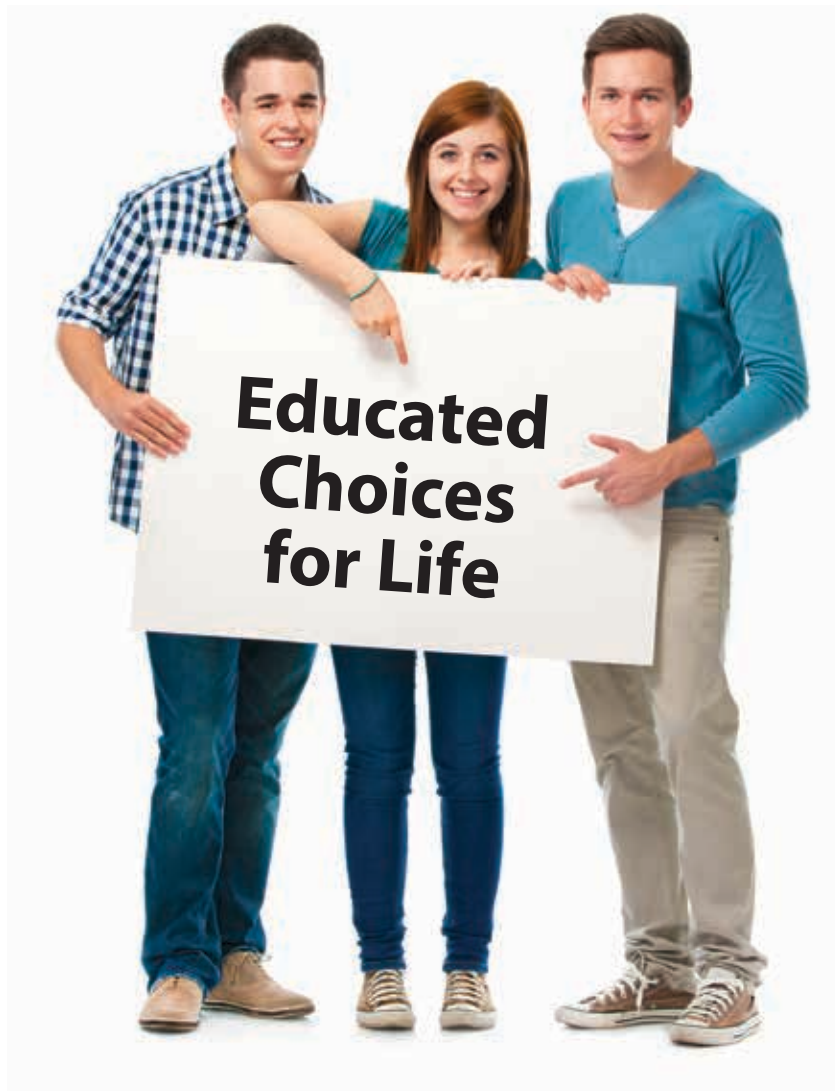




Voices for Choice

Winter 2020
QUARTERLY NEWSLETTER



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

A CHOKE HOLD ON CONTRACEPTION

From *Sierra*, the national magazine of the *Sierra Club*
By Karen J. Coats

President Trump, on his first day in office, reinstated what's known as the global gag rule. First implemented by Ronald Reagan in 1984, it prohibits foreign organizations that receive US financial assistance from providing abortion services, referrals, counseling, or advocacy. Since then, it's been subject to political ping-pong: repealed under Democratic administrations and restored by every Republican president.

This time, Trump upped the ante. While previous iterations of the policy applied only to US family-planning funds, Trump's version applies to almost all US global health aid. Programs dealing with child nutrition, water and sanitation, and the prevention of HIV/AIDS, tuberculosis, malaria, and other infectious diseases are now subject to the gag rule. All told, this affects the recipients of \$8.8 billion in US aid. Organizations must weigh their options: take US dollars and comply with the gag rule or lose funding and face the closure of their clinics and programs

—including those that have nothing to do with abortion. In March 2019, Secretary of State Mike Pompeo further interpreted the rule to include subcontractors and partner organizations working with any group receiving US health aid.

The effect of the gag rule, ironically, is to increase abortions and suffering. One study, published in the *Lancet*, followed three-quarters of a million women in 26 countries over 20 years and found that during previous impositions of the rule, abortions rose by 40 percent in the most affected regions.

Vanessa Rios, an International Women's Health Coalition program officer and the author of a global assessment of Trump's gag rule, cites an example from a Kenyan clinic that complied with the policy and stopped referring clients to abortion services; two women subsequently died after unsafe abortions. "This policy is quite literally killing young women," she says.

Beyond the human suffering, advocates say, the gag rule ultimately impedes

everything from poverty reduction to environmental conservation—which depend on healthy women. Research shows that two of the top 10 most effective responses to climate change are investments in girls' education and voluntary family planning. "Combined, they reduce carbon emissions more than any other solution identified," says Seema Jalan, executive director of the UN Foundation Universal Access Project. "When girls and women are stripped of their right to control their reproduction, we are also grinding to a halt some of the most effective interventions against climate change."

Aid groups are pinning their hopes on a more-long-term solution. In 2019, US lawmakers introduced the Global Health, Empowerment, and Rights Act (a.k.a. the Global HER Act), which, if passed, would permanently repeal the global gag rule and prevent future administrations from easily re-imposing it via executive order. Of course, the bill's fate will depend on which party is in power after the 2020 election.

CALIFORNIA AND TRUMP FACE OFF OVER ABORTION COVERAGE

The Trump administration threatens to cut off federal funding to California unless the state ceases a policy that requires private health insurers to cover abortion. The administration claims that this policy violates a federal law that forbids discrimination against health care providers that refuse to cover abortion services and referrals. HHS has given the state 30 days to comply, but Governor Gavin Newsom and Attorney General Xavier Becerra

stated that they do not intend to change current California policy. It's not the first time the issue of abortion coverage has come up between the state and the federal government. On January 30, California led a group of several states in a lawsuit against a Trump administration rule that seeks to require insurers receiving federal dollars in their state regulated insurance marketplaces—market places such as Covered California—to send separate bills

for abortion and non-abortion coverage. If allowed to take effect, the rule would be overly burdensome for health plan enrollees and administrators resulting in unnecessary disenrollment and discontinuation of coverage.



Stay Informed! Keep up on public policy by visiting: www.citizensforchoice.org/home/policy-activism/

A TALE OF DIVIDED NATIONAL AND CALIFORNIA HEALTH POLICY

By Elaine Sierra, Public Policy Director

Taking a clear-eyed look at reproductive health policy, we stand in support of the track taken by our Californian law and policy makers. We can only shake our heads at the shortsighted, dare we say draconian laws, regulations and policies too often undertaken at the national level.

A prime example is the treatment of federally supported family planning. Financial resources that state residents contribute to on a massive scale are being diverted from a successful program that benefits vulnerable Americans—Title X family planning funding. Money so diverted is to be spent, in our opinion, on untested programs and on novel alternative health providers, with little apparent advantages to program beneficiaries. In California, our hugely successful network of providers formerly supported by Title X has been completely thrown in disarray, with Planned Parenthood and Women’s Health Specialists providers to be replaced by religiously based organizations such as crisis pregnancy centers. A former protective rule that required faith-based providers to refer clients to services that they do not provide for religious reasons is being reversed. Under yet another reversal, a state-run program that outright excludes abortion providers is receiving federal funding.

Similarly, eligibility for essential programs such as Medicaid/Medi-Cal is being unfairly restricted by national policies. One example is the public charge rule, which has been changed in a manner that discourages newer immigrants and their household members from accessing health care formerly available to them when needed. Because of the change, immigrants must now weigh the risks to

their and their families’ immigration status. California, on the other hand, has taken a number of steps to expand Medi-Cal eligibility to its residents, including the January 1, 2020 expansion to all income-eligible young adults. Yet another national initiative to restrict Medicaid benefits is an administrative change that aims to allow states to move their programs to block grants and to restrict eligibility for low-income individuals. California is unlikely to take either step.

Further, our national policy has become to unabashedly restrict abortion access. The most recent example of the clash with California’s policy of facilitating abortion access is the federal government’s attempt to cut off federal funds to our state unless we change a law requiring private health insurers to cover abortion care. Governor Newsom and Attorney General Becerra have indicated that no change in state policy is being contemplated.

And finally, California’s policies to ensure that its students have the benefit of comprehensive sex education are being undercut by federal funding diversions to unqualified non-educators, including faith-based organizations.

The list goes on. As the fight goes on for our reproductive justice community and healthcare providers like our partners at Women’s Health Specialists. Thank you all for your support of our resolve and commitment to the absolute right of everyone to access timely, affordable abortion care and all other forms of reproductive healthcare.



STANDING UP FOR AFFORDABLE HEALTHCARE FOR EVERYONE

We at Citizens for Choice hold fast to our principles and to our staunch support for reproductive healthcare access for all. So, we were particularly appalled to learn of one policy change at the national level, from supporting expanded access to restricting it. The change undercuts the protections of the Affordable Care Act (Obamacare) and reverses the inclusion of vulnerable populations in Medicaid. So, we took action to oppose the policy switch.

We joined the amicus brief of National Health Law Program and similar organizations that, like us, “share the mission of ensuring all people, including immigrants and their families, can obtain the affordable, comprehensive quality healthcare to which they are entitled.” (The brief was filed in Case No. 19-36020, Doe v. Trump, on February 6, 2020, in the appeal now before the 9th Circuit Court of Appeals.)

Lawfully present immigrants were specifically included in Obamacare’s expansion of healthcare coverage. And the law gave states the option of including

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children and pregnant women who are legal immigrants under the Medicaid/ Medi-Cal expansion. California exercised that option, choosing to expand Medi-Cal to cover those groups.

Therefore, we are standing with our allies, to oppose an executive order (Presidential Proclamation 9945) that does an end run around the expansion provisions. It does so by barring entry to immigrants unless they have an "approved" form of

healthcare coverage or can show financial resources to pay for expected medical care costs. But, the list of approved coverage excludes that under the ACA healthcare coverage exchanges (subsidized state marketplace plans), as well as Medicaid coverage for adults. To make matters worse, it delegates the authority to determine approved coverage to consular officers within the State Department, personnel who have little to no expertise in pertinent health policy.

We believe that it would be an injustice to gut two important positive areas of the Affordable Care Act in this way, and to reverse course on Congressional action that wisely expanded healthcare access. Thank you for your continued support of our advocacy, on this and other fronts, to ensure reproductive health access.

—Elaine Sierra
 Public Policy Director

NO BIRTH CONTROL FOR YOU?



The Supreme Court on Friday, January 31 agreed to hear the Trump administration's appeal in a legal fight over religious exemptions for ObamaCare's requirement that employer-based health insurance plans cover birth control.

The administration is seeking to expand exemptions for religious objectors to the Affordable Care Act's so-called contraceptive mandate. It will mark the third time the Supreme Court weighs in on the mandate, a controversial provision of ObamaCare that has been fiercely opposed by conservatives and religious groups for years.

The Trump administration is asking the Supreme Court to overturn a nationwide injunction issued by a lower court blocking the rule from taking effect in a case brought by attorneys general in New Jersey and New York.

The Department of Justice was joined in its appeal by the Little Sisters of the Poor, a Catholic order of nuns that objects to the mandate.

ObamaCare requires insurance plans to cover preventive care, including contraception, with no out-of-pocket costs. But the requirement has sparked years of legal challenges from groups and employers arguing it violated their religious beliefs.

In 2014, the Supreme Court ruled in a lawsuit brought by Hobby Lobby that closely held companies with religious objections didn't have to comply with the mandate. In 2016, the Supreme Court sent back to lower courts a lawsuit brought by the Little Sisters of the Poor, ordering the administration to find a compromise with the Catholic order.

The Trump administration issued its new rules in 2017 in part to resolve the issue with the sisters, who would have been

exempt from providing contraception to their employees under the proposed changes. The mandate already provided exemptions for some religiously affiliated organizations. But the changes would allow most businesses to claim a religious exemption to the mandate, including nonprofits, for-profit companies, private colleges and universities and other non-government employers.

Civil rights groups argue the rules would essentially let employers discriminate against employees who use birth control. "Allowing employers and universities to use their religious beliefs to block employees' and students' birth control coverage isn't religious liberty — it's discrimination," said Brigitte Amiri, deputy director at the America Civil Liberties Union's Reproductive Freedom Project.

A ruling from the Supreme Court could come as soon as this summer just months before the 2020 presidential election. Democrats hope to create a contrast with Trump on the issue of health care, pointing to his rollback of ObamaCare's contraception mandate and his efforts to repeal the 2010 health care law.



Voices for Choice

STD PREVENTION BILLS INTRODUCED TO ADDRESS CALIFORNIA'S PUBLIC HEALTH CRISIS

This legislative session, Essential Access Health is co-sponsoring three bills to tackle rising STD rates in the state. SB 885 – introduced by Senator Richard Pan – will expand access to STD care and coverage for low-income Californians who are uninsured, enrolled in Medi-Cal, and/or those unable or unwilling to obtain services directly at a health center. Co-sponsors include Black Women for Wellness Action Project, Fresno Barrios Unidos, and the LA LGBT Center. AB 1965—authored by Assembly member Cecilia Aguiar-Curry—seeks to require the Family

PACT program to cover the HPV vaccine to help expand access to this safe and effective prevention tool. The measure is co-sponsored by Planned Parenthood Affiliates of California and the California Medical Association. SB 859 —authored by Senator Scott Weiner—seeks to require state agencies to establish and implement a master plan to address the STD, HIV, and Hepatitis C epidemics statewide. Essential Access Health is co-sponsoring the measure with the San Francisco Aids Foundation and APLA.

SHAKY GROUND FOR ROE

The 1973 the *Roe v. Wade* decision affirming a woman's right to choose, is often referred to as "the law of the land." IT IS NOT! It is a Supreme Court decision, not a law, and this distinction is consequential. What the Supreme Court gives, it can take away. And with the Senate confirming one anti-choice judge after another, the Roe ruling is extremely vulnerable.

According to Sophie Hayssen writing for the Women's Media Center, Roe is already built on shaky ground. "The 1965 case *Griswold v. Connecticut*, which provided the precedent for Roe, concluded that bans on using contraception are unconstitutional because of a right to privacy, as implied by an amalgamation of constitutional amendments." In *Roe v. Wade*, the justices decided that if the right to privacy supports the right to contraception, it should apply to abortion too.

The 1992 *Planned Parenthood v. Casey* decision allowed states to regulate abortion before viability with one stipulation: these regulations cannot place an "undue burden" on the woman. Anti-choice activists have capitalized on the vulnerability of the phrase "undue burden" to create loopholes in Casey in order to pass legislation limiting clinics or forcing health care centers to close by imposing unattainable or unneeded requirements on them. The intention of these laws is ultimately to have them challenged in the courts until a case reaches the Supreme Court in the hope that the justices will find a clear legal opportunity to OVERTURN *Roe*.

The only way to protect a woman's right to choose her own reproduction is to CODIFY Roe as an actual law of the land. This would eliminate political positions as well as religious ones that create shifting politics. It would also move repealing Roe into the hands of Congress and of the electorate where 77% of people oppose overturning Roe. All top Democratic presidential candidates are in favor of codification and there is legislation on the table, originally introduced in 2013. Called the Women's Health Protection Act, it seeks to turn *Roe v. Wade* into law and targets specific anti-choice strategies for undermining abortion rights. The bill would ban such illegal regulations as 20-week bans, six-week bans and other onerous and unnecessary requirements.

Currently, the bill, reintroduced in May 2019, has 173 co-sponsors. Realistically, though, the bill is a very long way from becoming law and will likely only do so when Democrats regain control of the Senate and the presidency. One more reason to VOTE!



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THE CENTER FOR REPRODUCTIVE RIGHTS REPORTS ON A U.S. SUPREME COURT SHOWDOWN

The Center is preparing to argue a case before the Supreme Court that could have profound consequences for abortion rights nationwide for years to come.

The case challenges a Louisiana law (Act 620) that requires physicians who provide abortion care to have admitting privileges at local hospitals. If this law sounds familiar, it is. The Louisiana law is identical to the Texas law that the Supreme Court struck down just three years ago in the historic victory in *Whole Women's Health vs Hellerstedt*. That decision made clear that burdensome and medically unnecessary restrictions on abortion providers violate patients' constitutional rights. If the Supreme Court fails to follow its own 2016 precedent and upholds the Louisiana law, abortion access in the state will be decimated. And if this law is allowed to stand, the consequences could extend far beyond Louisiana, as anti-abortion policymakers across the country will be emboldened to pass even more extreme laws to eliminate abortion access.

HHS TAKES ACTION TO RESTRICT ACCESS TO REPRODUCTIVE HEALTH CARE

On January 16, the Department of Health and Human Services (HHS) proposed a new rule that would reverse an Obama-era policy that requires faith-based health and social service providers to refer clients to services they don't provide for religious reasons. The rule would also clarify that HHS will not discriminate against faith-based organizations applying for federal funding based on their religious policies. On January 22, HHS also took action to reinstate federal funding for the state-run family planning program in Texas that explicitly excludes abortion providers, in violation of federal law requiring states to allow Medicaid patients the ability to access health care from "any willing provider." Texas previously attempted to enact a similar policy, but the Obama administration denied their ability to move forward.

PREGNANT WHETHER YOU LIKE IT OR NOT!

By Lynn Wenzel

The ancient practice of contraception has existed in nearly all societies for thousands of years. Condoms made of animal gut or lambskin were discovered in Dudley Castle in England and date back to 1640. Native Americans used herbs which they boiled and drank including Indian Paintbrush used by the Hopi, Western Stoneseed used by the Navajo and Shoshone and Blue and Black Cohosh. Seeds of the unripe papaya, taken daily by men, could cut a man's sperm count to zero; when stopped, the count returned to normal. In Colonial times by using nursing and spacing, for example, Colonial wives gave birth every two years unless they had ended marital relations, used coitus interruptus or were ill or had ended their menses. It was not unusual for Colonial women to give birth to their last child while well into their forties.

Arguments against contraception date back to early Victorian times. Beginning in the 1850s, physicians (male) began trying to persuade legislators to criminalize birth control in order to laud their professional skills as, heretofore, doctors had often been looked down upon as butchers. Not surprisingly, doctors drew on nativist and anti-immigrant fears to argue that the "ignorant the low-lived and the alien" would have more and more children, out-populating white, Protestant Americans thereby ruining the country. Of course, women always practiced birth control, even as arguments against it, often rooted in religious objections to sex for pleasure, became more vociferous. Pioneering-birth control activist Margaret Sanger, battled 19th century obscenity laws and was jailed for publishing birth control pamphlets. President Theodore Roosevelt said that

white women using contraceptives were committing "race suicide." Under the current administration, racist arguments such as these, though couched in so-called religion, are making a comeback.

Almost as soon as he had put his hand on the Bible, Trump began filling his administration with people who are virulently hostile to birth control. Such people as Katy Talento, a health-policy advisor, advocated eliminating contraception coverage from the ACA. Trump's first UN ambassador Nikki Haley claimed that "women don't care about contraception." Under her leadership, the U. S. stopped contributing to the UN Population Fund in direct contradiction to the science that globally, women who can regulate their childbearing attain higher education, increase their family's worth and bring their entire family and their communities out of poverty. In May 2017, Trump placed antiabortion activist Teresa Manning as head of the Department of Health and Human Services Title X family-planning programs. Manning opposed birth control and has stated that "contraception doesn't work."

Trump's lifetime judicial appointments are a veritable litany of anti-birth control judges—Neil Gorsuch, L. Steven Graszo who believes that fertilized eggs have "personhood rights" even before implantation in the uterus, Brett Kavanaugh and Amy Coney Barrett who called birth control "a grave violation of religious freedom." Women who practice birth control have often been called selfish, too desirous of professional or academic success, too interested in adventure or, heaven forbid, accused of enjoying sex for itself. Of course,

these rules are only for women—men have always enjoyed the freedom to be self-actualized.

When false claims that using contraceptives causes miscarriage, even though miscarriage is common and the reasons often unknown, this opens the door to prosecute women for murder. Alabama's Human Life Protection Act enacted in May 2019, makes abortion a Class A felony—exactly the same as rape or murder. It may conceivably not be long before all women of childbearing age are considered "prepregnant" thereby subject to draconian punishment if they should have a miscarriage or use contraceptives.

Racism is never far from the discussion of birth control. In July 2019, Arizona Republican state senator Sylvia Allen worried about the "browning of America" because white people are "not reproducing ourselves with birth rates." You've heard this from the white supremacists and neo-Nazis who espouse the hateful "replacement theory"—that falling white birth rates will result in the replacement of white people. Their next step—total control of their women. The autumn issue of Choices had an article about Obria, the antiabortion-counseling organization that is benefitting from huge influxes of Title X funds no longer going to legitimate clinics. Obria clinics do not provide birth control. We can thank our lucky stars we live in California where such draconian practices are not allowed. But we must all continue to work on behalf of our sisters across the U. S. forced into desperate methods because they no longer have accessible reproductive health services.

MIDWIVES HAVE ALWAYS BEEN INVOLVED IN ABORTION CARE

By Caitlin Cruz

FROM AN ARTICLE SPONSORED BY THE WOMEN'S MEDIA CENTER, JANUARY 30, 2020

As abortion protections have eroded across the country, countless health care providers have stepped out from behind their stethoscopes to talk about why abortion is an important part of reproductive health care. In a November article published in the *Journal of Midwifery & Women's Health*, certified nurse-midwives Stephanie Tillman and Dr. Amy J. Levi (who is also women's health nurse practitioner) joined the fray, calling on their colleagues to speak out about the procedure and how midwives can be a part of abortion provision.

"As sexual and reproductive health care providers, midwives' scope of practice encompasses the full spectrum of abortion care services, regardless of their direct participation in abortion provision," Tillman and Levi wrote. In the article, the authors also point out the difference between abortion provision—the actual procedure, medication or surgical and abortion care—pregnancy confirmation, referral, post-procedure evaluations, etc. Midwifery is generally about bringing the whole patient to the midwife's care, Tillman said, and abortion care is no exception.

"Midwifery as a profession must be

unwavering in its foundational support for a person's bodily autonomy, access to evidence-based care, and a person's right to choose their care provider," the authors wrote in their paper. "The midwifery model of care, in its intentionality for patient empowerment and holistic application of health care to people and their broader lives, embraces abortion care and provision." For Tillman, the history of the Jane Collective, the underground network of women who provided abortions in Chicago before *Roe v. Wade*, helped inform her position that abortion care and provision has long been a part of midwifery. In 2018, the American College of Nurse-Midwives affirmed that midwives can provide abortions as they're considered advanced practice clinicians, and outlined the situations in which additional training is necessary; the position paper was updated and affirmed their position in August 2019. Tillman and Levi wrote the paper in part to reach "midwives who aren't currently practicing in abortion provision ... to call attention to the fact that a lot of the work that we do is part of abortion care," Tillman told *The FBomb*. "It is time for midwives to

claim their work in abortion care and for the professional community to support abortion as part of midwifery work." Levi said she's noticed a generational shift among midwives. "I think a lot of younger midwives have come into the profession wanting to provide complete sexual and reproductive health care, that it's not just about delivering babies, and that in and of itself has been a fairly important shift in who becomes a midwife and why they become a midwife," Levi told *The FBomb*. Tillman, who is coming up on eight years as a certified nurse-midwife, agreed. She told *The FBomb* that providing abortion was always on her radar. "I was motivated from the get-go to practice to the full extent of my education, and abortion is one of the ways that nurse practitioners and midwives can be restricted from practicing to the full extent of our education and training," Tillman told *The FBomb*. "I'm not willing to be quiet when my ability to practice is hindered."

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