

# 20/20

# VISION

2011–2012 ANNUAL REPORT

**20 YEARS** CENTER  
FOR  
REPRODUCTIVE  
RIGHTS

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# 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.

**TWENTY YEARS AGO,  
THE CENTER FOR  
REPRODUCTIVE RIGHTS  
WAS FOUNDED TO  
ADVANCE A VISION OF  
EQUALITY, AUTONOMY,  
AND DIGNITY FOR ALL  
WOMEN WORLDWIDE,  
BASED ON THE BEDROCK  
PRINCIPLE THAT**



**REPRODUCTIVE  
RIGHTS ARE  
HUMAN RIGHTS**





## A MESSAGE FROM OUR BOARD CHAIR

### BARBARA GROSSMAN

During my lifetime I have seen the rise and fall of reproductive rights in the United States form a sweeping arc. When I began college, there was no easy access to contraception, even for married couples. There was no right to choose safe, legal abortion. A fellow student who became pregnant simply disappeared from our dorm and married the boyfriend she was dating.

Progress was dramatic and liberating. By my junior year, students were able to obtain birth control pills. Eight years after graduation, *Roe v. Wade* ushered in almost two decades of freedom from fear of unwanted pregnancies, freedom to pursue dreams of work, success, and family. It was during that time that my husband and I were able to plan our own family. We had three daughters, very much wanted, spaced three years apart.

Then, in 1992, just as my daughters were almost grown, a different Supreme Court decision tipped reproductive rights into a descent that has continued to this day. The right to choose whether and when to have a child has become burdened in innumerable ways. Across many states, women cannot access reproductive health services—or they simply cannot afford them. This year, anti-choice forces are attacking the right to secure contraception. I worry about the future rights of my daughters and my grandchildren. How far will we slide back downhill?

The Center for Reproductive Rights was founded in 1992, the same year as that fateful Supreme Court decision. For 20 years, we have fought in the courts, worked to educate legislators, and spoken loudly through the media to ensure the fundamental right of women and their loved ones to determine the size of their own families. We face a well-funded and aggressive opposition. Again and again we have prevailed.

We use the law to protect women's clinics. We use the law to battle legislation designed to choke off reproductive health services. We use the law to uphold the dignity and autonomy of women making decisions about family planning. The Center has been a part of every major advance in reproductive rights over the last 20 years.

Two decades after our founding, we've reached a turning point in our long and tireless campaign. As I speak with our supporters, I sense a new energy, a new urgency, a new desire to redouble our shared commitment to overcoming the obstacles that beset us every day and that undeniably lie ahead.

We must take advantage of this moment and face these challenges head-on—so that my children and yours will live at last in a world in which the universal acknowledgment of reproductive rights as fundamental, inalienable, and robustly protected human rights is not a vision for the future but a reality for all.

We are fighting for our sons and daughters, for our grandchildren and their children. I am privileged to work with an exceptional team at the Center and to have the enthusiastic backing of our supporters. I have no doubt that, with your help, we will prevail.

Sincerely,

*Barbara N. Grossman*

**Barbara Grossman**



## A MESSAGE FROM OUR PRESIDENT & CEO

### NANCY NORTHUP

Ten years ago this October, I was humbled and elated to be given the opportunity to lead the Center for Reproductive Rights into its second decade. It was a privilege to take the helm of an organization that in a brief 10 years had established itself as the global leader in pursuing bold legal strategies to secure reproductive rights as fundamental human rights.

A decade later, we have built on the genius and vision of our founders to become a global organization with a track record of groundbreaking victories in national and international courts. Our diverse staff—unrivalled in its expertise on reproductive rights law—represents more than a dozen nationalities and is strategically positioned across the globe, from our headquarters in New York City to our regional offices in Washington, DC; Bogotá; Nairobi; Kathmandu; and Geneva (to open in December 2012). And we leverage our expertise and resources through pro bono support from leading global law firms, who in 2011 contributed \$4.6 million in donated services, representing 30 percent of our operating budget.

But we are not resting on our laurels. This year we launched an ambitious, sweeping strategy to turn the tide in the global battle for women's reproductive rights, to take control of the public debate on our issues, to hold governments worldwide accountable for safeguarding our fundamental rights, and—most important—to mount a dramatically more robust and far-reaching defense of the millions of women whose lives hang in the balance.

Our victories of the past year provide a heartening preview of still better results to come. On behalf of the family of a Brazilian woman who was left to die from entirely treatable pregnancy complications, we won a landmark ruling from a United Nations committee establishing the obligation of governments to guarantee timely, nondiscriminatory

access to high-quality maternal health care. We pressed the governments of the United States and the European Union to expand affordable access to contraception for all women of reproductive age. We stopped laws from taking effect across the United States that would have banned medical alternatives to surgical abortion procedures, subjected hundreds of thousands of women to demeaning mandatory ultrasounds and anti-choice political speech from their doctors, and shuttered the few remaining abortion providers in places where access to the full range of reproductive health services has been all but choked out of existence.

You'll read about these advances—and many more—in the pages that follow. In the victories of our past, you will find a window into our vision of the future: a world in which all women are empowered to make their own decisions about their reproductive health, free of government intrusion, coercion, or discrimination, and in which access to the services critical to women's autonomy, dignity, equality, and well-being are equally available to all.

We've set forth our battle plan for making this vision real. This is exactly what I came to this organization to do. It's what drives every single one of the tireless and tenacious attorneys and advocates who work here with me and who stand with us in this fight. I know it's what has inspired your support as well.

And we intend to provide plenty more inspiration in the months, years, and decades ahead.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Northup". The signature is fluid and cursive.

**Nancy Northup**

# WHY DO WE FIGHT?

A woman's right to choose is vital to her health, well-being, and future.

When reproductive rights are compromised or stripped away entirely, women lose their dignity, equality, and autonomy. For our staff and supporters alike, sitting out the battle for these fundamental rights would be inconceivable.

"I fight so that my daughter can make safe choices, just as my mother fought to ensure that I could have a choice."

**JANINE SARNA-JONES**

*Professional Organizer, 42  
Facebook Supporter*

"This fight is in my genes! My mother, born 1899, lost her job as a high school science teacher in 1939 because she dared talk about 'sex' as part of the curriculum. And the fight still rages . . . we can't quit now!"

**PEG FUNK**

*Mother, Grandmother  
79.5 going on 80*

*In 1970, Center founder Janet Benshoof (front row right wearing glasses) marched with thousands in New York City, demanding gender equality and reproductive autonomy.*





"I fight for women's reproductive rights because my daughters' happiness and success are as important to me as my son's."

**SYED ASHRAF MEER**

*Designer, 47  
Facebook Supporter*

"I fight because I can't imagine not fighting; because I won't stand for a world where women don't have easy access to birth control, or where they could face criminal charges for having an abortion. I fight because my body is my own and it is beautiful and flawed and lovely, and I determine what happens to this body."

**MEGAN NOVAK**

*Program Coordinator, 30  
CRR Donor*

"I fight against laws that demean women because I don't want any young woman to grow up with a voice in her head whispering that she is not smart enough, strong enough, or good enough."

**STEPHANIE TOTI**

*Senior Staff Attorney  
CRR, U.S. Legal Program*

**"WE FIGHT FOR  
ONE OUTCOME:  
COMPLETE  
REPRODUCTIVE  
AUTONOMY."**

"When I needed to end a pregnancy, abortion care providers were there for me. It's an honor and a privilege to be there for them and for all the women who couldn't exercise our constitutional rights to control our own bodies without them."

**MICHELLE MOVAHED**

*Staff Attorney,  
CRR, U.S. Legal Program*



# OUR BEGINNING



From the day the Center for Reproductive Rights opened its doors on June 15, 1992, there has never been any doubt that defending every woman's human right to reproductive health and freedom—and fighting off the efforts of reproductive rights opponents worldwide—would be an enormous challenge.

If confirmation of that was needed, it came within weeks. The U.S. Supreme Court issued its decision in *Planned Parenthood v. Casey* on June 29—opening the floodgates to a rush of anti-choice legislation, and guaranteeing that the reproductive rights movement would never be the same.

The building of an organization solely devoted to establishing reproductive rights as fundamental human rights required planning, focus, and determination. Founding president **Janet Benshoof**, formerly the director of the American Civil Liberties Union's Reproductive Freedom Project, began building the Center for Reproductive Law and Policy (as the Center was originally known) months before its debut. In fact, the planning coincided with the preparation for *Casey*, argued in front of the Supreme

Court by **Kathryn Kolbert**, who became vice president of the Center for Reproductive Law and Policy.

The Reproductive Freedom Project had been very successful in defending women's reproductive rights up to that point. So why create a new organization? Women faced obstacles to their reproductive health care in every corner of the globe, and one strategic organization could consolidate the momentum of the entire movement.

The ACLU focused solely on violations in the United States. And the staff of the Reproductive Freedom Project was becoming increasingly aware of and interested in the barriers that women were facing worldwide. "There was a critically important role to be played in reforming reproductive law all around the world," says founding board member **Sylvia Law**, a professor of law at New York University School of Law.

The Center's founding staff and board believed that the organization's litigation and advocacy efforts should coalesce around one vision: a world in which reproductive rights must be recognized as fundamental, from the moment a person is born and throughout one's entire life.

"You had powerful leaders with a clear vision of how this work should be done," says **Janet Crepps**, senior counsel at the Center, who joined the staff just months after the founding and is our longest-tenured attorney.

From the very beginning, the Center has embraced a two-pronged approach toward realizing our vision. We use relentless legal action at every judicial level, including national, regional, and international courts,

**“You had powerful leaders with a clear vision of how this work should be done.”**

**Janet Crepps**  
*Senior Counsel*  
*U.S. Legal Program*

to combat laws that prevent doctors from delivering appropriate reproductive health care, restrict access to contraception, deny women safe and legal abortions, or violate any other reproductive rights. Our advocacy campaigns expose gross injustices such as forced sterilization, the discrimination against and abuse of women in hospitals and medical clinics, and the grave consequences of bans on abortions.

We pick our legal actions carefully, but the calculus of choosing our battles doesn't require a guaranteed win. Far from it. What drives our strategy is not the certainty of success but the promise of long-term impact—and sometimes that is found even amid temporary setbacks.

This comprehensive strategy has produced many of the most important advances in reproductive rights law across the globe: In the United States, we've overturned bans on government funding for abortions in states across the country. In Nepal, we've transformed the legal landscape so that a country that once criminalized abortion under all circumstances now—thanks to a historic Supreme Court ruling we secured—guarantees affordable access to abortion services for all women. Globally, we have established as a human rights obligation that governments make sure pregnant women get appropriate and timely prenatal care. And the list goes on and on. ( Read about all of our notable achievements on the timeline on pp. 10–13.)

Our beginnings were humble—a modest office, just a few people on staff, a board of a half-dozen. But our vision has never receded, our victories have matched its scope, and every day we renew our tireless work to make that vision a reality for more and more women worldwide.



*Nancy Northup speaks at the 2004 March for Women's Lives rally in Washington, DC, with her daughter.*

## NEW DIRECTIONS

To win the war for the future of reproductive rights, three things are essential:

An unshakeable framework for the advancement of these rights. The ability to sustain this framework far into the future. And a strong presence in the places where this war will be fought and won. As **Nancy Northup** took her position as the Center's president in 2003, establishing all three was her vision—and her charge.

Under Nancy's leadership, we dramatically expanded our global legal program, launching an international litigation campaign that has won decision after decision in international courts and human rights bodies.

She also led us to bring our human rights framework into our advocacy in the United States, and to establish the Law School Initiative, catalyzing new scholarship and advancing the understanding of reproductive rights as human rights among a whole new generation of legal scholars, attorneys, and judges.

And to ensure the Center is always within striking distance when new threats or opportunities arise, we have expanded our presence throughout the world, while continuing our top-flight litigation and legal advocacy in the United States.

As we look ahead now to the challenges yet to be surmounted, we are confident that the foundation we have laid under the leadership of the last decade provides exceptionally solid ground from which to propel the initiatives of the decade to come—and on which to win our fight for the future.

# 20 YEARS AT THE CENTER FOR REPRODUCTIVE RIGHTS: A TIMELINE

**JUNE 15** —

The Center for Reproductive Law and Policy opens its doors.

**1992**

*Paulina Ramirez v. Mexico* — The Center negotiates a settlement on behalf of a 13-year-old rape victim in which Mexico admits responsibility for denying her rights. The victory influences the discourse around abortion in the country, and helps pave the path for legislative change that partially decriminalizes abortion in Mexico City.

**2006**

*K.L. v. Peru*—In a landmark victory, the Center convinces the U.N. Human Rights Committee to establish that women have a human right to access to abortion when it is legal.

**2005**

*Lakshmi Dhikta v. Nepal* — The Center's successful case before Nepal's Supreme Court leads to the ruling that the government must guarantee access to safe and affordable abortion services and affirms the need for comprehensive abortion law.

The Center publishes *Defending Human Rights*, a call for abortion providers to be recognized as human rights defenders.

Dr. George Tiller is murdered in his Kansas church.

**2009**

**JUNE 29** — *Planned Parenthood v. Casey*: The U.S. Supreme Court upholds several anti-choice measures and changes the course of the reproductive rights movement. (See pp. 29-31).

*Women of Minnesota v. Gomez*— Minnesota's Supreme Court overturns a ban on use of state funds to cover abortions, the first of many Center cases to ensure affordable reproductive health care services across the country.

*Women of the World*, a groundbreaking 12-volume series released over 10 years, is launched. It serves as the foundation of the Center's global program, providing documentation and analysis of international laws and policies.

**1995**

The Center changes its name to the Center for Reproductive Rights.

Our report on forced sterilization of Romani women in Slovakia, *Body and Soul*, ultimately leads to a condemnation of the practice from the U.N. Committee on the Elimination of Discrimination against Women (U.N. CEDAW).

The Center's first fact-finding report in Asia, *Abortion in Nepal: Women Imprisoned*, examines violations of women's rights relating to the abortion ban.

**2003**

**2002**

The Center wins a critical victory in federal court when the judge orders the Food and Drug Administration to make emergency contraception available to 17-year-olds without a prescription immediately. (See pp. 43-44)

The Center publishes *In Harm's Way*, a human rights fact-finding report that documents the impact of Kenya's restrictive abortion law.

*Alyne da Silva Pimentel v. Brazil* — U.N. CEDAW condemns Brazil for failing to provide timely, nondiscriminatory, and appropriate maternal health services in the first-ever case on preventable maternal mortality. (See p. 24)

**2010**

**2011**

*M.M. v. Peru* —The Center files its first case at the Inter-American Commission on Human Rights on behalf of a woman who was raped in a hospital and then subjected to discrimination and mistreatment. The government admitted responsibility and took measures to change policies on sexual violence.

1998

*Stenberg v. Carhart* — The U.S. Supreme Court finds Nebraska's ban on abortion methods unconstitutional. Between 1997 and 2001, lower courts found similar bans in 10 other states to be unconstitutional in response to challenges by the Center.

2000

*Ferguson v. City of Charleston* — The Center wins a decision in the U.S. Supreme Court ruling that the constitutional rights of women were violated by a medical center's illegal search and seizure against pregnant women suspected of drug abuse.

President George Bush re-imposes the "global gag" rule, eliminating aid for global women's health services that provide information on abortion. The Center's challenge to the law was dismissed by the Second Circuit Court of Appeals on a technicality, but the Center forged ahead, documenting the harm inflicted by the policy in the report *Breaking the Silence*.

2001

*L.C. v. Peru* — The Center wins a watershed case in which U.N. CEDAW rules that Peru must change its laws to allow exceptions for abortion in the case of rape and incest and guarantee access when a woman's life is in danger. (See pp. 34-35)

The U.S. Department of Health and Human Services establishes the policy that all private insurance plans are required to provide contraceptive coverage without co-pay or deductible. (See pp. 45-46)

*R.R. v. Poland* — The Center wins a case in the European Court of Human Rights, which finds that a woman suffered inhuman and degrading treatment when Polish doctors denied her the reproductive health care to which she had a legal right. (See pp. 41-42)



## 1993

The Center files the first federal lawsuit after *Planned Parenthood v. Casey*, challenging a mandatory delay and biased counseling law in Utah.

*Recognizing Forced Impregnation as a War Crime under International Law*, one of the first of many groundbreaking reports from the Center is released, laying the foundation for codifying forced pregnancy and gender-based crimes as war crimes.

## 1994

The Center petitions the U.S. Food and Drug Administration (FDA) to require that certain oral contraceptives be relabeled to include their potential use as emergency contraception. (See pp. 45-46)

## 1997

*Valley Hospital Association v. Mat-su Coalition for Choice* (Alaska Supreme Court)—For the first time, a court rules that reproductive rights are fundamental under the Alaska Constitution.

## 1998

El Salvador bans abortion completely—and the Center responds with a report documenting the consequences.

The inaugural edition of the *World's Abortion Laws Map* released.

## 1999

*Armstrong v. Montana* (The Montana Supreme Court)— Court rules that Montana's Constitution is more protective of reproductive choice than the federal Constitution.

*Tucson Women's Clinic v. Eden* (U.S. District Court, Arizona)—The Center files the first suit against targeted regulations against providers.

## 2000

The Center appoints Nancy Northup as President and Chief Executive Officer.

## 2002

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## 2006

After lengthy court battles, the FDA authorizes emergency contraception without a prescription to women 18 and over following a court challenge filed by the Center.

*Aid for Women v. Foulston* (U.S. District Court, Kansas)— Kansas's "kiss and tell" policy, which would have required health care providers to report sexual activity by people under 16, is defeated.

## 2008

*At Risk* is published, exposing rights violations of HIV-positive Kenyan women who seek reproductive healthcare.

The Center launches the Law School Initiative, featuring our Columbia Law School Fellowships, to enhance scholarship and teaching around reproductive rights as fundamental human rights.

## 2010

*Whose Choice: How the Hyde Amendment Affects Poor Women* is published.

The Center serves as co-counsel with the city of Baltimore to defend an ordinance that demands truth-in-advertising from crisis pregnancy centers.

Our Government Relations program is established with a new office in Washington, DC.

## 2011

Regional offices opened in Nairobi, Kenya, and Bogotá, Colombia.


## AND A FEW OTHER NOTABLE ACHIEVEMENTS

**TODAY WE STAND AT  
THE VANGUARD OF OUR  
MOVEMENT, WITH ENORMOUS  
STORES OF EXPERIENCE,  
DEEP WELLS OF LEGAL  
TALENT, A CLEAR VISION FOR  
THE FUTURE—AND A BOLD  
PLAN FOR MAKING THAT  
VISION REAL.**





# In the United States, we are ramping up our aggressive efforts to restore robust constitutional and legal protection for reproductive rights nationwide.



We're increasing the size of our footprint worldwide, adding regional offices in Nepal and Switzerland to our presence in Colombia, Kenya, and the United States.

We're redoubling our trailblazing efforts to combat maternal mortality, unsafe abortion, forced sterilization, and violence and abuse in maternity clinics and hospitals—and bringing more cases before courts and human rights bodies across the globe to broaden access to affordable contraception, obstetric and prenatal care, safe abortion, and all other reproductive health services.

We're fighting as many assaults on reproductive choice as we can take on, seeking to reverse the erosion of *Roe v. Wade*'s protections and build a federal case for stricter court scrutiny of hostile laws.

We're exposing the hostility of anti-choice legislators toward women, reproductive


health care providers, and the free exercise of their rights, and cataloguing the destructive impact of anti-choice laws on women and society. We're using the results to lay the groundwork for a new federal law offering rock-solid protection against the tactics of our opposition.

And we're fighting relentlessly to establish a fundamental right to affordable reproductive health care that encompasses all women around the world.

Our sweeping successes over the past 20 years have demonstrated our ability to win one legal battle after another for the future of reproductive rights.

Now—and over the months, years, and decades to come—we will press ahead in our strategy for winning the war.

**THE CENTER  
FIGHTS TO  
ESTABLISH  
STRENGTHEN  
AND EXPAND  
RIGHTS**



# EL SALVADOR BUILDING RIGHTS FROM THE GROUND UP

**55%** of Salvadoran women who live in rural areas receive **NO information** about contraceptives

In 1998, one law transformed El Salvador's hospitals into courtrooms of blind persecution.

The defendants? Pregnant women. After years of civil war, the government shifted its focus to social issues in the country, and women whose pregnancies ended prematurely were arrested, prosecuted, and convicted in a process that bears little resemblance to a fair trial. And this hostile environment persists today.

The law defines a zygote—a fertilized egg—as a person, and it immediately eliminated the narrow exceptions that existed for abortion at the time. The government soon amended the constitution as well, defining life as beginning at conception, and all women became targets in a culture of abuse.

The Center has been working toward reform in El Salvador for years. In 2001, after conducting countless hours of investigation into the impact of the law and analysis of human rights violations, we released a report—prominently cited in an in-depth feature in *The New York Times Magazine*—that examined the rise in the criminal prosecution of abortion, revealed that those prosecuted were often working-class women, and exposed some of the treacherous tools used in illegal abortion. We continued accumulating the evidence for a revolutionary reform campaign—which we launched in 2012 with a case before the Inter-American Commission on Human Rights—to shine a bright light on the issues, seek redress for violations of women's human rights, and establish protections for the women of El Salvador.

We have brought this legal challenge on behalf of a woman named **Manuela** and her family. It's the first case of its kind to be presented to an international human rights body seeking justice for the persecution of a woman who experienced an obstetric emergency.

Manuela suffered a stillbirth late in her pregnancy. She arrived at the hospital hemorrhaging. In short order, health care professionals, then police, and finally judges in a courtroom decided Manuela was guilty of an illegal abortion. She received a 30-year sentence: murder was

**This is more than a Salvadoran problem. Millions of women worldwide suffer because of complete bans on abortion.**

the official charge. Why? Because she had no access to prenatal care that might have prevented a stillbirth, because the nearest hospital was hours from her village, and because her country deemed a woman's health and life subordinate to a fetus.



Women in overcrowded conditions at El Salvador's Ilopango prison, where Manuela died.

Manuela was a victim of a defective health care system twice over. At the same time that she wasn't receiving the prenatal care to which every woman has the right, cancer was metastasizing unchecked inside her. Diagnosed late, largely ignored and untreated, the disease killed her just months into her prison term. She left behind two children.

In addition to our legal campaign, the Center has launched a major fact-finding project on the catastrophic consequences of a complete ban on abortion. With our partner organizations, we are collecting data and interviewing doctors, judges, and public officials working on women's and family rights. Through them, we gathered the tragic stories of many more victims and their families—all toward our goal of exposing the damage and injustice wrought by a complete ban on abortion.

Our goals in El Salvador are ambitious. We want reparations for Manuela's family, for the arbitrary detention she suffered, and for the loss that will always haunt her two children. We want stronger patient-doctor confidentiality laws, so women can trust their doctors again. We want access to complete maternal care—

before and after birth—to dramatically reduce obstetric emergencies that threaten so many women's lives and that result in so many judicial travesties. And we want women to have access to contraception and family planning services, so they can choose the best time to have children—or choose not to have them at all.

This is more than a Salvadoran problem. From Honduras to Hungary, millions of women suffer because of complete bans on abortion that disregard women's rights to health and life. And in the United States, extremists continue to push for "personhood" laws that, if passed, will have the same dire effects in those states as they do in El Salvador.

The women of El Salvador deserve respect and protection from their country, not contempt and persecution. They will not have dignity without due process. They will not have health without guaranteed maternal care. They will not have equality without the right to choose. It's time to reverse this course of history and deliver to these women a new vision for the future.

# IMPACT: CONVICTED BEYOND JUSTICE

When Verónica regained consciousness, she saw three policemen standing guard. A doctor loomed above her and asked, “What about your baby?”

**Verónica** wasn’t sure what to say, and the doctor didn’t wait for an answer.

“You took her life away,” she said. “You took her life away.”

In fact, Verónica had suffered a stillbirth. But she lives in El Salvador, and as a woman suffering an obstetric emergency, she immediately became a suspect because of a complete ban on abortion that has spawned a culture of abuse, recrimination, and aggressive persecution without anything resembling due process.

In El Salvador, stillbirths are common among poor and rural women. Most rarely see a doctor before giving birth. Many are in precarious health and, especially in the case of rural women, perform hard labor during their pregnancies.

Verónica, an uneducated housemaid who grew up poor in a city, was fortunate and saw a doctor several times during her first pregnancy at 16. Her daughter, Jasmín, is now eight years old, but Verónica hasn’t seen her in more than two years—not since she started serving 30 years for murder.

Her nightmare started with her second pregnancy when she was 22. Verónica didn’t realize she was pregnant because she never stopped menstruating. She saw no doctor and continued to work full time. On the eve of that fateful stillbirth, she had a headache when she went to bed. At 4 a.m., her stomach started aching. Verónica got up two hours later to make breakfast for her employers, and the pain became blinding. She went to the bathroom and felt something suddenly come out of her. The baby never

made a sound. She managed to wrap the baby in her apron before passing out.

In the hospital, the police let Verónica call her family, but doctors and the police had already reached them. The climate of presumed guilt is so powerful that her family condemned Verónica without hearing her side. They were holding a wake when she called and refused to visit Verónica in the hospital.

The police handcuffed Verónica and threw her in jail. She was summoned to a hearing a week later, but it’s impossible to call what happened a legal process. When she arrived at the courthouse her lawyer said it was already over and gave her a document to sign, indicating that she was going to prison. At her next hearing, her lawyer didn’t say one thing in her defense. Eight days later, she was convicted.

Verónica is far from alone in this travesty. Too many women have had no chance to defend themselves, no competent legal representation, and impossible odds to change the minds of a justice system that presumes guilt when a woman’s pregnancy goes wrong.

Today, Verónica shares a cell in the Ilopango prison with 200 women. For the first 13 months, she slept on the floor. No one in her family visits except her father, who can only afford to make the long trip once a year. “I just want to see my daughter again,” says Verónica. “My family forgets about me, and I feel lonely.”

Stories like Verónica’s fuel the burning urgency of change. But changing El Salvador’s reproductive rights landscape will be a formidable challenge, requiring relentless pressure backed with careful strategy. Part one is under way: a case before the Inter-American Commission on Human Rights challenging El Salvador’s law. The next step—a groundbreaking fact-finding report to be published later this year—will further expose the tragic consequences that an abortion ban brings. Similar outrages could occur anywhere in the world.



# WHY DO WE FIGHT?

“Persecuting women for seeking essential reproductive care is an obvious human rights violation. It’s the most extreme example of a woman’s diminished status in that society, a more sweeping violation. Our job is to hold those governments accountable.”



**Mónica Arango**

*Regional Director,  
Latin America & the Caribbean*

# Keeping Up the Fight

## Eszter Kismödi



*Center staff, 2002*

### Eszter Kismödi

*Human Rights Advisor,  
World Health Organization*

**Eszter Kismödi** grew up in Hungary and witnessed her country's embrace of democracy. Self-government and its possibilities were still new ideas for her when she arrived in New York City after completing her Master of Laws degree at the International Reproductive and Sexual Health Law Programme at the University of Toronto.

"When I came to work at the Center, I was shocked," says Eszter. "The Center was an amazing international organization that had a profound influence on advancing human rights standards, on the content and meaning of reproductive rights."

During her tenure at the Center, Eszter contributed to the development of our landmark report on the forced sterilization of Roma women in Slovakia and saw how one empowered organization could expose abuse and injustice. She worked on an emergency contraception project that demonstrated the sweeping impact policy could have on women's health. Eszter's time with us cemented her decision to work in reproductive rights.

Eszter landed next at the World Health Organization (WHO), where she's been for more than 10 years. Today, she's a human rights advisor in the Department of

Reproductive Health and Research, and she works on a wide range of sexual and reproductive rights issues.

"Despite the scientific evidence that we have today on how access to contraception and safe abortion leads to more gender equality and lower rates of maternal mortality, we're experiencing a backlash against protections of reproductive rights in many parts of the world," she says.

The WHO and the Center work on sexual and reproductive health from different perspectives, but have a reciprocal relationship. The WHO produces critical research and provides technical assistance to governments, and we depend on the data they make available. At the same time, Eszter says, the WHO and other organizations are equally reliant on the Center's work to establish and expand human rights standards.

"The Center's increasing attention to and success in international litigation is incredibly helpful," Eszter says. "At the WHO, we help implement human rights standards that can be linked to health interventions, but we can only do that if the standards exist. And the Center is building them every day."



We will fight laws  
denying women crucial  
medical advances.

Study after study has proven that medication  
abortion is safe and effective.



# NORTH DAKOTA: PROTECTIONS FORTIFIED

In 2011, the Center challenged a newly hatched North Dakota law that would effectively ban the abortion pill.

The measure is nothing short of an outrageous attempt to rob women of a crucial medical advance—so we took decisive action to stop it.

Twice now, we've blocked the bill from taking effect and violating the reproductive rights of women in North Dakota. In February 2012, the state court judge overseeing the case issued an injunction against the law and gave every indication that he expects our argument to be successful. In a forceful ruling that relied heavily upon North Dakota's Constitution, he described the restrictions as "irrational" and "cruel and insensitive," writing that they do not just "create substantial obstacles to the performance of medical abortions in North Dakota. They create insurmountable barriers."

Study after study has proven that medication abortion is effective and dependable. And it allows women to undergo the process in the privacy of their own homes.

Naturally, anti-choice extremists want to put a stop to it.

So they passed a bill that defies reason, science, and the expertise of doctors worldwide. It's clearly discriminatory, treating the medications involved—which have a huge impact on a woman's health and future—differently from all the other drugs that have passed through the Food and Drug Administration's approval process.

The law would choke off access to this safe, nonsurgical method of ending an unintended pregnancy, potentially affecting thousands of women who must drive hundreds of miles to reach the state's one abortion provider to exercise their constitutionally protected reproductive rights.

**"First, the Constitution of North Dakota must be construed to protect a woman's right to choose to have an abortion. Second, this right is fundamental."**

It was the North Dakota Constitution that proved to be the source of protection for the state's women. Accepting our arguments, the judge made the pivotal connection that has been the core of the Center's mission for 20 years: "First, the Constitution of North Dakota must be construed to protect a woman's right to choose to have an abortion. Second, this right is fundamental."

Those words—simple, clear, and enormously powerful—have yielded a vigorous protection for the women of North Dakota. It's a defining victory in our campaign to shift the terms of the battle away from those imposed by the anti-reproductive rights opposition—and toward the principles of dignity, equality, and autonomy.

# BRAZIL: A MOTHER'S RIGHT TO LIFE



123

million women  
give birth each  
year

1/2

lack adequate  
maternal and  
newborn care

## Alyne da Silva Pimentel was 28, poor, and six months pregnant.

She was also a member of Brazil's marginalized Afro-Brazilian population, a people that had long been the subject of harsh discrimination.

When **Alyne** first went to the hospital suffering from nausea, staff turned her away. Two days later, she returned vomiting and beset by intense pain. The hospital admitted her, but doctors repeatedly failed to follow medical standards. At one point, Alyne lay abandoned in a hallway despite the fact that she was bleeding profusely. The treatment Alyne received was appalling, the actions of medical staff reprehensible.

Alyne died, just days after delivering a stillbirth. She didn't have to. Had she received basic obstetric care, she might be alive today.

And so the Center took on Alyne's case—to win justice for her young daughter and for her mother, who helplessly witnessed Alyne's maltreatment; to seize an opportunity to affirm quality maternal health care as a human right; to expand one country's reproductive rights; and to create a new standard for the world.

In 2011, after fighting for eight years, we won. It was the first-ever preventable maternal death case heard by an international human rights body. In its decision, the United Nations Committee on the Elimination of Discrimination against Women (CEDAW) recognized that the government had an inescapable obligation to guarantee maternal health services to every woman regardless of her circumstances.

The committee was emphatic on the issue of discrimination. Alyne was incredibly vulnerable in a country where black women are seven times more likely than white women to die from pregnancy-related causes and where 90 percent of maternal deaths are preventable.

**In Brazil, black women are  
seven times more likely than  
white women to die from  
pregnancy related causes.**

CEDAW's decision not only ordered Brazil to compensate Alyne's family but directed the government to ensure that every woman—regardless of income or racial background—is able to get timely, nondiscriminatory, and appropriate maternal health services.

The decision sends a strong message to countries worldwide that access to quality maternal care is a fundamental human right. With this historic ruling, governments must regard the human rights of women like Alyne as an obligation, and their protection as a duty of the highest calling.



Governments have an inescapable obligation to guarantee maternal health services to all women.

# WHY DO WE FIGHT?

“No woman should ever lose her life because she’s refused access to reproductive health services or given inadequate care. It’s unconscionable. It’s immoral. It’s a terrible injustice. And I am fighting to make that understood.”

**Lilian Sepúlveda**

*Director, Global Legal Program*





# Keeping Up the Fight

## Anika Rahman



*Center staff, 1993-2000*

### Anika Rahman

*President and CEO,  
Ms. Foundation*

When **Anika Rahman** joined the reproductive rights movement, anti-choice extremists paid scant attention to advances and liberalization in developing countries.

Times have changed.

“The successes that we’ve had around the world have been a galvanizing force for the opposition,” says Anika, who came to the Center in 1993 and led the development of the Global Legal Program for seven years. “We’re facing pushback and it’s global.”

Her early years at the Center became the foundation for her education on global reproductive rights and sexual health. Anika led the launch of the *Women of the World* series, a groundbreaking 12-volume documentation and analysis of international laws and policies. That project helped fuel the Center’s development of a human rights framework for reproductive rights that remains the bedrock of our mission.

The Center was smaller then and deeply engaged and energized by the reproductive rights movement. “I remember the passion, the commitment to values,” says Anika. “At the Center, we were never distracted by outside forces. And I know that same focus and drive still exist today.”

In 2011, Anika became the president and CEO of the Ms. Foundation for Women, where she leads a team that supports grassroots movements in democracy building, economic justice, violence cessation, and women’s health. Clearly, there are many points of synergy between her work at the foundation and at the Center.

These days, Anika is struck by the growth she’s seen in the campaign for stronger and expanded reproductive rights—and in the surging opposition. “When I came into the global movement, we didn’t see the embrace of these issues, and not nearly the number of organizations and lawyers working on these issues, that we have today,” she says. “On the other hand, where the discussion has been in this U.S. election seems completely outdated and surreal. This might have been the debate in the 1950s. It’s appalling. We’ve slid backward so much right here in our nation.”

Nevertheless, she remains undaunted by the recent surge of hostility to reproductive freedom. She knows that empowering women and protecting their fundamental rights requires large reserves of determination.

“Profound social change takes time,” she says. “But I’m convinced of the righteousness of what we’re doing.”

**THE CENTER  
CULTIVATES  
INNOVATION  
AND  
EXPERTISE**



# LITIGATION ON THE CUTTING EDGE

More than 20 years ago, as Kathryn Kolbert, one of the Center's founders, prepared to argue *Planned Parenthood v. Casey* before the U.S. Supreme Court, there was a real concern that the decision would overturn *Roe v. Wade*.

That didn't happen. But the *Casey* decision, in applying a new legal standard to abortion restrictions that cut back on *Roe* protections, enabled an onslaught of legislative assaults—assaults that the Center is now fighting tirelessly to beat back with an arsenal of innovative legal strategies.

*Casey* was a challenge to a Pennsylvania law that included a number of abortion restrictions. The law required that a woman seeking an abortion be given information expressing the state's preference for childbirth over abortion, and then wait 24 hours before undergoing the procedure. If she was married, the woman's husband would have to be notified under the law; if she was a minor, the consent of a parent would have to be obtained. In addition, abortion providers were singled out for special, burdensome requirements to report information about their patients and doctors to the state.

The Supreme Court struck down the spousal notification provision but upheld the other restrictions—and the *Casey* decision immediately became a pivotal moment in the battle over abortion, diminishing reproductive rights by singling them out as different from, and less absolute

than, other rights. The ruling allows a government to exert its influence and authority to coerce a woman not to exercise her constitutionally protected right to reproductive choice. Compounding the damage, it opened the door for anti-choice legislatures to pass innumerable obstacles to reproductive health care access.

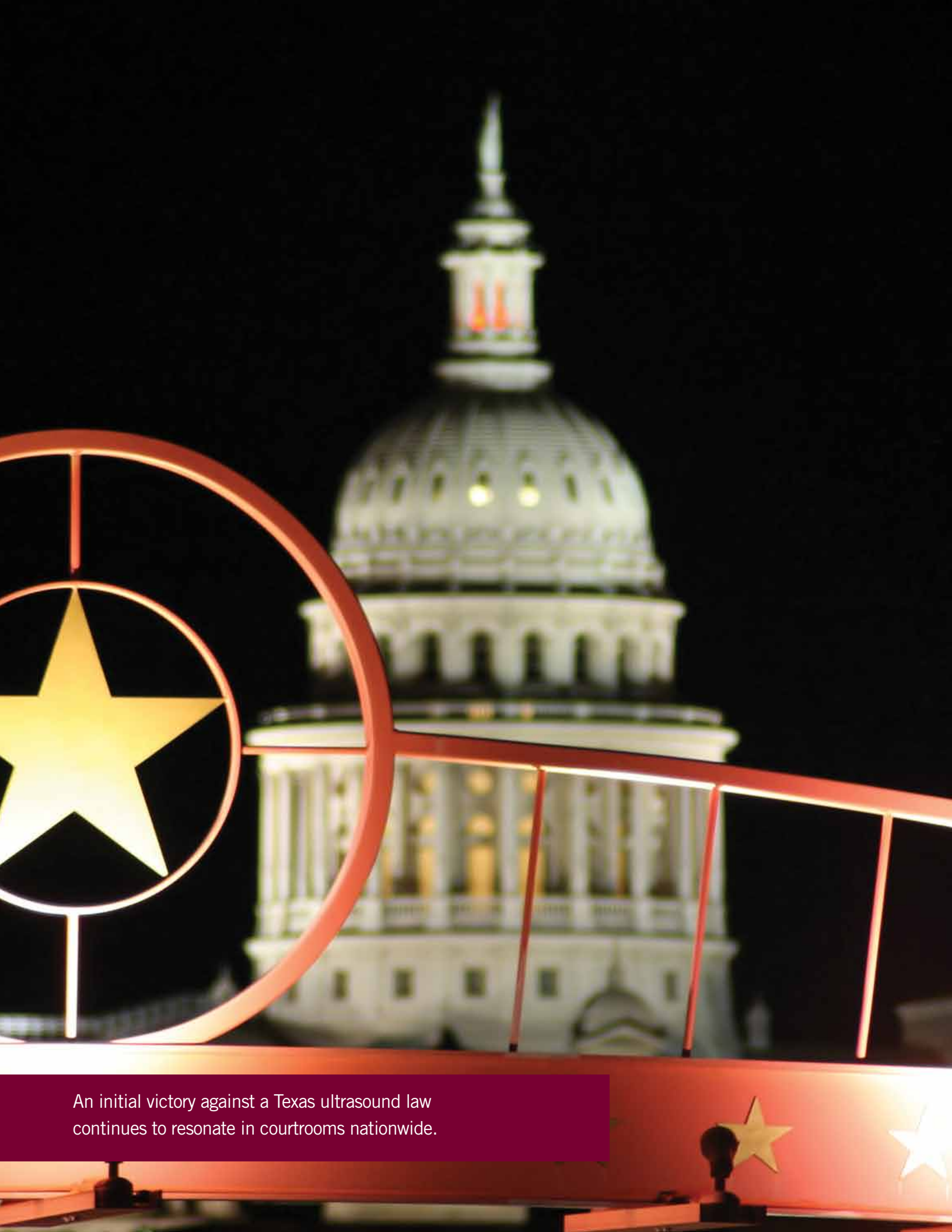
With greater leeway in the ensuing two decades, courts found many abortion restrictions constitutional, cracking the foundation of *Roe* in the process. Since then, the fracture has expanded enough to allow a flood of state-level legislation that has stripped away from women the vital protections established by *Roe*.

There was no doubt: We needed to redefine the parameters of our struggle. So we turned the focus to other bedrock rights violated by abortion restrictions.

## Ultrasound Laws and the First Amendment

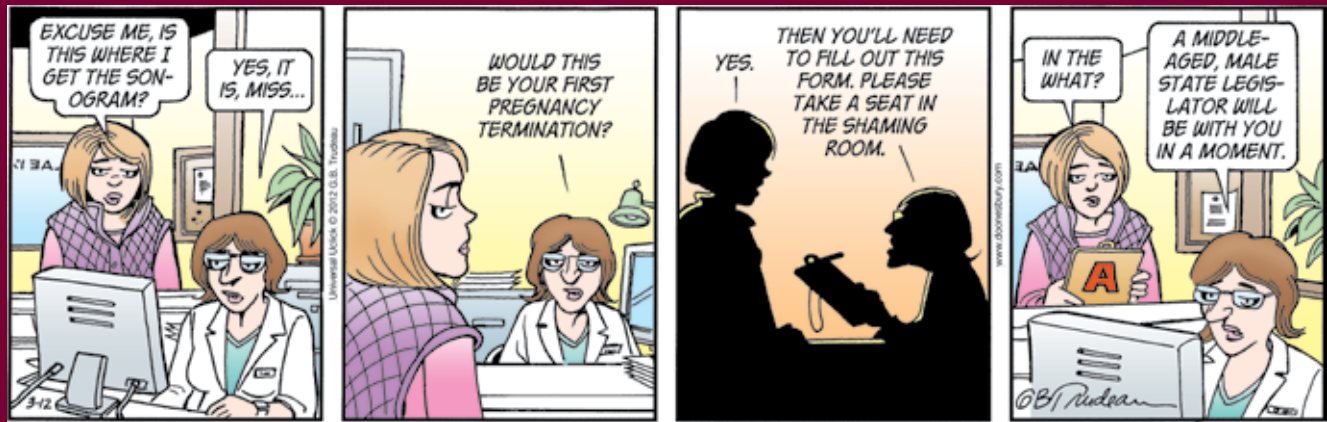
In 2008, Oklahoma passed the most extreme ultrasound law in the country. While a few other states had some ultrasound requirements on the books, none required doctors to overrule their patients' wishes and put an image of the fetus in front of the patient's face or deliver state-mandated descriptions of the image, regardless of the woman's circumstances. Anti-choice legislators pushed this coercive law under the pretense that it would protect women, insinuating that the government knows best what information women should consider before making their decisions.

These laws have two aims: to make women second-guess their decisions and to make it harder to provide and obtain abortion care. Their harmful effects are many: delaying access to care, increasing financial burdens that disproportionately affect women at the low end of the



An initial victory against a Texas ultrasound law continues to resonate in courtrooms nationwide.





**TAKE A SEAT IN THE SHAMING ROOM:** Early in 2012, we asked our online supporters to speak out when newspapers across the country opted to keep pro-reproductive rights voices out of their pages and refused to run a “Doonesbury” series that took a hard-edged look at Texas’ demeaning anti-choice ultrasound law. More than 14,000 people took action, and at least two newspapers, including the *Des Moines Register*, reversed their decision.

economic scale, poisoning the doctor-patient relationship, and demeaning and shaming women for decisions that should be nobody’s business but their own.

We saw an opening, a way to attack these restrictions using different legal standards that would bring greater scrutiny upon the restriction. These laws require doctors to become mouthpieces for the state, reciting political speech required by anti-choice lawmakers and forcing women to listen—thus violating one of the most hallowed rights in the U.S. Constitution: freedom of speech, as enumerated in the First Amendment.

Our legal strategy has found footing. We raised it first in our challenge to the Oklahoma ultrasound law. We launched a battle in 2011 on First Amendment grounds against an equally offensive ultrasound law in Texas. The federal trial court judge agreed with us, ruling that the act forces doctors to “advance an ideological agenda with which they may not agree, regardless of any medical necessity, and irrespective of whether the pregnant women wish to listen.”

After a long and hard-fought battle, the Fifth Circuit Court of Appeals overturned our victory, brushing aside our First Amendment claims. And in an extremely unusual step, the ruling panel of three judges declared that they—and not other judges in the Fifth Circuit—would reserve jurisdiction on all appeals related to the case. But the initial decision continues to resonate in courtrooms across the country. And it marked the first in a string of recent victories built

on the cutting-edge strategies we developed. A North Carolina ultrasound law remains preliminarily blocked by a federal court decision in which the judge cited the Texas case along with her own First Amendment analysis. And in early 2012, a state court judge in Oklahoma ruled that the state’s ultrasound law should remain blocked permanently.

We will continue to engage in state-by-state battles to protect women from the continuing erosion of their reproductive rights. But we have our eyes on a more enduring achievement.

We will use the evidence we amass in our lawsuits to document and expose the dishonesty and hypocrisy of anti-choice legislators who pass reproductive rights restrictions under the guise of protecting women, as well as their underlying hostility to women’s ability to freely and fully exercise their reproductive autonomy.

We will systematically document the harm that results when this hostility is enacted as law.

And we will build on the momentum we have developed, and on the rekindled outrage over anti-choice assaults that has swept the United States in the past year, laying the groundwork for a new national standard that provides permanent, robust protection for the fundamental reproductive rights of all women, everywhere across the country.

# WHY DO WE FIGHT?

“I believe very deeply in the Center’s vision for the future. And I’ve seen too many of the destructive results of the erosion of reproductive rights in the U.S. not to do all I possibly can to reverse the tide.”



**Julie Rikelman**

*Litigation Director, U.S. Legal Program*

# Keeping Up the Fight

## Mónica Roa



*Center staff, 2000-2002*

### Mónica Roa

*Programs Director,  
Women's Link Worldwide*

**Mónica Roa's** hope for reform in her home country, Colombia, took shape at the Center, where she developed the knowledge in human rights law, litigation, and advocacy that would serve her greatest work.

During her more than two years at the Center, first as a visiting attorney and then as a legal fellow, Mónica discovered the effectiveness of strategic court action as she witnessed the Center's U.S. Legal Program rack up one victory after another on a full range of reproductive rights issues. On the international side, she learned the fundamentals of applying the human rights framework to reproductive rights, the cornerstone of our mission. "I remember my time at the Center as the golden years of my life. I found my destiny," says Mónica.

More than seven years ago, after finishing her work at the Center, Mónica joined Women's Link Worldwide, an international human rights organization advocating for gender equality, where she took on a challenge that few thought surmountable: creating exceptions to some of the world's most restrictive abortion laws using the international framework she learned at the Center.

"The Center has played an enormous role in creating international standards," Mónica says. "At Women's Link we realized it is important to bring them to the national level by using them in local courts. Local decisions build upon international standards, and international standards are reinforced by local decisions. From there, you get a spiral effect."

Mónica won for Colombian women the right to have an abortion in cases of rape or incest; risk to the woman's life or health, either physical or mental; or grave malformation of the fetus.

"I realized that the international standards on abortion were quite clear on the importance of having at least the most extreme circumstances covered," says Mónica, now the programs director for Women's Link Worldwide. "The Colombian courts increasingly had been using international standards in evaluating law, and I asked them to do the same with abortion."

The victory is an undisputed landmark. "Abortion is not just not a crime. It's a right," says Mónica. "That's a huge distinction. Now the state has an obligation to guarantee it."

Mónica is working relentlessly now on implementation of the decision. And there are many more obstacles standing between women in Latin America and their reproductive and sexual rights that require the joint efforts of Mónica and the Center. We're working to stop sexual violence in Colombian schools. And in 2011, we beat back an attempt by anti-choice legislators to modify Colombia's constitution and make abortion illegal.

Our cooperative success stands as eloquent testimony to the power of the Center's international human rights framework to win for women everywhere their inalienable reproductive rights.

# A GIRL WHO CHANGED THE WORLD

In recent years, Latin America has been the scene of some of the most sweeping advances in reproductive rights law—many driven by the work of the Center for Reproductive Rights—enabling millions of women to exercise a broader range of reproductive choices and gain access to health care.

At the same time, it remains a region where pockets of severe restrictions still endure.

An institutionalized anti-choice environment persists in much of the region. Contraception often is unaffordable, difficult to acquire, or even banned in certain circumstances. Prenatal and obstetric care is a luxury some women simply can't afford. Abortion is allowed only sparingly.

The Center already has secured watershed victories in Brazil, Mexico, and Peru, and they serve as the bedrock of the continued reform we will pursue across coming decades. We are not just altering the reproductive rights landscape. We're reshaping long-held beliefs and rigid viewpoints, an undertaking that demands innovation.

The tragedy and suffering of a young woman in Peru held the potential to expose the unforgiving

consequences of hostile reproductive laws and shift perspective in the process.

**L.C.** was all of nine years old when her life changed forever. A man in her neighborhood raped her. Repeatedly. For years. When she was 13, she found out she was pregnant.

Peru's abortion laws are ruthless. The medical procedure isn't even legal in the case of rape or incest.

Scared, ashamed, hopeless, L.C. flung herself off a neighbor's roof in an attempted suicide. But L.C.'s nightmare was far from over.

She didn't die, but she did suffer a crippling spinal injury that paralyzed her from the waist down. A surgical procedure could have greatly improved L.C.'s future, but doctors refused to terminate the pregnancy in order to perform the procedure.

L.C. contacted a reproductive rights group in Peru called the Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos. They called us because of our landmark 2005 victory on behalf of another victim of Peru's oppressive abortion laws.

The facts of this case convinced us that it could be a powerful catalyst for reform. International standards protect a woman's right to be free from discrimination, and everything about L.C.'s saga suggested bias. Doctors denied L.C. life-changing surgery because they valued her pregnancy over her health and future. Based on a gender stereotype, they determined that it was her duty as a woman to carry a pregnancy to term, no matter the



**Because of L.C.'s strength and determination, the Center has secured another affirmation that governments must guarantee and ensure women's access to health care, without discrimination or coercion.**

circumstances or her wishes. Discrimination would be the heart of our case against Peru.

The United Nations Committee on the Elimination of Discrimination against Women (CEDAW) agreed with us, explicitly condemning L.C.'s treatment as discrimination and demanding that Peru change its abortion laws to legalize abortion in cases of rape. Further, the committee ordered the government to adhere to its existing abortion exceptions and guarantee that women can get lawful abortions when their lives or health are threatened.

Because of L.C.'s strength and determination, we have secured another affirmation that governments must guarantee and ensure women's access to health care, without discrimination or coercion.

And for women around the globe, the ruling signals a shift in thinking that is gathering momentum as governments and international courts and bodies increasingly recognize that reproductive freedom is a fundamental human right.

# IMPACT:

## PERSONHOOD'S THREAT TO FAMILIES

When Stephanie Lane-Hicks heard that anti-choice extremists were trying to get a personhood initiative on this year's ballot in Oklahoma, her home state, she knew one thing for certain. She wasn't going to keep quiet.



*Stephanie Lane-Hicks*

Stephanie has been through in vitro fertilization (IVF) twice. She knew that any measure that granted legal rights to a fertilized egg was bound to threaten the practices of all fertility doctors—and, ultimately, her ability and basic right to make her own choices about starting a family.

The very nature of IVF requires doctors to handle many fertilized eggs, many of which will not be implanted into a woman's uterus—but all of which would be considered “people” under personhood amendments or laws. Any doctor who even inadvertently damages or destroys one of those fertilized eggs could face criminal prosecution. And the measure would also effectively ban a number of other constitutionally protected reproductive health services, including abortion under all circumstances and birth control in many forms.

Stephanie and her husband had dreamed of having their own child for years, and the thought of fellow Oklahomans trying to take that right away saddened and infuriated them.

The Center for Reproductive Rights has opposed personhood laws and ballot initiatives in all forms. In

Mississippi, we helped to expose the dangers of such a measure and supported the grassroots effort that ultimately defeated it. In El Salvador, we've launched a multi-year campaign to undermine laws in that country that define life as beginning at the moment of conception—and that have resulted in the imprisonment of many Salvadoran women.

And as soon as the Oklahoma ballot initiative was filed, we sprang into action there, too, launching a lawsuit aimed at keeping it from ever being put to a vote.

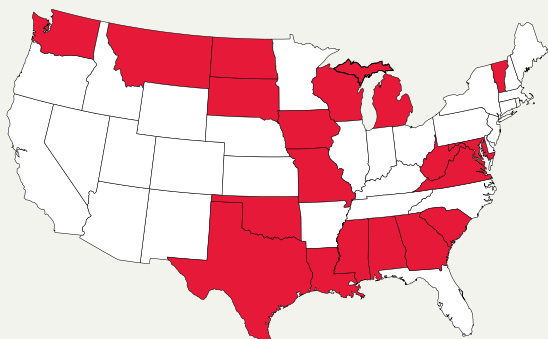
Our advocacy campaign sparked the mobilization of hundreds of pro-reproductive rights activists across Oklahoma, who formed the Oklahoma Coalition for Reproductive Justice to amplify their outcry against the initiative. Stephanie was one of them. Under the group's guidance, Stephanie started to visit the Oklahoma statehouse to tell her story and convey to representatives and senators the dangerous consequences of a personhood law. She's written letters to the editors of Oklahoma newspapers and even appeared on the local news.

Stephanie remembers her disbelief when Mississippi introduced its personhood initiative. “When I heard





**19** states considered  
personhood bills  
in 2011



**9** states have seen anti-  
choice groups attempt to  
get a personhood initiative  
on the ballot

**6** states have already  
considered personhood  
bills in 2012

about it on television, I couldn't believe we were talking about these issues," she says. But she also had a feeling the personhood movement would eventually come to Oklahoma. "I'm amazed how this is sweeping the nation, and how they are trivializing women's rights in general."


**In our victory in Oklahoma,  
the state judge declared  
the ballot initiative "clearly  
unconstitutional" under  
Oklahoma law and "repugnant"  
to the U.S. Constitution.**

There is nothing trivial about IVF. It is an important medical advancement that has allowed hundreds of thousands of women and couples who are having difficulty getting pregnant to start families. The experience of going through IVF twice left such an impression on Stephanie that she felt compelled to help other women going through the process. A licensed professional counselor, Stephanie enrolled in special training with the American Society of Reproductive Medicine and now offers therapy to women confronting reproductive issues.

"No one wants to go down this road," says Stephanie of the challenging and sometimes frustrating and painful process of IVF. "But taking away this opportunity from women is cruel and a serious intrusion into a very private decision."

The women of Oklahoma no longer have to worry about this particular intrusion and attack on their rights. In April, the Oklahoma Supreme Court unanimously declared the ballot initiative "clearly unconstitutional" under Oklahoma law and "repugnant" to the U.S. Constitution.

Our resounding victory, supported by the Oklahoma Coalition for Reproductive Justice and people like Stephanie, ensures that the road to building a family—when and how a woman wants—remains open. And that Stephanie's rights, and the rights of women like her across the state, are afforded the strongest protections available under the law.



We are recruiting and  
developing the talent that  
will drive the movement.

The Center's legal interns attend workshops on  
reproductive health law throughout their tenure.



# TRAINING TOMORROW'S LEADERS

Innovation doesn't just happen. It has to be planned, supported, and nurtured. And innovation won't take root unless the ground has been prepared to receive it.

Since its inception, the Center has recognized that real progress in reproductive rights would require bold thinking and cutting-edge, long-term strategy. We knew it was imperative to engage students on reproductive rights law, which for too long had been pushed to the margins of the curriculum. And we have invested in training lawyers, developing and disseminating scholarship, creating teaching materials, and making an impact on the next generation of lawyers and policymakers.

In 2008, we formalized this process with our Law School Initiative. Law students become lawyers. Some eventually become judges, public officials, and leaders of the private bar. Others enter academia and teach the next generation.

We have brought dozens of students and attorneys into our work as fellows and interns. The results are taking hold. Alumni of our Columbia Law School Fellowship—the flagship program of the Law School Initiative—have landed tenure-track professorships, and more candidates are in the pipeline.

The students and lawyers coming through the Law School Initiative leave with a powerful understanding of the major tenets of our mission. They recognize the urgency of our efforts to affirm and restore the robust constitutional and legal protections of reproductive rights throughout the United States. They have seen the influence of our international victories and honed their ability to establish, strengthen, and expand protections in human rights law.

And they understand that the future of our movement rests in our ability to articulate these rights in a positive manner.

The affirmative approach has resonated abroad, and the Center is taking steps to redouble that effect through regional training. For years, we've conducted trainings in Latin America, Europe, and Asia. This year, we are launching a new workshop as part of our South Asia Reproductive Justice and Accountability Initiative.

The Reproductive Rights Case Development Workshop will coincide with the opening of our new office in Kathmandu, Nepal, and will bring together attorneys from Bangladesh, India, Pakistan, and Sri Lanka. The workshop will focus on contraception and abortion, with an eye on building public interest litigation that holds governments in the region accountable for practices that result in denial of access and gender discrimination.

Most importantly, the workshop sets the stage for a first-of-its-kind network of lawyers and advocates who will share ideas and strategy, draw on the Center's expertise in international human rights and comparative law, and use local talent with a deep knowledge of regional institutions to build good law from the inside.

We have seen the dramatic impact that our victories have on the lives of women worldwide. And those achievements ripple outward, influencing jurisprudence and policy in other states and countries.

As the only global organization dedicated exclusively to the establishment, protection, and advancement of reproductive rights, we assume and embrace the responsibility of recruiting the rising talent that will drive our movement into the future. Our goal is to equip them with the tools and knowledge they will need to play vital roles in the legal battle to transform the reproductive rights landscape worldwide.

**THE CENTER  
TACKLES THE  
TOUGHEST  
CHALLENGES**



# POLAND: A TRADITION OF REPRESSION



300,000 +

women die needlessly from complications related to pregnancy and childbirth every year

In 1989, communism came to an end in Poland, clearing the way for the country's citizens to enjoy new freedoms, greater prosperity, and the opportunity to govern themselves for the first time in generations.

Today, the United Nations Development Programme gives Poland its highest rating for human development.

That rating does not include a measure for women's reproductive rights.

Poland clings to a tradition of repressing those rights, leaving women with little control over their reproductive health or their ability to plan a family. Consequently, Polish women have not enjoyed the same rise in standing and quality of life as men.

Poland's determined effort to hold back women in a country that is otherwise ascending drew the Center's concern and attention long ago. We have battled on behalf of Polish women for years now, in an effort to pierce this culture of inequality and discrimination.

In 2011, our relentless efforts produced an enormous victory via the European Court of Human Rights for one woman who had suffered a terrible injustice, and for women in Poland and across Europe.

The case involved a woman known as **Iwona** who was pregnant in 2002. She got a sonogram at 18 weeks. The test revealed that fetal abnormalities were a possibility, but Iwona needed further tests to confirm and determine what those abnormalities might be.

But instead of getting her the health care and information she needed, doctors ideologically opposed to abortion sent her on something of a wild goose chase. All across Poland, one doctor after another conjured excuses for not giving Iwona the necessary tests. She pinballed from one office to the next, seeking only the care to which she had every legal right. Poland does allow for abortion in the case of fetal abnormality, but doctors denied Iwona the information she needed to make a decision on whether to continue the pregnancy.

**For the first time, the European Court of Human Rights ruled that a reproductive rights violation amounted to inhuman and degrading treatment.**

The doctors continued to stall Iwona's tests until it was too late to opt for a legal abortion. Her pregnancy had stretched beyond all abortion limits, and she was barred from getting the procedure.

**“I work on a case of a young Polish teenager who got pregnant after being raped, and then suffered one shocking humiliation after another. She reminds me of what our fight is about: dignity, equality, and justice.”**



**Johanna Westeson**  
*Regional Director for Europe*

Iwona's baby was born with a severe genetic illness and requires intensive and constant medical attention.

Before we filed our case in 2004, we faced an institutional environment bent on stonewalling all our efforts to document the treatment women were suffering. Poland's abortion laws are some of the most restrictive in Europe. They limit legal abortion to cases in which a woman's life or health is in danger, the fetus is severely impaired, or the pregnancy is the result of a crime. The laws allow physicians to refuse treatment based on religious or moral objections with little or no oversight—making abortion care inaccessible for many women even when it is lawful. These restrictive laws, and an even stricter implementation of them, have led to illegal abortions performed without oversight for large sums of money.

And taking Iwona's case before the European Court of Human Rights only stiffened the resistance of public health officials.

That's why our victory last year, after seven years of battling Poland, carries so much significance. The European Court of Human Rights found that in denying Iwona the information she needed—and to which she had every right—Poland violated her rights to privacy and self-determination. It marked the first time in history that this court ruled that a reproductive rights violation amounted to inhuman and degrading treatment—and the first-ever demand by the court that states regulate refusals to provide health care based on religious or moral objections.

Our fight in Poland is far from over. The reproductive rights landscape is not yet on par with the level of democracy the country otherwise enjoys or the reproductive health protections found in most other European countries. We have two other cases against Poland in the European Court, each one aimed at dismantling more and more of Poland's repressive efforts to deny women their legal health care. We will pursue them with the same tenacity that won justice for Iwona—and hope for all European women.

# EMERGENCY CONTRACEPTION: A BATTLE FOR THE AGES

Contraception is not perfect. Accidents happen. Condoms break. Birth control pills get missed. And when contraception fails, immediate action is essential.

The likelihood of pregnancy climbs with every passing hour, and emergency contraception—which doesn’t work if a woman is already pregnant—is most effective when taken within 72 hours of unprotected sex.

Arriving at the drug store to find emergency contraception sealed behind a closed pharmacy counter isn’t simply an inconvenience. Such a scenario can change the course of a woman’s future.

For more than a decade, the Center has been challenging the U.S. Food and Drug Administration (FDA) to remove the limits it has put on emergency contraception. There is only one acceptable outcome: Emergency contraception must come out from behind the counter and be available to everyone who needs it, when they need it.

The fight to make that result a reality has been a dogged effort obstructed by the politicization of women’s health. In 2001, we filed a petition with the FDA to make emergency contraception (also known as the morning-after pill) available over the counter without a prescription. The FDA, playing politics, dragged its feet and ignored the scientific recommendations of its own expert panel.

Meanwhile, this safe, effective means of preventing unintended pregnancies was off limits unless a woman had a doctor’s approval. So in 2005 we sued the FDA.

Did we believe in the validity of and principle behind our suit? Absolutely. Did we think we would win? The odds were long. Judges don’t generally question federal agencies that render decisions in the ordinary course of business. To even tempt a judge to do so, a plaintiff must meet an unusually high standard in presenting the case.

We rose to the challenge, casting so much doubt on the FDA’s process that the judge requested more information about the communications between President George W. Bush’s White House and high-level FDA officials. At an early hearing, the judge said that the agency’s foot dragging had “all the earmarks of an administrative filibuster.”

Through an exhaustive evidence-finding process, we demonstrated that the Bush White House exerted unprecedented political influence to strong-arm the FDA’s decision makers—whose staff of scientists had concluded that emergency contraception was safe and effective for



52%

**The 16 percent of women who do not use any contraception method account for 52 percent of all unintended pregnancies**

**17.4 million**

**women needed public assistance to afford contraception in 2008**

women of all ages—into acting in bad faith by rejecting the science supporting broad availability. Senior agency officials, setting out to stonewall approval, circumvented the FDA's own regulations for purely political purposes—to “appease the administration's constituents,” as a top FDA official described it.

**There is only one acceptable outcome: Emergency contraception must come out from behind the counter and be available to everyone who needs it, when they need it.**

Soon after these revelations, the FDA reversed course to some extent. The agency approved the medication for sale without a prescription—but only for those 18 or older, only behind the pharmacy counter, and only if a woman had a government-issued I.D. These were limitations that had never been placed on any other over-the-counter drug.

That wasn't good enough for women, for the Center, or for the federal judge, who ruled in our favor and ordered

the FDA to lower the age to 17, drop the political decision making, and reconsider all age restrictions, based on good faith and science.

By this time the White House had changed hands, and we hoped the newly elected Obama administration would not let politics trump science. So we were dismayed when, in late 2011, Health and Human Services Secretary Kathleen Sebelius overruled the FDA's decision to finally allow access to emergency contraception without a prescription and without an age limit.

This fight has gone on too long. But we haven't given up. We took the FDA back to court in early 2012 and added Secretary Sebelius to the lawsuit as a defendant.

Science has proved again and again that emergency contraception is safer than many cold medicines on the racks of our local pharmacies. Yet the government continues to hold it hostage.

Long as this battle might be, we must continue to fight it. The government must stop playing politics with women's health. And all women must have ready access to the urgent reproductive health care they need.



# IMPERATIVE: REPRODUCTIVE HEALTH CARE MUST BE AFFORDABLE

In 2011, the Obama administration officially recognized birth control as an essential component of preventive health care for women.

This had been fact long before the announcement, but the moment still represented a turning point in the reproductive rights movement.

Starting in August 2012, women across the United States would be able to obtain birth control without a co-payment, sweeping aside cost as a barrier between a woman and a full range of family planning options.

This watershed moment didn't just happen out of the blue. Long before the White House made history, the Center, led by our Government Relations team, was pushing to ensure that contraceptive coverage was part of the promise of the newly enacted Affordable Care Act.

Our efforts were relentless:

We testified in favor of coverage before the panel of medical experts at the Institute of Medicine that eventually recommended expansive, co-pay-free contraception coverage to the Obama administration.

We submitted comments to the Department of Health and Human Services as they considered the scope of the rule.

We took our arguments to legal scholars to encourage them to speak out, presented those arguments publicly, and debated opponents of the measure.

We submitted testimony before congressional hearings in support of the administration's announcement of the policy.

We lobbied against legislation hostile to the provision.

We spoke out in the news media at every opportunity.

And when the opposition filed legal challenges to the rule, we published an exhaustive legal analysis debunking each of the arguments against contraception coverage and took our message to Congress to convey the sound constitutionality of the policy.

The opposition was ferocious. Anti-choice extremists set off a firestorm, couching their protest in terms of religious freedom—claiming first that all employers affiliated with religious institutions should be allowed to refuse to provide contraception coverage, and next that anyone at all with a religious or “moral” objection should be exempt from the

rule. In fact, they had it backwards: It's individuals, not institutions, whose rights to exercise their consciences—including by availing themselves of contraception—must be protected against the encroachments of others with differing beliefs. And we have been advocating doggedly to make that clear.

The case for contraception is irrefutable. A woman is better equipped to take care of her health when she can decide whether and when she wants to have children. Statistics show that her children will be healthier, too, and better provided for, because birth control also leads to greater control over decisions regarding education and work, which in turn leads to a better livelihood and a more promising career. And birth control benefits society: Every single dollar spent on contraception yields four to six times that in health savings.

Birth control isn't just good for women. It's vital for everyone. That's why contraception is a central plank in our campaign to establish worldwide the right to affordable reproductive health care.

We have made this fight a cornerstone of our work since the earliest days, from our 1995 victory in *Women of Minnesota v. Gomez*—the first of a string of successes across the United States in which state courts ruled that denying public funding for abortion services to low-income women was tantamount to singling out poor women and denying them their constitutional right—to the precedent-setting United Nations decision we secured in 2011 establishing governments' obligation to guarantee maternal health services as a matter of human rights. (Read the story of the *Alyne da Silva Pimentel v. Brazil* decision on p. 24.)

There is still much work to be done to settle this issue in the United States and to expand affordable access worldwide. But the payoff is immeasurable. The guarantee of unfettered access to affordable contraception is a huge step toward the realization of our vision of a world in which we are all free to make our own choices about our reproductive health and future.



# IMPACT: CHANGING REALITY FOR WOMEN



*Bridgette Dunlap*

The fundamental significance of contraception is both extraordinary and easily understood.

That's why expanding affordable access to this critical component of women's health care has been, and will always be, central to the Center's mission.

We've been battling the Food and Drug Administration for years to make safe, effective emergency contraception available without restriction to all women in the United States. We're advocating the long-overdue expansion of access to affordable contraception before the European Parliament and other international bodies. We're facing down powerful interests in Washington, DC, that seek to limit reproductive rights and contraceptive access.

And recently, we've been joined in this fight by **Bridgette Dunlap**, a 2012 graduate of Fordham University School of Law who took the same stand against institutional oppression of women that the Center takes every day.

At first, Bridgette, like many Fordham students, thought it would be easy to get birth control. After all, the Jesuit-run school's health insurance policy at the time said that contraception was covered. But coverage means little if a woman can't actually get a prescription.

After signing up for the insurance plan, Bridgette believed that the university would meet her reproductive health care needs. She was wrong. When she joined the Fordham chapter of Law Students for Reproductive Justice, she found out that the university's health facilities do not write prescriptions for birth control except under the narrowest of exceptions—so narrow, in fact, that it's hard to determine what medical conditions qualify.

(The university has since revised its web page on student medical services to clarify its policies on reproductive health care.)

"There have been some pretty extreme circumstances where people have been turned away," says Bridgette. She met a woman who'd had an abdominal mass removed. Her doctor suggested she stay on birth control to lower the risk of ovarian cancer. But Fordham placed so many hurdles in the woman's way that when Bridgette saw her again, she had been off birth control for months.

"One thing the Center does, which is so important, is document the real consequences of these policies," says Bridgette. "I'd really like to see politicians answer to reality, to how these policies actually affect women's lives."

Bridgette changed reality for many women on the Bronx campus in New York who couldn't afford \$100 for an off-campus doctor or travel an hour to the nearest free clinic. In December 2011, she recruited doctors from the Institute for Family Health, a community health center, to volunteer and held a one-night reproductive health clinic. More than 40 women received birth control prescriptions.

Bridgette, recognizing the injustice and inequality of Fordham University's policies, launched her battle with the same conviction as we do at the Center. We are proud to stand alongside her and all who share her commitment to unfettered access to birth control for all.

# Keeping Up the Fight

## Gillian Metzger



*Center staff, 1994*

### Gillian Metzger

*Vice Dean and Professor,  
Columbia Law School*

**Gillian Metzger**, a former legal intern at the Center, recognized the vital importance of administrative law to the movement for reproductive rights and gender equality when she chose the field. This body of law, created by and regulating government agencies, affects women's lives every day, determining whether a particular woman in particular circumstances can get access to abortion or contraception. Key factors such as the licensing requirements abortion providers must follow and the approval process each type of contraceptive must undergo are governed by this branch of law.

Gillian has explored a variety of administrative law issues, including how these laws intersect with questions of constitutional law and privatization, in a career that includes a clerkship at the U.S. Supreme Court with Justice Ruth Bader Ginsburg. Today, she serves as vice dean and professor at Columbia Law School.

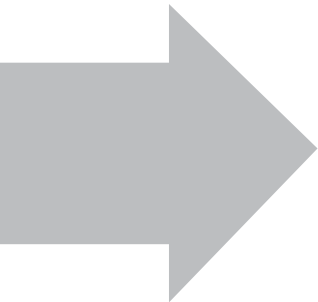
Her summer internship at the Center, in 1994, gave her an opportunity to see the real-world impact of law through our challenge to a measure in Michigan requiring women to wait an extended period of time after seeing a provider before getting an abortion. "It was my first exposure to a trial, to seeing how you would frame the issues and develop a record," says Gillian. "It was a remarkable experience."

Administrative law has always been at the heart of the reproductive rights movement, and its importance is growing. "At both the state and federal levels, there are more and more efforts to regulate reproductive health care through administrative channels, such as regulations singling out abortion providers and restrictions on insurance coverage for abortion care," says Gillian.

And with these challenges come certain opportunities. "So many millions of people still don't have health insurance," she says. "If we can make reproductive rights issues understood as a core part of health care, we ultimately can expand access to women's reproductive services."

The issues of access to and affordability of reproductive health care are central to our objectives in the coming years. We will challenge laws and attack legal structures that allow or enable governments and institutions to withhold fundamental health care—contraception, obstetric and prenatal care, safe and legal abortion, and more—from women worldwide.

The same characteristics that impressed Gillian during her time as an intern today give her the confidence that we will ultimately succeed in achieving these important aims. "The Center's expertise and ability to operate on many levels—in particular, to engage in both policy advocacy and legal challenges—place it squarely in the middle of shaping the reproductive rights landscape of the future."



**“I’ve been fighting these battles at the Center for almost 15 years. I’ve seen with my own eyes the kind of profound changes we can bring about, and I know there is much more we can and will do in the years ahead.”**

**Luisa Cabal**

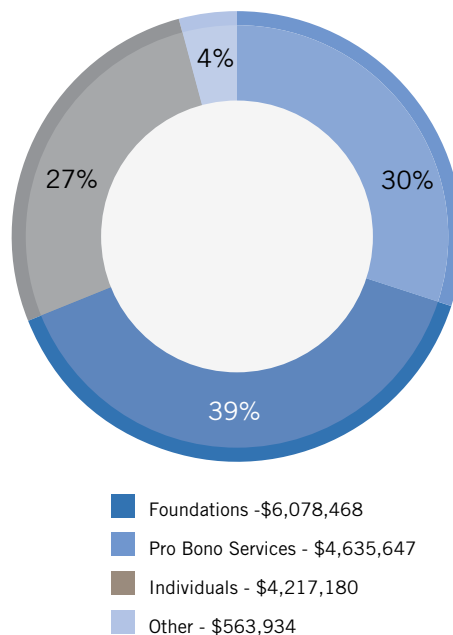
*Vice President of Programs*



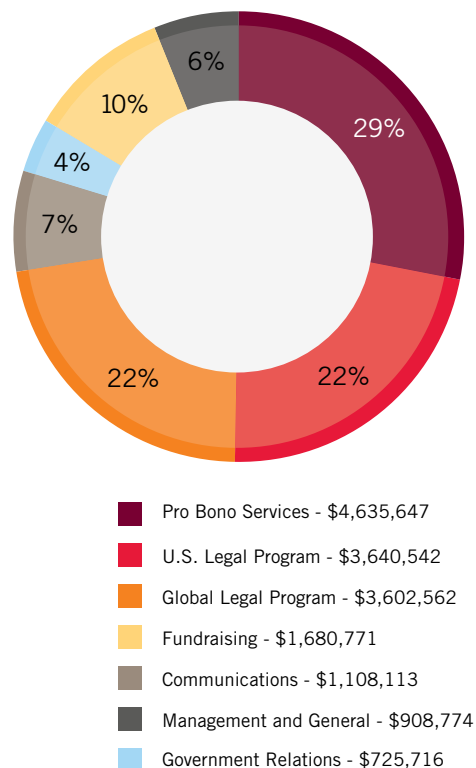
# 2011 FINANCIAL INFORMATION

The Center's total public support and revenue for work in Fiscal Year 2011 totaled **\$15,495,229**. This included **\$10,859,583** in financial support, which consisted of grants, charitable financial donations, attorneys fee awards and miscellaneous revenue. Of this **\$10,859,583** in financial support, 56% (**\$6,078,468**) came from foundations and 39% (**\$4,217,180**) from individual donors. The balance of the Center's financial support of **\$563,935** was derived from bequests, international organization grants, attorney fee awards and miscellaneous revenue. In addition, the Center received **\$4,635,646** in donated services which consisted primarily of pro-bono legal services.

## 2011 REVENUES



## 2011 EXPENSES





# STATEMENT OF FINANCIAL POSITION

As of December 31, 2011

## ASSETS

Cash and cash equivalents	\$	6,376,542
Certificates of deposits		2,003,425
Investments		7,995,877
Grants and contributions receivable - net		4,629,340
Prepaid expenses and other assets		157,534
Security deposits		109,166
Fixed assets - net		91,244

<b>Total assets</b>	<b>\$</b>	<b>21,363,128</b>
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## LIABILITIES & NET ASSETS

### Liabilities

Accounts payable and accrued expenses	\$	395,872
Accrued salaries and related benefits		275,409
Deferred rent payable		201,533

<b>Total Liabilities</b>	<b>\$</b>	<b>872,814</b>
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### Net assets

Unrestricted		
Operating		13,075,039
Board designated endowment fund		375,608

<b>Total Unrestricted</b>	<b>\$</b>	<b>13,450,647</b>
---------------------------	-----------	-------------------

Temporarily restricted		6,035,547
Permanently restricted		1,004,120

<b>Total Net Assets</b>	<b>\$</b>	<b>20,490,314</b>
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<b>Total liabilities and net assets</b>	<b>\$</b>	<b>21,363,128</b>
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# STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2011

## PUBLIC SUPPORT, REVENUES & OTHER SUPPORT

	UNRESTRICTED	TEMPORARILY RESTRICTED
Foundation grants	\$ 260,500	\$ 3,593,264
Contributions	3,151,459	922,100
Special events (including in-kind contributions of \$6,231)	16,161	
Bequests	380,224	
Foreign governments and international organizations grants		145,597
Awards	15,000	
Donated services	4,635,646	
Other income	6,953	
Net assets released from restriction	7,029,286	(7,029,286)
<b>Total public support, revenues &amp; other support</b>	<b>15,495,229</b>	<b>(2,368,325)</b>

## EXPENSES

### Program services

U.S. Legal Program	7,076,139	
Global Legal Program	4,670,964	
Communications	1,115,428	
Government Relations	826,550	
<b>Total program services</b>	<b>13,689,081</b>	

### Supporting services

Management and general	925,478	
Fund raising	1,684,135	
Direct cost of special events	3,433	
<b>Total supporting services</b>	<b>2,613,046</b>	
<b>Total expenses</b>	<b>16,302,127</b>	

## CHANGE IN NET ASSETS BEFORE INVESTMENT INCOME

	(806,898)	(2,368,325)
Investment income	779,864	(93,459)

## CHANGE IN NET ASSETS

	(27,034)	(2,461,784)
<b>Net assets—beginning of year</b>	<b>13,477,681</b>	<b>8,497,331</b>
<b>Net assets—end of year</b>	<b>\$ 13,450,647</b>	<b>\$ 6,035,547</b>

PERMANENTLY RESTRICTED		TOTAL
	\$	3,853,764
		4,073,559
		16,161
		380,224
		145,597
		15,000
		4,635,646
		6,953
		13,126,904
		7,076,139
		4,670,964
		1,115,428
		826,550
		13,689,081
		925,478
		1,684,135
		3,433
		2,613,046
		16,302,127
		(3,175,223)
		686,405
		(2,488,818)
\$	1,004,120	22,979,132
\$	1,004,120	\$ 20,490,314

# OUR SUPPORTERS

The Center is enormously grateful to each and every one of our donors, whose generosity makes our work possible.

In 2011, as in prior years, institutional supporters were a critical source of support for the Center, with 37 foundations contributing a total of \$6.6 million. Moving forward, we will continue to strengthen existing relationships and cultivate new ones. Our partnerships with foundations, multilateral organizations, and governments are vital to fully realizing every woman's right to reproductive health and self-determination, and we look forward to pursuing our shared goals together in the years to come.

Individuals play a key role in providing a diverse and flexible base of support to ensure the Center's growth and sustainability. In 2011, individual donors contributed a total of \$4.2 million. The Center values our longstanding relationships with many of these donors and welcomes the support of new individuals. Their commitment advances the health, dignity, and equality of millions of women worldwide.

## LESTER COUTINHO

The Center for Reproductive Rights has been committed to catalyzing advocacy by empowering local attorneys and activists since our founding. And with the support of the David and Lucile Packard Foundation, that's exactly what we're doing through our South Asia Reproductive Justice and Accountability Initiative.

The opportunity for impact in South Asia is immense. Thirty percent of the world's maternal deaths occur in this part of the world, many stemming from the 6.8 million unsafe abortions performed in the region every year.

The South Asia Reproductive Justice and Accountability Initiative aims to build a robust body of law that will secure safe and accessible reproductive healthcare—particularly contraceptive and safe abortion services—for women across the region by making connections among reproductive rights lawyers in South Asia and building the capacity of lawyers to litigate reproductive rights cases at the national level.

"There needs to be a network of individuals in South Asia who can be trained and nurtured by the Center and who can be a resource to each other as they take on these cases," says **Lester Coutinho**, program officer for population and reproductive health at the Packard Foundation.

The Packard Foundation has stood with the Center since 1992, and we're proud to consider them a partner in these efforts to expand legal capacity worldwide.

"Reproductive rights have been an important issue for our founders from the beginning," says Lester. "We want to bring an understanding on women's reproductive rights to the region, and ensure that all women have access to the highest quality care possible."



## CENTER RECEIVES ESPÍRITU AWARD FROM CHILEAN NOVELIST ISABEL ALLENDE

“Reproductive rights are fundamental human rights; there is no distinction between them,” said the world-renowned

novelist **Isabel Allende** in announcing the Isabel Allende Foundation’s presentation of its Espiritu Award to the Center for Reproductive Rights in October 2011.

Allende established the Foundation in 1996 to pay tribute to her daughter Paula. It supports organizations in the United States and Chile that empower women and girls with reproductive self-determination, health care, and education, as well as protection from violence, exploitation, and discrimination.

“By changing laws, the Center for Reproductive Rights helps women worldwide to achieve equality, self-determination, and dignity,” Allende said.

We are deeply honored to have the foundation’s support in our ongoing battle to achieve these vital aims.



## MARCIE MUSSER

There are few certainties in this world. We all know by now that each new year brings brash new schemes from anti-choice extremists designed to choke off access to reproductive health care. At the Center, we realize that we couldn’t fend off this relentless assault without

the support of partners like **Marcie Musser**, who generously pledges to our mission time and again.

Marcie, who served as the chair of the Center’s board from 1993-1999, has given to the Center annually, without fail, since our founding in 1992. She immediately connected with our core conviction that reproductive rights

are fundamental human rights. “A woman’s reproductive life encompasses so many other aspects of her existence,” she says.

We’re incredibly grateful for such loyalty, and we aspire to match her commitment with corresponding excellence.

“I am proud to see the organization thriving,” says Marcie. “I think it’s remarkable that the Center’s mission has been preserved and advanced so faithfully. From the beginning, the Center has always been ahead of the times, thinking above and beyond others on how to protect our rights.”

We couldn’t do it without people like Marcie, those who truly understand that establishing reproductive rights as fundamental rights that must be guaranteed and safeguarded for all.



## ROBIE H. HARRIS

**Robie H. Harris** has been a supporter of the Center for Reproductive Rights since 1996. She’s stood with us through many tough battles against a great many cynical assaults on the fundamental rights we defend. Even still, the recent climate has shocked her.

“I have never seen the amount of dishonest, inflammatory, and intimidating rhetoric about reproductive rights that has been bandied about these last couple years,” says Robie.

“Who knew that in 2012, in this country, we’d have a full-fledged war on women’s health?”

Robie brings a unique perspective to her advocacy. She grew up in a family that valued science, and the importance of discovery and enlightenment were instilled in her early. It’s a worldview that suffuses the many award-winning children’s books she has authored over her career of more than three decades—including four on sexuality education, such as *It’s Perfectly Normal*, which tells children about how their bodies will change.

And it’s what has driven her steadfast support over the past 16 years.

# DONORS AND MATCHING GIFTS

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The Huber Foundation

## \$100,000 - \$499,999

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# **OVER \$4.6 MILLION IN PRO BONO SUPPORT**

Dedicated pro bono lawyers from around the world are critical to the success of the Center's mission to advance reproductive rights as fundamental rights. In 2011, volunteer attorneys at 20 firms contributed services valued at \$4.6 million. Their participation was crucial to our litigation and legal advocacy efforts on behalf of women around the globe, allowing us to leverage the contributions of individuals and institutional donors. We are proud to acknowledge the following firms for their valued partnership and support:

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# DOCKET

## ENSURING ACCESS TO ABORTION

### DEFENDING ACCESS TO ABORTION WHEN LEGAL

- *Brittany Prudhome v. June Medical Services, L.L.C.* (Louisiana)
- *Gretchen Stuart, M.D. v. Janice E. Huff, M.D.* (North Carolina)
- *Hope Medical Group for Women v. Caldwell* (Louisiana)
- *Hope Medical Group for Women v. Lorraine Leblanc* (Louisiana)
- *MKB Management Corp, d/b/a Red River Women's Clinic, et al. v. Birch Burdick, et al.* (North Dakota)
- *Nova Health Systems d/b/a Reproductive Services v. Edmondson* (Oklahoma)
- *Oklahoma Coalition for Reproductive Justice, et al. v. Terry Cline, et al.* (Oklahoma)
- *Texas Medical Providers Performing Abortion Services v. Lakey* (Texas)
- *A.N. v. Costa Rica / Co-petitioners* (Inter-American Commission on Human Rights)
- *K.L. v. Peru / Co-petitioners* (UN Human Rights Committee) (Implementation phase)
- *L.C. v. Peru / Co-petitioners* (UN Committee on the Elimination of Discrimination against Women)
- *Lakshmi Dhikta and Others v. His Majesty's Government of Nepal / Public interest petition, Melissa Upreti named as a co-petitioner* (Supreme Court of Nepal) (Implementation phase)
- *Paulina Ramírez v. Mexico / Co-petitioners* (Inter-American Commission on Human Rights) (Implementation of friendly settlement)
- *R.R. v. Poland / Legal Advisers to Representatives* (European Court of Human Rights) (Implementation phase)
- *P. and S.. v. Poland / Legal Advisers to Representatives* (European Court of Human Rights)
- *Tysiāc v. Poland / Third-Party Intervenor* (European Court of Human Rights) (Implementation phase)

### OPPOSING CRIMINALIZATION OF ABORTION

- *Deborah Hughes & Cristen Hemmins v. Delbert Hosemann, Secretary of State of Mississippi* (Mississippi)

### OPPOSING BANS AND RESTRICTIONS ON ABORTION

- *A.B. & C. v. Ireland / Third-Party Intervenor* (European Court of Human Rights) (Implementation phase)
- *In re Abortion Law Challenge in Nicaragua / Amici* (Supreme Court of Nicaragua)
- *Nikhil Datar v. Union of India and Others / Amici* (Supreme Court of India)
- *Manuela v. El Salvador / Co-petitioners* (Inter American Commission on Human Rights)
- *In re Challenge to Abortion Legislation / Amici* (Slovak Constitutional Court)
- *Z. v. Moldova / Legal Advisers to Representatives* (European Court of Human Rights) and *Amici* (Supreme Court, Moldova)
- *Municipio de Asunción Ixtaltepec, Oaxaca v. H. Congreso del Estado Libre y Soberano de Oaxaca / Amici* (Supreme Court of Mexico)
- *Procurador de Derechos Humanos de Baja California v. H. Congreso del Estado Libre y Soberano de Baja California / Amici* (Supreme Court of Mexico)

## CHALLENGING RESTRICTIONS ON ABORTION PROVIDERS

- *Choice, Inc. of Texas d/b/a Causeway Medical Clinic, et al. v. Bruce Greenstein* (Louisiana)
- *Fort Wayne Women's Health v. Fort Wayne-Allen County Department of Health* (Indiana)
- *Hodes & Nauser, M.D.s, P.A., et al. v. Robert Moser, M.D., et al. - State* (Kansas)
- *Hodes & Nauser, M.D.s, P.A., et al. v. Robert Moser, M.D., et al. - Federal* (Kansas)
- *Hope Medical Group for Women v. Keck* (Louisiana)

## SECURING ACCESS TO CONTRACEPTION

- *Tummino, et al. v. Hamburg, et al.* (New York)
- *Lourdes Osil and Others v. Office of the Mayor of Manila City and Others / Amici and Legal Advisers* (Philippines Regional Trial Court<sup>1</sup>)

## FIGHTING FORCED STERILIZATION AND VIOLENCE AGAINST WOMEN

- *A.S. v. Hungary / Amici* (UN Committee on the Elimination of Discrimination against Women) (Implementation phase)
- *F.S. v. Chile / Co-petitioners* (Inter-American Commission on Human Rights)

1 This case was initially filed in the Court of Appeals and later in the Supreme Court. It filed in the Regional Trial Court of Manila in 2009.

- *I.G. and Others v. Slovakia / Legal Advisers to Representative* (European Court of Human Rights)
- *K.H. and Others v. Slovakia / Legal Advisers to Representative* (European Court of Human Rights) (Implementation phase)
- *María Mamérita Mestanza Chávez v. Peru / Co-petitioners* (Inter-American Commission on Human Rights) (Implementation of friendly settlement)
- *M.M. v. Peru / Co-petitioners* (Inter-American Commission on Human Rights) (Implementation of friendly settlement)
- *M.N.N. v. Kenyan Attorney General / Amici* (Kenyan High Court)
- *Paola Guzmán Albarracín v. Ecuador / Co-petitioners* (Inter-American Commission on Human Rights)
- *W.J. v. Starikoh and 3 others/ Amici* (Kenyan High Court) (sexual violence in schools)
- *West Bengal HIV/AIDS Maternal Health Case / Legal Advisers to Representatives* (Kolkata High Court)
- *Z. v. Poland / Legal Advisers to Representatives* (European Court of Human Rights)
- *Center for Health, Human Rights and Development (CEHURD) et al. v. The Attorney General* (Constitutional Petition No. 16 of 2011) / *Legal Advisers to the Petitioners* (Constitutional Court of Uganda)
- *People's Union for Civil Liberties v. Union of India & Others, W.P. Civ. 196 of 2001/ Amici* (limited to a rebutting a specific issue raised in 2011 relating to nutrition benefits for pregnant women raised by the government in the broader case, which has been pending for over a decade) (Supreme Court of India)

## PROTECTING THE RIGHTS OF ADOLESCENTS

- *Planned Parenthood of the Great Northwest, et al. v. State of Alaska* (Alaska)
- *Interights v. Croatia / Legal Advisers* (European Committee of Social Rights under European Social Charter) (Implementation phase)

## COMBATTING BANS ON IVF

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

## PROMOTING SAFE AND HEALTHY PREGNANCIES

- *Alyne da Silva Pimentel v. Brazil / Petitioners* (UN Committee on the Elimination of Discrimination against Women)
- *Centre for Health and Resource Management (CHARM) v. State of Bihar and Others / Amici* (2011<sup>2</sup>) (High Court of Bihar, India)
- *Sandesh Bansal v. The State of Madhya Pradesh & Others* (2008) / *Amici* (High Court of Madhya Pradesh, India)
- *Snehalata Singh v. The State of Uttar Pradesh and Others / Amici* (2008) (High Court of Uttar Pradesh, India)

## COMBATTING DISCRIMINATION BASED ON HEALTH STATUS

- *A.G v FBN Capital Nig. Ltd. / Legal Advisers* (High Court, Lagos State)
- *AIDS Law Project v. Attorney General/ Amici* (Kenyan High Court)

## OTHER

- *Archbishop Edwin F. O'Brien v. Mayor and City Council of Baltimore* (Maryland)

2 CHARM filed a case back in 2009 which did not move forward. They filed a fresh case earlier this year with a new set of facts and we have filed a brief in support of it.

# PUBLICATIONS

Every year, anti-choice lawmakers propose hundreds of measures intended to erode women's rights to abortion and reproductive health care. Some of these aim to restrict access by imposing mandatory waiting periods, ideologically biased counseling provisions, and other burdensome, unnecessary requirements. Other proposals are far more extreme, including those designed to ban abortion or prohibit women from accessing contraception.

The Center has been closely tracking these and other growing trends in anti-choice activity for two decades and has brought a number of lawsuits to combat efforts to restrict a woman's right to choose.

## US LEGAL PROGRAM



### 2011 MID-YEAR LEGISLATIVE WRAP-UP

In this annual mid-year report, we begin to assess the impact of the 2011 legislative session on access to reproductive healthcare and offer this preliminary recap of the major trends and the most onerous laws enacted this session.



### 2011: A LOOK BACK

In this year-end report, the Center offers a recap of the major state legislative trends of 2011, a look at what the next legislative session may bring, a state-by-state analysis of 2011's enacted laws, and notes on some of the positive legislation that will improve women's health and safeguard their rights.

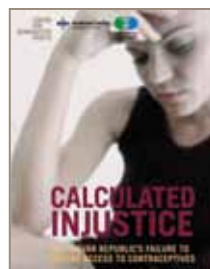
## GLOBAL LEGAL PROGRAM



### EL DERECHO A LA SALUD: Consulta para México, Centroamérica y el Caribe Hispanohablante con el Relator Especial de Naciones Unidas sobre el Derecho de Toda Persona al Disfrute del más Alto Nivel Posible

**de Salud Física y Mental [The Right to Health: Consultation of the Special Rapporteur on the right of everyone to the highest possible standard of physical and mental health with Mexico, Central America and the Spanish-speaking Caribbean]**

In March 2010, the United Nations Special Rapporteur on the Right to Health held a consultation with civil society organizations from Central America, Mexico, and the Spanish-speaking Caribbean. The convening, held in Guatemala and organized by Planned Parenthood Federation of America (PPFA) and the Center for Reproductive Rights, brought together 40 advocates and experts to discuss current challenges to implementing the right to health in the region. This conference report shares the themes and priorities which emerged during the consultation. It serves as a resource for international, regional, and national stakeholders working to promote a human rights framework for access to health services.



### CALCULATED INJUSTICE: The Slovak Republic's Failure to Ensure Access to Contraceptives [„Vypočítaná nespravodlivosť: Zlyhávajúce Slovenskej republiky v zabezpečovaní prístupu k antikoncepčným prostriedkom”]

This report, launched in March 2011, discusses the numerous barriers that women and adolescent girls in Slovakia face to accessing modern contraceptives and contraceptive information. Because contraceptives are not covered by public health insurance, users must pay the full price out of pocket. Some women and adolescent



girls—especially the most vulnerable ones, such as those with low incomes or in violent relationships—lack the means to do so. Others are forced by the high cost of hormonal contraceptives to resort to low-quality versions that may not be best suited for them or to unreliable traditional methods of family planning. This report, the result in part of interviews conducted with Slovak women in April and September 2010, highlights the detrimental effects these barriers have on women's health and rights and thereby the Slovak government's failure to live up to its obligations under international and regional human rights standards. The Slovak translation of the report was launched together with the English version.



### **MATERNAL MORTALITY IN INDIA (2011 UPDATE): Using International and Constitutional Law to Promote Accountability and Change**

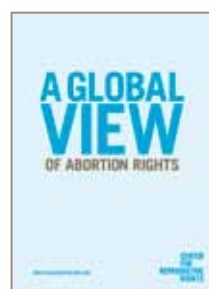
This report is an update to the original *Maternal Mortality in India* report, published by the Center in

2008. The report highlights some of the most important international legal developments that have taken place toward the formal recognition of maternal mortality as a human rights issue since the launch of the original report. It also demonstrates the meaningful impact of public interest litigation on efforts to address maternal mortality in India.



### **DIGNIDAD NEGADA: Violaciones de los derechos de las mujeres VIH-positivas en establecimientos de salud chilenos [Dignity Denied: Violations of the Rights of HIV-Positive Women in Chilean Health Facilities]**

Social and cultural factors continue to expose Chilean women to a high risk of contracting HIV, and HIV-positive women in Chile encounter significant barriers to quality, acceptable healthcare, including reproductive healthcare. The experiences of the women interviewed in this report, along with anecdotal reports, indicate that the practice of coercive and forced sterilizations, as well as other discriminatory treatment in the healthcare sector, persists.



### **THE WORLD'S ABORTION LAWS 2011**

Since 1998, the Center for Reproductive Rights has produced The World's Abortion Laws map to visually compare the legal status of induced abortion in different countries—and to advocate for greater

progress in ensuring access to safe and legal abortion services for all women worldwide.

The 2011 update, which includes a map poster and interactive web feature, is a resource for human rights advocates working on abortion law reform—and as a means of both tracking progress and identifying the challenges that must still be overcome.

**Interactive map:**  
[www.worldabortionlaws.com](http://www.worldabortionlaws.com)



### **BRINGING RIGHTS TO BEAR (SPANISH VERSION)**

The Center completed the Spanish translation of one of its signature publications, *Bringing Rights to Bear*, in Fall 2011. Initially published in 2002, *Bringing Rights to Bear* takes a hard look at the

thousands of comments, statements, and recommendations produced by UN treaty-monitoring bodies, analyzing their potential for advancing reproductive rights. It was updated in 2008 to be a series of standalone briefing papers on specific issues, reflecting the growing recognition among these UN bodies that reproductive rights are firmly grounded in international human rights treaties.

# CENTER BOARD & STAFF

Center Staff as of June 1, 2012

Please visit our website at  
[www.reproductiverights.org](http://www.reproductiverights.org)  
for a current list of our leadership and staff.

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