

▶▶ WOMEN: ORGANIZED AND READY TO GET ▶▶
OUT THE VOTE IN 2016!!

By Kimberly D’Urso, President

Around the country a record number of anti-abortion and truly anti-women bills in state legislatures— more than 700 in 2013 – are causing women to take a deeper look at what’s happening politically. Introspection has been heightened as to where we stand as women on women’s health and our rights to make choices over our bodies.

The women’s political stage is being set for 2014 and 2016. Women who live thousands of miles apart are rising across the United States to unite in this message to state legislators: “Enough is enough.” Whether in Wendy Davis’ district in Texas, a district in Wisconsin, or maybe one in North Carolina, Cecile Richards, daughter of former governor Anne Richards, sums up thoughts shared by many women and men across our nation: “All they (anti-abortion legislators) have done is built a committed group of people across this state who are outraged about the treatment of women and the lengths to which this Legislature will go to take women’s health care away,” she said.

We have witnessed, one by one, the lengths to which anti-women legislatures are willing to go. Are we ready to stand up and organize in solidarity with the over 2,000 women who packed the rotunda in Texas? Are you? Am I? Yes, I am. We have no time to lose.

So what is your Nevada County Citizens for Choice doing, legislatively, for you? In Sacramento, on July 3rd, three representatives from Citizens for Choice joined hundreds more at the State Capitol to express a strong message of support for the passage of Assembly Bill 154 and Assembly Bill 980. I am happy to report that both AB 154 and AB 980 were passed

through the Senate Health Committee.

Assembly Bill 154 allows for women to receive early-term abortions from not only licensed medical doctors, but also licensed physician assistants, licensed RNs, and licensed midwives. In our rural area this bill is extremely important; and Planned Parenthood talking points on AB 154 point out why: “An estimated one in three women will decide to terminate a pregnancy by age 45, yet many women often do not have sufficient access to early abortions because of the limited number of physicians providing the services in their communities. Almost half of the counties in California have no accessible abortion provider, requiring women to travel significant distances to terminate a pregnancy or wait for an appointment for services.”

Assembly Bill 980 allows for abortion clinics to have the same building code requirements as a primary care facility, meaning these clinics won’t have to jump through political hoops designed to make opening or operating their businesses extremely challenging, if not impossible in some cases.

I came away from the State Capitol feeling confident that the right-to-choose side was well-represented, respectful, and solid in its collective to commitment to keep choices over your body where they belong, with you.

If you would like to volunteer at the next legislative event Citizens for Choice is involved in, or want to be a general volunteer, or help with our upcoming campaigns, we would appreciate your support. Please email: kimberly.c4c@gmail.com

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▶ ARTICLE REVIEW ▶

Abortion Legislation News from Texas By Marlene Katz

We have all been following abortion measures being inflicted on women in various states. But the latest from Texas could be the most-reported, what with the filibuster by Wendy Davis holding on for 11 hours.

Some items listed below are utterly unbelievable, but they did happen or are happening:

Republican Texas legislator Jody Laubenberg should receive the medal for stating the most unbelievable erroneous and misinformed statement: "A rape kit will clean out a woman completely."

Jody was presented with the truth as to what a rape kit was. Paper. It is supposed to be intake material completed by the cops when a rape does occur. However, as Detroit people know, 10,000 unused rape kits were found in a storeroom that had not been used years ago and were still being stored.

According to the New York Times of Sunday, July 14, women in Texas are turning to an abortion pill available in Mexico. Any consequences of its administration are not known as the pharmacists are not aware of dosage or how it is to be used. The pill is also available at some flea markets in Texas, very secretly obtained.

Thus, the use of the pill will be highly unmonitored. (It is misoprostal, a prostaglandin medicine, and is used in abortion clinics with a high success rate) More health care costs will likely ensue in Texas due to the lack of monitoring.

Naturally, all of the previous problems impact low-income women the most.

The author of the bill, Senator Hager, says "it is to increase the quality of care in the state."

The protestors in McAllen, Texas were doing the same thing as protestors at The Clinic! here in Grass Valley: they were fingering their rosaries.

"We're praying for all the babies," they stated. Their plan for rearing the babies who would be born is that the crisis pregnancy centers

available in that area would handle them, sending them out for adoption.

Governor Perry says the new law is constitutional.

The new law does please the Christian conservatives who have held sway so far.

Planned Parenthood may have to have some new increased fundraising to update their surgical centers to meet the new demands of the law.

▶▶ DONATE ▶▶

WE NEED YOUR HELP

By Charlotte Cammon, Treasurer

The Clinic! has been offering Nevada County low cost and/or free reproductive healthcare services for many years using the same used and donated furniture gathered for opening our doors. We feel it is well past time to repair and modernize our office. We want to provide a professional, clean and hospitable space.

We are planning to purchase updated copier/fax, mini fridge, and bookcase for the office and desks for the office and exam rooms. The reception area will have more chairs and a bench/sofa. The lab needs a standing work table, desk, chairs and medical cabinet.

Our budget of \$6,000.00 will allow us to refurbish the space available to our local clients as well as open the office area for 25 in-office sex education presentations a year.

Our summer mailing is out now with our request that you consider supporting us in this effort. We are currently at 30% of our goal.

Please use one of these convenient methods for your support:

- www.citizensforchoice.org This is a very efficient PayPal link
- www.citizensforchoice.org donation form, print form fill out and mail with your check to Citizens for Choice, P O Box 3525, Grass Valley, CA 95945
- Or just mail your check to the above address

Thank you!

Voices for Choice

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▶▶ REPRODUCTIVE PROGRESS ▶▶

The Female Condom

By Sharon O'Hara

September 16 marks the second annual Global Female Condom Day – a day of education and advocacy dedicated to female condoms. Last year, thousands of individuals and nearly 200 organizations from 26 countries participated. Female condoms are powerful tools for pleasure and prevention. They empower and protect.

Representatives of the National Female Condom Coalition met with CDC STI and HIV prevention staff in June, 2013. The meeting focused on the actions public health officials and advocates are taking to build community support and acceptance of female condoms. Also discussed were successful strategies that can be adapted to effectively address issues of limited access and community support of FCs as well as plans for advancing a unified, national vision of FC advocacy.

Formerly called Reality Female Condom, the FC Female Condom is the only FDA-approved device for women that provides both contraceptive protection and STI/HIV prevention. The female condom is the only tool currently available designed to offer woman-initiated protection against STIs, HIV, and unplanned pregnancy. For women who cannot or do not want to use hormonal contraception, female condoms can be an important option because they are non-hormonal.

People need a range of HIV and STI prevention and contraception options to meet diverse needs and situations at different points in their lives.

The ability of receptive partners of all genders to initiate condom use is particularly important in

situations where they cannot negotiate male condom use. No longer must the decision around safer sex rest with just one person.

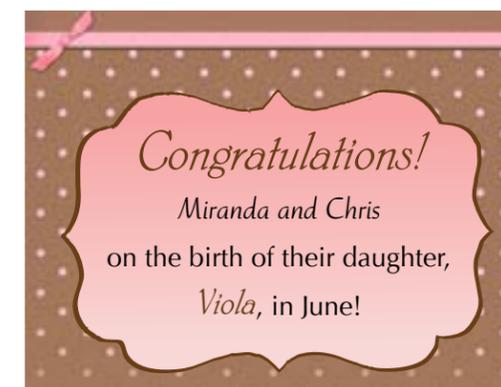
Research shows that female condoms contribute to higher rates of protected sex when they are promoted alongside male condoms.

Because female condoms cover more of the external genitalia, they also offer increased protection against STIs that are transmitted skin-to-skin. Female condoms can be cost effective when offered as part of a well-planned STI and pregnancy prevention program.

But more people need to know about female condoms and be able to access them. You can help make that happen! Advocate for female condoms on Global Female Condom Day on Sept. 16th, 2013.

Join us this year by pledging to take action.

SOURCES:
About.com contraception
NFCC website: nationalfccoalition.org



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▶▶▶ RAISING WOMEN'S VOICES ▶▶▶

Light up your 4th of July with good information!
Raising Women's Voices included this in its July 3 issue.

Most of us look forward to July 4th fireworks, picnics and barbecues. But some of us also know that holiday gatherings will bring renewed conversations with uninformed or skeptical friends and relatives about the future of the Affordable Care Act (ACA).

No matter who you spend your holiday with, you're likely to be hanging out with people who don't have all the facts. According to a recent poll, four in 10 people don't know that the ACA is still the law, and about half don't have enough information to know how it will affect them. Moreover, the news that the Obama administration is giving employers another year to comply with the law has kicked up new, unfounded speculation that the whole law is being delayed.

You can help light up your July 4 gathering with good information about what's really happening with the ACA. Here are some talking points to use.

New coverage starts January 1 – everywhere. Many people think that they won't be able to get the new, more affordable health coverage we've all been talking about because their Governor filed suit against the ACA or refused to establish a state insurance marketplace or "exchange." Not true! Uninsured people in every state will be able to get more affordable health coverage through state-level marketplaces. Some states will run their own marketplaces, while others will have the federal government run a marketplace for their residents.

You have to sign up for coverage – and enrollment starts October 1. Your fellow picnickers may know about new coverage, but they might assume that the government will send them a notice, or get them signed up automatically. Not so! No matter where you live, you can start learning about the sign-up process by going to www.healthcare.gov

Even if your state is not expanding Medicaid, uninsured people can still apply for financial assistance to help afford a private health plan. Some states have refused to take available federal dollars to expand free or low-cost coverage for uninsured people under the Medicaid program. That's a bad decision,

and one we hope to change. But uninsured people in those states can still apply for coverage through the marketplace serving their state. Many low and moderate-income people will qualify for financial assistance from the federal government to help them afford the cost of a private health plan purchased through the marketplace. Everyone who is uninsured should apply to find out if they qualify.

Employers get to wait – but you don't have to. One of the facts your friends may get wrong is thinking that the start of new coverage has been put off a year. Today's news is sending the message that employers get an extra year before they have to start providing coverage or face paying a fine. But that delay doesn't affect uninsured individuals who want to get new, more affordable coverage through the insurance marketplaces. Apply starting October 1 for new coverage that starts January 1, 2014.

You can't be denied coverage for a pre-existing condition. You'll make so many people happy when you share this little fact – insurance companies can't say no, and they can't charge you more just because you had a c-section, suffer from diabetes or were in a bad accident.

It's not hard to apply. If your friends and family are tech-savvy, they'll find the on-line application form easy to use. It can be filled out in Spanish, and there's a help line, with translation assistance in 150 languages. If one of your cousins hates computers, tell her that there will be lots of people trained to give in-person help with the application forms. Tell her she can get help applying at an agency near her home once enrollment starts in October.

There's help paying for coverage. Many people will qualify for free public insurance through expanded Medicaid. Others will qualify for financial assistance to help pay for a private insurance plan.

Need more fun facts to share with your family and friends? Keep an eye on our website for news. And enjoy the fireworks!

www.raisingwomensvoices.net

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

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▶▶ VOICES ▶▶

Opt-Outs and Sex Ed: What Are the Percentages?

Despite years of controversy over opt-out/opt-in laws that address parents' role in their children's attendance during public school sexuality education lessons, little is known about the overall percentage of U.S. parents who actually opt-out their children from these lessons. Even less is known about opt-out/opt-in policies and sexuality education in private schools, which educate approximately 10% of the nation's youth.

Giving parents the option to remove their children from sexuality education lessons is known as an "opt-out" policy. Most states have opt-out provisions in their state education laws, and require public school districts to send written notification to parents of this option in advance of the date when lessons are taught; the reciprocal responsibility of parents who wish to exercise this option is that they typically must inform the school district in writing that their child is not to attend those lessons.

In contrast, requiring that parents provide written parental consent permitting their children to attend sexuality education lessons is known as an "opt-in policy." As of Spring 2013, according to the National Conference of State Legislatures, only three states have an opt-in provision for sexuality education while 35 states and the District of Columbia have opt-out provisions.

Given the limited peer-reviewed published research on national percentages of parental opt-out/opt-in, SIECUS has gathered the best available information, including news sources from various states and school districts.

Below are excerpts from information sources that, taken collectively, suggest an average opt-out rate of under 5% in the relatively few U.S. school districts known to have tracked and reported their data.

California, multiple school districts (2003): 1% to 5%

"A 2003 survey of California school districts...showed that only a small proportion of parents opt out of classes for their 6th–12th-grade children. Seventy percent of districts surveyed reported an opt-out rate of no more than 1%, and 93% of districts reported an opt-out rate of no more than 5%."



From-SIECUS Updates www.siecus.org

Sexuality Information and Education Council of the United States
The Month in Review May 2013 (6/25/13)

▶ PUBLIC POLICY ▶

Citizens For Choice Priority Bills: Advancing Reproductive Justice

By Elaine Seirra

Bills that we currently are supporting continue to move through the California legislature. Chief among them are bills that would: (1) expand abortion access by authorizing non-physician clinicians to offer early abortion services (AB 154); (2) strengthen protections for patient confidentiality for persons covered under another individual's health policy (SB 138); and (3) prevent clinics offering abortion services from being held to higher and more costly building standards that are unnecessary and discriminatory (AB 980). All three have cleared one house, either the Assembly or the Senate, and are poised for final committee consideration.

Some of you have received periodic alerts when your action would help to inform our legislators of your support and the reasons you want them to vote for a bill. It is important to educate our representatives about the views of people like you, who recognize the critical importance of reproductive choice and freedom. And, it is equally important that you and other supporters become aware of the positions of our elected representatives. They are Assembly member Brian Dahle, Senator Ted Gaines, and Senator Jim Nielsen. They have consistently voted against our priority bills in their committees or for floor votes in the Assembly or Senate. Let's continue to reach out to them and raise our voices for choice. Let's not lose sight of our goals.

Happily, our legislative goals are advancing. All three bills have good chances of moving to votes on final passage this fall. And you can be part of the team working to make that happen. Join our Activists for Choice team today.

Senate Subcommittee Proposes Increase to Title X Funding

California Family Health Council (CFHC) (was) pleased to announce that this morning (July 9, 2013), members of the Senate Appropriations Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) subcommittee released its proposed funding bill for fiscal year (FY) 2014 allocating \$327.4 million to the Title X Family Planning program. This represents a \$49.1 million increase to the program from the FY 2013 funding level of \$278.3 million and matches President Obama's FY 2014 budget request.

Since FY 2010, Title X has been cut by \$39 million. As a result, many health centers across the country have had to face the difficult decision to close their doors, reduce patient services, see fewer patients and lay-off staff. The proposed increase in funding sends a strong message of support for publicly funded family planning services at a time when health centers are experiencing an increase in the number of patients served.

California Family Health Council cfhc.org

▶▶▶ EDITORIAL: WOMEN'S RIGHTS ON ABORTION LANGUISH, WITHOUT A FAIR DEBATE ▶▶▶

By the Sacramento Bee Editorial Board

Published: Sunday, Jul. 7, 2013

The spate of new state laws restricting women's reproductive rights, including the right to end a pregnancy, demonstrates yet again why state legislative elections matter – and provides a cautionary tale for those who would depend on courts alone to protect rights.

In the 2010 election, 22 state legislative chambers changed majority control – all becoming Republican-controlled, thus allowing them to control the decennial process of redrawing political districts that last until 2020. In 2012, Democrats regained seven chambers but the Republican domination of state legislatures continues.

So no one should be surprised that these legislatures are passing laws that restrict reproductive rights. That is part of the Republican platform.

This year, North Dakota passed a law banning abortions after six weeks into a pregnancy, Arkansas after 12 weeks. Nine states have banned abortion after 20 weeks. Twenty states have banned abortion coverage in state insurance exchanges that start enrolling people in October. Six states now require ultrasounds before an abortion. Thirty-four states have rules that require abortion clinics to upgrade to meet requirements of a surgery center or hospital.

Unfortunately, many of these measures have been stealth measures, enacted with little debate.

In North Carolina, for example, the Republican-controlled state Senate passed a bill this last week, ostensibly to ban the state from following Islamic law, but it had morphed into an anti-abortion bill. A former state senator, now a U.S. senator, objected through Twitter: "North Carolinians expect transparency, not procedural tricks."

In Ohio, state legislators added anti-abortion amendments to a budget bill and the governor signed it last Sunday night. A state senator objected that they should have debated the legislation openly, on its own: "But they did not have the courage to do that, so they tucked it into a budget bill."

And Texas, of course, has now become infamous for Gov. Rick Perry's attempts to fast-track anti-abortion legislation as an "emergency priority." Legislators, in a second special session after state Sen. Wendy Davis filibustered for 11 hours, limited testimony at a public hearing.

Gov. Scott Walker in Wisconsin quietly signed an anti-abortion bill on Friday, in the middle of the July Fourth holiday weekend.

Could it be that these Republican-controlled legislatures and governors do not want public exposure of these actions?

These measures – which get at the heart of women's role in society, the fundamental right of the woman to choose whether to bear children, the relationship between women and their doctors, and the interest of states in protecting unborn children after the stage of viability – deserve a free and fair debate.

For those who oppose these latest actions in state legislatures, chanting inside or outside legislative galleries or relying on defensive legal strategies should be no substitute for campaign organizing and electing people to office.

Roe v. Wade, decided 40 years ago, said that during roughly the first trimester (three months) of pregnancy, the decision on abortion should be between a woman and her doctor. During the second trimester, states may regulate abortions but may not pose an "undue burden" on a woman's freedom to decide whether to end her pregnancy. At the stage of viability – considered to be around 23 to 24 weeks

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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 Tattoo
- 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)
- Stonehouse Brewery



▶▶▶ THIS IS HERPES ▶▶▶

A Family Story

By Anonymous

I look like any grandmother; a little gray at the temples and a few wrinkles on my face. I thought that the memories of my misspent youth would keep me warm in my later years. I pictured myself sitting in my rocking chair with a sly grin on my face that the kids and grandkids would assume was grandma getting on in years.

That is not what happened. I first broke out with what I thought was a bug bite but that was diagnosed as shingles. The rash spread and blistered and was on the back of my leg. The pain was excruciating, and felt like my leg was being ripped open from within. The following year it happened again and a few months later still again. Most people are unlucky to get shingles even once, not three times. I started to worry that maybe this was something else. I just didn't want to know.

Then the rash started to spread to my vagina. If the pain down my leg was bad this was infinitely worse. I couldn't walk, lie down or sit without pain. The outbreaks were coming closer together as well.

Last year I went to my doctor and she confirmed by lab test on a lesion that I had Herpes Simplex 1, 2 and 3. I had the gift that keeps on giving as Herpes is forever. The shame I felt was worse than the physical pain I felt; I had to inform my husband that he needed to be tested since I was infected. That's the word I used- infected. He was very sweet and gallant about the whole thing and said that maybe he had given it to me. At any rate, we live with this thing and our relationship has survived; some do not.

If my lot in life is to be a cautionary tale let me start by saying to all you other baby-boomers out there, remember the 60's and the 70's? Those were some crazy days. Go to the doctor and get checked out for STDs and while you're there get checked for Hepatitis A, B and C. For everyone that is re-entering the dating scene, be careful out there. Just because pregnancy is no longer an issue doesn't mean that there are no worries. Use a condom. Every time.

There is nothing I can do about what has happened to me. The past is irretrievable. I am dealing with this thing, taking my anti-viral medication and pain medication when needed. I am dealing with the guilt that I feel in having brought this into my relationship. But I am dealing with it and living a good life. If I can prevent one other person from getting this disease then I will feel a sense of power over personal tragedy.

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Please remember that Citizens For Choice is the only unbiased clinic in Nevada County where women and men are offered reproductive sex-education and materials, birth control, family planning counseling and services, and referrals, including healthy pregnancy and adoption referrals. We believe that YOU are the one who decides what's best for your body. Margaret Mead says it best, "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

Let us get out and change the world; or at least keep intact the freedoms those before us have already fought so hard for.

American Medical Association adopts resolution in support of OTC access to OCs

At its annual House of the Delegates meeting last month (June 2013), the AMA adopted a resolution calling for more research on OTC (Over the Counter) access to OCs (Oral Contraceptives) and urging the FDA to encourage pharmaceutical companies to submit the necessary data for an OTC switch for OCs. Below is the text of the resolution:

RESOLUTION 507 - SUPPORT OF OVER-THE-COUNTER SALES OF ORAL CONTRACEPTIVES

RESOLVED-That our American Medical Association recommend to the U.S. Food and Drug Administration that manufacturers of oral contraceptives be encouraged to submit the required application and supporting evidence for the Agency to consider approving a switch in status from prescription to over-the-counter for such products (Directive to Take Action); and be it further RESOLVED, That our AMA encourage the continued study of issues relevant to over-the-counter access for oral contraceptives. (New HOD Policy)

There was mixed testimony on the resolution, with several delegates raising concerns about contraindications to OCs, as well as concerns about cost and reimbursement. The fact that supportive testimony was offered by ACOG was important in garnering the support of others.

OCs OTC Working Group update: July 2013

www.ibisreproductivehealth.orgsupport of others.

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with the support of neonatal intensive care units, usually later – states have an interest in preserving the life of the unborn and can limit, even ban, abortions, except when necessary to save a woman's life.

That leaves a lot of room for debate in state legislatures. It is time for both sides to engage in discussion and persuasion – and to stop avoiding it either through stealth measures or reliance on courts.

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Read more here: <http://www.sacbee.com/2013/07/07/5547907/editorial-womens-rights-on-abortion.html#storylink=cpy>

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