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Final Report – IHRP-Facilitated Internship at Human Rights Watch, Women's Rights Division

I spent fourteen weeks at Human Rights Watch's Washington, D.C., office this summer in the Women's Rights Division. I was supervised by Amanda Klasing, a senior researcher at HRW. Amanda specializes in water and sanitation rights and women's rights in the Americas, including Canada.

My primary role this summer was to provide support to Amanda with her research. My first assignment was to analyze and summarize the Violence Against Women Act, which must be renewed by Congress next year. VAWA provides hundreds of millions of dollars in funding for anti-domestic violence programs, provides deportation protection to undocumented victims of domestic violence, and grants tribal courts the authority to hear certain domestic violence cases. With the current composition of the House and Senate, women's rights advocates are concerned some of VAWA's most important provisions could be watered down or eliminated. In addition to analyzing the provisions of the law itself, I also researched the representatives who voiced the most opposition to VAWA when it was previously renewed in 2012.

My biggest project this summer was writing a project design memo on women's access to healthcare in Texas. Racial disparities in women's health indicators, such as the rate of cervical cancer and maternal mortality, are particularly pronounced in Texas. Women's health care in the U.S. is the result of myriad state and federal laws and regulations. For example, federal law requires those eligible for Medicaid have a choice of qualified providers, meaning the state cannot bar qualified and willing providers from receiving funds from state-run, federally-financed Medicaid programs. Legislators in Texas, as in many other parts of the country, have sought to cut off funding to any provider that performs abortion, even though no federal or state money can go to funding abortions. As a result, since strict regulations and funding cuts in 2011, it has become difficult for many women to access their birth control of choice and receive other reproductive healthcare. This project increased my appreciation for the intersection between healthcare access and human rights, particularly in the context of a bureaucratic state, where policies can have devastating impacts on vulnerable groups. More practically, researching for this project led me through a complex web of state and federal laws and funding structures, current court challenges, and Supreme Court precedents.

I worked on several other research projects throughout the summer, including memoranda on an anticipated Interim Final Rule for religious exemptions to the Affordable Care Act's contraceptive mandate. The Affordable Care Act requires employer insurance plans cover certain preventive healthcare services, including birth control. This provision was at issue in the infamous *Hobby Lobby* case, in which the Supreme Court of the United States told the administration it must accommodate religious employers who object to providing insurance plans that include contraceptive care. In May, a draft Interim Final Rule (IFR) was leaked. The IFR would functionally eliminate the contraceptive mandate through an opt-out system for any employer with religious or moral objections to providing contraceptive care to its employees through its insurance plan. Such a policy would be concerning given the high cost of the most

effective forms of birth control, such as intra-uterine devices. The draft IFR hung over our heads for the entire summer, from the time of its leak to the end of my internship. The administration still has not released the IFR.

On the global human rights side, my summer began with research into the administration's "global gag" order. The global gag order was a policy initially introduced in the Reagan administration to cut off aid funding from overseas organizations that either performed or promoted abortion as a means of family planning. Since the policy was first introduced, it has been implemented during every Republican presidency. The current administration's version of the global gag order expanded it somewhat to include Department of Defense spending. I was responsible for getting figures on family planning spending by U.S. agency, including USAID, State, and DOD. I also provided back-end support to Amanda and the team during the rollout of HRW's report on Zika, ["Neglected and Unprotected: The Impact of the Zika Outbreak on Women and Girls in Northeastern Brazil."](#)

I have also had the opportunity to attend many advocacy meetings with partner organizations in Washington to discuss the latest on women's rights in the US. These meetings provide valuable insight into how research is leveraged into advocacy. These meetings are also useful for sharing knowledge on the administration and legislators' intentions with respect to legislative objectives. For example, the administration's leaked IFR on the contraceptive mandate was a constant topic of discussion at these meetings. Along with advocacy partners, HRW attempted to launch proactive campaigns to ensure lower-profile women's rights issues did not get lost in the healthcare debate that dominated the news cycle for much of the summer.

It is clear that human rights are not front-of-mind for the current administration in Washington (indeed, [the president has said as much](#)). While I often felt like an outsider, especially researching domestic women's rights issues, I believe the work that both the IHRP and HRW do will be a necessary uphill battle for the next three and a half years. My time in Washington was brief, but I left with full confidence in the many committed human rights advocates who will continue to fight to ensure no voice, either domestic or international, is forgotten in this administration.