

▶▶▶ REPRODUCTIVE FREEDOM WEEK, ▶▶▶  
APRIL 19-25

By Kimberly D'Urso, President  
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Reproductive Freedom Week is here. Thank you to Elaine Sierra for keeping us informed regarding very important bills such as SB 1053, the Contraceptive Coverage Equity Act. Citizens for Choice will actively be advocating for increased awareness of this bill, locally, and its passage at the Capitol.

In honor of Reproductive Freedom Week, I'm going to share a bit about my experience of being trained as a health educator in California. Attending this state-certified training was a conscious action of our Citizens for Choice board to promote our own understanding of what reproductive freedom means at a deeper level and allow us to better share that knowledge in Nevada County.

In the fall of 2013, I attended a training in Oakland to ultimately become certified as a health educator. About 30 of us, all participants from non-profits and other organizations across California, began our quest to learn nearly four inches worth of material. The training was three intensive days, held over a three-week period.

I was very impressed with California Family Health Council's (CFHC) organization of the training and with its instructor. Our instructor has many years of experience, an approachable teaching style, and a great sense of humor (which is a necessity when talking about sex and the multitude of birth control options available). Humor was a great tool that kept us related and put us at ease to talk about explicit topics.

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REPRODUCTIVE FREEDOM WEEK 2014

JOIN THE CALIFORNIA COALITION FOR REPRODUCTIVE FREEDOM TO CHAT ABOUT THIS YEAR'S ADVOCACY FOCUS AND WHAT REPRODUCTIVE FREEDOM MEANS TO YOU!



TUESDAY, APRIL 22, 2014 @ 1:00 PM

USE #RFW2014

ADVOCACY FOCUS:

SB 899 INVEST IN CALIFORNIA FAMILIES, REPEAL MFG

SB 1035 THE CONTRACEPTIVE COVERAGE EQUITY ACT

SB 1005 HEALTH FOR ALL



TWITTER CHAT



## LEGISLATIVE BATTLES: ADVANCING AND RESTRICTING REPRODUCTIVE JUSTICE

By Elaine Sierra, Public Policy Director

California is among the few states considering bills in 2014 with the objective of advancing reproductive rights and health. We and many of our partners in the California Coalition for Reproductive Freedom (CCRF) are advocating in support of two state bills.

One aims to improve access to the full range of contraceptive and sterilization methods approved by the Food and Drug Administration -- without cost sharing, delays or denial of coverage (SB 1053). It would apply to all insured individuals in California. The bill would address confusion about the Affordable Care Act, and strengthen its requirement that all FDA-approved birth control methods be covered without out-of-pocket costs. Further, it extends the coverage requirement to men, e.g., for vasectomies.

A second proposal would end our state government's intrusion into private reproductive and medical decisions of poor families, while protecting the health and safety of children born into poverty (SB 899). It would repeal the Maximum Family Grant rule for CalWORKS, ending the requirement that an impoverished woman who bears a child while receiving CalWorks benefits must justify her pregnancy as unintended -- such as by showing that her child was conceived from incest, rape or the failure of an approved contraceptive -- in order to receive an additional benefit to help support her new baby.

We are supporting a third legislative proposal this year -- a bill introduced in the U.S Congress to improve health equity and access for immigrant women (H.R 4240). It would remove legal restrictions that put

affordable health coverage out of reach for many immigrants who are living and working legally in the United States. For example, it would remove the 5-year waiting period before eligibility for health benefits for legal immigrants.

Citizens for Choice has participated in Reproductive Freedom Week (RFW) for several years. Spearheaded by CCRF, RFW is set aside for coordinated advocacy. This year, RFW is April 20 -- 26, and its focus will include two of our priority bills -- the contraceptive access bill, SB 899, and the bill to repeal the maximum family grant rule, SB 1053. Particularly during the week of April 20, we urge you to be on the lookout for action alerts and advocacy-related Facebook posts.

It is important to note some good signs among our sister states. While the trend toward restricting abortion rights and health access continues, some states are showing an interest in protecting or expanding rights and access. The Guttmacher Institute reports that, by early April, some 64 provisions had been introduced to expand or protect access to abortion, more than "in any year in the last quarter century." (For the full analysis of state legislation in the first quarter of 2014, go to <http://www.guttmacher.org/statecenter/updates/2014/statetrends12014.html>.)

Join us in celebrating these legislative advances. And, join us in working to ensure that California maintains its leadership in preventing unintended pregnancy and expanding access to birth control for all. All Activists for Choice are welcome!

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# ▶▶ HOBBY LOBBY CASE EXPLAINED ▶▶

By Elaine Sierra, Public Policy Director

You have likely heard about the Hobby Lobby case, and heard it described as one of the most important U.S. Supreme Court cases heard this spring relating to the contraceptive mandate in the Affordable Care Act. Indeed it is.

Let's look at the contraceptive mandate. It's part of the requirement in the ACA that employers who provide health insurance to their employees cover basic preventive healthcare services for women. In other words, it's a guarantee to patients that their private health insurance will cover preventive services – including contraception -- without copays or out-of-pocket cost -- a "mandate" for employers, but also a "guarantee" for female employees. While practically speaking, it was standard practice for private health plans to cover many forms of birth control before the ACA was enacted, the law made coverage of all FDA-approved methods mandatory, without deductibles, copays or other forms of patient cost-sharing. (Existing plans were exempted, but are declining in number.)

Next, let's look at those exempted from the contraceptive coverage requirement on the basis of religious objections. Because some religions object to contraception as violating their religious doctrines, ACA regulations completely exempt health plans offered by houses of worship and other narrowly defined religious employers. Further, an accommodation is provided to religiously affiliated nonprofit organizations, such as Catholic universities, hospitals and social relief agencies. Employees of those organizations are guaranteed coverage of contraceptive services without out-of-pocket costs, but the employers are not required to provide it directly, so long as it is made available and paid for by the insurance company providing coverage for its employees.

The exemption for churches and religiously affiliated organizations satisfied many of the critics who had called the contraceptive guarantee religious discrimination. But others

were not and are not. Among them are private employers who claim they are entitled to an exemption based on their personal religious or moral beliefs against birth control. And prominent in that group is the owner of an Oklahoma-based craft supply chain store, a for-profit company, which is the subject of the case, *Sebelius v. Hobby Lobby Stores*.

Hobby Lobby's main challenge relies on a 1993 federal law called the Religious Freedom Restoration Act (RFRA). That law prohibits the government from "substantially burden[ing] a person's exercise of religion." The Supreme Court will look at the question of whether a company qualifies under RFRA as a "person" that can have religious beliefs and practices. And, if the Court decides that it is a person, the Court would seem to need to consider whether ACA's contraceptive coverage guarantee places a substantial burden on the ability of Hobby Lobby to exercise its own religious or moral beliefs.

Many among us find the whole situation incredible or incomprehensible. Let's see what wisdom our Supreme Court exhibits to make it fully understandable – and dare we hope, just -- when it finally decides this case. For there is a lot at stake for women of reproductive age and the scope of their access to affordable birth control, regardless of who their employers happen to be or what their employers believe.

[NOTE: for a very understandable viewpoint by Unitarian Rev. Angela Herrera of Albuquerque, N.M., go to [http://www.nationaljournal.com/next-america/perspectives/forces-championing-religious-liberty-and-contraceptive-coverage-head-to-supreme-court-20140325?utm\\_content=buffer87ca1&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](http://www.nationaljournal.com/next-america/perspectives/forces-championing-religious-liberty-and-contraceptive-coverage-head-to-supreme-court-20140325?utm_content=buffer87ca1&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer).

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# ▶▶ IN 2014, WHY ARE WE STILL ARGUING ABOUT BIRTH CONTROL? ▶▶

By Dr. Jeanne A. Conry and Dr. Nancy L. Stanwood



Dr. Jeanne A. Conry, left, and Dr. Nancy L. Stanwood

Board Chair Dr. Nancy Stanwood and American Congress of Obstetricians and Gynecologists President Dr. Jeanne Conry co-authored an op-ed about the importance of contraceptive coverage that appears on CNN.com here.

<http://edition.cnn.com/2014/03/25/opinion/conry-stanwood-contraception-hobby-lobby/index.html>

For example, one of the debates with the Supreme Court case centers around the employers' opinion on how contraception works: The employers think that certain forms of contraception (emergency contraception pills and intrauterine devices) cause abortions. But what they believe about science is contradicted by the science itself.

Emergency contraception pills work by inhibiting or postponing ovulation, or the release of the egg, and this prevents fertilization from occurring. Intrauterine devices (IUDs) work by preventing sperm from reaching the egg, either by creating a barrier or by creating an environment that inhibits the mobility and viability of sperm or, in the case of copper IUDs, potentially by preventing implantation of a fertilized egg before a woman is pregnant.

**continued from page 1**

“Shaping the future of Sexual and Reproductive Health” is the mission of CFHC. One of the tools CFHC uses to promote this mission is a concept called a “life plan.” A “life plan” simply means YOU are in charge of your plan for your life, which includes sex and reproductive planning!

Humans plan for many events in life, but seldom do we (especially young adults and teens) actively plan our sexual and reproductive goals. Because of that, we students were taught to ask these important questions of our clients, giving them an awareness of what a life plan is and how they can actively participate in their own life plan: Do you want children? If so, when do you want children? Do you plan on going to college? If you are planning to attend college, how are you going to plan your sexual/reproductive life to be in support of your educational choices?

The health educator training really becomes valuable when, for example, someone is inquiring about birth control. As an educator, I start with questions similar to those above. If I have someone tell me, “Well, I think I want to get my master’s degree”, then I am going to counsel them that they may want to choose a birth control option that is in closer alignment with that goal, perhaps an IUD instead of a pill they have to remember to take every day. I say “may,” because we were also taught that it is very important that the client is the one choosing their birth control method, not me telling them what to choose. It is empowering only when the choice is a personal one.

In addition to learning the life plan concept, I learned all of the anatomically correct sexual/reproductive parts of men and women. That information will be shared with participants in our developing sex-ed program, “Know It and Own It.” Imparting accurate information gives others the knowledge to “Walk the Talk.”

After learning all of the above, we rounded out the course by learning about every birth control option available. We practiced sharing information with partners, quizzing each other on the different options. At the end of the course, we had to pass a written knowledge test and an oral test, where we had to proficiently demonstrate a birth control option to an instructor. I’m happy to say that I passed and enjoyed this experience very much, taking away many good tools to use in our future at Citizens for Choice.

**Citizens for Choice thanks the following donors whose generous donations were received between Feb 3, 2014 to May 1, 2014**

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# ▶▶ SENATOR HOLLY MITCHELL INTRODUCES CONTRACEPTIVE COVERAGE EQUITY ACT ▶▶

New California Legislation Seeks to Improve Birth Control Access for Insured Californians and “Puts the Man” in the Contraceptive Mandate

SACRAMENTO, CA--Recognizing that birth control plays an essential role in the health and well being of individuals and their families, Senator Holly J. Mitchell (D-26) of Los Angeles has introduced SB 1053--the Contraceptive Coverage Equity Act.

Building on current state and federal law, this bill seeks to improve access to the full range of FDA approved birth control methods by ensuring that all Californians with a health insurance plan can obtain contraception without restrictions, delays, or out-of-pocket costs. The bill is co-sponsored by the California Family Health Council and the National Health Law Program.

The Women’s Health Amendment in the federal health reform law, the Affordable Care Act, requires most health insurance carriers to cover the full range of FDA-approved birth control methods and voluntary sterilization services, without any out-of-pocket costs for female enrollees and dependents. While this requirement was a significant step forward, related federal regulations allowed for “reasonable medical management techniques” to be applied in the context of contraceptive coverage, but did not include a definition of the term. This lack of clarity has led to inadequate and inconsistent implementation of the contraceptive coverage provision. The result is women across the nation and state are being denied the birth control method of their choice or having to wait or pay out of pocket for the method prescribed by their health care provider.

“A woman’s choice--in consultation with her health care provider--should determine her method of contraception,” said Senator Mitchell. “Medical management that creates barriers to particular methods deprives women of their reproductive freedom and increases the risk of unintended pregnancy.”

In addition, the Affordable Care Act’s coverage requirement fails to include male methods of contraception. This exclusion allows carriers to deny coverage of male birth control like vasectomy services, forcing men to continue paying out-of-pocket to share in the responsibility for preventing unintended pregnancy. Even when insurance plans provide coverage for the procedure, the remaining co-pay is still a significant barrier to access for many men. “With SB 1053, Californians will have greater access to the birth control method that works best for them so they can more effectively plan their families and their futures. SB 1053 can continue California’s leadership in passing common sense legislation to help both women and men prevent unintended pregnancies,” said Julie Rabinovitz, President and CEO of California Family Health Council.

As health reform implementation moves forward, now is the time to build upon the progress made at the state and federal levels to ensure that all Californians with health insurance--through Covered California, private or employer based coverage, or Medi-Cal Managed Care--have contraceptive coverage that is comprehensive, fair, and consistent.

“All women and men should be able to choose the contraceptive method that works best for them and SB 1053 would do that by bringing equity to this arena and making coverage accessible regardless of gender,” said Susan Berke Fogel, Director of Reproductive Health at the National Health Law Program. “That’s good medicine and good policy.”

SB 1053 will be heard in the California Senate Health Committee on Wednesday April 30, 2014. [www.healthlaw.org](http://www.healthlaw.org)

## LOVE YOUR BODY WEEK



Tuesday, April 8th, was a beautiful sunny spring day, perfect for celebrating Love Your Body Week at Sierra College. The student turnout was light. Regardless, Citizens for Choice was pleased to have a presence seated among other great local organizations like the American Association of University Women (AAUW), Domestic Violence and Sexual Assault Coalition (DVSAC), NEO (New Events & Opportunities for Youth) and CHOICES (Connecting Health Options, Individual Choices and Educational Services).

Many students were receptive to the free condoms and enjoyed the cheeky new condom fairy stickers. Moreover, there were several people who had never heard of Citizens for Choice, and are now informed about our organization, its objectives, and the location of The Clinic!



# ▶ “ABORTION IS NOT A CRIME.IT’S A RIGHT.” ▶

By Marlene Katz

The above headline in the New York Times Sunday edition, April 6, 2014, is the full page ad sponsored by the UNITING FOR SAFE LEGAL ABORTION group. (The website is [www.safeabortionpost2015.org](http://www.safeabortionpost2015.org))

The ad is shown below. The people who are united in this effort are all global health, human rights, and political leaders from 25 countries of varied cultures, with approximately 20 men and 28 women signing the ad. Their titles are high powered and represent a cross section of concerns for this important topic.

## Abortion is not a crime. It's a right.



Every woman in the world has the right to make decisions about **her body, her health and her future.** Laws in almost every country allow abortion for some reasons. But too often, abortion is considered a crime with heavy penalties, including imprisonment, for women and health-care providers. Criminal laws and other barriers to abortion information and services deny women and girls their rights.

In the last 20 years, more than 1 million women and girls around the world have died and more than 100 million have suffered injuries because they had no choice other than unsafe, clandestine methods to end an unintended pregnancy. It is intolerable for these preventable deaths and injuries to continue in the 21st century.

As global health, human rights and political leaders from diverse countries and cultures, **we call on governments to repeal laws that criminalize abortion and to make safe legal abortion accessible for women and girls everywhere.**

### We are united for safe legal abortion.

Elizabeth Maguire  
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- Dr. E. Lernhardt, MD
- The Mine Shaft
- Sierra Care Pediatrics, Grass Valley
- Sierra Care Physicians, Penn Valley
- Sierra College Health Services
- Sierra Family Medical Clinic
- Sierra Mountain Coffee Roasters
- The Stone House
- Tribal Weaver
- WIC (Women, Infants, and Children Services)



# ► THIS STATE IS QUIETLY BECOMING ONE OF THE WORST FOR WOMEN'S HEALTH (AND NO, IT'S NOT TEXAS) ►

By Tara Culp-Ressler



Ohio voters rallied against the harsh new abortion restrictions this past fall

Thanks to the high-profile battle over new abortion restrictions in Texas this past summer, the national media typically associates the Lone Star State with harsh abortion laws. The dire situation in Texas is certainly alarming for reproductive rights activists — but it's hardly the only state where women's access to abortion is under siege.

Ohio has recently dramatically tightened its restrictions on abortion, and the number of clinics in the state is dwindling. State lawmakers haven't shown any signs of ceasing their politically-motivated attacks on reproductive health care. Yet unlike Texas, Ohio women's fights haven't garnered much widespread attention.

"Ohio is one of the most restrictive states in the U.S. when it comes to abortion care. Texas gets a lot of the press, but really, some of the laws that Texas is enacting are stolen from Ohio," an abortion provider who practices in Ohio, speaking anonymously to protect her identity, told ThinkProgress in an interview earlier this month.

Some of the laws that Texas is enacting are stolen from Ohio.

In 2011, Ohio enacted a ban on later abortions that prohibits doctors from ending a pregnancy after 20 weeks unless the fetus is nonviable. Since the new law doesn't adequately distinguish between elective abortions and medically necessary abortions, that leaves some women who discover serious fetal abnormalities — which typically aren't evident until later in pregnancy — in a difficult spot. They're either forced to carry the doomed pregnancy to term, or doctors are forced to refer them out of state.

"Some of the only complaints I get from patients are when I have to turn them away. When I tell them, I'm sorry, I can't help you, I know how to do the procedure and I could do it safely, but I can't," the anonymous Ohio provider told ThinkProgress. "It's heartbreaking. People are begging you — as a physician, you know you can help them, but the only reason you can't is because of a state law."

On top of that, Ohio pushed through a package of stringent abortion restrictions this past summer by attaching them to an unrelated budget bill. The anti-choice groups in the state celebrated the passage of that legislation as "historic." Some of the new restrictions are intended to dissuade women from ending a pregnancy, requiring their doctors to give them an opportunity to listen to the fetal heartbeat and tell them about the fetus' likelihood of "surviving to full term." Others are specifically aimed at abortion clinics, using a tactic known as the Targeted Regulation of Abortion Providers (TRAP) to indirectly undermine women's access to the procedure.

See more at <http://thinkprogress.org/health/2014/03/30/3419979/ohio-abortion-access-attacks/>

## Reproductive Rights in 2014

### Why 2014 Could Be A Huge Turning Point For Reproductive Rights

By Tara Culp-Ressler – ThinkProgress

January 5, 2014

As the new year kicks off, the pro-choice community is beginning to lay the groundwork for a new kind of strategy. On the state level, they're beginning to push for legislation that not only rolls back anti-choice restrictions, but also expands health care opportunities for women and their families. They're striking a delicate balance between finding common ground with social conservatives — like focusing on preventative care and maternal health outcomes — while maintaining that abortion is also an important aspect of reproductive health. And grassroots activists are committed to nudging the dial forward on issues that have long been considered too controversial for the political sphere.

"The momentum has shifted," Ilyse Hogue, the president of NARAL Pro-Choice America, told ThinkProgress in an interview. "Americans as a whole have had enough. We're not just going to sit idly by and fight defensive fights and take these attacks on reproductive freedom sitting down. We're starting to define what a new agenda for reproductive freedom looks like in the 21st

Read more at: <http://www.spermwithpurpose.com/reproductive-rights-in-2014/>



P.O.Box 3525 Grass Valley California 95945

Citizens for Choice is a member organization of the California Coalition for Reproductive Freedom (CCRF), a statewide reproductive and sexual health, rights, and justice coalition of more than 30 independent organizations. We are partners with Women's Health Specialists for The Clinic!, our reproductive health care clinic in Grass Valley.

We want to hear from you! Share your story with us.

Perhaps you had a wonderful experience at The Clinic!, a history of advocating for reproductive rights, or a life altering insight about sex education as a parent. Your story may help others. Contact us at [info@citizensforchoice.org](mailto:info@citizensforchoice.org).

Nevada County Citizens for Choice: Promoting reproductive justice through education, health care access and advocacy. We exist to inform and enable choice.

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