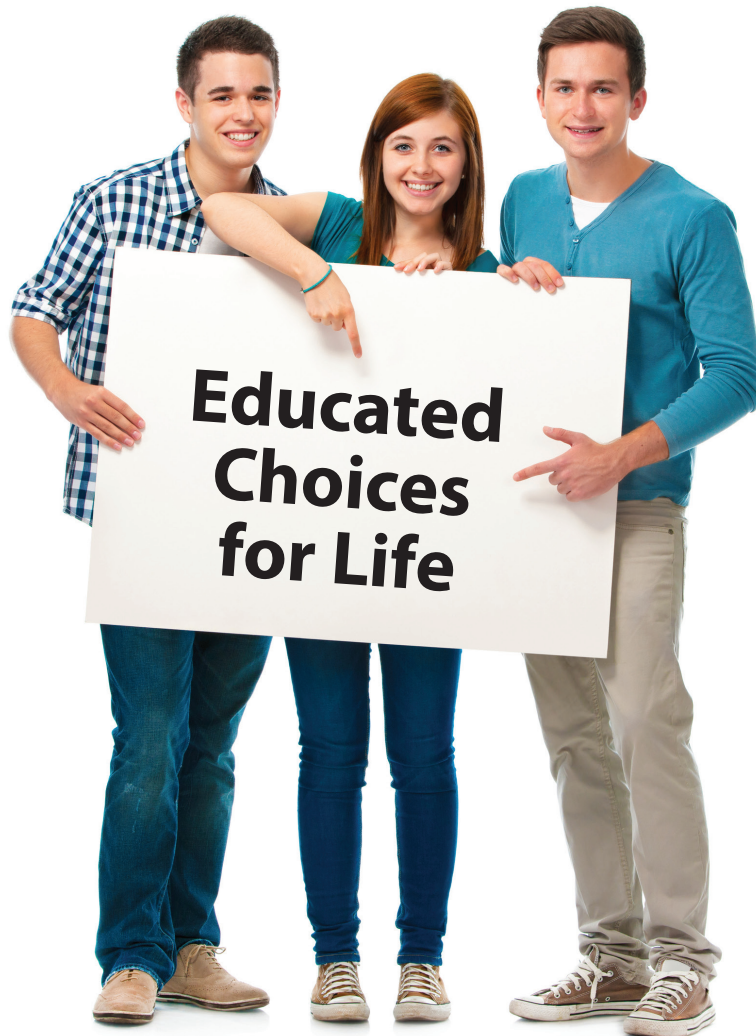




Voices for Choice

Fall 2021

QUARTERLY NEWSLETTER



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

LIES, DAMN LIES AND MORE...

By Lynn Wenzel

This is a critical time for the majority of Americans who support reproductive freedom to name and call out deceptive anti-choice rhetoric, counter false claims and junk science, and speak the truth about the importance of safe and accessible abortion care.

The anti-choice movement has always used disinformation and fact manipulation to control public opinion. 77% of Americans support abortion to different extents so their lying has not been as effective as they would like—but they keep trying. And it is up to us to counter their lies with facts whenever we hear them.

The anti-choice agenda is not supported by medical experts or scientists, yet they always claim their extreme positions are backed by “science.” An example is the constant refrain that “life begins at conception.” This is a religious argument, NOT a scientific one. Those motivated by their faith are free to act and believe as they wish. They are NOT free to proselytize to the vast majority who do not agree or to attempt to stop pro-choice people from exercising their (still) constitutionally protected rights. Other false tropes are that abortion has harmful psychological effects, proven untrue by studies. And anti-choice “news” sites such as Live Action and LifeNews have been banned from YouTube and Facebook for spreading disinformation about COVID-19 and vaccines.

Other deliberately misleading and false language includes such terms as “partial birth abortion,” “crisis pregnancy centers,” or that abortion is dangerous and causes breast cancer, depression and infertility.

Fake feminist narratives include false claims that abortion providers prey on women to make a profit. Other allegations include falsely likening abortion to genocide and slavery, including comparing it to the Holocaust or the Civil War. At least 14 briefs

compare the Court’s verdict in *Roe v. Wade* to its decision in *Dred Scott v. Sandford*, one of the Supreme Court’s most egregious decisions and argue that abortion constitutes “eugenics.” The anti-choice movement’s attacks on birth control, emergency contraception and IVF make clear that its agenda is much larger than limiting abortion care.

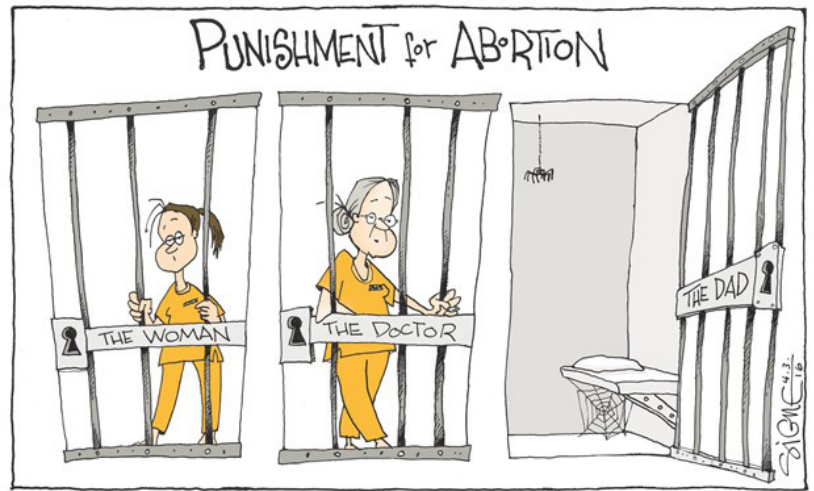
Now, some science. The medically inaccurate language of “fetal heartbeat” when referring to banning abortion in early pregnancy is nothing but junk science. At around four weeks after fertilization, an embryo develops a group of cells that gain the capacity to fire an electric signal, described as “a little flutter in the area that will become the future heart.” At this stage there is no heart—and no heartbeat. “What is interpreted as a heartbeat in these bills is actually electrically induced flickering of a portion of the fetal tissue that will become [maybe] the heart as the embryo develops” says Dr. Ted Anderson, former president of the American College of Obstetrician and Gynecologists (ACOG). “Thus, ACOG, does not use the term ‘heartbeat’ to describe these legislative bans on abortion because it is misleading language, out of step with the anatomical and clinical realities of that stage of pregnancy.”

Not only is there no heart and no heartbeat, there is no fetus. Check any basic textbook.

It will explain how when an egg joins with a sperm it’s called a zygote, which then becomes a blastocyst at five days. At about day nine, the blastocyst develops into an embryo, distinct from a fetus. The embryo becomes a fetus during the ninth week after fertilization, or week 11 after the last menstrual period. Banning abortion at four weeks after fertilization the Texas law, for example, applies before the embryo even becomes a fetus.

Media outlets would be wise to learn correct science, updating their style guides and to stop using such terms as “heartbeat bill.” Yes, I’m talking to you *New York Times*, *LA Times*, *Washington Post* and *USA Today*. Shame on you for not hewing to science and lazily buying into propaganda and lies. Demand media use accurate language based on science when reporting on abortion and other women’s health issues rather than anti-abortion disinformation and downright lies. This is a critical moment for the majority of Americans who support reproductive freedom to call out deceptive anti-choice tactics, to debunk false claims and to speak the truth about abortion and women’s lives.

Thanks to Carrie N. Baker and NARAL Research for information used in this article. And to Signe Wilkinson, Pulitzer Prize winning cartoonist and reproductive justice supporter for the cartoon.



SUPREME COURT WILL RULE ON THE CONSTITUTIONALITY OF A PRE-VIABILITY ABORTION BAN—THE FIRST SINCE ROE V. WADE

The Supreme Court has set a date of Dec 1 to hear an appeal in the case of **Dobbs v. Jackson Women's Health Organization**. The case involves a Mississippi law banning most abortions after 15 weeks. It is a direct challenge to the court's precedents in *Roe v. Wade* and *Casey v. Planned Parenthood*, stating that states cannot ban abortion before viability. **This is the first time the court will rule on the constitutionality of a pre-viability abortion ban since Roe.**

Twelve other states have passed unconstitutional abortion bans at various points in pregnancy since 2019; courts have consistently struck down these bans including in Alabama, Arkansas, Georgia, Kentucky, Louisiana, Montana, Missouri, Ohio, Oklahoma, South Carolina, Tennessee, and Utah. But, "it is incredibly concerning that the Supreme Court has taken a case that, based on its own precedents, it should have dismissed months ago," said Elizabeth Nash, Guttmacher Institute's principal policy associate for state issues.

Mississippi's web of restrictions delaying access to abortion health care includes a 24-hour waiting period requiring two visits to the clinic, a ban on telemedicine abortion, a requirement that the parents of a minor must consent before an abortion is provided, and severe restrictions on health insurance coverage for abortion health care. The restrictions delay access to care, making a 15-week deadline for abortion difficult for many women and especially girls to meet. These restrictions have led to the closing of all but one abortion clinic in the entire state.

The purpose of any abortion ban, including the one in Mississippi, is to snowball into an outright ban on all abortion at any point in pregnancy

and for any reason. The snowball has already begun—lawmakers across 46 states introduced 536 abortion restrictions since January, including 146 abortion bans. Sixty-one of those restrictions have been enacted across 13 states, including eight bans.

The decision is likely to come down in the summer of 2022 ahead of the mid-term elections. "The consequences of a Roe reversal would be devastating," said Nancy Northup, president and CEO of the Center for Reproductive Rights which is representing Jackson Women's Health in this case. "We will keep fighting to make sure that people do not lose this fundamental right to control their own bodies and futures," said Northup.

Thank you to Ms. Magazine's Carrie N. Baker for the information in this article.

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Source: Texas Ethics Commission

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outreach.c4c@gmail.com

CONTACT:

CitizensforChoice.org
info@citizensforchoice.org

P.O. Box 3525
Grass Valley, CA 95945
(530) 435-8148



Nevada County
Citizens for Choice

C4C AT THE LOCAL WOMEN'S MARCH!

THANK YOU! Lynn and Claire for representing C4C, WHS and *The Clinic!* so well at the October 2nd rally. They joined a half dozen women, including also Tracy Pepper of Color Me Human, to speak about the current crisis for abortion access and gender justice infecting our beleaguered country. Lynn and Claire highlighted *The Clinic!* and its essential services.



Some attendees at the March/Rally for Reproductive Justice in Nevada City on Sunday, 10/2 including your board members Elaine Sierra, Lynn Wenzel and our new Clinic Manager, Claire Miller.

The Clinic! **WELCOMES** **CLAIRE MILLER!**

Citizens for Choice is excited to introduce the newest staff member of *The Clinic!*, Claire Miller. Claire began working with Women's Health Specialists, who operates *The Clinic!*, on August 2 and has settled seamlessly into her new role as clinic office manager.

A recent transplant from Vermont, Claire and her husband, Matt, love living in California. They have settled into Dutch Flat and are enjoying this small town they now call home. Their move out west was motivated by Matt's work as a ski patroller.

Growing up as what Claire calls a "military brat" (her father was a Marine), she traveled extensively and lived in 4 different places throughout her childhood. From San Diego to North Carolina, back to southern California and then to Big Bear, she became accustomed to moving often. Her recent relocation across the country from Vermont fits right into her upbringing of new and exciting places to live.

This lifestyle contributed to a wanderlust that Claire has fulfilled often in her life. Born in Scotland (she and her mother are British), she has traveled to Scotland with her family

to meet relatives and distant cousins. She hopes to return in the not-too-distant future to further explore her genealogy. Claire has also traveled over most of Europe, China, Thailand, and Japan. Her ties with military friends have helped her to visit the many places where her friends are stationed, which provides her with a local connection.

Claire is an avid face painter and has provided countless children with exciting new faces and artwork. Claire stumbled upon this hidden talent almost by accident when her friend asked her to fill in and try her hand at painting art onto children's faces. She loved it and has delighted children with silly, pretty, and fun artwork for many years. Favorites among children are unicorns, rainbows and flowers and she also enjoys painting birds and lions (she once painted the Wizard of Oz).

Claire's background in the medical field for 10 years at a primary care health center in Vermont prepared her well for her new role with *The Clinic!*. She is very excited to be back in the medical field and also to learn more about reproductive health. Her warm and engaging personality make her



an ideal person to greet clients and make them feel at home as they walk in the door of *The Clinic!*

Future plans for *The Clinic!* include expanding hours to provide drop-in pregnancy testing and referrals. This service will be available Monday-Friday, 9am-5pm. Recruitment has been underway to bring in a full-time medical provider at which time reproductive health services will be provided during those same expanded hours. Women's Health Specialists is also seeking a front office worker and a health worker for *The Clinic!*, preferably people who live locally. Claire is enthusiastic about connecting with our local community as she promotes the reproductive health services offered at *The Clinic!*.

Welcome, Claire! We're happy to have you on board!

Rep. Greg Murphy, R-N.C., a member of the GOP Doctors' Caucus, was recently asked about his position on vaccine mandates. He said (probably without thinking)

"...like every other medical decision is one that should be made between a patient and a doctor. The government does not know what is best for each patient, nor do they have the authority to dictate patient-doctor health care decisions."

We certainly agree with that! In fact, we couldn't have said it better ourselves. Rep. Murphy's votes on recent healthcare subjects were the following: NO on the Pregnant Workers Fairness Act; Condemning forced sterilization: abstention; On equality Under the Constitution, NO. (Naral). It must be uncomfortable for Rep. Murphy to talk out of both sides of his mouth.

POSITIVE PREGNANCIES & BETTER BIRTHS: EVERYONE DESERVES A DOULA

By Siobhan Norris

When I became pregnant in 2018, I was so excited about becoming a mother, but very scared of giving birth. Negative birth stories and media portrayals overwhelmed me, and the people close to me said, “it’s too unpredictable to prepare for, just do what your doctor says!” My passive attitude resulted in a cascade of events that left me traumatized and thinking “how did this happen?!” It was through processing my birth that I learned of a wonderful profession that could have transformed my whole experience: doulas.

A birth doula is a support person who provides informational, emotional, and physical support during pregnancy, labor, and childbirth. This continuous support can look like providing evidence-based resources to help people create their birth plan, holding space for the range of feelings that come up during pregnancy, educating people on their rights, hands on care during labor, helping partners prepare, and so much more. While doulas are educated on some of the signs of emergency, we leave all medical care to the OBGYN’s, nurses, and/or midwives.

The term *doula* indicates someone who is of service, but the word itself comes from the Greek word for slave. For that reason, some are steering away from the title (common alternatives are birthkeeper, birthworker, and even birth witch), but others are adopting it for areas outside of pregnancy: end of life, gender transition, and divorce to name a few. What we all have in common is the intention to support a person in being their most centered, healthy self through life’s big transitions.

As a full spectrum doula, I’m trained to support all pregnancy experiences, such as abortion, miscarriage, and adoption. Postpartum doulas provide in-home support in

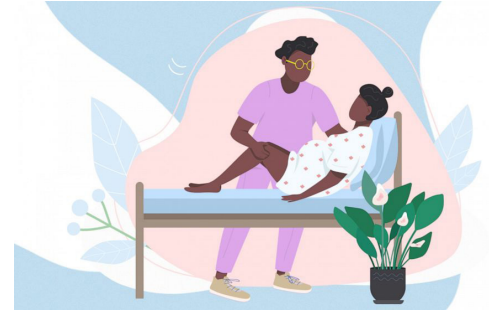
the immediate antenatal period through things like lactation support, tidying up, caring for baby while parent(s) nap, and providing healing foods and judgment-free listening.

We tend to believe this type of care is a luxury, but the data says doulas can significantly improve the chances of positive birth outcomes, especially for people with marginalized identities such as Black women and trans men. A 2017 [Cochrane review](#) of over 15,000 people showed that continuous doula support resulted in a decrease of Cesarean birth (“C-section”), use of pain medications, and labor length. It also increased the chances of favorable APGAR scores, likelihood of spontaneous vaginal birth, and overall satisfaction with the experience.

It’s pretty phenomenal that the presence of one trained companion could have such a measurable impact. Experts believe doulas are so effective because when birthing people feel like they are in the care of someone they trust, the body responds positively through pain relieving hormones.

Despite all this compelling evidence, less than 10% of people are actually hiring doulas. While out of pocket cost can be a concern, most birth workers offer sliding scale rates, payment plans, or volunteer their services. It is also common for folks to use HSA/FSA funds, get reimbursed by insurance, or even add it to their baby registry.

When it comes to selecting a doula, I always encourage people to hire the person they connect with best, even if that person isn’t me. One of my favorite things about this field is the community of abundant-minded, creative people of all identities, personalities, and skillsets. Every birth worker has their own individual style



which is beautiful because every pregnant person has their own individual needs. Between the COVID-19 pandemic and increasing awareness of medical racism, people are turning to doulas to advocate for them in hospitals and provide the in-home care that they need but may not be able to receive from their family and friends.

I know that my birth experience would have been much different if I hired a doula, which is why I aim to be the person I needed when I was pregnant. Of course, continuous care is just one piece to a larger puzzle of improving birth outcomes. The best way to ensure healthy parents and babies is by continuing to work toward a society that supports reproductive education, affordable healthcare, anti-discrimination policies and paid parental leave. When families are supported, healthier babies are born, and healthier communities emerge.

Siobhan (sha-VON, she/they) is a full spectrum doula and facilitator raised and rooted on Yelamu, otherwise known as San Francisco, CA. She was led to this work through her experiences with community activism, becoming a mother, and her identities as a queer, neurodivergent biracial woman. She is passionate about cultivating community and the intersection of reproductive wellness, spirituality, and social justice. You can join these conversations by following @bonzbytheday on Instagram or check out her workshops & offerings at www.siohban-norris.com.



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

NEWS ON THE GLOBAL FIGHT FOR REPRODUCTIVE RIGHTS

By Elaine Sierra

Latin America And The Caribbean

Chile agrees to end forced sterilization practice

In 2002, Francisca gave birth to a healthy baby in a Chilean hospital—and was then sterilized without her consent by the doctor who performed her Cesarean section. The doctors performed a surgical sterilization because they thought it was irresponsible for an HIV-positive woman to have more children.

After years-long litigation, the Chilean government has entered into a “friendly settlement” with the CRR Center’s client, Francisca, to provide her with reparations. Chile also agreed to reform its policies to protect against forced sterilization and discrimination for people living with HIV.

[Click here for a full report.](#)

The Fight to Decriminalize Abortion in Colombia

CRR and its Colombia-based partners are awaiting a decision by the Constitutional Court of Colombia that could decriminalize abortion throughout the country. Decriminalization would remove the obstacles and stigmas that prevent women and girls from accessing the reproductive health care they need and deserve.

The expected ruling will be in response to a 2020 lawsuit filed by the organizations of the Causa Justa (Just Cause) movement that aimed to eliminate abortion as a crime from the penal code and end the risk of criminal prosecution and imprisonment in Colombia. If the lawsuit is successful, Colombia would become the first country in Latin America and Caribbean to remove abortion from its penal code.

[Click here for a full report.](#)

[Source: CENTER FOR REPRODUCTIVE RIGHTS, FRONT LINES NEWSLETTER, SEPTEMBER, 2021]

ASIA

Nepal accepts UN recommendations to decriminalize abortion

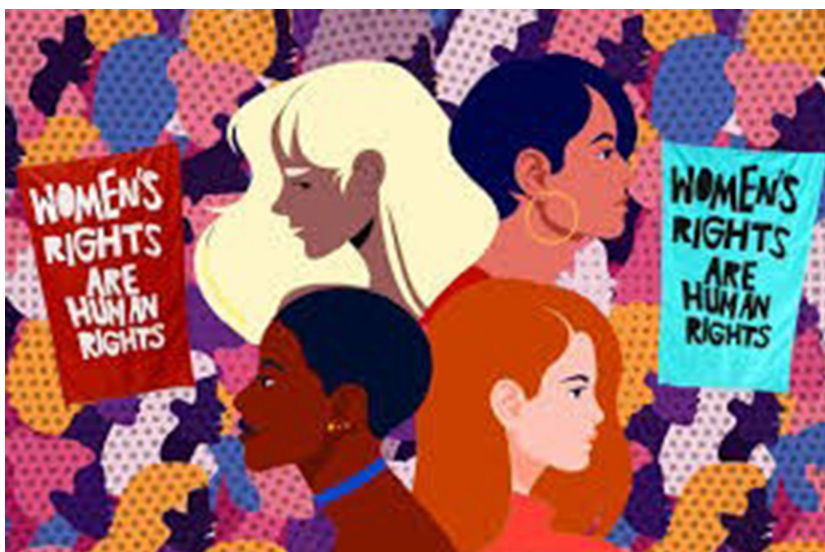
In 2018, Nepal enacted the Safe Motherhood and Reproductive Health Rights Act, which was intended to respect, protect, and fulfill women’s reproductive rights and recognize the right to access abortion. But since the Act failed to fully decriminalize abortion, women faced a continued risk of prosecution for abortion care.

After years of advocacy by CRR and its Nepal-based partners, the government of Nepal has agreed to decriminalize abortion and protect the sexual and reproductive health and rights (SRHR) of women and girls across the country.

The move came with Nepal’s acceptance on July 8, 2021 of a report based on the Universal Periodic Review (UPR) of Nepal before the United Nations Human Rights Council. The Universal Periodic Review is a comprehensive human rights review that takes place for each country before the United Nations Human Rights Council (HRC), usually every four years. Nepal’s UPR review looked at facts submitted by the Center, along with Nepal-based partners, pointing to continuing legal and procedural barriers to accessing safe abortion services and the grave impact that the COVID-19 pandemic had on sexual and reproductive health and rights in Nepal.

Nepal accepted the UPR recommendation and committed that the country would decriminalize abortion and concretely protect the rights and sexual and reproductive health of women and girls.

[Click here for a full report.](#)



BIRTH CONTROL IS NOT ABORTION

You would think that if an individual were anti-choice, she would be pro birth control. Well, you would think wrong! Missouri lawmakers recently debated restricting Medicaid coverage of birth control and curbing payments to Planned Parenthood. It didn't work, but it came on the heels of Rep. Marjorie Taylor Greene conflating abortion pills with Plan B in response to veterans getting access to birth control through their health plan in June. "It's not contraception," she claimed, "it's providing taxpayer dollars the ability for women to have an abortion."

The groundwork was laid in 2010 when the Tea Party fought Obamacare by saying IUDs, Plan B and contraception itself were "the biggest expansion of abortion in the nation." Robin Marty, author of *The New Handbook for Post-Roe America* told *Vogue* magazine in a recent article, "The reason this is no longer undercover is because of the Supreme Court's 2014 Hobby Lobby decision; in it, the Court ruled that employers could refuse to pay health insurance that would fund their employees birth control."

The conflation of contraception with abortion is completely scientifically inaccurate. "A contraceptive method, by definition, prevents pregnancy by interfering with ovulation, fertilization or implantation, unlike abortion, which ends an established pregnancy, after implantation, according to the Guttmacher Institute. "Language that obfuscates the true purpose of birth control is a tactic used to conceal attempts to end women's reproductive freedom. As the Guttmacher Institute stated: "When organizations whose core mission is to ban abortion say that some contraceptives are abortion, then their obvious intent is to eventually ban these methods. They are not neutral on the issue of contraception, despite their protestations to the contrary."

"Hypocrisy can flourish in the anti-choice movement because the movement is not about the sanctity of life; it's about power."

"Politicians who are anti-abortion are also anti-birth control and anti-queer and anti-Black because...they only support a way of life in which they—wealthy white people—are in charge and the sole dictators of when, how and with whom we have sex, procreate and build our families," said Renee Bracey Sherman, a reproductive justice advocate. "It's about maintaining white patriarchal power and control. Anything that allows people to determine their own futures—such as birth control and abortion—is a threat to that."



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Voices for Choice

ATTENTION SUPPORTERS AND READERS!

Your help is needed now more than ever!!

Coming soon!! Expanded hours at The Clinic! We will soon be open Monday-Friday, 9am-5pm.

The initial expansion of hours will add Tuesdays, Thursdays and Fridays and will include drop-in pregnancy testing and referrals with further service expansion in the near future to include all reproductive health services on every open day.

Access to abortion is threatened across the country and *The Clinic!* has, and always will be, a safety net provider of reproductive health services, including abortion and follow up (medication only), pap tests, STD checks, birth control, pregnancy screening, and infection checks for irregular bleeding. It is entirely possible that our Grass Valley Clinic will become a safety destination for pregnant people from other states. Your support will help us continue to provide this vital service.

Our rent alone is over \$27,000 a year and that doesn't count other expenses such as insect abatement, interior redesign to create more clinic space, etc. When we had to move during the early days of the pandemic, the costs were huge! Currently, our rent and other expenses from January through September 2021, are \$35,000+. And, although we are always seeking grants, the financial support of our community of readers and Nevada County citizens is essential.

This is how you can donate:

- Through [Paypal](#) on our website
- Direct payment from your IRA
- By check to: Citizens for Choice, P.O. Box 3525, Grass Valley 95945

We are grateful for your gift in any amount. It will help us continue our important work in the community!



Gifts in any amount are always welcome!

Each donation helps us support *the Clinic!*—utilities, rent, supplies—as well as social media outreach, CA public policy such as the Family and Medical Insurance Leave (FAMILY) Act, and community advocacy, among many other activities and services toward women's reproductive health.

There is a donate button on the website. If you prefer, you may send a check to: Citizens for Choice, P.O. Box 3525, Grass Valley, CA 95945. Please be sure to include your address, email and phone on your check.

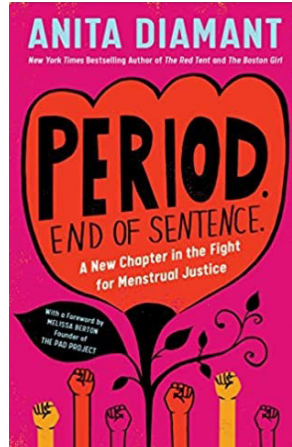
The board of Citizens for Choice is grateful for your generosity!

PERIOD. END OF SENTENCE.: A NEW CHAPTER IN THE FIGHT FOR MENSTRUAL JUSTICE

by Anita Diamant

When *Period. End of Sentence.* won an Oscar in 2019, the film's co-producer and Executive Director of The Pad Project, Melissa Berton, told the audience: "A period should end a sentence, not a girl's education." Continuing in that revolutionary spirit and building on the momentum of the acclaimed documentary, this book outlines the challenges facing those who menstruate worldwide, and the solutions championed by a new generation of body positive activists, innovators and public figures.

Covering such subjects as "menstruation as a threat" and as a punishment, as well as its genesis as a stigma and a shame in the Judeo-Christian teachings, (even Ghandi said that menstruation was a "distortion of women's soul because of their sexuality") Diamant covers indigenous wisdom from Māori and Pakistani women among others. She discusses the subject of period poverty and asks that we not forget homeless women, among others, who cannot afford or access period products. And she reminds us of the actions being taken around the world on behalf of menstruating women and girls such as: getting FREE period products in their bathrooms; pressing



elected officials and policymakers to change unfair tax laws, providing free products in all public buildings and changing the aura of shame. This book that would be a wonderful gift to every young girl before she gets her period and good to remind us older women about some of the pre-conceived notions and prejudices we still carry in our heads.

Most important, she reminds all of us that "every public conversation about periods—whether its menstrual leave, stigma or access to products—is really a conversation about power." Isn't everything?

To learn more about The Pad Project, go to ThePadProject.org

STUDENT ACTIVISTS BREAKING THE SILENCE ON PERIOD POVERTY

Student activists in the "Free the Period" coalition introduced California Assembly Bill 367, the Menstrual Equity Act of 2021. AB367 could make free menstrual products available in all California public schools grades 6-12, community colleges and California state universities. It is expected to be signed into law by the end of the year. In a survey of 1,010 menstruating teenagers, 76 percent reported that their school had taught them more about frog anatomy than female anatomy, and 65 percent believed that society taught them to be ashamed of their periods. Nearly half the human population needs menstrual products and 86 percent say they have gotten their period unexpectedly in public without supplies on hand, causing them embarrassment and shame. There are some meaningful changes afoot. The U.N. established International Menstrual Hygiene Day in recognition of global period poverty and Scotland and New Zealand became the first countries to put free menstrual products in all public bathrooms last year.

What do/did you call it? The "Curse?" "Aunt Flow?" "That time of the month?" As Diamant says, "Menstruation is not the curse. The curse is shame."

Thanks to Audin Leung of "Free the Period" for the information on AB367

Thank you to participating condom fairy locations throughout Nevada County!

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