

*Lift flap, then pull
down & tear here*



**“I DRAW
THE LINE
BECAUSE...”**”

...I work at the only abortion clinic in North Dakota — and extremist politicians do not speak for the majority. It's time they were reminded of that.

Tammi Kromenaker, North Dakota

...No one should tell a woman what to do with her body!

Joan Jett, singer and musician

**“I DRAW
THE LINE
BECAUSE...”**

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postage
here

Center for Reproductive Rights
Communications
120 Wall street, 14th Floor
New York, NY 10005

**Thank you
for Drawing
the Line.**



**Tell us why you Draw the Line
against attacks on reproductive
freedom...Write it down. Send it in.**

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ReproductiveRights.org
DrawTheLine.org

OUR MISSION

The Center for Reproductive Rights uses the law to advance reproductive freedom as a fundamental right that all governments are legally obligated to protect, respect, and fulfill.

OUR VISION

Reproductive freedom lies at the heart of the promise of human dignity, self-determination, and equality embodied in both the U.S. Constitution and the Universal Declaration of Human Rights. The Center works toward the time when that promise is enshrined in law in the United States and throughout the world. We envision a world in which all women are free to decide whether and when to have children; where all women have access to the best reproductive health care available; where all women can exercise their choices without coercion. More simply put, we envision a world where all women participate with full dignity as equal members of society.

THIS IS WHY WE DRAW THE LINE

...I had more freedoms and choices concerning my reproductive health when I was in my teens and 20s (during the 1970s) than my daughters do now. We are moving backward.

Lynne W., Bethlehem, Pennsylvania

...Contraception is **HUGELY IMPORTANT** and should be free and available to all who need it.

Phyllis D., Annacortes, Washington

...I am exhausted after 60 years of defending **MY BODY**.

Terri S., Lenexa, Kansas

...Reproductive Rights should not be a perk, or an economic issue. It's a human rights issue.

Alfre Woodard, Emmy® Award-winning actress

I BELIEVE THIS IS A FUNDAMENTAL RIGHT AND MUST BE PROTECTED

...The dignity of our mothers, sisters, daughters, girlfriends, and wives is at stake.

Lou S., Columbus, Ohio

...As a medical student, I am committed to providing **COMPLETE** reproductive health care to my future patients.

Hannah Tilden, Glendale, Arizona

...I believe a woman's health care decisions belong between her and her health care provider and is nobody's business but her own.

Martha W., Burlington, North Carolina

...I am a father and a husband, and regardless of my personal opinions, I have too much respect for them to ever force my opinions on my wife or daughter when it comes to decisions about their body.

John S., Trumbull, Connecticut

A MESSAGE FROM OUR BOARD CHAIR REBECCA COOK



COURAGE IS NEITHER a strategy nor a mission statement. An organization can't hire consultants to cultivate it or send staff to a workshop to acquire it.

Courage is the foundation on which the **Center for Reproductive Rights** was built. And it's inherent at every level in this organization, which is why I chose to stand with the Center beginning in 2004.

Day in and day out, each member of this organization's staff strives to uphold one tenet, central to every action taken: The right of access to the full range of reproductive health care is inalienable and fundamental for all women. Behind that commitment is the relentless pursuit of health, dignity, equality, and autonomy for all women everywhere.

I suspect that you support the Center for these very reasons.

Perhaps you were inspired by the Center's epic battle against the U.S. government, taking on the Food and Drug Administration and two White House administrations—and winning.

Or perhaps it was our lengthy history of firsts before international courts and human rights bodies, including establishing a human rights obligation to guarantee all women timely, quality maternal care; bringing the first cases to focus on access to legal abortion as a human right; and establishing a precedent that reproductive rights violations can constitute cruel, inhuman, or degrading treatment.

Our success, broad in its reach, deep in its impact, would be unfathomable without the longstanding dedication of the Center's donors and partners who provide the foundation

and resources to make the Center a world-class organization. The same can be said of the Center's unrivaled staff, from the dozens of attorneys possessing decades of litigation experience to the top-flight professionals supporting our program work.

That is why I am so proud to chair the Center's board of remarkable people who champion its courage, its mission, and its work. Thank you for embracing the Center through your steadfast support.

Rebecca Cook
Chair of the Board

A MESSAGE FROM OUR PRESIDENT AND CEO NANCY NORTHUP



IN DECEMBER 2012, the Inter-American Court of Human Rights declared Costa Rica's ban on in vitro fertilization a violation of the rights to privacy, liberty, and personal integrity, and the right to form a family, as recognized in international law.

The court's landmark decision did far more than simply condemn a government's failures to respect its citizens' rights. It restored the dreams of building a family to countless couples throughout Latin America. And, in a larger context, it returned and strengthened their right to determine, as much as anyone can, their future.

This powerful ruling truly struck home for me because it is emblematic of the work we do here every day. Yes, we fight to keep reproductive health care clinics open to deliver essential medical care. We challenge age-old cultural and social traditions—allowed to endure by biased governments—that violate the human rights of women and girls. And we stand with doctors who face unconscionable governmental interference in trying to do the work of helping people. All of this we can pursue thanks to your enduring and generous support.

At the root of these top-line objectives, though, is an overriding value that all of us share: to ensure that each of us has the right and the ability to make the personal decisions that guide our lives and well-being.

Through the lens of the past year's major victories, we see the reach and impact of our conviction and hard work.

After battling the U.S. Food and Drug Administration for more than a decade, women across the nation can get emergency

contraception without unnecessary governmental barriers. That means they will get the medication without delay and prevent countless unintended pregnancies.

We won another case against **Poland** in the European Court of Human Rights, increasing international pressure on the government to protect the human rights of its women, and guarantee that they can live free of stigma and endangerment—both physical and mental—by the entrenched intolerance of society at large.

These triumphs feed our vision for a new era of reproductive rights across the globe. Every day, we're fighting against the forced pregnancy testing of schoolgirls in **Tanzania** and the outrageous practice of child marriage in **South Asia**. And we're battling to protect access to health care for the millions of women in **Texas, North Dakota, Arizona**, and numerous other states under siege by extremist politicians.

We are determined to make history in the United States by calling on Congress to stop the wholesale assault on reproductive health care in this country, and we won't rest until such protection becomes law.

All of these endeavors, varied as they are, reach for the same end: a world where all women have the same measure of self-determination that promises equality and dignity. Thank you so much for standing with us and making that world possible.

Nancy J. Northup
President and CEO

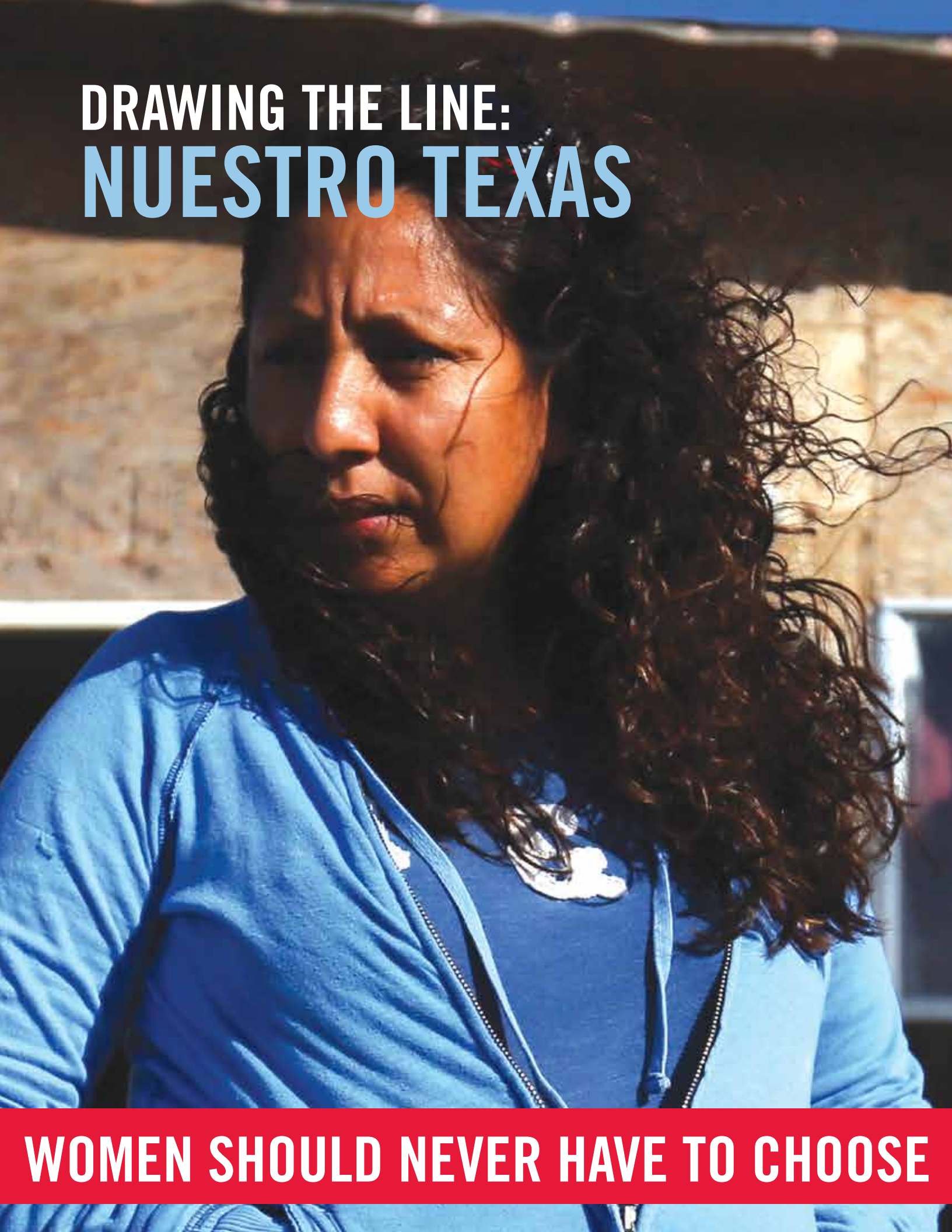
THE CENTER IS SHINING A LIGHT ON THE
COUNTLESS WOMEN WHO DO NOT HAVE
ACCESS TO REPRODUCTIVE HEALTH CARE
IN THE RIO GRANDE VALLEY OF TEXAS.

“I believe in the basic
principles upon which
this country was
founded, individual
rights for all.”

Diane F.,
Stillwater, New York

DEFENDING ACCESS TO ESSENTIAL HEALTH CARE

DRAWING THE LINE: NUESTRO TEXAS



77%
of the women
in the Rio
Grande Valley
are uninsured,
putting private
doctors beyond
their reach.

THE RELENTLESS ASSAULT on women's rights in Texas has affected all women in the state, but the hardest hit have been the most underserved: immigrant women in rural, low-income areas. The Rio Grande Valley is one such region—a chronically marginalized, largely Latino area at the southern tip of Texas.

When the Texas legislature slashed state funding for family planning services by more than 60 percent in 2011, from \$111 million to \$37.9 million, the situation for women in the Rio Grande Valley went from bad to worse. There are no public hospitals in the region, and with 77 percent of women uninsured, private doctors are out of reach for most. The budget cuts were specifically targeted to hit non-public family planning clinics, even though those facilities provide reproductive health services to almost 40 percent of women in Texas. Women like **Nancy**, a mother of two.

She was getting “desperate” when we met with her. Planned Parenthood had provided her a year's supply of contraception before it was shuttered by the funding cuts. When we interviewed her, she had only about a week's worth left. She was terrified of increasing the burden on her family.

“Right now, I'm not prepared for another child,” says Nancy. “My financial situation is rough, pretty rough... I don't know how to get more pills because they charge for them now. [The clinics] have no funds for that. No one does now.”

Unable to get the contraception that family planning clinics once made affordable and accessible, many low-income women in the Valley now struggle to maintain control over their reproductive lives.

In collaboration with the **National Latina Institute for Reproductive Health**, the Center for Reproductive Rights has launched a campaign to document and expose the many barriers women like Nancy face in the Rio Grande Valley when trying to access all health care, but especially reproductive health services. The ultimate goal is to translate these findings into action by mobilizing Latinas in Texas to advocate for their health and rights.

Katrina Anderson, human rights counsel in the U.S. Legal Program, has been leading the effort for the Center. “The budget cuts for family planning exacerbated problems that have existed for many years in this medically underserved area,” she says. “We

WOMEN SHOULD NEVER HAVE TO CHOOSE BETWEEN FOOD AND CONTRACEPTION.

wanted to capture the stories of women who struggle to get the health care they need.”

For many women in the area, family planning clinics have been their only health care provider. Though much of the funding slashed in 2011 was restored in 2013, the legislature has managed to steer that money away from the family planning clinics. Primary care clinics that remain in the Rio Grande Valley are overwhelmed by patients who would otherwise have gone to a family planning clinic.

As a consequence, the human tragedy in the Rio Grande Valley worsens every day. Over the course of this long-term campaign, the Center and the Latina Institute have partnered to bring national attention to this urgent issue, and to amplify the voices of women whom Texas politicians have for too long ignored.

“As a woman, I want my voice heard. We can’t keep quiet about all that’s going on.”

Elizabeth, a single mother of three living in Pharr, Texas, is one of these women. She became dangerously anemic and had to be hospitalized for a blood transfusion in 2012. She sought follow-up care at the community health clinic in Pharr, but a severe backlog at the facility meant it would take months to get an appointment. “I knew I had to go for some tests here and that it was going to cost me a lot,” she remembers. But with all her income going to the care of her children, she faced an impossible choice. “I couldn’t afford that amount of money, so I just let it go, let it go, till it got worse.”

When Elizabeth finally got the tests she needed, at a clinic in Mexico, she was diagnosed with cervical cancer. Her own mother had recently died from breast cancer at age 60, and Elizabeth was devastated at the thought of having to wage a similar battle.

Unable to pay for even the least expensive surgery but unwilling to let her children lose their mother, she quit her job to meet income eligibility for Medicaid. “I had to go to human services to ask for help,” she recalls. “Thank God, they helped me. Right now I’m seeing a doctor.”

Elizabeth’s story is hardly unusual in an area that’s being starved of health services. “As Texas continues to make it increasingly difficult for Latinas to access life-saving health care, the need for their stories to echo across the nation becomes more and more critical,” says Jessica González-Rojas, executive director of the National Latina Institute for Reproductive Health. “Our partnership with the Center for Reproductive Rights will ensure that the voices of Texas Latinas are heard.”

We have heard from 188 women, a fraction of those affected by this callous law. They have been harmed by the actions of hostile anti-choice politicians, but they are anything but defeated. “As a woman I want my voice heard,” says a woman from Edinburg. “We can’t keep quiet about all that’s going on.”

This project will ensure that their voice will be heard at a volume that cannot be ignored. We demand attention and action from Texas, Congress, and the White House. We make the case for a fair allocation of health resources, focusing investments in rural, migrant, and poor communities that need it most. And we insist that government breaks down, once and for all, the barriers that limit access to reproductive health care and that undermine the dignity and well-being of these women and their families.

A BOLD PARTNERSHIP FOR TEXAS LATINAS

Women in the Rio Grande Valley are facing a health crisis of epic proportions.

While the solution to that crisis ultimately lies in the state legislature and possibly the courts—the Center’s areas of expertise—any effort at change would be futile without understanding the consequences to women and their families. The Center partnered with the **National Latina Institute for Reproductive Health**, an advocacy group that has worked in the Rio Grande Valley for several years, to connect with women in the community and gather their stories.

“Since Texas passed the law in 2011, defunding family planning services, we’ve heard plenty about the impact on providers and what the advocates are doing,” says **Katrina Anderson**, the Center’s human rights counsel in the U.S. Legal Program. “But what about the women? And their families? To a large extent, Latinas, especially in rural Texas, are the ones who are really living through something of a catastrophe, brought on by this law. And we needed to tell their stories.”

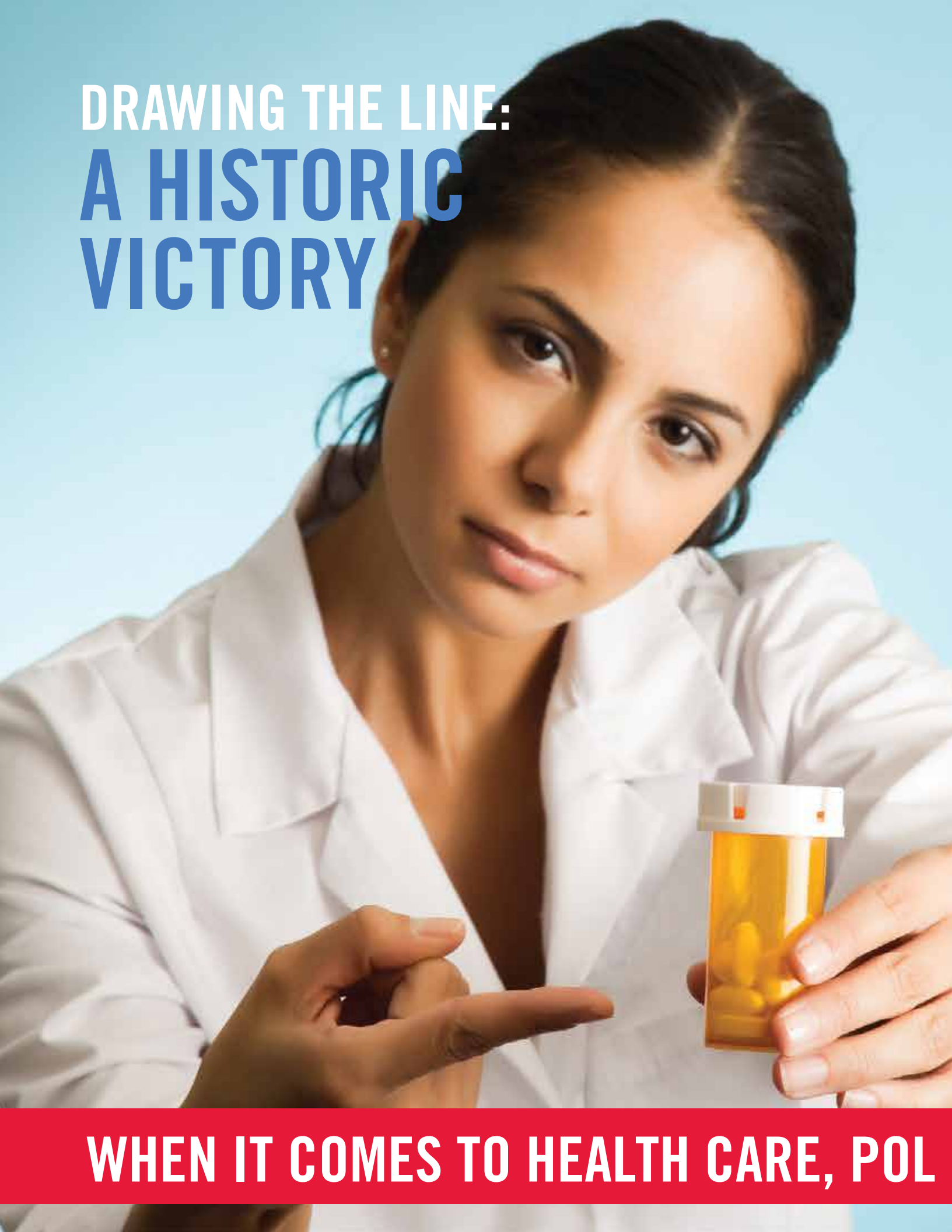
For the past six years, the Latina Institute has been educating and organizing women in the Rio Grande Valley, and thus had on-the-ground knowledge about the 2011 state budget cuts on women’s access to reproductive health services. “Our activists, their friends, family members, and community were being directly and negatively impacted,” says **Elizabeth Guerra**, Director of Community Mobilization at the Latina Institute. “We knew that in partnering with the Center for Reproductive Rights, which brings expertise in applying the human rights framework, we would be able to create a means to elevate the voices of our activists and bring a different level of attention to the dire state of women’s health care in Texas.”

Together the two organizations developed a comprehensive advocacy strategy, leveraging the Center’s expertise in human rights law and the Latina Institute’s many years of work in the Rio Grande Valley and relationships with the communities there. “Their network of activists on the border will stay in touch with these women and mobilize them to lobby their elected officials on policies that build healthy families and communities,” says Katrina. “This allows us to meet a key goal of human rights documentation generally and of this project in particular—to empower those most affected by harmful policies to be agents for change.”

This report is the culmination of 188 interviews with women throughout the Rio Grande Valley about how the 2011 law has directly affected their lives. But it is only a first step. Together, the Center and the Latina Institute will continue working with other advocates, promotoras (community health outreach workers), and those affected by this policy to promote equitable health care policies that benefit everyone.



DRAWING THE LINE: A HISTORIC VICTORY



Full access to emergency contraception is non-negotiable. It is every woman's right.

EVERY ONE OF our cases requires exhaustive effort. Each begins as a daunting challenge: a modestly sized non-profit battling against an institutional opponent with vast resources. Every case demands a fierce belief that what we are fighting for is right and worthy.

Because of these ingredients, our many victories always taste especially sweet.

But rarely does one case embody each of those elements so absolutely as did our fight against the U.S. government over access to emergency contraception.

It began 14 years ago when the Center, on behalf of reproductive health care advocates who recognized the potential for a safe, new drug that could prevent a pregnancy after unprotected sex, filed a Citizen Petition asking the **Food and Drug Administration (FDA)** to allow the product to be made available over the counter, without a prescription. By 2001, our hopes that the FDA would make widespread access a priority faded. The agency refused to take any action and failed to rule on the Citizen Petition.

Pressure on the FDA mounted in 2003, when the pill's manufacturer petitioned the agency to have the drug made available without a prescription, and an independent FDA panel of experts found the drug could be safely used by women of all ages. Yet leading officials at the FDA continued to stonewall.

By this time, it was glaringly apparent that the politics of President George W. Bush's administration were playing an active role in the emergency contraception saga.

First, the FDA failed to respond to the Center's petition. (See page 19.) Then, the FDA rejected the manufacturer's application despite the recommendations of its own expert panel.

Responding to these outrageous actions, the Center filed a lawsuit in 2005 that laid the foundation for this year's decision, arguing that the FDA acted unreasonably in ignoring its own scientific recommendations and treating emergency contraception differently than other pharmaceuticals.

The degree of high-level political interference in what should have been a scientific process would soon

WHEN IT COMES TO HEALTH CARE, POLITICS SHOULD NEVER TRUMP SCIENCE.

become clear. As a result of the suit, the Center would learn that leading FDA officials, taking signals from the Bush administration, applied pressure to obstruct any forward progress. Ultimately, a federal judge accused the FDA of acting in “bad faith” and of “improper behavior.”

But science didn't instantly prevail over politics with the arrival of **President Obama**. In 2009, a federal judge ruled—after unyielding pressure from the Center—that the FDA's previous decision to limit over-the-counter access to emergency contraception to women over 18 was based on politics rather than science. He ordered the agency to reconsider its decision, which it did—but only after the Center filed a motion for contempt of court, in 2010. When the FDA was finally ready to bring emergency contraception out from behind the pharmacy counter, the Obama administration overruled the agency in a stunning, unprecedented, and highly disappointing action.

“This was David versus Goliath.”

The same federal judge issued a decision in April of this year against the FDA, and his trenchant criticisms of the agency were all the more satisfying in the face of this epic struggle. In his final opinion, the judge wrote: “More than 12 years have passed since the citizen petition was filed and 8 years since this lawsuit commenced ... the F.D.A. has engaged in intolerable delays in processing the petition. Indeed, it could accurately be described as an administrative agency filibuster.”

Countless women paid the price for this government interference—with their health, their well-being, and their future.

Even though the FDA made one form of emergency contraception available without a prescription, the battle is not over. Oklahoma recently passed a law nullifying the court decision. If it goes into effect, all women will have to bring proper ID to get emergency contraception. And if they don't have it, or come to the drug store when the pharmacy gates are already closed, they'll be denied access to a safe, effective way to prevent a pregnancy.

Will this be a trend? The latest scheme for extremist politicians to further relegate women into second-class status? It's too soon to say, but the Center for Reproductive Rights has been at the heart of this battle, and we intend to remain there. We will fight this Oklahoma law and send a message to the opposition that full access to this reproductive health care is non-negotiable—that it is every woman's right.



PUSHING THE ENVELOPE AGAINST THE FDA

Back in the late 1990s, a group of respected scientific experts testified before the **Food and Drug Administration (FDA)**, in a near consensus, that certain oral contraceptives could be used safely as emergency contraception.

Soon thereafter, the agency approved Plan B, an emergency contraceptive brand, as a prescription drug to go on the U.S. market.

Immediately after the decision, the Center went into action to determine the best way to increase women's access to the drug, as it had the potential to dramatically address the high number of unplanned pregnancies in the country.

“People were very excited when the FDA approved emergency contraception,” says **Janet Crepps**, the Center's senior counsel. “But we realized pretty quickly that women weren't going to have the kind of access that was necessary to make it effective.”

To begin the process of broadening access, the Center filed a Citizen Petition of the FDA, asking them to make EC available to all women without a prescription. “One thing I really love about this case,” says Janet, “is that we really used some out-of-the-box thinking to make our case, and I think that's really characteristic of the Center's work.”

The next 12 years brought political interference into a scientific process from two presidential administrations, an epic lawsuit, and a multitude of stunning rebukes of the FDA by one federal judge who showed little tolerance for what he described on more than one occasion as an “administrative filibuster”—all the way up to his landmark decision this spring granting all women over-the-counter access to emergency contraception.

“We were pushing the envelope every step of the way,” says **Bonnie Scott Jones**, who left the Center in 2013 after nearly 17 years as an attorney to work with the Women Centers, operators of four reproductive health care centers on the East Coast. She got the perfect going away gift: a letter from the FDA, just weeks after our courtroom victory, granting the Citizen Petition.

“It was pretty awesome,” says Bonnie. “This was David versus Goliath.”



DRAWING THE LINE: IN COSTA RICA

“People will need in vitro fertilization in the future. I want it to be available.”

JUSTICE WAS DELIVERED too late for Miguel and Ileana Yamuni.

In 2012, the **Inter-American Court of Human Rights (IACHR)** struck down Costa Rica’s ban on in vitro fertilization and ordered the country to legalize the procedure. The couple had spent years fighting for the right to bring a child into their family, but by the time of the ruling, the fertility window had closed for them.

Nevertheless, it wasn’t an empty victory. As Miguel told the Center for Reproductive Rights while the case was still in court, “People will need [IVF] in the future. I want it to be available.”

In fact, the ruling was a colossal victory for every woman, man, and family in Costa Rica and the 21 other countries under the court’s jurisdiction, throughout Latin America and the Caribbean—because ultimately, more was at stake than access to IVF in Costa Rica.

Costa Rica’s IVF ban arose from a Constitutional Court decision in 2000 that held that in vitro fertilization violates the legal personhood

protections of a fertilized egg, which the court asserted begin at conception. Local advocates quickly jumped into battle to overturn this dangerous precedent, and the Center joined forces with partners in the region, filing friend-of-the-court briefs and providing key legal assistance. As an international organization, we also used our global reach to shine a spotlight on the case beyond Costa Rica’s border.

The fundamental reproductive rights of women throughout the region were at risk. Costa Rica argued that the American Convention on Human Rights required that countries give absolute protection to prenatal life from the moment of fertilization. If the IACHR were to side with that argument, the precedent would not only wipe out access to IVF but also jeopardize even the narrowest avenues to terminate unintended pregnancies and restrict access to many kinds of safe and effective contraception methods, such as IUDs. (The personhood laws that extremist politicians in the U.S. have sought to pass—unsuccessfully—would almost certainly have the same effect.)

THE RIGHT TO FORM A FAMILY MUST BE PROTECTED AS A HUMAN RIGHT.

The IACHR's far-reaching authority also meant that a victory for personhood in the court would have made it even more difficult to reclaim the hollowed-out reproductive rights in countries like Chile, the Dominican Republic, El Salvador, Honduras, and Nicaragua, where absolute abortion bans endanger the lives of women every day.

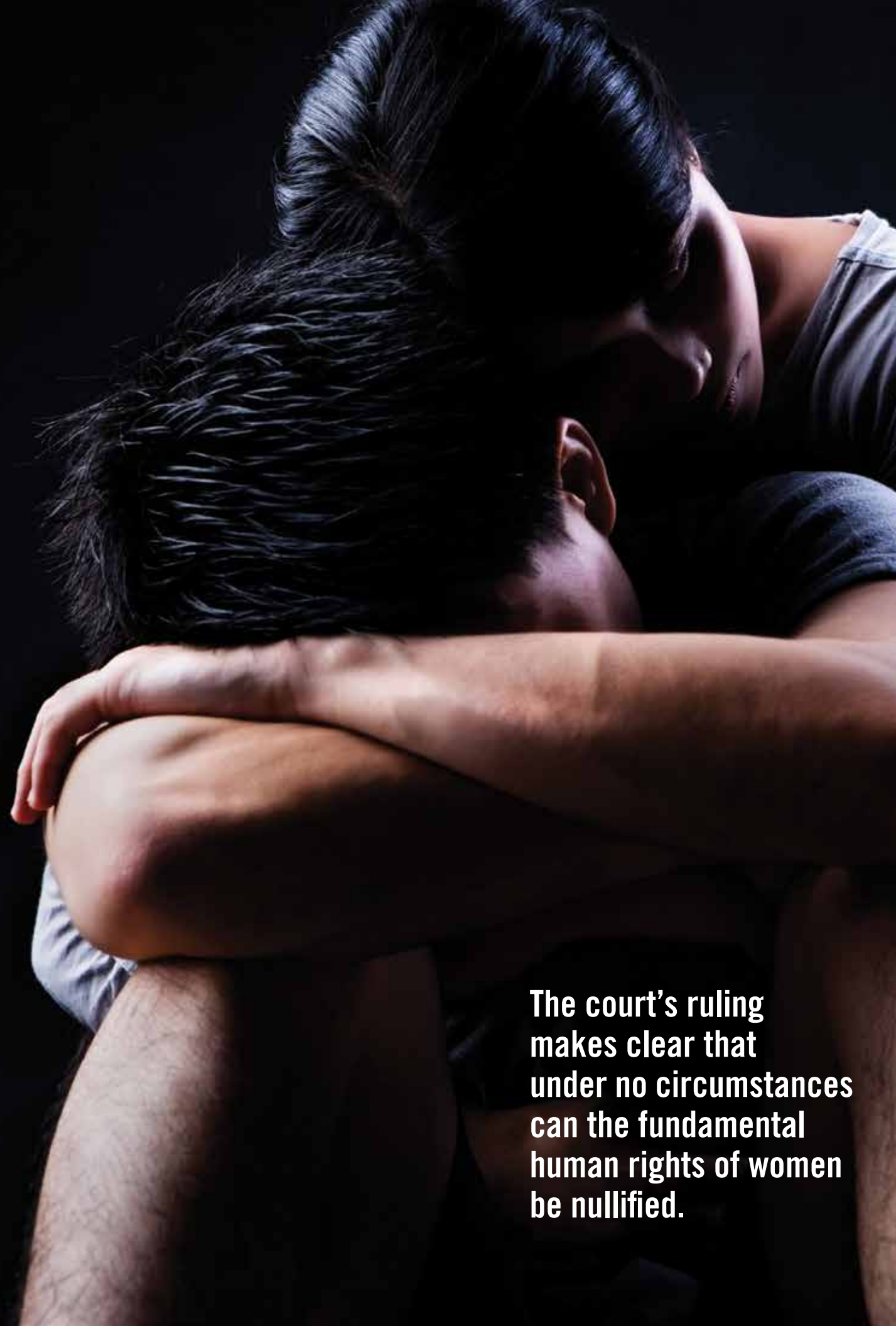
The court ultimately found that Costa Rica's ban on IVF was an outright violation of the rights to privacy, liberty, and personal integrity, as well as the right to be free from discrimination, and the right to form a family.

"The court sent a powerful message with its decision," says **Lilian Sepúlveda**, director of the Global Legal Program at the Center. "These kinds of assaults on reproductive rights tear at the fabric of our human rights—dignity, equality, and autonomy."

"These kinds of assaults on reproductive rights tear at the fabric of our human rights—dignity, equality, and autonomy."

While the decision allowed for embryos to be given some legal protections, those protections cannot be absolute and must develop in tandem with the fetus. Furthermore, those protections must be balanced with the human rights of the woman. The court also recognized the harm that the cruel ban and lengthy legal battle had caused and ordered the state to provide mental health services to the victims in the case. And finally, underlining the absurdity and injustice of the Costa Rican law, the IACHR ordered Costa Rica's Constitutional Court to implement an education program to train the nation's judicial officials on reproductive rights.

It was a stirring victory for human rights in the Western Hemisphere, a global precedent for ensuring reproductive rights—and the restoration of hope for countless couples like Miguel and Ileana Yamuni, throughout Costa Rica and beyond.



The court's ruling makes clear that under no circumstances can the fundamental human rights of women be nullified.

THE IMPACT OF A LANDMARK RULING

The 2012 **Inter-American Court of Human Rights (IACHR)** decision overturning Costa Rica's ban on in vitro fertilization has implications that reach far beyond the case's specific issues.

The decision established vital legal precedent that will help protect against future reproductive rights violations and bolster ongoing battles against current violations throughout the region. After more than a decade of committed work, the decision was a hard-fought victory for women throughout the Western Hemisphere—and the Center for Reproductive Rights and our partners.

The IACHR clarified that any protections must be issued gradually and incrementally in tandem with its development. Several countries in the region with the most restrictive abortion bans—the Dominican Republic, Nicaragua, Honduras, and Chile—have justified their policies by arguing that the convention granted absolute protection to the right to life from conception. These bans force women to seek out unsafe abortions that kill more than 40,000 women every year and send roughly a million women to the hospital with serious injuries.

The court's ruling makes clear that under no circumstances can the fundamental human rights of women be nullified. "These countries now know that under international law, women's reproductive rights cannot be discarded," says **Alejandra Cárdenas**, one of the Center's legal advisers for Latin America and the Caribbean, who supported the design of the legal strategy to litigate the case in its final stage.

"For cases related to abortion, it will reinforce our argument supporting a woman's right to choose," says Alejandra, "because the court recognized that reproductive autonomy is a fundamental part of the protection of women's personal integrity, privacy, and liberty, and that those rights cannot be nullified under the idea that embryos are persons with an absolute right to life.

"It will also reinforce our arguments around discrimination, because the court recognized that women were discriminated against due to negative gender stereotypes that see motherhood as a duty and not as a right. The court rejected outright the position that once a woman is pregnant she becomes a means of reproduction and the right of an embryo trumps any consideration of the rights of the woman. The court also recognized that women were denied access to certain health care services that only they could need. This case will have a dramatic impact in all the battles we fight in Latin America and the Caribbean."

THE CENTER IS STANDING UP FOR THE 55,000 TANZANIAN SCHOOLGIRLS EXPELLED IN THE PREVIOUS DECADE BECAUSE OF FORCED PREGNANCY TESTING.

“I have three daughters who deserve to make their own decisions regarding their health.”

Thomas H.
Warren, Pennsylvania

DEFENDING RIGHTS UNDER ATTACK

DRAWING THE LINE: IN TANZANIA

“When we enter the room we meet a nurse who gives us a bottle to put our urine in and then [we] come back with our urine to test. No one thinks they can say no.”

TATU, 13, DISCOVERED she was pregnant after officials at her school in Tanzania forced her and all her female classmates to take a surprise pregnancy test.

“The class teacher came and said, ‘Today, all girls, take your hoes, we are going to the hospital to dig there and put out the grasses,’” she remembers. “But it was an ambush.”

“When we get to the hospital, the teacher says, ‘Now put down your hoes, and I want to show you where to dig,’” says Tatu. But they didn’t go anywhere near a field or mound of dirt. “When we enter the room we meet a nurse who gives us a bottle to put our urine in and then [we] come back with our urine to test.”

“No one thinks they can say no,” she says.

While the details might be different, the broad arc to Tatu’s story is shockingly similar to that of thousands of girls and young women in Tanzania and throughout Africa. Between 2003 and 2011, more than 55,000 Tanzanian girls have been forced to drop out of, or been expelled from, primary and secondary schools due to pregnancy. This year, the Center took a crucial step in exposing this outrageous policy with the release of its fact-finding report *Forced Out: Mandatory Pregnancy Testing and the Expulsion of Pregnant Students in Tanzanian Schools*.

The actions of school and health officials are truly horrifying, especially given the country’s failing record on providing sexuality education and preventing sexual abuse. And the consequences have haunted women, their families, and the larger Tanzanian society for decades.

After Tatu received her positive test results from the school, she was paralyzed with worry. “I couldn’t face my parents, even my mother,” she says, “to tell her I was pregnant. She would beat me. I didn’t have the courage to stand by my relatives and say I’m pregnant. Even my boyfriend, if I told him . . . he could say, ‘It’s not my pregnancy,’ or he could beat me and ask how I can prove it’s his pregnancy.”

But in the end, as a 13-year-old girl, she had to tell. It so happened that Tatu’s boyfriend was the son of her teacher. The teacher begged Tatu’s mother to keep the pregnancy secret and didn’t tell the school administrators about the pregnancy. The teacher gave Tatu’s mother some money, and they both agreed to take their children out of school rather than have them expelled.

Tatu went to live with her uncle in Dar es Salaam, Tanzania’s largest city, where she tried, unsuccessfully, to induce an unsafe abortion. She eventually gave birth to a boy.

Barriers to education for Tanzanian girls are high, and nearly unscalable

I BELIEVE THAT ALL GIRLS HAVE A RIGHT TO DETERMINE THEIR FUTURE.

for a girl who leaves school because of a pregnancy. Tatu's boyfriend found a new school with ease, but her efforts to re-enroll proved insurmountable. The school she tried to attend required a confirmation letter from her old school, which refused to provide it until she confirmed why she had dropped out. Like so many girls before her, she was trapped.

Tatu's experience has been all too common and serves to perpetuate a harmful disparity between the education of boys and girls. In Tanzania, boys have higher rates of enrollment and performance in primary schools and, crucially, in secondary school. Meanwhile, more than 44 percent of girls in mainland Tanzania have either given birth or are pregnant by the time they turn 19, leaving them exposed to expulsion from school—a practice that has no legal mandate yet is a regular occurrence.

Pregnant students are entitled to the same educational opportunities as other students.

While the Tanzanian government is currently in the midst of drafting a comprehensive education policy and accompanying guidelines that would enable girls like Tatu to continue some form of education, the current draft guidelines still punish adolescent girls for becoming pregnant. The proposed new guidelines would require schools to suspend girls and impose a mandatory period of maternity leave of between 6 and 12 months. New mothers would be required to breastfeed for at least six months. The new guidelines also make no account for girls who miscarry or have abortions, and allow girls just one re-admission opportunity following a pregnancy.

Evelyne Opondo became the Center's regional director for Africa in 2013, and one of her first responsibilities was to see the Tanzania report to its conclusion. "Pregnant students must be accommodated and treated with dignity," says Evelyne. "They are entitled to the same educational opportunities as other students. An education is crucial in providing these girls with opportunities that would enable them and their children to graduate from the cycle of poverty that they already experience. Singling pregnant students out for discriminatory or punitive treatment is a gross violation of their constitutional and statutory rights, as well as their rights under international human rights law."

Tatu's son is now four years old. She thinks that the government should re-examine the expulsion policy. "It damages [young] girls completely," she says. "It is a girl's right to get an education, but they don't know how to do it if they get pregnant or how to prevent pregnancy." Today she works as a fruit vendor.



Our work can't begin without an understanding of what is happening at the grassroots level.

THE POWER OF COLLABORATION

Our report on the forced expulsion of pregnant schoolgirls in Tanzania is an example of the Center's multilevel approach to advocacy around the globe—tackling human rights violations through national, regional, and international channels.

At the heart of that approach is the development of strong relationships with local partners. Our work can't begin without an understanding of what is happening at the grassroots level.

The Center worked with the Tanzania chapter of the **Forum of African Women Educationalists**, the Tanzania Women Lawyers Association, and **Tanzania's Legal & Human Rights Centre**, among others. "These are local organizations with resources and skills that are a natural complement to our human rights work," says **Evelyne Opondo**, the Center's new regional director for Africa. "The result is a powerful collaboration."

On the national level, the Tanzanian government has been in the process of drafting an education policy that will address some of the inequalities for girls. While the new policy doesn't reflect all of the Center's goals, "We hope that when we launch this report we will have that robust discussion and engage the people making these policies to improve them," Evelyne says.

Evelyne also hopes that the report will allow the Center to engage in ongoing discussions during Tanzania's constitutional review. There is potential for the review to codify the right to reproductive health care. The Center's report demonstrates how women's access to reproductive health care dovetails with other human rights. "We hope this report will contribute to what finally ends up in the constitution and we can see that protection of girls is entrenched in the constitution," she says.

Evelyne has experience with incorporating reproductive rights issues in a constitutional reform process. In 2010, she was involved in successfully lobbying for the inclusion of positive language on reproductive rights in the constitution in her native Kenya. Today, the Kenyan constitution provides stronger protections for women's health, including the right to health services and reproductive health care.

Finally, the Center continues its work at the regional and international level, preparing shadow reports on human rights treaties, as well as lobbying the **African Commission on Human and Peoples' Rights**, the **African Union**, and the **United Nations** to urge African nations to strengthen legal frameworks to protect women's reproductive rights.



DRAWING THE LINE: IN POLAND

Simply put, Polish women aren't getting the reproductive health care to which they are legally entitled.

IN 2009, THE **United Nations Special Rapporteur on the Right to Health** visited Poland to assess how the country ensured its citizens' right to health, particularly in the context of sexual and reproductive rights. The subsequent report documented what has been evident throughout the Center's history of work in Poland: The reality of reproductive health care doesn't measure up to even the limited promise of access offered by the country's laws.

Simply put, women aren't getting the care to which they are legally entitled—in large part because of cultural barriers entrenched throughout the country, at every level of society.

The challenge in Poland is one of the toughest to overcome. It requires an unyielding effort that breaks down deep-seated hostility and discrimination by documenting the harm that women suffer.

Our 2012 victory in *P & S v. Poland* is the latest crucial step toward realizing this goal. At its core is a story of an adolescent girl, known by the initial **P**, and her mother, **S**, who together fought against the institutional forces that actively sought to deny P's human rights.

P was 14 when she was raped by a classmate. Under Polish law, a woman has to prove she has been raped before she can be allowed to get an abortion. With the help of her mother, P did so, and received a certificate from the prosecutor confirming that her pregnancy was the result of a criminal act. Yet three different hospitals refused to provide the abortion, in each case giving her mixed and confusing information about the legal requirements for the procedure. One doctor told P that she needed a priest, not an abortion.

Worse, one of the hospitals disclosed her identity to the press, creating a storm of controversy and public attention around the girl and her mother. Anti-abortion activists harassed P and S, forcing them to seek protection from the police. Instead, the police targeted them, and based on unfounded accusations that the mother was trying to coerce her daughter into having an abortion, P ended up in a juvenile detention center.

When the **Polish Ministry of Health** eventually intervened, it spirited her hundreds of miles away to receive a hasty abortion during which her care was shockingly callous—she was not told when she was being

NO ONE SHOULD IMPOSE THEIR RELIGIOUS BELIEFS ON ANOTHER PERSON.

anaesthetized, did not have the procedure explained to her, and was provided no post-abortion care. After the procedure, she was told to leave immediately.


Calling what P and S endured an ordeal is a huge understatement. And the cruelty they encountered can be found in other women's experiences seeking legal abortion care.

In *R.R. v. Poland*, a pregnant woman who discovered that the fetus had a cyst on its neck was repeatedly denied the necessary medical screening to find out whether that cyst was a serious genetic defect. In one instance, she was sent for an appointment with a doctor 300 miles away. The stalling continued until the legal cut-off for a termination on the basis of severe fetal anomaly had passed. In July 2002, **R.R.** gave birth to a baby girl suffering from Turner Syndrome, a genetic condition in which a female does not have the usual pair of two X chromosomes.

The courage of P and S is a true inspiration and carries us to the next fight for justice.

When the Center took these two cases to the European Court of Human Rights, we won groundbreaking decisions on both counts: in *P & S*, for adolescents to maintain autonomy, and in *R.R.*, for women to be free of inhuman and degrading treatment. "The importance of these victories for women in Poland cannot be overstated," says **Johanna Westeson**, the Center's regional director for Europe. "While change on the ground is slow, in the longer term the Polish government cannot ignore the clear message from the European Court: Poland's weak laws and flawed implementation violate women's fundamental rights. These statements are increasingly becoming an embarrassment to the Polish establishment, and change will come. Until then, we will continue to work with partners to expose the systemic ills of Poland's reproductive health policies through litigation and advocacy."

Lasting change in Poland—or in any country that imposes harsh restrictions on reproductive health care—demands the same resilience and fortitude that P and S demonstrated in securing and exercising their fundamental rights. The recent court victories are built on the courage of people like P and S, who decided to take on a government and fight for what they believed in. That courage is a true inspiration and carries us to the next fight for justice.



“The physical and mental suffering of women in health care settings is more than comparable to what is traditionally considered torture or mistreatment.”

BUILDING A PATH TOWARD DIGNITY

In March 2013, the United Nations Special Rapporteur on Torture, **Juan Méndez**, issued a groundbreaking report affirming that the denial of some reproductive rights could be declared a form of torture or ill-treatment, because of the severe physical and mental suffering these violations inflict on women.

The Center worked with the special rapporteur for two years in the development of the report and following its publication. "People tend to look at torture and ill-treatment in the context of a prison setting or war," says **Amanda McRae**, an advocacy adviser in the Center's Global Legal Program, "This report presents a variety of cases in which the physical and mental suffering of women in health care settings is more than comparable to what is traditionally considered torture or mistreatment."

The case that broke new ground was *K.L. v. Peru*. A 17-year-old was forced to deliver an anencephalic fetus that had no chance of survival but that put the young woman at serious risk of physical and mental suffering. Hospital authorities ignored doctors' advice, claiming that **K.L.** was not entitled to an abortion under Peruvian law.

The Center, with its partners, brought the case to the United Nations Human Rights Committee, which deemed the denial of a therapeutic abortion to be a violation of **K.L.**'s right to be free from cruel, inhuman, and degrading treatment, among other rights.

That decision laid the groundwork for other courts and human rights mechanisms to recognize the suffering that can accompany the denial of an abortion. In *P & S v. Poland*, the European Court of Human Rights found that Poland had violated a young woman's right to be free from inhuman and degrading treatment. The failure to implement the right to access legal abortion, coupled with the heavy influence of the Catholic Church in the health sector and deep-seated biases against abortion—especially among doctors—allowed health care providers to inflict severe mental suffering on the young woman.

This report is another vital step on the road to having other courts and states recognize that the denial of a woman's reproductive rights can constitute torture or ill-treatment.

"The special rapporteur is one of the leading experts in human rights generally," says Amanda McRae, "so when he classifies reproductive rights violations as forms of torture or ill-treatment, that really helps us in the work we do."

A close-up portrait of a woman with curly blonde hair and blue eyes, looking slightly to the right with a neutral expression. She is wearing a green top and a thin necklace. The background is a blurred indoor setting with a framed picture on the wall.

DRAWING THE LINE: IN NORTH DAKOTA

“I just want to run a clinic. I don’t want to have to deal with all these challenges.”

FOR THE PAST 12 years, the **Red River Women’s Clinic** has been the sole provider of outpatient abortion services in North Dakota. Over that time, thousands of women have counted on the clinic and its staff to provide services critical to their health, well-being, and future. And these days, they are abundantly aware that such care could disappear under the unyielding assault on their rights by North Dakota’s extremist legislators.

Tammi Kromenaker has run Red River for 15 years. Her job has evolved over that span. There was a time when the issues that occupied her day were almost entirely about providing health care. No more. Today, she lobbies legislators, works with the Center’s attorneys on litigation, acts as a national spokesperson for reproductive rights, and so much more.

“I just want to run a clinic,” she says. “I don’t want to have to deal with all these challenges.”

These challenges are, to a large degree, exactly that: legal challenges to an increasingly hostile torrent of legislation clearly designed to shutter Red River and deny women abortion services in their own state. The Center has stood with Tammi and her staff since 2001, working to beat back every measure that threatens their mission to deliver high-quality and compassionate reproductive health care.

Tammi remembers relatively smooth sailing through 2008. There were demonstrators, of course, but the government mostly left Red River alone. The winds changed in 2009, and in 2011 anti-choice politicians delivered a major blow by trying to ban medication abortion.

ACCESS TO REPRODUCTIVE HEALTH

CARE IS A CONSTITUTIONAL RIGHT.

“Right now, in North Dakota, it feels different than it ever has. Before this legislative session, for so many people, abortion wasn’t on their radar. But this session has put abortion on everyone’s radar. People are finally outraged.”

Known commonly as the abortion pill, medication abortion gives a woman a safe, less invasive, and more private method of ending a pregnancy in its earliest stages, in a setting where she feels most comfortable. After receiving accurate and unbiased information about her options, she’s supported through the procedure by a medical professional.

So legislators tried to make it impossible to access medication abortion by imposing unnecessary restrictions that did nothing to improve women’s health. This has the most dramatic impact on women who travel long distances to Red River; nearly half of the clinic’s 1,300 patients each year travel more than two hours each way. Many travel more than four hours each way.

In April, a judge permanently blocked the state’s onerous restrictions as unconstitutional, describing legislators’ purported safety concerns as “exaggerated or contrived.”

Tammi and staff had little time to celebrate. A month earlier, the legislature—which meets every two years—had unleashed four more bills aimed at stripping women of their reproductive rights. Red River and the Center again joined forces to fight the two most egregious laws. One is the most extreme anti-choice law to pass anywhere in the United States: a ban on abortion at the first sign of cardiac activity, as early as six weeks into pregnancy—quite often before a woman even knows she is pregnant.

The assault on North Dakota’s sole abortion provider comes directly from the pre-packaged bills available in the anti-choice playbook developed by Americans United for Life. The second law the Center is fighting comes from those very pages: a burdensome and unnecessary requirement that all doctors performing abortion to have admitting privileges with a local hospital. This is copycat legislation, pure and simple. The Center has prevented the exact same measure from taking effect in Mississippi, another state with only one abortion clinic.

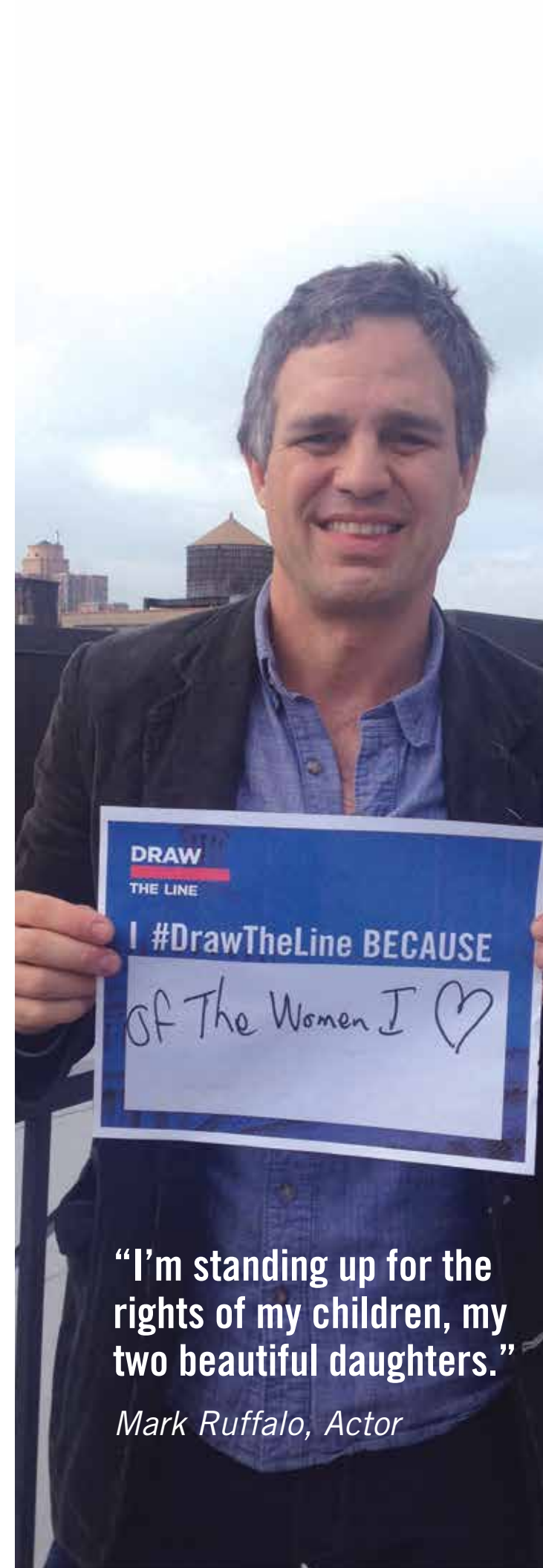
This bill also demonstrates how little extremist politicians know about the health care they’re trying to regulate. Abortion is among the safest outpatient procedures practiced in medicine today. Requiring hospital privileges does nothing to make women safer, especially at a clinic like Red River, which has an exemplary record of service.

We have stopped all three bills from taking effect, often with a resounding message. A federal judge called North Dakota’s outright ban on abortion “a blatant violation of the constitutional guarantees afforded to all women.” While the legal process will continue to play out, the law is clear on these matters, and we are clearly on the right side of the law.

Our confidence in defending Tammi and the Red River Women’s Clinic is matched by the certainty that these won’t be the last attacks on reproductive rights. “We know something’s coming,” says Tammi. “And we know we’re going to have to handle it.” At least one of those things is a so-called personhood measure, which would confer legal rights upon fertilized eggs. It’s set to appear on the 2014 ballot.

But this avalanche of extremism has brought something else to North Dakota: widespread anger. “Right now, in North Dakota, it feels different than it ever has,” says Tammi. “Before this session, for so many people, abortion wasn’t on their radar. But this session has put abortion on everyone’s radar. People are finally outraged.”

With each demeaning, dangerous law passed, the stakes become ever clearer to people across the nation. And those stakes are highest in places like North Dakota and Mississippi, where the health, dignity, and autonomy of an entire state’s women hang in the balance. This is about far more than just one clinic. And that will be reflected in every action we take.



“I’m standing up for the rights of my children, my two beautiful daughters.”

Mark Ruffalo, Actor

FORCE FOR CHANGE

The *Draw the Line* campaign launched in October 2012 with the express purpose of putting the rampant attacks on women’s reproductive health care on the entire nation’s radar.

We conceived of the campaign and the Bill of Reproductive Rights as a way to speak to a much larger audience—to illustrate the range of critical women’s health services that we believe must be guaranteed as fundamental human rights, and to rally massive numbers of people behind efforts to strengthen protections of these rights in U.S. federal law. The time was long overdue to forcefully articulate a positive vision for the future—of what we’re fighting *for*.

“To build the political will necessary for meaningful federal action to protect the reproductive rights of all women, we have to demonstrate public support that’s as broad and vocal as possible,” says Chris Iseli, director of communications.

The campaign quickly made headlines and waves. The Bill found support among a number of high profile personalities—**Meryl Streep, Kevin Bacon, Kyra Sedgwick, Olympia Dukakis**, and many more—who lent their voices to a video series that went viral and received national media attention.

And people flocked to the *Draw the Line* website, where they found a declaration that speaks to the fundamental importance of reproductive rights: Women should be able to make personal decisions about their health and future without the government intruding, and they should be able to act on those decisions free of barriers, including prohibitive cost.

Within weeks, more than 100,000 people had put their names on the Bill of Reproductive Rights.

Today, more than a quarter million people have signed.

Draw the Line continues to evolve and will remain central to our public outreach and advocacy in the U.S. and beyond.

“The widespread outrage that people are feeling about all the efforts by hostile politicians to turn back the clock on reproductive rights can be a force for great change,” says Chris. “*Draw the Line* is an important means of focusing that energy, and transforming it into action.”

**THE CENTER RECOGNIZED THE OPPORTUNITY
TO BUILD CAPACITY AND EFFECT LASTING
CHANGE IN SOUTH ASIA.**

**“Every woman
deserves access to
health care. This
assault on our basic
rights is shameful.”**

Sally J.
Austin, Texas

STRENGTHENING AND BUILDING SUPPORT

DRAWING THE LINE: IN SOUTH ASIA

The landmark Supreme Court case on behalf of Lakshmi Dhikta led to the establishment of abortion as a constitutionally protected right.

TOGETHER WE CAN CHANGE

MILLIONS OF WOMEN'S LIVES.

MELISSA UPRETI, THE Center's regional director for Asia, spent five years going to law school in India. "I never once heard the phrase 'reproductive rights,'" she says. "It simply wasn't part of the legal vocabulary."

The **South Asia Reproductive Justice and Accountability Initiative (SARJAI)** is a response to that void of academic training—an attempt to spread the knowledge and learning that Melissa and other lawyers had to, for the most part, acquire beyond their coursework.

South Asian countries such as Nepal, India, Pakistan, Bangladesh, and Sri Lanka, may not have strong traditions of legally enshrined reproductive rights—or the legal training to establish them—but as Melissa points out, there are opportunities for setting important precedents.

In Nepal, a significant amount of litigation on women's rights, notably the landmark Supreme Court case on behalf of Lakshmi Dhikta that the Center supported, led to the establishment of abortion as a constitutionally protected right. Additionally, India's longstanding tradition of public interest litigation, paired with the judiciary's reputation for making huge strides in economic, social, and cultural rights, suggests a rich environment for progress.

The Center recognized the potential to build capacity in the region, leading to the launch of SARJAI and its first case development workshop, in July 2012.

The goals of SARJAI are clearly defined:

- Develop new litigation initiatives

- Establish new norms and accelerate the time it takes to implement decisions into policy and practice

- Build a network of South Asian lawyers to enable a new generation of legal experts to foster recognition of women's reproductive rights in the region.

"The workshop aimed at developing cases—public interest litigation—that could be filed in national courts to seek legal accountability for violations of women's rights, especially the lack of access to contraception and lack of access to safe abortion," says Melissa.

A vital objective of the workshop—which was funded by the **David and Lucile Packard Foundation**—was that cases would be driven by local lawyers, not by the Center. The leadership of local lawyers in these cases is crucial to their success as they are the ones who have the expertise in national law and are passionate about the surrounding issues.

Building cases and setting legal precedents is only the first step in effecting change. "Litigation is just one legal accountability strategy—we use it as a starting point," says Melissa. "We were motivated to organize the workshop to help foster transnational and intraregional collaboration among lawyers concerned about the status of women's reproductive rights and empower these lawyers and activists to speak out and back their concerns with action."

Prior to the three-day workshop—the first of its kind in the region—the Center set up a competitive selection process in which local lawyers submitted ideas for litigation relating to access to contraception or abortion services.

"The idea was to take these concepts a step further into something that could then be developed and filed as a case," says Melissa. The Center identified four cases through the workshop.

Lawyers in India are working on two cases aimed at barriers to contraceptive access and access to safe abortions. Another will take on maternal mortality issues in Pakistan. And a fourth case will tackle access to contraception in Nepal.

The workshop also allowed lawyers from across the region to meet and exchange ideas from different legal perspectives. "We had our own international legal perspective on arguments they could develop," says Melissa. "Abortion is usually seen as a health issue and not always as a discrimination issue, or as an issue where one can claim a woman's right to be free from inhuman and degrading treatment has been violated, so we go in to point out that, 'Look, a whole range of rights have been violated.'

Another workshop in South Asia is planned for late 2013. And the concept is finding footholds elsewhere. "We've already started to take lessons from this model and apply it in Africa," says Melissa. The Center held the first workshop in East Africa in April 2013.

Melissa points out that the legal precedents being set are merely one part of a broader strategy. The network of lawyers and advocates—and their ability to motivate and inspire each other—is a key piece of the strategy. "The members of the network have already started sharing developments and supporting the leadership goal," says Melissa. "That's what SARJAI is all about: innovation, action, leadership and positive change. These cases are huge steps forward, but advocacy must follow."

DRAWING THE LINE: THE GALA

There was much to celebrate at the **Center for Reproductive Rights 2013 Annual Gala**.

In the previous 30 hours, we secured victories for women in Texas and Oklahoma. And we presented awards to **Senator Richard Blumenthal** and **Helen Clark**, Administrator of the United Nations Development Programme and former prime minister of New Zealand, for their commitment to protect and advance women's reproductive rights.

But there was a deeper current running through the night's festivities, once again at **Jazz at Lincoln Center**. Each person brings a story or a principle to our mission to protect a woman's right to make personal decisions about her health and future. The willingness to share that personal perspective is critical to establishing access to reproductive health care as a fundamental right for all women.

Our special guest, Emmy-winning actress **Alfre Woodard**, couldn't have said it better when she closed the night's ceremonies. "The Center needs us to use the power of our voices to spread the word," said Alfre, "to tell our stories, to do as everyone here tonight has done and inspire the people around us to join the fight. To wake women up to cross all imagined boundaries and realize we're in this together."

A stirring, evocative video demonstrated the cutting power of story. Shot on location in El Salvador, the Philippines, North Dakota, and Texas, the film showed how the consequences of restrictions on reproductive rights are truly universal—and why we must fight on all fronts.

All 350 guests had the chance to start speaking out in a special **Draw the Line** photo booth set up for the night, including legendary rocker **Joan Jett**. And, of course, many more signed their names to the **Bill of Reproductive Rights**. At night's end, the Center raised more than \$925,000 to help us continue our many battles across the globe to ensure that all women live in health, equality, dignity, and self-determination.

The annual Gala once again proved to be an incredibly inspiring night, with so many people standing up for women and their rights. It was the strongest possible affirmation that in fighting this battle, we are many and we are strong. And that we will never let up, not for one moment, until all women's fundamental rights are protected.



Alfre Woodard, Special Guest & Speaker



Pamela Buffett, Gala Co-chair, & Jane Orans



Melissa & Robert Soros



Nancy Northup presenting the award to our honoree Helen Clark, Administrator of the United Nations Development Programme & former Prime Minister of New Zealand



Cynthia Blumenthal accepts Senator Richard Blumenthal's Gala Award



Jessica Wong, Shannon Wu, Gala Host Committee, & Susan Lehman



Margaret Munzer Loeb, Gala Co-chair, & Joan Jett



Wendy Mackenzie, Roberta Schneiderman, & Jodi Magee

THROUGHOUT FISCAL YEAR 2013,

we had great success in further advancing our global vision for a world in which reproductive rights are fundamental human rights—guaranteed and protected by all governments.

-  Global Legal Program
-  U.S. Legal Program

24
Countries

The Center worked to advance reproductive rights in 24 countries.

60
Cases

We worked on 60 active cases across the globe.

156
Partners

We worked side by side with 156 organizations throughout the world.



DEFENDING RIGHTS UNDER ATTACK

FISCAL YEAR 2013

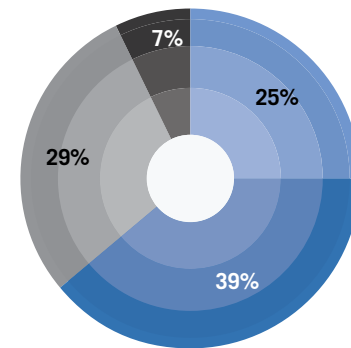
(July 1, 2012 through June 30, 2013)

The Center's total public support and revenue for work in Fiscal Year 2013 totaled **\$18,827,330**. This included **\$14,073,355** in financial support, which consisted of grants, charitable financial donations, and miscellaneous revenue.

Of this **\$14,073,355** in financial support, **52 percent (\$7,317,674)** came from foundations and **38 percent (\$5,402,657)** from individuals donors.

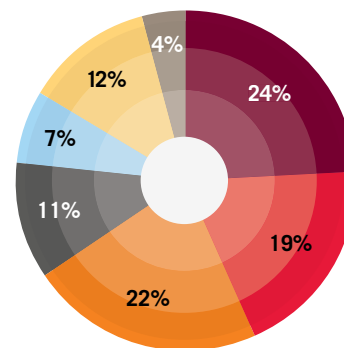
The balance of the Center's financial support, **\$1,353,024**, was derived from gala revenue, international organization grants, bequests, and miscellaneous revenue. In addition, the Center received **\$4,753,975** in donated services which consisted primarily of pro-bono legal services.

FY 2013 REVENUES



- Foundations - \$7,317,675
- Pro Bono Services - \$4,753,975
- Individuals - \$6,667,531
- Gala - \$1,264,875
- Other - \$88,148

FY 2013 EXPENSES



- Pro Bono Services - \$4,753,975
- U.S. Legal Program - \$3,834,571
- Global Legal Program - \$4,344,771
- Fundraising - \$2,359,004
- Communications - \$2,220,386
- Management and General - \$817,538
- Government Relations - \$1,413,422

BALANCE SHEET

ASSETS

Cash and cash equivalents	\$ 9,375,044
Certificates of deposits	2,032,109
Investments	9,068,576
Grants and contributions receivable - net	13,248,618
Prepaid expenses and other assets	389,296
Security deposits	121,822
Fixed assets - net	369,417

Total assets **\$ 34,604,882**

LIABILITIES & NET ASSETS

Liabilities

Accounts payable and accrued expenses	\$ 597,190
Accrued salaries and related benefits	386,847
Deferred rent payable	110,845
Deferred revenue	238,500

Total Liabilities **\$ 1,333,382**

Net assets

Unrestricted

Operating	12,921,839
Board designated endowment fund	415,350

Total Unrestricted **\$ 13,337,189**

Temporarily restricted	18,930,191
Permanently restricted	1,004,120

Total Net Assets **\$ 33,271,500**

Total liabilities and net assets **\$ 34,604,882**

STATEMENT OF ACTIVITIES

For the Year Ended June 30, 2013

PUBLIC SUPPORT, REVENUES & OTHER SUPPORT	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL
Foundation grants	\$ 669,998	\$ 13,620,602		\$ 14,290,600
Contributions (including in-kind contributions of \$15,880)	3,851,814	8,087,350		11,939,164
Bequests	745			745
Foreign governments and international organizations grants		39,865		39,865
Donated services	4,753,975			4,753,975
Special event	1,264,875			1,264,875
Direct costs of special event	(172,608)			(172,608)
Other income	37,539			37,539
Net assets released from restriction	8,248,384	(\$8,248,384)		
Total public support, revenues & other support	18,654,722	13,499,433		32,154,155
EXPENSES				
Program services				
U.S. Legal Program	7,039,510			7,039,510
Global Legal Program	5,563,241			5,563,241
Communications	2,239,680			2,239,680
Government Relations	1,705,015			1,705,015
Total program services	16,547,446			16,547,446
Supporting services				
Management and general	822,480			822,480
Fundraising	2,201,133			2,201,133
Total supporting services	3,023,613			3,023,613
Total expenses	19,571,059			19,571,059
CHANGE IN NET ASSETS BEFORE INVESTMENT INCOME	(916,337)	13,499,433		12,583,096
Investment income	995,558	81,893		1,077,451
CHANGE IN NET ASSETS	79,221	13,581,326		13,660,547
Net assets—beginning of year	13,257,968	5,348,865	\$ 1,004,120	19,610,953
Net assets—end of year	\$ 13,337,189	\$ 18,930,191	\$ 1,004,120	\$ 33,271,500

OUR SUPPORTERS DRAW THE LINE BECAUSE...

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

I WANT TO PRESERVE WOMEN'S REPRODUCTIVE RIGHTS

DAVID A. RICHERT

Reproductive health and social health are essential to allow women to control their destiny.

Dr. David Rosenfeld

WE NEED TO KEEP FIGHTING

LUCY HADAC

REPRODUCTIVE RIGHTS ARE THE CORNERSTONE TO WOMEN'S ABILITY TO REACH THEIR POTENTIAL

Susan Schewel

I saw friends and relatives suffer through the physical pain, danger, and emotional trauma of illegal abortions. Then I saw the contrast after *Roe v. Wade*. Deborah Tannen

We need more young people involved in the next generation of advocacy to stop this backslide and hold onto our rights.

Debbie Sharnak

WOMEN SHOULD ALWAYS BE ABLE TO MAKE THEIR OWN DECISIONS

Kris Gilbert

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\$500,000+

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The William and Flora Hewlett Foundation
The Huber Foundation
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The Partridge Foundation,
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\$100,000 - \$499,999

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WestWind Foundation

\$50,000 - \$99,999

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OVER \$4.8 MILLION IN PRO BONO SUPPORT

Dedicated lawyers from around the world are critical to the success of the Center's mission to advance reproductive rights as fundamental rights. For fiscal year 2013, volunteer attorneys at **17 law firms**, plus other professionals, contributed services valued at **\$4.5 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, organizations, and individuals for their valued partnership and support.

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ENSURING ACCESS TO ABORTION

DEFENDING ACCESS TO ABORTION WHEN LEGAL

- *Hodes & Nauser, M.D.s, P.A. v. Derek Schmidt (Kansas)*
- *Brittany Prudhome v. June Medical Services, L.L.C. (Louisiana)*
- *K.P. and Hope Medical Group for Women v. Lorraine Leblanc (Louisiana)*
- *Gretchen Stuart, M.D. v. Ralph Loomis, M.D. (North Carolina)*
- *MKB Management Corp. d/b/a Red River Women's Clinic v. Birch Burdick (North Dakota)*
- *Nova Health Systems d/b/a Reproductive Services v. E. Scott Pruitt (Oklahoma)*
- *Oklahoma Coalition for Reproductive Justice. v. Terry Cline (Oklahoma)*
- *Texas Medical Providers Performing Abortion Services v. David Lakey, M.D. (Texas)*
- *Aurora v. Costa Rica / Co-Petitioners (Inter-American Commission on Human Rights)*
- *A.N. v. Costa Rica / Co-petitioners (Inter-American Commission on Human Rights)*
- *K.L. v. Peru / Co-petitioners (UN Human Rights Committee) (Implementation phase)*
- *L.C. v. Peru / Co-petitioners (UN Committee on the Elimination of Discrimination against Women) (Implementation phase)*
- *Lakshmi Dhikta and Others v. Government of Nepal / Public interest petition, Melissa Upreti named as a co-petitioner (Supreme Court of Nepal) (Implementation phase)*
- *P. and S. v. Poland / Legal Advisers to Representatives (European Court of Human Rights) (Implementation phase)*
- *R.R. v. Poland / Legal Advisers to Representatives (European Court of Human Rights) (Implementation phase)*
- *Tysięc v. Poland / Third-Party Intervenor (European Court of Human Rights) (Implementation phase)*

OPPOSING CRIMINALIZATION OF ABORTION

- *In re Initiative Petition 395, State Question No. 761 (Oklahoma)*

OPPOSING BANS AND RESTRICTIONS ON ABORTION

- *Louis Jerry Edwards, M.D. v. Joseph Beck, M.D. (Arkansas)*
- *Paul Isaacson, M.D. v. Tom Horne, (Arizona)*
- *MKB Management Corp. d/b/a Red River Women's Clinic and Kathryn L. Eggleston, M.D. v. Birch Burdick (North Dakota)*
- *A.B.& C. v. Ireland / Third-Party Intervenor (European Court of Human Rights) (Implementation phase)*
- *In re Abortion Law Challenge in Nicaragua / Amici (Supreme Court of Nicaragua)*
- *Manuela v. El Salvador / Co-petitioners (Inter American Commission on Human Rights)*
- *Nikhil Datar v. Union of India and Others / Amici (Supreme Court of India)*
- *Z. v. Moldova / Legal Advisers to Representatives (European Court of Human Rights) and Amici (Supreme Court of Moldova)*
- *Municipio de Asunción Ixtaltepec, Oaxaca v. H. Congreso del Estado Libre y Soberano de Oaxaca / Amici (Supreme Court of Mexico)*
- *Procurador de Derechos Humanos de Baja California v. H. Congreso del Estado Libre y Soberano de Baja California / Amici (Supreme Court of Mexico)*

CHALLENGING RESTRICTIONS ON ABORTION PROVIDERS

- *Hodes & Nauser, M.D.s, P.A. v. Robert Moser, M.D. (Kansas)*
- *Choice, Inc. of Texas d/b/a Causeway Medical Clinic v. Bruce Greenstein (Louisiana)*
- *Hope Medical Group for Women v. Anthony Keck (Louisiana)*
- *Jackson Women's Health Organization v. Mary Currier, M.D., M.P.H. (Mississippi)*
- *MKB Mgmt. Corp. d/b/a Red River Women's Clinic v. Birch Burdick and Terry Dwelle, M.D. (North Dakota)*
- *Planned Parenthood v. Gregory Abbott (Texas)*

SECURING ACCESS TO CONTRACEPTION

- *Tummino v. Hamburg (New York)*
- *Oklahoma Coalition for Reproductive Justice v. Oklahoma State Board of Pharmacy (Oklahoma)*
- *Lourdes Osil and Others v. Office of the Mayor of Manila City and Others / Amici and Legal Advisers (Philippines Regional Trial Court)¹*
- *Manju Tamang and others v. Government of Nepal, Writ no. 070-WO-0194*

FIGHTING FORCED STERILIZATION AND VIOLENCE AGAINST WOMEN

COERCIVE STERILIZATION

- *A.S. v. Hungary / Amici (UN Committee on the Elimination of Discrimination against Women) (Implementation phase)*
- *I.G. and Others v. Slovakia / Legal Advisers to Representative (European Court of Human Rights) (Implementation phase)*
- *F.S. v. Chile / Co-Petitioners (Inter-American Commission on Human Rights)*
- *K.H. and Others v. Slovakia / Legal Advisers to Representative (European Court of Human Rights) (Implementation phase)*
- *María Mamérita Mestanza Chávez v. Peru / Co-petitioners (Inter-American Commission on Human Rights) (Implementation of friendly settlement)*

VIOLENCE AGAINST WOMEN

- *M.M. v. Peru / Co-petitioners (Inter-American Commission on Human Rights) (Implementation of friendly settlement)*
- *M.N.N. v. Kenyan Attorney General / Amici (High Court of Kenya)*
- *Paola Guzmán Albarracín v. Ecuador / Co-petitioners (Inter-American Commission on Human Rights)*
- *W.J. v. Starikoh and 3 others / Amici (High Court of Kenya)*

PROTECTING THE RIGHTS OF ADOLESCENTS

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

COMBATting BANS ON IVF

- *Gretel Artavia Murillo y Otros ("Fecundación in Vitro") v. Costa Rica / Amici (Inter-American Court of Human Rights) (Implementation phase)*

PROMOTING SAFE AND HEALTHY PREGNANCIES

- *Alyne da Silva Pimentel v. Brazil / Petitioners (UN Committee on the Elimination of Discrimination against Women) (Implementation phase)*
- *Centre for Health and Resource Management (CHARM) v. State of Bihar and Others / Legal Advisers / Amici (2011²) (High Court of Bihar, India)*
- *Snehalata Singh v. The State of Uttar Pradesh and Others / Amici (2008) (High Court of Uttar Pradesh, India)*
- *Center for Health, Human Rights and Development (CEHURD) v. The Attorney General (Constitutional Petition No. 16 of 2011) / Legal Advisers to the Petitioners (Constitutional Court of Uganda)*
- *People's Union for Civil Liberties v. Union of India & Others, W.P. Civ. 196 of 2001/ Amici (Supreme Court of India)³*
- *Millicent Awour Omuya & Margaret Anyoso Oliele v. Attorney General & 4 others (High Court of Kenya at Nairobi Constitutional Petition No. 562 of 2012)*

COMBATting DISCRIMINATION BASED ON HEALTH STATUS

- *A.G v. FBN Capital Nig. Ltd. / Legal Advisers (High Court of Lagos State, Nigeria)*
- *Case 35866/300/2011/ Amici (Bucharest District Court, Romania)*
- *AIDS Law Project v. Attorney General/ Amici (High Court of Kenya)*

OTHER

- *Archbishop Edwin F. O'Brien v. Mayor and City Council of Baltimore (Maryland)*
- *Denise and Brian Walker v. Lucinda Jesson (Minnesota)*

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

² CHARM filed a case back in 2009 which did not move forward. They filed a fresh case in 2011 with a new set of facts and we have sent them a new brief in support of it.

³ Limited to a rebutting a specific issue raised in 2011 relating to nutrition benefits for pregnant women raised by the government in the broader case, which has been pending for over a decade).

Note: Some of the above-listed cases fit into more than one of the above categories, but each case was only listed once.

OUR PUBLICATIONS

GLOBAL LEGAL PROGRAM



REPRODUCTIVE RIGHTS: A Tool for Monitoring State Obligations

This tool outlines and provides a means to monitor the implementation of state obligations under international and regional human rights law on a wide range of reproductive rights issues, identifying key questions to assess a state's compliance with its obligations.



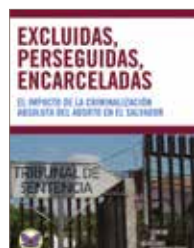
THE STAKES ARE HIGH: The Tragic Impact of Unsafe Abortion and Inadequate Access to Contraception in Uganda

Uganda's government fails its women and girls by fostering a highly restrictive reproductive health care environment behind a narrow abortion law and a deliberate scarcity of sexual health information. This report documents the vast human rights violations because of this and calls on the Ugandan government to improve the lives of Ugandan women and girls through systematic change.



ICPD AND HUMAN RIGHTS: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform

These fact sheets examine the progress states have made during the past 20 years in fulfilling the commitments made in the International Conference on Population and Development (ICPD) Programme of Action. They explore a range of reproductive rights issues and conclude with a series of recommendations for states as they enter the ICPD +20 review in 2014.



EXCLUIDAS, PERSEGUIDAS, ENCARCELADAS: El impacto de la criminalización absoluta del aborto en El Salvador [Excluded, Persecuted, Imprisoned: The impact of absolute criminalization of abortion in El Salvador]

This report documents the severe consequences of the absolute ban on abortion in El Salvador from 2001 to 2011 by telling the stories of five women who were unfairly prosecuted for abortion, and analyzes the judicial processes and decisions under which their human rights violations occurred. The report is currently available in Spanish, and will be translated into English in late 2013.



TANZANIA TOOLKIT: A Technical Guide to Understanding the Legal and Policy Framework on Termination of Pregnancy in Mainland Tanzania

and



UGANDA TOOLKIT: A Technical Guide to Understanding the Legal and Policy Framework on Termination of Pregnancy in Uganda

These toolkits provide much-needed clarification to women, health care providers, advocates, and regulators about the unclear and often confusing abortion laws and policies result in many women turning to unsafe, clandestine abortion when, in fact, legal abortion was available to them because of the circumstances surrounding their unintended pregnancies.



WHOSE RIGHT TO LIFE? Women's Rights and Prenatal Protections under Human Rights and Comparative Law

This toolkit analyzes how states can meet their international human rights obligations as they seek to protect the value of prenatal life. Human rights law recognizes that the basic right to life begins at birth, and human rights bodies and courts worldwide have clearly established that any prenatal protections must be consistent with women's human rights.

U.S. LEGAL PROGRAM



REPRODUCTIVE RIGHTS IN 2012: A Look Back at the States

This tool, released in January 2013, outlines and provides a means to monitor the implementation of State obligations under international and regional human rights law on a range of reproductive rights issues—freedom from discrimination, contraceptive information and services, safe pregnancy and childbirth, abortion and post-abortion care, comprehensive sexuality education, freedom from violence against women, and HIV/AIDS. The tool also identifies key questions that human rights experts, monitoring bodies, and civil society can use to assess to what extent a state is in compliance with its obligations.



2013 MID-YEAR REPORT

In this report, we begin to assess the impact of the 2013 legislative session on access to reproductive health care and offer an analysis of the major trends and the most onerous laws enacted this season.

GOVERNMENT RELATIONS



UNDER ATTACK: Reproductive Rights in the 112th Congress

In this inaugural report, the Center documents the many attacks on reproductive rights attempted during the two years of the 112th congressional session, as well as the work of many members of Congress to counter those efforts. The report concludes by urging legislators and advocates to push back on these attacks in the 113th session by promoting policy proposals that improve access to the full range of reproductive health care, including abortion care.

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