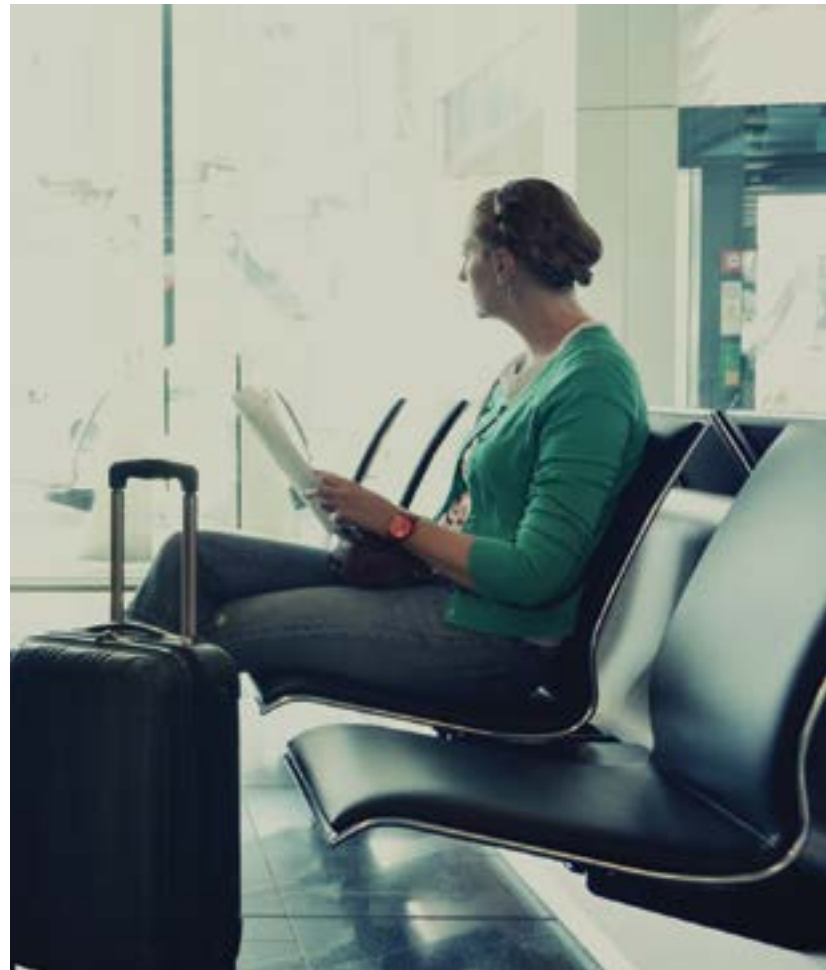
To bolster our litigation we are also engaged in advocacy that seeks to increase international pressure on Ireland to change its callous abortion policy. During a periodic review this summer of Ireland’s compliance with a human rights treaty, the Human Rights Committee reprimanded the Irish state for its severe abortion law and called on the government to amend it to legalize abortion services for pregnant women facing serious threats to their health, as well as in cases of rape, incest, and fatal fetal impairment.

“The Committee’s recommendations put the Irish government on notice. Ireland must move quickly



Above: Lilian Sepúlveda, vice president, Global Legal Program.

Below: Because of a near absolute abortion ban, many women in Ireland are forced to travel to the United Kingdom for abortion care.





These reprimands send a loud and forceful message to other states with extreme abortion laws, such as Uganda, the Philippines, and the Dominican Republic.

to expand access to safe and legal abortion and respect the basic human rights of all women,” says **Lilian Sepúlveda**, vice president, Global Legal Program.

As in El Salvador, these admonishments send a loud and forceful message—not only to the targeted country, but also to other states with extreme abortion laws such as Uganda, the Philippines, and the Dominican Republic—that their dangerous and destabilizing policies represent severe human rights violations that will no longer be tolerated or ignored.

In addition to exposing the impact of extreme abortion bans, the Center is working to rectify the resulting injustices and to establish policies that promote women’s fundamental rights. In countries such as India, where abortion laws have been successfully liberalized but women still

struggle to obtain safe, unobstructed care, we are supporting litigation to ensure the implementation of these policies. This year, we were instrumental in the filing of India’s first abortion access case through the **South Asia Reproductive Justice and Accountability Initiative (SARJAI)**. This groundbreaking case is part of the Center’s ongoing campaign to use legal accountability strategies to address violations of women’s reproductive rights in the region.



SPOTLIGHT:
**A MILESTONE
IN THE FIGHT
FOR ESSENTIAL
OBSTETRIC CARE**

High-level efforts with international bodies can sometimes feel incremental and remote from the day-to-day realities women face. Such work requires patience and tenacity, but we are committed to long-term, big-picture change.

We fight to set standards in human rights bodies, and then hold the governments accountable for implementing the change. And when the change comes, it can send shock waves around the world.



Maria Lourdes da Silva Pimentel, mother of Alyne, an Afro-Brazilian woman who did not receive appropriate medical attention for her pregnancy complications and later died.



Maria Lourdes da Silva Pimentel (center), at a public ceremony in which Brazil acknowledged responsibility for her daughter Alyne's death. A plaque commemorating Alyne's story was placed at a maternity ward renamed in Alyne's honor, Nova Iguaçu, Brazil. She is flanked by (left to right) Angela Freitas, Carmen Campos, Lillian Sepúlveda, Sonia Correa, and Veronica Marques.

Such is the case with our work improving maternal health standards in Brazil. After more than a decade of the Center's persistent intervention and advocacy, 2014 yielded concrete, ground-level results when the Brazilian government acknowledged responsibility and paid reparations to the family of a young mother who died in childbirth in 2002. It was the first time ever that a country paid reparations for a maternal death.

Alyne da Silva Pimentel died five days after seeking medical care at her local hospital when she suffered a stillbirth and fell seriously ill six months into

her second pregnancy. A member of the country's historically marginalized Afro-Brazilian population, Alyne was repeatedly denied adequate medical care.

In 2007, the Center filed a case against Brazil on behalf of Alyne's family before the United Nations Committee for the Elimination of Discrimination against Women for failing to guarantee quality prenatal care to women in the country. It was the first maternal death case to be filed with the committee, and, when they finally ruled in favor of Alyne in 2011, it was the first international human rights decision naming maternal health a human right.

The Center was relentless in demanding a meaningful response from the Brazilian government. It was the first time ever that a country paid reparations for a maternal death.

The Center was relentless in demanding a meaningful response to the ruling from the Brazilian government. In answer to our persistent efforts, Brazil took important steps early in 2014 to implement the ruling—both symbolically and financially. The state held three different ceremonies. One was an event in which they paid historic reparations to Alyne’s mother. In Rio, at two different hospitals, there were public ceremonies in which the state acknowledged responsibility and placed plaques telling Alyne’s story.

“Of course, more work remains to be done—more training, more structural changes—and we will continue our vigilance to ensure that this happens,” says the Center’s regional director for Latin America and the Caribbean, **Mónica Arango**. “But getting the state to acknowledge that maternal mortality is a human rights violation—that in itself is a huge step forward.”

Ninety percent of all maternal deaths are preventable. According to a report published by the Center this fall, the causes of pregnancy-related deaths and injuries usually stem from a complex variety of factors that range from inadequate transportation to poor maternal health care to

cultural stigmas and biases. Too often, maternal mortality rates are directly linked to a woman’s social, economic, and cultural status.

Beyond Brazil, the UN committee’s decision has also set the stage for promoting maternal health measures around the globe. In Africa, the Center has used Alyne’s case as an example to spur litigation and advocacy—particularly in places like Kenya, where we recently filed a case on behalf of a pregnant woman who was beaten and verbally abused during delivery.

With our expanded presence in Geneva, we have made significant strides elevating the issue of preventable maternal deaths on the international human rights stage, working tirelessly at the United Nations Human Rights Council to influence its most concrete and action-based resolution on maternal mortality to date.

At the heart of our efforts is a belief that the right of a woman to survive pregnancy and childbirth is a human right, and the Center will continue to hold governments accountable and to seek justice on behalf of the 300,000 women worldwide who die unnecessarily from pregnancy complications each year.

HONORING CHAMPIONS: THE GALA

With the glittering New York City evening skyline as a backdrop, the Center for Reproductive Rights hosted its 2014 Gala on October 29 at Jazz at Lincoln Center.



President & CEO
Nancy Northup
welcoming guests.

More than 300 guests gathered to celebrate the Center's accomplishments and affirm their support for the organization as it undertakes the considerable challenges ahead.

The Gala honored two women of formidable global impact: The **Hon. Louise Arbour**, leader of some of the most significant international human rights efforts, from the tribunals for the former Yugoslavia and Rwanda, to the UN High Commission for Human Rights; and **Joanna Coles**, editor in chief of *Cosmopolitan*, the world's largest women's magazine, and editorial director of Hearst Magazines.

Arbour underlined the evening's theme, describing the pivotal moment we face concerning women's fundamental rights at the global level: "After years of expectations that real, substantive equality was achievable, we are witnessing a resurgence of attacks on women's entitlement to reproductive health services, attacks that compromise our fundamental right to life, to liberty and to security."

In the face of these threats, Arbour said, the Center has carried out "spectacular" work protecting rights before national courts and in international venues.

Arbour was introduced by **Sen. Richard Blumenthal (D-CT)**, lead sponsor of the Women's Health Protection Act.

Joanna Coles spoke about the crucial difference that reproductive freedom makes in a woman's life: "Practically speaking, the single most important economic decision a woman will make is when she has her first child. If you get pregnant by mistake and you have your first child at 17, your life will turn out very differently than if you have your first child at 27 or 37."

Coles was introduced by **Dr. Willie J. Parker**, one of two physicians who travel to Mississippi to provide care at the **Jackson Women's Health Organization**, the sole remaining clinic offering abortion services in that state.

The energy and momentum of the evening translated into over \$1 million raised to continue the Center's groundbreaking work.



Dr. Willie Parker, board member Aimee Boone Cunningham, and Ed Cunningham.



Honorees Joanna Coles and Louise Arbour.



Robin Thebault, board member Phyllis Cohen, Cassia Schifter, Richard Schifter, Lewis Linn, Sam Linn.



Hilary Miller, Philip Thompson, Kristi Miller.



President & CEO Nancy Northup and Princess Sarah Zeid of Jordan.



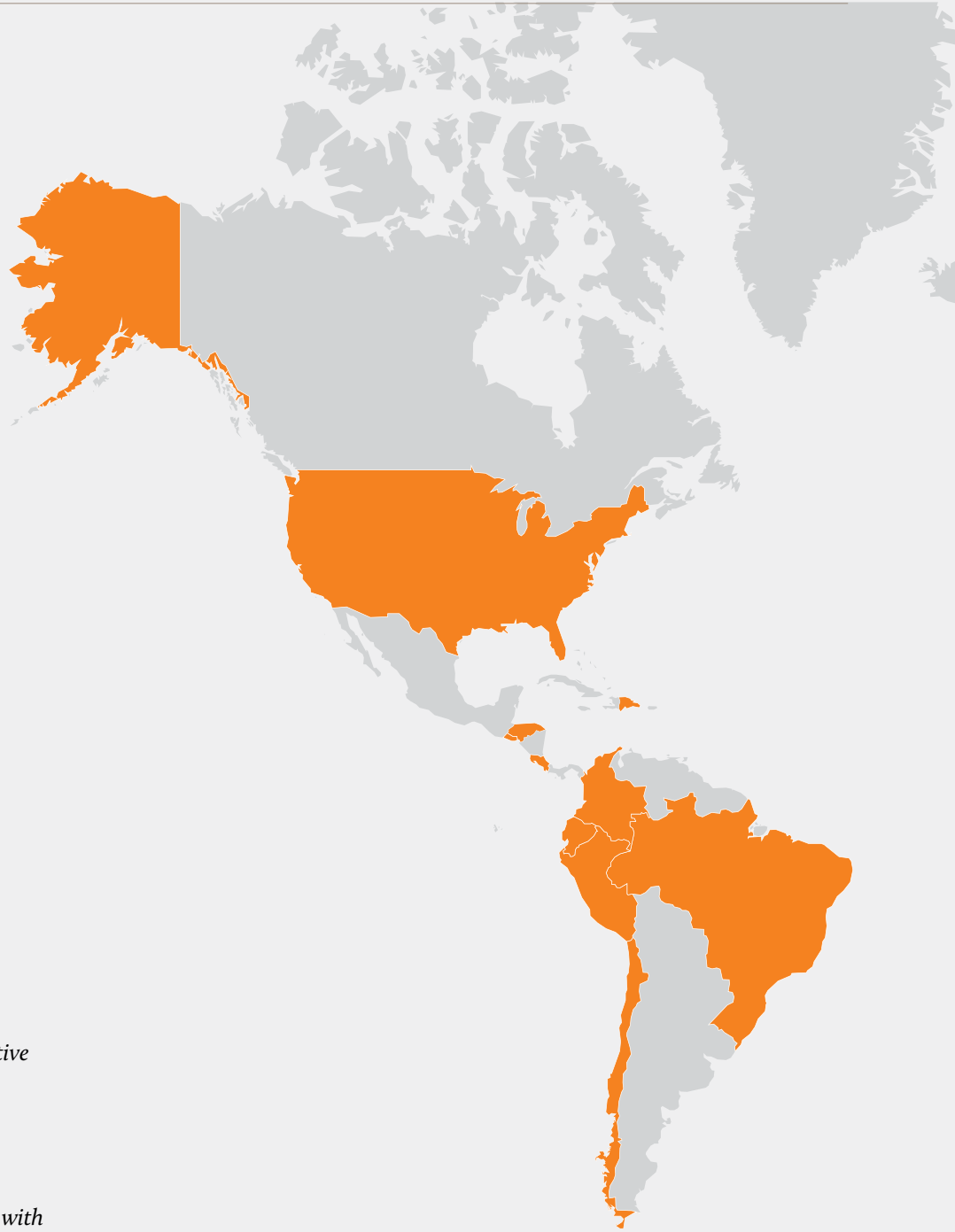
George Eberstadt, Cynthia Young, Gala co-chairs Nonnie Burnes and Richard Burnes.



Center staff enjoying the photo booth.

TAKING ACTION GLOBALLY

We are committed to a vision of a world in which women's fundamental rights are robustly protected—no matter where they live.



62 **CASES**
We worked on cases across the globe.

30 **COUNTRIES**
We advanced reproductive rights in 30 countries

50+ **PARTNERS**
We worked side by side with more than 50 organizations throughout the world.

IVF
Costa Rica

HIV AND PREGNANCY
Kenya, Nigeria

ADOLESCENTS
Croatia, Ecuador, Kenya



CONTRACEPTION

India, Nepal, Philippines

COERCIVE STERILIZATION

Chile, Hungary, Peru, Slovakia

MATERNAL MORTALITY/HEALTH

Brazil, India, Kenya, Uganda

ABORTION ACCESS

Colombia, Costa Rica, El Salvador, India, Ireland, Nepal, Nicaragua, Peru, Poland

TAKING ACTION IN THE U.S. COURTS

We staunchly defend women’s constitutional rights in courts across the United States, combatting a range of restrictions—from clinic shutdown laws, to abortion bans as early as six weeks, to forced ultrasounds, limits on insurance coverage, and restrictions on medication abortion.

19 CASES*

* Decisions issued between July 1, 2013, and December 17, 2014

17 WINS

2 LOSSES

TRAP LAWS

Jackson Women’s Health Organization v. Currier (Mississippi) **WIN**

June Medical Services v. Caldwell (Louisiana) **WIN**

MKB Management Corporation v. Burdick (North Dakota) **WIN**

Burns v. Cline (Oklahoma) **WIN**

Planned Parenthood of Greater Texas v. Abbott (Texas) **LOSS**

Whole Woman’s Health v. Lakey (Texas) **WIN**

ABORTION BANS

Isaacson v. Horne (Arizona) **WIN**

Edwards v. Beck (Arkansas) **WIN**

MKB Management Corporation v. Burdick (North Dakota) **WIN**

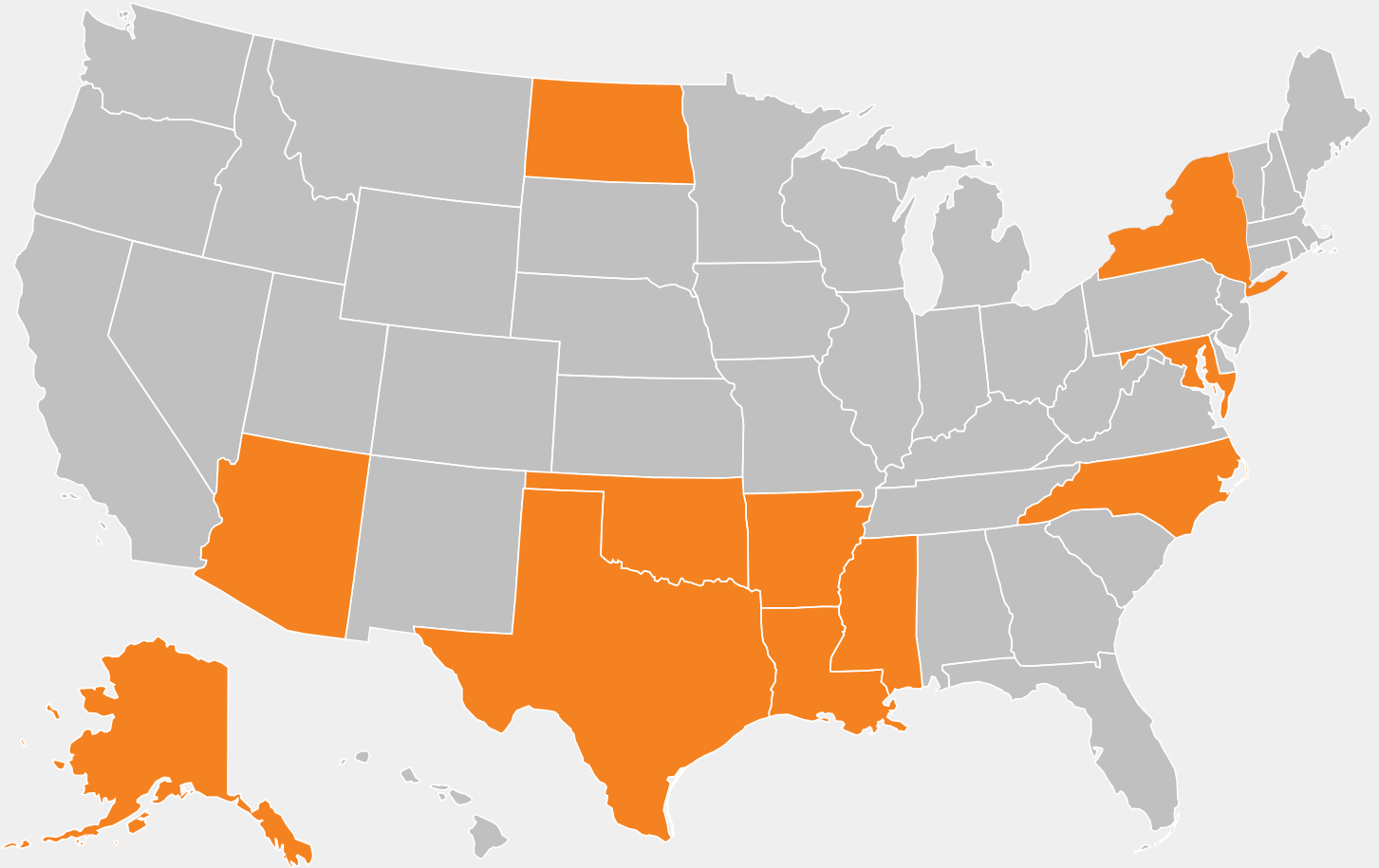
Oklahoma Coalition for Reproductive Justice v. Cline (Oklahoma, 2011 law) **WIN**

Oklahoma Coalition for Reproductive Justice v. Cline (Oklahoma, 2014 law) **WIN**

MEDICATION ABORTION

Planned Parenthood Arizona v. Humble (Arizona) **WIN**

MKB Management Corporation v. Burdick (North Dakota) **LOSS**



ULTRASOUND & OTHER SPEECH REQUIREMENTS

*Archbishop O'Brien v. Mayor & City
Council of Baltimore (Maryland)*

WIN

Stuart v. Loomis (North Carolina)

WIN

*Nova Health Systems d/b/a
Reproductive Services v. Pruitt
(Oklahoma)* **WIN**

INSURANCE COVERAGE OF ABORTION

*Planned Parenthood of Greater
Northwest v. Streur (Alaska)* **WIN**

MINORS' ACCESS TO REPRODUCTIVE HEALTH CARE

*Oklahoma Coalition for
Reproductive Justice v. Oklahoma
State Board of Pharmacy
(Oklahoma)* **WIN**

Tummino v. Hamburg (New York)
WIN

BY THE NUMBERS



ON THE HILL

135,611



TOTAL SIGNATURES ON PETITIONS

to U.S. lawmakers to take action to protect reproductive rights.

100 ADVOCATES FROM 29 STATES

Over 100 advocates from 29 states stood up and spoke out at our June 2014 Advocacy Day on Capitol Hill to promote the Women's Health Protection Act.



ON THE GLOBAL STAGE

16



Number of times UN human rights bodies formally called out governments for reproductive rights violations. These reprimands lay the foundation for reform in:

- Maternal health
- Contraceptive access
- Forced sterilization
- Liberalizing restrictive abortion laws
- Early and forced marriage
- Ending sexual violence at schools

4,295

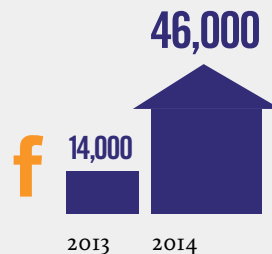


PEACE CORPS VOLUNTEERS NOW RECEIVE EQUAL HEALTH COVERAGE

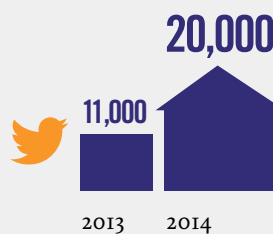
4,295 women Peace Corps volunteers granted equal health coverage for abortions in cases of rape, incest, and life endangerment following advocacy by the National Peace Corps Association and the Center for Reproductive Rights to lift a decades-old, no-exceptions ban.



IN THE PUBLIC EYE



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PRESS MENTIONS

Up from 900 in FY13— an 18% increase.

40



MENTIONS IN THE TOP

10

U.S. NEWSPAPERS

The Center's work is regularly featured in the papers most widely read by decision makers, political leaders, and other influencers.

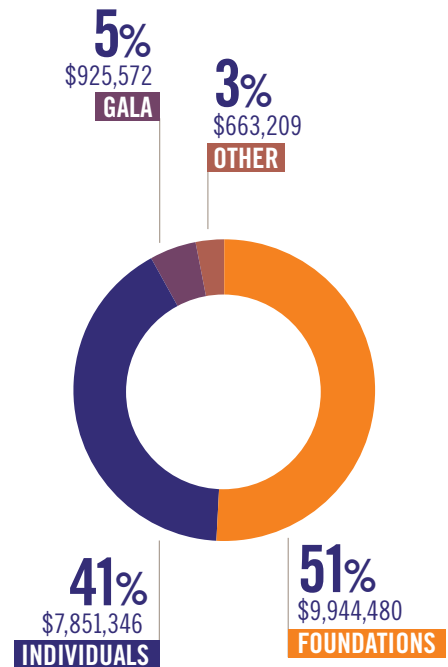
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(July 1, 2013, through June 30, 2014)

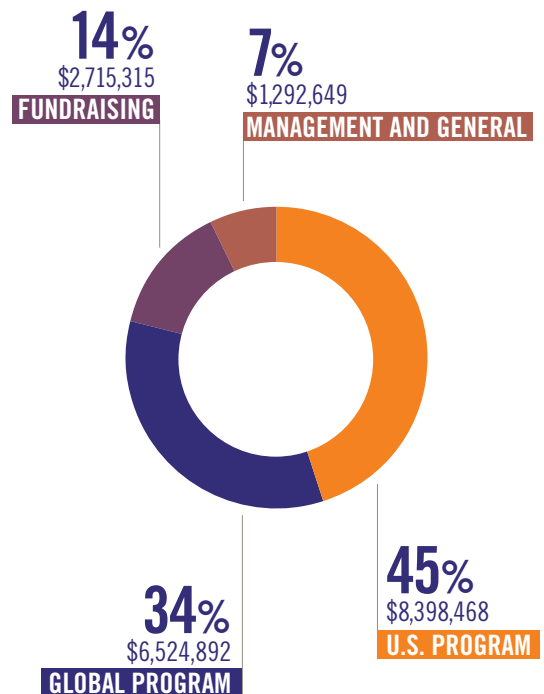
The Center's total public support and revenue for work in Fiscal Year 2014 totaled **\$24,710,812**. This included **\$19,384,608** in financial support, which consisted of grants, charitable financial donations and miscellaneous revenue. Of this **\$19,384,608** in financial support, **51%** (**\$9,944,480**) came from foundations and **41%** (**\$7,851,346**) from individual donors. The balance of the Center's financial support of **\$1,588,782** (**8%**) was derived from gala revenue, attorney fees, international organization grants, bequests, and miscellaneous revenue. In addition, the Center received **\$5,326,204** in donated services which consisted primarily of pro bono legal services.

To request a copy of our audited financial statements, please contact our development office at (917) 637-3791 or contribute@reprorights.org.

REVENUE

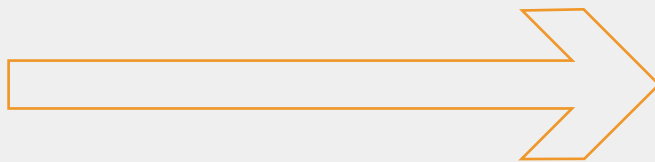


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OVER \$5.3 MILLION IN PRO BONO SUPPORT

Dedicated lawyers from around the world are critical to the success of the Center's mission to advance reproductive rights as fundamental rights. For fiscal year 2014, volunteer attorneys at **29 law firms**, plus other professionals, contributed services valued at **\$5.3 million**. Their participation was crucial to our litigation and legal advocacy efforts on behalf of women around the globe, allowing us to leverage the contributions of individuals and institutional donors. We are proud to acknowledge the following firms, organizations, and individuals for their valued partnership and support.

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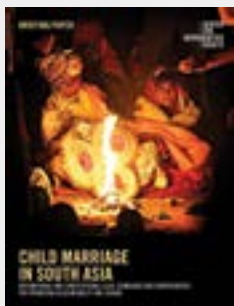
OUR PUBLICATIONS

GLOBAL



ABANDONED AND STIGMATIZED: THE IMPACT OF THE IRISH ABORTION LAW ON WOMEN

Due to the intense stigma associated with abortion in Ireland, women’s experiences of being denied health care in Ireland and having to travel abroad for an abortion have often not been publicly discussed and have not received the attention they deserve. This report brings greater visibility to the impact of the near total abortion ban on women in Ireland and how it violates their fundamental human rights.



CHILD MARRIAGE IN SOUTH ASIA: STOP THE IMPUNITY

Twenty-five thousand children worldwide, most of whom are girls, are married every day— South Asia accounting for almost half of all child marriages. This report details the failure of governments in South Asia to enact and enforce current laws that prohibit child marriage, which has led to these countries being responsible for violating young girls’ human rights.



CONSCIENTIOUS OBJECTION AND REPRODUCTIVE RIGHTS: INTERNATIONAL HUMAN RIGHTS STANDARDS ***OBJECCIÓN DE CONCIENCIA Y DERECHOS REPRODUCTIVOS: ESTÁNDARES INTERNACIONALES DE DERECHOS HUMANOS***

This publication analyzes the applicable human rights standards to conscientious objection when exercised in the provision of health services. The international instruments analyzed indicate that it is possible to set limits on conscientious objection, and that this may have a negative effect on the protection of the rights and freedom of others.



FORCED OUT: MANDATORY PREGNANCY TESTING AND THE EXPULSION OF PREGNANT STUDENTS IN TANZANIA

This report documents the forced pregnancy testing and expulsion of pregnant schoolgirls in mainland Tanzania. Based on in-depth interviews with young women who have undergone these practices, as well as teachers, government officials, and health care providers, it provides concrete evidence and compelling stories of the numerous human rights violations many Tanzanian girls face in the pursuit of education. In addition, the report provides key recommendations to the Tanzanian government, regional human rights bodies, and the international donor community.



ICPD AND HUMAN RIGHTS: 20 YEARS OF ADVANCING REPRODUCTIVE RIGHTS THROUGH UN TREATY BODIES AND LEGAL REFORM

These fact sheets examine the progress states have made over the past 20 years fulfilling the commitments made in the International Conference on Population and Development (ICPD) Programme of Action. They explore a range of reproductive rights issues including maternal mortality and morbidity, contraceptive information and services, abortion, sexual and reproductive health education and information, adolescents and youth, individuals belonging to marginalized and underserved populations, HIV/AIDS, violence against women, and harmful traditional practices.



SUBSTANTIVE EQUALITY AND REPRODUCTIVE RIGHTS: A BRIEFING PAPER ON ALIGNING DEVELOPMENT GOALS WITH HUMAN RIGHTS OBLIGATIONS

Over the next two years, states have an opportunity to address the root causes of gender inequality by ensuring that equality and reproductive rights are reflected in development programs. This briefing paper provides concrete recommendations to states about how they can integrate international human rights norms surrounding reproductive rights and gender equality specifically into the development framework that comes out of the UN Post-2015 Development Agenda.

UNITED STATES



FULFILLING UNMET PROMISES: SECURING AND PROTECTING REPRODUCTIVE RIGHTS AND EQUALITY IN THE UNITED STATES

This “shadow report” for the UN’s 2013 review of U.S. compliance with the International Covenant on Civil and Political Rights describes, through women’s personal stories, what is really at stake when the U.S. fails to respect, protect, or fulfill reproductive rights.



THE HIGH COST OF STATE BANS ON ABORTION COVERAGE

Since 1976, anti-choice politicians unable to explicitly ban abortion have sought to make it unaffordable by passing federal and state bans on insurance coverage for abortion care. This publication examines coverage restrictions across the United States, which disproportionately harm women who already face barriers to accessing health care, including lower-income women and women of color.



NUESTRA VOZ, NUESTRA SALUD, NUESTRO TEXAS: THE FIGHT FOR WOMEN'S REPRODUCTIVE HEALTH IN THE RIO GRANDE VALLEY

In late 2012 and early 2013, the Center for Reproductive Rights and the National Latina Institute for Reproductive Health documented the impact of state funding cuts to family planning services on women in the Rio Grande Valley. This report draws from their stories to show how funding cuts to women's preventive services are more than failed policies—they are violations of their human rights.



THE STATE OF THE STATES

This report features an interactive map detailing four of the most extreme and harmful trends in state abortion restrictions enacted in 2013: abortion bans, restrictions on medication abortion, bans on insurance coverage for abortion, and targeted regulation of abortion providers (“TRAP” laws). The report also highlights current litigation, featuring the Center's efforts to beat back these attacks on reproductive rights in state and federal court.



THE STATE OF THE STATES 2014 MID-YEAR REVIEW

Despite the introduction of more than 250 bills restricting abortion in nearly 40 states, as well as underhanded legislative maneuvering and outlandish statements by state legislators, we witnessed a strong and ever-growing effort to protect and promote reproductive health and rights with the introduction of over 100 proactive, pro-women's health measures. Midway through 2014, the Center took stock of the states and found that while the gap in access continues to grow, the reproductive rights movement is more energized than ever.

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For more information about planned giving, please contact the development department at (917) 637-3791 or contribute@reprorights.org.

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