



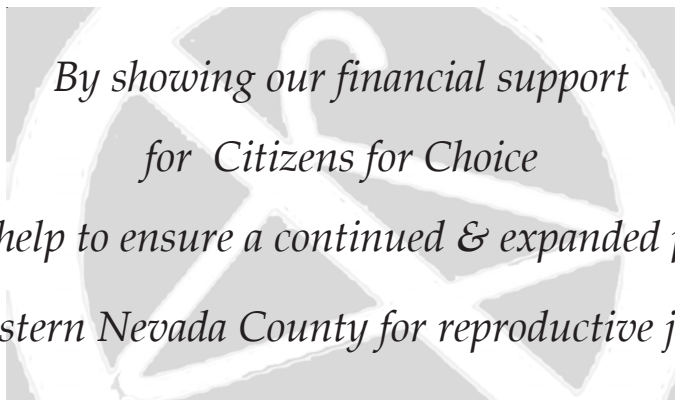
NEVADA COUNTY
Citizens
EDUCATED CHOICES *for* LIFE
Choice

► *Message from the President* ►

The changes happening throughout our community and state this year signal a challenging time for those of us who are committed to the mission of Citizens for Choice. We can work together to promote reproductive justice and to inform and enable choice. We're all realizing more than ever that what happens to one sector of the community affects us all. Many of us feel grateful for our personal life situation. This is the time to "pay it forward" by showing your support of Citizens

support reproductive justice for all, empowering and honoring individual choice."

There are many potential Citizens for Choice supporters within our own circle of contacts. Why not print five copies of this issue of *Voices for Choice* to have on hand (or call us and we'll send you extra copies)? Make a gift of a donation to Citizens for Choice for a holiday or special occasion. Most of us have enough "things", but



*By showing our financial support
for Citizens for Choice
we can help to ensure a continued & expanded presence
in Western Nevada County for reproductive justice.*

for Choice and encouraging your family and friends to do the same. Each of us has the power to spread the positive story of our three year, successful partnership with Women's Health Specialists and the growing number of clients seen each month.

By showing our financial support for Citizens for Choice we can help to ensure a continued and expanded presence in Western Nevada County for reproductive justice, advocacy, educational work, condom distribution, and "The Clinic!" services.

It's also a time to think about the way in which Citizens for Choice is a positive influence here in Western Nevada County. As our Outreach Educators interact with youth and prospective parents of both sexes providing information on birth control, and reproductive health care resources, they disseminate the vital message of "a community and a world which work together to

through our gift donations we can pay it forward by increasing community awareness of Citizens for Choice.

We never know who might need "The Clinic!" Word of mouth referrals and information are frequently the most trusted and followed. A supporter of Citizens for Choice has a resource at the ready.

As the new president, and with the 2009-10 Board of Directors and volunteers, I look forward to working with you, our supporters, to bring about "the day when everyone of reproductive age has access to affordable, confidential family planning services, current medical knowledge, and reproductive health care."

I am, "Another Grandmother for Choice"

Sharon O'Hara

April 2009
Volume 13 Issue 2

2009 Board

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The Clinic!

120 Richardson St,
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Monday 10:30—5
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Voices for Choice

Issues in Brief by Elaine Sierra

Global Gag Rule – President Obama rescinded the global gag rule, which banned federal funding to international family planning groups that offer abortion services or provide information about the procedure (*AP/San Francisco Chronicle*, 1/28). The Senate later voted 60-37 to reject an amendment that would have reinstated the rule, as part of legislation to reauthorize the State Children's Health Insurance Program (S. 275). *AP/San Francisco Chronicle*, 1/29)

California Family Planning Waiver – President Obama, in a last minute "futile effort" to gain Republican support for the economic stimulus plan, removed a provision that would have allowed states to expand eligibility for Medicaid family planning services without the need for a waiver from the federal government. The Congressional Budget Office estimated that the measure would have provided 2.3 million women with coverage for family planning services by 2014 and saved the government \$200 million over five years.

HHS Conscience Rule – The Obama administration has taken steps to rescind the US Dept. of Health and Human Services "conscience" rule that Bush enacted before leaving office. The rule cuts federal funding to health entities that do not accommodate workers who refuse to provide health services or information to which they object on moral or religious grounds. Opponents of the rule believe that it could prevent patients from obtaining accurate information about services related to abortion or contraception (Oliphant, *Baltimore Sun*, 2/7). The rule has been described as "a major prong" of the anti-abortion movement's relatively new strategy of focusing on limiting access to abortion – a strategy that had strong support under the Bush administration, according to the *AP/USA Today*. On February 27, the administration posted a notice on a federal Web site indicating its intentions to overturn the provider "conscience" rule, with a standard 30-day comment period before HHS finalizes the decision. Our Public Policy team submitted comments in support of rescission of the rule.

Comprehensive Sex Education Funding – Rep. Louise Slaughter (D-N.Y.) has introduced a bill (H.R. 463) that would fund "medically accurate" comprehensive sex education, which is expected to pass, according to the *Economist* (*Economist*,

2/12). A University of Washington study suggests that teens who receive comprehensive sex education are 50% less likely than those in abstinence-only programs to become pregnant.

Funding for International Family Planning – President Obama's stated intent is to restore U.S. funding to the United Nations Population Fund. According to the *Washington Times*, Obama's commitment to restoration of funding has "marked the latest shift in a political seesaw that dates back to the Reagan administration and reflects the conflicting agendas of Republicans and Democrats." Former President Reagan suspended funding for UNFPA, former President Clinton reinstated it and former President George W. Bush's administration suspended funding once again. Obama has committed to reinstating the funding as one of his first acts in office. The *Times* reports that UNFPA, which works in more than 140 countries, provides family planning aid, promotes women's rights and works to ensure access to reproductive health services. Abubakar Dungus, UNFPA spokesperson, said, "The main priority of the UNFPA is to prevent women from dying giving birth in Africa, South America and Asia." Anika Rahman, president of Americans for UNFPA, said U.S. support for the fund promotes the rights of impoverished women and has little to do with abortion. On March 10, 2009, the U.S. Congress passed the 2009 federal budget, including a \$50 million contribution to UNFPA. This is a \$10 million increase over last year's budget. After seven years in which no U.S. government funds were released to UNFPA – a period of time which saw the deaths of over 3 million women from preventable complications of pregnancy or childbirth – we will now, as the President said, "join 180 other donor nations working collaboratively to reduce poverty, improve the health of women and children, prevent HIV/AIDS and provide family planning assistance to women in 154 countries." President Obama signed the funding bill on March 11.

FDA Ordered to Expand Access to Plan B – In a clear victory for science over politics, a federal court on March 16, 2009, ordered the Food and Drug Administration (FDA) to

Win - the Global Gag Rule has been rescinded!

Lose - family planning services have been lost for 2.3 million women in California.

Hope - that the HHS Conscience Rule will be rescinded.

expand access to emergency contraception (also known as Plan B or the “morning after” pill). The decision requires the FDA to make Plan B available within 30 days without a prescription to women age 17 and older. It also calls on the FDA to reconsider whether to approve Plan B for over-the-counter status without age restrictions.

Plan B has been available by prescription in the United States since 1999. But because the drug must be taken so soon after intercourse to be effective, in 2001 more than five dozen public health groups, with endorsements from [World Health Organization](#) and the [American Medical Association](#), asked the F.D.A. to make Plan B available over the counter. Not until 2006 did the F.D.A. rule, saying that the drug could be sold without a prescription only to women

over 18. In order to enforce the age restriction, the agency also ordered that Plan B be stocked behind pharmacy counters, in contrast to other over-the-counter contraceptives like condoms.

The federal district court judge, Edward Korman of New York, found that the Food and Drug Administration had bowed to political pressure from the Bush administration. Citing depositions, Judge Korman wrote that agency officials had improperly communicated with White House officials about Plan B. And, he said, F.D.A. employees sought to influence decisions by appointing people with anti-abortion views to an independent panel of experts reviewing Plan B for the agency.

▶▶ State Budget Update *by Cece Royal*

March 24, 2009: Both Senate and Assembly have voted to change State law to conform to federal requirements, allowing California to qualify for \$10.1 billion in federal stimulus package funds going to Medi-Cal. Now it's to the Governor's desk for approval. Potential good news for our Grass Valley clinic!

▶▶▶ Sexual Health ▶▶▶

Choice Facts and Studies *by Elaine Sierra*

Public Opinion on Abortion – An [ABCNEWS/Washington Post](#) poll showed that public opinion of abortion is highly conditional based on varying circumstances, but in general, 57% of people say that abortion should be legal in all or most cases and 54% favor the 1973 Roe v Wade decision that made it so. On the other hand, 42% of those polled believe that abortion should never be legal.

Abstinence-only “Sex Education” – Former President George W. Bush, a proponent of abstinence-only education, helped push funding for the programs to more than \$175 million annually. The federal government has spent more than \$1.5 billion on abstinence-only education programs, the *Economist* reports, while the U.S. continues to have one of the highest teen pregnancy rates of any developed country.

Gardasil HPV Immunizations in California – One in four teenage girls in California received at least one dose of Merck's human papillomavirus vaccine Gardasil in 2007, the first full year of its distribution, according to a [study](#) by the [Center for Health Policy Research](#) at the University of California, Los Angeles. About 378,000 of the 1.5 million female California residents ages 13 to 17 received at least one dose of the vaccine, which is administered in three doses over six months. Gardasil protects against four strains of HPV that are associated with the majority of cervical cancer and genital warts cases.

and estimated that 178,000 pregnancies were averted through the provision of no-cost contraception. In addition, all of the contraceptive methods available to Family PACT clients were found to save public money by preventing unintended pregnancies. Using data from a separate cost-benefit study, the researchers estimated that public savings of each avoided pregnancy that would have ended in abortion in 2002 was \$372 and that the cost savings associated with prenatal care and delivery was \$3,228 for each avoided pregnancy. A total of \$11,545 was saved in medical, welfare and other social service costs for a woman and infant from conception to two years after birth.

California Attitudes on Parental Notification Measures – Most Californians support a state law requiring parental notification for minors seeking abortions, according to a [poll](#) recently released by the [Public Policy Institute](#), the *AP/San Jose Mercury News* reports. According to that news source, the poll is the largest study since 2005 to examine Californians' views on abortion and family planning and reveals an overall shift in Californians' attitudes toward abortion restrictions. The poll found that 68% of all adults favored a parental notification law, regardless of their political party, region, race or ethnicity. In addition, the survey found that 61% of Californians oppose abortion restrictions, down from 71% in 2000. Those who support abortion restrictions increased over the same period from 27% to 35%.

STIs Rise Among Women – A January 2009 [report](#) released by the Centers for Disease Control and Prevention [found](#) that the

California Family Planning Funding – Researchers analyzed data from California's publicly funded family planning program, Family PACT,

continued on page 4



Choice Facts and Studies *continued from page 3*

prevalence of Chlamydia, gonorrhea and syphilis have increased in the U.S., a finding that demonstrates a “growing public health problem with its severest effects among women, young people” and minority groups, the *New York Times* reports. According to the *Times*, all three STIs can be treated successfully with antibiotics; however, many people continue to spread the conditions because they are unaware of their status. CDC epidemiologist Stuart Berman said, “Condoms are a very good way to reduce the risk of getting infections,” also emphasizing the importance of regular STI screening. He recommended that pregnant women and men who have sex with men should have yearly screenings for Chlamydia, gonorrhea and syphilis, and sexually active women younger than age 26 should have yearly

Chlamydia screening. According to the *Times*, Chlamydia prevalence among women is three times greater than among men. Left untreated, Chlamydia and gonorrhea can lead to pelvic inflammatory disease, infertility, and ectopic pregnancy.

Teen Birth Rates Rises for Second Year – The birth rate among U.S. teens increased for the second year in a row in 2007, according to a National Center for Health Statistics [report](#) issued March 18, 2009, the *Washington Post* reports. The national birth rate among women ages 15 to 19 rose 1.4% from 2006 to 2007, continuing an increase that began in 2006 when the rate went up 3.4% after 14 years of decline. The new report found that the overall birth rate among teens ages 15 to 19 rose from 41.9 births per 1,000 teens to 42.5 births per 1,000.

▶▶▶▶ **Choice Programs & Events!** ▶▶▶▶

Citizens for Choice Representatives at Reproductive Freedom Day

by Elaine Sierra, Public Policy Chair

On March 24, 2009, Public Policy team members – Sharon O’Hara, Cece Royal and I – and Health Educator Sarah Molaro and a teen advocate at Nevada Union High School, Hannah Limov – attended the 7th Annual Reproductive Freedom Day at the Sacramento Convention Center, sponsored by the California Coalition for Reproductive Freedom. I was especially heartened to see the range of ages represented, from 16 to 83, as well as a cross-section of ethnicities and geographic areas. You can imagine how energizing it was to be among so many people proclaiming and demonstrating their commitment to choice at the conference. One example is longtime women’s rights activist Jerrie Meadows (the 83-year-old) from Berkeley, who spoke glowingly of taking her daughter and granddaughter with her to the 2004 March on Washington for reproductive rights, and whose granddaughter now volunteers for Women’s Health Specialists.

The conference included workshops and roundtable discussions. Those that we attended are described below. They added to what all of us agree was a very rewarding experience and a great opportunity to take action to foster reproductive justice in our state.

Reproductive Health, Rights, & Justice: Theory 101 Workshop attended by Cece Royal

The conference workshop brought a group of 50 participants together who were divided into small groups. Each group received a handout that outlined the real-life case study of a sixteen-year-old girl. Talk centered on defining the girl’s developing dilemma, the problems encountered at every new turn as well as the solutions supplied (or not) to the girl. This activity demonstrated how a system can work or fail for young women caught in a situation in which they feel alone and frightened. In this case the girl was 19 weeks pregnant, an undocumented worker, afraid of deportation by any agency she might approach, shamed at the rape that caused the pregnancy, and unable to confide in father or brothers, her only family members. In the end after many delays and numerous missteps due to the lack of interconnectedness of the agencies involved, she at last is referred to Access, which supplies her transport, information, counseling, and contact with a doctor who performs the needed procedure. While this story does not end badly, it serves as a poignant reminder that a woman’s right to exercise choice occurs only through the efforts of reproductive rights advocates (like Access) that ensure women receive desperately needed services. In addition, community reproductive rights advocates ensure that women are justly protected by laws and served by clinics like ours, staffed by Women’s Health Specialists. Promoting both reproductive services and the laws that protect their existence leads to reproductive justice. This workshop got us all thinking about the vital nature of reproductive justice.

After intensive briefings on the subject of our visits and training on how to lobby effectively, we split up into teams and fanned out to visit key legislators to ask for their support of SB 810 (Leno), the California Universal Healthcare Act, and to explain firsthand how the lack of health insurance is harming us and our communities. The universal healthcare bill would ensure affordable health insurance for all Californians, including those who are now uninsured because they have lost jobs, cannot afford insurance premiums, or are denied coverage because of pre-existing medical conditions. At the debriefing and discussion afterwards, both Sarah and Hannah spoke up to say how worthwhile they found their lobbying visits.

Advocacy in tough Economic Times Workshop attended by Elaine Sierra

The workshop was led by women from the California Budget Project, Planned Parenthood Affiliates of California and Women’s Community Clinic, to discuss the state of California’s budget and economy and the opportunities and challenges that they present. The current California budget was enacted in late February, but it remains in flux, subject to the usual revision in May and additional new factors. Among the enacted budget cuts are changes to Medi-Cal/Medicare

An innovation this year was the presentation of two reproductive justice awards to honor leadership across the generations. The first-ever “Guardian of Women’s Health” award was given to Charlotte Newhart, who does legislative advocacy on behalf of the American Association of University Women of California, among others. The “Emerging Leader” honor was awarded to Marisol Franco, who is a legislative advocate with California Latinas for Reproductive Justice.

that have eliminated some optional benefits services and reduced reimbursements to hospitals by 10%. (Some cuts are slated to be restored if California receives at least \$10 billion from the federal government's stimulus package, as is expected to happen.) Under the budget compromise, Propositions 1A through 1E will go to the voters in a special election in May, 2009. The most problematic for health advocates is Prop. 1A, which would create a budget reserve amounting to 12.5% of general revenues. It would also set a cap on state spending, with a very complex spending formula for budget growth. And, it would extend some tax hikes. Unfortunately, the long-term effect of the ballot measure would be that revenues that could be used for services in future years would be tied up, ratcheting down spending to such an extent that education may crowd out other spending. The measure is tied to Prop. 1B, which would restore cuts to education. (See www.cpb.org for a detailed analysis of 1A, and presently, analyses of 1B through 1E.) Panelists brought home how budget decisions affect lives, determining whether women will have access to healthcare, childcare and a host of other needed services. As advocates concerned about women's lives, we were urged to learn about budget issues and then to help educate our legislators about the human impacts and inter-relationships of health and human services programs. Participants gained awareness of the need for our various interest groups to form into coalitions, to work together on the big picture, to leverage our resources, and not to focus merely on our own programs. A key strategy for us all is to join together to voice the interests of the people we serve.

▶▶▶▶ Outreach

Outreach is going great as the weather is warming, and the light lasting, providing our outdoor work more permissible. Our Sattelite baskets continue to grow (see the list in the sidebar). Last month we implemented four new baskets throughout the community. It only takes a couple of weeks before the new baskets start emptying quickly. **We could use additional baskets that are deep and not too big.** Please drop them by the clinic, email us, or leave us a message, and we will gladly pick up!

We've established Citizens for Choice on myspace, <http://www.myspace.com/nevcochoice> and facebook <http://www.facebook.com/profile.php?id=1684234584>, and are gaining new friends everyday. Look for us at the street fairs this summer! We'd love your words of encouragements, or any suggestions that you may have to enhance our visibility in the community. As always, thank you so much for your continued support of our work. We are delivering approximately 40,000 free condoms annually to Nevada County with our new baskets and continued efforts!

Youth Creating Reproductive Health & Justice Workshop attended by Sarah Molaro

Of particular interest for me were a couple of different non-profits that focused on youth development, and work specifically focused on empowering young women. It was inspiring to meet others who are venturing to educate young women about the importance of their own health, and about the power that we all deserve to make educated choices about our own bodies. Some of these groups focus on teaching young women about politics and how to work towards ensuring reproductive justice. Some of these groups have teen advocates who educate their peers on issues of reproductive health. One of my favorite things about these groups was how open they were and the positive attitude that they carry about the work that they do.

Reproductive Justice Alliance Building to Defeat Proposition 4 Roundtable attended by Sharon O'Hara

The roundtable discussion about alliance building centered on progress made by the Black Women for Wellness and CA Latinas for Reproductive Justice. Planned Parenthood gave mini-grants to targeted groups working to defeat Prop. 4. I sat in on this group with the intention of learning more about the methods used for community outreach. The most important comment "It was important to put a face on the problem." The successful groups had teams of multigenerational spokespeople who met with clergy and other community leaders.

Citizens for Choice thanks the following donors who generously gave between 1/10/09 and 4/15/09

Sustainer
Sharon Haddy
Jim Bair & Cecelia Royal

Advocate
Darlene & Roy Paulsen
Janine Rickard
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Kate Robertson
Susan & Win Rogers
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Sarah & Jesse Molaro
Gail Parle

The Clinic!
Our reproductive clinic in Grass Valley has now seen over 5,000 clients since May 2006, in just two days a week.

Support our supporters!
The following businesses have graciously allowed us space in their store to display our condom baskets:
After the Gold Rush Records
Behind Closed Doors
The Blue Jean Store
The Bottle Shop
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Mekka Cafe
Nito's Hats and T-shirts
Sacred Bee
Sierra College Health Center
Tez Me
The Clinic!
Tribal Weaver
WIC (Women, Infants & Children Services)



▶▶▶ Sexual Health ▶▶▶

Pregnant? Come on in! by Linda McManus

In July 2006, as a member of the Committee on Government Reform (in 2007 its chair) Rep. Henry Waxman (D CA 30th District) released *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers*¹, a report dealing with the misinformation and deceptions of what are called “pregnancy resource centers” or “crisis pregnancy centers” but are, in fact, fake clinics.

The purpose of these clinics is to advance a biased agenda whose main aim is to stop pregnant women from seeking an abortion. While some of the clinics are legitimate and adhere to medically accurate information, many others use deception, coercion, medically inaccurate and oft-times dangerous information, and blatant lies, and frequently mislead and misinform pregnant teens about the health risks of induced abortion. Most are associated with religious organizations and all are strongly anti-choice. And they rarely employ true medical professionals. Representative Waxman’s report found that of the CPCs questioned, 87% gave out false and misleading health information – some while receiving federal funding.

Crisis pregnancy centers began in response to the decriminalization of abortion in 1967 in Hawaii; Robert Pearson opened the first center as well as establishing the Pearson Foundation, both for the purpose of preventing abortions by means that were less than truthful. In the 1990s he wrote a book, *How to Start and Operate Your Own Pro-Life Outreach Crisis Pregnancy Center*, which advocated deception – either by omission, evasiveness, or outright lying. In one of his speeches, Pearson said “Obviously, we’re fighting Satan. A killer, who in this case is the girl who wants to kill her baby, has no right to information that will help her kill her baby.”

We at Citizens for Choice would like to eliminate abortions also. But we believe in scientific facts, with research that has gone through rigorous checks and balances: we believe in the truth. We believe that everyone deserves medically accurate information, an unbiased and confidential consultation, and access to birth control and abortion.

Science? What’s science? To a great degree, the general public, the media, and some policy makers don’t know what constitutes good science². The methodologies used are complex but they must be transparent in the study so that other researchers can replicate the methods. Where scientific results are published is extremely important; scholarly journals, often run by professional associations that establish research

standards in their field, are the benchmark. They rely on both the professional judgment of their editorial staff and on a peer-review process. One outstanding source is The Institute of Medicine or IOM (part of the National Academies of Science, NAS)³, an advisor to the nation for science-based advice on matters of biomedical science, medicine, and health. It is a non-profit organization created for this purpose in 1970 and is not politically connected to any group or administration. In one IOM report⁴ they state that “Family planning is a socially beneficial activity that affects the wellbeing of women, men, children, families, and society as a whole. Planned fertility confers the benefits of improved child health and development and reduces the lifetime risk of chronic illness or death from a pregnancy-related condition. A woman experiencing an unintended pregnancy is at greater risk for depression and physical abuse. She also faces the usual health risks of pregnancy, including maternal death.” The National Institutes of Health, NIH⁵ is another organization but is politically connected (it falls under the Health and Human Services department, as does the Centers for Disease Control, or CDC, thus making them potentially subject to political pressure from the executive or legislative branch of government) – however, a report from the Child Health and Human Development Branch of the NIH does call for ongoing research in contraception for both men and women, and states that “Effective new methods for male fertility regulation would not only benefit men, but would also be a major contribution to women’s health.”⁶

Truth in Advertising? Let’s deconstruct some of the items from the website of a local crisis pregnancy center, LivingWell. On the page relating to abortions⁷, some of the complications that they state as “facts” are not substantiated by any published research paper, indeed they cite none of the “number of scientific studies” that they mention. If one actually looks at impartial and authoritative research, the true findings are much different. Here are some of their claims:

Abortion procedures: the descriptions use leading and emotional statements to persuade. You’ll need to read the statements on their web page; it uses words such as “scarring,” “infertility,” “death,” but gives no statistics. The intent is clearly to scare one from having an abortion. The published facts are in stark contrast: an article from the Journal of the American Medical Association (JAMA), states that “Legal-abortion mortality between 1979 and 1985 was 0.6 death per

*Thank you to our
Voices for Choice
contributors:*

Linda McManus

Sarah Molaro

Sharon O’Hara

Cece Royal

Elaine Sierra

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is published
quarterly
starting in January;
please contact
the editor if you
would like to write
for our
newsletter.

100,000 procedures, more than 10 times lower than the 9.1 maternal deaths per 100,000 live births between 1979 and 1986. Serious complications from legal abortion are rare. Most women who have a single abortion with vacuum aspiration experience few if any subsequent problems getting pregnant or having healthy children. Less is known about the effects of multiple abortions on future fecundity. Adverse emotional reactions to abortion are rare; most women experience relief and reduced depression and distress.”⁸

Physical Risks of Abortion Procedures; Breast Cancer: The statement linking abortion to breast cancer is simply not true. In 2003, the National Cancer Institute (NCI) convened more than 100 of the world’s leading experts on the topic of abortion and breast cancer. After a lengthy and exhaustive review of all of the research, including a number of newer studies that avoided the flaws of their predecessors, they concluded that “induced abortion is not associated with an increase in breast cancer risk,” noting that the evidence for such a conclusion met NCI’s highest standard. In 2004, an expert panel convened by the British government came to the same conclusion.⁹

Emotional Risks of Abortion Procedures: the website mentions post-abortion stress syndrome (PAS), a “syndrome” that is not recognized by either the American Psychological Association or the American Psychiatric Association. In August 2008 the American Psychological Association issued a report stating that “...among adult women who have an unplanned pregnancy the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy.”¹⁰

While the “Koop Report” (the 1987 never-issued report by Ronald Reagan’s Surgeon General, C. Everett Koop) seems to remain somewhat shrouded in mystery, his words in the hearing before the House Government Operations Subcommittee on Human Resources and Intergovernmental Relations, in March 1989, are not. At the hearing, Koop did state that it was clear to him that the psychological effects of abortion are “minuscule” from a public health perspective¹¹. Also in the hearing, regarding the physical effect of abortions he stated that “...My letter to the President focused on the psychological effects of abortion because obstetricians and gynecologists have long since concluded that the physical sequelae of abortion were no different than those found in women who had carried pregnancy to term or who had never been pregnant.”¹²

Abstinence Education: LivingWell espouses only abstinence and calls for teens to practice “good character” rather than “safe sex” thereby implying that any teen who has sex has bad character. Their clinic does not dispense condoms or any other contraceptive; the author is unsure whether they employ qualified medical personnel. The webpage states that “condoms are useless in preventing STD’s contracted through area to area contact,” and in an interview on January 21, the LivingWell sex educator stated that “condoms do not protect, or very little at all, in skin-to-skin contact” from contracting STDs. She many times cited the use of facts and statistics from the CDC – and remember the CDC is under the umbrella of the Health and Human Services – yet the CDC website itself states that “Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS. In addition, consistent and correct use of latex condoms reduces the risk of

other sexually transmitted diseases (STDs), including diseases transmitted by genital secretions, and to a lesser degree, genital ulcer diseases. Condom use may reduce the risk for genital human papillomavirus (HPV) infection and HPV-associated diseases, e.g., genital warts and cervical cancer.”¹³ Also in the interview, the sex educator mentioned how condoms often fail, without citing the rate. Condoms, when used correctly, have a 2% failure rate, that’s a 98% success rate. It should be remembered, though, that some STIs can be contracted from surfaces not covered or protected by the condom.

Check out the Citizens for Choice website dealing with abstinence, <http://www.citizensforchoice.org/abstinence.html>, you’ll find a number of references to peer-reviewed studies of abstinence-only programs that have found no consistent or significant effects on delaying the onset of intercourse, and at least one study provided strong evidence that the program did not delay the onset of intercourse. And if abstinence-only is taught with no comprehensive sexual education, then when one falls off the wagon and into bed, there’s no knowledge of how to protect oneself.

So what’s the answer? No birth control is 100% effective in preventing pregnancy; no method is 100% effective in preventing STDs. Total abstinence until marriage is (and that means no kissing, no touching), yet how realistic is it? (And marriage does not protect you from STDs or pregnancy). But denying science-based education and putting an anti-contraceptive and anti-abortion spin to further your own agenda – or rewriting CDC fact sheets – is not the answer. Hopefully Congress will put an end to these deceptive practices. In 2006 Representative Carolyn Maloney (D-NY) introduced a bill into the House of Representatives, *Stop Deceptive Advertising for Women’s Services Act*, which aims to hold crisis pregnancy centers up to truth in advertising standards. Maloney said of CPCs, “When women are making a health decision, they should never be subject to deceit and trickery... Some of these Crisis Pregnancy Centers should be called ‘Counterfeit Pregnancy Centers.’ They have the right to exist, but they shouldn’t have the right to deceive in order to advance their particular beliefs.” In April 2008 it was introduced into the Senate by Senator Robert Menendez (D-NJ).

As our advertisement in *The Union* on the 36th anniversary of Roe v Wade stated:

Before Roe v. Wade, women died from self-induced abortions, sometimes using wire coat hangers. Outlawing abortion will not make it go away. But through education and access to contraception, we can help eliminate the need for abortions. Help stop the ignorance.

¹Henry Waxman <http://oversight.house.gov/story.asp?ID=1080>

²The Uses and Abuses of Science In Sexual and Reproductive Health Policy Debates, Adam Sonfield, <http://www.gutmacher.org/pubs/tgr/08/4/gr080401.html>

³IOM <http://www.iom.edu/>

⁴IOM, report <http://www.iom.edu/Object.File/Master/27/702/ContraceptiveResearchpdonly.pdf>

⁵<http://www.nichd.nih.gov/publications/pubs/upload/CRHB-council-report-june-2008.pdf>

⁶NIH, Child Health and Human Development, Contraceptive and Reproductive Health Branch http://www.nichd.nih.gov/publications/pubs_details.cfm?from=&pubs_id=5710

⁷LivingWell <http://www.livingwellgv.org/abortion.shtml>

⁸JAMA Vol. 268 No. 22, December 9, 1992, *Induced termination of pregnancy before and after Roe v Wade. Trends in the mortality and morbidity of women.* Council on Scientific Affairs, AMA, <http://jama.ama-assn.org/cgi/content/abstract/268/22/3231>

⁹2003 NCI study *Summary Report: Early Reproductive Events and Breast Cancer Workshop*, National Cancer Institute, www.nci.nih.gov/cancerinfo/ere-workshop-report

¹⁰APA Task Force on Mental Health and Abortion <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>

¹¹Gutmacher Policy Review <http://www.gutmacher.org/pubs/gpr/09/3/gpr090308.html#boxref1>

¹²Statement of C. Everett Koop, MD, http://profiles.nlm.nih.gov/BB/B/G/Q/Z/_qgbqzq.pdf

¹³CDC <http://www.cdc.gov/condomeffectiveness/latex.htm>

April 26 Sacramento Earth Day, www.sacramentoearthday.net

May 8 The Clinic! is celebrating its third anniversary. Over 5,000 clients have been seen since the opening in May 2006. Join us and co-partner Women's Health Specialist as we celebrate our success!

For further information and details, visit our website, www.citizensforchoice.org

September Nevada County Citizens for Choice turns 20!

Baskets needed for our Satellite stores!
See page 5, Outreach

Ah, the advent of spring!

**...too bad it's not the exit
of STIs.**

Sexually transmitted infections
are on the rise. 1 in 4 teens have an STI.
Get checked. Get treated.

Visit our free/low cost reproductive health clinic.
No appointment necessary!
120 Richardson St., Suite D, Grass Valley
Monday 10:30 to 5
Wednesday 1 to 6