

National Advocates for Pregnant Women

*Annual Report
2002*



About NAPW

NAPW started as a project in 1998, and then began operating as an independent non-profit in 2001 with the support and recognition of the Open Society Institute, the Ford Foundation, and the Overbrook Foundation. Although NAPW operates with a small staff, our many years of previous work in the field of reproductive rights, plus the effective collaborations we have enjoyed with other progressive organizations, have afforded us considerable influence and success these past two years in protecting and advancing women's reproductive rights as well as drug policy reform efforts.

We have a vision of a world where women enjoy full personhood and where neither pregnancy nor drug use serve as an excuse to dehumanize and punish select groups of people. Our mission is to secure the human and civil rights, health, and welfare of pregnant and parenting women while protecting children from punitive and misguided state policies. We advocate on behalf of all women, especially those who are most marginalized: women of color, low-income women, and women who use drugs.

NAPW uses a variety of strategies, from litigation and public education to organizing on the local and national level, to ensure that:

- Women do not lose their constitutional and human rights as a result of pregnancy;
- Pregnant and parenting women have access to a full range of reproductive health services, as well as non-punitive drug treatment services;
- Children are not needlessly and traumatically separated from their families on the basis of medical misinformation or prejudice;
- A woman's right to choose is not compromised or taken away altogether as a result of legislative efforts or so-called "fetal rights"-based laws or litigation;
- The war on drugs is not expanded under the guise of fetal rights, children rights, or family protection.

By focusing on the rights of pregnant women, including those who are continuing their pregnancies to term, we are simultaneously expanding the reproductive rights movement and promoting drug policy and criminal justice reform. By identifying the common features of the war on reproductive rights—including the right to safe, legal abortion—with the war on drugs and the war on low-income people, we hope to foster collaboration and cohesion for effective advocacy among a far-reaching coalition of social justice organizations. By building on our shared interests we advance not only the rights of women, but also the broader struggle to end race discrimination and to promote human rights and the public welfare.

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NAPW has had enormous success this year, advancing both reproductive rights and drug policy reform efforts. We believe that our success comes not only from the quality of our own

work, but also from our commitment to collaborative work and the formulation of joint agendas across intersecting movements for social justice.

NAPW believes that the strategies anti-choice forces are using to erode a woman's right to a safe and legal abortion dovetail with the fight to dehumanize and criminalize drug users—including the non-violent first-time offenders who account for half of all drug offenders in federal prisons.

Times have changed. In the 1980s and 90's, anti-choice activists worked to overturn *Roe v. Wade* altogether. These efforts met with strong resistance from vocal, well-organized, and well-funded groups of women from both primary political parties. Now the anti-choice movement has a new strategy, one that they hope will allow them to duck the resistance they met with previously. By shifting their focus to so-called "fetal rights" and targeting those pregnant and parenting women who they know to be the least politically powerful and the least popular, by dint of their race, poverty, and drug use, they hope to avoid any meaningful resistance.

When an African-American woman is accused of harming her fetus by using drugs—even if no harm has occurred—our opponents are counting on deep-seated prejudice and misinformation to keep opposition from arising. Never mind that the greatest risks posed to a fetus come from poverty and from legal drugs, such as alcohol and nicotine, or that such an approach deters women from getting the care that would help them and their children. Without opposition from powerful, well-funded and organized groups, anti-choice forces posing as child advocates can win significant legal victories that fundamentally undermine everyone's reproductive rights as well as drug policy reform efforts. It's begun happening already.

For example, the 1997 South Carolina Supreme Court *Whitner* decision declared that a fetus is a person under the state's child abuse laws, making it a crime for a woman to even risk harm to a fetus. The decision has already been used to argue that the legal authority now exists to treat post-viability abortions as murder, to prosecute women who experience stillbirths as murderers and was cited as a basis for seeking a court order to force a pregnant woman to un-

Letter from the Executive Director

dergo a caesarean section. The state's attorney general has made plain that the real goal is overturning *Roe v. Wade*. The actual effect is even greater. Because everything a pregnant woman does or doesn't do affects the fetus inside her, these rulings effectively turn pregnancy itself into a crime.

And while the U.S. Supreme Court has held that to punish someone for experiencing the disease of addiction violates the Eight Amendment's prohibition on cruel and unusual punishment, these cases carve out an exception for women who happen to be pregnant. The very same women all too often have been denied treatment for their addiction or dependence due to sex discrimination and a lack of public health resources. Ironically, no such lack of resources exists when the time comes to imprison them along with an ever-growing number of other women and mothers.

C.R.A.C.K, the private program that "offers" current and former drug users \$200.00 in much needed cash to get sterilized or to use selected forms of long acting birth control, is yet another group that preys on low-income, drug-using women. This program gets significant backing from leading conservatives. The popularity of the program is based on the widely held belief that problems linked to poverty and lack of access to health care can be resolved by encouraging sterilization and birth control in "some populations." Throughout American history, sterilization programs have scapegoated marginalized people as a means to much larger ends, counting on the fact that no one will care about the dehumanized targets of such efforts.

NAPW cares about the women and families subjected to these stealth strategies, and will continue to challenge punitive policies—in court, in the media, and on the frontlines. Our counter-strategy calls for us to build coalitions and to work across issues, as we must if we hope to bring about vital political and social change on behalf of women and their families. We deliberately choose not to participate in a divide and conquer approach that splits progressive movements into competing single-issue, single-identity politics.

NAPW recognizes that the dual drive to control reproduction and drug use through the criminal justice system is rooted in a common political agenda. The war on abortion and the war on drugs are both ►

used as political fodder by groups that share common prejudices and common goals. Attacks on drug users, poor women who become pregnant, and “immoral” women who have abortions draw attention away from the government’s failure to build effective national healthcare, housing, and education infrastructures for the people of this country, and address the problems of poverty, racism, and discrimination. Similarly, the government’s decision to frame complex issues relating to pregnancy, drug use, homelessness, joblessness, and lack of access to decent education, as a failure of personal responsibility or moral will, disguises core systemic and institutional failures to provide for the

health and well-being of all people living in the United States.

The report that follows documents our successes in reaching people through our public education efforts and in building coalitions and movements across diverse groups of women. It also describes our counter-response to the challenges posed by these latest incarnations of the war on women and children—a war that is also creating a new field for criminal justice and drug war expansion. The demand for our work is growing exponentially. NAPW, now beginning its third year, is poised to develop both structurally and programmatically, to meet this demand.

LYNN M. PALTROW

As NAPW works to change public attitudes toward pregnant women, some former critics are changing their views. For example, Randall Kennedy, J.D., of Harvard University Law School, and author of Race, Crime, and the Law, has long asserted that racial discrimination was unrelated to the arrests of pregnant women in South Carolina. But he is now finding greater fault with the war on drugs, which he calls “a destructive policy.” After hearing Paltrow speak on a panel in Chicago in early 2002, Kennedy became alarmed by the lack of treatment options for pregnant women, commenting, “We seem to be allowing our very deeply ingrained impulses to supersede all other considerations.”

These are exactly the kinds of questions NAPW seeks to provoke. We’re a voice and a forum for articulating the reality of women’s lives,” says Paltrow. “If we are willing to see connections, we can build a whole social justice movement.”

“THIS WOMAN WAS THROWN IN JAIL FOR BEING PREGNANT,” CINDY L. COOPER,
MARIE CLARE MAGAZINE, JANUARY 2003

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Litigation & Legal Advocacy

torneys in the United States. Sometimes we appear as lawyers for the parties; other times as lawyers for experts and organizations that file amicus (friend of the court) briefs, providing judges with expert advice and research on the questions at issue in the case.

NAPW recognizes the importance of honoring, supporting, and advocating for the women and children targeted by the stealth strategy of negligence and scapegoating. For a substantial number of women, the ability or inability to control pregnancy means the difference between full participation in society or not; for them, abortion is *the* defining women's rights issue. But for many other women, the ability to be full and equal participants in society does *not* hinge on abortion: the salient issues in their lives concern the ability to access health care of all kinds and the opportunity to bring healthy children into a world where they can be provided for, supported, and loved.

NAPW's litigation work focuses on cases in which the right to become pregnant and carry a pregnancy to term is under attack. These cases enable us to represent people who desperately need support and counsel. It also gives NAPW a chance to address numerous issues simultaneously—including unprecedented expansions of the war on drugs.

Our victories are significant. NAPW, in collaborations with public health and social justice organizations, has stopped South Carolina's landmark 1997 *Whitner* decision, which declared that a pregnant woman's drug use could be punished as child abuse whether or not the child had actually been harmed, from spreading to any other state or territory. This is a particularly significant victory in light of the relentless pressure through litigation and legislation to treat pregnant women as the leading threat to fetal health and to expand the war on drugs to women's wombs.

Still, the challenges are ongoing, and South Carolina provides an attractive model for the radical right. While no state has made it a crime to be pregnant, and all have fended off proposals for sterilization thus far, more and more are treating evidence of drug use, and even drug treatment during pregnancy as evidence of civil child abuse. Moreover, new prosecutions and proposals to expand the criminal law are cropping up all the time.

NAPW takes a stand against these efforts and provides litigation support in cases across the country: finding experts to testify, locating counsel, providing model briefs and research, and supporting the efforts of local lawyers nationwide—often as the only source of resources and support for defendants and their at-

National Clearinghouse

Now that over 18 states treat a positive drug test as a basis for involving civil child welfare authorities, NAPW has helped numerous local lawyers challenge erroneous and counterproductive efforts to remove children from their families based on evidence (often erroneous) of drug use, rather than evidence of an inability to parent. Children have been removed from families based on a single positive test for marijuana and based on evidence that a parent is receiving methadone treatment, a federally approved treatment for helping people end their addiction to opiates.

NAPW has also joined amicus briefs in cases involving drug testing and the right to procreate. In *Marchwinski v. Howard*, women receiving Temporary Assistance for Needy Families (TANF) challenged a new Michigan law that would require drug testing before they could receive benefits. NAPW signed on to the brief in the Sixth Circuit and helped with those portions of the brief that addressed the potential harm testing could pose to pregnant women and mothers seeking benefits.

NAPW also signed on to and provided substantive help in preparation of an amicus brief in *Wisconsin v. Oakley*. The defendant in this case was filing a petition for certiorari (i.e., asking the U.S. Supreme Court to review a decision by the Supreme Court of Wisconsin). This amicus brief supported the petition and explained why it was an important case for the Court to review. In *Oakley*, Wisconsin's high court upheld a no-procreation condition against a so-called "dead-beat dad": an African-American father accused of failing to meet his child support obligations could avoid a longer prison term in part by not procreating. While NAPW supports efforts to promote parental responsibility, the decision marked a radical departure from existing law regarding the fundamental right to procreate. We believe that programs like C.R.A.C.K. help to create a climate in which courts and politicians increasingly see sterilization and other methods of state control of procreation as appropriate responses to issues such as poverty. The decision, as the four women justices who dissented pointed out, has significant ➤

implications for women's reproductive rights. NAPW ensured that America's history of sterilization abuse was discussed in the brief prepared by attorneys from the National Organization for Women Legal Defense and Education Fund. NAPW worked successfully to get a broader coalition of groups to sign on to this amicus. Unfortunately in October the Court denied cert, and refused to hear this case. Still, our participation and organizing efforts helped to build a foundation for the next case that will inevitably arise.

In each of these instances, NAPW provided organizing assistance and lent our unique perspective to tasks as varied as litigation strategy and media relations. It's our success as a proactive ally in these cases and the ones that follow in this section that has established our reputation: we welcome our role as a national clearinghouse and resource center for reproductive rights and drug policy reform assistance and support.

South Carolina v. Cornelia Whitner & Malissa Ann Crawley

The state Supreme Court's decision in *South Carolina v. Whitner* (1997) left a legacy that not only affects subsequent cases in that state, but also creates a precedent—one that NAPW is routinely called upon to keep from spreading beyond South Carolina's borders. In this case Cornelia Whitner, an African-American woman who had given birth to a healthy baby, was nevertheless arrested and prosecuted for criminal child neglect based on the fact that she was pregnant and had used cocaine. Ms. Whitner was convicted and sentenced to eight years in prison. When she appealed to the South Carolina Supreme Court, that court issued a landmark decision, ruling that a viable fetus is a "child" under the state child abuse and endangerment statute. Consequently, pregnant women who use drugs or in any way risk harm (as opposed to actually causing harm) to their viable fetuses can be faced with criminal charges for child abuse with sentences of up to 10 years in jail.

This decision paved the way for numerous subsequent prosecutions of pregnant women in South Carolina, including Malissa Crawley. Ms. Crawley, who, like Cornelia Whitner, is an African-American woman, was also convicted of child abuse based on the fact that her newborn tested positive for cocaine. She was sentenced to five years in jail despite giving birth to a healthy child and in spite of her evident recovery and wonderful parenting abilities. NAPW sought review of

both the *Whitner* and *Crawley* case in a petition for certiorari to the U.S. Supreme Court in an ongoing effort to have their convictions overturned. Though the petition was denied, we are continuing our efforts.

NAPW, with co-counsel at the Women's Law Project, filed petitions for writ of habeas corpus for both Ms. Whitner and Ms. Crawley. These petitions argued that they were being held under state law in violation of their constitutional rights. Ms. Crawley's case proceeded first. Unfortunately, the U.S. Court of Appeals for the Fourth Circuit dismissed her case this year as time-barred under harsh new procedural rules enacted by Congress as part of the Antiterrorism and Effective Death Penalty Act. In the past, the normal procedure was to wait until the U.S. Supreme court decided whether or not it was going to review a state case before filing a new habeas action in yet another federal court. The Fourth Circuit narrowly interpreted the new habeas statute, finding that we had somehow missed the filing deadline. This foreclosed review in both Ms. Crawley and Ms. Whitner's cases by any federal court.

State v. Brenda Peppers

The decision in these cases laid the groundwork for many other state cases including those of Brenda Peppers and Regina McKnight (see below). Brenda Kay Peppers, one of the only white defendants in South Carolina, was arrested when traces of cocaine were found in her system after she had suffered a stillbirth. She was charged with child abuse. Ms. Peppers accepted a plea agreement and then challenged her

**"Women with drug problems need help.
Putting them in jail is not going to fix it."**

CLIENT BRENDA PETERS SPEAKING OUT ON BEHALF
OF ANOTHER WOMAN—REGINA MCKNIGHT.

"Fetus abuse law could get second looks," Rick Brundrett,
The State (Columbia, SC), November 5, 2002

conviction on constitutional grounds before the South Carolina Supreme Court. NAPW joined this challenge and sought reversal of her conviction and the *Whitner* decision itself. In 2001, the State Supreme Court dismissed the case on procedural grounds, claiming that the original plea agreement was legally flawed, but without addressing the substantive issues of the case. The state did not seek to re-charge and re-try Ms. Peppers, and instead ultimately dismissed the

charges against her. While NAPW and its allies are pleased with the ruling on Ms. Peppers behalf, we also know that so long as the *Whitner* decision itself remains standing, we will continue to see more cases in which the drug use of pregnant and parenting women is treated as a criminal offense rather than a public health issue.

South Carolina v. Regina McKnight

Under the precedent set by *South Carolina v. Whitner* (see above), Regina McKnight, a 22-year-old African-American woman who suffered a stillbirth, was charged with homicide by child abuse in South Carolina after she and the child tested positive for cocaine.

Stillbirth as Murder

At her first trial, a national forensic expert testified on her behalf. He explained that there was no evidence that cocaine caused the stillbirth, and educated the jury about addiction. At least one juror had enough doubt about the medical evidence presented by both sides to do independent investigating on the web. This resulted in a mistrial. At the second trial, where no national experts appeared on Ms. McKnight's behalf, a jury convicted her of homicide after less than 15 minutes of deliberation. (The judge had dismissed a charge of drug delivery before the case was submitted to the jury.) Ms. McKnight, was sentenced to twenty years imprisonment, with the final eight years suspended. The court's decision, which interprets the state's homicide by child abuse laws to include a pregnant woman who suffers a stillbirth, makes every woman who experiences a stillbirth, as well as everyone who treated her, now subject to investigation for a homicide by child abuse.

NAPW, along with Jenner and Block attorneys on behalf of the Liberty Project, filed an appeal that was taken directly by the state Supreme Court. In support of our appeal, the South Carolina Medical Association (S.C.M.A.), a group known for its judicious approach to medical contro-

"Even if a legal substance is used, if we can determine you are medically responsible for a child's demise, we will file charges."

LEAD PROSECUTOR HEMBREE, IN AN INTERVIEW CONCERNING THE REGINA MCKNIGHT CASE.

"Conway Homicide case sets precedent," Elaine Gaston, *The Myrtle Beach Sun-News*, May 19, 2001

versy, filed an amicus brief that set forth two primary arguments: (1) that there was simply no evidence that cocaine *had* caused stillbirth in this case, and (2) that little scientific evidence existed that cocaine *could* have caused the stillbirth in this case. The South Carolina Primary Health Care Association also filed an amicus brief. Theirs demonstrated the extent to which upholding the conviction would undermine women and children's health while hindering the ability of obstetricians to practice medicine without fear of prosecution. The argument before the South Carolina State Supreme Court in November of 2002 went well and the press about the case was unusually thoughtful, overall. However, when it was not, we organized a swift response (see box below):

To The Editor:

Monday's story on the Regina McKnight case quoted government officials saying that the policy of arresting drug-addicted pregnant women is a treatment-based or "amnesty" program. One fact must be made clear: Regina McKnight was never offered drug treatment.

If you review her hospital records and her arrest records, there is no mention of drug treatment being offered. As a matter of fact, the Conway Hospital Protocol does not have any mention of treatment, only how to arrest a woman based on a positive urine test. I tried my best to find drug treatment in Horry County for Ms. McKnight to no avail.

I believe the people of South Carolina want drug treatment for drug-addicted pregnant women, but they need to know the truth about South Carolina's current policy:

When you arrest someone, it is not treatment and it is not amnesty. In this case, it is using the criminal justice system to warehouse another person with a drug problem in our prison system.

WYNDI ANDERSON, EXECUTIVE DIRECTOR
SOUTH CAROLINA ADVOCATES FOR PREGNANT WOMEN

The Post and Courier (Charleston, SC), Letters to the Editor, November 9, 2002

Coalition Building

NAPW's coalition work with brother and sister legal organizations and leading medical and public health groups is a primary source of its strength. In each of the cases discussed previously, C. Rauch Wise, volunteer council for the American Civil Liberties Union (A.C.L.U.) of South Carolina foundation, acted as local counsel. In her capacity as Director of South Carolina Advocates for Pregnant Women, Wyndi Anderson organized support for the clients and opposition to their persecution. In addition, in each of these cases lawyers for the Drug Policy Alliance filed amicus briefs on behalf of numerous public health and civil rights organizations with Susan Dunn acting as local counsel. Each of these briefs not only provides a model of evidence-based research and powerful legal argument, they also reflect years of NAPW's efforts to build alliances all along the spectrum of issues we address. The numerous groups signing on to many of these briefs include (in alphabetical order):

- The American Academy of Addiction Psychiatry
- The American Nurses Association
- The American Society of Addiction Medicine
- The Association of Maternal and Child Health Programs
- The Association of Reproductive Health Professionals
- The Institute for Health and Recovery,
- The National Association of Social Workers,
- The South Carolina Medical Association
- The South Carolina Association of Alcoholism and Drug Abuse Counselors
- The South Carolina Nurses Association

Ferguson v. City of Charleston

In 1989, a public hospital in Charleston, South Carolina, initiated a policy of selectively drug testing certain women who came in for prenatal care or delivery for evidence

Consent to medical tests is NOT consent to a criminal search of cocaine use. If the woman tested posi-

tive, this information was turned over to the police and medical staff would help coordinate the patient's in-hospital arrest. Pursuant to this policy, 30 women were arrested; 29 were African-American. At the time the policy was initiated, no drug treatment existed in

the hospital or anywhere in the state for pregnant and parenting women.

In 1993, NAPW founder Lynn Paltrow, in partnership with Charleston civil rights lawyer Susan Dunn, conceived of and filed a civil rights action on behalf of the women who were drug tested. Ten women eventually joined the case, suing the hospital, the City of Charleston and its local police, and the local prosecutors. NAPW, with the Women's Law Project and the Center for Reproductive Law and Policy, brought this case to the U.S. Supreme Court. In 2001, in a rare victory for women and the 4th amendment, the Court ruled in their favor, holding that public hospital patients could not be searched for evidence of crimes in the guise of medical care. The Court rejected the claim that the hospital's policy somehow constituted treatment or served the state's interest in promoting the health of either children or pregnant women.

Instead, it concluded that the hospital staff had been acting as an arm of law enforcement, conducting searches for criminal justice purposes in violation of the 4th amendment prohibition against unwarranted searches and sei-

zures. No doubt the more than 100 leading medical, public health, and civil rights groups that NAPW had reached out to, and that had joined amicus briefs opposing the policy, influenced the court. Not a single organization filed an amicus brief in support of the hospital's policy.

Noting that searches may be conducted for criminal justice purposes if there is a specific and informed consent to the search, the Supreme Court remanded the case to the U.S. Fourth Circuit Court of Appeals in order for them to determine whether or not the plaintiffs gave informed consent to the hospital to search them or test them for evidence of a crime. In another important victory for both women's and patient's

"When [state hospital employees] undertake to obtain evidence [of criminal conduct] from their patients for the specific purpose of incriminating those patients, they have a special obligation to make sure that the patients are fully informed about their constitutional rights, as standards of knowing waiver require. Cf. *Miranda v. Arizona*, 384 U.S. 436 (1966)."

FERGUSON V. CITY OF CHARLESTON, UNITED STATES COURT OF APPEALS, FOURTH CIRCUIT, APPLYING THE STANDARD ADOPTED BY THE US SUPREME COURT

rights, the Fourth Circuit applied a strict and rigorous standard for consent to searches in the medical health context. In October of 2002 they ruled that consent to medical testing does not constitute consent to criminal searches. Furthermore, the court held that all but two of the Ferguson plaintiffs did not provide informed consent to the taking and testing of their urine by the Medical University of South Carolina for criminal justice purposes. With respect to the two remaining plaintiffs, the Court determined that one had not actually been searched, and that more evidence was needed in the final case. This case brings the plaintiffs another step closer to having an opportunity to seek damages for the humiliation and suffering they experienced as a result of this counterproductive policy.

NAPW has been co-counsel on this case throughout, and the Drug Policy Alliance has provided invaluable assistance building on mutual alliances and filing amicus briefs on behalf of leading medical groups, bioethicists, and medical experts.

Missouri v. Smith

“Effective January 1, 1988, the laws of this state shall be interpreted and constructed to acknowledge on behalf of the unborn child at every stage of development, all the rights, privileges and immunities available to other persons, citizens, and residents of this state...”

SECTION 1.205,
MISSOURI REV. STATUTES

On August 23, 1999, Rhona E. Smith, an African-American woman gave birth to a son, Andrew Smith. She delivered at Truman Hospital, a public hospital in Kansas City, Missouri. Both Smith and her son tested positive for metabolites of cocaine. The state responded by filing criminal charges against Ms. Smith accusing her of endangering the welfare of her child. The specific claim in this

case is that Ms. Smith’s pregnancy, in spite of a drug problem, can be treated as a form of child abuse.

Ms. Smith is not alone. From 1999 to 2002, prosecutors in Jackson County brought charges of endangering the welfare of a child in the first degree—a Class D felony—against 20 women, all of whom gave birth to a newborn that tested positive for cocaine in Truman Hospital. Of the 20 women, 16 are African-American.

The Missouri legislature has repeatedly rejected at-

tempts to respond to the issue of pregnancy and drug use through the criminal law. Missouri is, however, a notoriously anti-abortion state, and in 1986 passed an omnibus anti-abortion statute. Language in the preamble of the statute declares that “the life of each human being begins at conception” and that “unborn children have a protectable interest in life, health, and well-being.” The Act further requires that all Missouri laws be interpreted to provide unborn children with the same rights enjoyed by other persons, subject to the Federal Constitution and the US Supreme Court’s decisions. In 1989, in a case called *Webster v. Reproductive Health Services*, the U.S. Supreme Court upheld virtually all of the statute’s provisions including the preamble declaring the rights of the “unborn.”

The Court upheld that language in part because it was “precatory,” an expression of state interest without any direct or actual impact on abortion. The Court also noted that the preamble explicitly excluded pregnant women themselves: “Nothing in this section shall be interpreted as creating a cause of action against a woman for indirectly harming her unborn child by failing to properly care for herself or by failing to follow any particular program of prenatal care.” Nevertheless, in the Rhona Smith case, the state is arguing that the preamble *requires* that the state’s child abuse laws be interpreted to include the unborn *and* that the exception for pregnant woman is not applicable where a pregnant woman engages in a deliberate action—described in such a way as to cover both drug use and abortion. The state’s reliance on this language makes clear the connection between the prosecution of pregnant women who use drugs and the struggle to retain the right to choose an abortion.

Missouri v. Smith has been selected as a “test” case by the prosecution, and that means that the outcome has broad implications for reproductive rights, drug policy, and public health statewide. This prosecution not only violates the intent of the state’s child endangerment law, but also directly contradicts a series of well-developed state laws that, consistent with the recommendations of the medical community, address the problem of drug use during pregnancy through the public health and welfare systems.

In 2002, NAPW received a call from a Missouri public defender seeking a copy of our overview of state laws. When asked what she needed it for we quickly learned about the Rhona Smith case and others like it. We offered to provide much more help including model briefs. NAPW helped research the legal issues and, with the Drug Policy Alliance, wrote an amicus brief on behalf of leading state and national public health and civil rights organizations. NAPW built on ►

relationships developed at our national conference (see below) to enlist state-based activists; they in turn helped organize groups to sign on to this brief. The brief not only highlighted the harm that prosecution of this kind does to both women's and children's health, but also the improvement in public health that has occurred in Missouri under existing laws that promote a public health response to the issue of drug use and pregnancy. Finally, NAPW organized local community activists to oppose the prosecution and to work within the hospital to find out why medical staff were reporting patients to the police rather than providing them with appropriate care. The court has had the case under submission for some time. We have had one interim victory thus far, the state has at least stopped filing new cases while we await a decision on the motion to dismiss from the trial court.

If the state succeeds in its efforts, not only could a woman who has a drug problem be treated as if she is a stranger to her own body and thus a child abuser, a woman who intentionally engages in any potentially "harmful" behavior including an abortion would be considered a child abuser or murderer. As a matter of legal principle, this prosecution is a direct attack on women's reproductive rights without furthering any state interest in children or women's health.

LETTER OPPOSING THE PROSECUTION OF RHONA SMITH
FROM COMMUNITY LEADERS IN KANSAS CITY TO
DAVID FRY, PROSECUTING ATTORNEY

Kentucky v. Harris

In 2002, people from the Kentucky Coalition for Women's Substance Abuse Services contacted NAPW because they were concerned that a new case then being prosecuted would undermine the gains they were making in the state through increased education and treatment. In this case, Misti Harris, a white woman,

A Precedent Holds Firm gave birth on February 13th, 2002. While she was still recovering, hospital staff notified social workers about their concerns that her baby might be exhibiting signs of drug withdrawal. The social workers removed the baby from Ms. Harris' care. The Commonwealth then indicted Ms. Harris for child abuse based on her illicit use of OxyContin, an opioid pain medication, during pregnancy. The Commonwealth brought these charges despite the fact that, a decade before, the Kentucky Supreme Court had rejected the prosecution of another pregnant woman with a drug problem on the basis that such arrests were not intended by the legislature and that such actions endanger the health of the mother and fetus.

We immediately set about investigating the case and making sure that Ms. Harris had counsel. We

reached out to the Kentucky A.C.L.U. with whom we had worked with before on similar issues. We provided model papers and assistance to local counsel an amicus brief in support of a motion to dismiss at the trial level. When the motion to dismiss was granted, as might reasonably be expected given the precedent set by Kentucky's Supreme Court, the state nonetheless appealed. NAPW spent the rest of 2002 providing support to Harris and organizing an amicus brief in collaboration with the Drug Policy Alliance. The brief will be filed in 2003 when the state's appeal is perfected and brought once more before the court.

Again, building on previous relationships and acting on our commitment to state based activism, local activists were enlisted to organize individuals and groups to sign on to the brief. *Kentucky v. Harris* has important implications for the health of Kentucky's women, who face a paucity of drug treatment options. While the initial win is great news, and stands as a testament to the power of precedent and collaborative activism, the response of the prosecution serves as a constant reminder of our opposition's persistence in their quest to roll back reproductive rights while expanding the war on drugs.

NAPW in the News

Through national media ranging from *The New York Times* Op-ed columns and letters to the editor to national radio and television programs, popular magazines, newsletters, law review articles, fliers, and comprehensive reports, NAPW has been challenging attacks on reproductive rights and offering a humane and compassionate alternative to prevailing punitive policies against pregnant women and drug users. NAPW's work was featured in both the popular press—*Marie Claire*—and in elite forums like the *Ford Foundation Report* and the *Rand Report*. It is a reflection of the scope of our work that NAPW was called upon to comment on a wide range of reproductive rights and drug policy issues, as well as the cutting-edge cases we work on, in such venues as *The Village Voice*, *The San Francisco Chronicle*, *The Chicago Sun-Times*, Ellen Goodman's column in *The Boston Globe*, and Bob Herbert's column in *The New York Times*.

These stories and columns gave NAPW the opportunity to bring to the public's attention: the anti-choice movement's attempt to do an end-run around *Roe v. Wade* through so-called "fetal rights" activism; the misinformation and prejudice against drug users promoted by the C.R.A.C.K. program; and the danger of treating fetuses as persons with greater legal right than women.

In many cases NAPW worked behind the scenes to ensure fair coverage of a story. Sometimes we were out front, as when we debated Barbara Harris, the Executive Director of C.R.A.C.K., on television's *The O'Reilly Factor* and the *Rob Nelson Show*; and when Wyndi Anderson made it clear, in an eloquent letter to the *Charleston, South Carolina Post and Courier* that Regina McKnight had not, in fact, ever been offered drug treatment. Lynn Paltrow, in an op-ed for *Alternet*, critiqued the latest



NAPW work featured in *Marie Claire* (above) and in the *Ford Foundation Report*.



federal anti-drug ads for connecting young people's drug usage with terrorism, highlighting the irony of having the ads run alongside spots for the well-known anti-depressant drug, Zoloft, and the household brand-name stimulant, Taster's Choice coffee, during family movies.

NAPW Public Speaking, Outreach & Training

As recognition of NAPW's work builds, we are responding to an ever-increasing number of requests to speak to organizations and students, appear at conferences, strategize with allies, and provide training. Highlights from 2002 included:

Making presentations at:

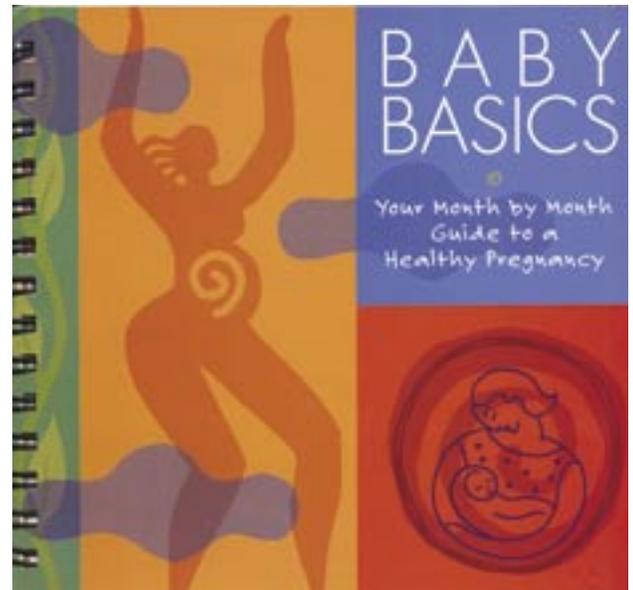
- The Grant Hill Speaker Series on Science and Drug Policy at the Rand Corporation,
- University of Louisville, Institute for Bioethics, Health Policy and Law,
- The Elizabeth Bing, New York City Chapter, Lamaze International,
- Southern Girls Convention,
- American Association of University Women (AAUW) regional conference in Salisbury, Maryland,
- Association for Research on Mothering, York University, Toronto, Canada,
- Women's Focus 2002 South Carolina State N.O.W. Conference, Charleston, South Carolina,
- Harvard Students for Choice,
- Legal Services of New York, The Legal Support Unit,
- Students for Sensible Drug Policy, National Conference, Anaheim, California,
- Harm Reduction 4th National Conference "Taking Drug Users Seriously," Seattle, Washington.

Presenting to:

- The National Judicial College in Reno, Nevada,
- Teaching and training at colleges and universities from South Carolina State, Florida State, and Rutgers to Furman, Harvard, Berkeley Law School, and MUSC School of Nursing,
- Leading trainings for harm reduction, reproductive rights, and domestic violence organizations.

Meeting and working with allies including:

- Planned Parenthood of NYC,
- The National Organization for Women (N.O.W.),
- The National Council on Alcoholism and Drug Dependence,
- The International Harm Reduction Project,
- Kentucky officials and activists in the field of women's health and drug treatment
- Mothers Ought to Have Equal Rights (M.O.T.H.E.R.),
- The What to Expect When You Are Expecting Foundation (providing editorial assistance on sections of their *Baby Basics* book addressing pregnancy and drug use),



- Center for Policy Alternatives,
- Sanctuary for Families,
- South Carolina Primary Health Care Association,
- Su Casa (treatment facility).

Because NAPW is based on work that has been building for almost two decades, we have received the kind of attention and faced the kind of demand for our services usually reserved for older, more established organizations. The resulting visibility has boosted NAPW's role as a public educator and national clearinghouse for information.

By any standard, NAPW's public education work was extremely successful in 2002. Whether measured by the sheer diversity of opportunities and outlets, or by recognition from the media as an expert source, we brought our issues to the forefront of public attention as we disseminated information concerning:

- The anti-choice movement's on-going stealth effort to overturn *Roe v. Wade* via so-called "fetal rights" activism;
- The true agenda of the Child Health Insurance Plan (CHIPS) unveiled by the Bush administration's Department of Health and Human Services, which defines embryos and fetuses as full persons under the law as the first step in criminalizing all abortion;

Public Education

- C.R.A.C.K., a private program that offers women with histories of drug use \$200.00 in much-needed cash in exchange for "voluntarily" sterilizing themselves or using long-acting birth control;
- The danger to civil liberties, women and children, and overall public health and of misconstruing pregnant women's drug use as a crime in need of punishment rather than a public health issue in need of treatment;
- Positive methods for addressing pregnant women's drug use through a cost-effective public health approach.

NAPW Poll

NAPW recognizes that despite our progress, we have a long way to go in our effort to counteract the misinformation and prejudice that encourages punitive and dangerous policies toward pregnant women. Through our litigation and public education efforts we have observed the fact that, as a matter of popular culture and belief, a surprising number of people believe that women lose their constitutional rights and status as full citizens once they become pregnant. This view manifests itself in many contexts including the willingness to permit extreme and humiliating restrictions on access to abortion services as well as laws that increasingly treat pregnant women as strangers to their own bodies.

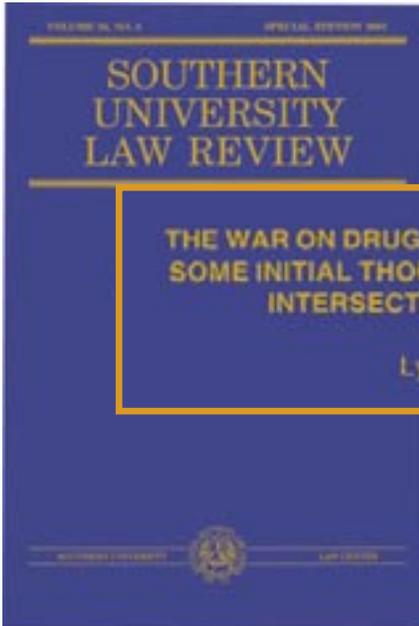
In order to test this observation and define messages that counteract these beliefs, we hired Global Strategies Group, Inc. to conduct focus groups and craft from them a polling instrument that includes opinion questions about pregnancy, motherhood, women's health care and reproductive rights, and policies around both pregnancy and drug use. The instrument was also designed to test various arguments and approaches that might help change attitudes. In October of 2002, Global Strategies conducted a statewide survey of 600 registered voters.

The findings are encouraging. They clearly delineate opposition to the war on drugs. They are also extremely helpful in outlining a long-term campaign for increasing compassion and non-punitive responses to pregnant women who use drugs in particular. The results provide a blueprint for action in 2003 and beyond.

NAPW published extensively in a wide range of forums, both academic and popular, in 2002, as well as adding to the wealth of information through our website: <http://advocatesforpregnantwomen.org/index.htm>.

Lynn Paltrow's article identifying the links between the war on abortion and the war on drugs was published in the *Southern University Law Review* and widely distributed. An abbreviated version was published in the international *Journal of Reproductive Health Matters*, and

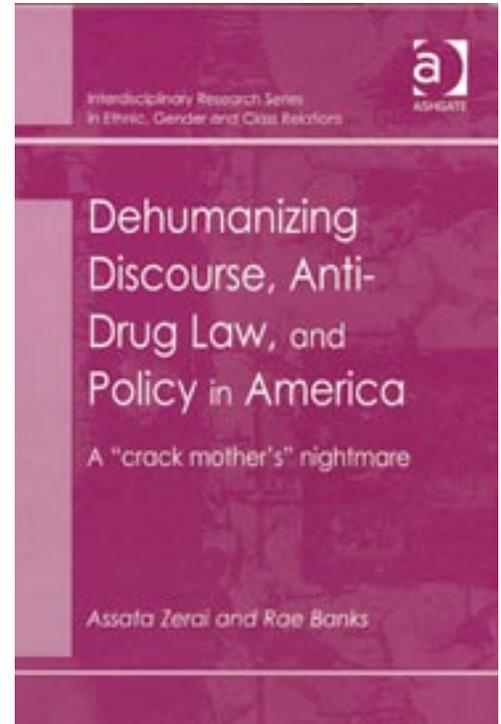
used in a forthcoming course book on the criminal justice system and women.



Articles about our work have also appeared in the *Law and Bioethics Report of the Kentucky Institute for Bioethics*, *Health Policy and Law* as well as the *Rand Report*. Wyndi Anderson's article describing our clients' experience at the Supreme Court in the Ferguson case was published in *Political Environments*, a publication of the Committee on Women, Population and the Environment.

Ms. Paltrow wrote the preface for the recently released book, *Dehumanizing Discourse, Anti-Drug Law and Policy in America: A C.R.A.C.K. Mother's Nightmare* by Assata Zerai and Rae Banks, and worked collaboratively on several articles and letters submitted for publication to leading medical journals.

NAPW Publications



The Ferguson case is not over, in spite of our victory at the the Supreme Court. It is a living, breathing, continuing case, because the case is about human beings. Changing the law and defending individuals' rights in the legal system is only part of the battle; it must also always be about the empowerment of the people living under the law to complete the transformation.

“THE SIDE DOOR,” WYNDI ANDERSON WITH DELANCY SKINNER,
POLITICAL ENVIRONMENTS, SPRING 2002

The issues NAPW addresses lend themselves to collaborative work and the formulation of joint agendas across intersecting movements for social justice.

Through our national organizing, NAPW has built coalitions and provided action opportunities that reflect shared goals and values.

We made significant strides in 2002 in bringing to greater public attention the threat created by anti-choice activists who seek to establish fetal rights under the law. If fetuses are recognized as separate legal persons then anti-choice forces have a basis for overturning *Roe v. Wade* and controlling pregnant women's lives. "Fetal rights" activism represents the latest attempt by anti-choice forces to cloak their war against reproductive rights and the civil rights of women and their families in the rhetoric of concern. Until recently it has operated largely under the radar of reproductive rights advocates in this country. Our conference (see next) brought this issue into the light and provided an opportunity to build significant new alliances across issues.

At virtually every meeting and conference we attended in 2002, we developed new collaborations, built our database, and moved our contacts to action. Locally, we also continued to work with the South Carolina Advocates for Pregnant Women, a model state-based program. Our sister organization works with women directly affected by punitive policies; they provide information and support for women who have been arrested, and work to ensure that their voices are heard. NAPW staff works with current clients while maintaining connections with former clients who continue to speak out and take action.

As discussed next, our organizing efforts at both the local and national level have produced significant new action and involvement.

Participants in Pre-Conference Training provided by Be Present, Inc.



Local & National Organizing

First National Conference

NAPW recognized the need to bring together experts and activists from diverse fields to examine and collaborate around claims of fetal rights. We responded by organizing a conference entitled "Maternal-State Conflicts: Claims of Fetal Rights and the Well-Being of Women and Families."

The conference was held on January 25-27th, 2002, in New York City. It began with a limited attendance, full day pre-conference coalition-building training facilitated by Be Present, Inc. Two days of informational sessions, roundtable discussions, and skill-building workshops followed. Over 175 people attended the conference, including lawyers, doctors, academics, activists, students, individuals personally affected by claims of fetal rights, NAPW clients, outreach workers, and public policy analysts. These individuals brought with them experience and expertise in areas including reproductive rights, HIV, child welfare, drug policy, bioethics, welfare reform, youth activism, and harm reduction.

The conference provided an opportunity to examine claims of fetal rights from a multidisciplinary per- ➤



Participants, &
 's 2002
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spective—one that included analysis of political, legal, medical, historical, ethical, and personal aspects of the issue. Subjects covered included how claims of fetal rights were used to attack reproductive rights and expand the war on drugs, to control women in their ability to bear and raise healthy children, to undermine certain classes and communities, and to divide progressive movements and distract from larger peace and social justice issues. Presenters and participants described the growth of “fetal rights” measures in the law, as well as the growing recognition of them in public policy, public opinion, and in the health care context. Throughout the conference participants discussed how the issue affected people differently depending on their race, class, and gender. Conference workshops and roundtables offered a variety of strategies aimed at developing the skills necessary to carry out effective challenges to fetal rights claims or to respond to attacks on women’s rights and family well-being.

The conference was a tremendous success. Feedback from the evaluations and follow-up notes and letters was overwhelmingly positive both as to content and organization. People appreciated the diversity of presenters and participants, and they were pleased that the information provided was both valuable and inspiring. Participants in the Friday pre-conference coalition-building training noted the long-term value of the Be Present Empowerment Process to their work and lives. Attendees and presenters at the Saturday and Sunday sessions made connections with each other that continue to develop into valuable working relationships, thus moving forward the work to oppose fetal rights measures and expand notions of women’s rights and reproductive rights.

The event helped to build a national network of activists, educators, scientists, researchers, and organizers willing to sign on and speak out in a variety of contexts. It also provided the foundation for new regional and national projects. Our participants went on to oppose new federal regulations that proposed extending the Child Health Insurance Program (C.H.I.P.) to unborn children, signed on to amicus briefs, wrote letters of support to Regina McKnight, and took a stand against the C.R.A.C.K. program’s misinformation.



“Hands down the most interesting, informative—and yes, inspiring conference I’ve attended in years.”

“I plan on bringing this information back and starting some kind of activism on campus.”

“This conference was unique in truly bringing different movements and people together.”

“Great mix of clinicians, lawyers, academics, and activists on the panels. Bravo!”

COMMENTS COME FROM EVALUATION FORMS FOR
 NAPW’s 2002 NATIONAL CONFERENCE

Unborn Children & the State Child Health Insurance Program

“[The Bush Administration is] willing to change the law to protect unborn fetuses but not expand the program to cover all women of reproductive age who need it.”

LYNN PALTROW, NAPW

“Inconceivable Cynicism,” Ellen Goodman,
The Boston Globe, February 7, 2002

The coalitions that were formed and strengthened at our national conference on fetal rights held firm in the face of new challenges to women’s health and human rights. When the Bush administration proposed expanding the definition of child in the

ence challenged the proposed regulations, exposing numerous unsupportable claims about the value of “fetal surgery.” The administration sought to justify insuring the unborn separately from the pregnant woman by claiming, in part, that fetuses were now eligible for fetal surgery that affected only them. The experts noted that fetal surgery is experimental, does not have anything like the success rates claimed by the administration, and requires subjecting pregnant women to what is in effect an experiment on human subjects. Although our efforts and those of hundreds of others did not prevent the proposal from being adopted, we succeeded in focusing greater attention on the problem.

States’ Child Health Insurance Program to include “unborn children,” we were able to mobilize wide opposition that included everyone from academic researchers to local activists.

Moreover, we cannot help but feel that our efforts had some impact on the editorial that appeared in the *New York Times* on February 7, 2002 entitled “The War on Women” that specifically noted:

NAPW made it clear that this proposal represented not just an assault on *Roe v. Wade* (if unborn children are legally recognized as people, all abortion becomes murder), but a deliberate effort to create a smoke-screen for the public health policies of an administration that leaves 43 million people, including 11 million children, without health care. Our opposition and the perspective we offered were featured in Bob Herbert’s column in *The New York Times* and numerous other media outlets. Experts who participated in our confer-

A big thrust of Mr. Bush’s aggressive anti-choice crusade has been to undermine the legal foundation of the *Roe* decision by elevating the status of a fetus, or even a fertilized egg, to that of a person, with rights equal to, or perhaps even exceeding, those of the woman... Tommy Thompson, the Secretary of Health and Human Services, was following the same drumbeat when he made “unborn children” rather than pregnant women eligible for coverage under the Children’s Health Insurance Program.

Lynn Paltrow, director of a group called National Advocates for Pregnant Women, believes much more than the threat to abortion rights is at stake. She described the Health and Human Services proposal as “cynical,” and said it helps divert attention from the administration’s failure to support a wide range of initiatives to improve the delivery of health care to women and children. She added, “This maneuver to create insurance for unborn children both personifies the fetus and accentuates the fact that women themselves are neither full persons under the law, nor valued enough to be funded themselves.”

“SNEAK ATTACK,” BOB HERBERT, *NEW YORK TIMES* OP-ED, FEBRUARY 4, 2002

Leading the Campaign Against the “Voluntary” Sterilization of Drug-Using Women

When judgment is passed on who is fit to breed and who is not, when sterilization is presented as a viable option to the “problem” of reproduction by a designated underclass, a line has been crossed. Reproductive policing and scapegoating of the kind our clients experience has always been, historically speaking, a harbinger of greater inhumanity still to come. The

eugenics movement of the nineteenth century that began as a “humanitarian” experiment in reproductive technology with the goal of producing only fit human specimens, while weeding out “inferior stock” (eugenics literally means “wellborn”) ultimately spawned the concept of a master race and an underclass.

In the 21st century there is Children Requiring ➤

a Caring Kommunity (C.R.A.C.K.). This privately funded organization offers current and former drug users \$200.00 of much-needed cash in exchange for “voluntarily” sterilizing themselves or using long-acting birth control. Whatever their intentions, Barbara Harris, the organization’s founder, executive director, and primary spokesperson, is effectively promoting stigma while undermining real efforts to help people who desperately want and need help with drug addiction. Clues to Ms. Harris’ true feelings about the women who participate in her program—women she claims to care for—emerge in her comments, where she compares them to mindless, oversexed dogs (even as she denies doing so): “I’m not saying these women are dogs, but they’re not acting any more responsible than a dog in heat.” Ms. Harris has also gone on record saying: “We don’t allow dogs to breed. We spay them... these



A C.R.A.C.K. Program flyer

women are literally having litters of children.”

NAPW’s outspoken stand against C.R.A.C.K. provides us with opportunities to talk about the fact that over 30 million women in this country lack access to contraceptive services; 48% of the people in America who need drug treatment cannot get it. NAPW has never allowed C.R.A.C.K.’s myths and misinformation—in particular their portrayal of both drug addiction during pregnancy and abortion as forms of child abuse—to go unchallenged. Instead, NAPW has prepared and distributed numerous fact sheets and commentaries that redress and correct C.R.A.C.K.’s often false and misleading statements about pregnant women who use drugs and their children.

When C.R.A.C.K. sponsored a New York press briefing in the fall of 2002, NAPW helped to mobilize a powerful coalition through national and local organizing efforts, and we stood together to demonstrate against them. Among those participating were Sister-Outsider, the Drug Policy Alliance, NYU’s Law Student Drug Policy Forum, the Harm Reduction Coalition, Physicians for Reproductive Health and Choice, and the Committee on Women, Population, and the Environment. NAPW also prepared a background information sheet on the organization and made sure that local health officials had that information in hand, should they be called upon for comments.

“When you suggest that a particular group of people are not worthy of reproducing, you risk sending a message that those people are not worthy of being regarded as fully human.”

LYNN PALTROW, NAPW

“Group pays drug addicts \$200 to stop having kids,” Jim Ritter, Chicago Sun-Times, May 13, 2002

Defending the Truth about Methadone Treatment for Pregnant Women

Earlier, in the spring of 2002, NAPW opposed another aspect of C.R.A.C.K.’s campaign of disinformation, again organizing national opposition in collaboration with other leaders in the fight for drug policy reform and reproductive rights. This time the target was C.R.A.C.K.’s attack on methadone treatment during pregnancy. Barbara Harris’s letter of February 22nd, which was sent to methadone treatment clinics around the country, stated: “I’m sure one thing most can agree on is that it is important for those using methadone or other drugs to refrain from

getting pregnant.” In part, NAPW was concerned that the misinformation in C.R.A.C.K.’s letter could lead to further stigma against women who need methadone treatment; we also feared that it would contribute to the many myths and misunderstandings about methadone’s value for pregnant and parenting women.

We were not alone in our concerns, and again we joined forces to let C.R.A.C.K., as well as the treatment community, know that. The open letter we released in response was addressed to Ms. Harris and signed by more than 130 doctors, methadone treatment

experts, advocates, and organization, which included Dr. Lynn Singer of Case Western Reserve University, Dr. Wendy Chavkin of Columbia University, the Institute for Health and Recovery, the National Council on Alcoholism & Drug Dependence, and the National Women's Health Institute. Our letter reiterated the value of methadone treatment for pregnant women

"Methadone treatment has enormous benefits both for the patients, including women who may become pregnant, and for the community at large."

DR. ROBERT NEWMAN, DIRECTOR

THE EDMOND DE ROTHSCHILD FOUNDATION CHEMICAL
DEPENDENCY INSTITUTE OF BETH ISRAEL MEDICAL CENTER

NAPW PRESS RELEASE

while deploring the barriers that prevent so many from accessing this safe and effective means of treating opiate addiction which stated, "Unfortunately, despite methadone treatment's many benefits, it is available to fewer than 20% of the people who most need it. Women, in particular, face numerous barriers to obtaining this important medical intervention. Your letter and activities, which spread false information and stigmatize current and future mothers who receive this treatment, will make it even more difficult for women who need methadone treatment to receive it."

Our letter urged C.R.A.C.K. to withdraw theirs, and to advise the individuals and clinics that received it of the misleading nature of its implications about methadone treatment during pregnancy. Our efforts attracted both radio and television coverage.

Encouraging Research, Developing Training

During 2002 NAPW developed other allies and proposals for projects that will come into play in 2003. We have, for example, long been concerned that the limited number of drug treatment programs that claim to provide appropriate and accessible services treatment for pregnant women actually fail to do so. In 2002 we worked with the University of Louisville Institute for Bioethics, Health Policy and Law to develop a proposal to research issues of access to treatment for pregnant and parenting women. Researchers at the institute will be seeking funding for this proposed research. Following up on our presentation at the Rand Corporation, we were invited to identify areas where further research is needed regarding women and drug

use—and did so. Finally, we recognized a fundamental difference between states with punitive policies and those with public health policies. States that have the most punitive policies failed to provide their health providers with meaningful training regarding addiction, particularly pregnant women and addiction. This makes a vast difference in the standard of care that clients receive. We responded by beginning to gather and evaluate existing curriculum, and have begun developing a model training program. We hope we can bring it to states that have for too long operated on treatment models based on prejudice and misinformation rather than scientific and medical evidence.

NAPW Board Members

NAPW looks forward to another year of leadership and success in its women's rights, drug policy reform, and social justice efforts. In addition to the support we receive from foundations and individual donors, we are directed and supported by our powerful and committed Board of Directors:

Maria Arias, JD: Professor Arias is currently an Assistant Professor at CUNY Law School and the Director of its Battered Women's Right's Clinic.

Machelle Harris Allen, MD: Dr. Harris is affiliated with Bellevue Hospital, where she is Director of Ambulatory Obstetrics and Gynecology. She is also an Assistant Professor of Obstetrics and Gynecology at New York University's School of Medicine.

Julie Chartoff, JD: Ms. Chartoff is Staff Attorney for Harlem Legal Services with significant background experience in drug abuse treatment; she works specifically on cases involving domestic violence and women's rights.

Maria Guarascio, JD: Ms. Guarascio is an attorney in private practice who served as one of the volunteer staff on *Ferguson et al. v. City of Charleston*.

Sara Kershner, MPH: Ms. Kershner currently works with Generation Five, an organization committed to ending child sexual abuse through the development and support of effective leadership. She recently completed her MPH at Harvard University. Prior to graduate school, she founded and worked with the Harm Reduction Coalition, a national nonprofit committed to mobilizing a public health, social justice approach to drug-related harm.

Robert Newman, MD: Dr. Newman is the Director of The Edmond de Rothschild Foundation Chemical Dependency Institute of Beth Israel Medical Center. He is also President Emeritus of Continuum Health Partners, a major non-profit hospital corporation, and a professor in the Albert Einstein College of Medicine's departments of Psychiatry and Epidemiology and Social Medicine.

Lynn M. Paltrow, JD: Ms. Paltrow is a leading national litigator and strategist best known for her

work in cases involving the intersection of the war on reproductive freedom and the war on drugs. In the past she has served as a senior staff attorney at the A.C.L.U.'s Reproductive Freedom Project, as Director of Special Litigation at the Center for Reproductive Law and Policy, and as Director of Public Affairs for Planned Parenthood of New York City. She is currently NAPW's Executive Director and Chair of the Board.

Susan Weiler, JD: Ms. Weiler, an attorney, is a former volunteer staff attorney at the Center for Reproductive Law and Policy. She has also served as counsel to Volunteer Lawyers for the Arts and practices philanthropy.

Ivan Zimmerman, JD: Mr. Zimmerman, the former General Counsel to Planned Parenthood of New York City, currently serves as General Counsel for WNYC, one of New York City's best known publicly-funded radio stations.

Advisory Board Members

Corinne Carey: Ms. Carey is the Director of the Harm Reduction Law Project, which provides legal services to people who use drugs. Her research provided the foundation for the NAPW Overview of State and Federal Laws, and she is the author of *Crafting A Challenge to the Practice of Drug Testing Welfare Recipients: Federal Welfare Reform and State Responses as the Most Recent Chapter in the War on Drugs*.

Phillip Oliver Coffin, M. International Affairs: Mr. Coffin recently resigned from the board due to medical school (UCSF) obligations, but continues to function as an Advisory Board member. He recently served as a project director at the Center for Urban Epidemiologic Studies at the New York Academy of Medicine, where he studied HIV prevention among drug users.

Deborah Peterson Small: Ms. Peterson is the Director of Public Policy & Community Outreach at the Drug Policy Alliance. An attorney by training, she has long been a leader in the fields of drug policy reform, civil rights, and community organizing.

Gloria Knighton: Ms. Knighton, a former staff member at the Center for Reproductive Law and Policy, is an administrative assistant, paralegal, and treatment services consumer.