

SECURING HUMAN RIGHTS

ANNUAL REPORT 2006

CENTER
FOR
REPRODUCTIVE
RIGHTS

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THE CENTER'S 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.

THE CENTER'S 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 health care available; where all women can exercise their choices without coercion. More simply put, we envision a world where all women participate with full dignity as equal members of society.

From Our Board Chair

A Message From

NICKI NICHOLS GAMBLE



The first time I went to the U.S. Supreme Court, in April 1989, I slept on the steps. I was there to hear oral arguments in a case from my home state of Missouri, *Webster v. Reproductive Health Services*. When I last went to the Court, on November 8th, 2006, I had a full night's sleep—indoors.

As chair of the board of the Center for Reproductive Rights, I was invited to hear oral arguments in the Center's most recent Supreme Court case, *Gonzales v. Carhart*. On arriving at the Court, it was strangely heartening to see that Center staff had done what I had done almost 20 years previously—though I know I did not look as fresh and professional in the morning as they did!

The Center's staff needs all the energy, resilience and freshness it can muster because, as the decision in *Gonzales v. Carhart* reinforces once again, the victory so many of us thought secure in the U.S. in 1973 is slipping away. We must be more vigorous, analytical and strategic today than we were post-*Roe v. Wade*. We must hold the U.S. government accountable in the way we have held governments around the world accountable, from Colombia to Hungary to Nepal. We need the brightest minds and the most empathetic hearts to advance the idea that reproductive rights are fundamental human rights.

The Center, with its expertise in both international and U.S. law, is ideally positioned to do this intellectual and legal work. Our recently-adopted strategic plan calls for an expansion of the Center's work in shaping legal thinking through expanding our fellowship programs, positioning the Center as

a learning laboratory and center for legal scholarship, and developing a global network of legal scholars to develop key strategies for engaging academics in promoting reproductive rights. The plan also calls for an expanded advocacy role, especially in the U.S. political arena.

This plan is exceedingly ambitious. It will require resources, both human and financial, to expand the Center's capacity to investigate, advocate, litigate and educate. Coming into a U.S. election whose outcome will affect women's human rights not just in the U.S., but all over the world, our timing could not be better. I invite you to join me in redoubling our commitment to the Center as it confronts these enormous and complex challenges.

Nicki Nichols Gamble
Board Chair, *Center for Reproductive Rights*

From Our President

A Message From

NANCY NORTHUP



I am pleased to report that an ever-greater number of countries around the world are recognizing that reproductive rights are human rights. Even countries that have historically neglected women's reproductive health and freedom have affirmed that women's health is vital to societies' health, and are coming to see that

women's equality is profoundly implicated in their ability to be able to make and act upon decisions concerning their reproductive lives. Our work, and the work of our partners around the world, makes this possible.

In 2006, the Constitutional Court of Colombia offered a stirring endorsement of human rights: "Reproductive rights...emerge from the recognition that equality in general, gender equality in particular, and the emancipation of women and girls are essential to society. Protecting...reproductive rights is a direct path to promoting the dignity of all human beings and a step forward in humanity's advancement towards social justice." This remarkable judicial decision came in a case in a Catholic country in which all abortion was previously banned. Mónica Roa, the brilliant Colombian lawyer who brought the case, trained with us for two years in our fellowship program. Our work reaches far.

Yet in the face of such global progress, the United States, whose Constitution is one of the world's first and most majestic human rights documents, is sliding backwards, away from its promises of equality and freedom, back towards a society in which women are presumed not to know their best interests, and are considered to be mothers first and foremost. This attitude was reflected in the

U.S. Supreme Court's decision in *Gonzales v. Carhart*, which all but invited anti-choice extremists to step up their assault on *Roe v. Wade*. In the wake of this decision, we expect state legislators to introduce bills increasing restrictions on access to abortion in ways as various as outright attempts to ban abortion, to imposing requirements such as mandatory viewing of ultrasounds and compulsory reading of biased information.

But we are ready for this fight. In 2007, we will take on and overcome the challenges of the last year. We believe that we can prevail as we have in Kansas, blocking a ridiculous and dangerous policy that would have deterred teens from getting confidential information and services relating to their sexual and reproductive health. We will remain focused and determined, as we have in our six-year battle with the U.S. Food and Drug Administration. And we have, I hope, your continued support, because to remain as effective as we are passionate we will need it.

Nancy Northup
President, *Center for Reproductive Rights*

SECURING HUMAN RIGHTS— THAT'S THE ESSENCE OF OUR WORK.

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For 15 years, our attorneys have strategically and boldly used human rights tools, from the U.S. Constitution to the rulings of human rights bodies worldwide, to advance and protect every woman and girl's right to freely make and act on her own reproductive choices.

Our cutting-edge cases and advocacy work address access to accurate, unbiased information about reproductive health; the right to safe pregnancy and abortion; the ability to obtain and use contraception; and preventing policies and practices that harm women's health.

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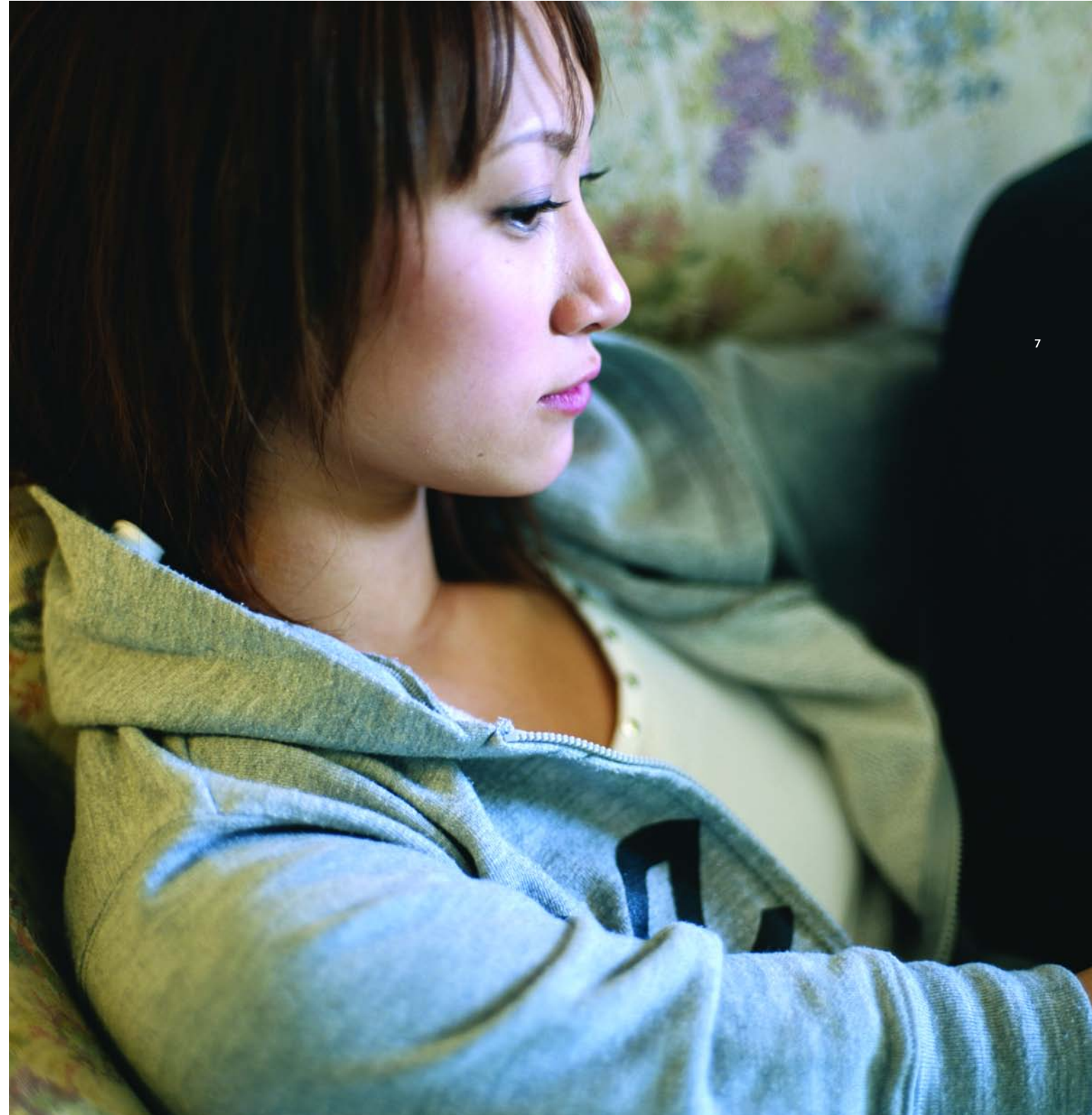
In 2006, as in each year since 1992, we brought and won important cases, advanced advocacy, and shared best practices, often collaborating with key partners to achieve our goals. As you will see from the stories that follow, our work is vital to creating a world in which reproductive rights are recognized and protected as fundamental human rights, and where women and girls are treated as free and equal people.

PROTECT TING

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PROTECTING ADOLESCENTS' RIGHTS

Nowhere have the enemies of reproductive freedom been more effective than in curtailing the rights of adolescent women. The Center believes that teenagers need and have the right to comprehensive sex education, privacy in counseling, and accessible, affordable contraception and abortion.



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A FEDERAL JUDGE RULES FOR TEEN PRIVACY IN SEXUAL HEALTHCARE

SPOTLIGHT ON KANSAS: "KISS AND TELL"

In January 2006, the Center went to trial to challenge an outrageous policy launched by Kansas Attorney General Phill Kline: healthcare and counseling professionals were required to report—as child abuse—any, even consensual, sexual activity among teens under 16. According to Kline, two teenagers kissing was tantamount to child abuse.

The suit, *Aid for Women v. Foulston*, was originally filed in 2003 on behalf of a group of providers who argued that Kline's interpretation of child-abuse-reporting statutes both violated the privacy rights of youth and would scare young clients away from getting needed care. As Center senior attorney **Bonnie Scott Jones** told the judge, "Sexual abuse is not synonymous with consensual sexual activity. Consensual sexual activity is . . . a normal part of adolescent development." On April 18, 2006, U.S. District Court Judge J. Thomas Marten permanently blocked enforcement of the "kiss and tell" policy, calling it "irreparably harmful."

The ruling is highly significant: it marks the first time a federal court has held that the constitutional right to informational privacy extends to minors and protects private communications between teens and their healthcare providers. In other words, said Jones, "States cannot be allowed to simply pull up a chair in every doctor's office . . . and listen in." She later told the *National Law Journal* that "this move is not an isolated one," but rather part of a nationwide campaign to deny adolescents confidential access to reproductive health services, including accurate information on the prevention of pregnancy and STDs, access to contraceptive services, and abortion.

NEXT STEPS:

On May 16, 2006, Kline appealed Judge Marten's decision to the Court of Appeals for the Tenth Circuit. The Center has filed a final brief in response to the appeal.

MORE CENTER WORK...

HUMAN RIGHTS FOR NEPAL'S 'GODDESSES'

Under the Nepali practice of *kumari pratha*, a girl as young as two can be forced to assume the role of a "living goddess" until she reaches puberty. Separated from her parents, a *kumari* adheres to religious rules and rituals that impose severe restrictions on her mobility, diet, education, and access to healthcare. Nepali lawyers challenging the practice invited the Center to submit a memorandum in support of their case. Our October 2006 brief argues that *kumari pratha* is an institutionalized form of sex discrimination, and a violation of girls' reproductive rights. International human rights law, the memo demonstrates, forbids government protection of cultural and religious freedoms at the expense of other basic human rights. After hearing the case, the Supreme Court of Nepal ordered the government to investigate the harmful impacts of *kumari pratha* and recommend reforms.

PANEL OFFERS TOOLS TO DISMANTLE ABSTINENCE-ONLY

In November 2006, Center staff attorney **Anamika Samanta** conducted a lively panel on federally funded abstinence-only-until-marriage (AOUM) programs at the 2006 Healthy Teen Network Conference in Anaheim, California. The ultimate goal of the panel, "**What You Don't Know Can Hurt You,**" was to provide tools to evaluate local sex education curricula and advocate for comprehensive sex education. AOUM, to which the federal government committed

more than \$175 million in 2006, tells students that any sexual relationship outside heterosexual marriage will cause emotional and physical harm; it promotes gender stereotypes and offers misleading or false medical information, including exaggerated statistics on contraceptive failure and the claim that pregnancy and sexually transmitted diseases can be prevented only by abstinence. Without comparable funds for accurate sex education, public schools must often choose between AOUM and no sex ed at all.

REDRESSING THE ABUSE THAT LED TO SUICIDE

At 16, Ecuadorian student **Paola Guzmán** committed suicide. The act was prompted by news of her pregnancy—a consequence of two years of sexual abuse by her school vice-principal. Paola's mother filed charges against the vice-principal, and demanded a disciplinary investigation, but officials were slow to act, and the man disappeared. In October 2006, the Center joined with local partner Centro Ecuatoriano para la Promoción y Acción de la Mujer (**CEPAM-Guayaquil**) in filing a petition before the Inter-American Commission on Human Rights. The petition argues that **Ecuador** deprived Paola of the rights to life, personal integrity, personal security, freedom from violence, non-discrimination, judicial guarantees, judicial protection, and to the measures of protection required by her condition as a minor. "This case reveals a total systemic failure on the part of the Ecuadorian government to protect girls from sexual abuse and its consequences," says **Lilian Sepúlveda**, the Center's legal adviser for Latin America and the Caribbean at the Center. The Commission's decision is pending.



USING INTERNATIONAL LAW

Even when laws are in place “to protect” women’s reproductive health, government officials may fail to enforce them fully, or even break them with impunity. The Center partners with women’s and human rights defenders worldwide in insisting that nations obey their own statutes—and make meaningful their signatures on international human rights treaties.

INTERNATIONAL

JUSTICE FOR A 13-YEAR-OLD RAPE VICTIM AND ALL MEXICAN WOMEN

SPOTLIGHT ON MEXICO

Paulina Ramírez was 13 when a man entered her home in Baja California, Mexico, and raped her. Learning she was pregnant, she sought an abortion. But anti-choice activists and politicians pressured her against it. When she and her mother went to the hospital, the state hospital's director misled her to believe that an abortion could kill her, and Paulina kept the baby, dropping out of school to work in a factory to support him. Then she filed a complaint against the officials who violated her constitutional and human rights. She was met with contempt, delay, and a decision not to prosecute.

Paulina's story is not unusual. Although abortion is legal for rape victims throughout Mexico, public officials routinely discourage them from terminating their pregnancies. This time, the Center pushed back. Along with our Mexican partners, including el Grupo de Información en Reproducción Elegida (**GIRE**), we mounted a campaign marrying legal strategy—filing a case with the Inter-American Commission on Human Rights—and media outreach. The government agreed to enter negotiations with the Center; the Commission served as mediator.

In March 2006, Mexico publicly acknowledged that it had violated Paulina's human rights. The terms of the settlement include medical services for her and her son; university tuition for him; and a permit to open the bodega she now runs. Baja California issued guidelines for access to legal abortion, and the Mexican government has committed itself to clarifying procedures for women impregnated by rapists. But this victory goes beyond Paulina, and even beyond Mexico. "For the first time, a Latin American government has acknowledged that access to legal abortion is a human right," declared **Luisa Cabal**, the director of the Center's International Legal Program. She called this "the most important legal victory for women in Mexico in a decade." Mexican reproductive rights lawyer **Adriana Ortega Ortiz** agreed: "Subsequent legal developments, such as the reform of the Mexico City Penal Code, can all be attributed to the awareness that the Paulina case raised."

NEXT STEPS:

The Center and its partners will continue to monitor implementation of the agreement through periodic meetings with the Mexican government and the Commission.

MORE CENTER WORK...

COLOMBIA RECOGNIZES A RIGHT TO ABORTION

Abortion is a reality, as common where it is illegal as where it is legal. In Colombia, whose penal code banned all abortion, a quarter of pregnancies were terminated; botched abortions were the third-highest cause of maternal death. In 2005, Women's Link Worldwide Program Director, **Mónica Roa**, filed a challenge to her country's penal code; the Center filed a friend-of-the-court brief. Roa, who trained at the Center as a fellow, argued that Colombia was violating its obligations under international treaties to ensure women's rights to life and health. On May 11, 2006, Colombia's Constitutional court ruled that abortion must be permitted when a pregnancy threatens a woman's life, mental or physical health, privacy and dignity; when she is the victim of rape or incest; and where the fetus could not survive outside the womb. To make legal abortion real in practice, the Center and local partners worked with the Colombian government to develop the law's regulatory framework.

EUROPEAN COURT RULES FOR ACCESS

The European Court of Human Rights, agreeing with the Center's friend-of-the-court brief, declared in March 2007 that where abortion is legal, governments must ensure it is accessible. At issue was the case of **Alicja Tysiāc**, a young Polish woman left nearly blind after being forced by her doctors to continue a pregnancy that posed the risk of irreversible eye damage. The mother of three is now unable to work, dependent on public assistance, and in need of constant

help with daily activities and childcare. The court awarded damages for her "anguish and suffering."

"There are thousands of women who are denied access to abortions they need and are legally entitled to in Poland every year," said **Christina Zampas**, senior legal adviser for Europe at the Center. The court, she added, has put all European governments on notice that they must "make sure that women like Tysiāc don't needlessly suffer at the whim of doctors."

IN HUNGARY, FORCED STERILIZATION VIOLATES HUMAN RIGHTS

A.S., a 29-year-old woman of Roma origin, entered a Hungarian public hospital in 2001, suffering a miscarriage. While undergoing surgery, she was asked to sign a statement consenting to a Caesarean section. Bleeding and dizzy, A.S. signed. When she awoke, she had been sterilized. The statement had also contained a barely legible note containing the word *sterilization*—in Latin. The Center filed a friend-of-the-court brief in *A.S. v. Hungary*, brought by the European Roma Rights Center and the Legal Defense Bureau for National and Ethnic Minorities, based in Budapest. On August 29, 2006, the UN committee that monitors compliance with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) found Hungary in violation of the Convention for failing to protect A.S.'s reproductive rights. The decision establishes that sterilizing a woman without her full, truly informed consent is a violation of her basic human rights.



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OSING

OPPOSING

OPPOSING BAD LAWS

The Center is working, through the courts and national, regional, and international human rights bodies, to amend, repeal—or best yet, prevent—laws and regulations that endanger women’s reproductive health and violate their rights.

BACK TO THE SUPREME COURT

SPOTLIGHT ON THE FEDERAL ABORTION BAN

“This ban is not just about later-term abortions,” said **Janet Crepps**, Acting Director of the Center’s Domestic Legal Program. “The options for all women—particularly women facing serious medical conditions—have been dramatically reduced.”

She was speaking during a telephone press conference on April 18, 2007, after the U.S. Supreme Court, in *Gonzales v. Carhart*, upheld the 2003 Federal Abortion Ban.

Little had changed since our victory in *Stenberg v. Carhart* in 2000, in which the Supreme Court rejected the constitutionality of a Nebraska law similar to the federal ban because it lacked an exception to protect the woman’s health. The facts were the same, the arguments the same, even our client, **Dr. Leroy H. Carhart**, was the same. “Partial birth abortion” is still an invented name which could, according to Dr. Carhart, include the most commonly used abortion procedures after the first trimester. The only difference was the composition of the Court—the moderate voice of former Justice Sandra Day O’Connor has been replaced by that of Bush appointee, Justice Samuel Alito.

But the ruling undermines more than health, said Justice Ruth Bader Ginsburg, reading her alarmed dissent from the bench. At stake is “a woman’s autonomy to determine her life’s course, and thus to enjoy equal citizenship stature.”

Center president, **Nancy Northup**, called April 18 a “dark day.” Virtually every editorial page of the major U.S. newspapers, including the *New York Times*, *Washington Post*, and *Los Angeles Times*, agreed. Most Americans still support the right to choose. The Center will continue to defend that right.

NEXT STEPS:

Our state legislative program, whose updated *What If Roe Fell?* report will be released in the fall, is also working closely with our coalition partners both to block and challenge the types of increased restrictions the *Carhart* decision seemed to invite, and to push for passage of **Freedom of Choice Acts**.

MORE CENTER WORK...

NICARAGUA’S ABORTION BAN SPURS CONDEMNATION, ACTION

On October 26, 2006, shortly before a tense election, Nicaragua’s political parties from left to right joined the Catholic Church to turn a highly restrictive abortion law into one of the world’s harshest. Abortion is now banned entirely, even in cases of rape or mortal peril to the woman; doctors violating the law face six years’ imprisonment. Five days after the election, the Inter-American Commission on Human Rights, the premier human rights monitor in the Americas, warned Nicaragua’s government that the ban contravened international law and threatened women’s human rights. The statement, the Commission’s first on abortion, comes after years of tireless advocacy by the Center to build an understanding of abortion as a human right. “This statement is pivotal,” said **Lilian Sepúlveda**, the Center’s legal adviser for Latin America and the Caribbean. “We commend the Commission for acknowledging that access to abortion is central to preserving women’s health and human dignity.” The Center, which won legal victories on abortion in Peru in 2005 and in Mexico in 2006, is collaborating with local partners to challenge Nicaragua’s ban.

SPRINGING TRAPS ACROSS THE U.S.

Nineteen states and Puerto Rico enforce laws that impose far more stringent and cumbersome regulations on doctors who do abortions than on doctors with other types of medical practice. Known as **TRAP (Targeted Regulation of Abortion Providers)** laws, they deliberately obstruct the exercise of women’s reproductive rights, and often harm their health. The Center defeated the parts of a TRAP law in Arizona (*Tucson Women’s Clinic v. Eden*) that would have allowed warrantless searches of provider and patient records. The case, which began in 2000, entered the settlement phase in 2006. We are also monitoring new regulations by the Indiana Department of Health, including possible abuse of its complaint review process.

IN LOUISIANA, AN UNFAIR LICENSE DENIAL

The Center is suing the state of Louisiana on behalf of **Hope Medical Group for Women** after the state denied one of the clinic’s physicians, K.P., approval to perform first-trimester abortions. The reason given for the denial was that the doctor was not an ob/gyn, something that state law does not require. In March, the state unilaterally discontinued its disciplinary proceeding against the physician, but did not remove its threat to seek discipline if K.P. resumes performing abortions. The case is ongoing.

IN THE NEWS

THE WASHINGTON POST

NANCY NORTHUP / April 19, 2007

18 “THE IMPACT OF SANDRA DAY O’CONNOR’S RETIREMENT IS PAINFULLY CLEAR. IT TOOK JUST A YEAR FOR THIS NEW COURT TO OVERTURN THREE DECADES OF ESTABLISHED CONSTITUTIONAL LAW.”

NPR MORNING EDITION

NANCY NORTHUP / April 25, 2007

“The decision is alarming in terms of what the court has done to throw down the gauntlet and say to states, ‘Bring it on.’ We’ll see how much we’re going to cut back on the right to abortion.”

THE CHICAGO TRIBUNE

NANCY NORTHUP / April 20, 2007

“Every American who cares about women’s health, and doctors’ ability to treat their patients appropriately, should be alarmed by this ruling.”

WORLD NEWS TONIGHT

NANCY NORTHUP / April 18, 2007

“The Supreme Court basically guts 30 years of protection for women’s health in the regulation of abortion.”

THE BOSTON GLOBE COLUMN

NANCY NORTHUP / April 19, 2007

19 “AS OF TODAY, WOMEN WHOSE PREGNANCIES COME WITH ALARMING WORDS AND DANGEROUS DIAGNOSES LIVE IN A WORLD THAT IS A LITTLE LESS LEGAL AND A LOT LESS SAFE.”

PBS RELIGION & ETHICS NEWSWEEKLY

NANCY NORTHUP / November 5, 2006

“This is just a political strategy that is about toppling *Roe v. Wade* and dismantling it.”

WALL STREET JOURNAL

NANCY NORTHUP / November 8, 2006

“Throughout the 30-plus years of abortion jurisprudence, there has been a very clear standard that abortion restrictions not endanger a woman’s health. The question is whether this new Roberts court is going to follow this longstanding precedent.”

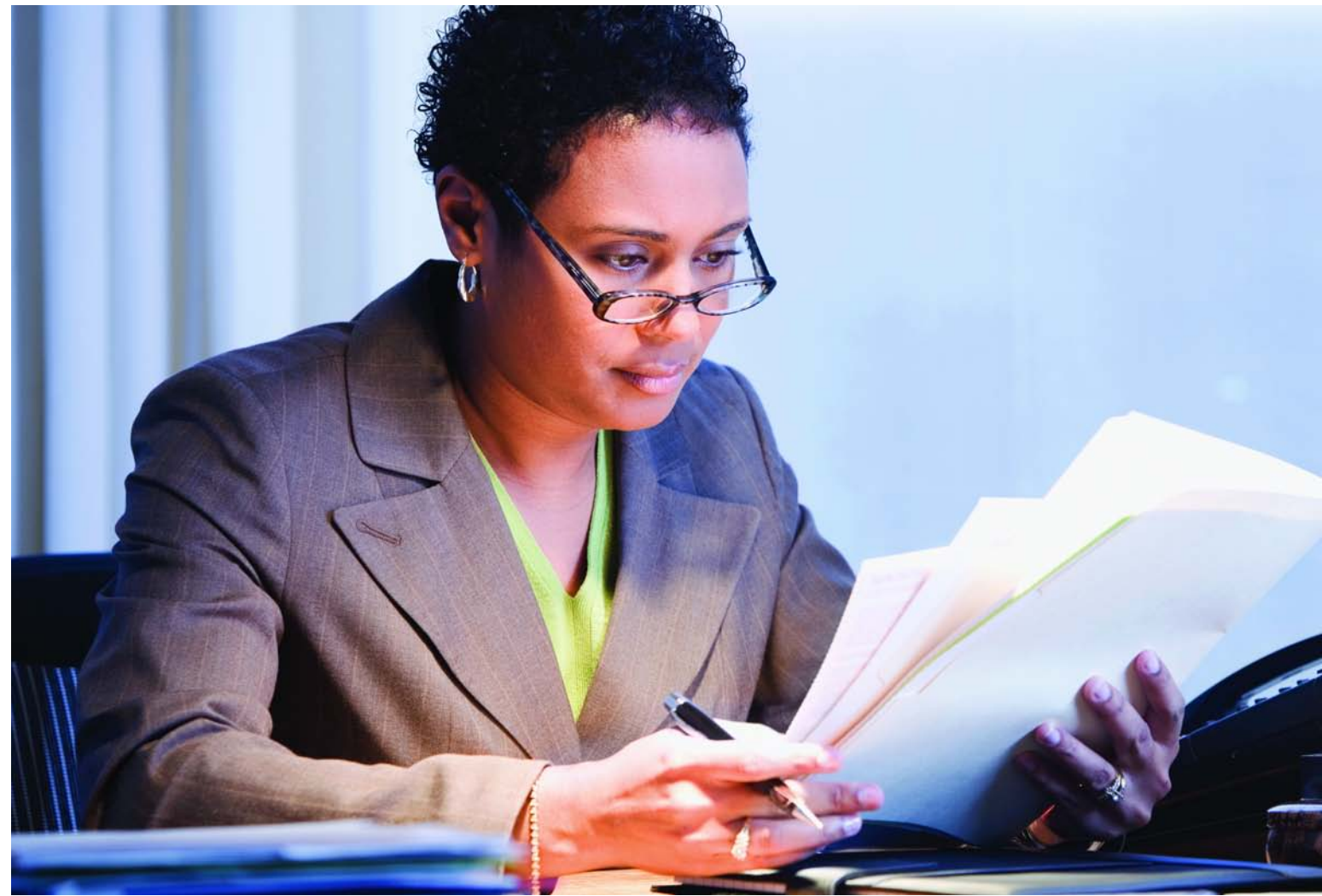
ASSOCIATED PRESS

JANET CREPPS / April 18, 2007

“States that have waiting periods or biased counseling, they’re going to look at this opinion and consider whether they can make those requirements much more harsh.”

INFLUENCING GOVERNMENTS

20 Not all of what the Center does happens in the courtroom. We and our local partners labor, often over many years, to strengthen constitutions, craft local and national policy, and improve reproductive rights practices on the ground. This last effort means building institutions inside and outside government that are founded on the principle—and are capable of realizing the promise—of reproductive rights as fundamental human rights.



INFLUENCING

FIRST LEGALIZATION, THEN ABORTION FOR WOMEN WHO NEED IT

SPOTLIGHT ON NEPAL

Five years ago, Nepal legalized abortion. Yet complications from pregnancy and unsafe abortion have claimed more lives per year than the country's civil war. In 2006, the interim national constitution recognized women's reproductive rights as fundamental rights—the first in the region to do so. Access is still limited, however. The procedure is expensive, and 80 percent of rural women don't even know it is legal.

Both the legalization of abortion and its constitutional recognition as a basic right are the fruits of women's rights activism, in which the Center has played an instrumental role. **Melissa Upreti**, a Nepali citizen and the Center's legal adviser for Asia, got involved in the fight for abortion rights in Nepal over a decade ago, at a time when women were imprisoned for terminating a pregnancy. In 2006, she was able to work with legal advocate **Chhatra Gurung**, of the Center's longtime partner, the **Legal Aid and Consultancy Center**, and a member of the interim constitution drafting committee, to propose and advance the language of the new law.

Enforcing the right to reproductive health is just as important as getting the right down on paper, and the Center and its local partner, the **Forum for Women, Law and Development**, have established a new institution to do just that: ensure that abortion is affordable, accessible, and safe for all women. The Forum's Reproductive Rights Unit—initiated and guided by Upreti, and staffed full-time—monitors violations of the new law, trains local lawyers in using litigation to advance reproductive rights, and identifies potential cases to take to court. Indeed, one 2006 training, which involved 17 participants, resulted in the Unit's first lawsuit. The suit, in which Upreti is a petitioner, was filed in February 2007 in Nepal's Supreme Court, and argues that the government has failed to implement its own law, leaving safe abortion largely inaccessible to most of the nation's women.

NEXT STEPS:

The February filing awaits a court date. In the meantime, the Center will continue its successful capacity-building work, facilitating future litigation by leading workshops and providing financial support.

MORE CENTER WORK...

CALLING THE U.S. ON THE UN'S CARPET

As the world makes progress toward broader reproductive freedom and greater human rights for women, the U.S. is sliding backwards, increasingly violating both its own constitution and the International Covenant on Civil and Political Rights (ICCPR). That was the Center's message to the UN Human Rights Committee, as the U.S. underwent a regular review of its compliance with the Covenant. The government touted as human rights triumphs the passage of numerous anti-choice laws, including the Federal Abortion Ban. In our testimony and a "shadow report" countering the U.S.'s claims, the Center detailed racial and class disparities in American women's access to reproductive healthcare, increasing restrictions on contraception and abortion, regressive policies such as government-funded abstinence-only sex education, and the global gag rule, which prohibits recipients of USAID funds from mentioning abortion.

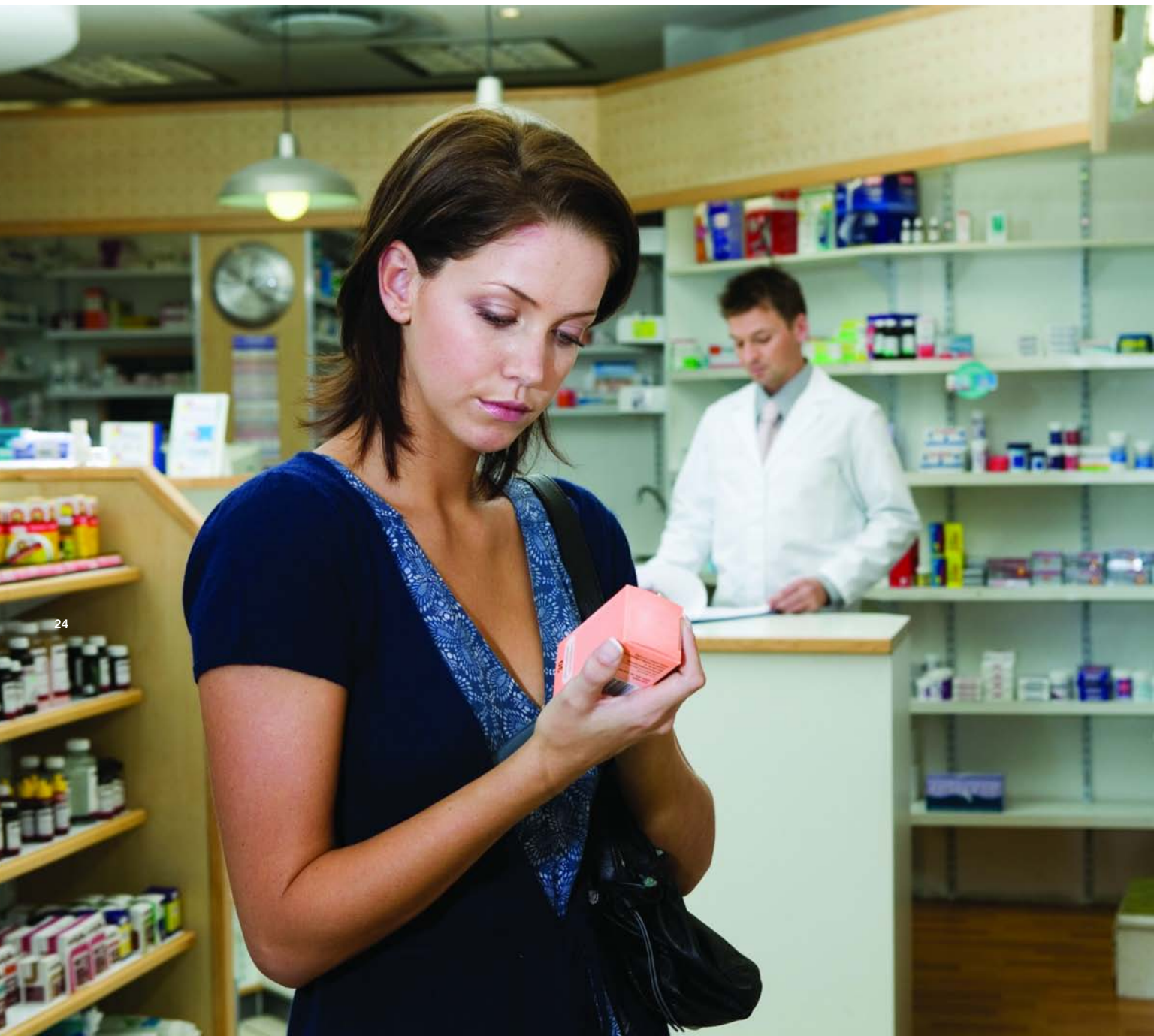
BILL TRACKING: BEFORE THE LAW IS SIGNED

Rather than waiting until bills become law, the Center works proactively within the states either to advance reproductive freedom or prevent proposals seeking to restrict it. During the 2006 legislative session, the Center's 50-state bill-tracking program kept tabs on over 600 bills dealing with abortion, contraception, funding, and other issues affecting reproductive rights. The program provides legal research and advice to legislators and governors' offices in drafting pro-choice bills,

such as **Freedom of Choice Acts**. These statutes, crucial after *Carhart*, codify abortion rights at the state level even as those rights are eroded at the federal level. We also try to preempt anti-choice law by providing advocates, legislators, and governors with legal and policy arguments as to why such bills should not become law. Our April letter to Arizona Governor Janet Napolitano gave her the constitutional ammunition to veto a Senate bill that would have restricted the use of public funds for abortions. In her veto letter, Napolitano cited the Center's arguments.

TEXAS CONFIRMS ABORTION IS NOT MURDER

In abortion law, the devil is often in the details. In late July, the Center wrote to the Attorney General of Texas, advising him that the principal guide used by Texas attorneys to interpret state law had gravely misinterpreted its abortion and homicide statutes. The 2005-07 edition of *Penal Laws of Texas*, published by the Texas District and County Attorneys Association, includes a "2005 legislative note" saying that doctors who run afoul of parental consent laws or restrictions on third-trimester abortions might be subject to murder charges—and the death penalty. "If the interpretation were correct," our lawyers wrote, "it would pose serious constitutional concerns" and chill the legal practice of abortion. On January 24, the Texas Attorney General issued an opinion that the Association's analysis was incorrect. Felony murder provisions of the Penal Code, he stated, do not apply to unlawful abortions.



ENSURING ACCESS TO CONTRACEPTION

We might have thought this battle was won decades ago, and the results established for good: women's ability to control their fertility translates into improved family well-being and vast gains in female education and economic and social power. But worldwide, these gains are being undermined, and access to birth control is being challenged again. As with abortion, adolescents and low-income women are the most vulnerable.

ACCESS

THE CENTER PUSHES FOR PLAN B AND SUBPOENAS THE WHITE HOUSE

SPOTLIGHT ON EMERGENCY CONTRACEPTION

For six years, the **U.S. Food & Drug Administration (FDA)** has flouted overwhelming medical consensus, including the recommendation of its own Advisory Committee and professional review staff, and has stalled on making the emergency contraceptive Plan B available without a prescription. On August 24, 2006, the agency finally agreed to partial approval—but only for women 18 and older, and only upon presentation of a government-issued ID as proof of age.

The FDA has also restricted Plan B so that it must be kept behind the pharmacist's counter, and may be sold only during hours when a pharmacist is on-duty. Numerous studies have found the so-called 'morning after pill' safe and effective for women of all ages, and timely use of emergency contraception could significantly reduce the number of unintended pregnancies and abortions in the U.S., as it has in other countries. The question of access is, however, key.

The timing of the drug's approval by the FDA was suspicious: it came within weeks of the Center's request in federal court to subpoena correspondence between the FDA and the White House. Evidence was also emerging that Bush appointees at the agency may never have intended to approve the drug, regardless of the science. The subpoena (with which the Administration has refused to comply) was part of a lawsuit filed in 2005 on behalf of the Association of Reproductive Health Professionals, the National Latina Institute for Reproductive Health, individuals from the grassroots group the Morning-After Pill Conspiracy, including Annie Tummino, and several young women under 18 and their parents. The suit, *Tummino v. von Eschenbach*, asked the Court to order immediate approval of the drug for unrestricted access over-the-counter.

"As disturbing as the FDA's actions is the mounting evidence that the agency bowed to pressure from the White House, allowing the intrusion of politics to make a mockery of what should be a science-based process," said Center attorney **Simon Heller**.

NEXT STEPS:

On March 30, 2007, the Center filed for summary judgment, asking the Court to order the FDA to make Plan B available over-the-counter to women of all ages.

MORE CENTER WORK...

PHILIPPINES CONSIDERS LEGISLATION AGAINST CONTRACEPTION

The rise in the Philippines of religious fundamentalism hostile to women's sexual and reproductive rights is reflected in a bill that would penalize the production, sale, and dis-

tribution of such common contraceptives as the Pill, emergency contraception, and the IUD. In response, the Center submitted a letter to the government committee reviewing the bill, stating that not only is there no scientific or legal basis for the bill's characterization of these drugs and devices as "abortive," but their restriction would also violate basic human rights guaranteed women by international treaties.

IN THE NEWS...

REUTERS

SIMON HELLER / May 25, 2006

**"THE MORE WE LEARN ABOUT THE FDA'S
DECISION-MAKING AROUND PLAN B,
THE MORE WE KNOW THAT THE AGENCY VIOLATED ITS OWN PRECEDENTS."**

DRUG INDUSTRY DAILY

DIONNE SCOTT / July 10, 2006

"We are taking all steps possible to increase the availability of Plan B for women."

MS. MAGAZINE

NANCY NORTHUP / November 9, 2006

"We are pleased that the court is not only allowing us to further explore seemingly inappropriate White House involvement in the FDA's decision making... Our months of discovery have revealed that FDA scientists attempted to carry out a scientific approval process, but higher level officials made a mockery of that process, by ignoring the results and bowing to political pressures."

FDA TIMELINE

2003

DECEMBER 16, 2003

An independent FDA panel of experts recommends Plan B, manufactured by Barr Pharmaceuticals, for over-the-counter (OTC) status by a vote of 23 to 4 and finds unanimously that Plan B is safe and effective.

2004

LATE DECEMBER 2003/JANUARY 2004

Dr. Steven Galson, Director of the FDA's Center for Drug Evaluation & Research, informs members of the scientific review staff that, contrary to typical procedures, upper level management will make the final decision concerning Plan B.

DEC-JAN 15, 2004

Galson confesses to Dr. John Jenkins, Director of the FDA's Office of New Drugs, that he "didn't have a choice" but to reject Barr's application because he was afraid he would lose his job.

JANUARY 15, 2004

Galson holds a meeting with the review staff, making it clear that Commissioner McClellan has already decided to reject the application.

JANUARY 15-17, 2004

During a phone conversation, Dr. Janet Woodcock, then-Acting Deputy Commissioner for Operations, divulges to Dr. Florence Houn, Director of the FDA's Office of Drug Evaluation III, that denying Barr's application, then granting limited approval later, is "the only way to go" to "appease the administration's constituents."

MAY 4 OR 5, 2004

Galson tells Dr. Susan Wood, Director of the FDA's Office

of Women's Health, that denying Barr's application was necessary in order for him to be an effective leader within FDA.

MAY 6, 2004

The FDA denies the Barr application, overriding the recommendations of its professional staff, and suggests Barr resubmit the application with an age restriction for women 16 and older.

JULY 22, 2004

Barr Pharmaceuticals submits a revised "dual label status" proposal.

2005

JANUARY 2005

Galson prepares approval of Barr application with a 17 & older age restriction. But, according to the Galson deposition, Acting Commissioner Lester Crawford (who succeeded McClellan) mysteriously yanks Galson's authority in the process, and informs Galson that he will take over.

JANUARY 21, 2005

The FDA fails to issue a decision on the Plan B application within the required time-frame. The Center for Reproductive Rights files a lawsuit against the agency on behalf of reproductive health groups and activists for its continued failure to grant Plan B OTC status. The suit claims that the FDA violated its own regulations by ignoring science and holding Plan B to a different standard than other OTC drugs.

APRIL 6, 2005

Senators Patty Murray (D-WA) and Hillary Clinton (D-NY) place a "hold" on Crawford's nomination as FDA Commissioner due to the agency's failure to make any decision on Plan B.

JULY 15, 2005

Senators Murray and Clinton lift the "hold" on Crawford's nomination in exchange for a promise from Health and

Human Services (HHS) that the FDA will act on the Plan B application by September 1, 2005.

AUGUST 26, 2005

Despite HHS's promise, the FDA once again delays action on Plan B, and announces a request for public input on dispensation of the drug.

OCTOBER 12, 2005

The Government Accountability Office releases a report on the Plan B controversy, finding that decision-making around the drug was highly unusual and made with atypical involvement from high-level officials.

DECEMBER 22, 2005

A federal judge denies an earlier Department of Justice request to dismiss the Center's lawsuit, calling the FDA inaction on Plan B tantamount to "an administrative agency filibuster."

2006

FEBRUARY 24, 2006

The Center is authorized by the court to depose high-level FDA officials. The New York magistrate judge cites a strong showing of "bad faith and improper behavior" by the FDA.

MARCH 15, 2006

Acting Commissioner Andrew von Eschenbach is nominated to head the FDA. Senators Murray and Clinton block his confirmation vote.

JUNE 13, 2006

In sworn deposition, former Commissioner McClellan claims that he did not make the decision about Plan B's over-the-counter status or direct Galson to act in any particular way on Plan B, directly contradicting the testimony given by Jenkins, Houn, and Wood.

JULY 18/19, 2006

Dr. Curtis Rosebraugh, Deputy Director of the FDA's Division of OTC Drug Products, is deposed. He confirms

that FDA scientists believe that the decision was influenced by political considerations.

JULY 21, 2006

The Center asks the court to subpoena White House documents and to depose former White House aid, Jay Lefkowitz, on the mysterious April 21, 2003 meeting with McClellan.

JULY 31, 2006

Von Eschenbach announces the plan to make Plan B available without a prescription to women aged 18 and older.

AUGUST 1, 2006

The Senate holds a hearing for von Eschenbach in which Senators renew their "hold" on confirmation until the FDA acts on Plan B.

AUGUST 23, 2006

The FDA approves Plan B for non-prescription sale, but only for women 18 and older with government issued IDs, and only from behind pharmacy counters.

NOVEMBER 6, 2006

The federal judge rules that the Center can subpoena White House documents and concludes that the Center demonstrated a "strong showing of bad faith" by the FDA in its decision-making around Plan B.

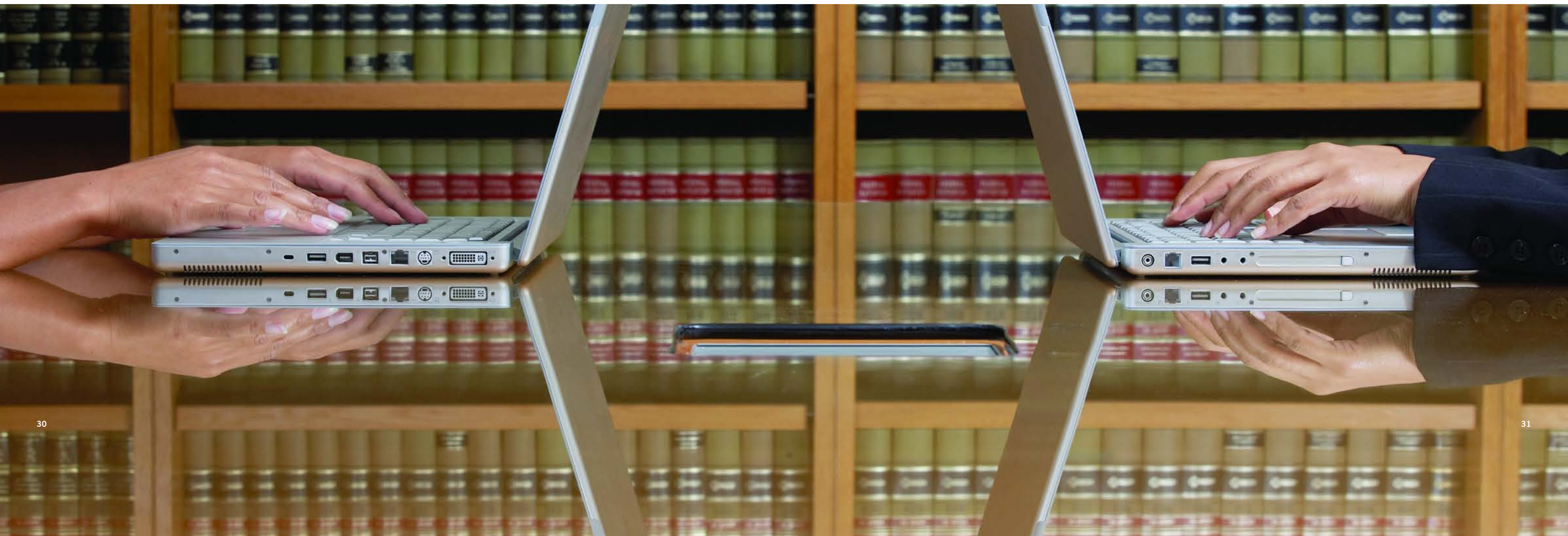
NOVEMBER 16, 2006

The Center issues subpoenas to the White House asking to see communications between the Domestic Policy Office of the White House regarding Plan B. As expected, the government objects to the subpoena request.

2007

MARCH 30, 2007

The Center files for summary judgment, arguing that the facts make it unnecessary for the court to hold a trial, and that the court should order the agency to make Plan B available without a prescription to women of all ages, and without restriction at the point of sale.



GENERATING

GENERATING NEW LEGAL STRATEGIES AND TOOLS

The Center learns from our partners throughout the world, and we seek to share our own expertise and experience with others. With the goal of spawning new ideas and mobilizing legal activism, we conduct educational gatherings and spread the word through publications and other media.

CONFERENCES AND SYMPOSIA

“EQUALITY AND REPRODUCTIVE RIGHTS”

New York, March 3-4, 2006

The symposium, co-sponsored by Columbia University Law School's Social Justice Initiatives program, featured panel discussions on the social context of abortion and equality; constitutional bases for reproductive rights; and sexuality and reproductive equality. The panels were led by professors from across the U.S. and Center legal staff, and the papers will be published in a forthcoming issue of the *Emory Law Journal*.

GLOBAL LAW REFORM CONSULTATION

Mexico City, April 26-27, 2006

The meeting, which we co-sponsored with our partner, Grupo de Información en Reproducción Elegida (GIRE), brought together experts from four regions to assess existing resources and discuss the needs of groups working to achieve legislative and regulatory change. The discussions helped identify the information needs of advocates, and informed the revision of our publication *Gaining Ground: A Tool for Advancing Reproductive Rights Law Reform*.

INTERNATIONAL LITIGATION ADVISORY COMMITTEE (ILAC)

New York, June 8-9, 2006

The second annual meeting of the Center's International Litigation Advisory Committee (ILAC) brought together experts in human rights law and litigation from around the world. The group provided responses and recommendations to our International Legal Program, and talked about enforcing reproductive rights at the national, regional, and international levels. The discussions examined in depth both specific developing cases and more general strategies, including non-judicial approaches such as advocacy.

CONGRESSIONAL BRIEFING

Washington D.C., January 29, 2007

Center attorneys Janet Crepps, Katherine Grainger, and Laura Katzive, addressed a standing-room-only crowd of congressional staffers on current reproductive issues in the United States and abroad. Coming on the heels of the mid-term elections, the briefing provided an opportunity to highlight the Center's cutting edge litigation and state policy work, and to raise our visibility as a resource on reproductive rights and health issues.

TRAININGS

KENYA AND NIGERIA

March 2006

The Center traveled to Nigeria and Kenya to train more than 50 lawyers and advocates in high-impact international litigation. The trainings focused on building familiarity with the concept of reproductive rights as human rights and on using a wide range of accountability mechanisms to advance those rights.

BULGARIA

April 2006

The Center and its partners, the **Bulgarian Gender Research Foundation** and the **Network of East-West Women**, concluded a two-year program, the Women's Human Rights Training Institute, training lawyers to litigate women's rights issues using the UN Optional Protocols and the European Court of Human Rights. A new group of lawyers will begin participation in this highly successful program this fall.

INDIA AND NEPAL

August 2006

In collaboration with our local partners, the **Human Rights Law Network** and the **Forum for Women, Law and Development**, the Center conducted multi-day capacity-building trainings for lawyers in India and Nepal. The trainings, the first of their kind in the region, provided information about international and comparative legal

norms and jurisprudence, and successes in different parts of the world. In these and future trainings, the Center hopes to aid participants in developing creative strategies to address rights abuses and advance reproductive rights locally, while engaging with international and national human rights mechanisms and bodies.

POLAND

September 2006

Against the backdrop of proposed constitutional amendments to further restrict abortion and other reproductive rights, the Center conducted a four-day capacity-building training for lawyers in Poland. Held in collaboration with the **Polish Federation for Women and Family Planning** and the **Warsaw University Law Clinic**, the training helped lawyers develop skills to litigate reproductive rights cases in a hostile environment. The second half of the training, in February 2007, focused on teaching lawyers to take reproductive rights cases to the European Court of Human Rights.

KENYA

November 2006

The Center conducted a day-and-a-half long workshop on “Abortion as a Human Right” for a coalition of doctors, lawyers, journalists and activists known as the **Reproductive Health and Rights Alliance**. The workshop, which was held in the Kenyan capital, Nairobi, was part of a week-long strategy meeting convened by the Alliance.

PUBLICATIONS AND THE WEB

GAINING GROUND: A Tool for Advancing Reproductive Rights Law Reform

This resource guide helps advocates translate reproductive rights principles into concrete guidance for national law reform. Covering nine topics, *Gaining Ground* provides examples of recently-adopted laws and policies from around the world that help advance reproductive rights.

Topics range from safe pregnancy and childbirth to contraception, HIV/AIDS, and female genital mutilation.

LITIGATING REPRODUCTIVE RIGHTS: Using Public Interest Litigation and International Law to Promote Gender Justice in India

In India, gender-biased practices severely undermine women's reproductive rights, subjecting women to human rights abuses that breach fundamental provisions of both the Indian constitution and international conventions. *Litigating Reproductive Rights* shows how various actors can use litigation to help ensure that the government upholds its obligation to protect women and provide justice to those whose rights have been violated.

MÁS ALLÁ DEL DERECHO: Justicia y género en América Latina (Beyond the Law: Justice and Gender in Latin America)

This Spanish-language publication evaluates and criticizes gender discrimination in laws and legal institutions in Latin America, and offers numerous approaches to empowering women and upholding their rights. It is the first publication of **Red Alas**, a Latin American network of law professors and experts, including the Center's, whose aim is to reform legal education in the region from a gender perspective.

ARABIC ON OUR WEBSITE

Launched on January 25, 2006, our website's new Arabic section is the premier online source of reproductive rights information for the Arabic-speaking world.

2006 Docket

In 2006, the Center added six new cases to its docket, for a total of 40 cases in the Domestic and International Programs. The 2006 docket illustrates the range of cases in which we are involved, protecting the reproductive freedom and health of women and girls all around the world.

ABORTION

DENIAL OF ACCESS TO LEGAL ABORTION

- Choice, Inc. v. Graham (*U.S. District Court for the Eastern District of Louisiana; U. S. Bankruptcy Court for the Eastern District of Louisiana*)
- In re Access to Abortion in Cases of Fetal Impairment in Poland (*European Court of Human Rights*)
- KL v. Peru (*UN Human Rights Committee*)
- Paulina Ramírez v. Mexico (*Inter-American Commission on Human Rights*)
- Tysiac v. Poland / Amici (*European Court of Human Rights*)
- R.R. v. Poland (*European Court of Human Rights*)
- Achyut Prasad Kharel v. His Majesty's Government of Nepal / Amici (*Supreme Court of Nepal*)

BANS ON ABORTION

- Benten v. Kessler (*U.S. District Court for the Eastern District of New York*)
- Gonzales v. Carhart (*U.S. Supreme Court*)
- Herring v. Richmond Medical Center for Women (*U.S. Court of Appeals for the Fourth Circuit*)
- In re Abortion Law Challenge in Colombia / Amici (*Constitutional Court of Colombia*)
- Northland Family Planning Clinic, Inc. v. Cox (*U.S. Court of Appeals for the Sixth Circuit*)
- Utah Women's Clinic v. Walker (*U.S. District Court for the District of Utah*)
- D. v. Ireland / Amici (*European Court of Human Rights*)

MANDATORY DELAY / BIASED COUNSELING

- Presidential Women's Center v. State of Florida (*Supreme Court of Florida*)

RESTRICTIONS ON MINORS

- Aid for Women v. Foulston (*U.S. Court of Appeals for the Tenth Circuit*)
- Nova Health Systems v. Edmondson (*U.S. Court of Appeals for the Tenth Circuit*)
- Planned Parenthood of Alaska v. State (*Supreme Court of Alaska*)
- Womancare of Orlando, Inc. v. Agwunobi (*U.S. District Court for the Northern District of Florida*)

TARGETED REGULATION OF ABORTION PROVIDERS (TRAP)

- Hope Medical Group for Women v. LeBlanc (*U.S. District Court for the Eastern District of Louisiana*)
- Jackson Women's Health Organization v. Amy (*U.S. District Court for the Southern District of Mississippi*)
- Tucson Women's Clinic v. Eden (*U.S. Court of Appeals for the Ninth Circuit*)

CENSORSHIP AND FREE-SPEECH RESTRICTION

- Carey v. Maricopa County (*United States District Court for the District of Arizona*)
- DKT International Inc. v. United States Agency for International Development, et al. / Amici (*U.S. Court of Appeals for the District of Columbia*)
- Hill v. Kemp (*U.S. District Court of Appeals for the Tenth Circuit*)
- Keeler v. Stalder (*U.S. Court of Appeals for the Fifth Circuit*)

COERCIVE STERILIZATION / VIOLENCE AGAINST WOMEN

- A.S. v. Hungary / Amici (*UN Committee on the Elimination of Discrimination against Women*)
- Forum for Fact Finding Documentation and Advocacy v. Union of India and others / Amici (*Supreme Court of India*)
- María Mamerita Mestanza Chávez v. Peru (*Inter-American Commission on Human Rights*)
- MM v. Peru (*Inter-American Commission on Human Rights*)
- Paola Guzmán Albarracín v. Ecuador (*Inter-American Commission on Human Rights*)
- Ramakant Rai & Health Watch UP Bihar v. Union of India and others / Amici (*Supreme Court of India*)
- I.G. and Others v. Slovakia (*European Court of Human Rights*)
- K.H. and Others v. Slovakia (*European Court of Human Rights*)
- Pundevi Maharjan v. His Majesty's Government / Amici (*Supreme Court of Nepal*)

CONTRACEPTIVE ACCESS AND EQUITY

- In re Access to Emergency Contraception in Colombia / Amici (*Colombian Consejo de Estado*)
- Tummino v. von Eschenbach (*U.S. District Court for the Eastern District of New York*)
- In re Access to Emergency Contraception in Ecuador / Amici (*Constitutional Tribunal of Ecuador*)

PUNISHING WOMEN FOR BEHAVIOR DURING PREGNANCY

- Ferguson v. City of Charleston (*U.S. Supreme Court*)

REPRODUCTIVE HEALTH TECHNOLOGIES

- Gillett-Netting v. Barnhart (*U.S. Court of Appeals for the Ninth Circuit*)
- Ana Victoria Sánchez Villalobos and others v. Costa Rica / Amici (*Inter-American Commission on Human Rights*)

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Financial Information 2006

Support and revenue, including charitable donations and grants, for the Center's work in Fiscal Year 2006 totaled \$11,066,132. Major financial support came from foundations (excluding family foundations), with grants totaling \$5,320,129, representing 48% of total support and revenue. Contributions and grants from individuals and family foundations totaled \$2,600,113, representing 23% of total support and revenue. The remainder of our income was generated through investments and miscellaneous services.

Statements of Financial Position

AS OF DECEMBER 31, 2006 AND 2005

As of December 31, 2006 and 2005	2006	2005
ASSETS		
Cash and cash equivalents	\$ 2,837,528	\$ 2,416,473
Grants and contributions receivable	1,913,849	4,053,197
Prepaid expenses and other assets	132,794	98,365
Investments, at market	9,152,616	5,089,929
Property and equipment, net	248,103	421,249
Security deposits	125,307	116,925
Total Assets	\$ 14,410,197	\$ 12,196,138
LIABILITIES		
Accounts payable and accrued expenses	\$ 702,216	\$ 661,075
Deferred rent payable	347,468	361,019
Total Liabilities	1,049,684	1,022,094
COMMITMENTS		
NET ASSETS		
Unrestricted	7,409,173	5,814,660
Temporarily restricted	4,947,220	4,355,264
Permanently restricted	1,004,120	1,004,120
Total Net Assets	13,360,513	11,174,044
Total Liabilities and Net Assets	\$ 14,410,197	\$ 12,196,138

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

Statements of Activities

FOR THE YEARS ENDED DECEMBER 31, 2006 AND 2005

	For The Year Ended December 31, 2006				For The Year Ended December 31, 2005			
	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL 2006	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL 2005
PUBLIC SUPPORT AND REVENUE								
Grants	\$ 690,000	\$ 2,792,086	\$ -	\$ 3,482,086	\$ 326,587	\$ 3,715,554	\$ -	\$ 4,042,141
Contributions	2,600,113	2,430,000	-	5,030,113	2,757,650	558,000	-	3,315,650
Attorney fees	640,127	-	-	640,127	-	-	-	-
Investment income	659,257	131,068	-	790,325	155,669	65,743	-	221,412
Donated services	1,669,079	-	-	1,669,079	1,414,718	-	-	1,414,718
Other income	46,358	-	-	46,358	55,417	-	-	55,417
Net assets released from restrictions	4,761,198	(4,761,198)	-	-	3,848,063	(3,848,063)	-	-
Total Public Support and Revenue	11,066,132	591,956	-	11,658,088	8,558,104	491,234	-	9,049,338
EXPENSES								
<i>Program Services:</i>								
Domestic	3,990,251	-	-	3,990,251	3,119,380	-	-	3,119,380
International	2,307,842	-	-	2,307,842	1,661,109	-	-	1,661,109
Communications and public education	1,191,184	-	-	1,191,184	1,019,923	-	-	1,019,923
Total Program Services	7,489,277	-	-	7,489,277	5,800,412	-	-	5,800,412
<i>Supporting Services:</i>								
Management and general	753,479	-	-	753,479	1,005,866	-	-	1,005,866
Fundraising	1,228,863	-	-	1,228,863	1,084,395	-	-	1,084,395
Total Supporting Services	1,982,342	-	-	1,982,342	2,090,261	-	-	2,090,261
Total Operating Expenses	9,471,619	-	-	9,471,619	7,890,673	-	-	7,890,673
CHANGE IN NET ASSETS	1,594,513	591,956	-	2,186,469	667,431	491,234	-	1,158,665
Net assets – beginning of year	5,814,660	4,355,264	1,004,120	11,174,044	5,147,229	3,864,030	1,004,120	10,015,379
NET ASSETS – END OF YEAR	\$ 7,409,173	\$ 4,947,220	\$ 1,004,120	\$ 13,360,513	\$ 5,814,660	\$ 4,355,264	\$ 1,004,120	\$ 11,174,044

Statement of Functional Expenses

FOR THE YEAR ENDED DECEMBER 31, 2006 (WITH COMPARATIVE TOTALS FOR DECEMBER 31, 2005)

	For the Year Ended December 31, 2006				For the Year Ended December 31, 2006			TOTAL 2006	TOTAL 2005
	PROGRAM SERVICES				SUPPORTING SERVICES				
	DOMESTIC	INTERNATIONAL	COMMUNICATIONS AND PUBLIC EDUCATION	TOTAL PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING	TOTAL SUPPORTING SERVICES		
Salaries	\$ 1,362,871	\$ 953,272	\$ 484,540	\$ 2,800,683	\$ 261,044	\$ 366,112	\$ 627,156	\$ 3,427,839	\$ 2,964,919
Payroll taxes and employee benefits	295,133	224,594	99,985	619,712	54,936	92,170	147,106	766,818	591,891
Total Salaries and Related Costs	1,658,004	1,177,866	584,525	3,420,395	315,980	458,282	774,262	4,194,657	3,556,810
Professional fees	229,717	293,032	316,538	839,287	91,569	115,733	207,302	1,046,589	692,080
Printing and publications	5,767	49,181	98,500	153,448	743	56,444	57,187	210,635	239,907
Dues, fees and subscriptions	75,548	7,695	8,524	91,767	1,939	6,198	8,137	99,904	92,447
Travel	138,853	163,459	23,053	325,365	6,693	11,952	18,645	344,010	220,369
Direct mail	-	-	-	-	-	439,165	439,165	439,165	353,180
Equipment rental and maintenance	46,559	29,145	9,660	85,364	19,432	8,505	27,937	113,301	114,536
Telecommunications	13,946	13,593	8,736	36,275	3,817	4,021	7,838	44,113	41,500
Office supplies	41,083	37,709	24,402	103,194	15,175	39,023	54,198	157,392	125,432
Insurance	7,595	5,776	2,353	15,724	6,097	1,711	7,808	23,532	18,426
Occupancy	296,519	192,371	78,430	567,320	199,440	57,245	256,685	824,005	739,221
Depreciation and amortization	69,483	52,847	21,530	143,860	55,938	15,658	71,596	215,456	235,685
Contributed services	1,376,584	265,241	5,946	1,647,771	16,983	4,325	21,308	1,669,079	1,414,718
Miscellaneous	30,593	19,927	8,987	59,507	19,673	10,601	30,274	89,781	46,362
Total Expenses	\$ 3,990,251	\$ 2,307,842	\$ 1,191,184	\$ 7,489,277	\$ 753,479	\$ 1,228,863	\$ 1,982,342	\$ 9,471,619	\$ 7,890,673

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