

DEFENDING REPRODUCTIVE RIGHTS

**STANDING UP FOR
WOMEN'S DIGNITY
AND LIVES**

**CENTER
FOR
REPRODUCTIVE
RIGHTS**

ANNUAL REPORT 2009

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Printed in the United States

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** Unless otherwise noted, the women pictured within are not clients of or employees at the Center.*

OUR MISSION

The Center for Reproductive Rights uses the law to advance reproductive freedom as a fundamental right that all governments are legally obligated to protect, respect, and fulfill.

OUR VISION

Reproductive freedom lies at the heart of the promise of human dignity, self-determination, and equality embodied in both the U.S. Constitution and the Universal Declaration of Human Rights. The Center works toward the time when that promise is enshrined in law in the United States and throughout the world. We envision a world in which all women are free to decide whether and when to have children; where all women have access to the best reproductive healthcare available; where all women can exercise their choices without coercion. More simply put, we envision a world where all women participate with full dignity as equal members of society.

INTRODUCTION

We are unafraid to take on seemingly intractable challenges—or break new ground. All our work converges on one point: building a robust body of law that will guarantee safe and accessible reproductive healthcare and, with it, every woman’s equality and human rights.

Since its inception, the **Center for Reproductive Rights** has catalyzed the power of law and moral force of human rights standards to attain reproductive self-determination for women around the world. Our pioneering litigation, tireless legal advocacy, and savvy human rights strategies both safeguard the gains we have already made and revolutionize how courts and lawmakers understand reproductive health and rights.

The stakes are high: as the stories in the following pages make clear,

women’s very dignity and lives depend on their ability to obtain the full range of reproductive healthcare services, while opponents of reproductive self-determination are unrelenting.

Yet we are unafraid to take on seemingly intractable challenges—or break new ground. All our work converges on one point: building a robust body of law that will guarantee safe and accessible reproductive healthcare and, with it, every woman’s equality and human rights.

HONORING THE MEMORY OF

Sheldon J. Segal, 1926 – 2009
and **Francis W. Hatch Jr.**, 1925 – 2010

Founding Board Members, Dedicated Reproductive
Rights Defenders, and Beloved Friends

At first look, **Sheldon J. Segal** and **Francis W. Hatch Jr.** might have appeared to have little in common. A world-renowned scientist, Segal directed groundbreaking research that led to the development of long-acting contraceptives, which to date have been used by more than 120 million women around the world. Hatch made his mark on the world in politics, serving as the Republican minority leader in the Massachusetts legislature and authoring the state's 1965 Hatch Act, one of the first wetlands protection acts in the country.

As founding board members of the Center, however, Segal and Hatch were brought together by a passion for advancing reproductive rights, which they both saw as critical in order to raise the status of women around the world. Their deep-seated convictions that a woman's equality and autonomy depend on her ability to realize her reproductive choices indelibly shaped the Center's mission and vision. Their profound connections to other advocacy groups and the philanthropic community also helped to provide a secure foundation for the Center's place in the reproductive rights movement and the world.

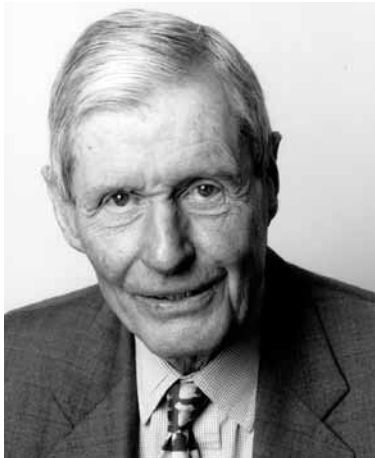
"When the Center was first founded in 1992, the notion that the international human rights framework could be mobilized to protect reproductive freedom was radical," said **Sylvia A. Law**, a long-time board member and the Elizabeth K. Dollard Professor of Law, Medicine and Psychiatry at the New York University School of Law.

"Shelly and Frank both understood the value of the Center's audacious mission, and their deep knowledge and experience empowered the Center to be bold."

For the past 17 years, Segal contributed his wisdom, warmth, and incisive scientific mind to the work of the board. As a leading authority on global population issues, family planning and contraceptive technologies, he promoted the health of millions of women. In addition to helping to develop copper-bearing intrauterine devices and implant contraceptives such as Norplant, he oversaw initial studies of contraceptive vaginal rings, contraceptive vaccines, and male contraceptives.

A Distinguished Scientist at the Population Council and an elected member of the National Academy of Sciences' Institute of Medicine, Segal served as an advisor to the World Health Organization, the United Nations Population Fund, the World Bank, the European Parliament, and the United States Congress, among others. He received extensive recognition for his accomplishments, including the United Nations Population Award, the Lifetime Achievement Award from the International Academy of Human Reproduction, and the Joseph Bolivar DeLee Humanitarian Award from the University of Chicago.

"Shelly was fiercely passionate about the well-being and self-determination of women," said **Nancy Northup**, the Center's president. "We will all miss his brilliance,



Francis W. Hatch, Jr.



Sheldon J. Segal

excellent sense of humor, and peerless commitment to improving the lives of women through reproductive healthcare.”

That commitment was shared by Hatch, who brought tough questions and sound judgment to his service on the Center’s board from 1992 to 2006, in particular as chair of the board’s finance committee. Hatch launched his political career in 1957, when he was elected to the first of three terms as an alderman in his hometown of Beverly, Massachusetts. He was a member of the Republican State Committee from 1960 to 1964 and a state representative from 1962 to 1978. He served as minority leader for eight of those 16 years, and in 1978 he was narrowly defeated as a Republican candidate for governor.

After leaving elected office, Hatch dedicated himself to championing the causes that were close to his heart. In addition to his work with the Center and arts organizations, he served as a long-time chair of the Board of the John Merck Fund, a Boston-based foundation that supports work on issues such as climate change, Vermont farmland preservation, job creation in rural New England, and reproductive healthcare.

“Frank was an old-school gentleman who fully understood the importance of defending women’s reproductive choices, and his unwavering support was essential to the Center’s growth and success,” said Law. “He will

be just as fondly remembered for his love of poetry, which could always be counted on to enliven board gatherings.”

While the Center’s board and staff are deeply saddened by the loss of these two extraordinary defenders of women’s reproductive rights, we are immensely grateful to have benefited many times from their sharp insights, thoughtful guidance, and loyal friendship. Segal’s and Hatch’s lives inspire all of us as we continue the fight for every woman’s right to make her own reproductive choices. We will draw on their spirit as we continue to realize their vision of a more just world for women.

MESSAGE FROM OUR BOARD CHAIR

BARBARA N. GROSSMAN

“If the successes and setbacks of 2009 have taught us anything, it is that reproductive rights advocates must be as fierce, strategic, and tireless as ever.”

What a great honor it is to chair the board of the Center for Reproductive Rights! After a year in the position, I am more impressed than ever by the caliber of the Center's staff and the power of its vision to change the world.

As the mother of three accomplished daughters, I keep the Center's mission to spread the recognition that reproductive rights are fundamental human rights close to my heart. My hopes for my children as they were growing up were just like any other mother's: for them to live happy and healthy lives, to find work that fulfills them and allows them to contribute to the world, and to have the families that they choose. All these dreams depend on my daughters' ability to make their own reproductive choices and thus set their own courses in life: without reproductive rights, there can be no progress, no empowerment, and no equality for women. Without reproductive rights, women cannot protect their health, make the decisions that are best for them and their loved ones, or fully realize their potential.

There should be no question that governments have a duty to protect women's basic dignity and autonomy, and that means guaranteeing their right to reproductive healthcare. I was drawn to the Center because of its insistence that governments be held accountable to

women; its steadfast focus on building a new legal framework that will ensure that every woman, wherever she may live and whatever her means may be, has access to reproductive healthcare; and its willingness to take on the most difficult fights, no matter how unpopular.

As you will read in the following pages, these are qualities that in 2009 yielded tremendous gains for women and their families around the world, from Nepal to North Dakota. But our fight is far from over. Too many women around the world still die, or are forced to resort to unsafe abortion, because they cannot obtain essential reproductive healthcare.

Violence and humiliation are routinely directed at women who try to assert their reproductive autonomy. In the United States, abortion providers work under siege every day, while state legislatures craft ever more outrageous abortion restrictions aimed at obstructing women from exercising their constitutional rights. And in 2009, we saw just how tight a grasp the anti-choice movement has on the nation's political life as it held healthcare reform hostage to its agenda.

If the successes and setbacks of 2009 have taught us anything, it is that reproductive rights advocates must be as fierce, strategic, and tireless as ever. We need to ask ourselves what it will take to create a world where



Barbara N. Grossman

reproductive freedom and health is a reality for every woman—and then find the strategy and resources to accomplish this essential goal. Such a long-term approach defines the Center's work: each one of our victories brings us closer to a world where women control their own reproductive destinies.

Whether you have sons or daughters, sons-in-law or daughters-in-law, grandsons or granddaughters, we all share the dream of good, full lives for our families. We, at the Center, would not be able to do this work without your generosity and faithful support, and for that we are deeply appreciative. I hope that you will continue to stand with us as we forge ahead. Together, we can create real change that will value every woman's dignity and self-determination.

Sincerely,

Barbara N. Grossman

Barbara N. Grossman

MESSAGE FROM OUR PRESIDENT NANCY NORTHUP

“We know that reproductive rights are a matter of women’s dignity and lives....We take our inspiration from strong women around the globe like those profiled in this report.”

The past year brought both momentous gains and disappointing losses to the reproductive rights movement. But this scarcely comes as a surprise: resistance to women’s equality and self-determination is simply too deeply embedded in the United States and around the world to allow the fight for reproductive rights to be either simple or fast.

The U.S. healthcare reform debate, for one, revealed the persistence of political stigma around abortion services—despite their centrality for women’s health. While the final version of the bill laudably expanded coverage for maternity care and contraception, it also included punitive and unnecessary restrictions on insurance coverage for abortion. Given that one in three American women will have an abortion, these restrictions are a huge gap in healthcare for women.

Yet I am far from discouraged. Healthcare reform aside, 2009 was filled with remarkable victories that proved hard work, tenacity, and strategic thinking yield results. A mere decade ago, abortion was illegal in Nepal, and it was routine for women who terminated pregnancies clandestinely to be imprisoned, sometimes along with their young children. Today, after years of advocacy by the Center and its partners, the ban on abortion in Nepal has been lifted and, in May 2009, Nepal’s

Supreme Court held that the government must fund poor women’s abortions. When it comes to abortion funding, women in Nepal now have more rights than those in the United States.

Not too long ago, governments and international bodies rarely, if ever, considered maternal mortality to be a violation of women’s basic human rights. We pressed hard to make the issue a global human rights priority, and in June the United Nations Human Rights Council adopted a remarkable resolution recognizing that governments have an obligation to prevent women from dying in pregnancy and childbirth.

On contraception, we have seen key markers of progress in the United States. Under the Bush administration, American women could obtain emergency contraception only with a prescription, despite the fact that the drug is safe for over-the-counter use. The Center sued the U.S. Food and Drug Administration for bowing to political pressure and flouting its established procedures for determining whether to allow over-the-counter access to drugs. And we prevailed: in March 2009, a federal judge rebuked the FDA for playing politics with women’s health and ordered it to revisit its remaining restrictions on over-the-counter access to emergency contraception.



Nancy Northup

We know that reproductive rights are a matter of women's dignity and lives. As we move forward to confront seemingly intractable challenges, including U.S. restrictions on abortion funding and cruel restrictions on abortion and birth control in the Philippines, we will apply the same dedication, vision, and resourcefulness as we did to our work in Nepal, on maternal mortality, and against the FDA. Although the fight will be just as tough as it was in 2009, I firmly believe that we will ultimately succeed.

We take our inspiration from strong women around the globe like those profiled in this report, including **L.C.** and **Snehalata Singh**. Both were denied critical reproductive healthcare and endured unimaginable suffering as a result. Both refused to be silenced and instead took decisive action to defend their human rights and the human rights of women everywhere.

We are also inspired by abortion providers who go to work every day despite persistent threats to their lives and livelihoods. They do this because they know their efforts are critical to safeguard women's power over their bodies and their lives.

And we take heart from the support of our loyal donors. Because of your commitment, a poor woman seeking an abortion in Nepal need not worry that financial

constraints will prevent her from obtaining the procedure. Because of your commitment, a 17-year-old date rape victim in the United States can now quickly obtain emergency contraception from her local pharmacy. Because of your commitment, we will someday realize the promise of health, self-determination, and dignity for women everywhere.

Sincerely,

A handwritten signature in black ink that reads "Nancy Northup". The signature is fluid and cursive.

Nancy Northup

SECURING A WOMAN'S HUMAN RIGHT TO ESSENTIAL OBSTETRICS CARE

When **Snehalata Singh** went to deliver her sixth child in a local hospital in Uttar Pradesh, one of India's most impoverished states, she did not expect doctors and nurses to abandon her for hours during labor.



350,000+
women die from complications of
pregnancy or childbirth every year.

Governments have not made enough progress in eradicating needless maternal deaths and injuries. What is missing is political will and accountability.

That's exactly what they did, and **Singh** left the hospital with a debilitating injury—a hole between her vaginal wall and urinary tract called a vaginal fistula. It took another nine months and visits to five different hospitals for Singh's condition to be diagnosed and treated.

Singh's suffering was not inevitable; it was the direct result of poor quality care, caused by the failure of Uttar Pradesh's government to fully implement its maternal health policies. Singh took action and sued Uttar Pradesh for violating her right to health and her right to live with dignity—one of a series of groundbreaking cases that the Center helped to develop in India to combat that country's dire maternal health crisis. In 2009, we submitted friend-of-the-court briefs in Singh's case and two others arguing that poor-quality maternal care is a violation of women's human rights.

Thinking of pregnancy-related deaths and injuries as human rights violations may seem novel, but the most fundamental reason that maternal mortality rates are so high is a pervasive disregard for women's lives. Behind the vast majority of maternal deaths is a story of discrimination and inequality, whether that of a teenage girl from India forced into marriage as a child, African-American women in the United States who are nearly four times more likely to die in childbirth than white women, or (as in our pending case against Brazil) a poor Afro-Brazilian woman repeatedly denied timely and proper medical care when she fell ill during her sixth month of pregnancy.

Almost all maternal deaths and injuries could be prevented with basic and emergency obstetrics care, but health reforms alone are not enough. Any effort to stem maternal deaths and injuries must combat discrimination

and focus on promoting women's basic rights to equality, health, and, most of all, life. Moreover, governments must be held accountable for failing to protect women's lives and health. To that end, we are building a legal foundation that recognizes the right to essential obstetrics care as a human right.

In India, we are using trainings and publications, including our 2009 report *Maternal Mortality in India: Using International and Constitutional Law to Promote Accountability and Change*, to encourage lawyers and activists to hold the government legally responsible for maternal deaths. So far, our local partner, the **Human Rights Law Network**, based in New Delhi, has filed five lawsuits that seek to establish maternal health facilities where they are needed, ensure that they are fully functional, and create a monitoring system to investigate maternal deaths so that the same mistakes are not repeated. Two courts have already ordered hospitals to probe maternal deaths and make blood banks available for maternity patients—simple changes that will spare the lives of countless women and make a world of difference to their families and communities.

On the global level, we successfully advocated for an historic resolution from the **United Nations Human Rights Council** that recognizes maternal mortality as a grave human rights concern. This groundbreaking step establishes that governments have a human rights obligation to prevent maternal deaths and provides activists with a powerful tool to demand action and accountability from their governments on maternal mortality.

Even though we have the knowledge we need to stop women from dying or being gravely injured during pregnancy and childbirth, governments have not made enough progress in eradicating needless maternal deaths and injuries. What is missing is political will and accountability. We need a new approach to confronting maternal mortality, one that promotes respect for women's health, dignity, and lives. Through our litigation and advocacy, the Center is putting women's human rights at the heart of the fight to make every pregnancy as safe and healthy as possible.

“ONLY A WOMAN SHOULD DECIDE ABOUT HER LIFE AND HER WOMB”

A YOUNG WOMAN’S FIGHT TO GET AN ABORTION IN POLAND

Even though Poland has one of the strictest abortion laws in Europe, fourteen-year-old **Agata*** had her parents’ support and should have been able to get a legal abortion. But doctors repeatedly refused her request, and hospital workers leaked Agata’s personal information to anti-choice activists. Agata and her mother **Ewa*** were subsequently besieged by protests, phone calls, and text messages. The harassment reached its peak when the activists persuaded local authorities to take Agata away from her parents’ custody and place her in a state-run juvenile center.

Fortunately, Agata was able to return home and eventually obtain an abortion. In February, the Center and the **Polish Federation for Women and Family Planning** sued Poland on her and her mother’s behalf at the European Court of Human Rights; the case seeks to secure Polish women’s access to legal reproductive healthcare services. Ewa spoke with us about the ordeal she and her daughter went through:

Q: Why did your daughter decide to seek an abortion?

A: My husband and I talked with our daughter about how the pregnancy would affect her education and the overall situation of the family, and we all agreed that an abortion would be the best option for her and her future. We first considered an illegal abortion as we were not aware that my daughter was entitled to a legal abortion. But when we found out that she had a legal right to an abortion, we decided to go to a hospital.

Q: How did doctors behave toward you and your daughter when you asked for an abortion?

A: Except for the hospital director, who contacted a priest against our wishes, doctors were nice to us. But they did not want to help us—it was clear that they were scared. I did not expect these problems. I was not familiar with

the situation in Poland in this respect very well. I had authorization from the prosecutor’s office, and I thought everything would be simple: we would go to the hospital, and a doctor would do what he or she is supposed to do to help my daughter.

Q: How did the harassment by anti-choice activists affect your daughter?

A: At first, I could not understand why all these strangers wanted to get involved in our lives, not to help us but to interfere and prevent us from doing what my daughter had a right to do. We did not think that they had any real power to stop her. We thought it was just pure talk. But later I understood that these people are really dangerous and could have a real impact on her life and her decision. And we were really scared. Still, we did not let them stop us from seeking an abortion for my daughter. Our lives, my daughter’s and my family’s, were in question, and only we had the right to decide what to do as only we would bear the consequences of the decision. But it was not easy to be persistent under the circumstances.

Q: How did you feel when your daughter was taken away from you?

A: It was a terrible shock for both of us, especially for my daughter. I told her that she was my child but I could not do anything anymore. I had no power and no rights.

Q: Why did you decide to sue Poland?

A: Many of my daughter’s human rights have been violated, and there should be justice for that. I also believe that Poland’s abortion law is too restrictive and should change: only a woman should decide about her life and her womb. I hope that the decision of the European Court for Human Rights will have a positive impact on how other women and girls who unfortunately find themselves in similar situations are treated—hopefully better than how my daughter and I were treated.

**The names of our clients have been changed to protect their confidentiality.*



**“MANY OF MY
DAUGHTER’S
HUMAN RIGHTS
HAVE BEEN
VIOLATED, AND
THERE SHOULD
BE JUSTICE
FOR THAT.”**

EWA, PLAINTIFF’S MOTHER

Learn more on page 15

DEFENDING THE HEALTHCARE PROVIDERS WHO MAKE WOMEN'S CHOICES POSSIBLE

For thirty years, neither violent attacks nor groundless criminal investigations could deter **Dr. George Tiller** from what he saw as his life's mission—providing women with safe abortion services at his clinic in Wichita, Kansas.

Nothing could stop him, that is, until the morning of May 31, 2009, when anti-choice extremist Scott Roeder shot and killed him in his church. Soon after, Dr. Tiller's clinic—one of the only ones in the United States where women could turn to if they needed an abortion during the later stages of a pregnancy—shut its doors.

Abortion providers should not have to live in fear or lose their lives; their work is both legal and essential to women's health. Yet for decades abortion foes across the United States have subjected Dr. Tiller and his peers to ceaseless physical and legal harassment in order to drive them out of business. Unable to overturn *Roe*, they have set out to deny women access to abortion by making it unbearable for abortion providers to continue working, and, in some cases, even preventing would-be abortion providers from receiving training.

Shortly before Dr. Tiller's murder, the Center completed a four-month investigation that documented these attacks and how they ultimately deprive women of their basic rights to reproductive autonomy and healthcare. The report, *Defending Human Rights: Abortion Providers Facing Threats, Restrictions, and Harassment*, was a clarion call asking federal and state governments to use the full force of the law to protect abortion providers and cease imposing discriminatory legal restrictions on them.

Over and over again during our research, abortion providers told us how they are stalked and intimidated, their homes and offices vandalized, and their families threatened. Many of them are compelled to take extreme precautions to protect their lives and identities: bulletproof vests, elaborate security systems at home and work, unlisted phone numbers, and circuitous routes to work. "I'm always looking out the window here and at home. It wears on you, being cautious all the time, looking to see if someone is following you," explained one clinic worker. **(Learn more about one abortion provider's perspective on page 21.)**

Anti-choice harassment has been dangerously effective in driving away abortion providers, whose numbers declined 25 percent in the past fifteen years. Instead of



Dr. George Tiller

protecting providers, many local and state governments single them out with onerous legal requirements such as unnecessary waiting periods, unreasonable facility regulations, and criminal bans on abortion methods, all of which make it even more difficult and costly to provide reproductive healthcare.

In some cases, public officials engage in smear campaigns. On May 22, 2009, the Center and pro bono counsel **Weil, Gotshal & Manges** won a \$1.4 million settlement on behalf of **Dr. J. Christopher Carey**. As chief of obstetrics and gynecology at Maricopa Medical Center in Phoenix and director of the department's residency program, Dr. Carey vocally opposed attempts by anti-choice county officials to eliminate abortion training for residents. In retaliation, those officials spread false rumors about him, conducted baseless investigations into his work, and finally fired him.

"I am extremely pleased with the settlement, but it's important to remember that the shortage of abortion providers in this country is extensive," said Dr. Carey. "A resident's ability to obtain abortion training is crucial to ensuring women receive quality healthcare when they need it."



We will continue to litigate to ensure that abortion providers are able to carry on their vital work. But we need additional strategies to shatter the stigma around abortion that endangers providers and creates barriers to reproductive healthcare. To that end, we are using human rights tools such as fact-finding investigations to illuminate and defend the crucial role that abortion providers play in women's lives.

In March 2010, we were honored to be recognized for our long-standing commitment to defending abortion providers with a Vision Award from the Abortion Care Network; **Janet Crepps**, deputy director of the U.S. Legal Program, received a special mention. Drawing on our distinct expertise in both U.S. and international human rights law, we will keep striving to ensure that abortion providers are able to work in safety, free from violence, and with the respect their critical work demands.

87%
of counties in the
United States do
not have a trained
abortion provider

Jones RK et al, "Abortion in the United States: incidence and access to services, 2005," *Perspectives on Sexual and Reproductive Health*, 2008, 40(1):6-16.

“ABORTION CARE IS A CALLING”

AN INTERVIEW WITH A TEXAS ABORTION PROVIDER

Shortly after graduating from college, **Amy Hagstrom Miller** walked into a Planned Parenthood clinic in St. Paul, Minnesota, and asked for a job. She was hired as a receptionist on the spot. Since then, she has spent more than twenty years providing abortion services—as well as fighting off anti-choice protestors and legislators—across the country. In 2003, Hagstrom Miller founded **Whole Woman’s Health**, which currently provides abortion care in five sites in Texas and Maryland. She was one of 83 abortion providers interviewed for the Center’s 2009 report, *Defending Human Rights: Abortion Providers Facing Threats, Restrictions, and Harassment*. (Learn more about the report on page 18.)

Q: Why did you decide to become an abortion provider?

A: For me, abortion care is a calling. Providing abortion gives me the opportunity to have heart-to-heart conversations with women about all the big things in life every single day. I get to sit with a woman as she examines what she believes, as she looks at what matters most to her. I can witness her dreams and her desires and affirm that she is put on this Earth to see them out and to act on her own gifts, not just to receive the lot that has been dealt to her.

Q: How have legal restrictions on abortion affected women?

A: Legislation targeting abortion providers is seldom in the true interest of the health and safety of women. In Texas, these laws arise out of a political agenda designed to make abortion almost impossible for practitioners to provide and impossible for women to access. But women have always had abortions. Sometimes the available choices are safe. Sometimes they are not. These greater restrictions only make women put their health and lives in danger by taking matters into their own hands. Street use of Cytotec—one of the medicines used in medication abortion—is already on the rise. We have also seen young women take extreme measures to avoid parental consent laws; in one incident, a Michigan teenager asked her boyfriend to hit her tummy with a baseball bat in order to induce a miscarriage. These

incidents are a direct result of the silence and stigma around abortion in this country.

Q: What sort of harassment do you and your staff encounter?

A: The harassment we face is profound, and it is constant, like a slow rolling boil. Some clinics are surrounded by people who call us “whore, whore, whore” every single day of our work life. Our staff members are followed to the grocery store, to the gas station. Anti-abortion protestors call us “serial killers” and threaten to follow us home “with a hatchet.” They even picketed my eighty-year-old landlord at his home and at his Catholic church. When we asked the local police and FBI for help, to do something about the trespassing and the posting of large anti-abortion signs all over one of our buildings, they refused because the protestors were “being peaceful.” Their inaction only emboldens the protestors.

Q: How does the stigma around abortion affect your ability to provide abortions?

A: In all sorts of ways: the hospital will not give privileges to our physicians, it is difficult to secure local back-up doctors, we can’t get anyone to provide us with bottled water, or replace our tile floors, or replace our roof, or re-surface our parking lot. It doesn’t help that the pro-choice majority is silent, and that most of the people talking about abortion in our society are anti-abortion. Why do shame and silence persist in our culture when so many people share the abortion experience? What does it take to keep 45 million women and their loved ones silent? You have to spend millions of dollars to shame them—to tell them they are murderers over and over until they believe it themselves. And you must threaten and intimidate and ultimately murder those who provide them abortion care. To me, eradicating stigma is the single most important thing we can do for abortion rights in this country. And that is why the Center’s report was so important: to draw out the voices of abortion providers and the women they serve, and thus reshape how abortion—and women—are seen and talked about in our society.

SEEKING JUSTICE FOR THE MARGINALIZED

Francisca* and her husband, a young couple living in southern Chile, were overjoyed to find out she was pregnant. But just a few weeks later, doctors told Francisca that she was HIV-positive. In late 2002, she delivered a healthy baby boy via C-section and looked forward to having more children. Unbeknownst to her, however, doctors used the surgery to also sterilize her. Not only had Francisca not consented to the sterilization, she had not even been asked about it.



15.7 million
women worldwide are living with HIV.

Around the world, battles are waged to control women's reproduction—sometimes forcing women to have children against their will, other times preventing them from having children they want. Marginalized women, such as those living with HIV or serving time in prison, often suffer unthinkable brutality and humiliation, and very rarely is anyone held accountable.

The Center has always fought to win justice for women who have endured grave abuses. In February 2009, we took Francisca's case to the Inter-American Commission on Human Rights. Working with the Chilean HIV/AIDS group **Vivo Positivo**, we asked the commission to urge Chile to provide Francisca with compensation for her loss and to adopt policies that will guarantee that women living with HIV retain the power to make their own decisions about childbearing. **(Read our interview with Francisca on opposite page.)**

There is no justification for denying any woman the right to control what happens to her body, and the Center is committed to defending the reproductive rights of every woman.

We also fight for women punished for terminating pregnancies, such as Lena,* a young, poor woman from Moldova who had an abortion at home. Suffering from severe blood loss, she rushed to a local hospital, only to be reported to the police by doctors. Even though there is no criminal penalty under Moldovan law for women who have illegal abortions, the police charged Lena with intentional and premeditated murder, and she was sentenced to twenty years in prison.

As in many other places, families and communities in Moldova often shun women who become pregnant outside of marriage or have abortions, making it difficult

for someone in Lena's situation to receive fair treatment. Lena encountered rampant sex discrimination: male prison guards humiliated her, she was denied post-abortion care while awaiting trial even though she was continuously bleeding, and the prosecutor repeatedly targeted her with disparaging remarks. Together with the Moldovan Institute for Human Rights, we took Lena's case to the European Court of Human Rights in February, demanding her immediate release from prison and pressing Moldova to ensure that women who have abortions are not treated as criminals.

There is no justification for denying any woman the right to control what happens to her body, and the Center is committed to defending the reproductive rights of every woman. In the United States, we are taking on the inhumane shackling of female prisoners during childbirth, a common practice across the country. In 2009, we successfully lobbied for an anti-shackling bill in New York, which in August 2009 became one of six states to ban the practice. We also helped to win an important victory for **Shawanna Nelson**, a former inmate who was forced to give birth to her son with her legs shackled, even after she begged a prison guard to remove them. In October, a federal appeals court allowed Nelson's lawsuit against Arkansas prison officials to proceed; we demonstrated in a friend-of-the-court brief that the practice violated both the U.S. Constitution and international human rights laws.

When it comes to reproductive rights, authorities are often content to sweep abuses under the rug, especially when the women in question are already being discriminated against or ostracized. Our work is not just about winning justice for individual women—it is about challenging impunity for endemic assaults on women's basic dignity so that no other woman has to endure the same horrific abuses.

**The names of our clients have been changed to protect their confidentiality.*

“WE ARE PEOPLE TOO”

A WOMAN LIVING WITH HIV CLAIMS HER DIGNITY

More women than ever before are living with HIV around the world. For too many of them, their HIV status exposes them to the cruelest reproductive rights violations. Some are denied abortions they want or forced to have the procedure against their will. Others, like our client **Francisca**,* a young woman from Chile, are sterilized without their consent. The morning after delivering a baby boy via a C-section, Francisca discovered from a nurse that she had been sterilized during the surgery, an option no one had discussed with her beforehand. The news was devastating: Francisca and her husband had planned to have more children. But it was not an isolated incident. A 2004 study by the Center’s Chilean partner **Vivo Positivo** found that 29 percent of HIV-positive women who were sterilized were pressured to have the procedure by medical staff and 12.9 percent did not consent at all.

The Center is currently conducting its own study on the issue, to be released in 2010. Working with VIVO POSITIVO, we took Francisca’s case to the Inter-American Commission on Human Rights on February 3, 2009. Our petition calls on Chile to provide monetary compensation to Francisca and to adopt policies that guarantee the right of HIV-positive women to make their own reproductive health decisions without coercion. It is the first time the human rights body has been asked to rule on the forced sterilization of a woman living with HIV. (**Learn more about the case on page 22.**)

Q: What is it like to be a woman living with HIV in Chile?

A: It can be very difficult. Chile is very discriminatory, and the discrimination kills me more than the disease. When I found out I was HIV-positive, I was shocked. No one expects to receive such news. So many emotions passed through my mind. I felt so much sadness, so much anger and guilt. It made me feel like I was going to die, because that’s what you think—that HIV means that you will die. Nowadays I feel calmer because I know that it is something I can live with. But even so, there are just things that you have to get used to. The rejection. The way

people look at me. People don’t want anything to do with me. If you have HIV, people think, “you have to leave her alone, you can’t look at her.” And this rejection really hurts. It is very lonely.

Q: How did you find out doctors had sterilized you?

A: I found out the morning after my C-section. The nurse on duty just told me that I wouldn’t be able to have any more children. At the time, I was so overwhelmed, so shocked, that I didn’t know how to respond. I was more worried about my son, whether he had been born healthy. The situation was just so overwhelming—I didn’t understand why they had done it. It seemed so strange to me that they would have done this without asking me. I talked to my husband about it, and we couldn’t understand why they had made a decision like this one for me. Later I found out that what they had done was illegal.

Q: How has your life changed as a result of the sterilization?

A: My life has changed in so many ways. In how secure I feel. I feel very insecure now, for example, when I interact with doctors at the hospital; I am afraid that they could discriminate against me again at any time. It has also affected me because I wanted to have more children, but now I can’t.

Q: Why did you decide to file a petition against Chile?

A: Because what happened to me was unjust. These violations have happened to many women, and it is not right. So I realized that I have to stand up for myself, be brave, and tell my story. And I hope that maybe the case will prevent other women in my situation from having to suffer through something like this. I want doctors and hospitals to respect our privacy. To stop discriminating against us. To stop giving us dirty looks. I want them to treat us with dignity. We are people too.

BUILDING THE LAW SCHOOL INITIATIVE AND THE FUTURE OF REPRODUCTIVE RIGHTS

From maternal mortality to abortion to sex education, the Center has spearheaded legal breakthroughs worldwide that have advanced reproductive health as a fundamental human right and profoundly changed the lives of women and their families.

Yet U.S. law students who want to learn about these groundbreaking legal developments have few, if any, courses to choose from, and law professors and scholars have limited opportunities to explore these emerging human rights standards on reproductive health.

As the recognized leader in using human rights to advance reproductive health and autonomy, the Center believes it is imperative to educate budding lawyers about the most promising transnational developments in reproductive rights law. It is equally crucial to foster cutting-edge legal scholarship that can produce new approaches to securing reproductive health and self-determination. With these two goals in mind, our Law School Initiative kicked into high gear during its second year, engaging law professors and spurring rewarding dialogue among scholars.

The initiative granted its first Innovation in Scholarship Award to a distinguished scholar well-known for her original and bold thinking on reproductive rights: **Reva Siegel**. The Nicholas de B. Katzenbach Professor of Law at Yale Law School, Siegel's most recent writing focuses on how social movements guide constitutional change. The Innovation in Scholarship Award will enable Siegel to join the Center's attorneys in further exploring her ideas on how the human right to dignity may protect a woman's right to abortion.

A scholarly convening organized with Harvard Law School's Human Rights Program enabled leading legal scholars to explore another critical reproductive rights issue in the United States: the right to information. Scholars examined how international human rights standards can be used to counter harmful policies such as abstinence-only sex education and laws that allow doctors to withhold information about fetal abnormalities.

The Harvard gathering also provided our Future Scholar Fellow **Khiara M. Bridges** with the opportunity to share her own scholarship on racial inequalities in reproductive healthcare. Established jointly with Columbia Law School, the Future Scholar Fellowship supports the next generation of legal scholars as they prepare for a career



[Khiara M. Bridges, Future Scholar Fellow](#)


in legal academia. Bridges, a top graduate of Columbia Law School who also holds a PhD in anthropology, is off to a promising start: in the fall of 2010, she will bring her sharp intellect and passion for reproductive justice to Boston University Law School, where she has accepted a tenure-track position that includes a joint appointment with the university's anthropology department.

In addition to kindling scholarship, the Law School Initiative helps U.S. law professors apply a human rights lens to reproductive health issues in their classes. To that end, we developed teaching materials and conducted a webinar to help law professors across the country integrate reproductive health topics into existing classes.

With each of these efforts, we are building a more expansive understanding of human rights: one that recognizes the centrality of reproductive health to women's self-determination and equality—and brings us closer to a world in which women and girls can realize their potential, freely make choices, and live with dignity.

UPHOLDING SCIENCE OVER POLITICS

We should be able to trust government officials to use sound science and medical evidence to safeguard every person's health and well-being. But far too often, whether by restricting access to emergency contraception or sponsoring deceptive abstinence-only sex education programs, we have seen officials distort basic facts about reproductive health to serve a political agenda.

A close-up portrait of a young Black woman with short, dark hair pulled back. She is wearing black-rimmed glasses with white and red patterned temples. She has a serious expression and is looking directly at the camera. She is wearing a dark grey blazer over a dark top. The background is a plain, light grey.

8 years since the Bush Administration began blocking full over-the-counter access to emergency contraception.

In 2009, the Center scored two tremendous coups for scientific integrity in public health policy in the United States and abroad: First, in March, a federal court in Brooklyn ordered the U.S. Food and Drug Administration to reconsider its unwarranted restrictions on emergency contraception in a lawsuit we filed in 2005. Then, in August, we obtained a key ruling from the European Committee of Social Rights (ECSR) asserting that governments that have signed the European Social Charter must provide scientifically accurate and non-discriminatory sex education programs.

The FDA's decision on whether to allow emergency contraception, also known as "the morning-after pill," to be sold without a prescription should have been simple. The drug can prevent pregnancy if taken within three days of unprotected sex, is invaluable to women—including rape victims and teenagers—who wish to avoid unwanted pregnancy, and has been proven safe to use without a prescription for women of all ages. Although often confused with the abortion pill, emergency contraception does not terminate a pregnancy; rather, it prevents conception from taking place.

But instead of making the drug easily available, the FDA inexplicably limited over-the-counter access to women who are eighteen years and older and imposed other unnecessary restrictions. As a result, a woman who seeks the morning-after pill has to find an on-duty pharmacist to give her the drug and show government-issued identification proving her age.

As the Center uncovered through depositions and official documents, FDA's upper management brazenly kowtowed to outside political interests and flouted the agency's normal procedures: Not only did they seek input from political appointees higher up within the Bush administration, something they had never done before for an over-the-counter application, but they decided to restrict over-the-counter access to the morning-after pill before agency scientists had even finished their review. The evidence we gathered clearly showed that the FDA "acted in bad faith and in response to political pressure," in the searing words

of federal Judge Edward R. Korman, who ordered the agency to make emergency contraception available without a prescription to seventeen-year-olds and revisit the remaining restrictions.

Judge Korman's ruling should have been the end of the story. But even though the FDA is now under the leadership of a different presidential administration, the only action the agency has taken to comply with Judge Korman's order more than a year later is extending over-the-counter access to seventeen-year-olds. We continue to press the agency to fully comply with the court's order.

Like the Bush administration higher-ups at the FDA, backers of abstinence-only sex education are more than willing to trump science in order to further an anti-choice agenda. Instead of providing youth with the knowledge they need to make healthy and responsible decisions, abstinence-only programs spread misinformation and fear.

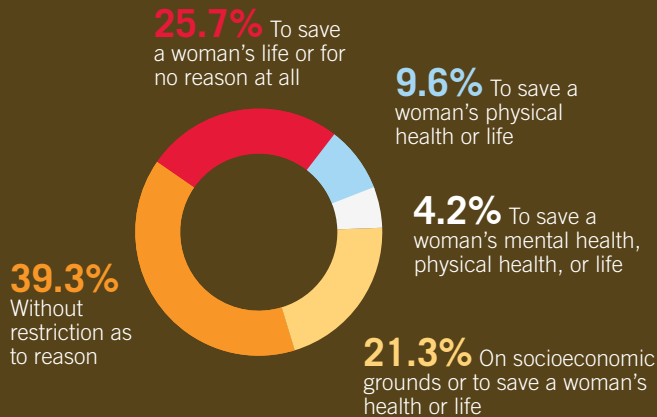
Our lawsuit before the European Committee of Social Rights charged that one such program in Croatia called TeenStar, which was developed in the United States and has been exported to some thirty countries around the world, violates young people's fundamental rights to health and to non-discrimination. It teaches teenagers that condoms are ineffective, gay relationships are deviant, and a woman's place is in the home, leaving them ill-equipped to protect their health or live in a tolerant and just society.

In its ruling, the ECSR stressed that sex education programs must be objective and respect human rights. It is the first time an international human rights body has set forth what is expected of governments when it comes to sex education; from now on, any government that is reviewed by the ECSR will be required to use far more objective information in its sex education programs.

With our victories against the FDA and Croatia, we are demonstrating that misuse of science by politicians will not be tolerated, and that the right to reproductive healthcare and information transcends politics.

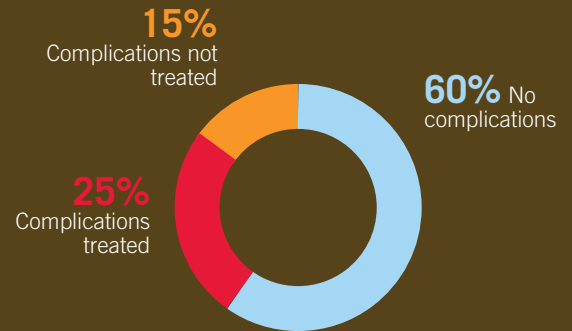
Almost half of all abortions worldwide are unsafe and account for a leading—and entirely preventable—cause of maternal deaths.

PEOPLE WORLDWIDE WHO CAN OBTAIN A LEGAL ABORTION:



Source: Center for Reproductive Rights, "The World's Abortion Laws," 2009

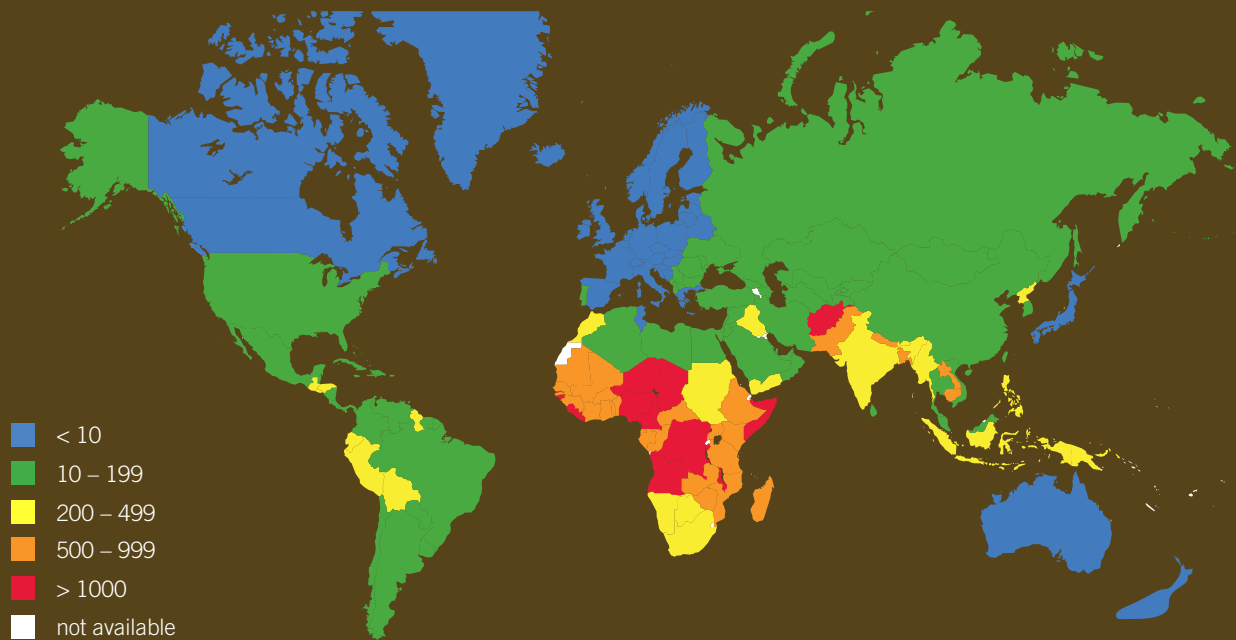
CONSEQUENCES FROM UNSAFE ABORTION



Source: Singh S. et al, *Abortion Worldwide: A Decade of Uneven Progress*, New York: Guttmacher Institute, 2009

MATERNAL MORTALITY RATIO BY COUNTRY

Maternal deaths per 100,000 live births



Source: *Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA, and the World Bank*. World Health Organization, 2007

FIGHTING

ANTI-CHOICE ASSAULTS ON ABORTION RIGHTS

Imagine that you need gall bladder surgery. Would your doctor first be required to recite a script written by politicians that includes false information about the risks of that surgery? Would you then have to wait twenty-four hours before making a second trip to the hospital to get the surgery? Would you have to go through unnecessary medical procedures or answer invasive questions about your personal relationships and finances?



800+ state bills restricting reproductive rights were introduced in 2009.

State legislatures across the United States keep coming up with ever more insidious tactics to intimidate women who seek abortions and curb their access to essential reproductive healthcare services.

This hypothetical may sound absurd, but relentless anti-choice assaults on access to abortion services make it a reality for many women who seek reproductive health-care. The consequences of these and similar restrictions can be harrowing.

Just ask the terrified domestic violence victim in Arizona who needlessly risks a second trip to an abortion clinic—and being found out by her partner—because of an unnecessary waiting period. Or the Oklahoma woman who has made the excruciating decision to terminate a wanted pregnancy because it poses a threat to her health, but is forced to have an ultrasound she neither needs nor wants and then listen to her doctor describe the image in detail before being able to have an abortion.

State legislatures across the United States keep coming up with ever more insidious tactics to intimidate women who seek abortions, including cumbersome waiting periods, intrusive reporting burdens, biased counseling rules, unnecessary ultrasound requirements, and parental notification laws. In 2009, the Center filed legal challenges to five such anti-choice measures across the United States.

A few of these abortion restrictions may seem innocuous at first glance, but their true purpose is to stigmatize abortion and make it difficult if not impossible to obtain. Rarely, if ever, do lawmakers address the real-life consequences of making abortion unavailable.

Women in Arizona, however, were more than willing to tell us about these consequences as we gathered their

testimonies for our lawsuit against the state's new twenty-four-hour waiting period. Those we interviewed described how they are forced to travel extraordinary distances to reach an abortion clinic, borrow money, leave bills unpaid, and give up wages to make just one trip. If they had needed to make a second trip, as is now required by the new law, some of them would have never been able to obtain an abortion. Women in abusive relationships would be put at greater risk of being discovered by their partners. As one woman told us about her boyfriend, "If he knew I was here, he would probably kill me."

Fending off these nightmarish scenarios is why we fight for women's rights. In a case we filed in 2009, a North Dakota judge clarified that the state's only abortion clinic did not need to buy expensive medical equipment to make the fetal heart tone audible during an ultrasound—avoiding a costly requirement that could have shut down the clinic.

In Oklahoma, we defeated two outrageous measures: an extreme ultrasound law that forced all women obtaining abortions to first have an ultrasound and listen to their doctors describe the image, and a bill that obliged doctors to essentially interrogate women about their reasons for seeking an abortion. This latter measure required women to answer questions about whether their romantic relationships or financial problems contributed to their decision to have an abortion, as well as to provide their age, race, marital status, education level, and method of payment. Data collected from these questionnaires would have been posted on a public website.

But anti-choice lawmakers are single-minded in pursuing their agenda. In the spring of 2010, the Oklahoma legislature once again passed the same ultrasound and reporting requirements that state courts struck down, with only slight technical changes. Our formidable legal team stood ready, immediately filing a new challenge against the ultrasound measure. We know the opposition's tactics well, and we know that we must be vigilant and quick to respond. Access for millions of women to a meaningful system of reproductive health and rights depends on nothing less.

“I HAD TO SURVIVE”

A RAPE VICTIM PURSUES JUSTICE

L.C. was only thirteen years old and living in an impoverished shantytown in Peru when she was raped by a neighbor and became pregnant. Scared and desperate, L.C. attempted suicide by jumping off the roof of a building next door to her house. Neighbors discovered her and rushed her to the hospital, where doctors concluded that she needed immediate surgery to realign her spine. Doctors, however, refused to operate on her because she was still pregnant—and they would not perform an abortion even though a therapeutic abortion is legal in Peru. L.C. eventually miscarried, but by that point it was too late for the spinal surgery to be effective and she was left paralyzed from the neck down. L.C.’s family was struggling to survive to begin with; her mother now takes care of her full time, and her siblings have had to drop out of school to support the family.

In June 2009, together with the Peru-based **Center for the Promotion and Defense of Sexual and Reproductive Rights**, we filed a petition against Peru before the UN Committee on the Elimination of Discrimination against Women. In it we charge that the government violated L.C.’s human rights by failing to enforce its law allowing therapeutic abortion. In addition, we are seeking reparations for L.C., including funds for physical and mental rehabilitation.

Q: What happened when you arrived at the hospital?

A: At the hospital, I learned that I was still pregnant and that they had to operate on me right away. But the doctors did not want to do the surgery; they were always meeting with the board. I felt very powerless. As the months passed by, my pregnancy kept progressing and I kept getting worse, taking much stronger painkillers to relieve the pain. Sometimes the doctors came to see me and give me a checkup, but they never gave me an exact date for my operation. I would tell them, “Doctor, I want to have surgery right now. I want to walk and I do not want to be like this. In fact, my life is about to be cut short at

any moment. And that is not right.” They would just tell me, “No, you have to wait, we will meet with the medical board, we will see.” It was something so disastrous for me, and for my whole family.

Q: How has your life changed since all this happened?

A: Before, my life was very different from what it is today. I used to go to school, play volleyball or go to dances with my friends, and help my mother sell vegetables and fruit at the market. On Saturdays I would meet my friends in the morning to play hide-and-seek. Now that I am like this, I can’t do any of those things. Since I’m in a wheelchair I can’t go anywhere because every six hours I need to have my catheterization. If I go, who is going to take me and who is going to bring me back? That is the big problem. I depend a lot on my mother and on my brother and sister. My mother suffers a lot. I sometimes find her crying, I find her depressed. I wish I could walk, I wish I could do something, I wish I could help my mother, sell something, but I can’t.

Q: Why did you decide to share your story with the public?

A: I want everybody to know what is going on here in Peru. Women should not have to keep quiet when something like this happens to them; they should know that they are not alone, that there is a law that protects them, that someone out there cares. Other women who are raped should be able to talk and have the same strength that I have and that faith and that desire to keep on living. I had to come forward because I had to believe that what happened to me was not going to go unpunished. It had to come out and I had to survive.

MAKING

REPRODUCTIVE RIGHTS A REALITY FOR THE MOST VULNERABLE

The fact that abortion is legally available in Nepal sadly turned out to mean very little to Nepalese woman **Lakshmi Dhikta**. She was already struggling to feed her five children when she became pregnant with her sixth, and she knew another child would increase the burden on her health and family. But she and her husband were turned away by the local hospital when she sought an abortion because they could not pay for it.

In 2009, Nepal took a momentous step—following years of advocacy by the Center—to ensure that all women can realize their reproductive choices: in May, in response to a lawsuit brought on behalf of Dhikta by the Center and the Nepal-based **Forum for Women, Law, and Development**, the country’s Supreme Court ordered the government to create a fund to cover the cost of abortion for poor and rural women. The government must also ensure that there are enough abortion providers available to meet women’s needs and that both the public and healthcare professionals know abortion is legal.

“This is one of the most important legal victories for women in Nepal in almost a decade,” said **Melissa Upreti**, the Center’s regional manager and legal adviser for Asia. “Thousands of women in Nepal either die or suffer health complications every year from unsafe abortions. This decision shows that protecting women’s health and lives means more than just keeping reproductive health services legal—it means ensuring that those services are in fact available to everyone who needs them.”

Nepal’s remarkable decision is part of an emerging legal trend recognizing that a woman’s reproductive health and autonomy depend on affordable reproductive health-care—a trend that the Center has played an instrumental role in shaping. In recent years, we submitted amicus briefs in pivotal cases in Colombia and Mexico that produced broader recognition of abortion rights as essential to women’s autonomy and health; in both instances, legal reforms were accompanied by public funding for permissible abortion services.

Legal standards established by these victories will be a powerful tool as we battle disastrous policies that deny government support for reproductive healthcare, especially in the United States. In 2009, we swiftly moved into action when anti-choice members of Congress seized

on a debate about healthcare reform in an attempt to expand the reach of the Hyde Amendment. Since 1976, this deeply flawed policy has denied coverage for medically necessary abortions to women who rely on federal Medicaid programs. For a woman in Idaho or South Carolina who depends on public assistance to make ends meet and cannot pay for an abortion out of pocket, the policy is nothing less than a betrayal of her right to make her own reproductive decisions.

The Center has long fought against the Hyde Amendment, blunting its impact by winning court orders that require abortion services to be included in state-run Medicaid programs. In 2009, when Congress members proposed extending the federal funding ban into the private insurance market as part of the health-care overhaul, threatening to prevent millions more women from obtaining a common and legal medical procedure, we immediately responded with a strategic Internet and TV ad campaign taking them to task for playing politics with women’s health. We then followed up with forceful advocacy on the Hill. In the end, however, Congress decided to ignore women’s voices and needs, passing legislation that prohibits women who receive federal insurance subsidies from having abortion services covered in their health insurance plans. To add insult to injury, President Obama signed an executive order that further enshrined these new restrictions.

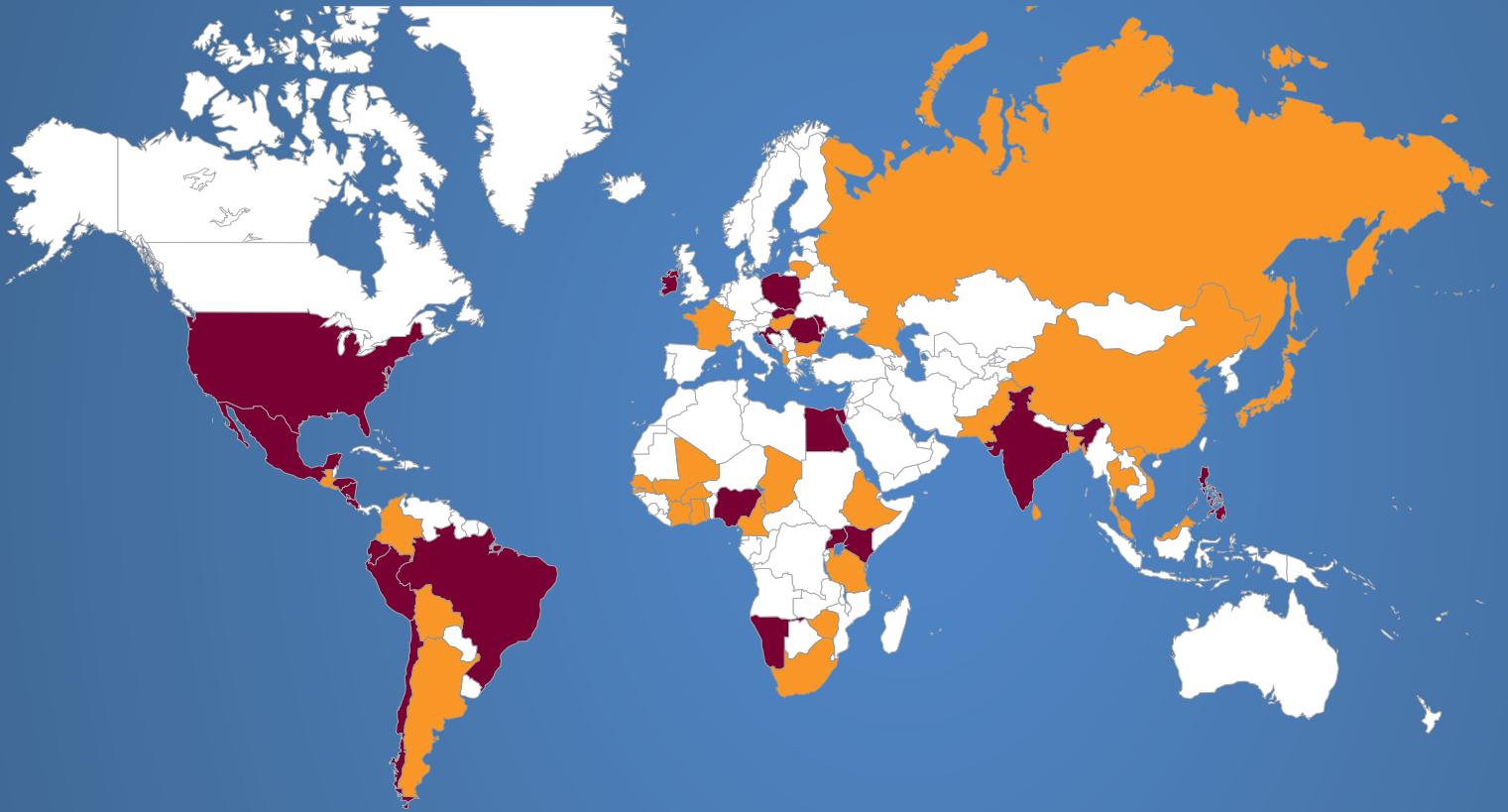
More than ever, the Center is committed to deploying its pioneering legal thinking and innovative strategies to guarantee that every woman can obtain reproductive healthcare and fully exercise her fundamental freedoms. We will continue to document the devastating impact of restrictions on abortion funding and to make clear that the ability to decide whether and when to have children, and determine the course of one’s life, is not a privilege—it is a basic human right.

78% of European Union countries provide public funding for abortion.



75 million women worldwide have an unintended pregnancy every year.

The Center has strengthened reproductive health laws and policies in more than 55 countries in Asia, Africa, Europe, and Latin America and the Caribbean, as well as the United States.



55
Countries

The Center has strengthened reproductive health law and policies in 55 countries since its inception.

46
Cases

This year we added 11 new cases to our docket, for a total of 46 active cases around the world.

270+
Partners

In 2009, we worked with over 270 organizations throughout the world.

■ where Center worked in 2009
■ where Center has worked since 1992

SELECTED CONFERENCES AND PUBLICATIONS

Conferences & Roundtables

Abortion Care Network Annual Meeting

Atlanta, Georgia, March 21 – 23, 2009

At this meeting of independent abortion providers from across the United States, Center attorneys discussed legal remedies for anti-choice harassment, legislative trends, and how the human rights framework can reduce stigma against abortion providers.

Women's Human Rights Training Institute

Bulgaria, April 23 – 30 and November 12 – 17, 2009

The Women's Human Rights Training Institute—a highly successful program created by the Center and its partners the Network of East West Women and the Bulgarian Gender Research Foundation—trains lawyers in East and Central Europe to bring women's rights and reproductive rights cases to national courts and the European Court of Human Rights. We convened the fourth and final session of the second institute in April and kicked off the third institute in November.

National Abortion Federation Annual Meeting

Portland, Oregon, April 26 – 27, 2009

Abortion providers from across the United States and Canada gathered at this meeting, where the Center's attorneys presented on current litigation, legislative trends, new developments in abortion care, and the privacy of patient medical records.

Seminar on Maternal Mortality and Human Rights

São Paulo, Brazil, May 27, 2009

This seminar—which we co-organized with the Center for Citizenship and Reproduction—brought together Brazilian and international experts to analyze why programs and policies against maternal mortality have been ineffective in Brazil. The findings are informing our advocacy efforts around a pending case we have against Brazil over the death of a young pregnant woman who was denied timely medical care.

Women Human Rights Defenders International Coalition: Strategic Meeting with the UN and the African Commission Special Rapporteurs on Human Rights Defenders

Geneva, Switzerland, June 18, 2009

Increasing conservatism at the United Nations and in government circles, along with a backlash against human rights, has put women human rights defenders at risk. At this special meeting, women's rights activists discussed their concerns with Margaret Sekaggya, the UN Special Rapporteur on Human Rights Defenders, and Reine Alapini-Gansou, the Special Rapporteur on Human Rights Defenders for the African Commission on Human and Peoples' Rights. Center President Nancy Northup presented on "Defending the Defenders of Sexual Rights and Reproductive Rights."

Fostering a Movement: The Center is committed to disseminating winning strategies and mobilizing legal activism around reproductive rights as human rights. To that end, we participate in key conferences, conduct trainings, and spread the word through publications and other media.

Workshop on Post-Abortion Care

Bulacan, Philippines, July 18, 2009

In the Philippines, over half a million women seek abortions every year despite a blanket ban on abortion; many of these women experience severe complications requiring urgent medical care, but healthcare providers are often either reluctant or ill-equipped to treat them. This was the second training conducted by the Center and its local partner Likhaan for healthcare providers to inform them about international human rights and ethical standards on post-abortion care.

Workshop on Maternal Mortality

Udaipur, India, July 25 – 27, 2009

The Center and its local partner, the Human Rights Law Network, conducted a training and strategy session with lawyers to assess ongoing litigation related to maternal mortality and encourage the use of legal strategies to hold the government accountable for preventable maternal deaths.

Workshop on Reproductive Rights as Human Rights

Kathmandu, Nepal, July 29, 2009

The Center conducted a workshop on reproductive rights as human rights with faculty and students at the Kathmandu School of Law as part of its ongoing effort to train lawyers in Nepal on reproductive rights issues and promote activism in academic settings.

Lavender Law Conference of the National Lesbian, Gay, Bisexual, and Transgender Bar Association

Brooklyn, New York, September 11, 2009

A panel moderated by Center President Nancy Northup highlighted emerging intersections between the LGBT and reproductive rights movements, including the constitutional right to privacy and the human right to dignity. Jaime Todd-Gher, the Center's legal fellow for global advocacy, was a panel participant as well.

Roundtable on Contraceptive Subsidies

Bratislava, Slovakia, September 25, 2009

Low-income women in Slovakia often cannot afford birth control. Together with our local partners, Pro-Choice Slovakia and Citizens and Democracy, we organized this strategy session to discuss with experts and government officials how subsidies can help expand access to contraception to all women.

XIX International Federation of Gynecology and Obstetrics' World Congress

Cape Town, South Africa, October 4 – 9, 2009

At this gathering, Christina Zampas, senior regional manager for Europe, participated in a panel discussion on the legal and ethical issues around coercive sterilization.

Fifth Asia-Pacific Conference on Sexual and Reproductive Health

Beijing, China, October 17 – 20, 2009

During this conference, the Center conducted a satellite session on how human rights strategies can advance women's sexual and reproductive rights. International Advocacy Director Ximena Andi6n Iba6ez presented on the Center's human rights strategies in Asia.

First Latin American Legal Conference on Reproductive Rights

Arequipa, Peru, November 5 – 7, 2009

Lilian Sep6lveda, the Center's regional manager for Latin America and the Caribbean, and Alejandra C6rdenas, a legal fellow, presented on access to abortion, coercive sterilization of HIV-positive women, and access to reproductive health technologies at this conference.

American Public Health Association Annual Meeting

Philadelphia, Pennsylvania, November 7 – 11, 2009

At this meeting—the oldest and largest gathering of public health professionals in the world—U.S. Legal Program Director Cynthia Soohoo addressed the barriers abortion providers face, the actions that need

to be taken to recognize providers as human rights defenders, and the relevance of reproductive justice and human rights frameworks to current reproductive health issues.

International Expert Meeting on Gender and Sexual and Reproductive Health and Rights

Oslo, Norway, November 12 – 13, 2009

This technical meeting organized by the Norwegian and Swedish Ministries of Foreign Affairs assembled international experts to discuss the Millennium Development Goals, the Cairo International Conference on Population and Development, and gender equality. Center President Nancy Northup presented on the role of international litigation in holding governments accountable for improving sexual and reproductive health and rights.

Publications

Access to Contraceptives in Slovakia

Part of the Center's effort to improve access to birth control in Slovakia, these factsheets address myths around contraception, the socioeconomic benefits of improving access to contraceptives, and European and international standards for subsidizing contraception.

Defending Human Rights: Abortion Providers Facing Threats, Restrictions, and Harassment

Our first fact-finding in the United States uncovers the daily physical and legal harassment experienced by abortion providers and highlights how these attacks obstruct women's access to reproductive healthcare services. Please see page X for more information.

Gaining Ground: A Tool for Advancing Reproductive Rights Law Reform (Spanish)

This Spanish-language resource guide helps advocates translate reproductive rights principles into concrete legal reforms, providing examples of recently adopted laws and policies from around the world that have advanced reproductive rights.

Legal Grounds: Reproductive and Sexual Rights in African Commonwealth Courts, Volume II

This publication analyzes key sexual and reproductive rights cases in African Commonwealth Courts with an eye towards helping activists on the continent develop and strengthen litigation and advocacy strategies.

Maternal Mortality in India: Using International and Constitutional Law to Promote Accountability and Change

Despite elaborate maternal health policies, women in India continue to needlessly lose their lives during pregnancy and childbirth. This report provides litigators, activists, judges, and citizens with a resource for using human rights law and legal strategies to seek accountability for maternal deaths and injuries. Please see page X for more information.

Reproductive Rights Are Human Rights

The Center completed and published a new edition of this signature publication, which highlights the international and regional human rights framework around reproductive rights.

2009 DOCKET

Promoting Access to Critical Obstetric Care

Alyne da Silva Pimentel v. Brazil/Petitioners (United Nations Committee on the Elimination of Discrimination against Women)

Centre for Health and Resource Management v. State of Bihar and Others/Amici (High Court of Bihar, India)

Sandesh Bansal v. The State of Madhya Pradesh & Others/Amici (High Court of Madhya Pradesh, India)

Snehalata Singh v. The State of Uttar Pradesh and Others/Amici (High Court of Uttar Pradesh, India)

Z. v. Poland/Legal Advisors to Representatives (European Court of Human Rights)

Securing Access to Contraception

Lourdes Osil and Others v. Office of the Mayor of Manila City and Others (Philippines Court of Appeals)

Tummino v. von Eschenbach (U.S. District Court for the Eastern District of New York)

Protecting the Rights of Adolescents

Interights v. Croatia/Legal Advisors (European Social Charter Collective Complaints Mechanism)

Planned Parenthood of the Great Northwest v. Craig Campbell, Lt. Governor of Alaska (Superior Court of Alaska)

Ensuring Access to Abortion

Defending Access

A.N. v. Costa Rica/Co-petitioners (Inter-American Commission on Human Rights)

Brittany Prudhome v. June Medical Services, L.L.C. (1st Judicial District Court, Caddo Parish, Louisiana)

Carey v. Maricopa County (U.S. District Court for the District of Arizona)

Hill v. Kemp (U.S. District Court for the Northern District of Oklahoma)

Hope Medical Group for Women v. Lorraine Leblanc (U.S. District Court for the Middle District of Louisiana)

K.L. v. Peru/Co-petitioners (United Nations Human Rights Committee)

L.C. v. Peru/Co-petitioners (United Nations Committee on the Elimination of Discrimination against Women)

In 2009, the Center brought and won important cases on a wide range of reproductive health issues, all of which deeply affect a woman's ability to live a healthy life and enjoy her human rights. This year we added 11 new cases to our docket, for a total of 46 active cases around the world.

Nova Health Services d/b/a Reproductive Services v. Brad Henry (District Court of Oklahoma County)

Paulina Ramírez v. Mexico/Co-petitioners (Inter-American Commission on Human Rights)

Presidential Women's Center v. Florida (Circuit Court of the Fifteenth Judicial Circuit for Palm Beach County, Florida)

R.R. v. Poland/Advisers to representatives (European Court of Human Rights)

S. and T. v. Poland/Advisers to representatives (European Court of Human Rights)

Tucson Women's Center v. Arizona Medical Board (U.S. District Court for the District of Arizona)

Tysiāc v. Poland/Amici (European Court of Human Rights)

Opposing Bans

A.B. & C. v. Ireland/Amici (European Court of Human Rights)

D. v. Ireland/Amici (European Court of Human Rights)

Fischer v. Craig Campbell, Lt. Governor of Alaska (Superior Court of Alaska)

Herring v. Richmond Medical Center for Women (U.S. Court of Appeals for the Fourth Circuit)

In re Abortion Law Challenge in Nicaragua/Amici (Supreme Court of Nicaragua)

In re Challenge to Abortion Legislation/Amici (Slovak Constitutional Court)

Nikhil Datar v. Union of India and Others/Amici (Supreme Court of India/High Court of Mumbai)

Z. v. Moldova/Co-representatives (European Court of Human Rights) and Amici (Supreme Court of Moldova)

Challenging Restrictions on Providers

Allen Palmer v. Jane Drummond, et al. (Circuit Court of Cole County, Missouri, Nineteenth Judicial Circuit)

Davis v. W.A. Drew Edmondson (U.S. District Court for the District of Oklahoma County)

MKB Management Corporation v. Stenehjem, et al. (East Central Judicial District Court of North Dakota)

Planned Parenthood of Kansas and Mid-Missouri, Inc. and Allen Palmer v. Margaret Donnelly, et al. (U.S. District Court for the Western District of Missouri)

Tucson Women's Clinic v. Eden (U.S. District Court for the District of Arizona)

Securing Public Funding

Lakshmi Dhikta and Others v. His Majesty's Government of Nepal/Public interest petition (Supreme Court of Nepal)

Fighting Coercive Sterilization

A.S. v. Hungary/Amici (United Nations Committee on the Elimination of Discrimination against Women)

F.S. v. Chile/Co-petitioners (Inter-American Commission on Human Rights)

I.G. and Others v. Slovakia (European Court of Human Rights)

K.H. and Others v. Slovakia (European Court of Human Rights)

María Mamérita Mestanza Chávez v. Peru/Co-petitioners (Inter-American Commission on Human Rights)

Opposing Violence Against Women

M.M. v. Peru/Co-petitioners (Inter-American Commission on Human Rights)

Paola Guzmán v. Ecuador/Co-petitioners (Inter-American Commission on Human Rights)

Combating Female Genital Mutilation

M.N.N. v. Kenyan Attorney General/Amici (Kenyan High Court)

Challenging Bans on IVF

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

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The Center for Reproductive Rights is enormously grateful to each and every individual and foundation whose generous contribution made our work in 2009 possible. We remain inspired and energized by your dedication to standing up for women's reproductive freedom, dignity, and lives.

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**As of December 2009. Please see our website for a current list of Center leadership and legal staff.*

FINANCIAL INFORMATION 2009

The Center's total public support and revenue for work in Fiscal Year 2009 totaled \$13,641,532. This included \$9,889,489 in financial support, which consisted of grants, charitable financial donations, attorney fee awards and miscellaneous revenue. Of this \$9,889,489 in financial support, 53% (\$5,226,188) came from private institutional foundations and 42% (\$4,121,053) from individuals, family and community foundations, bequests and government institutions. The balance of the Center's financial support of \$542,248 was derived from attorney fee awards, investments and miscellaneous revenue. In addition, the Center received \$3,752,043 in donated services, which consisted primarily of pro-bono legal services.

STATEMENT OF FINANCIAL POSITION

For the Year Ended December 31, 2009

ASSETS

| | | |
|-------------------------------------|----|-----------|
| Cash and cash equivalents | \$ | 9,374,128 |
| Investments | | 6,384,382 |
| Grants and contributions receivable | | 1,882,930 |
| Prepaid expenses and other assets | | 104,967 |
| Security deposits | | 129,653 |
| Fixed assets - net | | 142,539 |

| | | |
|---------------------|-----------|-------------------|
| Total Assets | \$ | 18,018,599 |
|---------------------|-----------|-------------------|

LIABILITIES

| | | |
|---------------------------------------|----|---------|
| Accounts payable and accrued expenses | \$ | 407,179 |
| Accrued salaries and related benefits | | 217,448 |
| Deferred rent payable | | 306,815 |

| | | |
|--------------------------|-----------|----------------|
| Total Liabilities | \$ | 931,442 |
|--------------------------|-----------|----------------|

NET ASSETS

| | | |
|------------------|--|-----------|
| Unrestricted | | |
| Operating | | 9,165,023 |
| Board designated | | 375,598 |

| | | |
|---------------------------|-----------|------------------|
| Total Unrestricted | \$ | 9,540,621 |
|---------------------------|-----------|------------------|

| | | |
|------------------------|--|-----------|
| Temporarily restricted | | 6,542,416 |
| Permanently restricted | | 1,004,120 |

| | | |
|-------------------------|-----------|-------------------|
| Total Net Assets | \$ | 17,087,157 |
|-------------------------|-----------|-------------------|

| | | |
|---|-----------|-------------------|
| Total Liabilities and Net Assets | \$ | 18,018,599 |
|---|-----------|-------------------|

STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2009

| PUBLIC SUPPORT AND REVENUES | Unrestricted | Temporarily Restricted |
|---|---------------------|-------------------------------|
| Foundation grants | \$ 616,237 | \$ 4,565,836 |
| Contributions | 2,224,696 | 1,618,500 |
| Bequests | 205,333 | |
| Government grants | | 266,444 |
| Attorney fees | 226,864 | |
| Donated services | 3,752,043 | |
| Other income | 34,991 | |
| Net assets released from restriction | 6,581,368 | (6,581,368) |
| Total Public Support and Revenues | 13,641,532 | (130,588) |
| EXPENSES | | |
| Program services | | |
| U.S. legal program | 4,810,403 | |
| International legal program | 4,391,346 | |
| Government relations and communications | 1,487,347 | |
| Total Program Services | 10,689,096 | |
| Supporting services | | |
| Management and general | 844,244 | |
| Fund raising | 1,142,289 | |
| Total Supporting Services | 1,986,533 | |
| Total Expenses | 12,675,629 | |
| CHANGE IN NET ASSETS BEFORE INVESTMENT GAIN (LOSS) | | |
| Investment gain (loss) | 965,903 | (130,588) |
| CHANGE IN NET ASSETS | 1,842,348 | 149,805 |
| Net assets—beginning of year | 7,698,273 | 6,392,611 |
| Net assets—end of year | \$ 9,540,621 | \$ 6,542,416 |

| Permanently Restricted | Total |
|---------------------------|---------------|
| | \$ 5,182,073 |
| | 3,843,196 |
| | 205,333 |
| | 266,444 |
| | 226,864 |
| | 3,752,043 |
| | 34,991 |
| - | - |
| | 13,510,944 |
| | 4,810,403 |
| | 4,391,346 |
| | 1,487,347 |
| | 10,689,096 |
| | 844,244 |
| | 1,142,289 |
| | 1,986,533 |
| | 12,675,629 |
| | 835,315 |
| | 1,156,838 |
| | 1,992,153 |
| \$ 1,004,120 | 15,095,004 |
| \$ 1,004,120 | \$ 17,087,157 |

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended December 31, 2009

PROGRAM SERVICES

| | U.S. Legal Program | International Legal Program | Government Relations and Communications | Total Program Services |
|--|-----------------------|-----------------------------------|---|------------------------------|
| Salaries | \$ 1,600,694 | \$ 1,354,369 | \$ 494,894 | \$ 3,449,957 |
| Payroll taxes and employee benefits | 374,443 | 311,545 | 111,751 | 797,739 |
| Total salaries and related expenses | 1,975,137 | 1,665,914 | 606,645 | 4,247,696 |
| Professional fees | 229,957 | 298,074 | 486,480 | 1,014,511 |
| Investment fees | | | | |
| Printing and publications | 44,555 | 69,101 | 152,952 | 266,608 |
| Dues, fees and subscriptions | 84,080 | 7,819 | 15,147 | 107,046 |
| Travel | 128,464 | 188,631 | 22,926 | 340,021 |
| Direct mail | | | | |
| Equipment and maintenance | 25,424 | 24,451 | 35,567 | 85,442 |
| Telecommunications | 24,416 | 22,895 | 12,732 | 60,043 |
| Office supplies | 41,086 | 37,274 | 23,692 | 102,052 |
| Insurance | 14,200 | 11,908 | 4,569 | 30,677 |
| Occupancy | 359,250 | 246,510 | 97,206 | 702,966 |
| Depreciation and amortization | 10,287 | 8,627 | 3,310 | 22,224 |
| Contributed services | 1,858,442 | 1,798,521 | 20,828 | 3,677,791 |
| Miscellaneous | 15,105 | 11,621 | 5,293 | 32,019 |
| Total expenses | 4,810,403 | 4,391,346 | 1,487,347 | 10,689,096 |
| Less expenses deducted directly from revenues on the statement of activities | | | | |
| Total expenses reported by function on the statement of activities | \$ 4,810,403 | \$ 4,391,346 | \$ 1,487,347 | \$ 10,689,096 |

SUPPORTING SERVICES

| | Management and General | Fund Raising | Total Supporting Services | Total Expenses |
|----|---------------------------|-----------------|---------------------------------|-------------------|
| \$ | 308,012 | \$ 545,236 | \$ 853,248 | \$ 4,303,205 |
| | 80,952 | 129,700 | 210,652 | 1,008,391 |
| | 388,964 | 674,936 | 1,063,900 | 5,311,596 |
| | 63,242 | 74,928 | 138,170 | 1,152,681 |
| | 27,665 | | 27,665 | 27,665 |
| | 824 | 15,104 | 15,928 | 282,536 |
| | 2,387 | 23,685 | 26,072 | 133,118 |
| | 4,999 | 14,088 | 19,087 | 359,108 |
| | | 171,891 | 171,891 | 171,891 |
| | 10,387 | 7,581 | 17,968 | 103,410 |
| | 10,132 | 8,035 | 18,167 | 78,210 |
| | 22,537 | 29,475 | 52,012 | 154,064 |
| | 12,251 | 4,037 | 16,288 | 46,965 |
| | 253,346 | 83,481 | 336,827 | 1,039,793 |
| | 8,875 | 2,924 | 11,799 | 34,023 |
| | 55,849 | 18,403 | 74,252 | 3,752,043 |
| | 10,451 | 13,721 | 24,172 | 56,191 |
| | 871,909 | 1,142,289 | 2,014,198 | 12,703,294 |
| | (27,665) | | (27,665) | (27,665) |
| \$ | 844,244 | \$ 1,142,289 | \$ 1,986,533 | \$ 12,675,629 |

SUPPORT THE CENTER

The Center for Reproductive Rights acts boldly and effectively to advance and defend reproductive freedom around the world. Please stand with us! Together, we can secure protections for the fundamental human rights of all women. Make your tax-deductible gift today!

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www.reproductiverights.org

**CENTER
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REPRODUCTIVE
RIGHTS**

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