

▶▶ A DELEGATE TO THE UNITED NATIONS COMMISSION ON THE STATUS OF WOMEN ▶▶

By Kimberly D'Urso, President

What an honor it was for me to be given the opportunity to participate in New York – at the United Nations – for the 57th Commission on the Status of Women. This year's theme was “Eliminating all forms of violence against women and girls,” with special focus on how countries can strategize to eliminate rape and gender-based violence.

Upon completion of the credentialing process inside the United Nations, I started crying and was overcome with emotion. In that moment I realized I had always wanted to be connected to the United Nations, since I was a little girl. I love language, culture and people; and so what better place for those intersections to happen? I was in awe.

Knowing that I was just one woman in a sea of women there who are committed to furthering the status of women in the world was inspiring and electric. Elisa Parker (of See Jane Do) and I planned our itineraries the night before each day's event. Many events were over capacity, so luckily we had pre-booked many panels. Being a delegate representative for WIN, Women's Intercultural Network, was an honor. I got to meet the other members of the delegation, share a meal, network, and work together on reviewing and drafting responses to a Resolution document that was presented – and ultimately adopted – by the United Nations this year.

What I learned is that twenty years ago, the UN General Assembly adopted a landmark declaration on eliminating violence against women. And although much has been done around the world to further that cause, much is left to do.

As quoted by Ambassador Susan E. Rice, U.S. Permanent Representative to the United Nations, “One in three women worldwide – one in three – will still be beaten, coerced into sex, or otherwise abused in their lifetimes, most of them by an intimate partner. More than 600 million women and girls still live in countries that have not yet declared domestic violence a crime. Women with disabilities are two to three times more likely to be physically or sexually abused. Lesbian, bisexual, and transgender women still face higher risks of violence and abuse. Thousands of women and girls caught in conflict zones and post conflict zones are subjected to rape and horrific abuse daily. And some 60 million girls are assaulted each year while simply trying to get to school.”

Related to this site, I am reminded that one incredibly profound moment for me was attending an art in film panel where women filmmakers from all over the world were sharing films about violence against women. It was the trailer for the film “The Comfort Women” that brought myself and the whole room to tears. In this film I/we learned that, during World War II, the Japanese military had set up a complex system which forced Korean women and tens of thousands of Asian women into sexual slavery. This film documents their bringing that horror to light, how they organized as a group to demand accountability, how they individually struggled to come to terms with what had happened to them, and how they processed their experience and its purpose.

I am reminded that the message of ending violence against women and girls is not

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► CULTURE CHANGES ►

WHY ARE BOOMERS GETTING S.T.D.S?

By Eric Nagourney, New York Times, 3.29.13

Some time back, researchers writing in, The New England Journal of Medicine, decided to ask older Americans about their sex life and discovered something interesting: very often, they have one.

When Robin G. Sawyer, an associate professor in the University of Maryland School of Public Health, shares this information with his students, some seem horrified.

Maybe they are troubled by the thought of “wrinklies,” as a character in the Christopher Buckley novel “Boomsday” calls them, being intimate. But maybe what gets them is just how often many baby boomers boom — at least two or three times a month, the study found.

“That’s better than some of my undergraduates,” Dr. Sawyer said.

There can, however, be a cost. A vigorous sex life for boomers carries the same risk as it does for younger people: sexually transmitted diseases. And writing last year in the medical journal Student BMJ, researchers point to a rise in the number of adults over 50 seeking treatment for such infections, including the virus that causes AIDS. In 2011, the most recent numbers available, the federal Centers for Disease Control and Prevention identified more than 12,000 cases of gonorrhea, about 2,600 cases of syphilis and more than 22,000 cases of chlamydia in people ages 45 to 64.

To some extent, the explanation for the increase in older people with S.T.D.s is the same as the explanation for what one presumes is an increase in older people owning goldfish: there are more of them around to become infected or, as the case may be, to visit a pet store. And officials at the federal Centers for Disease Control and Prevention stress that the biggest public health threat is posed by infections among people ages 15 to 24, who

account for half the new infections each year.

But for baby boomers the situation may be a bit more complicated. To begin with, there are physical changes that may increase the risk of infection. As women age, the Student BMJ researchers noted, the thinning of the lining of the vagina and a loss of lubrication make tiny abrasions more likely, creating entry points for viruses. Change in vaginal pH after menopause may also increase risk, they said.

Still, while those changes may explain why infection is more likely if a woman is exposed, the researchers wrote, “they do not explain why older adults are increasingly exposing themselves to risk.”

Many boomers and older people find themselves dating again after their marriages have ended, and after years of being out of the field, they may think of sexually transmitted diseases as having little to do with them.

They also may not realize that while they have not been very active sexually, the same may not be true for their new partners. “They may think that they’re having safer sex than they are actually having,” said Dr. Heather E. Whitson, an assistant professor of geriatrics at Duke.

The introduction of drugs like Viagra may also play a role, increasing both the number of older men having sex and, perhaps, the amount of risky behavior, researchers said.

And with unwanted pregnancy no longer a concern, couples may make less use of condoms, a problem addressed by a British public health campaign aimed at what it calls the Middle-Age Spread.

If not using a condom sounds a little like something a couple of teenagers in a car might do, well, maybe that’s because it is.

“When they’re 65,” Dr. Sawyer said, “you think, ‘You should know better than that.’ ”

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Charlotte Cammon
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Marlene Katz, PhD
Sharon O’Hara
Elaine Sierra
Debra Worth

EC ON STORE SHELVES – IS THAT COVERED?

By Raising Women's Voices (for the Health Care We Need) <http://www.raisingwomensvoices.net>



On Friday, women got great news about contraceptive access! A judge ruled that the Food and Drug Administration (FDA) must follow the science and remove the age restriction that has limited women's access to emergency contraception (EC). This decision means EC will be available on store shelves to all women.

EC is a safe and effective way to prevent pregnancy in the first few days after unprotected sex or contraceptive failure. It's been available without prescription to women 17 years and older for many years, but a medically unjustified age restriction was imposed for political reasons. Because of the age restriction, EC could only be sold in settings where a pharmacist was available to check the purchaser's government-issued proof of age. That kept lots of women – like women who couldn't get to a pharmacy during the hours when a pharmacist was working and women with disabilities and new immigrants who may not have government-issued identification -- from being able to use this contraceptive option in the timely way that would have helped them.

After an in-depth scientific review, in 2011 the FDA's top scientists and leaders concluded the EC could safely be made available without prescription to all women, but the agency was overruled and the restrictions on access continued. The judge's decision on Friday cleared the way for stores to put EC on the shelf and for women of all ages to be able to buy it when they need it.

Many women are now asking: will EC be affordable and will it be covered by my health insurance? The price of EC is high (anywhere from \$35-\$60) which makes insurance coverage critically important.

Fortunately, the health care law requires insurers to cover all FDA-approved methods of contraception without copays, if they are prescribed. That means women have coverage for any contraceptive -- including EC -- that is prescribed to them. So, if you have health insurance, you could ask your health care provider to give you a prescription for EC that you can keep on hand in case of emergencies.

In some states, such as California and Washington, pharmacists are allowed to both provide and fill EC prescriptions. So, in those states, you could get EC directly from the pharmacist and still use your health insurance coverage.

Unfortunately, the high price will continue to be a problem for uninsured women and those who buy it without a prescription.

FOLLOW-UP INFORMATION – GRASS VALLEY & NEVADA CITY

By Debra Worth

I did some calling around to area pharmacies to see how much the Plan B and generic 2-pill version would cost without insurance. Most area pharmacies offer both types and range in price from just under \$40 for generic, up to \$60 for one-pill, name brand. The one pharmacist I talked to said that most women buy the generic since he has never seen it covered by insurance in the past. He also advised women to keep one on hand in case of emergency. The only area pharmacy that does not stock it at all is Springhill Pharmacy.

It is easy to buy online as well and about the same price. If a doctor prescribes the plan B, it might be covered on some policies: but if it is a weekend, there is a time constraint for use of the emergency contraceptive.

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▶▶▶ ARE MILLENNIALS BORED OF ABORTION RIGHTS? ▶▶▶

By Madeline Kirsch in Politics



As the 40th anniversary of *Roe vs. Wade* approaches, abortion still seems to be a hot-button issue. *TIME Magazine's* January 14th issue details how abortion rights activists have been losing ground since 1973. Nancy Keenan, president of NARAL, gave an interview in *Salon* about the current generation being arguably less active in the pro-choice sphere than her own is. But I have to disagree with Keenan. I know a number of people in my age group who care about abortion rights very strongly; I consider myself one of them.

My generation may not have the voice that comes with large donations to political candidates, but young voters are a demographic that's important to many seeking office, as we helped elect President Obama in 2008. A large part of millennials' activism is unseen by those outside our age range, given that much of it takes place on social media sites like Facebook, Twitter, and Tumblr. The one I use most, Tumblr, is full of feminist and pro-choice blogs. Todd Akin's offensive comments went viral quickly, and I like to think it let some voters know what, and who, they would really be checking a box for.

The attack on abortion rights has grown in recent years, but so has the pro-choice backlash. Many anti-choice officials (or would-be officials) were defeated in the 2012 election.

However, Keenan may be onto something about my generation. We weren't born when the fight for legal abortions was in full swing.

Instead, we're often seen as "slacktivists," hiding behind a screen. We're overloaded and stressed. Unless we live in an anti-choice state, most of us could probably have an abortion without much fanfare. But I can promise you: We do care. Our support is just being shown differently than in years past.

Without previous generations that take us seriously — and jobs that pay us well enough to donate to organizations like NARAL and Planned Parenthood — we may not be able to make a huge difference.

▶ BIG CHANGES FOR MS. MIRANDA ▶

By Sharon O'Hara

Happy changes for former Board Secretary, Miranda Lamon—now Miranda Wensel and soon to be "Mama Wensel". Miranda is not only well known to supporters of Citizens for Choice but to her fans at South Pine Café. We're sure they share our sense of great happiness for her as she and husband Chris are settling in to their apartment in San Francisco, getting ready for parenthood, and finding the best neighborhood organic grocery stores.

As part of our Advocacy team, Miranda has joined Public Policy Director Elaine Sierra at the California Coalition for Reproductive Freedom quarterly meetings and attended Lobby Days. She plans to keep her place at the table there—maybe with Baby Wensel getting an early start on public policy issues!

Miranda is going to continue to be part of our communications team as well. We've really appreciated her skills as a writer and input on the monthly blogs and our website, too. So stay tuned to our Facebook page for update on Family Wensel—Miranda has left the county but not our hearts!

Citizens for Choice thanks the following donors whose generous donations were received between Jan. 25, 2013 to April 25, 2013.

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ABORTION ACCESS IN THE REAL WORLD

By Elaine Sierra, Public Policy Director

The debate about abortion tends to focus on polarized views. Citizens for Choice and our supporters believe that women have the right to make their own decisions about their own pregnancies and bodies, based on their own judgments and beliefs. Others hold contrary views. But equally important is the question, whether a woman who decides to terminate her pregnancy has the ability to exercise that choice – to what extent does she have actual access to safe, affordable, timely abortion services?

To fully understand women's access or lack of access to abortion services, one must look at the many barriers they face. Women's Health Specialists, which staffs our part-time clinic in Grass Valley, also provides abortion services at its fulltime clinics in Sacramento, Chico and other cities in Northern California. So it has firsthand experience with the barriers women face. WHS knows a lot about the reasons behind delays in receiving abortion services, and the resultant increases in costs and risks.

Chief among the barriers WHS has identified is the limited availability of abortion providers. If you can imagine a young woman living in the town of Washington, consider how her treatment might be delayed by the need to schedule an appointment to fit a physician's once-a-week availability.

Delays may also be caused by a woman's failing to recognize or acknowledge the signs of an unplanned pregnancy until the signs are unmistakable. Imagine a Nevada Union high-school girl subjected to date rape who finds

herself in that situation.

Economic barriers, too, are common. Imagine the single mom of pre-school children who needs to save the funds needed beforehand, and to arrange for childcare.

The very fact that a woman will need to travel out of the area is a barrier. Imagine the young student paying her way through Sierra College who needs to work around her academic schedule, perhaps get her employer's approval for time off from work, and arrange for transportation when she does not have a car.

And imagine a woman or girl who has no trusted local doctor or nurse with whom she might freely discuss abortion as an option in the first place, and who has not received comprehensive sex education at school that identifies local reproductive health providers like WHS and our clinic.

One remedy that could help overcome or ameliorate these obstacles would be to have more providers available locally, to provide early abortion care.

One vehicle to provide that remedy is a bill that Citizens for Choice is supporting. Please read the separate article about AB 154 in this newsletter. Find out how it might increase the availability of providers of early abortion care. And then, join our Activists for Choice team. Become an advocate to increase abortion access locally and throughout California.

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only a global one, but a local one that Citizens For Choice is very active in. I am proud that our organization distributes literature to women and teen girls, as well as young men, which informs our community about a variety of related topics: Healthy relationships and boundaries; "safe sex"; talking to parents about sex; and much more.

In addition to literature, by providing sexual health exams, mammograms, PAPs, STI treatment, and providing birth control, Citizens For Choice is actively providing leadership and doing its part to inform women and girls, so that they are empowered and self-expressed and make individual choices that only they can make for themselves and their bodies.

In conclusion, I was honored to be a delegate, and also honored to represent Citizens For Choice at the United Nations. We are all in this together. Especially now, may we honor women and girls and keep them safe.

Remove Restrictions on Emergency Contraception

One year ago today, the U.S. Food and Drug Administration (FDA) was prepared to lift restrictions on emergency contraception and allow it to be available over-the-counter for all Americans. In an unexpected turn of events, Health and Human Services (HHS) Secretary Kathleen Sebelius overruled the FDA's decision and maintained restrictions that prevent those under the age of 17 from accessing emergency contraception without a prescription.

Despite the politicization of the issue, research continues to show that emergency contraception is safe and effective if taken in a timely manner to prevent unintended pregnancy after unprotected sex or contraceptive failure. The American College of Obstetricians and Gynecologists and other medical experts agree that emergency contraception should be available to all without any restrictions. Recently, the American Academy of Pediatrics released a statement recommending emergency contraception be prescribed to teens to have on hand if and when they need it.

It's time for science to be put above politics. Emergency contraception is critical to preventing unintended pregnancy and should be available over-the-counter without restrictions.

▶▶ REPRODUCTIVE PROGRESS ▶▶

CALIFORNIA ASSEMBLY BILL 154, EXPANDING SERVICES, MEETING A NEED, LOWERING HEALTH-CARE COSTS: WIN-WIN ALL AROUND

By Cece Royal

This year we celebrate the progress made in reproductive justice with the 40-year anniversary of Roe v. Wade, a decision handed down by the US Supreme Court in 1973. Yet despite this landmark decision, most California women seeking early term aspiration (surgical) abortions face major difficulties. Under CA law, only MDs, whose services in many areas are not easy to obtain, can perform this procedure. Such a restriction creates accessibility problems for over half the women in CA.

Does such a procedure require an MD? It turns out, no: Early term aspiration abortions, as shown in a multi-year study, Health Workforce Pilot Project #171, are overwhelmingly safe when performed by specifically trained nurse practitioners, physician assistants, and certified nurse-midwives. Expanding services by using these qualified healthcare professionals not only makes aspiration abortions more readily accessible but lowers the cost to the healthcare system.

California, though progressive in many ways, is not one of the four states with expanded

services. The states coded green below (Oregon, Montana, New Hampshire, and Vermont) allow non-physicians (NPs, MW, and PA) to perform medication or aspiration abortions. The yellow states, California among them, allow non-physicians to perform only medication abortions.

AB 154, authored by Assemblymember Toni Atkins (D-San Diego), would place California among those green states that provide expanded

services using trained health professionals. These professionals, as defined in AB 154, are nurse practitioners, physician assistants, and certified midwife nurses.

But how can we be sure these practitioners will perform satisfactorily? The pilot study provides evidence. During the study, which ran from August 2007 to August 2011, 40 nurse practitioners, certified nurse midwives, and physician assistants from four Planned Parenthood affiliates and from Kaiser Permanente of Northern CA were trained to perform aspiration abortions. They were compared to a group of nearly 100 physicians, who had a mean of 14 years of experience providing abortions with the following results:

- Altogether, 5,675 abortions were performed by NPs, CNMs, and PAs, and 5,812 abortions were performed by physicians.

- In all these procedures both groups of abortion providers had statistically negligible complications, less than 2 percent.

- Statistically the complication rates showed no difference between the two providers.

between the two providers.

This research answers the question: “Can these non-MD professionals safely perform abortions?” Yes, they can and they did in over 5,000 cases.

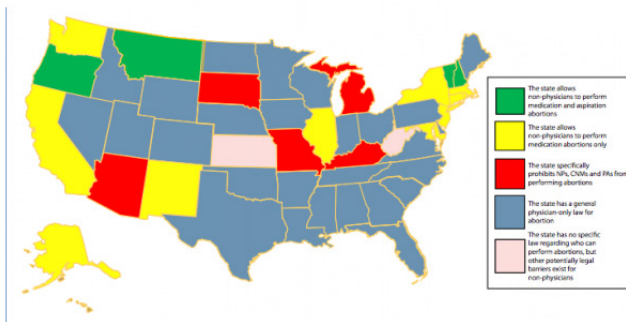
AB154 is the logical response to this information: a woman should be able to access an abortion provided by a qualified healthcare professional.

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Baskets!

The following businesses and offices have graciously allowed us space in their store to display our informational baskets. We thank them!

- Asylum Down
- Behind Closed Doors
- BriarPatch
- Cafe Mekka
- CHOICES club Sierra College Campus
- Classic Tattoo
- Common Goals
- CoRR (Community Recovery Resources)
- Dr. Durbrow
- DVSAC
- Foggy Mountain Music
- Good Times Skate Shop
- HAALo
- Ink Expressed Tatoon
- The Mine Shaft
- Sierra Care Physicians, Grass Valley
- Sierra Care Physicians, Penn Valley
- Sierra College Health Services
- Sierra Family Medical Clinic
- Sierra Mountain Coffee Roasters
- Tribal Weaver
- Unity in the Foothills
- Valentina's Bistro and Bakery
- WIC (Women, Infants, and Children Services)



▶▶▶ A BIT OF HISTORY ▶▶▶

By Marlene Katz

With the recent actions of various states enacting anti-abortion laws to tinker with *Roe v. Wade* a bit more, I think it is important to remember what happened in Romania without abortion and contraception which surfaced in the 1960s.

Romania's repressive communist dictator Ceausescu singlehandedly created the orphan problem for that country. Since he wanted to substantially increase the work force and the country's population, he instituted no birth control measures, no abortion and big incentives for families to produce more children.

The results were high birth rates and equally large numbers of children who were abandoned—170,000 of them were discovered in orphanages which were rated as understaffed and provided widespread neglect of children, physical abuse and overcrowded conditions (the documentary filmmaker who exposed the problems was just shot by his neighbor in Los Angeles a few days ago.) It was likened to those seeing the conditions as concentration camps. With no stimulation of any sort, many children developed cross eyes because they were forced to lie in their cribs for long periods of time.

In time, thousands of children were adopted by Americans and European. However, the upshot of all of this was that the range of emotional problems started with minimal or no prenatal care, social deprivation, diseases (HIV, hepatitis), lack of language skills, behavioral issues, and delayed motor skills which have followed them into adolescence and beyond.

Deposed in 1989, Ceausescu was slain and the country reformed much of the child welfare practices that had haunted the orphanages. They desired to enter the European Union and had to address these issues as well as child trafficking and corruption.

Well, established studies have reiterated that institutionalization in early childhood alters the brain permanently unless there is early intervention. (MRIs showed the volume of gray matter in the brain to have shrunk.)

Since repeated efforts at not allowing abortions have occurred in many states of the U. S., will there also be a growth of orphanages with similar problems because of unwanted pregnancies and economically stretched families? It is alarming what is occurring now in this regard. There is precedent to show what should not be done. It will be yet another taxpayer problem.

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States Atkins: "More than half the counties in California have no abortion provider, forcing women to travel long distances or endure long waiting lists in order to receive basic reproductive healthcare. For some, this delay means a more complicated procedure or even giving up. My bill increases the number of skilled and trained professionals available to fill this healthcare gap."

AB154 resolves the issue of women lacking access to doctors while also cutting cost. Citizens for Choice, as part of the CA Women's Health Alliance, supports this bill.

Finally, we want you to know that your C4C staff and volunteers have acted in support of AB154 as follows:

- Joined in Reproductive Freedom Week events and activities advocating for the bill (Week of March 24).
- Participated in Women's Health Specialists' legislative training and lobbying visits.
- Sent letters of support.
- Sent action alerts to our supporters to call our Assemblyperson Brian Dahle in advance of the April 9 hearing before the Business and Professions Committee (the bill passed in this committee!).
- Lobbied political representatives/staff on April 10 in Sacramento.

We are determined to continue making progress!

LOVE YOUR BODY WEEK

By Debra Worth

I attended the Love Your Body Week at Sierra College, Grass Valley campus with Sharon O'Hara and it was great to see all the signs, art work and sidewalk slogans with positive messages for all people to love the body you have. There were "Body Boxes" placed around the campus, decorated with images and sayings related to body image; there was a slot on top of the box where you could put something in writing about what you love about your body. Sharon and I decorated one such box and I think it came out quite nice I hope Sharon concurs.

Citizens for Choice tabled with the University Women on the quad near the clock tower. We had informational pamphlets, condoms and candy. What more could you want? The tabling was lightly attended but the presentations and films were very well attended. It made me smile to see the condoms we contributed prominently displayed by the door of the theater. Dr. Soles presentation on Beauty was enlightening and unsettling, as I am as guilty as anyone else in the things we willingly do to our bodies to conform to an unattainable and ever shifting image of perfection. I had an Afro in the 1970's -- it was a bad idea.

Thank you so much to the Choices Club of Sierra College for making this event a success.

▶▶ DONATE ▶▶▶

NEW WAYS TO GIVE

By Charlotte Cammon, Treasurer

Citizens for Choice has come into the electronic age at last with four new ways to donate. As of November 2012 we now have the capability of receiving stock transfers through our broker directly to our checking account. We have had many requests for this in years past and finally accomplished the feat. If you wish to contribute in this manner, please have your broker call our broker's representative, Yuba River Wealth Management at 530 265-9272 for the transfer information. The process is very quick and easy. We have updated the donation page on our web site, www.citizensforchoice.org, to a very efficient PayPal link.

We also joined an eScrip program linked to the SPD loyalty card www.spd.com. This is a painless way to give. SPD donates 3% of your purchase to Citizens for Choice when you show them your card.

We recently purchased a PayAnywhere device to use at street fairs and conferences. Your credit/debit card is swiped on this small unit attached to our phone and you sign with your finger.

Zip, done.

These programs are all working very well and in the near future we will be adding a QR, quick response application for Smartphones that will link to our web donation page.

And of course we still accept the good old fashioned paper check made out to Citizens for Choice, P O Box 3525, Grass Valley, CA 95945.

Thank you for your valued support.

Please share this newsletter – an easy way to double our circulation and exposure!

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