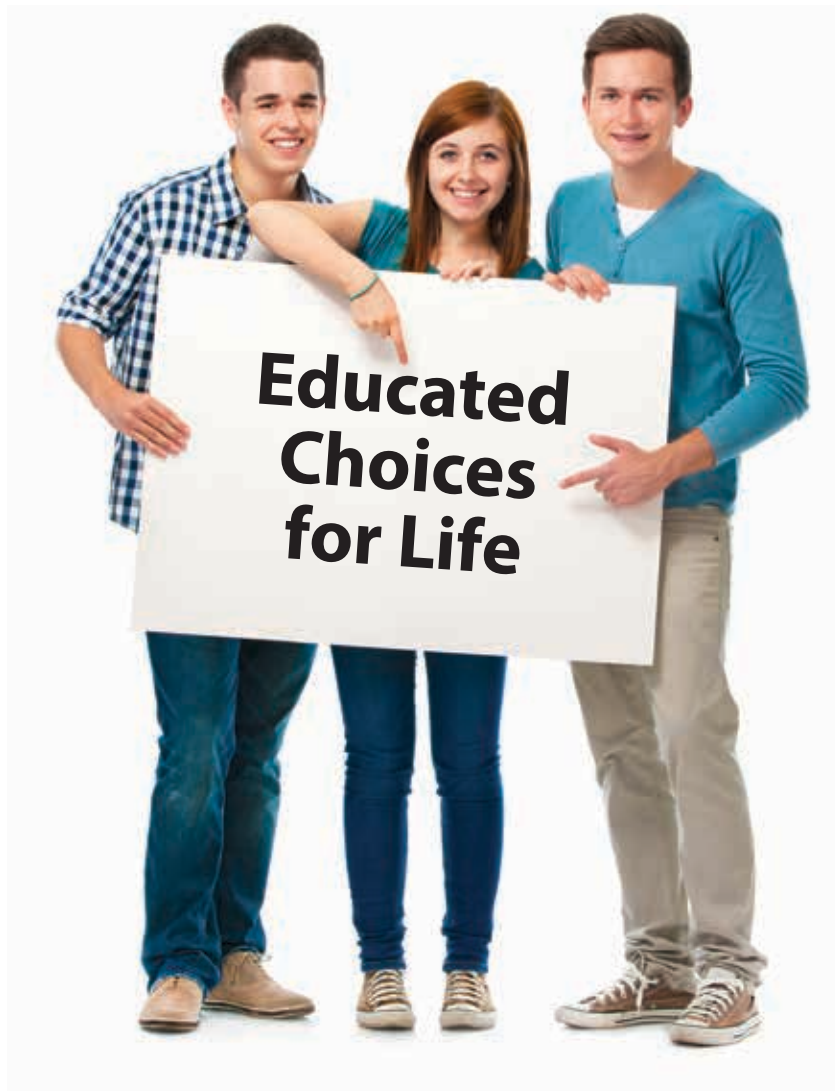




# Voices for Choice

**Fall 2018**

QUARTERLY NEWSLETTER



*Citizens for Choice promotes reproductive justice through education, health care access and advocacy. We exist to inform and enable choice.*



# Voices for Choice

## DIGNITY HEALTH/CATHOLIC HEALTH INITIATIVES PROPOSED MERGER

This proposed merger will affect us, here in Nevada County and in other rural counties across the country in particular. Lynn Wenzel and Elaine Sierra addressed concerns.

September 17, 2018

Att: Wendi A. Horwitz, Deputy Attorney General  
Fax: 213-897-7605

Hello. Thank you for the opportunity to provide input to the Attorney General on the issue of DignityHealth/Catholic Healthcare Initiatives Proposed Merger.

My name is Lynn Wenzel. I am the Chair of Marketing and Public Relations for Citizens for Choice of Nevada County (C4C) and the Co-President of the Non-profit Education Fund Scholarship arm of Business & Professional Women of Nevada County (ED FUND/BPWNC).

I am speaking today because I am extremely concerned about the further impact the proposed merger will have on reproductive health services in Nevada County, especially as this is the only hospital in this rural area. Due to the negative impacts Ethical and Religious Directives for Catholic Healthcare Services (ERDs) have on women's health care, I, as a representative of both boards and membership of the above named organizations as well as a resident of Sierra Nevada Memorial Hospital's rural service area, ask that the Attorney General require the Dignity Health hospitals to expand both existing and proposed new services to include a FULL RANGE of reproductive health services—including those currently prohibited by the ERDs.

Every patient who enters a hospital should receive treatment that meets the full standard of care. For women this includes birth control, infertility treatments, and medical treatment in emergency life-threatening situations such as miscarriage and ectopic pregnancies. For example, it is an egregious perversion of



morality to remove the fallopian tubes of a woman experiencing a life-threatening ectopic pregnancy because, according to ERDs, that is not "a direct attack on the embryo." The approved and encouraged standard of care is to remove the tissue that is blocking the fallopian tube while leaving the tube intact in order that the woman may bear children in the future.

Which is the more "morally permissible" action—killing embryonic tissue that will die anyway, or killing that tissue as well as a woman's chances of future fertility? Why would any hospital punish a woman for experiencing an ectopic pregnancy by ending her ability to have more, or any, children? In addition, I expect that any hospital would, at my request, perform a tubal ligation directly after I gave birth, while it is the most feasible and safe time. It should not be in the purview of the hospital to decide when or if I choose to have one child, many children or no children at all. The hospital is there to provide medical service, NOT to decide the trajectory of my personal and medical life.

If I am actively bleeding while miscarrying, it should never be the position of the hospital to turn me away if I need an emergency dilation and curettage, especially if I am in a life-threatening situation. The time it takes to send a bleeding woman from one hospital to another could mean the difference between life and death. I also understand that ERDs, when they deny a patient a service, may also deny referrals to other hospitals that do provide those reproductive

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Nevada County  
Citizens for Choice



# Voices for Choice

Continued from previous page.

services such as sterilization or emergency abortions. What if the patient is poor, has no transportation, or family member to depend upon—Would the doctors allow the woman to bleed to death as they did nothing?

In situations such as exists in rural Nevada County, where we have only one hospital, and the travel can take anywhere from one-half hour to one hour or more to another unknown and unvetted hospital, this kind of refusal to treat may easily result in the death of the patient. It certainly guarantees suffering. Is it the intent of SNMH to declare that the life of the woman is not that important? Is it the intent of SNMH to prohibit critical reproductive health services while making no exceptions for risks to the patient's life? The denial of reproductive health services in accordance with ERDs may result in serious pain, both physical and emotional, as well as deviations from evidence-based standards of care adopted by major professional medical associations.

Is that the kind of hospital Sierra Nevada wishes to be? Can SNMH really expect the community to continue to be financially supportive when it does not give full reproductive services to women as well as best accepted medical practices without prejudice? Dignity Health receives massive amounts of taxpayer funds to serve and provide health services to the public. The Attorney General should require SNMH to refrain from imposing non-medical restrictions on care, from turning away patients seeking emergency care, from placing religious beliefs ahead of women's health and lives and from interfering in the patient-provider relationship.

I urge the Attorney General to ensure that all reproductive health services and gender-affirming services, including those currently being provided as exceptions to ERDs restrictions, be maintained. Further, I urge the Attorney General to require SNMH to refrain from imposing non-medical restriction and interfering in the patient-provider relationship. This is especially vital in a county where the current hospital provides the only available medical and surgical services and where one cannot just choose to go to another hospital that provides complete medical services. Where these services are being provided on a case by case basis, specific protocols must be in place and enforced to ensure they are available to all patients for any reason.

Thank you.  
Lynn Wenzel

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*Thank you!*

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Remember to shop at **smile.amazon.com**. When you #StartWithaSmile, Amazon donates to Nevada County Citizens for Choice.

## Comments by Elaine Sierra, on merger of Dignity Health and Catholic Health Initiatives and its potential impact on Nevada County.

By: Elaine Sierra, on behalf of  
Nevada County Citizens for Choice

First, let me align myself and my organization, Citizens for Choice, with the comments made by Lynn Wenzel at the public meeting on the effects of the merger, specifically, on the reproductive health services provided—or not provided—by Sierra Nevada Memorial Hospital (SNMH). That meeting was held on September 17, 2018 in Grass Valley, California.

I recognize the importance of SNMH, as the only general acute care hospital in Nevada County, and as the major source of emergency services to our community. For those very reasons, however, I have misgivings about the inevitable strengthening of the newly constituted post-merger entities as Catholic or Catholic-controlled.

Under the proposed Ministry Alignment Agreement, SNMH would remain subject to the Catholic Statement of Common Values (SCV) and Catholic Designated Procedures (DP), which bar it from providing critical women's health services. And, SNMH is not barred from altering, further restricting or terminating any medical service or program now permitted, by reason of Catholic doctrine or theology or any amendments to the SCV or DP. Notably, any future revision to the Statement of Common Values that might increase or expand prohibited services would be subject to the approval of the board of directors of Catholic Health Initiatives (CHI), as well as the veto of the Catholic canonical sponsor, Catholic Health Care Federation (CHFC).

At the same time, I fear that California officials might lose jurisdictional authority over the Colorado-based parent organization, CHI (also called the System Corporation). That is, unless the California Attorney General adopts merger conditions that would guard against a diminution of accessibility and availability of healthcare services in Nevada County and other affected counties in California.

Therefore, relying in part on the potential conditions proposed in the Assessment of Potential Issues prepared for the Office of the California Attorney General, I urge the Attorney General to impose the following merger conditions:

- 1) Increase the DH commitment to maintain current services from 5 to 10 years, by both continuing to operate SNMH as a general acute care hospital;
- 2) Increase the DH commitment from 5 to 10 years to provide a minimum of 18 emergency services treatment stations, with a commitment to increase the level of services required to meet the expected increase in demand due to such factors as expanded Medi-Cal eligibility, the continuing local shortage of primary care physicians and aging demographics;
- 3) Require SNMH to maintain its currently provided women's healthcare services for at least 10 years and to expand services to meet generally recognized standards of care;
- 4) Require SNMH to maintain its Medi-Cal program certification for at least 10 years, providing the same type and/or levels of



Elaine Sierra (L) and Lynn Wenzel (R)  
at Sacramento Capitol, June 2018

emergency and non-emergency services to Medi-Cal beneficiaries; and

5) Require SNMH to maintain indefinitely written policies prohibiting discrimination against lesbian, gay, bisexual or transgender individuals.

Dignity Health is already the largest nonprofit hospital in California. The proposed merger would make it so nationally. Accordingly, I strongly urge you to consider disapproving of the merger because of the potential for increased faith-based restrictions on the provision of services, particularly reproductive health care. In the alternative, to preserve current healthcare services availability and accessibility, I request that you impose the suggested merger conditions.

Sincerely,

Elaine L. Sierra,  
Public Policy Director  
Nevada County Citizens for Choice



*Stay Informed!* Keep up on public policy by visiting: [www.citizensforchoice.org/home/policy-activism/](http://www.citizensforchoice.org/home/policy-activism/)

## CHOICE ADVOCACY IN 2018: FOCUS ON REPRODUCTIVE RIGHTS AND HEALTH ACCESS

By Elaine Sierra

Reproductive health and rights remain vulnerable, even in California—especially given the prospect of a new U.S. Supreme Court Justice hostile to reproductive rights (including the current nominee, Brett Kavanaugh). Still, we are advancing protections in a number of arenas and continuing the fight in others. Highlights of our advocacy efforts follow.



### TITLE X – FAMILY PLANNING FUNDING

Lynn Wenzel and I co-authored comments opposing proposed regulatory changes by the U.S. Department of Health and Human Services to Title X, the only federal program dedicated solely to funding family planning, submitting them on July 30, 2018. Citizens for Choice strongly supports the purpose of Title X, increasing access to high quality family planning and reproductive health services for low-income women, and thus, choice and autonomy as to whether and when to bear children and staying healthy. Title X, as currently administered in California, is a critical source of this essential health care for low-income, minority and underserved individuals and communities. California's Title X provider network is the largest in the nation and serves over 1,000,000

low-income individuals throughout the state—over 25% of Title X patients nationwide. A major local concern is the ongoing need to continue offering prevention, testing and treatment for sexually transmitted infections (STIs), which are increasing locally and throughout California. In fact, California now ranks first in the country for the most cases of chlamydia, gonorrhea, and syphilis. The major changes proposed by HHS would, we believe, severely undermine the proven effectiveness of the Title X program and undercut the healthcare access it provides.

Among the proposed changes we oppose would be:

- 1) Restricting abortion referrals and counseling that would prevent patients from receiving full and accurate information about their pregnancy options, and force many current providers to drop out of the Title X funding system;
- 2) Redefining “low-income” so as to reduce the number of such individuals receiving Title X services, by including women who are simply denied insurance coverage because of their employers’ religious or moral objections to covering contraception;
- 3) Imposing onerous requirements on Title X providers by requiring physical separation of abortion facilities and services, in many cases making participation in the

program financially infeasible and ending abortion access now provided through the Title X network; and

- 4) Allowing grants to entities that do not offer a range of medically approved forms of contraception, but only a single method, e.g., “fertility-based awareness” or abstinence.

In sum, changing the criteria for Title X provider grantees as proposed would displace qualified and high quality providers and replace them with less qualified entities providing a limited range of services.

### CATHOLIC HOSPITAL MERGER

Dignity Health and Catholic Healthcare Initiatives are proposing to merge, affecting our own Nevada County. Sierra Nevada Memorial Hospital, a Dignity Health hospital, is the only one in our community. Lynn Wenzel spoke as a representative of both Citizens for Choice and BPWNC, at the public meeting held in our county on September 17, 2018, to provide input to the California Attorney General. She asked that the Attorney General require the Dignity Health hospitals to expand both existing and proposed new services to include a FULL RANGE of reproductive health services—including those currently prohibited by Catholic theology or doctrine.

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I expanded on our objections in written comments later submitted to the Attorney General's office on behalf of Citizens for Choice. Our comments urged that the Attorney General not approve of the merger, or alternatively, that he impose strict conditions on the merger to ensure that current reproductive health services would be expanded to meet medical standards of care, regardless of Catholic restrictions, or maintained for at least 10 years.



## LEGISLATION

This year, we successfully advocated on behalf of bills that recently became law, to:

- 1) Require that comprehensive sex education be provided in California charter schools (AB 2601);
- 2) Ensure that foster youth and non-minor dependents have access to gender-affirming health and behavioral health care (AB 2119);

- 3) Ensure that the special needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults are recognized and that they can access the services and support they need (AB 2719); and
- 4) Extend the California Healthy Youth Act requirements regarding comprehensive sexual health education to charter schools (AB 2601).

Several other bills are awaiting final approval by the Governor. One of our highest priorities this year would provide on-campus access to medication abortion at University of California and state universities (SB 320). Another would give teachers and school staff the training they need to provide culturally competent support for lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) students (AB 2153). A third bill would mandate minimum periods of parental leave to young parents still in school, and set mandatory guidelines for make-up plans or independent study to ensure students can return to their school and classes with minimal academic interruption (AB 2289).

We are saddened by the failure of a bill that would have compensated survivors of our state's reprehensible eugenics-based sterilization policies, which were abandoned only in 1979 (SB 1190). Under California's eugenics laws, 20,000 people were

sterilized, mostly Latinas, all classified as having disabilities and living in state mental institutions, and deemed by the state as "unfit to reproduce." We intend to continue our advocacy to redress this travesty and provide some measure of compensation to the over 600 living survivors. We occasionally ask that members join in our advocacy, by contacting policy makers on specific measures. Thank you to all who took such actions this year. You helped make a difference, advancing reproductive health and rights and the cause of reproductive justice for us all. In closing, let us all be mindful of the impact of our political representatives and appointees on choice and the continued viability of Roe and abortion access. Let's all commit to voting this November. Exercise your right to vote and protect our rights to choice.

Elaine Sierra  
 Public Policy Director



## Thank you to participating condom fairy locations throughout Nevada County!

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 The Open Book | Tribal Weaver  
 Valentina's Organic Bistro and Bakery





# Voices for Choice

## Adoption – Another Choice with Women’s Health Specialists

Marikathryn Hendrix, Director,  
Adoption Choices of Northern California;  
Director, Women’s Health Specialists

Staying true to our mission since 1975, Women’s Health Specialists (WHS) is dedicated to providing women-controlled health care and advocating for all options for all women. With clinics in Grass Valley, Chico and Redding, we serve the community offering comprehensive reproductive health services.

In 1994 WHS added an adoption program, Adoption Choices of Northern California, which means clients are provided both abortion and adoption options right here in our clinic.

Since starting our adoption program in 1994 we have helped hundreds of birth-moms and adoptive parents. Most of our clients are in the Northern California area. One of our recent cases includes an adoption with a two women couple from the Bay Area who were selected by a birth-mom in rural North Eastern California. She felt drawn to this couple and felt a special connection with where they lived since her first child was born in the same community. She came to adoption because she felt it would be the best thing for the child as she was not ready to parent 2 children alone, financially or emotionally. She was referred to Adoption Choices by a small rural clinic. The adoptive family came to

her community several times to meet with all of us and get to know each other. After the birth they were in daily text contact with each other and exchanging pictures of the baby for a few months to help her as she moved through her grief. They have a very open and caring relationship with each other and are so happy to have found one another.

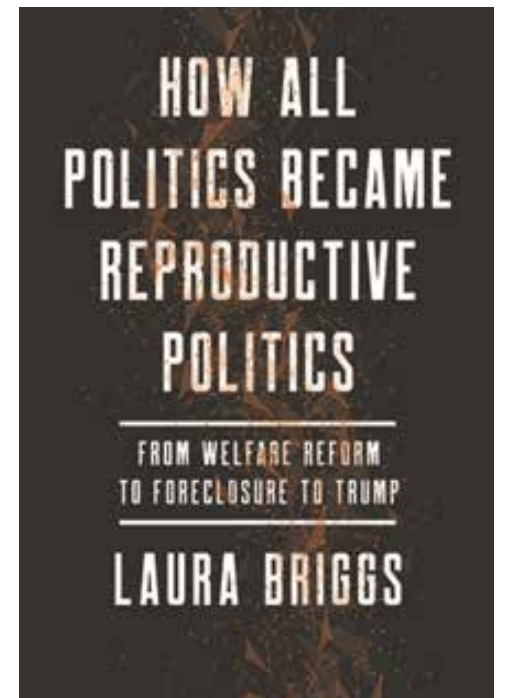


## How All Politics Became Reproductive Politics From Welfare Reform to Foreclosure to Trump

by Laura Briggs  
September 2017  
About the Book

Today all politics are reproductive politics, argues esteemed feminist critic Laura Briggs. From longer work hours to the election of Donald Trump, our current political crisis is above all about reproduction. Households are where we face our economic realities as social safety nets get cut and wages decline. Briggs brilliantly outlines how politicians’ racist accounts of reproduction—stories of Black “welfare queens” and Latina “breeding ma-

chines”—were the leading wedge in the government and business disinvestment in families. With decreasing wages, rising McJobs, and no resources for family care, our households have grown ever more precarious over the past forty years in sharply race-and class-stratified ways. This crisis, argues Briggs, fuels all others—from immigration to gay marriage, anti-feminism to the rise of the Tea Party.



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## Comprehensive Breast Cancer Primary Prevention Plan for California

**Nevada City – Community Listening Session Report Back**

*Thanks to Sierra Streams for cohosting this event.*

Breast Cancer Prevention Partners is developing a Breast Cancer Primary Prevention Plan for the state of California. As part of the effort to develop policy proposals to prevent breast cancer, we engaged a variety of community members and organizers from across the state. BCPP believes that the lived experience of communities should inform the development of a comprehensive, systemic approach to stopping breast cancer before it starts. We are not focused on breast cancer risk related to an individual's behavior, but rather committed to addressing systemic, societal problems linked to the disease.

At these sessions, BCPP staff explained breast cancer risks to participants and then listened to community members to learn about intervention needs and ideas from the front-lines of where they live. Between Fall 2017 and Fall 2018 we visited the following cities: Sacramento, Nevada City, Tracy, Seville, Fresno, Pacoima, Los Angeles, Oakland, Delano, and Bay View Hunters Point community in San Francisco.

This document provides a summary of what we learned at the Nevada City listening session. We welcome feedback on what is written here, including ideas of anything that was missed or misrepresented. Once all feedback has been incorporated into each city's summary we will be hosting a webinar to report back on what we learned from our state-wide community listening process. On this webinar we will welcome further ideas of what may be missing or needs refinement. We anticipate that this will take place in Fall 2019.

This feedback will be used to inform the development of the Breast Cancer Plan, which we expect to release mid-to-late 2019.

If you have questions or further suggestions, contact Heather Sarantis [heather@bcpp.org](mailto:heather@bcpp.org) or Nancy Buermeyer [nancy@bcpp.org](mailto:nancy@bcpp.org).

### Consistent themes across the state

California is a large and diverse state. People in each city we visited had their own unique concerns and perspectives to inform the development of the Breast Cancer Plan. Highlights from your city's listening session are described below. We did hear a few key themes consistently across the state that will serve as primary guideposts in the development of the plan. These include:

1. Prevention efforts must benefit everyone regardless of race, economic status, immigration status and other characteristics that generally marginalize and oppress people.
2. Addressing structural barriers such as lack of access to healthy food and safe spaces for physical activity, as well as developing a built environment that supports access to these kinds of things (for example, planning for accessible and affordable transportation options), is critical.
3. Solutions should include working with existing structures and networks, such as churches, schools and community groups.

### Themes that emerged from our November 7, 2017 meeting in Nevada City

The Nevada City listening and brainstorming Session highlighted the needs of rural and native communities in developing and implementing workable interventions to prevent breast cancer. Key themes that emerged include:



Exposing The Cause Is The Cure

### Work with existing structures

What ever comes out the breast cancer plan, the group strongly recommended connecting with existing groups such as school, churches, spiritual communities (of which there are many in the area) and county health agencies to distribute education resources and do outreach for any mobilization efforts.

### Legacy of mining

The community lives in an area that still shows signs of the impact of mining. Soil and streams contain mining tailings, which includes soil contaminated by cadmium, arsenic, mercury and other chemicals and heavy metals used in the mining industry. Sierra Streams has been doing community based research to better understand what is in the soil and what people are being exposed to. They use the model of engaging community members to collect samples, which helps build awareness around the issue.

### Smoking

Tobacco use is the top health issue people see at Sierra Nevada Memorial Hospital. More education about tobacco use, including "vaping," is needed. Community members also have questions on the health impact of cannabis use, which is expected to rise with the recent legalization.

### Air pollution

There are several different sources of pollution in the area. Nevada City and Grass Valley have highways slicing through both towns. Also important is pollution from the Bay Area moving across the valley and being pushed up to the area where it settles. The region gets \$800,000/year from the federal government to

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mitigate the problem, but it is not enough (or is not being used well enough) to actually fix the problem. People were interested in exploring urban/rural cooperation plans to address this challenge.

### **Native American communities**

Fear and lack of trust is an ongoing issue for Native Americans, making it challenging to engage these communities in this project. However, there is interest in having access to the education materials that come out of a project like this on how to make better everyday decisions on what products to buy and food options that are healthier. Efforts should be made to include them in this process and outcomes of this project.

### **Rural isolation**

There is a significant population that lives in rural areas in the region, resulting in a

variety of issues. Lack of access to health-care and lack of access to the internet, health information and resources to learn about breast cancer prevention often leads to a feeling of helplessness to make change. Any resources developed from this project would need to be available in print and education and distribution efforts should meet the needs of rural communities.

### **Culture and economy that promotes alcohol use and abuse**

Tourism in the area is bolstered by breweries, restaurants and a general culture that promotes alcohol sales. In the past 15 years or so there has been an increasing social acceptance of drunkenness. This is compounded by widespread use of alcohol to self-medicate, especially in poverty stricken people.

### **Healthy Eating**

People would like to see improved breakfast and lunch as well as nutrition and healthy cooking education offered to students and parents at schools. Sierra Harvest is an organization that has worked on this. Participants were also interested in school gardens, but with the legacy of mining, protective measures would need to be taken to be sure that soil is safe to grow in. In general, there is a lack of access to healthy, affordable food.

### **Physical Activity**

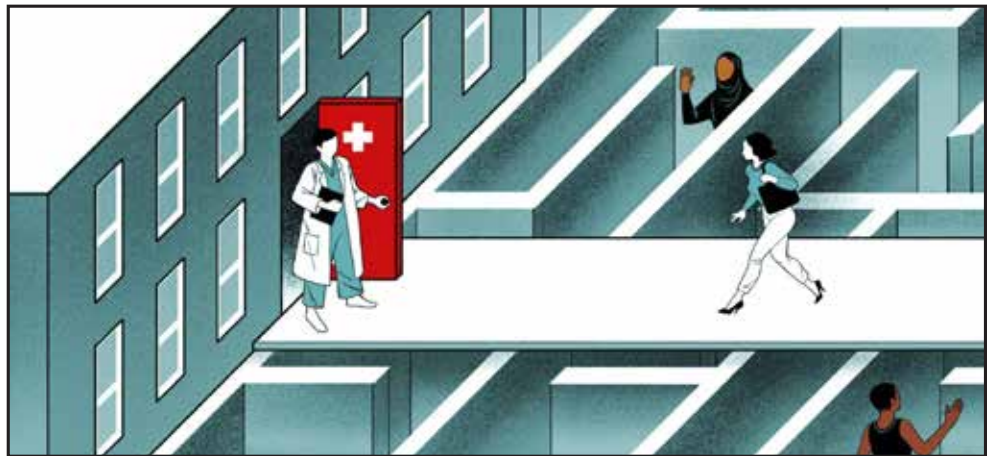
There is a local group called 52 Hikes which leads a hike each week of the year. Even so, more safe walking and biking trails to encourage activity are needed. Incentives from employers and insurers for healthy lifestyles would also be beneficial.

## Restricting Abortion Access Is Class Warfare

April 5, 2018 , by Jex Blackmore

Onerous anti-abortion laws are designed to make abortion inaccessible—and by design they harm poor women and marginalized populations the most. END FORCED MOTHERHOOD is a column focusing on the ways in which anti-abortion activists use pseudoscience and thinly veiled religious justifications to attack the bodily autonomy of all people who can get pregnant.

Imagine that you're a 24-year-old woman living in Lubbock County, Texas, and you've just discovered that you're six weeks pregnant. You know you can't



afford to carry a pregnancy to term at this point in your life, so you decide to get an abortion. However, you make an hourly wage of \$13.20—which is 82 percent of what your male counterpart earns—and you're uninsured, without credit or savings. Like 60 percent of women seeking

an abortion, you are also a young mother. The nearest abortion provider is 300 miles away (one way), and you'll have to visit the clinic twice to comply with Texas' 24-hour waiting period law.

*Click here to read this full article.*