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ANNUAL REPORT 2007
Reproductive Rights Are Human Rights

The Center works worldwide, securing recognition of reproductive rights as human rights. Our litigation and advocacy benefit women of all ages and backgrounds, from the reaches of Alaska, to the poorest neighborhoods of Rio de Janeiro, to the mountains of Nepal. Our expertise is as broad as the range of issues on which we work: we stand for innovation — and results.

Our accomplishments improve lives far beyond the borders of any country. All are steps toward a universal guarantee of women’s basic rights to health, autonomy, and dignity.
**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.
I have hope for 2008. I have hope that a new administration in Washington will read our Reproductive Rights Federal Policy Agenda and act to forward the policies it outlines.

I have hope that a new Senate will join 185 other countries around the world and ratify CEDAW, the Convention on the Elimination of All Forms of Discrimination against Women. I have hope that the newly energized electorate will demand from those who govern them that women's reproductive health and rights be seen as the fundamental human rights they are.

I have hope for 2008, too, because the Center is embarking on a very bold, very ambitious new strategic plan. Always at the forefront of the cutting-edge, our commitment to using human rights so that a new generation of women and their governments recognize it as well. It is time to use that framework in the U.S. to complement the cutting-edge litigation we already do. At the end of 2007, renowned human rights lawyer Cindy Soehn joined us as director of the Domestic Legal Program. Within weeks of joining the Center, Cindy joined me and Legal Fellow Katrina Anderson in Geneva. There, I testified before the United Nations Committee on the Elimination of Racial Discrimination, highlighting the U.S.' failure to live up to its international treaty obligation to eliminate persistent and significant racial inequities in reproductive and sexual health.

Our 15th year—my fifth at the Center—was a year in which we scored significant victories, faced significant challenges, and set a bold course for the next three years.

The legal landscape in the U.S. continued to be hostile, but we continued to defend the rights of every woman to reproductive healthcare, blocking laws such as Kansas’ notorious “Kiss and Tell” policy and moving swiftly and aggressively to blunt the worst excesses of the Supreme Court’s Gonzales v. Carhart decision. Beyond the borders of the U.S., our attorneys worked for recognition of reproductive rights in both national and international law in cases such as Aline da Silva Pimenta v. Brazil and Zywiec v. Poland.

Moving forward, our strategic plan seeks a fundamentally changed landscape for reproductive health and rights. Our Law School Initiative will stimulate scholarship and teaching on reproductive rights as human rights so that a new generation of lawyers is not stuck in a long-stale debate about the legitimacy of Roe v. Wade. We work in the U.S. to complement the human rights framework and legal tools. We are also planning a Research and Development Lab through which leading academics and practitioners can collaborate with Center staff to identify emerging issues, craft strategic responses, and develop principled positions on the issues we care about. Fifty years on, we are still legal innovators with bold, fresh ideas and the determination and energy to see them through. There is so much to do. We are ready.

Sincerely,
Nancy Northup

FROM OUR BOARD CHAIR
Nicki Nichols Gamble

FROM OUR PRESIDENT
Nancy Northup
Far-reaching

When governments fail to provide access to contraception and prenatal and obstetric care, women suffer.

Around the world, the Center deploys its kit of legal advocacy tools to hold governments accountable: governments must ensure every woman’s basic human right to decide whether and when to have children and to get the services that make her decisions real.
Most teenage girls facing unintended pregnancies turn to their parents for help. Those who do not have good reasons: fear of abuse, lack of access to abortion, or the burden of being forced to carry the pregnancy to term, or of something worse. Parental consent requirements don’t help these girls. Instead, they put them at risk.

The Center has long been a staunch defender of teenagers’ rights to privacy and accessible reproductive care, including abortion. We have challenged parental involvement laws across the country. And in 2007—after a ten-year fight—we defeated a parental consent law in Alaska.

The law, passed in 1997 but never enforced, would have required teenagers under 17 to obtain either parental consent or a judge’s permission before getting an abortion. But girls in rural Alaska have a hard time getting confidential health services—never mind a courtroom or judge; they are left without alternatives. The Center challenged the statute on behalf of Planned Parenthood of Alaska and a local doctor as soon as it was enacted.

In November 2007, the Alaska Supreme Court held that the law violated the explicit right to privacy guaranteed by the state constitution. The case, Planned Parenthood v. Alaska, included a three-week trial during which we used both local and national experts to show how the law would hurt young women. The court has denied a request by the state to reconsider the decision and has granted the Center attorneys’ fees and expenses.

Next Steps: The Center is monitoring attempts in Alaska to reintroduce parental involvement laws and providing pro-choice legislators in the state with analysis and advice. In addition to the court victory, the Center tracked 61 bills in 27 states in 2007 alone and a local doctor as soon as it was enacted.

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The ban is “yet another abhorrent example of a larger global trend led by religiously motivated policymakers who adopt policies based on ideology instead of the health and well-being of the very people they are elected to serve.” For eight years, a contraception ban has wreaked havoc. In Manila City, in 2000, then-Mayor Jose “Jeo” Binay introduced a policy that effectively prohibits public hospitals and health centers from providing “artificial” family planning services, including condoms, birth control pills, and sterilization. As a result, those residents who live below the poverty line—70 percent of the population—have been deprived of affordable contraception and the ability to control the size of their families. Women who have been specifically advised by their doctors against taking another pregnancy have had their health and lives endangered because, without contraception, they have been unable to avoid that risk. Families who cannot afford to support more children have sunk deeper into poverty when they have been unable to prevent conceptions and births. Some women abstain from sex to avoid pregnancy; for many, this has strained relationships and even led to violence. Without access to condoms, rates of sexually transmitted infections and HIV have risen.

According to Melissa Hayden, senior legal adviser for Asia, the ban is “yet another abhorrent example of a larger global trend led by religiously motivated policymakers who adopt policies based on ideology instead of the health and well-being of the very people they are elected to serve.”

In 2007, the Center and its Philippine partners Likhaan and ReproCen set out to document the damage wrought by the policy in a fact-finding report, Imposing Misery: The Impact of Manila’s Contraception Ban on Women and Families. The report laid the groundwork for a case filed in a Philippine high court by 20 women and men against the office of the mayor of Manila. The Center worked closely with its partners to develop and publicize the lawsuit, which argues that the policy violates human rights and should be revoked. The case has been covered by the BBC, Salen.com, Ms. Magazine, and Australian radio, as well as local Philippine media.

The Manila policy is just one of several attempts by local governments in the Philippines—a deeply conservative society—to restrict reproductive health services. This is the first case in the country to directly challenge a reproductive health policy as unconstitutional. A positive decision would establish constitutional protections for reproductive rights throughout the country. It could also be used to defend similar rights in neighboring countries, as well as in Catholic countries throughout the world.

Next Steps: While waiting for the court’s decision, we and our partners are exploring a broad array of options for international advocacy.
ABUSE AND NEGLECT IN KENYAN MATERNITY WARDS

On the outskirts of Nairobi, one woman travels by foot to a private hospital to deliver a baby, only to be verbally and physically abused by the staff during labor. In the wake of a birth, a hospital worker comes, ostensibly to deliver a baby, only to be verbally and physically abused by the staff. Instead, he genitally mutilates her.

The report, released internationally in 2007, found that both public and private facilities suffer from lack of accountability and oversight. Because of the widespread abuse, many women choose to avoid hospitals and vital maternal healthcare—allegedly.

In 2007, we presented our findings to the African Commission on Human and Peoples’ Rights—the body charged with ensuring the protection and promotion of human rights throughout the African continent—and the UN Committee on the Elimination of Discrimination against Women (CEDAW). Other groups, such as the Kenya Human Rights Commission, a leading national advocacy group, and Physicians for Human Rights, have used the report’s findings in training healthcare providers on providing quality care. In 2008, we will work with FIDA Kenya as they bring a case to Kenya’s Constitutional Court to press for stronger laws that protect the rights of women seeking reproductive healthcare.

WILL POLITICS TRUMP SCIENCE AT FDA?

Plan B, the emergency contraception (EC) that can prevent pregnancy if taken within three days of unprotected sex, has been used safely and effectively by hundreds of thousands of women around the world, including women under the age of 18. Yet the U.S. Food and Drug Administration (FDA), despite the findings of its own advisory panels, still requires young women to get a prescription in order to obtain the medication—something not always easy to do on a Sunday morning. This marks the first time the FDA has ever restricted a nonprescription drug based on the patient’s age.

As a 2006 New York Times editorial noted, the Center’s suit was instrumental in pushing the FDA to reverse its decision on Plan B. Discovery during the case revealed what a large part politics played in the decision to deny unrestricted over-the-counter access. Testimony from depositions and disclosed government documents show how an anti-choice political agenda subverted the FDA’s established scientific procedures and distorted its decision-making. On the basis of this wealth of evidence, we have asked the judge in Tummino v. von Eschenbach to remove the age restriction and allow women under the age of 18 to obtain EC without a prescription. We await the court’s decision.

A NEW LOOK AT WHAT IF ROE FELL?

Weren’t we all surprised to learn that a woman in Jackson, Mississippi would not be able to get an abortion in her city. Instead, she’d have to cross two state lines and spend several hundred dollars to get to a clinic in Tennessee or Florida, where the state constitution recognizes abortion as a right. Her alternative? To carry an unintended pregnancy to term.

And she would not be alone. As the second edition of the Center’s report What If Roe Fell? illustrates, states around the country are poised to ban abortion if the U.S. Supreme Court overrules Roe. The report found that, since 2004, legislatures in 14 states have introduced 27 immediate abortion bans. Such bans are meant to force the Supreme Court to re-examine and reverse Roe due in part to our hard work, none of them have gone into effect. Opponents of legal abortion have, however, also embraced a new tactic: bans-in-lying. These would ban abortion in a state right after Roe is reversed. 11 have been introduced and four have been signed into law.

In total, 23 states are highly likely to outlaw abortion if Roe were to fall. Our report, What If Roe Fell?, sums pro-choice advocates with the facts to counter complacency about the devastating consequences of a Roe-reversal.

DEFENDING ARIZONA ABORTION PROVIDERS

Opponents of choice know that without abortion providers, the right to abortion is meaningless. In Arizona, they have adopted a two-prong strategy to reduce the number of providers, first pushing out a discredited advocate for abortion training programs, then attempting to restrict who is allowed to perform abortions.

In 2004, Dr. J. Christopher Casey was the head of the ob-gyn residency program at Maricopa Medical Center, a Phoenix hospital. When county officials moved to eliminate abortion training for ob-gyn residents in this program, Dr. Casey publicly voiced his opposition. For that, he lost his job.

“Every time I spoke out, they retaliated—launching bogus investigations, spreading false statements to ruin my reputation, and ultimately, firing me,” he said. The Center is representing Dr. Casey in his lawsuit against Maricopa County, and in 2007 we continued to gather pretrial evidence and testimony for the case.

Meanwhile, in May 2008, the Arizona House of Representatives passed a bill that permits only doctors to perform abortions. The bill is an attempt to override the state’s nursing board after it voted to allow nurses to perform first trimester abortions, a simple and low-key medical procedure. The Center is working with providers and advocates to track this and similar legislation nationwide.
A changing legal landscape both creates new barriers and opens new avenues to progress. Whether helping to gain recognition for the human right to safe pregnancy or swiftly countering the latest anti-choice tactic, the center’s legal team expertly leads the global reproductive rights movement forward.
Alyne da Silva Pimentel, 28, died after delivering a stillborn baby in a state hospital in Brazil. She didn’t have to. In recent years, Brazil has made strides in reducing HIV transmission, poverty, and infant mortality. Still, the number of pregnant women who die during pregnancy and childbirth — over 4,000 annually — has changed little.

According to the World Bank, Brazil’s maternal mortality rates are three to 10 times those of other low- to middle-income countries, such as Uruguay and Bulgaria. The government could prevent 98% of these deaths at low cost, but has refused to treat maternal mortality with the same urgency as other issues.

This was literally true for Alyne: more than once, healthcare providers misdiagnosed her symptoms and denied her timely care. Like most Brazilian women who lose their lives to pregnancy-related complications, she was poor, Afro-Brazilian, and dependent on the public healthcare system. She was one of the half a million women who die every year because they do not get the prenatal and obstetric care they need.

In November 2007, the Center and its local partner, Citizens’ Advocacy for Human Rights (ADVACI), took Alyne’s case — and Brazil’s record — to the UN committee that monitors compliance with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The case was the first of its kind in Brazil to build awareness and support.

CEDAW, which Brazil ratified in 1984, calls on governments to take specific measures to guarantee women access to reproductive healthcare. Its provisions make clear that reducing the number of deaths among pregnant women is not only a priority for a country’s development, it is also an obligation under human rights law. A positive decision in the da Silva Pimentel case could be a powerful advocacy tool in any of the treaty’s 185 ratifying countries. These do not include all 185 ratifying countries. These do not include the U.S., which has not ratified CEDAW and has one of the highest maternal mortality rates among developed nations.

Next Steps: While the case is pending before the CEDAW Committee, the Center is reaching out to non-governmental organizations and public health experts in Brazil to build awareness and support.

PRYING THE JOAWS OF THE TIGHTesT TRAP

TRAP laws are not designed to protect women’s safety, as their proponents claim, but to shut down abortion clinics so that, though still legal, abortions would become unavailable.

For over 30 years, women in St. Louis, Missouri, have been going to Dr. Allen Palmer for obstetric services, including first-trimester abortions. Then, suddenly, Missouri legislators began claiming that allegedly too-narrow hallways and supposedly inadequate ventilation systems endanger patients’ safety. In 2007, Missouri became the first state to require clinics providing first-trimester abortions to become licensed as ambulatory surgical centers, even if the clinics only offer non-surgical abortions. The new regulations are among the most extreme TRAP (Targeted Regulation of Abortion Providers) laws yet. It would cost Dr. Palmer more than a million dollars to bring his offices into compliance. That is why the Center is continuing to fight TRAP laws; indeed, TRAP laws are designed to protect women’s safety, as their proponents claim, but to shut down abortion clinics so that, though still legal, abortions would become unavailable. Such laws impose regulations on abortion providers that are unnecessary and far more stringent and burdensome than regulations applied to similar medical practices.

“TRAP laws, like other unnecessary restrictions on abortion providers, are intended to make abortion a hollow right for women,” said Celine Mizrahi, the Center’s state legislative counsel.

The Center is committed to protecting doctors such as Dr. Palmer from all forms of harassment. In August 2007, we sued Missouri in federal court. Within a month, Domestic Legal Program attorneys Bonnie Scott Jones and Janet Cappo had secured an order blocking enforcement of the regulations. We are experts at fighting TRAP laws; indeed, Jones coined the term.

Next Steps: The Center is negotiating with the Missouri Department of Health and Senior Services to obtain waivers for the most onerous requirements. If a settlement cannot be reached, we will proceed to trial.
The Center Kisses *Kiss-and-Tell* Good-bye

Remember when you were young? When you were 14 or 15 years old? Maybe you had a boyfriend or a girlfriend in your class. Maybe you ‘made out’ with them. Maybe you confided shyly in your school counselor. How would you have felt if the counselor had then reported you and your teenage partner to the state?

In twenty-first century Kansas, this was almost the scenario under a “Kiss-and-Tell” policy that required healthcare providers and counselors to report as potential child abuse any sexual activity—even kissing—by teens under 16. The policy would not only have violated teenagers’ right to privacy, but also driven them away from seeking needed health services such as contraception and testing for sexually transmitted infections.

“Kiss-and-Tell” was the policy brainchild of the former Kansas Attorney General, anti-choice crusader Phill Kline. In 2003, Kline claimed that abortion clinics were required to report teen pregnancies as evidence of criminal sexual abuse under the state’s child abuse reporting law. In fact, his interpretation of the law was so broad that it included any underage sexual activity and applied to other healthcare professionals and teachers as well.

The Center challenged “Kiss-and-Tell” in 2004 on behalf of a group of healthcare and counseling professionals. Two years later, U.S. District Court Judge J. Thomas Marten called the policy “irreparably harmful” and permanently blocked its enforcement. It was the first time a federal court had recognized that minors have a constitutional right to privacy that protects their communications with healthcare providers.

In September 2007, in response to the lawsuit, Kansas lawmakers amended the state’s child-abuse reporting law, making clear that the statute does not require reporting of all adolescent sexual contact. “This is a great result for teenagers in Kansas, and for all those who care about protecting teens’ health and well-being,” said Bonnie Scott Jones, deputy director of the Center’s Domestic Legal Program.

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**“REPORTING SUSPECTED CHILD ABUSE IS ONE THING, BUT REPORTING ALL INTIMATE CONTACT BETWEEN ADOLESCENTS SIMPLY DRIVES A WEDGE BETWEEN THOSE YOUNG PEOPLE AND THE PROFESSIONALS WHO ARE THERE TO HELP THEM.”**


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LEGAL PROTECTIONS FOR REPRODUCTIVE RIGHTS ARE ALWAYS UNDER ASSAULT. NEW LAWS AND POLICIES THREATEN TO RESTRICT OR ABOLISH THOSE RIGHTS.

THE CENTER STANDS READY TO DEFEND EVERY WOMAN’S HUMAN RIGHT TO REPRODUCTIVE HEALTH AND FREEDOM, AND TO FIGHT OFF THOSE WHO WOULD UNDERMINE THEM.
In Croatia, one-third of teens are sexually active, yet only half or fewer use condoms. Unintended teen pregnancy and sexually transmitted infections are on the rise. The Croatian government’s solution? Teaching Croatian youth that condoms are not effective, stay-at-home mothers make for better families, and gay relationships are “deviant.”

For ten years, Croatia has sponsored the sex education program TeenStar. Developed in the U.S., the program promotes sexual abstinence until marriage through misleading and medically inaccurate information. Croatia’s own governmental ombudspersons for gender equality and children’s rights have concluded that the program violates both Croatian and international law. That, however, has not stopped the Croatian Ministry of Science, Education and Sports from seeking to have it banned. TeenStar alone now exists in 30 countries. But the Center, together with the Center’s senior legal adviser for Europe, Christina Zampas, has sought to secure admission to the European Union. For the Center, together with its partners Interights and the Center for Education, Counseling and Research (CESI), is taking a stand in Croatia. In October 2007, we filed a case through the collective complaints procedure of the European Social Charter, which guarantees the social and economic rights of all individuals. Our argument is simple: By failing to provide gender-sensitive, scientifically based sex education, Croatia is violating the rights of its youth to health and non-discrimination.

As U.S. courts grow more conservative, reproductive rights advocates cannot rely on any one strategy or court to protect a woman’s right to choose.

In June 2007, the Center won a key victory for abortion rights when the U.S. Court of Appeals for the Sixth Circuit struck down an extreme abortion ban in Michigan. The law was ostensibly aimed at prohibiting so-called “partial-birth” abortions. But the language in the statute was so vague that even first-trimester abortions would have been outlawed. The timing of the Sixth Circuit ruling made it even more significant: It came only two months after the Supreme Court upheld the first-ever federal abortion ban in Gonzales v. Carhart. In its decision, the Sixth Circuit sent a strong message to states that the courts will interpret the Carhart II ruling narrowly and not allow lawmakers to expand the scope of the decision. In January 2008, the Supreme Court refused to review an appeal by Michigan in the same case. In November 2007, the Center went back to court over another state ban, this time in Virginia (Richmond Medical Center v. Herring). We asserted that Virginia’s statute, which we first challenged in 2003, is not only substantially broader than the federal law, but also hopelessly vague, such that even a physician completing a miscarriage could face criminal liability. We are waiting for a decision from the U.S. Court of Appeals for the Fourth Circuit, which is reviewing the case in light of Carhart II.

Next Steps: The Center will challenge unconstitutional bans in court and work with pro-choice lawmakers to block anti-choice legislation. We are also expanding our advocacy efforts in support of a federal Freedom of Choice Act, which would provide federal protection for a woman’s right to abortion and prohibit states from denying or interfering with that right.
In 2007, opponents of abortion continued to shift their focus from protecting the unborn to “pro-tecting” women. Anti-choice advocates used this new and brazenly sexist line of attack to support both outright bans and restrictions on abortion, arguing that a woman could never freely choose to have an abortion because to do so would go against her intrinsically maternal “nature.” During this year’s legislative cycle, anti-choice lawmakers proposed 17 total abortion bans in ten states, the most abortion bans in a single legislative session in recent history.

In addition to these extreme measures, anti-abortion advocates also proposed 23 bills that would have required doctors to perform or offer to perform an ultrasound before an abortion, even if the procedure was medically unnecessary or would not be in the patient’s best interest. Additionally, 23 “anti-coercion” bills were introduced, which is almost three times the number of such bills introduced in 2006. Under the guise of safeguarding women, these measures impose unnecessary requirements that interfere with the doctor-patient relationship, hinder a woman’s access to abortion, and belittle her decision-making abilities.

The Center’s State Legislative Program worked closely with allies to thwart these measures. In South Carolina, we provided pro-choice advocates with arguments to defeat a bill that would have made it mandatory for every woman seeking an abortion to view an ultrasound. In North Dakota, we helped to defeat a proposal that would have recognized a fetus as a person, opening the door to ban abortions at all stages of pregnancy.

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IMAGINE A WORLD IN WHICH EVERY WOMAN IS ABLE TO MAKE HER OWN DECISIONS ABOUT HER BODY – AND HER LIFE.

WITH THAT VISION IN MIND, THE CENTER DEVISED A SET OF GROUNDBREAKING STRATEGIC INITIATIVES IN 2007 THAT WILL BUILD WIDESPREAD ACCEPTANCE – FROM LAW SCHOOL CLASSROOMS TO CAPITOL HILL – OF REPRODUCTIVE RIGHTS AS BASIC HUMAN RIGHTS.
Regional human rights courts and United Nations bodies increasingly recognize reproductive autonomy and healthcare as basic human rights. The Center has helped secure some of these victories, and now plans to incorporate these successful legal advocacy strategies into our work in the U.S.

More than two years in the making, we are launching an ambitious Law School Initiative to broaden and strengthen protections for reproductive health and human rights. Designed to promote legal scholarship and teaching on these issues, we expect this effort to transform the way reproductive rights is taught and studied at law schools across the country. As the first and only legal organization dedicated to advancing women’s reproductive rights — having pioneered groundbreaking cases both in the U.S. and around the world — the Center is ideally positioned to lead such a bold initiative. Martha Davis, a well-known women’s rights attorney and legal scholar at Northwestern University School of Law, will guide the Initiative in its initial planning stages. The Center aims to push the discussion and study of reproductive rights beyond the traditional legal scholar at Northeastern University School of Law, will provide the Initiative in its initial planning stages. The Center aims to push the discussion and study of reproductive rights beyond the traditional approach into our U.S. work. We believe that increased recognition of reproductive autonomy and healthcare will enable us to take more aggressive measures to guarantee equal access to reproductive rights in the U.S. The project will help bring to light the impact of government policies on individuals and could lay the foundation for future litigation and other advocacy strategies.

The Center’s new Domestic Legal Program Director, Cynthia Soohoo, is ideally suited to lead the effort. A former litigator, she also has extensive human rights advocacy experience. She was, most recently, the director of Columbia University Law School’s Bringing Human Rights Home Project.

If you are an African-American woman in the U.S., these are the odds you face: you are more likely than a white woman to live in poverty, less likely to have private health insurance, are four times more likely to die in childbirth, and 14 times more likely to die from HIV/AIDS. Under human rights law, these disparities violate your basic rights to non-discrimination and healthcare.

HUMAN RIGHTS
IN THE U.S.

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A United Nations review of U.S. compliance with the Convention on the Elimination of All Forms of Racial Discrimination (CERD) provided the Center with an opportunity to hold the U.S. accountable for its failure to eliminate racial inequities in reproductive and sexual health. The Center submitted a shadow letter to the CERD Committee and contributed to a comprehensive shadow report with 250 other U.S. groups, a collaboration that created new partnerships with civil rights and anti-poverty advocates. Nancy Northup, the Center’s president, testified before the CERD Committee during the review in Geneva. In March 2008, our efforts paid off; the committee took the U.S. to task, telling the government that it needed to take more aggressive measures to guarantee equal access to reproductive healthcare. These findings led to an invaluable advocacy tool as we introduce our human rights approach into our U.S. work.
More than four out of ten teenage girls in the U.S. become pregnant at least once by the time they are 20. Yet the federal government persists in promoting abstinence-only sex education. Three million women each year face an unintended pregnancy. But federal funding for family planning is 61% lower today than it was in 1980, after inflation is taken into account. Discrimination also persists: African-American women are four times more likely than white women to die in childbirth. Each year, about two out of every 100 women aged 15 to 44 have an abortion; 47% of them have had at least one previous abortion. Yet in 2007 the Supreme Court continued to chip away at constitutional protections for abortion that have been in place for over 30 years.

There is much policymakers can do to turn this troubling tide. They can pass a federal Freedom of Choice Act, support comprehensive sex education, increase funding for Title X and other family planning programs — including foreign assistance programs — and ensure all women access to vital reproductive services. Ratifying international treaties on women’s and children’s rights would strengthen protections for reproductive rights. Just as important as these positive measures is repealing harmful policies and laws: the Hyde Amendment, the Partial-Birth Abortion Ban Act, the Global Gag Rule, and funding for abstinence-only sex education programs, to name a few.

The Center’s Reproductive Rights Federal Policy Agenda articulates both the vision and the concrete steps to promote women’s reproductive health and autonomy. The Center has distributed the agenda widely and will use it to persuade policymakers, the media, and other influential actors that reproductive rights are human rights, and that human rights are deeply embedded in America’s legal tradition.
The Center is weaving together and strengthening a vital international web of lawyers, activists, human rights experts, and reproductive health professionals. Our publications, trainings, and participation in key conferences help move allies and decision-makers to understand—and mobilize around—reproductive rights as human rights.
The American Constitution Society is a leading network of progressive lawyers, judges, and students. It advances reproductive justice for women and girls. The Center’s International Legal Program focuses on human rights strategies that address abortion, access to contraception, and reproductive rights of adolescents and marginalized groups. The Center’s International Legal Program received invaluable feedback on its litigation and advocacy strategies from renowned reproductive rights and human rights experts during the third annual meeting of the International Litigation Advisory Committee (ILAC). The meeting focused on Center cases that address abortion, access to contraception, and the reproductive rights of adolescents and marginalized groups.

**CONFERENCES**

**NATIONAL ABORTION FEDERATION ANNUAL MEETING**

**BOSTON, APRIL 22 – 24, 2007**

Abortion providers from across the U.S. and Canada met at this gathering the same week of the Supreme Court’s Carhart ruling. Center attorneys participated in panel discussions on second-trimester abortion provision, the Federal Abortion Ban, and how Medicaid restrictions affect access to abortion.

**SISTERSongs NATIONAL CONFERENCE**

**CHICAGO, MAY 31 – JUNE 3, 2007**

Sistersongs, which works to advance reproductive justice for women and girls of color, brought together some 1,200 attendees for its second annual conference. Center attorneys were on hand to discuss how restrictive abortion legislation has harmed the reproductive health of low-income women of color.

**AMERICAN CONSTITUTION SOCIETY ANNUAL CONVENTION**

**WASHINGTON, DC, JULY 28, 2007**

During this conference, Center President Nancy Northup participated in a panel discussion on the search for compromise and consensus in reproductive rights. The American Constitution Society is a leading network of progressive lawyers, judges, law students, scholars, and policymakers in the U.S.

**WOMEN DELIVER CONFERENCE**

**LONDON, OCTOBER 18 – 20, 2007**

The conference sought to mobilize the political will and investment needed to cut pregnancy-related deaths and disabilities worldwide. Center President Nancy Northup, International Legal Program Director Lisa Catlin, and Elisa Slattery, the Center’s legal adviser for Africa, discussed human rights advocacy strategies during several panel presentations. The International Initiative on Maternal Mortality and Human Rights was launched during the conference.

**MARIE STOPES INTERNATIONAL GLOBAL SAFE ABORTION CONFERENCE**

**LONDON, OCTOBER 23 – 24, 2007**

This first-ever international gathering of its kind brought together 800 public health experts, government officials, and advocates from nearly 60 countries to address challenges and highlight successes in ending deaths and injuries from unsafe abortion. Center President Nancy Northup and attorneys from the International Legal Program presented on how human rights strategies can hold governments accountable for providing access to safe abortion. All conference participants received a copy of the Center’s World’s Abortion Laws Map 2007.

**CONGRESSIONAL BRIEFING**

**WASHINGTON, DC, JANUARY 24, 2008**

The Center presented the guidebook to the Center, its litigation and advocacy strategies for reproductive rights for policymakers during its annual briefing on Capitol Hill. Some 60 Congressional staffers heard Center attorneys speak about the Reproductive Rights Federal Policy Agenda, as well as about anti-choice legislation in the states and the Center’s international work in Kenya and the Philippines.

**POLAND**

**FEBRUARY 2007**

Ten Polish lawyers learned how to bring reproductive rights cases to the European Court for Human Rights during this training, organized by the Center and its partners, the Polish Federation for Women and Family Planning and the Warsaw University Law Clinic.

The European Court recently ruled that Poland must make abortion accessible to women who have a legal right to it. During the four-day training session, the lawyers developed skills and tactics to build on that victory.

**ECUADOR**

**SEPTEMBER 2007**

Over 50 Ecuadorian doctors, lawyers, obstetricians, professors, and activists attended a capacity-building training for civil society, organized by the Center and CEPAM-Guayaquil (Ecuatorian Women’s Center for Promotion and Action) in Guayaquil, Ecuador. The Center shared information with the participants on how to engage regional and international human rights bodies and identify cases that can be brought before these bodies to advance reproductive rights.

**KENYA**

**OCTOBER 2007**

The Center and the Africa Women’s Human Rights Defense Fund organized a training for lawyers, human rights advocates, and activists on how to use human rights law and litigate women’s rights issues at the national, regional, and international levels.

**PUBLICATIONS**

**2007 WHAT IF ROE FELL?**

This publication analyzes the potential impact of new anti-choice tactics to overturn Roe v. Wade and outlaw abortion in many parts of the country. Please see page 13 for more information.

**FAILURE TO DELIVER: VIOLATIONS OF WOMEN’S HUMAN RIGHTS IN KENYAN HEALTH FACILITIES**

This fact-finding report reveals the widespread abuse of women seeking maternity healthcare in both public and private facilities in Kenya. It also offers recommendations for systemic healthcare reforms. Please see page 12 for more information.

**GAINING GROUND – ARABIC TRANSLATION**

This publication is intended to help reproductive rights advocates in the Middle East and North Africa learn from advocacy efforts in other countries in order to successfully promote legal reforms at the national level. It includes examples of recently adopted laws and policies on key reproductive rights issues from around the world. Over 200 activists, lawyers, law professors, and policymakers in the region received the publication.

**IMPOSING MISERY: THE IMPACT OF MANILA’S CONTRACEPTION BAN ON WOMEN AND FAMILIES**

This fact-finding report documents how an extreme and ideologically motivated contraception ban in Manila City, Philippines, has devastated the lives of the city’s residents, especially its women. Please see page 11 for more information.

**WORLD’S ABDUCTION LAWS MAP 2007**

Updated in 2007, the World’s Abduction Laws Map illustrates on what grounds each country permits abduction. Easy to read and available in four languages, the map is a valuable resource for comparing abortion laws and tracking legal reforms worldwide. Good Magazine reproduced the map in its January/February 2008 issue.
2007 Docket

In 2007, the Center added 15 new cases to its docket, for a total of 41 cases in the Domestic and International Programs. The 2007 docket illustrates the range of cases in which we are involved, protecting the reproductive freedom and health of women and girls all around the world.

ABORTION

Access to Abortion When Legal
- Achyut Prasad Kharel v. His Majesty’s Government of Nepal / Amici (Supreme Court of Nepal)
- Laxmi Dhikta v. Government of Nepal (Supreme Court of Nepal)
- R.R. v. Poland (European Court of Human Rights)
- Alyne da Silva Pimentel v. Brazil - (United Nations Committee on the Elimination of Discrimination against Women)

Mandatory Delay / Biased Counseling
- Presidential Women’s Center v. Florida (Florida State Court for the 13th Judicial Circuit of Palm Beach County)

Restrictions on Minors
- Aid for Women v. Foulston (U.S. District Court for the District of Kansas)
- Planned Parenthood of Alaska v. State (Supreme Court of Alaska)

Restrictions on Abortion Providers
- Tucson Women’s Clinic v. Eden (U.S. District Court for the District of Arizona)
- Brittany Prudhome v. June Medical Services, L.L.C. (Louisiana State Court for the 1st Judicial District Court, Caddo Parish)
- K.R.P. MD v. Lorena LeBlanc (U.S. District Court for the Middle District of Louisiana)
- Hope Medical Group for Women v. Kim Edward Lelièvre (U.S. District Court for the Eastern District of Louisiana)
- Planned Parenthood of Kansas and Mid-Missouri, Inc. and Dr. Allan Palmer v. Jane Drummond, et al. (U.S. District Court for the Western District of Missouri)

CENSORSHIP and FREE-SPEECH RESTRICTION
- Hill v. Kemp (U.S. District Court for the Northern District of Alabama)
- Carey v. Maricopa County (U.S. District Court for the District of Arizona)

COERCIVE STERILIZATION / VIOLENCE AGAINST WOMEN AND GIRLS
- Foulsham Maharan v. His Majesty’s Government / Amici (Supreme Court of Nepal)
- Ramakant Rai & Health Watch (U.P) Bihar v. Union of India and others / Amici (Supreme Court of India)
- María Manuela Meiláñez Chávez v. Panu (Inter-American Commission on Human Rights)
- M.M. v. Panu (Inter-American Commission on Human Rights)
- Paula Guzmán Albarracín v. Ecuador (Inter-American Commission on Human Rights)
- Sterilization without consent of woman living with HIV (Chilean National Court)

PUNISHING WOMEN FOR BEHAVIOR DURING PREGNANCY
- State of New Mexico v. Cynthia Martino / Amici (Supreme Court of New Mexico)
- Monroe County Department of Human and Health Services v. Stephanie P. and Rodney E. / Amici (Supreme Court of New York)

SEX EDUCATION
- Intrepid s. Croatia (European Social Charter Collective Complaints Mechanism)

PREGNANT WOMEN’S RIGHTS
- L.S. v. Moldova / Amici (Moldovan Supreme Court)

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

CONTRACEPTION ACCESS AND EQUITY
- Tummino v. von Eschenbach (U.S. District Court for the Eastern District of New York)
- Odi v. Office of the Mayor of the City of Manila (Philippines Court of Appeals)
- In re Access to Emergency Contraception in Chile / Amici (Constitutional Tribunal of Chile)
- In re Access to Emergency Contraception in Colombia / Amici (Colombian High Court)
- In re Access to Emergency Contraception in Ecuador / Amici (Constitutional Tribunal of Ecuador)

PUNISHING WOMEN FOR BEHAVIOR DURING PREGNANCY
- State of New Mexico v. Cynthia Martino / Amici (Supreme Court of New Mexico)
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REPRODUCTIVE HEALTH TECHNOLOGIES
- Ana Victoria Sánchez Villalobos and others v. Costa Rica / Amici (Inter-American Commission on Human Rights)
Honoring our Supporters

The generous contributions of the individuals and foundations listed made our work in 2007 possible. We are grateful to all our supporters.

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Women’s Pavilion of South Bend
FINANCIAL INFORMATION 2007

The Center’s total support and revenue for work in Fiscal Year 2007 totaled $14,349,699. This included $8,588,177 in financial support, which consisted of grants, charitable financial donations, investment income, and miscellaneous revenue. Of this $8,588,177 in financial support, 49% ($4,198,674) came from foundations (excluding family and community foundations) and 44% ($3,757,816) from individuals and family and community foundations. The balance of the Center’s financial support of $631,687 was derived from investments and miscellaneous revenue. In addition, the Center received $5,761,522 in donated services, which consisted primarily of pro-bono legal services and represents more than twice the level of donated services received in 2006.

Statements of Financial Position
As of December 31, 2007 and 2006

These are excerpts from our audited financial statements. Full copies of the audited financial statements may be obtained from: Center for Reproductive Rights, Attn: Finance Department, 120 Wall St., 14th floor, New York, NY 10005 USA

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$1,449,324</td>
<td>$2,837,528</td>
</tr>
<tr>
<td>Grants and contributions receivable</td>
<td>5,073,069</td>
<td>1,913,849</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>125,892</td>
<td>132,794</td>
</tr>
<tr>
<td>Investments, at market</td>
<td>10,822,354</td>
<td>9,152,616</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>113,411</td>
<td>248,103</td>
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<tr>
<td>Security deposits</td>
<td>125,839</td>
<td>125,307</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$17,709,889</strong></td>
<td><strong>$14,410,197</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$571,180</td>
<td>$702,216</td>
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<tr>
<td>Deferred rent payable</td>
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<td>347,468</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>905,097</strong></td>
<td><strong>1,049,684</strong></td>
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<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>7,586,498</td>
<td>7,409,173</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>8,214,174</td>
<td>4,947,220</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>1,004,120</td>
<td>1,004,120</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>16,804,792</strong></td>
<td><strong>13,360,513</strong></td>
</tr>
</tbody>
</table>

| **Total Liabilities and Net Assets** | **$17,709,889** | **$14,410,197** |
## Statements of Activities
For the Years Ended December 31, 2007 and 2006

### PUBLIC SUPPORT AND REVENUE:

<table>
<thead>
<tr>
<th>Source</th>
<th>2007</th>
<th>2006</th>
<th>PERMANENTLY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>$970,000</td>
<td>$7,293,947</td>
<td>$ -</td>
<td>$8,263,947</td>
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<tr>
<td>Contributions</td>
<td>2,266,089</td>
<td>683,409</td>
<td>$ -</td>
<td>2,959,498</td>
</tr>
<tr>
<td>Attorney fees</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Investment income</td>
<td>547,673</td>
<td>60,266</td>
<td>$ -</td>
<td>607,939</td>
</tr>
<tr>
<td>Donated services</td>
<td>5,761,522</td>
<td>-</td>
<td>-</td>
<td>5,761,522</td>
</tr>
<tr>
<td>Other income</td>
<td>23,747</td>
<td>-</td>
<td>23,747</td>
<td>-</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>4,780,668</td>
<td>(4,780,668)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Public Support and Revenue</strong></td>
<td>14,349,699</td>
<td>3,266,954</td>
<td>-</td>
<td>17,616,653</td>
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</tbody>
</table>

### EXPENSES:

#### Program Services:

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<thead>
<tr>
<th>Service</th>
<th>2007</th>
<th>2006</th>
<th>PERMANENTLY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic</td>
<td>7,384,855</td>
<td>-</td>
<td>-</td>
<td>7,384,855</td>
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<tr>
<td>International</td>
<td>3,178,871</td>
<td>-</td>
<td>-</td>
<td>3,178,871</td>
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<tr>
<td>Communications and public education</td>
<td>1,586,517</td>
<td>-</td>
<td>-</td>
<td>1,586,517</td>
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<tr>
<td><strong>Total Program Services</strong></td>
<td>12,150,243</td>
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<td>-</td>
<td>12,150,243</td>
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</table>

#### Supporting Services:

<table>
<thead>
<tr>
<th>Service</th>
<th>2007</th>
<th>2006</th>
<th>PERMANENTLY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and general</td>
<td>768,975</td>
<td>-</td>
<td>-</td>
<td>768,975</td>
</tr>
<tr>
<td>Fund-raising</td>
<td>1,253,156</td>
<td>-</td>
<td>-</td>
<td>1,253,156</td>
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<tr>
<td><strong>Total Supporting Services</strong></td>
<td>2,022,131</td>
<td>-</td>
<td>-</td>
<td>2,022,131</td>
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</table>

#### Total Operating Expenses

<table>
<thead>
<tr>
<th>Source</th>
<th>2007</th>
<th>2006</th>
<th>PERMANENTLY</th>
<th>TOTAL</th>
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<tr>
<td></td>
<td>14,172,374</td>
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<td>-</td>
<td>14,172,374</td>
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### CHANGE IN NET ASSETS

<table>
<thead>
<tr>
<th>Source</th>
<th>2007</th>
<th>2006</th>
<th>PERMANENTLY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>177,325</td>
<td>3,266,954</td>
<td>-</td>
<td>3,444,279</td>
</tr>
</tbody>
</table>

### NET ASSETS - END OF YEAR

<table>
<thead>
<tr>
<th>Source</th>
<th>2007</th>
<th>2006</th>
<th>PERMANENTLY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$7,586,498</td>
<td>$8,214,174</td>
<td>$1,004,120</td>
<td>$16,804,792</td>
</tr>
</tbody>
</table>

### NET ASSETS - END OF YEAR

<table>
<thead>
<tr>
<th>Source</th>
<th>2007</th>
<th>2006</th>
<th>PERMANENTLY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$7,409,173</td>
<td>$4,947,220</td>
<td>$1,004,120</td>
<td>$13,360,513</td>
</tr>
</tbody>
</table>
### Statement of Functional Expenses

For the Year Ended December 31, 2007

(With comparative totals for December 31, 2006)

#### For the Year Ended December 31, 2007

<table>
<thead>
<tr>
<th>PROGRAM SERVICES</th>
<th>SUPPORTING SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOMESTIC</strong></td>
<td><strong>INTERNATIONAL</strong></td>
</tr>
<tr>
<td>Salaries</td>
<td>$1,426,480</td>
</tr>
<tr>
<td>Payroll taxes and employee benefits</td>
<td>288,997</td>
</tr>
<tr>
<td>Total Salaries and Related Costs</td>
<td>$1,715,477</td>
</tr>
<tr>
<td>Professional fees</td>
<td>304,986</td>
</tr>
<tr>
<td>Printing and publications</td>
<td>1,345</td>
</tr>
<tr>
<td>Dues, fees, and subscriptions</td>
<td>58,557</td>
</tr>
<tr>
<td>Travel</td>
<td>134,083</td>
</tr>
<tr>
<td>Direct mail</td>
<td>-</td>
</tr>
<tr>
<td>Equipment rental and maintenance</td>
<td>41,864</td>
</tr>
<tr>
<td>Telecommunications</td>
<td>15,145</td>
</tr>
<tr>
<td>Office supplies</td>
<td>48,344</td>
</tr>
<tr>
<td>Insurance</td>
<td>9,295</td>
</tr>
<tr>
<td>Occupancy</td>
<td>306,573</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>40,100</td>
</tr>
<tr>
<td>Contributed services</td>
<td>4,484,479</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>24,607</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$7,384,855</td>
</tr>
</tbody>
</table>
SUPPORT THE CENTER FOR REPRODUCTIVE RIGHTS

Our independence and effectiveness depend on an informed and committed community of supporters. Here are the many ways you can help the Center break new ground in the fight to ensure equal access to reproductive healthcare and self-determination for all women. Please make your tax-deductible gift to uphold and protect reproductive freedom as a fundamental human right.

ONLINE DONATIONS
Online donations can be made through our secure credit card server at www.reproductiverights.org.

DONATIONS BY MAIL
Cash, check, and credit-card donations can be mailed to the Center for Reproductive Rights, 120 Wall Street, 14th Floor, New York, NY 10005.

IN HONOR OF/IN MEMORY OF DONATIONS
This is a wonderful way to thank those who have inspired the ideals you hold dear. To make this kind of special gift, please contact our Development Department at (917) 637-3691.

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Gifts of appreciated stock advance the Center’s mission—and often translate into significant tax savings. For directions on making a gift of stock, please contact our Development Department at (917) 637-3691.

MATCHING GIFTS
Many companies match employee gifts, which can double or even triple your support of the Center. Check with your company’s community affairs or human resources office for the appropriate forms.

CHARITABLE REQUESTS AND OTHER PLANNED GIFTS
By including the Center in your estate plans, you will help future generations of women and their families. Requests to the Center are deductible for federal and state estate tax purposes in accordance with the law. You can also name the Center as a beneficiary of a trust or your IRA, life insurance policy or brokerage account, among other vehicles. For further information about planned giving, please contact Vivian Lindermayer, director of Development, at (917) 637-3690 or vlindermayer@reprorights.org.

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