

Save the Date: New Website

The Center is redesigning its website! Come **visit us** on January 20, 2009 for a bold take on the state of reproductive rights around the globe.

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When doctors deny care because of their conscience, women must still be able to get those services elsewhere.

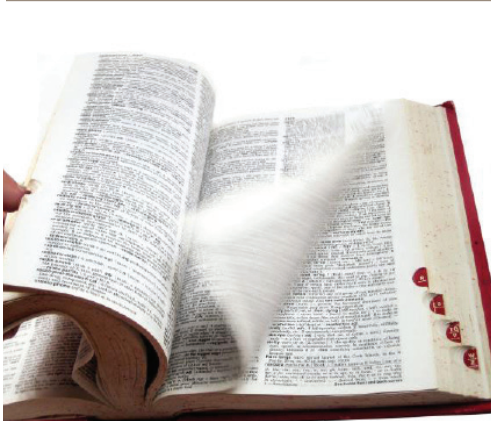
An Unconscionable Denial of Care

Edyta* was two months pregnant when she was diagnosed with a painful and serious colon disease, aggravated but not caused by her pregnancy. She sought care in her Polish hometown and nearby cities, only to have one doctor after another refuse to treat her because she was pregnant. They repeatedly expressed concern about harming the fetus, but none of them formally raised an objection on moral or religious grounds. Because of that, they did not have to refer Edyta to a doctor who would treat her, as required under Polish law. Edyta's symptoms grew worse and worse, until, in September 2004, she miscarried and then died.

When a healthcare worker objects to providing legal reproductive services because of his or her conscience, the government must make sure that women remain able to get those services, whether it be [abortion in Colombia](#) or birth control in the United States. But there are no clear international guidelines on how governments should regulate conscientious objection in healthcare. Some countries protect a healthcare professional's right to refuse to provide services for moral or religious reasons, but don't require them to refer a patient elsewhere. In other places, such as Poland, laws regulating conscientious objection are not enforced.

In September, the Center helped the Polish Federation for Women and Family Planning and the Warsaw University Law Clinic file a lawsuit against Poland on behalf of Edyta's mother. The case is before the European Court of Human Rights and seeks, in part, to establish that governments must ensure there are enough healthcare workers available and willing to provide services and that patients receive timely referrals to them. It also asks the court to affirm that conscientious objection should not be invoked by institutions such as hospitals, nor used to deny patients information or emergency care.

**The name used is a pseudonym to protect the identity of the client.*



Glossary: Solicitor General

The [United States Solicitor General](#) is appointed by the President to argue for the U.S. government in front of the Supreme Court. The U.S. government is either a plaintiff or defendant in about two-thirds of the cases reviewed by the Supreme Court. The Solicitor General decides when to seek a Supreme Court review of a case, what position the government should take, and whether it should become involved in a case in which it is not a party.



How to Prevent a Bad Law and Not Go to Court

Dr. Geoff Cly, an ob-gyn and anti-choice advocate, went from county to county in Indiana earlier this year to promote a law that would have made safe abortion even harder to get—a law that was rejected by the state legislature in 2007. He succeeded in getting the ordinance passed in two counties where there is no abortion clinic. Then he arrived in Allen County, where Dr. George Klopfer, a former client of the Center, is the one and only abortion provider.

The proposed ordinance, presented as a patient safety measure, requires abortion providers to have admitting privileges at a local hospital. But abortion is an extremely safe procedure that rarely requires emergency care. In fact, less than 0.3% of abortion patients in the U.S. need to be hospitalized. The law, however, would force Dr. Klopfer—who most likely wouldn't be able to meet the requirements for admitting privileges because he lives in another county—to stop performing abortions. And that would mean that women in Allen County would have to travel 100 miles to get the care they need—a move that would jeopardize their health and safety, not protect it.

“...women in Allen County would have to travel 100 miles to get the care they need—a move that would jeopardize their health and safety, not protect it.”

As soon as he learned of Dr. Cly's plans in September, Dr. Klopfer contacted the Center for help. While we prepared to go to court, we also sought to prevent the law from even being passed. We informed the Allen County Board of Commissioners that the ordinance would likely violate both Indiana state law and the U.S. Constitution. Then we got the [national media](#) to report on it. Our strategy worked: in November, the board indefinitely postponed making a decision about the ordinance and seems unlikely to take it up again. Dr. Cly, meanwhile, has not introduced the measure in any new county.



Janet Crepps, Deputy Director, U.S. Legal Program

“...It is crucial for President-Elect Obama to appoint judges to the federal bench...who support strong constitutional protections for reproductive rights.”

Q and A: Janet Crepps on the U.S. Elections

The 2008 U.S. elections have given us many reasons to rejoice—and breathe a sigh of relief. As Center President Nancy Northup [wrote in the Huffington Post](#), we now have the chance to once again make “reproductive health a priority for U.S. law and policy.” Janet Crepps, deputy director of the U.S. Legal Program, spearheads the Center’s advocacy efforts in Washington, DC and talks here about what it will take to rebuild reproductive rights.

Q: Under the Bush administration, U.S. courts have grown increasingly conservative and hostile to reproductive rights. What are we asking the Obama administration to do to turn the tide?

A: The importance of judicial appointees cannot be understated—it is one of the three things we have already [urged President-Elect Obama to do](#). Over the past eight years, decades of hard-won progress for women’s reproductive health has been eroded by federal court decisions. Just think of the Supreme Court’s decision in 2007 to uphold a federal abortion ban that contains no exception for a woman’s health and goes against thirty years of precedent. Right now, one-third of the judges in federal appeals courts were [appointed by President Bush](#). Only four of the nine Supreme Court Justices have expressed clear support for *Roe v. Wade*. It is crucial for President-Elect Obama to appoint judges to the federal bench, including the Supreme Court if he has the opportunity, who support strong constitutional protections for reproductive rights. He should also carefully consider other appointees who influence the federal courts, such as the Solicitor General (learn more about the Solicitor General in this issue’s Glossary).

Q: On Election Day, [voters rejected](#) all the ballot measures put forth by anti-choice advocates. How will this affect anti-choice efforts in state legislatures?

A: Voters in Colorado and South Dakota resoundingly rejected attempts to criminalize abortion, and because of that I believe there will be few extreme bills banning abortion in 2009. But a measure in California that would have required parental consent for teens seeking abortion was more narrowly defeated, and so we will likely continue to see efforts to pass incremental restrictions on abortion. These include not just parental consent laws, but also regulations targeting abortion providers and ultrasound requirements, such as a law recently [passed in Oklahoma](#) that would force a woman to listen to her doctor describe in detail an ultrasound image of her fetus. The Center filed a lawsuit against that law in October. These restrictions are as serious a threat as direct attacks on abortion because they create daunting obstacles for women seeking abortions, and we will work with local activists to prevent them from being passed.

“...more than 17 million women across the country...will bear the burden of this harsh regulation—a disproportionate number of them low-income and women of color...”

Take Action: HHS Rule Risks Women’s Health

On December 18, the U.S. Department of Health and Human Services (HHS) issued a midnight rule that will drastically hinder women’s ability to get reproductive health services—despite getting over 200,000 formal comments opposing the regulations. The new rule allows people only tangentially related to the provision of healthcare to refuse a woman care, including basic forms of birth control and counseling, based on religious and moral beliefs. HHS claims this will further protect healthcare providers against discrimination. In reality, it leaves women who rely on public programs unprotected.

“There are more than 17 million women across the country who will bear the burden of this harsh regulation—a disproportionate number of them low-income and women of color... The new HHS regulation only serves to exacerbate existing problems and achieves nothing at all,” said Center President Nancy Northup in a statement urging President-Elect Obama to take immediate action against the rule. Add your voice: tell Obama to revoke the rule as soon as he gets into office.

“On December 10, the Center celebrated the 60th anniversary of the Universal Declaration of Human Rights.”

Human Rights Day 2008

On December 10, the Center celebrated the 60th anniversary of the Universal Declaration of Human Rights. [We urged all governments](#) to guarantee the human rights that women need in order to live with dignity and to achieve a healthy and fulfilling life. And together with the American Civil Liberties Union and the Columbia Law School Human Rights Institute, among others, we co-sponsored a panel discussion that called on the United States to recommit to the human rights and fundamental freedoms enshrined in the declaration.

NEWS YOU MAY HAVE MISSED

[Women’s Health Organizations Urge Oversight Agency to Hold Bush Administration Accountable](#)

[Indian Woman, Abandoned During Labor by Doctors, Sues State](#)

[Women’s Rights Defenders at the Inter-American Commission on Human Rights](#)

[Because of, Not in Spite of, My Faith](#)

NEW PUBLICATIONS

[Bringing Rights to Bear](#)