

ANNUAL REPORT

2010 -
2011

CENTER
FOR
REPRODUCTIVE
RIGHTS

“THIS IS VERY GOOD NEWS
FOR THE APPROXIMATELY

**34 MILLION
WOMEN**

WHO ARE NOW LOOKING AT
THE POSSIBILITY OF HAVING
AFFORDABLE CONTRACEPTION...

WITHOUT CO-PAYS AND

DEDUCTIBLES. **AND THAT'S**

**A BIG STEP
FORWARD.”**

KATHLEEN SEBELIUS, SECRETARY OF HEALTH AND HUMAN SERVICES

“WE UNDERSTAND THAT THERE'S

A FIREWALL

**BETWEEN RELIGION AND
THE GOVERNMENT**

...THERE SHOULD BE A FIREWALL
BETWEEN WOMEN'S ACCESS TO
REPRODUCTIVE
HEALTH SERVICES AND POLITICS.”

— NANCY NORTHUP, PRESIDENT AND CEO OF THE CENTER FOR REPRODUCTIVE RIGHTS

“THERE ARE TERRIBLE ACCOUNTS OF WOMEN
WHO HAVE BEEN DETAINED WITH THEIR BABIES
THEY CRY OUT FOR ASSISTANCE
AND IF THEY DON'T GET IT, THEIR BABIES DIE.”

ELISA SLATTERY, REGIONAL DIRECTOR FOR AFRICA



A Message from our Board Chair Barbara Grossman

Over my two years serving the Center for Reproductive Rights as chair of the board, I have felt my emotions pulled in two distinct directions as I have surveyed the results of our work and the terrain in which we operate.

On one hand, I have been gratified by the tremendous progress this firebrand organization has made in advancing the recognition of reproductive rights as fundamental human rights around the world. But on the other, I find myself outraged by the degree to which the Center must serve as a firewall against the virulent attacks on reproductive rights that regressive forces here in the United States are launching with greater frequency and ferocity than ever before.

Some of the assaults have been quite brazen—as in Texas, where a recent law inserts government between women and their doctors in the examining room, requiring doctors to force women seeking to terminate their pregnancies first to see an ultrasound and listen to the fetal heartbeat—even if the women say no. Others have been insidious, such as the arcane licensing rules enacted in Kansas that would have shut down the state’s only three abortion clinics by subjecting them to absurd and onerous building regulations and giving them almost no time to comply.

I talk to a great many of our supporters, and it’s clear that my sense of indignation is widely shared. That’s good news. The Center will need broad and steadfast support to keep up its tireless efforts to turn back this noxious tide.

Even better news is that the Center has been not only tracking vigilantly these trends in anti-choice tactics, but also taking decisive action to stop them in their tracks. In Texas, we have filed a lawsuit seeking to block its intrusive ultrasound law. In Kansas, we have succeeded in at least temporarily blocking the laws that would have shuttered the state’s remaining clinics. We’ve defended proactive legislation aimed at curtailing the deceptive practices by which so-called crisis

pregnancy centers bait and switch vulnerable women into hearing their anti-abortion propaganda. We continue to pressure the FDA to follow through on court orders we have secured to make emergency contraception available over the counter.

Even as anti-choice politicians seek to send the reproductive rights of American women into regression, women in other areas of the world are benefitting from the progress the Center is driving as it expands its operations overseas—broadening our reach through new regional headquarters in South America and Africa (and another to be opened soon in Asia). One particularly prestigious acknowledgement of our impact came last year, when we were honored by the Peter and Patricia Gruber Foundation with their 2010 Women’s Rights Prize for safeguarding women’s reproductive freedom in legal forums worldwide. We are proud to share the award with the Latin American and Caribbean Committee for the Defense of Women’s Rights, one of our distinguished partners.

As our opposition focuses on curtailing reproductive rights with a laser-like intensity, we must—and we will—continue to fight twice as hard to fend off these assaults, to broaden the spectrum of rights and freedoms encompassed under the banner of our cause, and to solidify worldwide recognition of these rights and freedoms as fundamental and non-negotiable.

Sincerely,

Barbara Grossman



A Message from our President and CEO Nancy Northup

Even those who do not monitor our issues as vigilantly as we do cannot have missed the sustained assault that anti-choice forces have mounted this year across the United States—a scorched-earth campaign the likes of which we have never seen before, and against which we are fighting with all the resources we can muster.

While we are fully engaged in this battle, this year also marked a significant step in our institutional development: We also opened regional offices in Colombia and Kenya, and will open an Asian office next year. While many understand how this move will strengthen our effectiveness in fulfilling our mission, some have asked me: Is this the right time for investment internationally when so much is at risk in the U.S.? My answer: Absolutely.

The fundamental principles at stake in the struggle for reproductive rights—women’s rights to life, health, dignity, equality, and autonomy—remain constant from one nation to the next. Attacks on these principles in one region represent a threat to women in others. And every legal victory advancing reproductive rights—no matter where in the world it is attained—is a building block for strengthening the protection of these rights elsewhere. Rights, justice, and ideas are infectious: We cannot seal our borders to them.

We reported last year on the Supreme Court of Nepal’s watershed ruling that the government has a constitutional obligation to pay for poor women’s abortions. With this decision, a nation that until 2002 criminalized abortion—imprisoning many women who terminated their pregnancies, and consigning countless more to suffer and die from unsafe, illicit abortions—became a nation whose government is obligated to guarantee access to safe and affordable abortion services.

A few months ago, the court issued its opinion, reasoning that “if the ability to decide whether or not to reproduce is

denied, the outcome cannot be considered to constitute the fulfillment of one’s highest duty, and instead... becomes a form of slavery.” This truth of life and law is not nation-bound, but fundamental. And the Nepalese court understood very well the border-surpassing power of progressive ideas; its decision explicitly references precedents established by the U.S. Supreme Court in *Roe v. Wade*.

Our challenge and our duty now is to ensure that the message sent by the victory in Nepal resounds far beyond that nation’s borders—including in the U.S., where the hard-won precedents of the past seem more and more imperiled every day.

This is the Center’s highest objective: to build a true global framework for establishing reproductive rights as inalienable and defending them against the assaults that will inevitably be leveled.

In the following pages, you will read about the progress we have made toward this ambitious goal in 2010 and 2011—and the challenges we are still fighting to overcome as we look toward 2012. In some places, the picture it paints is inspiring; in others, it is infuriating.

But in all places, it is a picture in which the Center is present, and vigilant, and taking action to ensure that—no matter how high the barriers erected by our opposition—there is no border in the world that our efforts to expand reproductive rights for all women will not ultimately transcend.

Sincerely,

Nancy Northup

THE CENTER has strengthened reproductive health laws and policies in more than 56 countries in Asia, Africa, Europe, and Latin America and the Caribbean, as well as the United States.

56
Countries

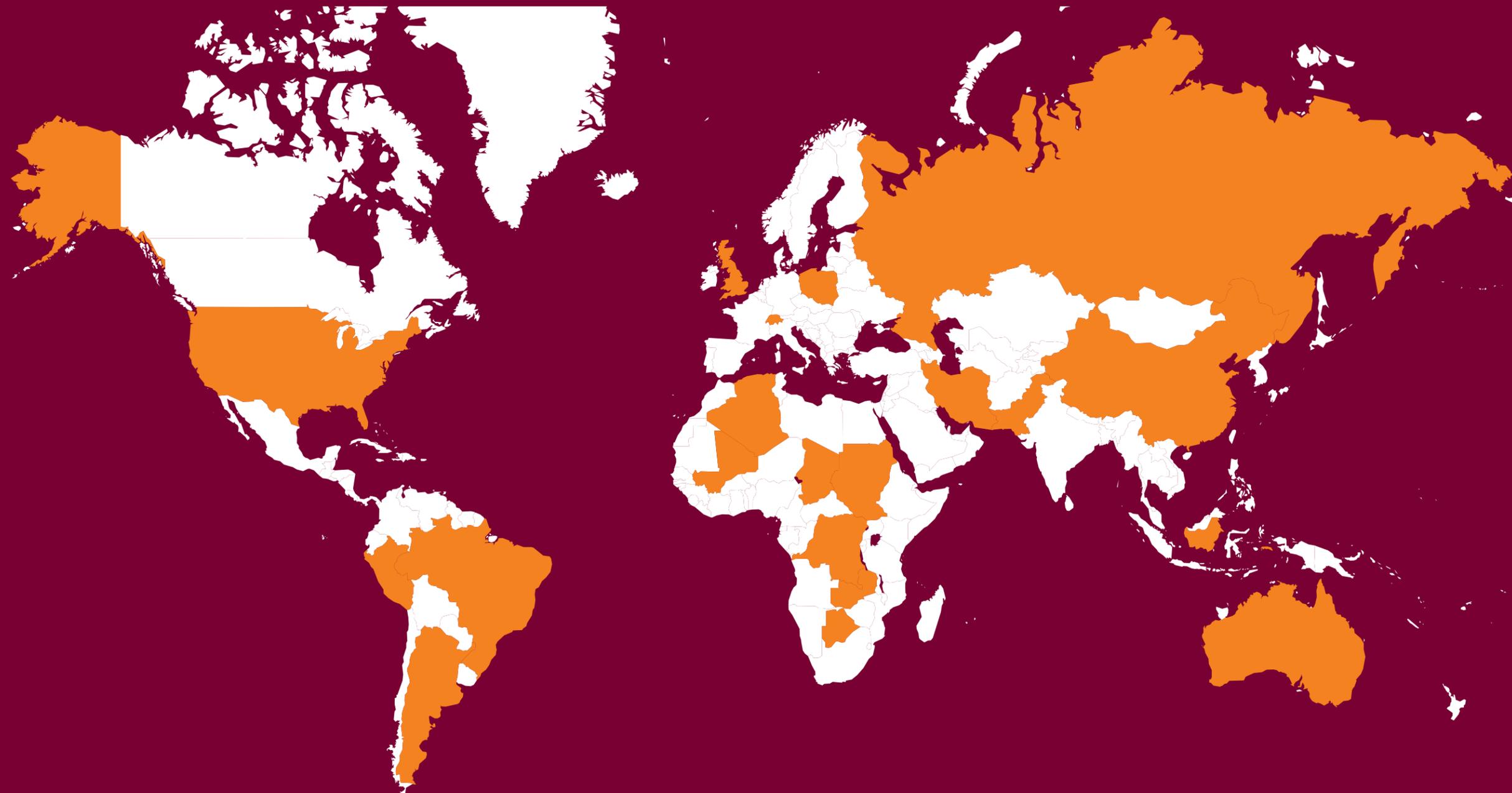
The Center has strengthened reproductive health law and policies in more than 56 countries since its inception.

57
Cases

This year we added 18 new cases to our docket, for a total of 57 active cases around the world.

280+
Partners

In 2010, we worked with over 280 organizations throughout the world.



HIGHLIGHTS IN AFRICA

A Slow-Boil Revolution
Through African Courts

In Kenya:
Shining a
Light on
Reproductive
Rights
Denied

Spotlight:
Schoolgirls
in Tanzania

In Kenya: Shining a Light on Reproductive Rights Denied

There is no shortage of need for hospital beds in Nairobi, where Kenyatta National Hospital—Kenya’s largest—is located. Yet women are routinely and forcibly detained after treatment because they cannot pay their bills. When women are unable to afford maternity fees, their babies are often kept from them until they can find the money to pay. The women who arrive at Kenyatta National and other public hospitals are often minors, often victims of sexual violence and abuse.

These women live in a country where contraception is inaccessible, abortion is criminalized in most cases, sexual violence is a norm, and HIV/AIDS is an epidemic. Such circumstances mean that Kenyan women are more likely in need of medical care. But for these women and their families, a hospital can become a virtual prison. This is one widespread problem among many that the **Center for Reproductive Rights** focuses on in Kenya. Despite the 2010 approval of a new constitution expressly protecting women’s reproductive rights, Kenyan girls and women still face plainly dire circumstances. Their government, in its neglect, allows thousands to die from entirely preventable infections arising from unsafe abortions. The government also fails to implement and/or monitor hard-won policies on emergency contraception access and general information on sex. Schoolgirls are particularly vulnerable, with schools expelling those who are pregnant or are rumored to have had abortions. Sexual abuse is common, and misinformation about sexuality and reproductive health is widespread.

As we have previously reported, in countries where abortion is highly restricted, abortion bans do not prevent women from seeking abortions. Such bans cause women of child-bearing age to live in fear and misery. In 2010, the Center released a report titled *In Harm’s Way: The Impact of Kenya’s Restrictive Abortion Law*. The Center interviewed women whose rights had been violated and conducted site visits to public and private healthcare facilities, speaking with providers and



administrators. These stories combined with the available data from public health studies resulted in a powerful tool to present to policymakers and international human rights bodies. The report was launched in New York and Nairobi in March 2010 and widely distributed to key stakeholders in Kenya, including advocates, medical practitioners, and members of parliament.

We have seen direct effects of our work in the last eighteen months. We met with a commissioner at the Kenya National Commission on Human Rights, an autonomous government watchdog institution, and asked for a statement decrying the practice of detaining women for their inability to pay. The commission wrote a letter to the Ministry of Health, who then issued a directive to various hospitals to release the patients. The Ministry did not, however, explicitly prohibit the practice, so we continue to fight to have the practice eliminated.

Our work in Kenya was instrumental in getting the Kenya National Commission on Human Rights to undertake a public inquiry into reproductive rights violations. The Center and **FIDA Kenya**, a nonprofit organization that improves the legal standing of women in Kenya, approached the commission to share the findings of its reports and to draw greater attention to these issues. The Kenya National Commission on Human Rights agreed to undertake such an inquiry beginning June 2011. This public inquiry into reproductive health issues

Spotlight: Schoolgirls in Tanzania



In the past several years, the Center has examined a growing problem for schoolgirls in Tanzania and the larger region: forced pregnancy testing by school administrators who expel pregnant girls, even those whose pregnancies resulted from rape. Adolescent girls

are subjected to these ineffective and invasive policies while being denied the basic reproductive and sexual education that could prevent pregnancy. Elisa Slattery, Regional Director for Africa, discussed the situation and the Center's progress in the region.

What brought the Center's focus to Tanzania?

We were struck when we came across an article on Tanzania describing the practice of mandatory pregnancy testing in schools and the expulsion of pregnant girls. In 2010 we decided to look into the possibility of documenting this issue and lay the groundwork for future advocacy and case development in Tanzania.

Can you explain how Tanzania implements mandatory pregnancy testing and the consequences of that policy?

The Tanzanian government has done little to ensure access to sex education or reproductive health services for girls. Abortion is criminalized in Tanzania, with an exception only to save the woman's life. Girls who want to stay in school are forced to resort to unsafe abortion, with devastating consequences for their lives and health.

Making matters worse, many schools have instituted a policy of mandatory pregnancy testing, typically conducted towards

the end of primary school and into secondary school. For older girls, while practices vary by school, the testing might take place several times a year often with no advance notice. In some cases, testing can involve asking a girl to strip down to her underwear, examining her abdomen for signs of pregnancy, and touching and pinching her breasts as well if they seem to exhibit symptoms of pregnancy. At no point in the process is the girl given an opportunity to refuse these examinations and tests.

What happens to girls found to be pregnant?

They are immediately expelled from school. People defending the practice often talk about the "contaminating" effect the presence of these girls could have if they were allowed to stay in school. Few girls are able to return to school after giving birth and those who do are often limited to vocational schools. This is because, unlike other countries in the region, such as Kenya or Zimbabwe, there is currently no national policy or law in place in Tanzania to facilitate and guarantee girls' return to school and right to education following delivery. The government's failure to implement an effective educational policy concerning pregnant schoolgirls has resulted in a lack of clarity and guidance for school administrators and teachers on this issue. As a result, pregnant schoolgirls are faced with a stark choice: forfeit their right to education or risk their lives and health by procuring an unsafe abortion in order to continue their education.

What has been accomplished in the last eighteen months? What are the next steps?

After carrying out background research, we traveled to Dar es Salaam in early 2011 to do some preliminary fact-finding. During our trip, we reached out to potential partners in the country and discussed strategies for moving forward on this issue. This preliminary fact-finding leads to a larger comprehensive project documenting the violations and offering concrete recommendations. Ideally, interviews with those affected lead to a potential client who is willing to take their case to court. Both the advocacy around recommendations and any litigation arising from interviews helps us make governments accountable to their human rights obligations.

women in their childbearing years. From cradle to grave, African women are owed justice, dignity, and the basic rights of self-determination and equality. The Center has fought for this around the world in its nearly twenty-year history, and we will carry the fight forward into the next decade.

A Slow-Boil Revolution Through African Courts

In African Commonwealth countries, significant court rulings promoting human rights and human rights treaties have paved the way for a revolution for African women's sexual and reproductive rights. Yet little has actually changed. Why? Because governments are often lax or neglectful in changing bad laws or implementing good ones.

Moreover, they fail to develop policies that protect and foster women's reproductive rights and health. After press releases are buzzed, cases are filed, and decisions are handed down, there remains a need for implementation—and strong leadership to hold governments accountable for follow-through. The Center for Reproductive Rights does just that.

Last year the Center, along with its partners, released the second volume of *Legal Grounds: Reproductive and Sexual Rights in African Commonwealth Courts*. The report analyzes cases before national courts in the last decade, and shows subsequent government failures to fully protect women against human rights violations.

Elisa Slattery, co-editor of the report and Regional Director for Africa, offered further context for the report: "The courts are central to women's everyday experiences. When the courts hold governments responsible for the agreements that they've made, it empowers women to control their lives and participate in society as full and equal citizens. When they don't, it reinforces gender discrimination, which in turn fuels sexual violence, the high incidence of early or coerced marriages, deteriorating access to reproductive health services, and the passage of discriminatory laws, among other human rights violations."

Various regional and international authorities and declarations have recognized women's rights in a human rights framework. In 2003, for instance, governments of the African Union adopted a Protocol on the Rights of Women in Africa, which guarantees



comprehensive rights to women, including the right to social and political equality with men, and the right to control their reproductive health. Several African countries, including Uganda and Ghana, have also passed laws that secure the equality of men and women under the law and protect women from discriminatory customary practices. In spite of these positive developments, much work remains to be done to ensure that these national, regional, and international norms translate into concrete improvements in women's lives.

In order to do this work, civil society needs access to legal cases, but obtaining court decisions is a challenge in many parts of Africa. The second volume of the *Legal Grounds* report helps fill this void. It provides a crucial starting point for women's rights advocates who want to develop and strengthen national litigation strategies as well as researchers proposing solutions to ensure reproductive and sexual rights. Launched in February 2010 during the Fourth Africa Conference on Sexual Health and Rights in Ethiopia, this vital tool has been disseminated to advocates, scholars, universities, judges, and national and regional human rights bodies across the continent.

Revolution: the term evokes drama. Yet we live in a world where many revolutions are quiet ones. Marked change—revolutionary change—occurs long after the first spark of protest, and by doing something that may seem hardly dramatic: staying the course.

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is one of the first of its kind by a national human rights institution, both in Africa and around the world.

Kenya is home to nearly 42 million people, up to 11 million

HIGHLIGHTS IN ASIA



In the Philippines: Fighting Life-Threatening Restrictions

It is hot and humid in the Philippines, suitable conditions for the native Philippine mouse deer, the cloven-hoofed tamaraw, the solitary palm civet cat. Over 7,000 tropical islands make up this archipelago, the second largest on the map. Its capital city, Manila, is home to 11 million people, one of the more populous metropolitan cities in the world.



And on every inhabited island of the Philippines, its 51 million female citizens live under some of the most restrictive, heartless laws in the world. Abortion in the Philippines is banned in all cases, even in cases of rape and incest, even when it is a matter of life and death. For over a decade, the local government of Manila City has effectively banned access to modern contraceptives by refusing to make them available in government-funded health clinics.

At their most vulnerable, women are treated like criminals. At their most desperate, women self-induce abortions with dangerous drugs and catheters, or through hilot, traditional midwives who pound at their stomachs to induce miscarriage. These women are often already mothers, often poverty-stricken. If they survive their attempts, they bear considerable repercussions in the form of intimidation and abuse from doctors and nurses, and temporary to permanent disabilities. The Guttmacher Institute reports that in 2008 there were an estimated 560,000 induced abortions in the Philippines; 90,000 Filipino women sought treatment for complications, and 1,000 women died.

Last year these statistics stood beside individual women's stories and their testimony in the Center's fact-finding report, *Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban*. We released the report and executive summary in August 2010 and our web and video team produced an accompanying video, viewable on our website and at www.RHrealitycheck.org and www.care2.org. Hundreds of activists, healthcare providers, and journalists in the Philippines have watched the video and read the report, both of which illuminate the conditions Filipino women face.

The stories on their own speak volumes.

Eighteen-year-old **Maricel** had just been granted a visa to work abroad when she found out she was pregnant. She was still breastfeeding her first child and thought she was protected from pregnancy.

Haydee developed abnormally high blood pressure with her first child, and when her second pregnancy resulted in a hypertension-induced stroke, her doctor performed a D&C to save her life, warning her that she most likely could never safely carry to term. Haydee couldn't take birth control pills because of her condition and she and her husband could only occasionally afford condoms. She had two unplanned pregnancies within two years.

Lisa, from Manila City, was denied contraceptives at her local clinic. At nineteen years old with three children already, she became pregnant again.

Mylene, a twenty-six-year-old doctor, was raped by the politician who sponsored her medical school scholarship. **Cielo**, age sixteen, was raped at a party. Both of these assaults led to unwanted, unplanned pregnancies for the women.

All of the women attempted to self-induce abortions through a variety of means.

Cielo and Haydee suffered serious complications and delayed treatment out of fear of repercussions. Doctors and nurses called them sinners and forced them to sign statements that would hold them accountable to criminal investigation.

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Lisa was told by hospital personnel that her actions were evil, had her hands and legs bound to the operating table, and was publicly humiliated with a sign reading “Abortion” on her bed for others to see.

Maricel died.

Mylene died.

Bayanihan is an oft-used word in the Philippines. It names a popular newspaper, a prestigious dance company; it’s the process of a community working together to move a hut, or local grassroots action to tackle a national issue. It literally means “spirit of communal unity” and represents a philosophy of overcoming hardship through the power of cooperation.

Opening regional offices allows us to practice *bayanihan* by collaborating with national non-governmental organizations and being present and accessible to our partners and clients. The Center’s innovative legal strategies—in support of reproductive rights and maternal health protections as

fundamental human rights—allow us to chart new paths in the Philippines with clear goals: to end the contraception ban in Manila and promote the provision of humane and compassionate post-abortion care for Filipinas.

Three years ago the Center, along with local attorneys representing twenty Manila women and men, filed suit in a Philippine high court against the mayor of Manila. We filed shadow letters with two United Nations (UN) human rights committees—the Human Rights Committee in 2003 and the Committee on the Elimination of Discrimination against Women in 2006—and continue to serve as legal advisers on the case. In a press release late last year, the Philippines Commission on Human Rights condemned the ban on contraception as a violation of human rights. Meanwhile, the court case has taken twists and turns and was refiled in a regional trial court. The Center continues to coordinate with local partners, advocacy organizations, and UN human rights bodies as we wait on the court to act.

This is what the Center does: we assess, strategize, take action—and when success doesn’t come easily (as it never really does), we pull together tight, dig in our heels, and light another fire.

Spotlight: Maternal Mortality in India



Melissa Upreti
*Regional Director
for Asia*

More women die due to pregnancy-related causes in India than anywhere else in the world. UN agencies estimate that around 63,000 women die each year, making up

almost one-fifth of the maternal deaths that occur annually worldwide. Sadly, these deaths are typically excused as a natural outcome of pregnancy, but the truth is that when tens of thousands of women die from preventable causes, their human rights to life, health, non-discrimination, and reproductive self-determination have been violated. And their government is to blame.

Maternal mortality is frequently discussed in terms of numbers. Sometimes it’s easy to forget that we’re talking about individuals loved and mourned by their families. I’d been told as a young girl that my aunt died a few days after giving birth. It never occurred to me that her death was more than just a family tragedy. None of us really questioned it: it was considered quite natural for women to die that way because it was so common. It was only after I had my first child that I revisited my acceptance and began to recognize how people become immune to injustice; when no one questions something wrong, it’s accepted as the norm. That led me to question a lot of the discrimination and injustice around me and has shaped my work at the Center.

In 2006, the Center and the **Human Rights Law Network (HRLN)**—a collective of human rights lawyers and social activists in India and the sub-continent—held the first-ever training session on reproductive rights for lawyers in India. Our discussions centered on the strategic development of constitutional litigation in India to address violations of women’s reproductive rights; one of the key topics was the tragic number of preventable maternal deaths.

We have worked with HRLN since that time to develop a nationwide litigation strategy on maternal mortality and

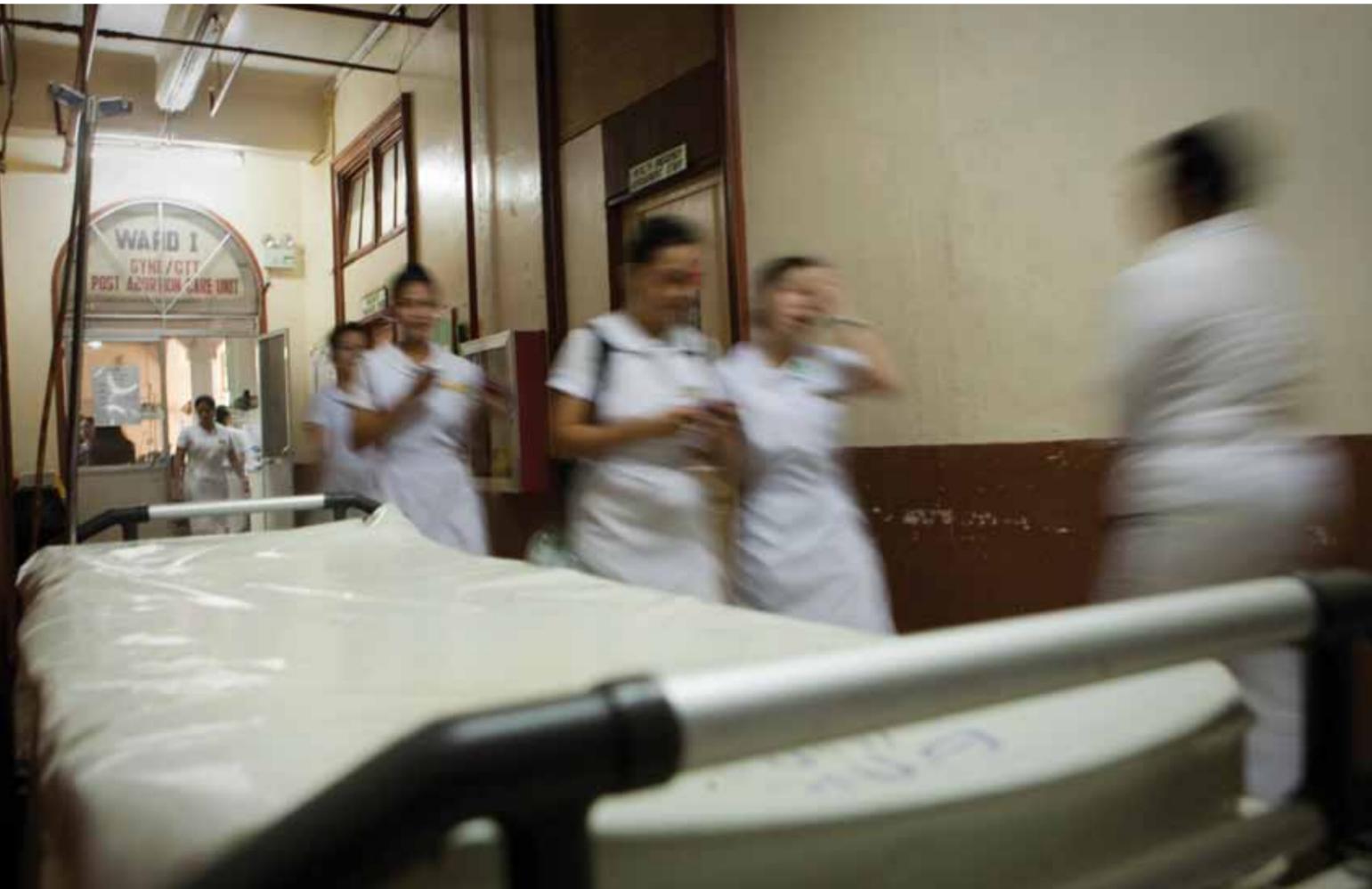
morbidity in India. Our goal is to secure official national recognition that human rights are violated when a woman dies during childbirth due to foreseeable and preventable causes. In addition, we aim to expand and ensure women’s access to maternal health services. These efforts are part of the Center’s global strategy to hold governments accountable for maternal deaths and create a body of norms that legally protect the human rights of pregnant women.

HRLN has filed several public-interest cases in the last five years that seek legal accountability for maternal deaths. We have provided technical support in many of these cases, combining a comparative and international legal perspective with our philosophy that reproductive rights are fundamental human rights. In 2010 we witnessed a major victory in the Delhi High Court, demonstrating that this strategy is working.

In June of that year, the Delhi High Court issued a groundbreaking decision in two maternal health and mortality cases, recognizing the reproductive rights of pregnant women as “inalienable survival rights.” And in November, in response to a newspaper report about a homeless woman who gave birth and died on the street due to lack of medical care, the same court issued a decision in another case ordering the establishment of shelters for destitute pregnant women. Our focus in the coming years is on monitoring implementation of the high court’s orders and decisions, and continuing to raise the issue’s profile at the UN, where we have already successfully built a lot of support.

A nation’s high maternal mortality rate not only involves a tragic loss of life, but also represents gender discrimination and a profound disrespect for the dignity of some of the most vulnerable members of society: poor and socially marginalized pregnant women. We cannot expect to completely dismantle these deeply entrenched cultural attitudes and socioeconomic disparities within a decade’s or even a generation’s worth of progress. What we can do is use our resources to expose the injustice that arises from these practices and hold governments responsible for failing to protect the rights and dignity of those who cannot defend themselves.

This is our work seen in long form, from one decade to the next. My life’s work as an activist—and a mother of two girls—is to challenge injustice, prejudice, and discrimination for the sake of promoting the dignity of women and girls everywhere. That stance challenges and energizes me for my future years of work in India, in the rest of Asia, and with the Center for Reproductive Rights.



THE TURNING POINT: NEPAL

As U.S. legislators strip away women's rights to reproductive autonomy, it is worth highlighting again the outstanding victory for the women of Nepal. Their highest court overturned the brutal policy banning abortion even in cases of life endangerment, a decision based in part on *Roe v. Wade*, cited in the court's landmark ruling. Not only is abortion now legal in Nepal, the government is responsible for funding low-income women's procedures.

The Center's journey with Nepalese women to justice was nearly a decade in the making, but the journey reversed centuries of oppression.

1990

Government reforms in Nepal lead to a multiparty democracy within the framework of a constitutional monarchy.

Burgeoning women's health movement in Nepal sheds light on the devastating public health effects of a centuries-old abortion ban.

Nepal has one of the highest maternal mortality rates in the world, with half of maternal deaths attributable to unsafe abortions. An estimated 20 percent of women in prison serve sentences of up to twenty years for abortion-related offenses. In some cases young children are forced to go to prison with their mothers.

1996

President of the Family Planning Association of Nepal, also a parliamentary member, introduces a bill seeking to legalize abortion. It lapses before it can be voted on with the sudden onset of civil war.

1997

Another effort spearheaded by women's rights activists to reform the law is introduced, which proposes to amend all gender discriminatory laws in the Country Code, including the prohibition on abortion.

2001

The Center, along with the Forum for Women, Law, and Development (FWLD), undertake a fact-finding mission in Nepal to expose and document human rights violations arising from the criminalization of abortion and find that the government is breaching its duties under international law.

2002

April: The Center releases data from its fact-finding mission with FWLD in a report: *Abortion in Nepal: Women Imprisoned*.

May-November: The King of Nepal dissolves Parliament.

September: The King of Nepal signs into law a bill permitting abortion under broad grounds, the beginning of a number of dramatic steps towards guaranteeing women's access to safe reproductive health services in the country. The law allows women to obtain abortions at their will within the first twelve weeks of pregnancy. Reproductive rights are recognized as fundamental rights in Nepal's interim constitution, and the government ratifies the OP-CEDAW (Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women).

2005

The King takes absolute power.

In the case *Achut Kharel*, a man files a petition in the Supreme Court of Nepal challenging the legality of the spousal consent provision in the amended abortion law. The absence of a spousal consent requirement was challenged as being discriminatory against men and as violating the right of the fetus to be born.

Late 2005: The Center partners with FWLD to successfully intervene in the *Achut Kharel* case.

2006

August: The Center organizes the first training session in Nepal, which results in the creation of an informal network of lawyers committed to reproductive rights litigation.

November: The warring factions in Nepal strike a peace accord and the drafting of an interim constitution begins.



2007

January: Following the Center's lobbying, the interim constitution recognizes the right to reproductive healthcare and rights relating to reproduction as fundamental rights specific to women.

February: The Center, in its first case filed in Asia, files a friend-of-the-court brief in *Lakshmi Dhikta v. Nepal* before Nepal's Supreme Court, arguing that the government has failed to implement its abortion law. This failure renders legal and safe abortion largely inaccessible to most of the nation's women, especially poor and rural women.

2008

April: A nationwide election ushers in the Nepalese Constituent Assembly, which later declares Nepal a federal democratic republic.

August: The Supreme Court of Nepal rejects the writ petition in *Achut Kharel* and upholds a woman's right to abortion without having to obtain spousal consent.

2009

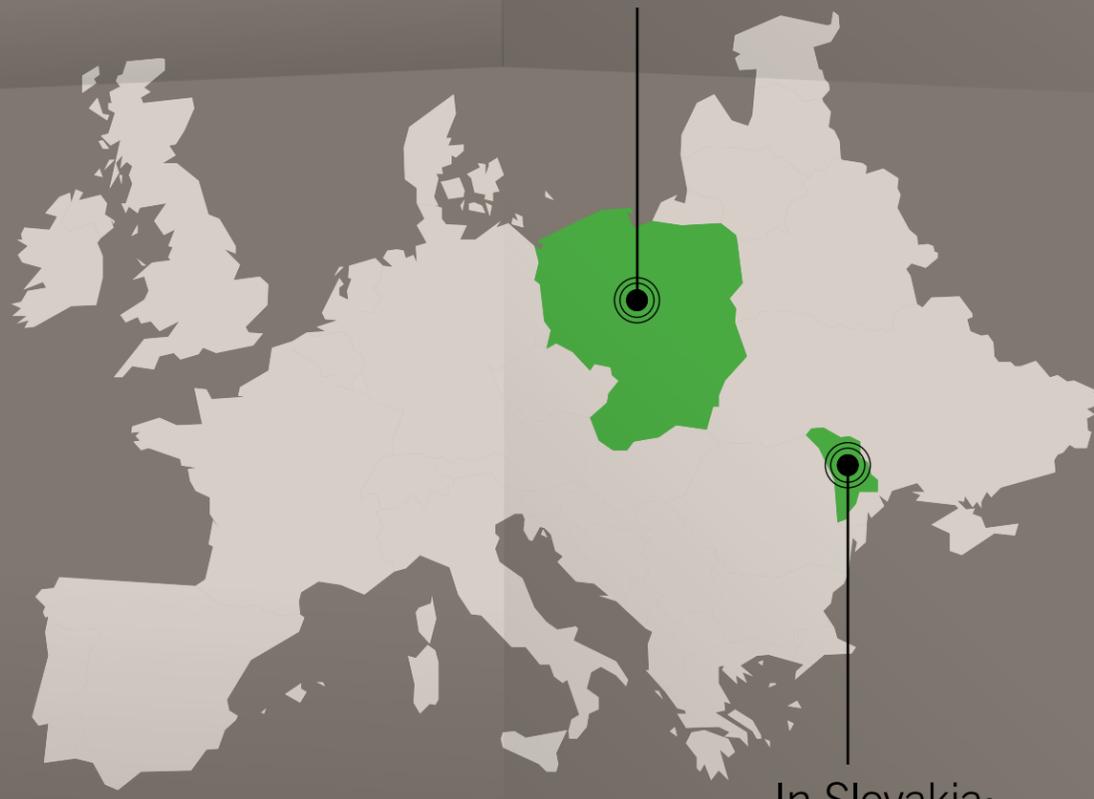
May: In a resounding victory, Nepal's Supreme Court in *Dhikta v. Nepal* orders the government to enact a comprehensive abortion law to guarantee that women have access to safe and affordable abortion services and provides for low-income women's abortions to be funded by the government.

July -present: The Center works on an implementation strategy with key stakeholders.



HIGHLIGHTS IN EUROPE

In Poland:
Securing
Fundamental
Human Rights



Spotlight: The
European Human
Rights System

In Slovakia:
Demanding
Contraceptive
Access

In Poland: Securing Fundamental Human Rights

In 1992, when the Center formed its mission and opened its doors, Poland was experiencing its own new beginnings. In these earliest years of the post-communist era, new freedoms were introduced and explored: a free market, free elections, and freer speech.

Today, the country is generally held up as a model of success in a unified European Union. But Poland stands out in Europe in other ways: by being an outlier on its women's fundamental rights. Poland does not allow women to make the best decisions for themselves and their families when it comes to ending a pregnancy. Polish women are able to legally seek abortion services only in cases when pregnancy puts their health or life at risk, the fetus suffers serious birth defects, or the pregnancy is the result of rape. But even then, heavy stigma and ineffective regulations ensuring access mean that Polish women are far from being guaranteed these procedures, even if they fulfill the legal requirements.

Over the last seven years, the Center and its partners have been involved in four cases against Poland in the European Court of Human Rights. In all cases, Polish women were denied necessary, legal procedures related to their pregnancies.

R.R. v. Poland: Roza (a pseudonym) was repeatedly refused diagnostic care after a routine sonogram detected a serious fetal abnormality. Doctors stalled on providing genetic tests, preventing her from obtaining timely information on the health of the fetus and hindering her from seeking a legal abortion. In 2011, Roza received justice. For the first time in its history, the European Court of Human Rights specifically found that an abortion-related violation amounted to inhumane and degrading treatment. The Court also ordered the Polish government to compensate Roza. This is a critical victory for ensuring Polish women's access to safe and timely abortion.

Tysi c v. Poland: Alicja Tysi c suffered from severe myopia. Pregnant for the third time, she consulted three ophthalmologists who concluded that carrying the pregnancy



to term constituted a serious risk to her eyesight but wouldn't issue an abortion referral. A general practitioner finally provided Alicja with the document she needed, but the head of a clinic in Warsaw refused to terminate the pregnancy. Alicja had no option but to carry her pregnancy to term. After the delivery, her eyesight seriously deteriorated, qualifying her as significantly disabled under Poland's social welfare system. In 2005, the Center filed an amicus brief arguing that states that permit abortion under certain circumstances—as Poland does in cases where pregnancy poses a physical health risk to the woman—have obligations to ensure that this right is accessible. In 2007, the European Court of Human Rights found Poland in violation of its positive obligations to ensure the right to private life. We continue to work on the implementation of that decision.

Z v. Poland: A pregnant woman died from ulcerative colitis because her doctors prioritized the fetus over her life. We assert that medical care that disregards the health of the pregnant woman violates the woman's rights to life, to

Spotlight: The European Human Rights System



Christina Zampas,
Senior Regional Manager
and Legal Adviser for Europe

A crucial starting point in the Center's strategy against an unjust policy is to identify the instruments of justice available to us. In any of our cases—in Croatia, Poland, Ireland, and Slovakia, to name

a few of the most recent countries where we've taken up campaigns—we must first identify our allies and take stock of the challenges. Then we can begin to build support for our mission in a multilateral way.

In Europe, we make use of the accountability bodies available to us, and we make claims against reproductive rights violations under established charters and conventions drafted in the service of protecting human rights. There are several Council of Europe bodies that we advocate in, including the European Court of Human Rights, the European Committee of Social Rights, and the Parliamentary Assembly of the Council of Europe (PACE). This is in addition to international bodies, like the United Nations treaty monitoring committees.

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freedom from inhumane and degrading treatment, and to non-discrimination. This case is still pending.

S&T v. Poland: A fourteen-year-old girl was raped. After she and her mother immediately went to the police, the teen was referred to a health clinic for an examination yet was not offered emergency contraception. When, with her mother's support, she sought a legal abortion to end the resulting pregnancy, she was denied timely and professional medical attention, continuously harassed by clergy and healthcare personnel, and temporarily removed from her mother's custody. This case is also pending.

In the last decade we've petitioned the European Court of Human Rights ten times, either filing cases or submitting friend-of-the-court briefs. One of these cases was decided last year: *ABC v. Ireland*, which concerned three women who, seeking abortion services, were forced to travel to England, as Ireland's laws ban abortion except when a woman's life is in danger. We submitted a friend-of-the-court brief that showed how out-of-step Ireland is with international law and its fellow Council of Europe member states in not allowing women with health threats to have an abortion. The Court found that Ireland violated one of the women's rights—a woman who feared her cancer may relapse with the pregnancy—and also ruled that the state must create laws that allow for an abortion to protect a woman's life, the only lawful ground for abortion in Ireland.

At the end of 2010, we saw another European institution, PACE, issue a resolution that could have positively affected millions of European women's lives. But in this case, ideology and politics undercut a resolution intended to constructively address the issue of conscientious objection and protect women's health. So the resolution was saddled with a slew of anti-abortion amendments that further muddled an already unregulated system where personal views can trump best practices for a patient's health.

In the best of times, the European human rights courts recognize the validity of our claims and formally cite a government for its bad policies or failure to act in the service of the rights due to its people. In other times, the courts disappoint us. Yet the Center's human rights framework and the particularities of the European human rights system give us more than just one path to justice.

The most recent decision from the European Court of Human Rights in *R.R v. Poland* is yet another call for the Polish government to address a system that fails to hold doctors accountable for refusing legal, necessary care to women. The Center has been successful in shoring up international support for Polish women's rights to pursue legal and safe medical procedures in service of their health. We march on in service of seeing these rulings and citations properly responded to by authorities so Poland can stand as a true model of success in Eastern Europe.

In Slovakia: Demanding Contraceptive Access

In her autobiography, Slovakian writer Iлона Lacková wrote about World War II: "It's the end of the war, we've survived. After every darkness comes the dawn. But after every dawn also comes the darkness."

Through the twentieth century and into the twenty-first, the world has seen incredible political upheavals, not least of which include the fall of communism. To various degrees, Slovak people have seen the dawn of a new prosperity in the two decades after the country separated into its own state, but the Slovak government's failure to address barriers in contraceptive access leaves progress for women's rights behind, in the darkness.

In 2011, the Center released a report titled *Calculated Injustice: The Slovak Republic's Failure to Ensure Access to Contraceptives*. Through research and interviews with Eastern Slovakian women, the report offers a thorough account of the ways Slovak women are denied equal human rights by their country's stagnant stance on sex education and the failure to subsidize contraceptives. The report's release came just weeks before the Slovak Ministry of Health introduced a bill that would, for the first time, explicitly exempt contraceptives from public health insurance coverage, effectively enshrining discrimination into law.

Women and adolescent girls in Slovakia face numerous barriers to accessing contraceptives and contraceptive information. Contraceptives are not covered by public health insurance, which means that accessing affordable contraception is a significant challenge for millions of women, especially low-income women, adolescents, and women in abusive relationships with their partners.

Besides unaffordability, other barriers include reliance on traditional family planning methods like the withdrawal method, religious stigma stemming from the Catholic Church hierarchy, and the ability of gynecologists and pharmacists to invoke conscientious objection and refuse to dispense a prescription.



As in other regions, the Center petitions human rights bodies like the Committee on the Elimination of Discrimination against Women to stress the responsibility European governments have to treat reproductive rights as fundamental rights. In 2008, the committee issued formal recommendations to Slovakia, urging the state to "take measures to increase the access of women and adolescent girls to affordable healthcare services, including reproductive healthcare, and to increase access to information and affordable means of family planning for women and men."

We have filed and been involved in a number of cases over the last five years at the European Court of Human Rights, including cases on behalf of Romani women who were forcibly sterilized and were denied access to their medical records. In the case related to medical records, the European Court of Human Rights found Slovakia in violation of the right to private and family life and the right to access to the courts. Laws have subsequently been changed, but we still seek justice for the women denied access before the new laws came into play.

The Center, through its litigation, fact-finding, and policy reports, is steadily working to bring the issue of Slovakian women's reproductive rights—and the rights of Polish women, Irish women, and other European women—out of darkness and into the light of a new dawn for policymakers and lawmakers. We are demanding progress, and we are getting it.

HIGHLIGHTS IN LATIN AMERICA AND THE CARIBBEAN



In Peru: After Rulings, Holding Government to Account

Peru: a lush country hugging onto the west end of South America; an archaeological treasury of artifacts from Incan and other pre-Columbian civilizations.

Peru: one of twelve countries in South America, and one of twelve that deny women the authority to make reproductive decisions in the best interests of themselves and their families.

Like many other developing countries, Peru offers stark contrasts in what brings tourists to its diverse landscape and how its people actually fare. The country is recognized for its natural beauty and distinctive culture, yet millions of its people live in poverty, whether in Lima, its urban capital, or in the rural areas throughout. Women faced with scarce resources and unwanted pregnancies have few options. Though the government allows for abortion in cases where a woman's life or health is endangered, providers do not consistently deliver these services, and women suffer from a lack of information on the law and their rights to safe and accessible reproductive healthcare. The Center has been working in Peru for a decade, taking on cases citing a woman's right to abortion services under the terms of the law.

K.L. was seventeen years old and pregnant when she was told her fetus had anencephaly, a terminal birth defect that prevents the brain of a fetus from fully forming in the womb. Forcing the birth of a child that is certain to die is cruel. Moreover, it violates fundamental women's rights. Yet that's just what happened: K.L. was denied an abortion, forced to give birth and to breastfeed the four days the baby survived.

The Center brought the case to the United Nations Human Rights Committee (UNHRC) in 2002, which gave its ruling in 2005. The UNHRC agreed with our assertions: K.L.'s rights were clearly violated under international standards prohibiting violence against women, and she faced cruel, inhuman, and degrading treatment by state officials. The UNHRC ordered the Peruvian government to provide K.L. with reparations, and to adopt the necessary regulations to guarantee access to legal abortion. This case is significant because it is the first



time an international human rights body established that a government has violated an international human rights treaty for failing to provide access to legal abortion.

Though we consider the UNHRC's ruling to be a landmark victory, it's only the first step. For the last five years, the Center and other partners in the case have been making sure that the Peruvian government puts the UN committee's ruling to work for its women. Unfortunately but unsurprisingly, the government has been reluctant to comply with the decision and implement changes. We have sent multiple memos and taken meetings with members of the UNHRC to press them to put further pressure on Peru's leaders: their ruling is not enough; the government must respond and implement new policies that protect Peruvian women like K.L., and L.C., another Peruvian young woman whom we represent.

L.C. was thirteen when she was repeatedly raped by an older man in her neighborhood. When she learned she was pregnant, she attempted suicide by jumping from a rooftop. She survived her suicide attempt, but was left quadriplegic and remained pregnant. Hospital officials refused to grant her request for an abortion, despite the fact that Peru's Medical Association had determined that L.C.'s physical and mental health were in grave danger. In 2009, we filed L.C.'s case before the UN's Committee on the Elimination of Discrimination against Women. We continue advocating for the case at the national and international levels as we await a decision from the committee.

Spotlight: Emergency Contraception Banned in Honduras



In Fall 2009, Honduras' Ministry of Health passed a regulation that bans emergency contraception—prohibiting not only its use, sale or purchase, but also prohibiting any act promoting its use or educating about it. Since then, the Center has been working to document the serious implications that the

law has on Honduran women's health. Alejandra Cárdenas, Legal Adviser for Latin America and the Caribbean, has been leading the effort.

How does Honduras compare with other countries regarding laws on women's sexual and reproductive health?

Abortion is completely banned in Honduras, so even women who have been raped or who need to terminate a pregnancy because their life or health is endangered can't get an abortion. Family planning services are very limited, and the emergency contraception ban further restricts these services. Adolescents in Honduras—who are more likely than adults to have unprotected sex and to be rape victims—have been the hardest hit by the ban. National health surveys from 2002 to 2007 indicated that fertility rates for women ages fifteen to nineteen equaled 137 births per 1,000 women in Honduras, almost double the average in Latin America. Without access to emergency contraception, Honduran women have less control over their fertility. Overturning the ban on emergency contraception is a critical step for protecting young people's reproductive health

What led the Ministry of Health to ban emergency contraception?

The Ministry of Health incorrectly claimed that emergency contraception is an abortifacient and therefore illegal. But pregnancy begins only after implantation of a fertilized egg in the uterus. Emergency contraception therefore acts to prevent a pregnancy, like birth control pills. Studies show that emergency contraception has no effect on established pregnancies. Both the World Health Organization and the Pan American Health Organization support this understanding.

How has the Center played a role in public education and advocacy work around this issue?

We advocated and put the issue on the agenda of the Inter-American Commission on Human Rights (IACHR) and the United Nations High Commissioner for Human Rights. In 2010, the IACHR released a report on the human rights situation of Honduras after the 2009 coup d'état, and thanks to our advocacy, cited the ban on emergency contraception as one of the coup's violations of women's rights. Before our intervention, the IACHR had not taken the effects of the emergency contraception ban on women's health into consideration at all.

What are the next steps?

Our goal in Honduras is to secure legal access to and information about emergency contraception.

So now we are developing a legal strategy to overturn the ban. In addition, we are urging IACHR to recognize how crucial access to reproductive health information is for Honduran women. And we're working on the ground with Honduran advocates, particularly youth advocates, to focus their activism on the human rights issues for women living under the ban.

Caribbean, says, "We are able to engage more robustly with advocates and policymakers...ultimately to build a more powerful and transnational reproductive rights movement." Empowered women and unified progress among nations: that's the Center's vision for the future, and our work in Peru in 2010 and 2011 carries through our commitment to this promise.

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Peru: one of the countries in the larger Latin American and Caribbean region in which the Center promotes its mission. And our new office in Bogotá, Colombia, stations Center attorneys and staff directly in the region, establishing a permanent home for our work there. About the expansion, **Mónica Arango**, Regional Director for Latin America and the

In Costa Rica: Overcoming Barriers to In-Vitro Fertilization

The pain of yearning is a gnawing pain. For those women who desire children but face challenges to bear them, feelings of helplessness can be real barriers to their happiness.

Reproductive technologies like in-vitro fertilization (IVF) have helped many women all over the world have the children they want. To undergo IVF is a choice decided upon by women with their doctors, and it's a protected human right. But for over a decade, women in Costa Rica who struggle with conceiving a child are closed off to this route altogether, as the Constitutional Court has wholly prohibited IVF, and have therefore denied these women this means to pursue their happiness.

In 2000, the Costa Rican Constitutional Chamber ruled that IVF was unconstitutional, holding that human life begins at conception, and that from that point on an embryo is entitled to the protection of the law just as any person. (By nature of the IVF process, some fertilized eggs or embryos may die, as is also the case in unassisted reproduction.) The Center first responded to this policy in 2004, when it filed an amicus brief in a case taken to the Inter-American Commission on Human Rights (IACHR) filed by ten Costa Rican couples and a fertility clinic. Our brief asserts that the ban conflicts with the government's human rights obligations and standards. In August 2010, the IACHR issued a decision, establishing that the ban violated the right to be free from arbitrary interference with one's private life, the right to found a family, and women's right to equality.

Freedom and rights: precursors to happiness and health. The World Health Organization (WHO) defines health in their constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" and states that "governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures."

Costa Rica's government has not integrated the direct recommendations of the IACHR. Instead, Costa Rican

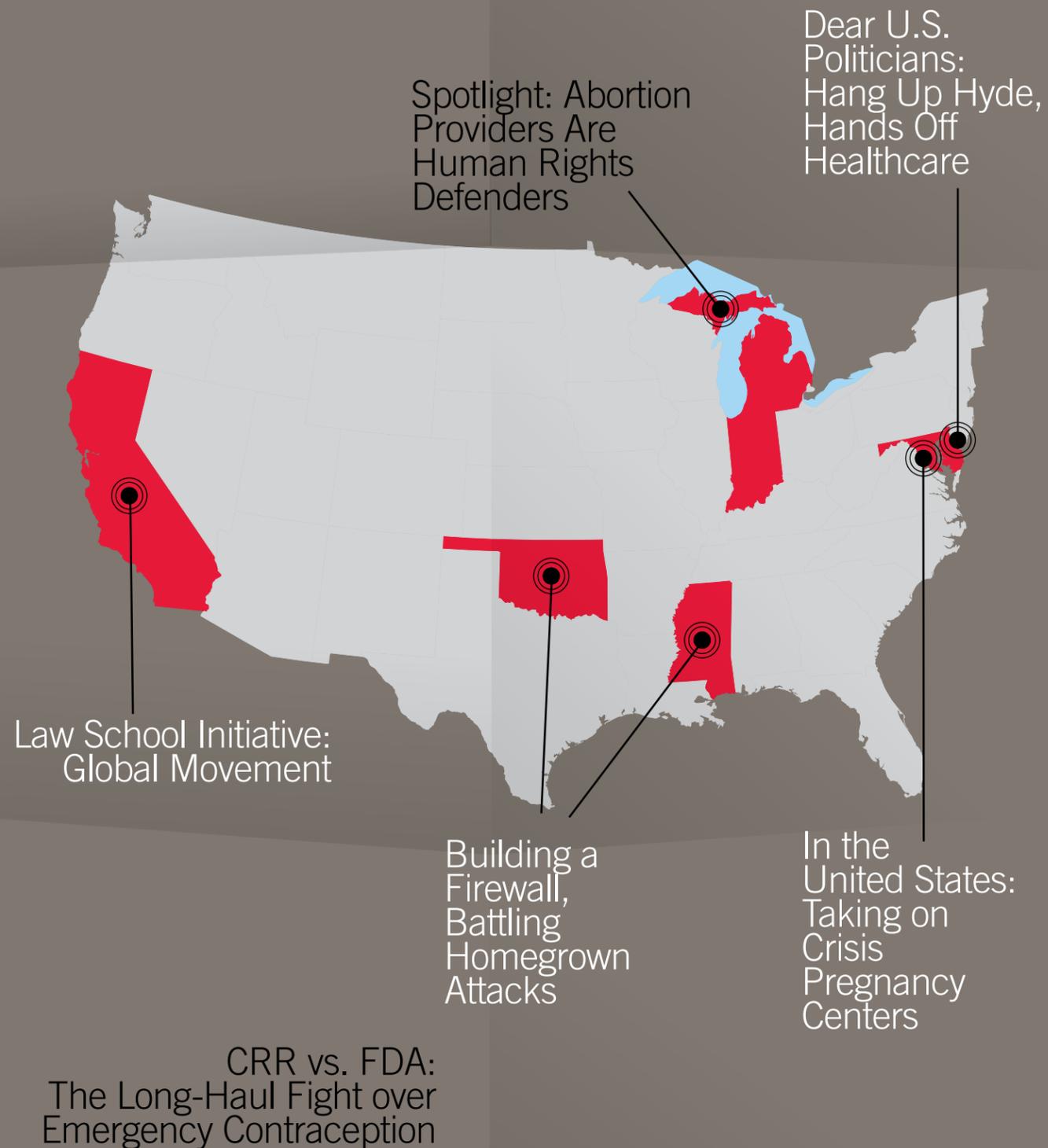


legislators drafted a new law that would legalize the procedure but make it inaccessible, forcing women to submit to enormous economic, emotional, psychological, and medical burdens. Furthermore, the proposed regulations actually alter the procedure—another case of politicians hijacking medicine—and make it potentially harmful to women's health. In November 2010, the Center co-drafted a letter with **Colectiva por el Derecho a Decidir** to the IACHR stating these concerns. We also joined a petition by over fifty Costa Rican, regional, and international organizations that called attention to this egregious draft law.

Beginning in 2011 and going forward, we are working on joint advocacy efforts with local partners to ensure that the IACHR does not accept Costa Rica's legislative measures as being in compliance with its recommendations. Meanwhile, the IACHR has granted the Costa Rican government an extension of time to comply with the recommendations, at which time we will initiate the next step in our strategy of making IVF available to women who wish to use it.

The Center envisions a time when the WHO's definition of health is recognized by governments worldwide and includes women's reproductive freedom. Health and happiness are only truly fulfilled in combination with one another; it is fundamental that everyone be given the freedom to pursue those ends. To some degree we must accept life's limitations, but arbitrary government interference is not acceptable. And so the Center presses on in its fight in Costa Rica and elsewhere around the world, where cultural attitudes and government policies will vary, but foundational human rights must be fixed.

HIGHLIGHTS IN THE U.S.



Spotlight: Abortion Providers Are Human Rights Defenders

Dear U.S. Politicians: Hang Up Hyde, Hands Off Healthcare

Law School Initiative: Global Movement

Building a Firewall, Battling Homegrown Attacks

In the United States: Taking on Crisis Pregnancy Centers

CRR vs. FDA: The Long-Haul Fight over Emergency Contraception

Building a Firewall, Battling Homegrown Attacks

The Center is hard-pressed to cite a time in the last twenty years that can rival—in volume and in severity—this most recent period of anti-woman, anti-child, and anti-health legislative action in the United States.

In 2011, the Center’s State Program has monitored over 600 anti-choice bills that would undermine women’s autonomy and fundamental rights to health and well-being. It’s clear: Women and their fundamental rights to health and decision-making are being attacked.

Anti-choice legislators on the state and federal level have taken hold of political advantage and are boldly issuing blow

after blow against American women’s welfare. A savvy group of politicians has applied sophisticated tactics to promote a narrow-minded, extreme anti-choice agenda. The result is that the protections of *Roe* are undermined, and women’s rights are set back. How are they taking us there? Step by step, inch by inch.

By fighting to stop or mitigate harmful legislation, the Center’s State Program is the first line of defense in protecting women’s access to reproductive healthcare. We build strong relationships with abortion providers, state advocates, and like-minded coalitions. For example, in the 2010 session, the State Program was instrumental in persuading the governor of Oklahoma to veto four of the eight restrictive abortion bills passed by the Oklahoma legislature. While the legislature overrode three of those vetoes, the vetoes themselves helped frame a national conversation about the extreme nature of Oklahoma’s abortion restrictions.

The State Program provides essential on-the-ground information to our attorneys, supporting the legal research and case development necessary to litigate against newly enacted legislation. A critical component of our ability to effectively advocate for the defeat of bad legislation is the State Program’s bill tracking work, in which we monitor bills introduced on a range of reproductive health and rights issues, particularly restrictive abortion legislation. This tracking allows us to stay ahead of the curve in developing effective responses to new threats to reproductive healthcare in the United States.

While the State Program monitors a wide range of bills, we focus on ones that are particularly egregious and those very likely to pass. Our tracking also allows us to identify trends and to predict the types of legislation that will be introduced later in the session and in future years.

Some of the trends important to note—and the Center’s actions to stem the flow:

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PERSONHOOD BILLS

Some anti-choice state representatives attempt to ban abortion by passing laws that confer legal rights at the moment of fertilization—so-called personhood bills—a tactic that, if passed through ballot initiatives or legislation, could ban abortion, along with many forms of hormonal contraception and assisted reproductive technologies. Their goal: overturning *Roe v. Wade*. Additionally, imbuing embryos and fetuses with full personhood would put every pregnant woman is at risk of being refused life-saving care. That is already a reality for many women across the globe where reproductive healthcare is highly restricted.

At the Ready: Personhood legislation has been proposed in fifteen states in 2011. Bills in certain states could have repercussions for people seeking reproductive technologies, such as in vitro fertilization.

Fire from the Center: Last year, Mississippi’s Secretary of State signed off on a petition allowing a personhood initiative to be placed on the November 2011 ballot. Similar ballot proposals were put forth in six other states in 2010; only Colorado’s qualified and it was resoundingly defeated by the voters. If Mississippi’s initiative becomes law, this new definition of personhood could force the government to ban certain contraceptive methods and all abortions, even in the case of rape or incest. We are challenging the Secretary’s action, and the case is currently on appeal to the Mississippi Supreme Court.

By fighting to stop or mitigate harmful legislation, the Center’s State Program is the first line of defense in protecting women’s access to reproductive healthcare.

WAITING PERIODS AND ULTRASOUNDS

Alongside attempts to ban abortion outright are backdoor bills that strip away access, bypassing a direct attack on *Roe* in favor of piling on obstacles to make it hard on women—especially low-income and rural women—to access care. State legislators have enacted mandatory waiting periods; state- or faith-based-agency “counseling”; and forced ultrasounds, where providers are ordered to show the ultrasound image of the fetus and in some cases provide a detailed description of that image.

At the Ready: Over half of the states have twenty-four-hour waiting periods set into law, and in 2011 bills were proposed in eleven more states that would either establish a waiting period where there had been none,

or extend them. The most draconian set is in South Dakota, which extends the waiting period to seventy-two hours and forces patients to receive counseling from anti-choice crisis pregnancy centers. Eighteen other states have proposed mandatory ultrasound bills during the 2011 session.

Fire from the Center: We’re currently challenging Oklahoma and Texas laws that prohibit a woman from having an abortion unless the provider first places an ultrasound image in the woman’s line of sight and describes the image to her in detail. In 2009 the Center successfully represented North Dakota’s only abortion provider in challenging a law that imposed a confusing restriction applied to the mandated ultrasound.

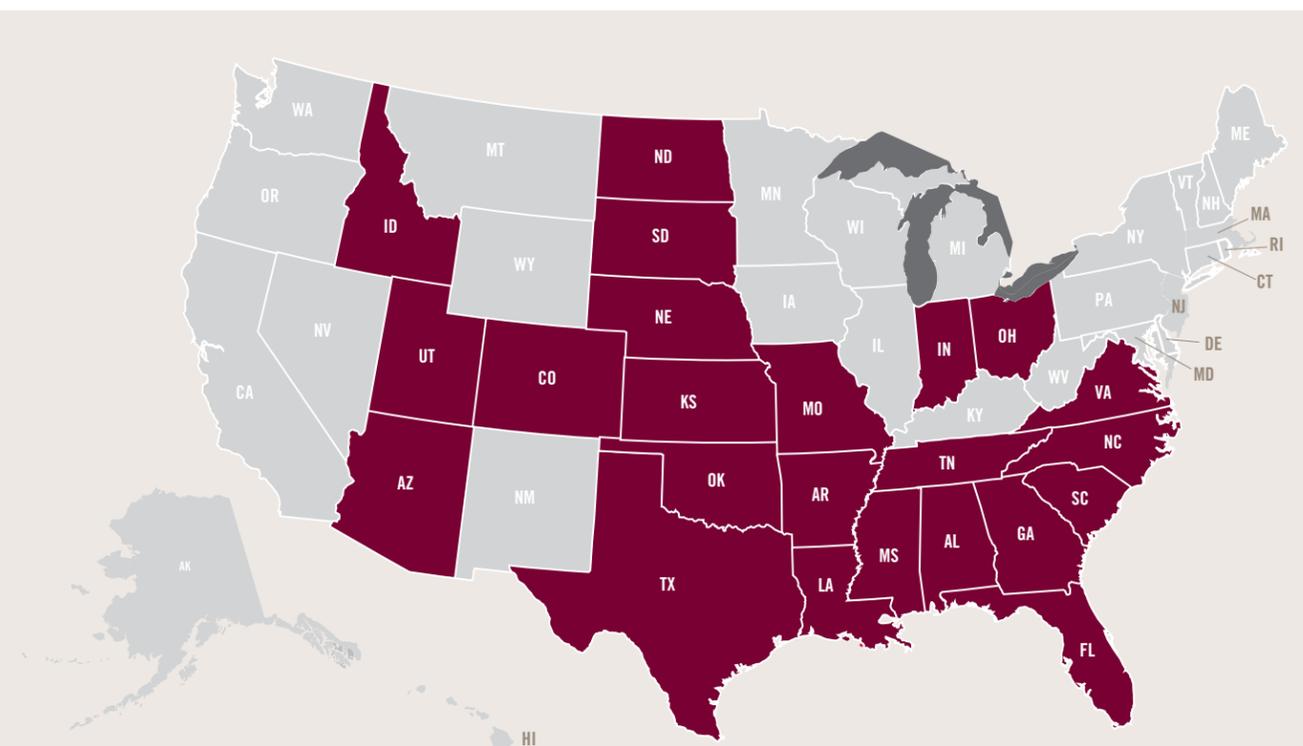
TRAP LAWS (TARGETED REGULATION OF ABORTION PROVIDERS)

TRAP laws are regulations that subject abortion providers to unnecessary and expensive regulations that hurt women by making it more difficult for providers to keep their doors open. In some cases, that means bullying a state’s only abortion provider (South Dakota, North Dakota, and Mississippi each have one abortion provider), where the clear intention is to close them down.

At the Ready: The Center filed two separate actions against one bad Louisiana law passed in 2010. The law provided the secretary of the Department of Health and Hospitals (DHH) the authority to immediately revoke the licenses of outpatient abortion facilities without any opportunity to be heard in advance. Soon after, DHH sent an immediate suspension letter to Hope Medical Group for Women. The letter cited deficiencies in their anesthesia procedures even though the protocol had been approved by the department in the past. We got the clinic reopened and we are going forward with an appeal.

Fire from the Center: In addition, Indiana providers were targeted by lawmakers last year when a county ordinance required that doctors living in outlying counties have both their own and their patients’ personal and confidential information subject to review by the health department. A federal judge blocked the ordinance in August 2010 and we finalized a settlement agreement during the first week of March 2011: patient confidentiality will be protected.

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STATES THAT ENACTED ANTI-CHOICE MEASURES IN 2010 AND 2011 (AS OF JULY 2011)

CRR VS. FDA: THE LONG-HAUL FIGHT OVER EMERGENCY CONTRACEPTION

How long will it take the U.S. Food and Drug Administration (FDA) to follow through on court orders to make emergency contraception readily available over the counter? In 2010, we filed a motion to find the FDA in contempt of court after inexcusable delays.

As of 2011, the FDA has continued to stonewall.



December 2003–January 2004: Dr. Steven Galson, the FDA's deputy director and director of the Center for Drug Evaluation and Research, informs his staff that, contrary to typical procedure, upper-level management will make the final decision about Plan B. He later confesses to a coworker that he has to reject the Plan B application for fear of reprisal. **Dr. Janet Woodcock**, then acting deputy commissioner of the FDA, tells a colleague that the agency must reject the application in order to “appease the [Bush] administration’s constituents.”

1999

July 1999: The FDA approves emergency contraceptive **Plan B**, a critical tool in preventing unwanted pregnancy, for prescription use.

2001

February 2001: The Center files a Citizen Petition with the FDA on behalf of over seventy medical and public health organizations to make Plan B available over the counter.

2003

April 2003: Plan B's manufacturer files an application with the FDA to make Plan B available over the counter.

December 2003: An independent FDA panel of experts finds unanimously that Plan B can be safely used by women of all ages. In a majority vote, it recommends that Plan B be made available over the counter with no age restrictions.

2004

May 2004: The FDA denies the manufacturer's application but suggests that the application be resubmitted with an age restriction, allowing over-the-counter distribution for women sixteen and older—an arbitrary, dual-label status distinction never before required of a non-prescription drug. Shortly after, the manufacturer submits a revised application.

2005

January 2005: The Center files a lawsuit against the FDA for ignoring its own scientists' recommendations and holding Plan B to a different standard than other drugs.

August 2005: After having agreed to act on the manufacturer's application by September in order to remove a hold placed on the **Bush administration's** nomination for a new FDA commissioner, the agency announced it was delaying the decision again.

2006

August 2006: Just a few weeks after the Center asks the federal court to subpoena correspondence between the **FDA and the White House**, the agency finally approves Plan B for non-prescription sale—but only for women eighteen and older, and it will only be sold behind pharmacy counters to those with government-issued identification.

2007

March 2007: The Center files for summary judgment, arguing that the facts make it unnecessary for the court to hold a trial.



February 2006: The Center is authorized by the court to subpoena White House documents and depose high-level FDA officials. The federal magistrate judge cites “bad faith” and “improper behavior” by the FDA.

March 2009: The Center scores a victory for women's health when the federal judge orders the FDA to extend over-the-counter status to Plan B for seventeen-year-olds within thirty days and to reconsider the rest of its restrictions on the drug.



2010

November 2010: The Center, after repeatedly pressing the FDA to lift the remaining restrictions, files a motion for contempt of court.

2011

February 2011: Teva, the manufacturer of Plan B, announced that it filed an over-the-counter application for Plan B One-Step with the FDA. The application requests that the agency make the emergency contraceptive available without a prescription for women of all ages. Through an online campaign, the Center urges its supporters to call on the Obama administration and the FDA commissioner to take immediate action after inexcusable delays and inaction.

Spotlight: Abortion Providers Are Human Rights Defenders



In its 2009 fact-finding report, *Defending Human Rights: Abortion Providers Facing Threats, Restrictions, and Harassment*, the Center for Reproductive Rights issued a new call for abortion providers to be recognized as human rights defenders as defined by the United Nations. In 2010, Renee Chelian, a Michigan

abortion provider and a client of the Center, spoke before the UN, offering her personal story of the traumatizing harassment she and her family have endured because of her work. Renee discusses her relationship with the Center and her vision for the future.

I am an abortion provider in Michigan. I have been an abortion provider since before the Supreme Court made it legal to perform abortions in every state. And I have been a client of the Center for nearly twenty years. My dream for all my adult life has been to provide abortion and reproductive healthcare for women with the dignity and respect they deserve. I dream that our daughters will never face unsafe and criminal abortions.

In November 2010, I had the privilege of speaking before multiple committees at the UN with three Center attorneys. Most of the UN members with whom we spoke were unaware of the dangers and obstacles abortion providers face to protect themselves, their staff, and their patients while meeting a high standard of medical care for every woman they see.

We deal with intimidation and harassment from extremists every day. We are threatened verbally and physically. We are stalked. Our homes have been staked out and picketed. Our families are harassed and our children robbed of the safety that children should feel at home. Our pictures are taken, put on wanted posters, and nailed on trees in our neighborhood or posted on the internet—all to try and intimidate us into quitting our work.

My clinics, like so many others, have faced blockades of several hundred people obstructing the doors so that staff and patients

cannot enter. We get hate mail with white powder inside and threats of anthrax. We are victims of bombs, chemical attacks, and arson. We have been shot and some of us have been murdered in our homes, clinics, and, most recently, in our houses of worship.

This is, of course, in addition to the harassment our patients face. No matter how committed to our profession we remain, those of us who remain active live under constant siege. We are subject to targeted legislation designed to make it prohibitively difficult and costly to operate. These laws, which have nothing to do with good medical care, have contributed to a dire shortage of physicians willing to provide abortions. Eighty-seven percent of U.S. counties now have no abortion provider at all.

Over the years, the Center has challenged every restrictive piece of legislation passed in Michigan. And when bad legislation was not defeated, terms were settled on that made it possible for us and the women we care for to at least access safe, affordable reproductive healthcare.

The Center's groundbreaking work in framing abortion as a fundamental right, and its singular voice in advocating for the defense and protection of abortion providers, paves the way for future reproductive healthcare protections. And it has produced immediate results: A recent UN report called for abortion providers in the United States to be recognized as human rights defenders.

With the defense and advocacy so usually (and rightly) on the recipients of reproductive healthcare, it is notable that the Center has made the women and men who provide abortion care another focal point. Recently I spoke with a group of medical students and gave them copies of this publication. Afterward I received an overwhelming number of thank-you notes with statements like "This has inspired me to be in the next generation of human rights defenders." I feel so passionately about the Center's maverick work on this issue that I'm often tempted to shout it out to anyone who will listen! But in absence of that, I am proud to lend a (more subdued) voice to us: abortion providers—and as the Center for Reproductive Rights has successfully established—human rights defenders.

In the United States: Taking on Crisis Pregnancy Centers

Snake oil. The old bait-and-switch. Schemes, scams, false advertising. The consumer has always run the risk of dealing with unscrupulous salespeople. And so consumer advocates and other monitoring bodies have developed various laws and methods to protect people from shady deals.

This is particularly crucial when our health is at stake. We depend on healthcare professionals to objectively provide complete information that will enable us to decide for ourselves what courses of action are in our best interests. But the rise of so-called crisis pregnancy centers (CPCs)—promising medical expertise and free resources, but actually offering only limited services and packaging them with anti-choice messaging and manipulation—has made it more difficult for women facing unintended pregnancies to get the objective medical advice they need.

The City of Baltimore did the right thing: They acted in the service of their citizenry and demanded truth in advertising through an ordinance—the first of its kind—that required CPCs to post signs in their waiting rooms stating that they do not provide or make referrals for abortion or comprehensive birth control services. But in March 2010, a CPC called the Greater Baltimore Center for Pregnancy Concerns joined the archbishop of Baltimore and a local Catholic congregation in filing a federal lawsuit seeking to invalidate the ordinance.

Following our success in shutting down a heinous CPC in Louisiana that pretended to make abortion appointments for patients, the Center served as co-counsel for City of Baltimore in fighting the lawsuit. Although a district court struck the ordinance down in early 2011, we are now appealing the decision.

CPCs target people who are often uninsured or uninformed about their options. Their advertisements offer free ultrasounds and counseling, and they are often named similarly to nearby abortion clinics. For women caught off-guard by pregnancy and seeking immediate help, CPCs can sound like the right place to go. But once women they enter these facilities, they are given



misleading information and subjected to scare tactics involving grisly images meant to dissuade them from seeking abortions. The centers also frequently collect confidential information from women about their families and jobs—and then use this information to disclose the women's pregnancies to relatives and employers.

It may be hard to believe, but these centers receive government funding. Between 2001 and 2005, CPCs received more than \$30 million in federal funds through abstinence-only programs. During that time, Congress also provided an additional \$1.3 million specifically for CPCs. State legislatures have authorized further funding—sometimes through the printing of "Choose Life" license plates, revenues from which go directly to CPCs.

In addition to fighting these practices in Baltimore, the Center also provided extensive input and advice to New York City in its efforts to require CPCs to disclose whether they refer for or provide abortion services, prenatal care, and emergency contraception, and to prohibit them from disclosing private health information. Center President and CEO **Nancy Northup** testified at a hearing in support of the legislation, and Mayor Michael Bloomberg signed it into law in March 2011. The New York ordinance, like Baltimore's, has since been challenged in court and blocked by a judge's temporary order, but the city has announced its intent to appeal.

The Center will continue to support and lead efforts to overcome these challenges—and build firewalls to protect women from those who would bait and switch them into fraudulent medical counseling and anti-choice propaganda.

Dear U.S. Politicians: Hang Up Hyde, Hands Off Healthcare

At a women's health clinic, two women have a difficult conversation

"I need to schedule an appointment for an abortion. I'm ten weeks, I think. But I don't know for sure. How much?"

"Up through twelve weeks the cost is \$375."

"But I'm on Medicaid. I've always used my Medicaid card for doctor visits."

"Unfortunately, Medicaid doesn't cover abortion. But we have some subsidy money we can apply to the cost since you are struggling. Can you afford \$250?"

"I don't even have close to that."

"Have you asked family or friends?"

"...I can't."

"I understand you wanting privacy around this decision. Perhaps there are ways of being discreet and still communicating that you need help? I know it's hard, but it's important to get your funds together as soon as possible, because the fee goes up after twelve weeks."

And on another phone within earshot of the clinic assistant, echoes of the same:

"Can you ask someone you trust? We have limited funds..."

For women already living paycheck to paycheck, an unexpected, unwanted pregnancy is a blow, a ticking clock that can devastate an already difficult existence. Reproductive healthcare workers who help women all over the United States come up with financial solutions may cringe when asking questions that can seem invasive. But they know that for every woman within city limits who cannot come up with

\$50 toward a procedure, there are several others making expensive trips in from outlying counties who experience similar hardship. The clinic and others like it are sometimes able to set up payment plans and discount costs for the neediest women. But many states do not fund medically necessary abortions under their state healthcare programs for low-income women, and clinics cannot help every woman enrolled in Medicaid who needs financial assistance.

Rather than changing course on federal funding of medically necessary abortions for poor and low-income women, in 2010 and 2011, Congress sought to expand this harmful status quo to prohibit federal funding for abortion in all insurance plans, private and public. Although the Center and other advocates were able to limit this blow to healthcare reform, Congress continues to seek to dismantle and exclude abortion coverage in healthcare plans for all women. A similar battle is taking place at the state level.

Abortion services were covered just like other medically necessary services until 1976, when Representative Henry Hyde (R-IL) introduced a rider to the annual Appropriations Act that set restrictions on federal abortion coverage. For the thirty-five years since, the Hyde Amendment has been subject to an annual vote by Congress in the appropriations process. It has always passed. Currently, only cases of rape, incest, or life endangerment may qualify for federal funding. States that choose to fund abortion beyond these narrow exceptions must pay the entire cost with state funds.

In September 2010, the Center launched a major human rights fact-finding report, *Whose Choice: How the Hyde Amendment Harms Poor Women*. The report lays out, in a human rights framework, the clear case against Hyde's discriminatory prohibition on funding for medically necessary abortions. The report supports advocacy for the repeal of the Hyde Amendment and for Medicaid coverage of abortion and calls on federal and state policymakers to take action to increase access to funding for abortion.



The launch of this report could not have been better timed. In the 2010 House Congressional Session, Representatives Bart Stupak (D-MI) and Joseph R. Pitts (R-PA) introduced an amendment to the proposed Affordable Health Care for America Act of 2010, which was included in, but later dropped from, a modified Senate version. Their claim was that the public healthcare coverage option and the state exchanges allowed federal funds to pay for insurance, which could pay for abortions, thus creating a loophole in the Hyde Amendment. The amendment did not pass. Senator Ben Nelson (D-NE) then introduced his own amendment in the Senate that required individuals to purchase abortion coverage separately, which also did not pass. Ultimately, President Obama, in a political maneuver to appease anti-choice Democrats and pass the healthcare bill, signed an executive order barring any federal funds to go to abortion services, endorsing the Hyde Amendment and enshrining an unacceptable status quo in administration policy.

Throughout the many months of malevolent activity among anti-choice politicians, the Center responded with a public education campaign that took a number of tacks to clear the

obfuscation introduced by Congress regarding federal money and abortion. We also published two fact sheets—*Debunking Myths on Funding Firewalls and Healthcare Reform* and *What's Wrong with the Executive Order on Abortion Restrictions?*—that address how the onslaught of proposed laws is merely a smokescreen for placing further restrictions on abortion access in the United States.

The apex of political squabbling over a healthcare bill may be behind us, but the fights falling to us are numerous. The federal firestorm reflects similar weather in state Houses, where an unprecedented number of heinous anti-woman, anti-child bills have been proposed and passed in the 2011 legislative session. [See the map on page 31.]

New boundaries have been drawn, and we have not come out ahead. The onus is on the Center to act both defensively and offensively: building up a firewall for American women so that a woman's right to choose isn't subject to political ideology, and building on our mission to take proactive measures that hold the United States accountable for respect, protection, and fulfillment of basic human rights.

ALASKA
FILED: 11.19.10 The Center files suit against the State of Alaska, challenging a parental notification law for women under the age of 18. The Center argues that the law violates the constitutional rights of Alaskan minors and will put some at risk of severe harm, particularly those in abusive homes.
DECIDED: 12.13.10 The Superior Court judge issues a partial injunction, allowing the notice provision to take effect, but prohibiting enforcement of many of the law's most burdensome requirements, including the criminal penalties. A trial will take place in January 2012.



KANSAS
FILED: 6.28.11 The Center files a federal lawsuit challenging onerous licensing regulations for abortion providers that give a mere two-week compliance deadline. At the time of filing, the laws were set to shut down all three of Kansas's remaining abortion providers. 07.01.11 A federal district judge in Kansas blocks enforcement of the new licensing regulations for abortion providers until the case is resolved. The ruling keeps all three abortion providers in the state open.



MARYLAND
FILED: The Archbishop of Baltimore, with others, files a federal lawsuit against the City of Baltimore that challenges an ordinance requiring crisis pregnancy centers to post signs indicating their lack of referrals for abortion or comprehensive birth control services. 06.08.10 The Center joins the City of Baltimore to defend this first-in-the-nation ordinance demanding truth in advertising.



OKLAHOMA
FILED: 09.29.09 The Center challenges as unconstitutional a state law that would impose extensive abortion-reporting requirements on physicians, impose a ban on sex-selective abortions, and cost the state over a quarter million dollars a year to enforce.
DECIDED: 2.19.10: The Oklahoma County District Court overturns the law.



NORTH DAKOTA
FILED: 07.18.11 The Center files suit against new and unnecessary restrictions on the safe and common use of FDA-approved drugs to induce first-trimester abortions that would, in fact, ban medication abortions entirely.



TEXAS
FILED: 06.13.11 The Center files a class action lawsuit against a law prohibiting a woman from getting an abortion unless the doctor performs an ultrasound, takes steps to show and describe the ultrasound images, and plays the sound of the fetal heart—even if she says no. The woman must then wait at least 24 hours before she can obtain an abortion (two hours for women who live more than 100 miles from a provider).



LOUISIANA
FILED: 08.06.10 The Center files a federal challenge against two abortion restrictions, one excluding doctors who perform abortions from a medical malpractice fund and the other requiring all pregnant women receive an ultrasound and a photograph of the ultrasound image, even if the woman is a rape or incest victim or diagnosed with a fetal abnormality. 08.11.10 A federal court temporarily blocks enforcement of two provisions of the ultrasound law
FILED: 9.13.10 The Center files a case in state court challenging actions by the Louisiana Department of Health and Hospitals ordering an immediate suspension and seeking permanent revocation of the clinic's operating license, on the grounds that the State's action violates the clinic's constitutional and statutory rights. 9.21.10 The court granted a preliminary injunction barring the suspension order until the clinic's legal claims are resolved.



BUILDING A FIREWALL.

Law School Initiative: Global Movement

Some of the work of the Center is necessarily reactive: Around the globe we are monitoring advances in and assaults on reproductive rights, strategizing responses on our own and with our allies, and surging into action when the time is right.

But the Center is also, crucially, a proactive force: We are thinking generations into the future as we lead efforts to shape international law and establish reproductive rights as fundamental human rights. Our Law School Initiative is integral to this long-term strategy.

Law students in the U.S. have access to few courses that address reproductive rights within a human rights framework, and law professors and scholars have few opportunities to develop scholarship and engage with their peers on the development of reproductive rights norms under both U.S. and international law. The Center's Law School Initiative is a resource to both populations, creating new opportunities for engaging, learning, and developing new curricula and scholarship. In the process, we build prestige for this important area of law by partnering with powerful institutions, and also buttress the work of our allies in academia, who commonly feel isolated.

In 2010 and 2011, the Law School Initiative undertook two major initiatives to expand and strengthen these connections. Through our Global Scholars Incubator, we brought together Center attorneys and an international group of legal scholars in an informal workshop format, encouraging the kind of focused, collaborative exchange rarely available on a transnational level—and singularly putting the spotlight on the “reproductive rights as human rights” framework. And for three days at our Gender Justice in the Americas conference, 120 people from 20 countries in the Americas converged at the University of Miami Law School to strategize new ways of creating links across borders and tying together “siloes” issues such as domestic and sexual violence advocacy, LGBT rights, and reproductive rights under the banner of gender justice.

Participants in the Global Scholars Incubator came from educational institutions in North and South America, Europe and Asia to exchange information about legal developments in different countries, catalyze new theories in reproductive rights law, and delve into existing theories that have gained traction in both domestic and regional contexts. The Incubator also provided an opportunity for U.S. scholars to learn more about foreign and international law developments and discuss how these developments might impact U.S. law.

Among the esteemed attendees at the Gender Justice in the Americas conference was **Elizabeth Abi-Mershed**, Deputy Executive Secretary of the Inter-American Commission on Human Rights. And **Michelle Bachelet**, former President of Chile and Executive Director of U.N. Women, appeared in

a video. Panels addressed topics such as institutionalized violence (such as our work fighting forced sterilization in government hospitals) and how we can work to fight the global opposition to gender equality. Attendees are exploring building a regional Gender Justice Network that would bring together advocates and academics to develop briefs, new cases, and innovative strategies to advance women's human rights in the Americas.

We are thinking generations into the future as we lead efforts to establish human rights norms on reproductive health.

It is not an exaggeration to say that the world changes every day. We have seen abundant evidence of this in recent days as revolutions have sprung up literally overnight. The Law School Initiative is the Center's most visible program in the service of prepping the next generation of legal minds to take on an ever-changing world as it affects women's reproductive health, to produce cutting-edge legal scholarship and to actively shape the law for the times ahead.

Onward and Upward



Congratulations to our 2010-2012 Future Scholar Fellow, Elizabeth Sepper, on receiving the Center for Reproductive Rights-Columbia Law School Fellowship.

An Institute for International Law and Justice Scholar, Liz received her J.D. magna cum laude in 2006 and her LL.M. in International Legal Studies in 2007. After finishing her degrees, Liz completed a clerkship with the Honorable Marjorie Rendell in the U.S. Court of Appeals for the Third Circuit. She comes to the Center after fellowships at Human Rights Watch and the Center for Human Rights and Global Justice at NYU Law.



Professor Alice Miller received our 2010-2011 Innovation Scholarship Award for her tremendous work in the area of sexual and reproductive rights vis-à-vis international human rights law.

Professor Miller is an expert on women's rights, sexual and reproductive rights, health as a human right, and the interplay of domestic and international law in new legal norms. She is a Lecturer in Residence at UC Berkeley School of Law, where she is a Senior Fellow at the Thelton E. Henderson Center for Social Justice. She sits on advisory boards for Human Rights Watch and the International Gay and Lesbian Human Rights Commission, and has served as an expert on the development of norms in human rights for the World Health Organization and the International Council on Human Rights Policy.

Our thanks and appreciation go to Professor Miller for her extraordinary commitment to women all over the globe.



Alejandro Matrazo,
Professor of Law and Head of the Right to Health Programme, CIDE, Mexico City
Gender Justice in the Americas Conference, Miami, 2011

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MATCHING GIFTS

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OVER \$3.8 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 2010, volunteer attorneys at sixteen firms contributed services valued at \$3.9 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:

- Andrews Davis, PC**
- Dewey & LeBoeuf**
- Feldman, Orlansky & Sanders**
- Gómez-Pinzón Zuleta Abogados, SA**
- Hardwick Law Office**
- LaVoy & Chernoff, PC**
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- Cliff Johnson, Esq.**
- Rittenberg, Samuel & Phillips, LLC**
- Simpson, Thacher & Bartlett, LLP**
- White & Case, LLP**

2010-2011 DOCKET

ENSURING ACCESS TO ABORTION

Defending Access to Abortion When Legal

- *Brittany Prudhome v. June Medical Services, L.L.C.* (Louisiana)
- *Hope Medical Group for Women v. Lorraine Leblanc* (Louisiana)
- *Hope Medical Group for Women v. Caldwell* (Louisiana)
- *Tucson Women's Center v. Arizona Medical Board* (Arizona)
- *Nova Health Services d/b/a Reproductive Services v. Brad Henry* (Oklahoma)
- *Nova Health Systems d/b/a Reproductive Services v. Edmondson* (Oklahoma)
- *A.N. v. Costa Rica* / Co-petitioners (Inter-American Commission on Human Rights)
- *In re Constitutionality of Abortion Law in Mexico City* / Amici (Supreme Court of Mexico)
- *K.L. v. Peru* / Co-petitioners (United Nations Human Rights Committee)
- *L.C. v. Peru* / Co-petitioners (United Nations Committee on the Elimination of Discrimination against Women)
- *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)
- *Paulina Ramírez v. Mexico* / Co-petitioners (Inter-American Commission on Human Rights)
- *R.R. v. Poland* Amici / Advisers to representatives (European Court of Human Rights)
- *S. and T. v. Poland* / Advisers to representatives (European Court of Human Rights)
- *Tysiąg v. Poland* / Amici (European Court of Human Rights)

Opposing Criminalization of Abortion

- *Deborah Hughes & Cristen Hemmins v. Delbert Hosemann, Secretary of State of Mississippi*
- *Fischer v. Craig Campbell, Lt. Governor of Alaska* (Alaska)

Opposing Bans and Restrictions on Abortion

- *A.B.& C. v. Ireland* / Amici (European Court of Human Rights)
- *In re Abortion Law Challenge in Colombia* / Amici (Constitutional Court)
- *In re Abortion Law Challenge in Nicaragua* / Amici (Supreme Court of Nicaragua) for the Western District of Missouri)
- *In re Challenge to Abortion Legislation* / Amici (Slovak Constitutional Court)
- *Municipio de Asunción Ixtaltepec, Oaxaca v. H. Congreso del Estado Libre y Soberano de Oaxaca* / Amici (Supreme Court of Mexico)

- *Nikhil Datar v. Union of India and Others* / Amici (Supreme Court of India / High Court of Mumbai)
- *Omondi and Others v. Attorney General and Committee of Expert* / Advisers to Intervenor (Interim Independent Constitutional Dispute Resolution Court, Kenya)
- *Z. v. Moldova* / Co-representatives (European Court of Human Rights) and Amici (Supreme Court, Moldova)

CHALLENGING RESTRICTIONS ON ABORTION PROVIDERS

- *Choice, Inc. of Texas d/b/a Causeway Medical Clinic, et al. v. Bruce Greenstein* (Louisiana)
- *Davis v. W.A. Drew Edmondson* / Co-representatives (Oklahoma)
- *Dr. Allen Palmer v. Jane Drummond, et al.* (Missouri)
- *Fort Wayne Women's Health v. Fort Wayne-Allen County Department of Health* (Indiana)
- *Hope Medical Group for Women v. Keck* (Louisiana)
- *Planned Parenthood of Kansas and Mid-Missouri, Inc. and Dr. Allen Palmer v. Jane Drummond, et al.* (Missouri)
- *Tucson Women's Clinic v. Eden* (Arizona)

SECURING ACCESS TO CONTRACEPTION

- *Tummino v. Hamburg* (New York)
- *In re Access to Emergency Contraception in Chile* / Amici (Constitutional Tribunal of Chile)
- *In re Access to Emergency Contraception in Colombia* / Amici (Colombian Consejo de Estado)
- *In re Access to Emergency Contraception in Ecuador* / Amici (Constitutional Tribunal of Ecuador)
- *Lourdes Osil and Others v. Office of the Mayor of Manila City and Others* (Philippines Court of Appeals)

FIGHTING FORCED STERILIZATION AND VIOLENCE AGAINST WOMEN

- *A.S. v. Hungary* / Amici (United Nations Committee on the Elimination of Discrimination against Women)
- *F.S. v. Chile* / Co-petitioners (Inter-American Commission on Human Rights)
- *I.G. and Others v. Slovakia* / Adviser to Applicants' Representative (European Court of Human Rights)
- *K.H. and Others v. Slovakia* / Adviser to Applicants' Representative (European Court of Human Rights)

- *María Mamérita Mestanza Chávez v. Peru* / Co-petitioners (Inter-American Commission on Human Rights)
- *M.M. v. Peru* / Co-petitioners (Inter-American Commission on Human Rights)
- *M.N.N. v. Kenyan Attorney General* / Amici (High Court, Kenya)
- *Paola Guzmán v. Ecuador* / Co-petitioners (Inter-American Commission on Human Rights)

PROTECTING THE RIGHTS OF ADOLESCENTS

- *Planned Parenthood of AK v. Craig Campbell/Amici, acting Lt. Governor of Alaska* (Alaska)
- *Planned Parenthood of the Great Northwest, et al. v. State of Alaska* (Alaska)
- *Interights v. Croatia* / Legal Advisors (European Social Committee under European Social Charter)

COMBATING BANS ON IVF

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

PROMOTING SAFE AND HEALTHY PREGNANCIES

- *Alyne da Silva Pimentel v. Brazil* / Petitioners (United Nations Committee on the Elimination of Discrimination against Women)
- *Centre for Health and Resource Management (CHARM) v. State of Bihar and Others* / Amici (High Court of Bihar, India)
- *Sandesh Bansal v. The State of Madhya Pradesh & Others* / Amici (High Court of Madhya Pradesh, India)
- *Snehalata Singh v. The State of Uttar Pradesh and Others* / Amici (High Court of Uttar Pradesh, India)
- *West Bengal HIV/AIDS Maternal Health Case* / Legal Advisors to Representatives (Kolkata High Court, India)
- *Z. v. Poland* / Legal Advisors to Representatives (European Court of Human Rights)

COMBATING DISCRIMINATION BASED ON HEALTH STATUS

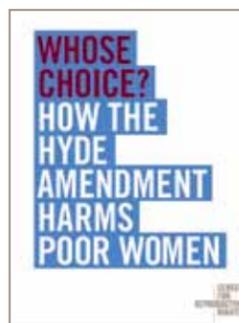
- *A.G. v. FBN Capital Nig. Ltd.* / Legal Advisors (High Court, Lagos State, Nigeria)

OTHER

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

In 2010, the Center added 18 new cases to our docket, for a total of 57 active cases around the world.

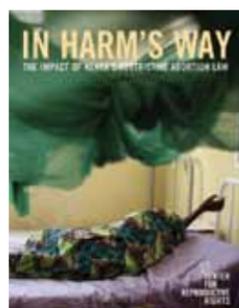
2010-2011 PUBLICATIONS



Whose Choice? How the Hyde Amendment Harms Poor Women

The Center's second fact-finding report in the U.S. reveals how the Hyde Amendment, which prohibits the use of federal Medicaid funds for abortion with

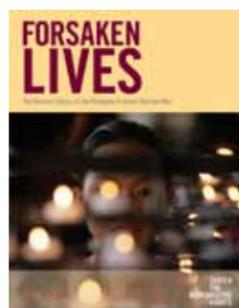
limited exceptions, affects women, families, and communities by documenting how damaging this policy has been and promises to be.



In Harm's Way: The Impact of Kenya's Restrictive Abortion Law

When access to safe and legal abortion is limited, women resort to unsafe abortion, with devastating consequences for their health, lives, and families. The Center's fact-

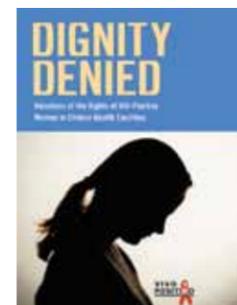
finding report documents these consequences in Kenya, highlighting how Kenya's restrictive legal and policy regime, coupled with the Kenyan government's failure to effectively address the root causes leading to unwanted pregnancies, leaves women squarely in harm's way.



Forsaken Lives: The Harmful Impact of the Philippine Criminal Abortion Ban

Criminal bans on abortion are not only harmful to women but also undermine entire health systems. This fact-finding report documents the experiences

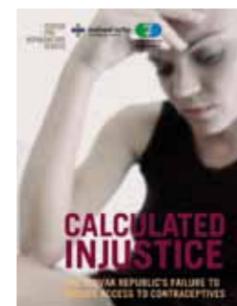
of women seeking abortion in the Philippines. It also sheds light on the role of health service providers who sometimes perpetrate abuse as a result of abortion stigma created by the criminal ban and conflicting personal values.



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

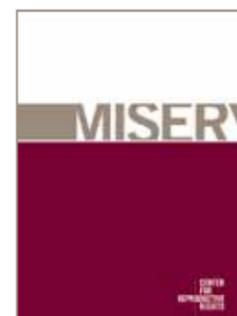
encounter significant barriers to quality, acceptable healthcare, including reproductive healthcare. The experiences of the women interviewed in this report, along with anecdotal reports, indicate that the practice of coercive and forced sterilizations, as well as other discriminatory treatment in the healthcare sector, persists.



Calculated Injustice: The Slovak Republic's Failure to Ensure Access to Contraceptives

In Slovakia, women and adolescent girls face numerous barriers to accessing modern contraceptives and

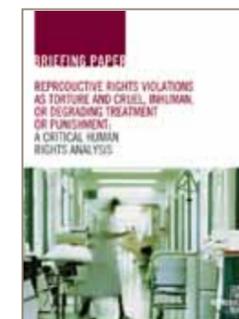
contraceptive information. *Calculated Injustice* illustrates that state failure to ensure access to reliable family planning information and contraceptive coverage through public health insurance violates women's and adolescents' human rights.



Imposing Misery: The Impact of Manila's Contraception Ban on Women and Families

The updated edition of this 2007 fact-finding report reflects progress in challenging the Executive Order that has effectively

banned modern contraceptives in Manila City, the Philippines.



Reproductive Rights Violations as Torture and Cruel, Inhuman or Degrading Treatment

This briefing paper provides an analysis of how certain reproductive rights violations rise to the level of torture or CIDT, and how

human rights strategies can be used to hold states and other actors accountable for these abuses.



The Right to Contraceptive Information and Services for Women and Adolescents

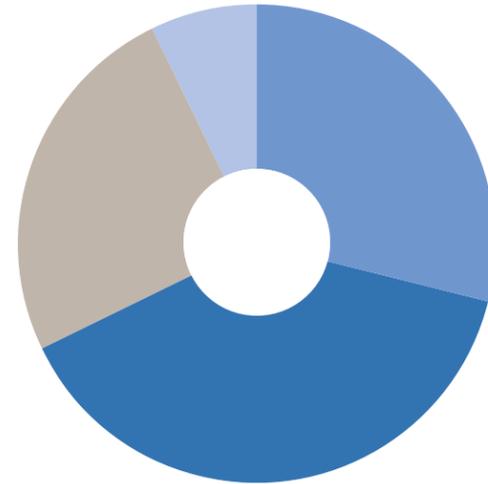
This briefing paper examines the human rights framework around access to

contraceptives and contraceptive information for women and adolescents.

2010 FINANCIAL INFORMATION

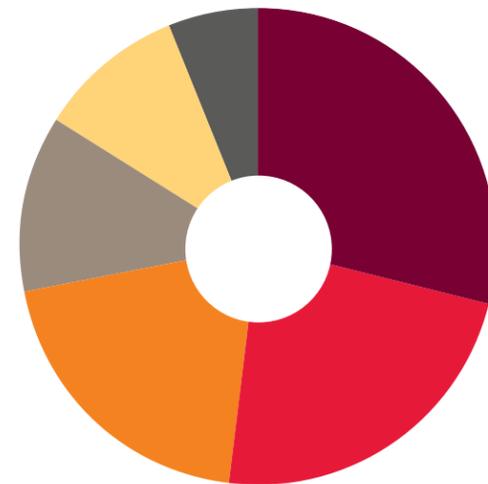
The Center's total public support and revenue for work in Fiscal Year 2010 totaled \$16,693,035. This included \$12,838,511 in financial support, which consisted of grants, charitable financial donations, attorney fee awards and miscellaneous revenue. Of this \$12,838,511 in financial support, \$7,705,146 came from foundations and \$4,182,828 from individuals, bequests, government institutions and international organizations. The balance of the Center's financial support of \$950,537 was derived from attorney fee awards, investments, and miscellaneous revenue. In addition, the Center received \$3,854,524 in donated services which consisted primarily of *pro bono* legal services.

2010 REVENUE



- 39% Foundations
- 29% Pro Bono Services
- 25% Individuals
- 7% Other

2010 EXPENSES



- 29% Pro Bono Services
- 23% U.S. Legal Program
- 20% International Legal Program
- 12% Government Relations & Communications
- 10% Fundraising
- 6% Management and General

Statement of Financial Position

For the Year Ended December 31, 2010

ASSETS

Cash and cash equivalents	\$	10,488,540
Investments		7,828,019
Grants and contributions receivable		4,981,535
Prepaid expenses and other assets		257,082
Security deposits		130,209
Fixed assets - net		126,153

Total Assets	\$	23,811,538
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LIABILITIES

Accounts payable and accrued expenses	\$	326,487
Accrued salaries and related benefits		243,927
Deferred rent payable		261,992

Total Liabilities	\$	832,406
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NET ASSETS

Unrestricted		
Operating		13,067,138
Board designated		410,543

Total Unrestricted	\$	13,477,681
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Temporarily restricted		8,497,331
Permanently restricted		1,004,120

Total Net Assets	\$	22,979,132
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Total Liabilities and Net Assets	\$	23,811,538
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Statement of Activities

For the Year Ended December 31, 2010

PUBLIC SUPPORT AND REVENUES	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Foundation grants	\$ 2,739,779	\$ 7,220,604		\$ 9,960,383
Contributions	2,289,021	741,982		3,031,003
Special events	16,348			16,348
Bequests	611,460			611,460
Foreign governments and international organizations grants		129,507		129,507
Awards	742,372			742,372
Donated services	3,854,524			3,854,524
Other income	9,993			9,993
Net assets released from restriction	6,429,538	(6,429,538)		
Total public support and revenues	16,693,035	1,662,555		18,355,590
EXPENSES				
Program services				
U.S. legal program	5,530,187			5,530,187
International legal program	3,950,901			3,950,901
Government relations and communications	1,711,905			1,711,905
Total program services	11,192,993			11,192,993
Supporting services				
Management and general	891,084			891,084
Fund raising	1,334,810			1,334,810
Direct cost of special events	8,883			8,883
Total supporting services	2,234,777			2,234,777
Total expenses	13,427,770			13,427,770
CHANGE IN NET ASSETS BEFORE INVESTMENT GAIN (LOSS)				
	3,265,265	1,662,555		4,927,820
Investment gain (loss)	671,795	292,360		964,155
CHANGE IN NET ASSETS	3,937,060	1,954,915		5,891,975
Net assets—beginning of year	9,540,621	6,542,416	1,004,120	17,087,157
Net assets—end of year	\$ 13,477,681	\$ 8,497,331	\$ 1,004,120	\$ 22,979,132

Statement of Functional Expenses

For the Year Ended December 31, 2010

	PROGRAM SERVICES				SUPPORTING SERVICES				Total Expenses
	U.S. Legal Program	International Legal Program	Government Relations and Communications	Total Program Services	Management and General	Fund Raising	Direct Cost of Special Events	Total Supporting Services	
Salaries	\$ 1,686,653	\$ 1,333,750	\$ 757,109	\$ 3,777,512	\$ 347,230	\$ 588,967		\$ 936,197	\$ 4,713,709
Payroll taxes and employee benefits	452,326	313,834	180,275	946,435	110,339	158,560		268,899	1,215,334
Total salaries and related expenses	2,138,979	1,647,584	937,384	4,723,947	457,569	747,527		1,205,096	5,929,043
Professional fees	180,711	225,798	316,256	722,765	59,573	112,025		171,598	894,363
Investment fees					32,705			32,705	32,705
Printing and publications	14,859	127,202	57,330	199,391	389	24,262		24,651	224,042
Dues, fees and subscriptions	79,219	9,384	34,574	123,177	4,353	24,768		29,121	152,298
Travel	144,294	260,883	74,282	479,459	9,659	28,768		38,427	517,886
Direct mail						223,639		223,639	223,639
Equipment and maintenance	27,856	20,975	28,822	77,653	16,477	10,743		27,220	104,873
Telecommunications	25,318	20,528	22,114	67,960	10,185	8,856		19,041	87,001
Office supplies	37,265	56,360	37,545	131,170	23,951	33,007		56,958	188,128
Insurance	14,337	11,714	6,792	32,843	13,401	4,777		18,178	51,021
Occupancy	361,707	225,787	167,891	755,385	250,973	87,922		338,895	1,094,280
Caterer and facility							\$8,883	8,883	8,883
Depreciation and amortization	11,121	9,008	4,897	25,026	10,132	3,533		13,665	38,691
Pro bono services	2,480,271	1,324,043	17,889	3,822,203	22,430	9,891		32,321	3,854,524
Miscellaneous	14,250	11,635	6,129	32,014	11,992	15,092		27,084	59,098
Total expenses	5,530,187	3,950,901	1,711,905	11,192,993	923,789	1,334,810	8,883	2,267,482	13,460,475
Less expenses deducted directly from revenues on the statement of activities					(32,705)			(32,705)	(32,705)
Total expenses reported by function on the statement of activities	\$ 5,530,187	\$ 3,950,901	\$ 1,711,905	\$ 11,192,993	\$ 891,084	\$ 1,334,810	\$ 8,883	\$ 2,234,777	\$ 13,427,770



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