

The Center for Reproductive Law and Policy
Annual Report 2000

Our Mission

The Center for Reproductive Law and Policy (CRLP) is a non-profit organization dedicated to promoting women's equality worldwide by guaranteeing reproductive rights as human rights. Reproductive rights, the foundation for women's self-determination over their bodies and sexual lives, are critical to all women's ability to achieve their full potential. We believe laws and policies that protect and advance these rights are essential. They must allow women the freedom to decide whether and when to have children. They must respect women's ability to exercise their reproductive choices without coercion. They must also secure women's access to basic health services, including contraception, abortion, education, and safe pregnancy care. Ultimately, reproductive rights are imperative to ensuring justice for all members of society — women, children, and their families.



CRLP Works:

• Promoting reproductive rights for every individual

• Securing universal, safe and affordable contraception

• Ensuring safe, accessible, and legal abortion

• Advancing the reproductive rights of adolescents

• Achieving equal access to reproductive health care for low-income and minority women

• Advocating for safe and healthy pregnancies

• Eliminating traditional practices that harm women

• Protecting health care providers from violence and coercion

 Defending the right to privacy and confidential doctor/patient relationships





From the Chair of the Board

In 2000, CRLP mounted an extraordinary campaign on behalf of every American woman's right to choose. Our attorneys went to the Supreme Court in *Stenberg v. Carhart*, challenging Nebraska's so-called "partial birth abortion" ban. A few years back, even our friends doubted such a case could be won. But with consummate skill, the result of painstaking hours of legal research, strategizing, coalition-building, and communications work, CRLP succeeded in preserving the heart of *Roe v. Wade*.

Being involved in making history in a landmark case such as this one is very inspiring. But, for me, the most moving aspect was all the support we received during that time. I would like to say a very special thank you to all the friends of CRLP who recognized the dangers to the rights we hold dear, and came to CRLP's assistance. It was your extra support, at the time when we most needed it, that made this victory possible.

Janet and her team did not sit on their laurels. They were too busy at work on other challenges: partnering with groups in Africa, Asia, Latin America, and East Central Europe on advocacy to improve access to reproductive healthcare; litigating in over 30 reproductive rights cases across the United States; lobbying legislators across the nation. And, on top of that, they successfully argued their second Supreme Court case of the year, securing pregnant women's rights to confidential medical care.

With these campaigns and Supreme Court victories, CRLP has proved that it is an immensely strong organization, working with incredible skill to protect the rights of all women. However, we can never forget that we owe that strength to the bedrock of support provided by our friends. Thank you all for your shared commitment to reproductive freedom.

Yours truly,

Beter K. Dungton

Betsy Frampton





From the President

In 1970, I was in the frontline, marching for women's rights on the streets of New York. A photograph of that historic march was featured in *Life* magazine. I little imagined then that I would still be fighting for women's rights in the new millennium.

But in 2000, CRLP was tackling more challenges than ever. We were in the Supreme Court. Twice. We were also in the headlines, on TV, on Capitol Hill, in courts across the country, at the UN, and working with local partners in 35 countries.

And, in September 2000, I was marching again, this time with the Stars and Stripes tied in a mock gag. It was an act designed to grab attention, because more attention is what the Global Gag Rule desperately needs. This U.S. restriction has led more than 400 organizations that receive U.S. aid in over 50 nations to "agree" that they will not perform abortions or even speak about abortion law reform with their own, non-U.S. funds. In America, such an anti-democratic measure would not stand under the Constitution.

Because of CRLP's global work, we know first hand just what the Global Gag Rule means. In some of the world's poorest countries, private organizations have stopped doing legal abortions. Others are too afraid to speak up on behalf of the women they represent. This U.S. policy is killing women and impeding democracy.

The Gag Rule aside, we saw some real progress for reproductive rights in 2000. At the UN's five-year

review of the Beijing international women's conference, a number of governments that had previously opposed the provisions on reproductive and sexual rights now suppor progressive measures to implement them. In the U.S., mifepristone (RU-486) was finally approved by the Food and Drug Administration, albeit subject to the gamut of restrictions hampering access to abortion nationwide. An with CRLP's victory in the Supreme Court case from Nebraska, *Stenberg v. Carhart*, we saved *Roe*.

But the close 5-4 victory in *Carhart* brought champagne and shivers, demonstrating what a thin thread the right to choose hangs on. Furthermore, changes in the political climate will present major new obstacles for our work. President George W. Bush avoided the abortion issue duri his campaign, but his record during his first few months office clearly shows that he is aligned with those who oppose women's reproductive rights.

For as long as we care about our daughters', and granddaughters' futures, we must keep on marching. Tha you for supporting us through victories and setbacks. Together, we can make our vision of reproductive freedom a reality.

Yours sincerely,

Janet Benshoof



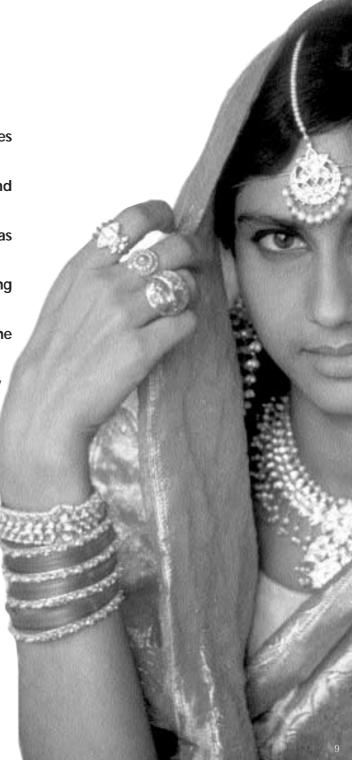


Legal Advocacy

CRLP works to advance reproductive rights as human rights in the U.S. and around the world, including the rights of all women to decide whether and when to have children, to use contraception, and to safeguard their own health. Legal advocacy is one of our primary tools to fight for reproductive freedom for ALL women.

At the United Nations

Advocacy at the UN is one of CRLP's key strategies for holding governments accountable and increasing the recognition of reproductive rights as human rights. We play an active role in bringing reproductive rights issues to the attention of the UN human rights committees. Our "Shadow Reports" expose the on-the-ground reality of reproductive rights in many nations, enabling the UN to make constructive recommendations to those governments on how to improve the condition of women's lives.





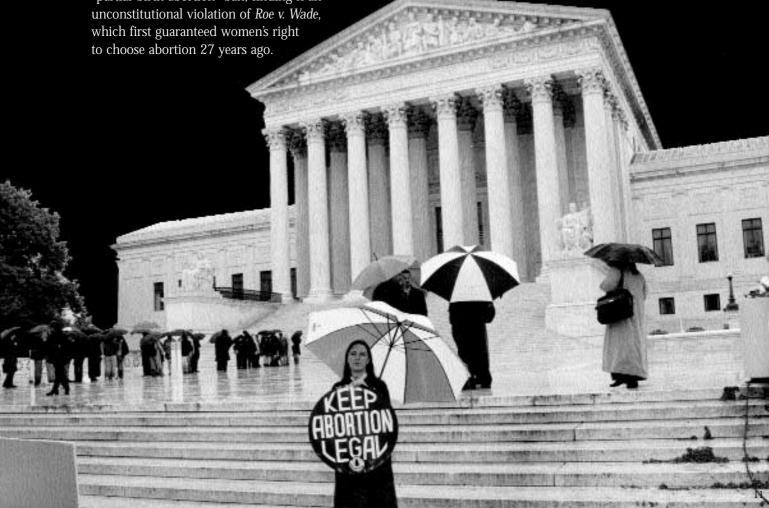
Litigation in the United States

In 2000, CRLP continued to mount legal challenges on behalf of women and their health care providers in over 30 cases in states from Alaska to Louisiana and from Massachusetts to Texas. Through these cases, we are winning Medicaid coverage for abortion for low-income women, fighting restrictions on adolescent access, and stopping a range of regulations and laws that would reduce women's access to reproductive healthcare.

Saving Roe

On June 28, 2000, we had a major success in our ongoing battle to preserve women's right to choose abortion in the United States. Attorneys at CRLP represented Dr. LeRoy Carhart in a landmark legal struggle against Nebraska's abortion ban. Our victory in *Stenberg v. Carhart* came when the U.S. Supreme Court struck down Nebraska's so-called "partial-birth abortion" ban, finding it an

The Court's decision exposed these bans for what they are: extreme and deceptive attempts to outlaw abortion, even early in pregnancy. The decision has also rendered invalid similar bans passed in over 30 states and in Congress. However, the close 5-4 ruling showed that the right to choose is more fragile than ever before.





Advocacy

Politically disenfranchised women, including low-income women and adolescents, bear the brunt of restrictions on reproductive rights. In some countries, women's access to reproductive healthcare such as contraception, abortion, and safe pregnancy care is severely limited. The cost in terms of women's lives is enormous: every year, at least 585,000 women die from complications stemming from pregnancy and childbirth. The vast majority of these maternal deaths occur among the world's poorest women.

CRLP works for those most at risk from lack of access to reproductive healthcare and violations of their reproductive rights. In the U.S., for example, we have won a string of victories securing public funding for low-income women who choose abortion. In Zimbabwe, a new CRLP project is detailing the barriers to adolescents' access to family planning, which result in high rates of unwanted pregnancies and HIV/AIDS.

Another CRLP priority is ensuring that women's rights are respected by healthcare providers, an issue essential both for quality of care and for human dignity. In 2000, these issues came to the fore in two very different cases from South Carolina and Peru.

Bringing International Attention to Local Abuse

Building on our global commitment to reproductive rights, we turned to the Inter-American Commission on Human Rights (IAHCR) for justice. We were spurred on by our previous success before the IAHCR in the case of Marina Machaca, a low-income indigenous Peruvian woman who mounted a courageous case against a public health system that allowed a doctor to get away with rape.

In 2000, together with partner organizations, we petitioned the IAHCR in a second case – the Mestanza case. Mamerita Mestanza, an economically impoverished woman who lived with her family in a rural Peruvian community, died in 1998 when she was denied medical care after complications arose from a sterilization procedure. Local groups requested an investigation, asserting that this was not an isolated case of medical malpractice, but an example of a systematic practice of forced sterilization directed toward women living in areas of extreme poverty in Peru. Their efforts to procure justice were thwarted in the local and national courts. Now, by bringing in international-level scrutiny and expertise in reproductive rights law, CRLP hopes use the IACHR to make a difference for the Mestanza family and for all women in the region.



Punishing Pregnant Women: Dangerous and Counterproductive

In Ferguson v. City of Charleston, CRLP's second argument of the year in the U.S. Supreme Court, we represented a group of women who sought pregnancy care at a South Carolina public hospital. For nearly five years, the hospital collaborated with the local police department and prosecutors to search a targeted group of pregnant women and new mothers for evidence of drug use – without a warrant or their consent. Instead of using the information to provide these women with appropriate medical care and treatment, hospital staff gave it to the police, who subsequently arrested women right out of their hospital beds. Many women were shackled and chained, some of them still pregnant, others weak and bleeding from just giving birth.

On March 21, 2001, the Court ruled that the hospital's search policy was a clear violation of the women's right to medical privacy under the Fourth Amendment, which protects all Americans from unreasonable searches. Furthermore, such punitive policies are

deter women from seeking critically needed care and ultimately undermine the health and well being of women and their children. Such policies also tend to have a disproportionate impact on lowincome and minority women. Every major medical and public health organization in the country opposes punitive responses to prenatal drug and alcohol abuse and supports rehabilitation

dangerous and counterproductive because they

versus imprisonment.

"Turning a hospital into a police station undermines the privacy rights of all Americans. These women need appropriate medical treatment, not jail time."

Priscilla Smith, Deputy Director, CRLP Domestic Program, lead counsel in Ferguson v. City of Charleston





Communicating

Accurate information on the laws and policies affecting women's reproductive lives, as well as the situation on the ground, is essential for effective campaigns for change. CRLP researches and produces a range of publications. Together with our partner organizations in the United States and around the world, we are building a much-needed knowledge base on reproductive rights and health from a human rights perspective.

World Wide Web

Our website — www.crlp.org — is our most dynamic tool for sharing knowledge and providing the latest information on reproductive rights globally. Recently expanded to include court documents, news releases, full-length publications, and factsheets, the website is attracting an ever growing number of users each month from every state and many countries.



Publications

CRLP publications are designed to be practical and accessible for those with an interest in the issues, from journalists and policymakers to healthcare providers, activists, and supporters. We also work with the media to ensure accuracy in reporting about what are often complicated topics, and to get our messages out to the public. Through these efforts we have turned around editorials and headlines on issues such as "partial-birth abortion" to reveal the true threat these laws pose to women's right to choose.

Women of the World

From Information to Action

CRLP's Women of the World reports are a unique series of regional profiles on the formal laws, policies, and customs affecting women's reproductive lives around the world. By making this research widely accessible, our aim is to develop informed campaigns to overcome the legal and policy barriers to reproductive health care.

Launched in 2000, Women of the World: East Central Europe details how women's reproductive rights in Albania, Croatia, Hungary, Lithuania, Poland, Romania, and Russia have shifted substantially since the iron curtain was lifted. While there have been some improvements, throughout the region a trend towards pronatalist policies is threatening women's rights.

Also new in 2000. Women of the World: Francophone Africa covers Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Mali, and Senegal. Although these countries have adopted policies to address many of the reproductive health problems common to the region, including high levels of maternal and infant mortality and HIV/AIDS, they have not had the desired effect. Women continue to suffer in the face of discriminatory customary laws and practices that undermine their social and economic autonomy.

Since the first Women of the World reports on Latin America and the Caribbean and Anglophone Africa, we have worked with local groups

on follow-up projects directed at legal and policy change. In 2000, for example, we launched advocacy initiatives on the lack of family planning services in Guatemala and on the extremely restrictive abortion laws in El Salvador. We also began work on Women of the World: South Asia. We will continue to use Women of the World as a starting point for advocacy projects in these regions — turning information into action.

Female Circumcision/ Female Genital Mutilation

A Matter of Human Rights

A new book by CRLP and the Research Action and Information Network for the Bodily Integrity of Women (RAINBQ) provides unprecedented research and analysis of laws on female circumcision/female genital mutilation (FC/FGM). FC/FGM is a traditional cultural practice with serious and harmful consequences for the health and rights of girls and women. To assist activists working to end the practice, the book addresses FC/FGM as a human rights issue, and makes recommendations for action by governments, international agencies, and non-governmental organizations. CRLP supports the adoption of laws criminalizing FC/FGM because a clear government commitment can provide needed legitimacy to activists working at the community level. But such laws must be preceded and followed by education programs, reaching out to women and empowering them to persuade their families and communities to abandon the practice.





Building Networks

As advocates for women's rights, we believe it is vital to work in collaboration with other groups, sharing vital knowledge and multiplying our effectiveness. That is why building and supporting networks at the local, national, and international level is integral to CRLP's work.

Our international projects are bringing together groups in Africa, Latin America, East Central Europe, and, now, Asia. We are building networks of women's rights advocates, lawyers, policymakers, and healthcare providers to address specific concerns like access to family planning, safe motherhood, women imprisoned for abortion, and adolescents.

In the United States, CRLP is an active member of the D.C.-based pro-choice and international family planning coalitions. Using our unique legal expertise, we have played a key role in coalition efforts challenging "partial-birth abortion" bans and the Global Gag Rule. In addition, our State Program works with networks of activists around the U.S. to share ideas and strategies.

Increasing Access to Emergency Contraception

Emergency contraception (EC), if more widely known and accessible, could have an enormous impact on preventing unwanted pregnancies. To help spread the word about EC and develop new state activism on the issue, CRLP's State Program worked with other national groups on a series of EC workshops. The workshops have assisted state groups in promoting the visibility and the availability of EC in their communities. They were a chance to speak to state pro-choice activists, teen pregnancy prevention workers, and legislators. But the workshops also drew groups not usually involved in pro-choice activism, including emergency room personnel, rape counselors, and medical school faculty, who have a strong interest in EC. We worked together on legislative and education strategies, such as requirements that rape victims be informed, counseled, and offered EC, and exchanged ideas on how medical schools could modify existing curriculums to include EC. We also prepared to launch a new initiative in 2001 to make EC available over-the-counter.

Note: Emergency contraception is a method of preventing pregnancy within a few hours or a few days after unprotected sexual intercourse. Emergency contraception should not be confused with abortifacients such as the recently FDA-approved mifepristone, also known as RU-486, which is used to end a pregnancy.



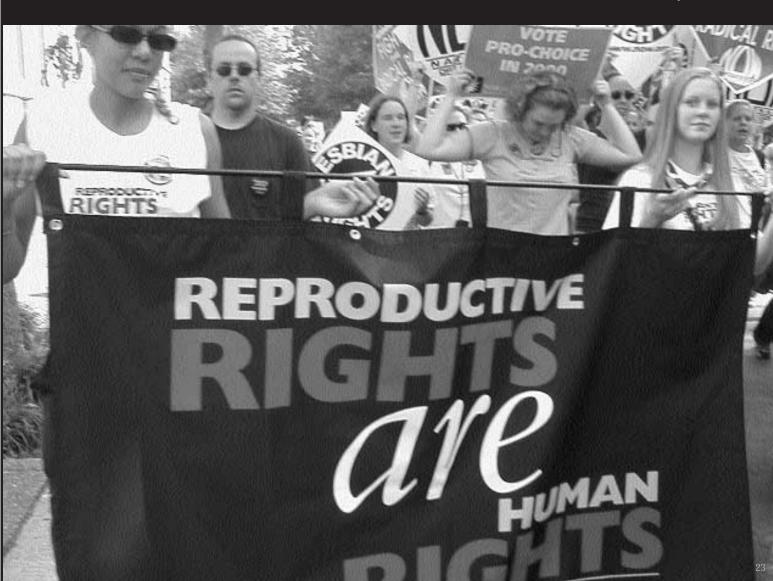
Removing the Global Gag

In 2000, working together with advocates around the world and U.S. international family planning groups, CRLP launched a major new campaign against a grave threat to democratic principles and women's reproductive rights. The Global Gag Rule is a U.S. government-imposed restriction that stops overseas non-governmental organizations that receive USAID family planning funds from using their own, non-U.S. funds to provide legal abortion services. It even prevents them from lobbying their own governments to liberalize abortion laws, or to conduct public education campaigns to reform abortion laws.

Seeking to abolish the Global Gag Rule, CRLP briefed legislators on the Hill and worked with other groups to devise new strategies. We marched in D.C. as part of the World March for Women, spreading the message about the anti-democratic implications of the Gag Rule. Women's rights and health activists from Peru and Nepal joined us in speaking out about the thousands of women who will continue to die from unsafe abortion in their countries because of the Global Gag Rule. We ran ads in the Washington Post and New York Times. We even enjoyed a brief moment of success in October 2000 when Congress and President Clinton agreed to abolish the Global Gag Rule. In January 2001, however, the Gag was reinstated by President George W. Bush. CRLP and our partners, strengthened by the huge store of commitment and ideas generated by this campaign, will continue the fight.

"It is imperialistic and hypocritical for the U.S., a country where women have the right to obtain safe, legal abortions in most circumstances and to lobby their government about these issues, to 'gag' women and women's organizations abroad."

Julia Ernst, CRLP Staff Attorney





Training Future Leaders

Today, CRLP is one of the world's few centers of legal expertise on reproductive rights. But we are working to change that. Our goal is to build capacity for reproductive rights advocacy in every region and in many other organizations. To do so, we are training lawyers in the field of reproductive rights and human rights with fellowship and attorney training programs.

International Attorney-Training

Isabel Vericat was the first lawyer to take part in our international attorney-training project co-sponsored by the Latin America Women's Health Network. At our offices in New York, she worked with CRLP lawyers to develop legal expertise on the international human rights framework for reproductive rights. Returning to Mexico, Ms. Vericat has founded a new organization — Epikeia — to tackle similar issues. For example, Epikeia is already working on the case of fourteen-year-old Paulina Ramirez Jacinta, pregnant as a result of rape, and prevented from receiving an abortion by local officials and hospital staff. CRLP continues to assist this new sister organization.

"At CRLP I had the occasion to learn a much wider scope and meaning of reproductive and sexual rights as human rights and methodologies to document violations of human rights.

I also conceived the idea of creating a new organization in Mexico for legal defense and research on reproductive rights. Without the experience and counseling of CRLP we couldn't have started Epikeia — Justice with Equity. Epikeia is in close communication with CRLP, and along with other Latin American organizations is taking advantage of the serious research and legal knowledge of CRLP attorneys and staff. For all that, many thanks."

- Isabel Vericat, Epikeia, Mexico.





Training Future Leaders

Every year, a new team of recently graduated lawyers takes on the challenge of a CRLP's Blackmun Fellowship or International Fellowship Attorney positions. Our Fellows are an integral part of CRLP's domestic and international efforts, working in all areas from litigation to advocacy at the UN to handling legal questions from the public. The extraordinary talent, hard work, and enthusiasm of our Fellows assures us that they will be future leaders in the field of women's rights, social justice, and human rights.

In addition to training programs, CRLP offers ongoing technical assistance to NGOs and policymakers around the world. In 2000, for example, we provided assistance to advocates in Hungary opposing a new law limiting access to abortion. And in Russia, CRLP co-convened a Moscow symposium on a draft bio-ethics law that could significantly impinge on women's reproductive rights.

CRLP Domestic Fellows

this page, from Top: Brigitte Amiri, Deborah Baumgarten, Julie Rikelman, Maya Manian, Jody Ratner

CRLP International Fellows

opposite page, from Left: Sneha Barot, Sophie Lescure, Monica Roa, Julie Zajkowski, Tzili Mor

"The most satisfying aspect of being a fellow at CRLP is working on cases that I know will affect the law in the U.S. for decades to come. We choose our cases carefully, and the cases that we do bring either change the current law for the better or prevent the erosion of good laws."

-Julie Rikelman, Fellowship Attorney, Domestic Program

"Being a CRLP fellow is feeling that I'm part of a larger movement of dedicated, smart people working toward the common goal of women's empowerment. The fellowship is an opportunity to use the international human rights instruments as tools for the empowerment of women, gain specialized human rights knowledge and develop into a skilled human rights advocate in a supportive environment."



International Projects

CRLP's international program currently works in many nations, and will be expanding to include many more.

Current Projects

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|---|----------------------|----------------------------------|-----------------------------|-----------------------|------------|--|
| | Anglophone Africa | Latin America & the Caribbean | Eastern & Central Europe | Francophone Africa | South Asia | |
| | Ethiopia | Argentina | Albania | Benin | Bangladesh | |
| | Ghana | Bolivia | Croatia | Burkina Faso | India | |
| | Kenya | Brazil | Hungary | Cameroon | Nepal | |
| | Nigeria | Chile | Lithuania | Chad | Pakistan | |
| | South Africa | Colombia | Poland | Côte d'Ivoire | Sri Lanka | |
| | Tanzania | El Salvador | Romania | Mali | | |
| | Zimbabwe | Guatemala | Russian Federation | Senegal | | |
| | | Jamaica | | | | |
| | | Mexico | | | | |
| | | Peru | | | | |

Future Projects

Middle East & East & North Africa Southeast Asia China Egypt Iran Indonesia Japan Israel Jordan Malaysia Morocco **Philippines** Turkey Thailand Yemen Vietnam







Domestic Docket

CRLP files challenges to laws that threaten reproductive freedom in state and federal courts across the country.

Funding for Abortion

Britell v. Cohen (Massachusetts)

Clinic for Women v. Sybinsky (Indiana)

Hodges v. Huckabee (Arkansas)

Low-Income Women of Texas v. Raiford (Texas)

Renee B. v. State of Florida (Florida)

Simat Corp., d/b/a Abortion Services of Phoenix v. Hull (Arizona)

Violence/Harassment of Providers

Libertad v. Welch (Puerto Rico)

Bans on Abortion

Carhart v. Stenberg (Nebraska)

Causeway Medical Suite v. Foster I (Louisiana)

Causeway Medical Suite v. Foster IV (Louisiana)

Choice for Women v. Butterworth (Florida)

Christensen v. Doyle (Wisconsin)

Daniel v. Underwood (West Virginia)

Haskell v. Taft (Ohio)

Intermountain Planned Parenthood v. State

of Montana (Montana)

Niebyl v. Miller (Iowa)

Okpalobi v. Foster (Louisiana)

Planned Parenthood of Alaska v. State of Alaska (Alaska)

Richmond Medical Center for Women v. Gilmore (Virginia)

Summit Medical Associates, P.C. v. James (Alabama)

Victoria W. v. Larpenter (Louisiana)

Womancare of Southfield v. Granholm (Michigan)

Restrictions on Young Women

North Florida Women's Health and Counseling

Services v. State (Florida)

Planned Parenthood of Alaska v. State (Alaska)

Wicklund v. State of Montana (Montana)

Other Restrictions

Armstrong v. State of Montana (Montana)

Henderson v. Stalder (Louisiana)

Lee v. Trail (Louisiana)

N.D. v. M.M. (Louisiana)

Mandatory Delay/Biased Information Requirements

A Woman's Choice v. Newman (Indiana)

Medical Abortion Restrictions

Benten v. Kessler (New York)

Pregnant Women's Rights

Ferguson v. City of Charleston (South Carolina)

Georgia v. Moss (Georgia)

Fetal Experimentation Ban

Forbes v. Wood (Arizona)

Targeted Regulation of Abortion Providers

Adams & Boyle v. Tennessee Department of Health (Tennessee)

Causeway Medical Suite v. Foster II (Louisiana)

Causeway Medical Suite v. Foster III (Louisiana)

Greenville Women's Clinic v. Bryant (South Carolina)

Tucson Women's Clinic v. Eden (Arizona)

Women's Medical Center of NW Houston v. Archer (Texas)

Censorship and Free-Speech Restrictions

Mattson v. Red River Women's Clinic (North Dakota)

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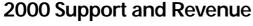
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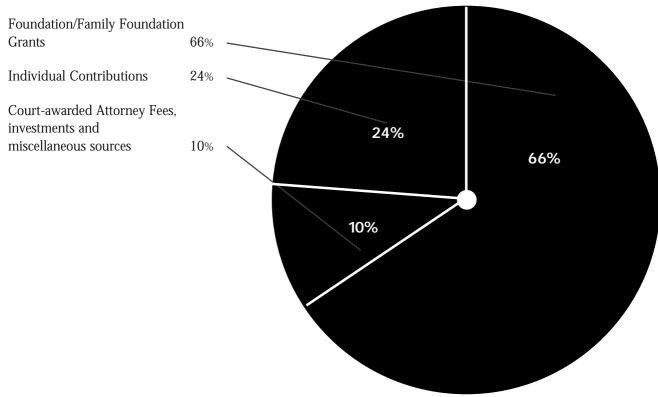
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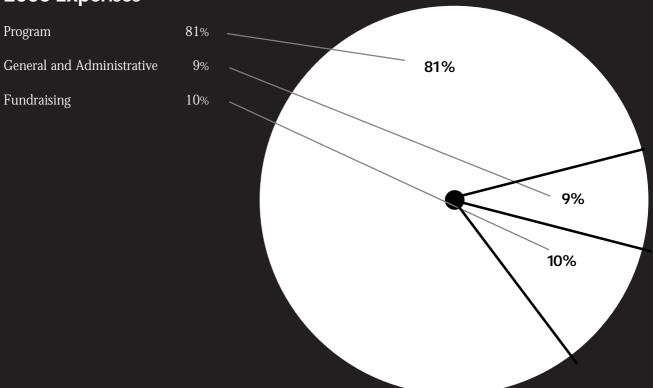




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