

# DEFENDING HUMAN RIGHTS

Abortion Providers Facing Threats,  
Restrictions, and Harassment

Findings, Recommendations and Advocacy

Center for Reproductive Rights

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# Human Rights Framework

- Declaration on Human Rights Defenders (1998)
- Based on human rights standards set forth in international treaties
- Special Rapporteur has called attention to women's rights defenders
- Lack of recognition of violations by governments and impunity for perpetrators

*“The right to decide when and how you reproduce should be one of the most basic rights we’re guaranteed as citizens, morally, as humans ... .”*

## Abortion Providers are Human Rights Defenders

- Women have a human right to access reproductive healthcare, including abortion
- Abortion providers exercising their profession enable women to exercise their rights
- Attacks on providers are intended to undermine women’s access
- Government must protect providers and hold perpetrators of attacks accountable

## Objectives of the Investigation and Report

- Reframe the issues to promote recognition of abortion providers as human rights defenders
- Document the range, and interrelatedness, of harassment, attacks and restrictions on abortion providers
- Identify the impacts of the attacks on providers and women
- Recommend actions to remedy violations of defenders' rights and hold perpetrators accountable on the local, state, federal and international levels

## Method and Scope of Investigation

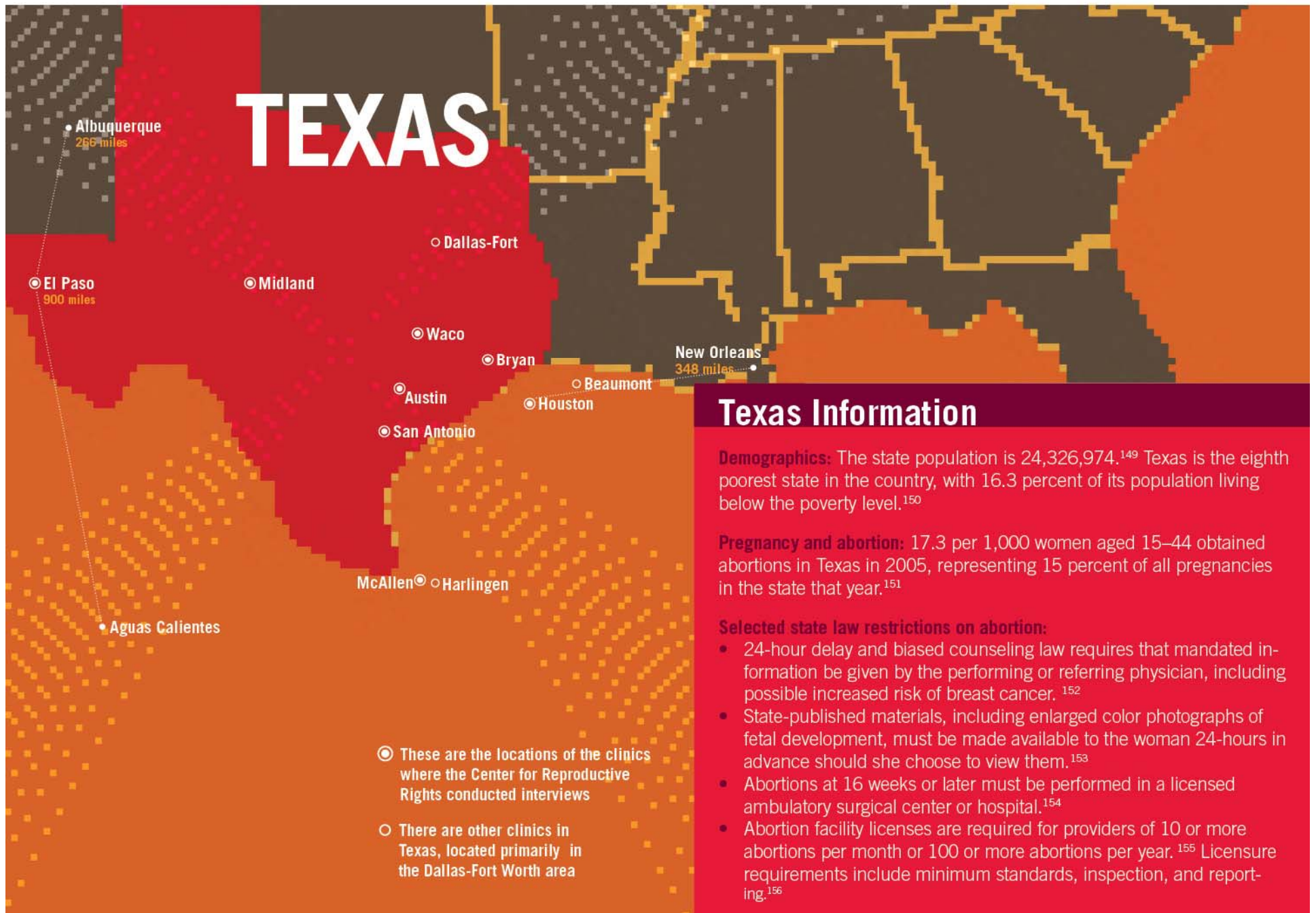
- Interviews with 83 abortion providers and 29 women seeking abortions (Nov. 2008 – Feb. 2009)
- In 6 states: Alabama, Mississippi, Missouri, North Dakota, Pennsylvania and Texas
- States and clinics chosen for 1) geographic diversity and 2) to highlight a) protest activity, b) targeted regulation of abortion providers, c) legal restrictions on abortion and d) inadequate law enforcement response

# Findings Across States

## *(1) Limited Availability of Services*

- There is a scarcity of facilities and doctors
  - In some states, there are only one or two facilities that rely on one to a few doctors
  - In other states there is an unequal geographic distribution and restricted provision schedules
- Continued operation of many clinics is precarious
  - Reliance on doctors who travel from out of state
  - Shortage of physicians entering the field
  - Need for adaptation and resources required to comply with legal restrictions

# TEXAS



## Texas Information

**Demographics:** The state population is 24,326,974.<sup>149</sup> Texas is the eighth poorest state in the country, with 16.3 percent of its population living below the poverty level.<sup>150</sup>

**Pregnancy and abortion:** 17.3 per 1,000 women aged 15–44 obtained abortions in Texas in 2005, representing 15 percent of all pregnancies in the state that year.<sup>151</sup>

### Selected state law restrictions on abortion:

- 24-hour delay and biased counseling law requires that mandated information be given by the performing or referring physician, including possible increased risk of breast cancer.<sup>152</sup>
- State-published materials, including enlarged color photographs of fetal development, must be made available to the woman 24-hours in advance should she choose to view them.<sup>153</sup>
- Abortions at 16 weeks or later must be performed in a licensed ambulatory surgical center or hospital.<sup>154</sup>
- Abortion facility licenses are required for providers of 10 or more abortions per month or 100 or more abortions per year.<sup>155</sup> Licensure requirements include minimum standards, inspection, and reporting.<sup>156</sup>

# Limited Abortion Services in Bryan, Texas

## Findings Across States

### *(2) Widespread Harassment and Intimidation*

- Anti-abortion activity goes beyond First Amendment protections
- Worsened by lack of police response
- Security costs for clinics
- Physicians deterred from providing
- Significant effects on staff and patients

# Targeted Harassment and Intimidation Away from the Clinic in Pennsylvania

*“It made me feel like I don’t know what they’ll do.”*

## Findings Across States

### *(3) Burdensome Effects of Legal Restrictions*

- Mandatory delay and biased counseling laws force providers to adapt operations and expend resources
- TRAP, in particular ASC requirements, are costly to clinics and limit the number of facilities able to provide abortions, or later abortions
- Most precarious clinics and most vulnerable women especially burdened

# Harms of Legal Restrictions in Missouri

*“[E]very year there are legislative approaches to get rid of [abortion] ...”*

# Findings Across States

## *(4) Persistent Stigma*

- Stigma reduces availability of physicians and, in turn, access for women
- Stigma permits harassment and intimidation with impunity
- Stigma gives rise to legal restrictions and is in turn sustained by them

# Medical Community Stigma in Montgomery, Alabama

*“Health care providers look down on you the most.”*

# Recommendations

## *(1) State and Local Governments*

- Adopt resolutions recognizing reproductive health care workers, including abortion providers, are HRDs
- Adopt resolutions recognizing access to a full range of reproductive health care, including abortion, is a human right
- Enforce protective local laws/ordinances
- Pass laws/ordinances protecting clinic access and ensuring safety of abortion providers
- Repeal mandatory delay/biased counseling laws
- Repeal TRAP and regulate abortion providers in same manner as other medical practices

# Recommendations

## *(2) Federal Government*

- Recognize the special role of HRDS, including reproductive health workers who provide abortions, in ensuring reproductive rights as human rights
- Repeal federal funding restrictions on abortion, including Hyde Amendment
- Devote additional resources to:
  - Enforcing FACE and related federal laws
  - Providing training and improving cooperation between federal, state and local law enforcement agencies

## Recommendations

### *(3) United Nations Special Rapporteurs*

- Speak out against violations of reproductive rights as fundamental human rights violations
- Promote respect for reproductive rights defenders by highlighting the importance of their work globally, including in the US
- Issue communications to the US Government concerning individual defenders of reproductive rights, particularly US abortion providers

# Recommendations

## *(4) Medical Community & NGOs*

- **Medical Associations, Teaching Hospitals, Medical Schools**
  - Support measures to increase the number of providers
  - Adopt resolutions supporting abortion providers and condemning stigmatization, violence and harassment
  - Advocate repeal of restrictive laws and TRAP
- **Non-Governmental Organizations**
  - Speak out in support of abortion providers to reduce stigma and secure safety of providers and women
  - Educate public and policymakers on access to abortion as a human right and abortion services as an integral part of women's health care

## Next Steps: Advocacy (1)

### State and Local

- Reframing the issues in human rights terms, broadening the conversation and changing popular perspective
- Ongoing communications with advocates/activists
- Monitoring legislative opportunities in 2010 sessions

## Next Steps: Advocacy (2)

### Federal

- Congressional briefing and press launch of report in Washington, DC on July 22nd
- FACE
- Hyde Amendment

### International

- Meeting with the SRHRD (Women Human Rights Defenders International Coalition)
- Briefing paper on defenders of sexual and reproductive rights (HRW & CLADEM)