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Reproductive Rights in the Legal Academy: A New Role for Transnational Law

Martha F. Davis and Bethany Withers

A. Introduction

Increased law school attention to instruction in transnational law is well-documented. Over the past few years, the American Association of Law Schools and the *Journal of Legal Education* have played leadership roles in galvanizing the legal academy to explore these issues. Individual law schools and professors

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with a transnational vision of U.S. legal education have also been influential.\(^2\) The transnational project has become so widely accepted, in fact, that its absence from the Carnegie Foundation Report on Legal Education sparked immediate commentary and critique, as well as proposals of how to integrate the two approaches.\(^3\)

The results of this attention to transnational legal education have been considerable. Work has examined the range of first-year courses with an eye toward transnational connections.\(^4\) Upper-level courses have also been scrutinized for transnational opportunities.\(^5\) New courses have been developed to offer transnational perspectives, including new required first-year courses that underscore the institutional priority given to the material.\(^6\) Law schools are increasingly reaching out to form international teaching partnerships, encouraging their students to work or study abroad for some period of their law school education.\(^7\) Further, new subject-matter casebooks provide global supplements to assist professors with minimal background in global law, and newly revised casebooks increasingly incorporate integrated transnational perspectives for standard law school courses.\(^8\)


4. For example, Dean Harold Koh reported that “at Yale Law School, our approach has been to mainstream a focus on globalization into our traditional First Term Curriculum, adding international modules to the basic courses of Procedure, Torts, Constitutional Law, and Contracts.” Harold Hongju Koh, Why Transnational Law Matters, 24 Penn. St. Int’l L. Rev. 745, 752 (2006).


We applaud these developments. However, this article takes a new, distinct tack by examining a single issue area, sexual and reproductive health, which cuts across the law school curriculum. In this article, we ask how a transnational perspective might enhance the teaching of sexual and reproductive health in all of the law school courses and doctrinal settings in which this topic is treated. By framing the inquiry in this way, we necessarily embrace an “integrative,” rather than a “segregative” approach to the internationalization of the law school curriculum. While the topic of “Global Sexual and Reproductive Rights” can be presented in a free-standing course—as it is in several law schools— we believe that transnational perspectives should also be integrated across the curriculum where sexual and reproductive rights are discussed.

While we believe that transnational approaches are valuable in every area of the curriculum, there are several reasons for singling out this issue area for transnational treatment. First, topics addressing sexual and reproductive health raise questions concerning the human condition that cross international boundaries. The universal nature of this human experience is reflected in the international attention that has marked this area. Global gatherings such as the Cairo International Conference on Population and Development and the Beijing Fourth World Conference on Women speak directly to the transnational character of this simultaneously domestic issue. The political context in which the issue is framed in the United States may be peculiarly local, but the experiences of women and men that underlie that political context are by their nature universal.

Second, as we describe in greater detail below, sexual and reproductive rights issues are not often taught in a free-standing course, and particularly not by full-time faculty. An issue-based integration of transnational perspectives will be the only way to transform this subject in the same way that subjects like civil procedure have been reshaped. Indeed, because the topic of reproductive rights is addressed in so many courses across the curriculum, it provides a unique opportunity to expose many students to this approach.

9. See, e.g., Georgetown and Harvard Law School. Of course, course listings are a moving target; outside of the first-year curriculum, new courses are often introduced and old courses may be dormant. For example, Judith Younger of the University of Minnesota offered an interesting new course, “Choice: The Law of Reproductive Rights,” in the 2008-2009 school year, after several years during which she did not teach the material.


Finally, including a transnational perspective on reproductive and sexual health reflects the debates outside of the academy in ways that tend to unite the study of law with its practice—an approach roundly endorsed by the Carnegie Report.\textsuperscript{12} For example, Justice Scalia cited transnational law on abortion rights in his dissent in \textit{Atkins v. Virginia},\textsuperscript{13} using it to argue that the U.S. law on the subject was relatively liberal. Transnational human rights law was offered to the New Jersey Supreme Court as it considered that state’s “family cap” law, which denied welfare benefits to children born to women on welfare in an effort to deter such women from giving birth.\textsuperscript{14} In addition, recent scholarly writing on the role of “human dignity” in domestic abortion adjudication underscores the ways in which U.S. jurisprudence in this area already draws significantly from transnational human rights norms.\textsuperscript{15} Incorporating this transnational perspective into reproductive health and rights teaching will better prepare students to understand and use these approaches—and to engage in the public debate of these issues—once they embark on their legal careers.

In sum, expanding reproductive rights pedagogy to address transnational perspectives will aid in exposing a wide range of students to transnational material, will contribute directly to the transnational project to expand students’ preparedness to analyze such materials, and will better reflect the debates on sexual and reproductive health currently taking place outside of law school classrooms—in the courts, among policymakers, and in scholarly writing. Below, we explore in greater detail the current status of reproductive rights teaching, the current casebook treatment of reproductive rights, and the specific ways in which transnational perspectives might be introduced to this material in a range of courses.


B. Current Status of Sexual and Reproductive Health Law Teaching

We surveyed the current landscape of sexual and reproductive health teaching in law schools by examining syllabi from reproductive rights courses and reviewing existing casebooks from various fields of law that touch on reproductive rights issues. The course research revealed that there are relatively few free-standing reproductive health courses in law schools today. Only nine of the top-ranked thirty-one law schools offer reproductive rights courses, and only nineteen reproductive rights law courses were identified in total. Of these courses, ten focus solely on domestic reproductive rights law.

For this section, we identified reproductive rights courses by examining the online course catalogues of the top-31 law schools, according to the 2008 U.S. News & World Report. In addition, we searched Google for “Reproductive Rights Law Syllabus,” consulted the reproductive rights course list provided by the Law Students for Reproductive Justice, and were grateful to Caitlin Borgmann and Jessie Allen, who shared several syllabi with us that they had collected for other purposes. (While the Law Students for Reproductive Justice course list is not yet available online, other materials by the group can be found on their website at: http://lsrj.org.) We also reviewed fifty-eight casebooks in the fields of constitutional law, family law, bioethics, children’s law, women’s rights, public health, torts, international law, and comparative constitutional law for their treatment of reproductive health. The survey was an extensive sample rather than a complete review of all existing casebooks, and each casebook has been given equal standing, since there is no authoritative information on which casebooks are used most frequently in each field. See the appendix for a full list of the casebooks reviewed.

The courses focusing solely on domestic law are those taught at CUNY, Case Western Reserve, Emory, Rutgers at Camden, Albany Law School, University of Denver, University of Minnesota, and the University of California at Davis. We have not obtained syllabi from the other schools, but the professor who teaches the course at Albany Law School has indicated that the course does not include material on human rights, comparative, or international law, and the description of the course indicates that it takes a similarly domestic approach. Courses taught at University of Washington and Whittier, while taught by faculty who have taught in other fields, are being taught in a manner that is similar to the domestic approach. The Law Students for Reproductive Justice takes a similar approach in their proposed model curriculum.
addressing the familiar series of cases, from *Skinner v. State of Oklahoma, Ex. Rel. Williamson*\(^9\) through *Gonzales v. Carhart*.\(^{20}\) There are, however, five reproductive health courses that have a fully-integrated transnational approach.\(^{21}\) While these courses are demonstrative of the applicability and value of transnational perspectives in reproductive rights teaching, their approach has clearly not yet been widely adopted. This point is further illuminated by the fact that there has not been a reproductive rights “casebook” published to date.\(^{22}\) The rarity of free-standing reproductive health classes in law schools and the absence of a casebook on the subject suggest that a transnational approach will be most effective on an issue-based level, across many courses in the curriculum that cover reproductive rights. This approach to integrating transnational perspectives will also expose more students to transnational law than would a focus on free-standing courses.

Traditional law school courses that cover reproductive rights often include bioethics, children’s rights, constitutional law, family law, public health law, torts, and women’s rights. The casebooks in these fields provide insight how current courses typically cover reproductive rights, as well as the extent to which these courses have already integrated transnational law into their reproductive rights discussions. While few casebooks mention international law in conjunction with reproductive health, there are some noteworthy exceptions. For example, while all of the constitutional law casebooks we examined solely excerpt domestic cases on reproductive rights, the note commentary in some of them takes a more transnational approach.\(^{23}\) Similarly, Catherine MacKinnon adopted a full-fledged comparative approach in her women’s rights casebook, using excerpts from briefs as well as cases, with frequent references to Canadian, South African, and European law.\(^{24}\) There also seems to be particular interest in incorporating a transnational approach in the field of family law. Barbara Stark of Hofstra Law School has recently

21. The courses with a transnational approach are those taught at Columbia, Georgetown, Harvard, University of Toronto, and Washington & Lee.
22. An excellent “reader” was published recently: *The Reproductive Rights Reader: Law, Medicine, and the Construction of Motherhood* (Nancy Ehrenreich ed., New York Univ. Press, New York, 2008). However, despite its other merits, it does not include any discussion of human rights, international, or comparative law relating to reproductive rights.
led an effort to expand the horizon of family law courses to include global issues—her 2005 casebook, *International Family Law*, draws on her comparative work on China, South Africa, and Germany and reviews public international law relevant to reproductive rights. These few examples illustrate the larger role that a transnational approach could play in the discussion of reproductive health in traditional law school courses.

In addition to researching casebooks in typically domestic-focused areas, we examined international human rights law and comparative constitutional law casebooks, as they present similar opportunities to introduce a transnational approach to sexual and reproductive health issues. Burns Weston’s international law casebook presents a major problem including discussions of the status of women and of reproductive rights under international law, comparative case law, and legislative materials. It is an excellent illustration of how professors can engage students in a transnational analysis of reproductive rights issues. Further, Vicki Jackson and Mark Tushnet’s comparative law casebook uses abortion case law in the United States, Germany, and Canada in its opening chapter to illustrate principles of constitutionalism, inciting comparison of different constitutional approaches to reproductive health and demonstrating the potential analytical utility of transnational perspectives. Still, these examples are exceptions to the generally uniform treatment of reproductive health as a domestic issue. While they provide useful illustrations of a transnational approach to teaching reproductive health issues, no current casebook outside the arena of international or comparative law has fully embraced such an approach or explored the extent to which it can heighten understanding and enhance students’ learning experiences.

25. Barbara Stark is a leading international scholar and former member of the executive council of the American Society of International Law. For more about her work, see: [http://law.hofstra.edu/directory/faculty/fulltimefaculty/ftfac_stark.html](http://law.hofstra.edu/directory/faculty/fulltimefaculty/ftfac_stark.html) (last visited May 7, 2009).


C. Opportunities to Integrate Transnational Law into Coverage of Reproductive Health and Rights

Rather than simply respond to this gap in coverage by developing freestanding courses on global reproductive rights, transnational materials on reproductive health and rights should be incorporated throughout the curriculum. Transnational law materials on reproductive health fit comfortably within a number of traditional law school courses, providing both a basis for expanding the theoretical discussions of the basic materials and a practical introduction to transnational approaches. Below, we discuss specific material that is relevant to three standard law school courses: constitutional law, family law, and bioethics. With some adjustments, many of the same transnational materials could be introduced in courses on health law, reproductive technologies, women’s rights, children’s rights, and sexuality and the law.

Constitutional Law

Constitutional law casebooks invariably address the major Supreme Court cases on reproductive rights and health, generally moving from *Skinner v. State of Oklahoma*, 29 to *Griswold v. Connecticut*, 30 to *Roe v. Wade*, 31 to *Planned Parenthood v. Casey*, 32 to *Gonzales v. Carhart*. Excerpts from this progression of cases are used to illustrate the development of the constitutional fundamental rights doctrine under the due process clause as well as the concept of the right to privacy. In addition, through note material accompanying *Casey*, the casebooks often introduce the underpinnings of the sex equality doctrine that informs some of this jurisprudence. 34

Right to Procreate and Transnational Law

Beginning with *Skinner*, transnational material can supplement a discussion of domestic fundamental rights questions. Interestingly, Justice Douglas’s opinion in *Skinner* framed the case as one that “touches a sensitive and important area of human rights,” 35 thus signaling the relevance of transnational law—if not jurisprudentially then certainly as it is suggested here, for pedagogical purposes.

30. 381 U.S. 479 (1965).
Two transnational cases are particularly useful to a discussion of the liberty and equality rights that Justice Douglas identified in *Skinner*. First, *Maria Mamerita Mestanza Chavez v. Peru* stemmed from Peru’s government policy of sterilizing poor, rural women in the 1980s and 1990s. Ms. Chavez died from complications following a forced sterilization procedure. In response, several women’s rights organizations filed a petition with the Inter-American Commission on Human Rights, an arm of the Organization of American States, alleging that the government’s policy violated human rights principles. The Peruvian government entered a “friendly settlement” of the matter, but acknowledged that the harm done to Ms. Chavez violated several provisions of the American Convention on Human Rights, including the right to equality under the law (Article 24) and the right to have one’s “physical, mental and moral integrity respected.” The settlement not only addressed Ms. Chavez’s specific facts, but also obligated the Peruvian government to adopt a roster of changes to its generally-applicable law and policies.

Applied in this case, the equality prong of the American Convention serves the same analytical purpose as the equal protection clause in *Skinner*. However, Article 5 of the Convention seems to go beyond the strict scrutiny regime established under domestic law to recognize a right to physical integrity that encompasses a more participatory decision-making process concerning sterilization. Given these different approaches, it would be helpful to refer students to the specific text of the American Convention when using this case in a constitutional law class to illustrate the scope of the international community’s recognition of procreational rights.

A second case provides a counterpoint to both *Skinner* and *Chavez*. In *Javed v. State of Haryana*, the Supreme Court of India addressed a somewhat less intrusive effort to discourage childbirth. There, individuals with more than two children were barred from seeking election for certain official government positions. Examining the “menace of growing population” at some length, the court upheld this “child cap” for elective office, concluding that the paramount goal of population control overrode claims of fundamental rights. Taking into consideration other provisions protecting economic and educational interests in India’s Constitution, the court opined that “[n]one of these lofty ideals can be achieved without controlling the population.” Further, the Indian court rejected claims that the law’s classification violated principles of equal protection.

39. *Id.*
40. *Id.*
These transnational materials highlight the opposing considerations that Skinner resolved under our own constitutional jurisprudence. On the one hand, the U.S. Supreme Court in Skinner had to confront the notorious Buck v. Bell proposition that “[t]hree generations of imbeciles are enough”41 and the Supreme Court’s earlier endorsement of sterilization for supposed undesirables. Like the Court in Buck, and faced with population control issues of enormous proportions, the Indian Supreme Court found that a lesser intrusion on reproductive choice—a childbirth penalty, rather than sterilization—was constitutionally permissible. In contrast, in Chavez, the international community reiterated that forced sterilization constitutes a human rights violation. In Skinner, the sterilization to which certain criminals were subject was non-elective, but the punishment was only applied to those who had been convicted of a crime that included an element of intent. Yet as Justice Douglas’s opinion indicates, Skinner itself staked out a path of universalism as well, indicating that the U.S. Constitution’s liberty protections incorporate the understanding that “[m]arriage and procreation are fundamental to the very existence and survival of the race.”42

Abortion and Transnational Law

Many of the constitutional reproductive health and rights cases excerpted in constitutional law casebooks concern abortion.43 Here, too, transnational references can be illuminating.

Two venerable West German abortion cases are occasionally cited in domestic constitutional texts.44 In 1975, the West German constitutional court was heavily influenced by the nation’s history of governmental eugenics policies when it struck down a law liberalizing access to abortion on the grounds that the fetus is constitutionally protected.45 The Supreme Court of a unified Germany reiterated this view in 1993, while also opining that the legislature could permit first trimester abortions “on demand” so long as the procedure was accompanied by legislatively mandated counseling.46 Surprisingly, less often cited in U.S. casebooks is the Canadian Supreme Court’s 1988 decision

43. Tushnet, supra note 5, at 680 (“[T]he issue of constitutional regulation of abortion plays a large role in nearly every basic Constitutional Law course.”).
in *Morgentaler v. Queen*, which construed the Canadian Charter of Rights and Freedom’s language concerning “life, liberty and security of the person” to strike down a law that restricted abortion.\(^{47}\)

While these older cases remain important, more recent transnational jurisprudence is indicative of the current international trends in reproductive health and rights, and also provides a useful basis for comparison with the contemporary U.S. Supreme Court decisions. For example, in *Gonzales v. Carhart*,\(^ {48}\) the U.S. Supreme Court upheld a restriction on the availability of certain late-term abortion procedures, i.e., intact D&X abortions. In doing so, the Court applied the *Casey* balancing test, which—unlike the more rigorous strict scrutiny test applied in other contexts where fundamental rights are impinged—provides that only those restrictions that cause an “undue burden” on the privacy right are impermissible.\(^ {49}\) In evaluating the extent of that burden and the impact of the restriction on women, the majority in *Carhart* cited as a factor in its decision that:

> It is self-evident that a mother who comes to regret her choice to abort must struggle with grief more anguished and sorrow more profound when she learns... that she allowed a doctor to pierce the skull and vacuum the fast-developing brain of her unborn child, a child assuming the human form.\(^ {50}\)

This concept of maternal regret figured in the majority’s decision to uphold the ban despite evidence that some women’s health might be adversely affected if doctors were not permitted to use the procedure.

It is interesting to contrast the U.S. Supreme Court’s approach with the 2006 decision issued by the Colombian Constitutional Court.\(^ {51}\) Unlike the *Carhart* case, which dealt with only a partial ban on abortion procedures, the Colombian court considered the constitutionality of a law that criminalized all abortions. In striking down the statute, the court addressed the equality of women at some length, noting the protection of reproductive rights as an aspect of the human right to health protected by the Colombian Constitution. Further, the Colombian court expressed clear limits on the legislature’s discretion over criminal matters, noting that the absolute ban on abortion violated the “fundamental right to dignity.”\(^ {52}\) The court concluded that the law must permit termination of pregnancy when, among other things, the continuation of the pregnancy “presents risks to the life or health of the

\(^{47}\) [1988] 1 S.C.R. 30, 44 (Can.).


\(^{50}\) 550 U.S. at 159.


\(^{52}\) Id.
woman.” In short, the *Carhart* case bans a type of abortion regardless of the impact on women’s health, while the Colombian case privileges protection of women’s health over any objections to particular procedures, using human dignity as the centerpiece of its decision. When integrating the Colombian case into a domestic constitutional law class, it is worth mentioning that the notion of human dignity has also played a central role in recent U.S. jurisprudence, including *Planned Parenthood v. Casey* and *Lawrence v. Texas*. Reva Siegel’s recent article, “Dignity and the Politics of Protection: Abortion Restrictions Under *Casey/Carhart*,” provides excellent supplemental reading on this topic that can be used to draw these themes together.

Beyond the rulings of individual national courts, the international community’s approach to abortion is set out in two recent cases: *Tyziac v. Poland*, a judgment of the European Court of Human Rights, and *K.L. v. Peru*, a decision of the United Nations Human Rights Committee. Both of these decisions are useful for purposes of discussing and analyzing U.S. law.

The *Tyziac* case arose from an application made against the Republic of Poland. Under Polish law, Tyziac sought a certificate for termination of her pregnancy based on the risk to her eyesight posed by her condition. The domestic law provided that an abortion should be available irrespective of the stage of pregnancy when, among other circumstances, “the pregnancy endangered the mother’s life or health.” Tyziac’s request was denied because the evaluating doctors disagreed on her prognosis and she carried the pregnancy to term. After delivery, her eyesight deteriorated badly and she lost most of her sight. When domestic remedies proved inadequate to protect her rights, Tyziac filed an application with the European Court of Human Rights.

The court concluded that the application of the Polish law in Tyziac’s case, to preclude her abortion, violated the provisions of Article 8 of the European Convention on Human Rights. The essence of that provision, the court wrote, is “to protect the individual against arbitrary interference by public authorities.” The court derived this central theme of Article 8 from the Convention’s general “right to respect for [] private...life....” After a review of the facts, the court concluded that the applicant should not be limited to after-the-fact

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53. *Id.*
59. *Id.* at ¶ 109.
60. *Id.* at ¶ 67.
remedies in tort law. Rather, she was entitled to timely compliance with the state’s “positive obligations to safeguard the applicant’s right to respect for her private life in the context of a controversy as to whether she was entitled to a therapeutic abortion.” The court suggested several procedural safeguards that might be implemented in such a situation—all of which, it observed, must be particularly sensitive to the pregnant woman’s legal position and the time constraints that nature imposes on the decision making.

In reaching this conclusion, the Tysiac court took care to respect the limits of the Convention as providing essentially procedural protections from privacy violations. At the same time, however, the court’s approach acknowledges that such procedural refinements could fall short of protecting underlying substantive rights to privacy, including the right to abortion provided under the domestic law of Poland. Interestingly, the European Court’s decisional approach has many parallels with U.S. courts’ efforts to address the procedural and substantive aspects of our own Constitution’s due process clause. At times, the Supreme Court has used procedure as a means to bolster substantive rights, while at other times, the Court has found substantive rights in the due process clause itself.

The K.L. matter, submitted to the U.N. Human Rights Committee in 2003, also examines abortion through the prism of human rights provisions and the International Covenant on Civil and Political Rights (ICCPR). After she became pregnant, a scan revealed that K.L., a seventeen-year-old, was carrying an anencephalic fetus. Peruvian law permitted a therapeutic abortion if, among other possible factors, “termination of the pregnancy was the only way of...avoiding serious and permanent damage to [the pregnant woman’s] health.” Despite several expert reports supporting K.L.’s claim that her physical and mental health would be jeopardized by carrying the ill-fated pregnancy to term, the government authorities refused to permit an abortion. The anencephalic baby girl who was ultimately born survived four days, during which time K.L. breastfed her. After her daughter’s death, K.L. fell into a state of deep depression. Because domestic remedies were futile, she proceeded directly to the Human Rights Committee, filing a complaint alleging that the government of Peru violated provisions of the ICCPR.

The Committee concluded that the facts revealed a violation of Article 17 of the ICCPR, which bars arbitrary interference with private life. In addition, the Committee found a violation of Article 7 of the ICCPR, which provides

61. Id. at ¶ 128.
in pertinent part that “[n]o one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.” Peru’s failure to provide an abortion caused K.L.’s suffering, the Committee stated, framing access to an abortion under the circumstances as a positive obligation; the Committee had previously opined that criminalization of abortion was incompatible with Article 7 of the Covenant. Finally, the Committee found violations of Article 24, which requires that the State party provide special care to minors, and Article 2, which requires adequate legal remedies for violations of rights. A dissenting committee member would have also found a violation of the “right to life” protected by Article 6 of the Covenant, but that view did not command a majority of the Committee members.

Though written in the stylized language of an international document, the Committee’s decision in K.L. provides another useful basis for comparison and analysis of the legal status of abortion. Unlike several U.S. courts, which have dealt with similar issues under the Constitution’s Eighth Amendment in the context of prisoner abortions, the Human Rights Committee construed denial of a therapeutic abortion as an act of forbidden cruelty. Further, as in Tysiac, the Committee found that the right to privacy itself supported the right of access to an abortion. However, K.L. goes farther than Tysiac in that it directly construes international law rather than resting on the provisions of domestic law. It is pertinent because, like Peru, the United States is a party to the ICCPR.

As the reasoning in these matters indicates, the texts of the European Convention on Human Rights and the ICCPR do not address abortion directly. To see how abortion is specifically referenced by the international community, it is useful to examine the international documents that are more directly focused on reproductive issues.

Article 16 of the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW) contains specific language concerning procreative decision making, framed there as an issue of equality:

States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:…

(e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.\(^{67}\)

Going further, the Cairo Programme of Action, developed at the International Conference on Population and Development in 1994, marked the first time that the international community squarely identified reproductive rights as human rights. According to the Programme,

\(\text{[R]eproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other relevant United Nations consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion and violence as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government—and community-supported policies and programmes in the area of reproductive health, including family planning.}^{68}\)

Among other things, the Programme echoes some of the earlier language from CEDAW, but divorces it from the equality considerations that animate that earlier document. In doing so, the Programme reframes procreative rights as freestanding rights that do not depend on gender inequality alone for their purchase in the international community. For purposes of a domestic


constitutional law course, Professor Rebecca Cook’s scholarship provides very helpful commentary on these provisions.69

**Family Law**

Family law textbooks include many of the same materials on reproductive rights and health as constitutional law texts, but the emphasis subtly shifts from constitutional norms to individual and familial relationships. While many of the same cases are relevant to both courses, some additional cases can be added to “transnationalize” the treatment of reproductive rights and health in a family law course.

**Sterilization and Transnational Law**

The issue of sterilization is often presented in family law casebooks in the context of fundamental rights to make decisions about one’s family. While constitutional law casebooks present *Skinner* as an early expression of fundamental rights leading to later developments under the due process clause, family law casebooks may instead emphasize *Skinner’s* more immediate and direct implications for the government’s role in decisions about childbirth and sterilization. Because of this change in emphasis, an additional transnational case is pertinent here.

*In re Eve* is a Canadian Supreme Court case addressing a mother’s application to sterilize her mentally retarded daughter.70 Rejecting the mother’s wishes, the court asserted a special obligation to protect the interests of the daughter under the ancient doctrine of *parens patriae*. There was no evidence that pregnancy would harm the daughter, and the court noted that its obligation was to protect the interests of the person, and not other interested individuals. As in *Skinner*, the court also directly addressed the underlying human rights issues, noting that:

> [This] decision involves values in an area where our social history clouds our vision and encourages many to perceive the mentally handicapped as somewhat less than human. This attitude has been aided and abetted by now discredited eugenics theories whose influence was felt in this country as well as the United States.71

While steering clear of an overt declaration of a right to procreate, the court also noted that sterilization is a serious matter that “removes from a person the

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69. See, e.g., Rebecca J. Cook & Bernard M. Dickens, Human Rights Dynamics of Abortion Law Reform, 25 Hum. Rts. Q. 1 (2003). In addition, Professor Cook’s course on Reproductive and Sexual Health Law takes on the task of integrating international and domestic materials on reproductive rights in a Canadian context. Professor Cook’s website, with a link to her courses and their syllabi, is available at: [http://www.law.utoronto.ca/faculty_content.asp?profile=14&cType=facMembers&itemPath=1/3/4/0/0](http://www.law.utoronto.ca/faculty_content.asp?profile=14&cType=facMembers&itemPath=1/3/4/0/0).

70. [1986] 2 S.C.R. 388 (Can.).

71. *Id.* at ¶ 78.
great privilege of giving birth.” Further, while acknowledging that a mentally incompetent person may also be a poor parent, the court observed that “there are human rights considerations that should make a court extremely hesitant about attempting to solve a social problem like this” through sterilization. The court concluded that a non-therapeutic abortion should never be authorized by a court exercising its parens patriae powers.

As discussed above, the Indian Supreme Court upheld under its Constitution a provision limiting elected officials to individuals with two or fewer children. While such a limitation is much less intrusive than sterilization, the juxtaposition of Javed and In re Eve does starkly present the question of whether the state may take actions impinging on childbearing that would be impermissible if done by private actors. Under U.S. law, Dandridge v. Williams, which placed a “family cap” on welfare benefits, parallels some of the reasoning in Javed in upholding a government restriction that merely impinges on childbearing while continuing to allow families some modicum of decision-making about family composition.

Reproductive Decision-Making within the Family

As set out in our discussion of constitutional law above, a number of international documents spell out approaches to reproductive decisionmaking within the family, an issue that falls squarely within the the purview of a family law course. In addition to CEDAW’s Article 16, noted above, the Beijing Declaration provides that “[t]he explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment.” The accompanying Platform for Action includes several paragraphs on reproductive health and rights, including the statement that:

[The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.]

72. Id. at ¶ 79. The court notes that the right to procreate might be presented in a subsequent case involving state action that would arise under the Canadian Charter of Rights and Freedoms. Id. at ¶ 88. In this instance, where the application for sterilization is brought by a private party, the court does not find that a right to procreate is implicated despite counsel’s entreaties. Id. at ¶¶ 96–99.

73. Id. at ¶ 84.


These materials would add an important perspective to classroom discussion of *Casey*, as it touches on husband notification, and *Gonzales*, with its contrasting treatment of regret and women’s reproductive decisionmaking.

**Bioethics**

Bioethics courses incorporate much of the same background material on constitutional procreative rights as that found in constitutional law and family law courses. Several emerging principles of international human rights law can provide stimulating additions to discussions of ethical, medical and constitutional issues that are traditionally part of these courses.

In particular, in addressing reproductive rights as well as other areas, bioethics courses often pay significant attention to issues of access—i.e., access to new scientific knowledge and access to emerging technologies. While there has been little transnational case law on this issue, the international standards in this area are surprisingly robust.

**Right to Benefits of Scientific Progress**

Article 27 of the Universal Declaration of Human Rights provides in part, “Everyone has the right—to share in scientific advancement and its benefits.”77 Similar stipulations appear in the International Covenant on Economic, Social and Cultural Rights and the Universal Declaration of Bioethics and Human Rights.78 As Yvonne Donder, deputy director of the Amsterdam Center of International Law, recently put it in an address at the UNESCO headquarters in Paris, this is “perhaps one of the least known human rights,”79 but one that is increasingly important in our technologically-driven society.

This human right is certainly pertinent to the question of access to assisted reproductive technologies. There, the issue may be whether such technologies are accessible regardless of wealth or geography. However, the right to benefit from scientific progress is also pertinent in discussions of “conscience clauses.” These laws, adopted in many states, permit doctors, pharmacists, or other medical personnel to refuse to assist women in obtaining contraception, abortions, or other medical services through regular medical channels.80

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80. Guttmacher Institute, State Policies in Brief, Refusing to Provides Health Services (Dec. 1,
Referencing the “right to benefit from scientific progress” provides an additional, more technology-focused perspective on the perennial tension in U.S. law between religious freedom and fundamental rights.

Right to Receive and Impart Information

Access to information is often an important theme in bioethics courses. For example, there is growing attention to the question of how information obtained from genetic testing should be treated. Abstinence-only-until-marriage education raises similar access questions, especially where school districts are forbidden from providing contraceptive information as part of federally-funded sex education programs. In domestic casebooks, the issue of information enters the curriculum through *Rust v. Sullivan*, where the U.S. Supreme Court upheld a regulation prohibiting doctors and clinics that received federal funding from providing abortion counseling to clients. In *Rust*, information itself was restricted, not services. However, the Supreme Court rejected a First Amendment challenge to the regulations, opining that the government could set conditions on its grants and that clinics remained free to turn down federal funds.

International human rights instruments and case law can provide a basis for expanding this discussion. For example, the Universal Declaration of Human Rights provides that “[e]veryone has the right...to seek, receive, and impart information and ideas through any media.” The European Convention on Human Rights contains slightly different wording with a state action limitation, stating that “[e]veryone has the right to...receive and impart information and ideas without interference by public authority and regardless of frontiers.”

In *Open Door Counseling & Dublin Well Woman v. Ireland*, the issue of governmental information restrictions came before the European Court of Human Rights. Two Irish health centers provided women with information about a full range of pregnancy-related options, including the availability abortions at facilities in Great Britain. When the Supreme Court of Ireland issued an injunction against the centers, they appealed to the European Court.

The court ruled in favor of the health centers, eschewing the relevance of Ireland’s domestic law restrictions on abortion. According to the court, the injunction interfered with the right of the applicants to provide information.

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about pregnancy-related options, and with the ability of women to obtain information. Even if Ireland had a legitimate interest in protecting the life of the unborn, the court determined the injunction had a disproportionate impact because it prohibited counseling regardless of the age, health, or circumstances of pregnant women. It therefore posed a health risk to women who would likely terminate pregnancies at later stages without adequate counseling.\footnote{Id. at ¶¶ 74–77.}

*Open Door Counseling* leaves open many questions about the right to information under international law. For example, does the right create affirmative obligations on government? If the health centers were not providing this information to women, would the government itself be required to provide it? Similarly, to what extent is the international right to information applicable to private parties as well as government? And what exactly constitutes information?

There is little case law to help answer these questions. However, on its facts, *Open Door Counseling* serves as a useful counterpoint to *Rust v. Sullivan* by drawing from international perspectives to broaden discussion of reproductive rights counseling.

**Additional Resources**

As these examples demonstrate, these are ample pedagogical opportunities to incorporate transnational legal materials into reproductive health and rights units across the curriculum, from Bioethics to Constitutional Law to Women’s Rights. In addition, there are many resources to draw on to facilitate such expanded coverage. Beyond the cases and sources listed above, additional information is available from the website of the International Reproductive and Sexual Health Law Programme at the University of Toronto, http://law/utoronto.ca/faculty_content.asp?itemPath=1/3/4/0/0&contentID=1567, the website of the Center for Reproductive Rights, www.reprorights.org, and more generally, the website of the University of Minnesota’s on-line Human Rights Library, http://www1.umn.edu/humanrts/. Like domestic courts, international courts such as the European Court of Human Rights and adjudicative bodies like the U.N. Human Rights Committee maintain searchable databases.

**D. Conclusion**

Reproductive rights can seem a quintessentially domestic topic because of the sometimes heated domestic politics that tend to define our scope of vision. But nature has ensured that the issue of reproduction is global. Our domestic perspectives can benefit from exposure to and engagement with the approaches taken transnationally as well as nationally.
At first blush, this may seem to be a controversial proposition. After all, members of the Supreme Court have publicly debated the question of whether foreign law can ever be relevant to constitutional opinion-writing, with strong positions articulated on both sides. Yet regardless of their positions in this debate, there seems to be no disagreement among members of the Court that lawyers have good reason to be familiar with foreign and international law. Indeed, even Justice Scalia is prepared to cede the importance of foreign and international law in non-judicial contexts. As he has repeatedly observed, foreign sources are central aids in the development of laws: “Of course you consult foreign sources, see how it’s worked, see what they’ve done, use their examples and so forth.”

Since reproductive rights will undoubtedly continue to be one of the “issues of the day” for some time, lawyers will also continue to engage with the issue in a variety of settings, from courts to legislatures. Introducing law students to transnational approaches to reproductive rights is invaluable preparation for their roles as full members of the legal profession.


Appendix: Casebooks Consulted for This Study

Bioethics


Wanda Teays & Laura M. Purdy, Bioethics, Justice, and Health Care (Wadsworth Publ’g, Belmont, CA, 2000)*

Children’s Law


Comparative Law

Norman Dorsen et al., Comparative Constitutionalism: Cases and Materials (West, St. Paul, MN, 2003)**


Constitutional Law


*Cites international human rights law

**Relates international human rights law to reproductive health issues


Michael K. Curtis et al., Constitutional Law in Context (2d ed., Carolina Academic Press, Durham, NC, 2006)*


Family Law


*International Law & Human Rights*


*Public Health*


Lawrence O. Gostin, Public Health Law and Ethics: A Reader (Univ. of Cal. Press, Berkeley, CA, 2002)*


Kenneth R. Wing et al., Public Health Law (LexisNexis, Newark, NJ, 2007)**

*Torts*


Dominick Vetri et al., Tort Law and Practice (3d ed., LexisNexis, Newark, NJ, 2006)

Women’s Rights