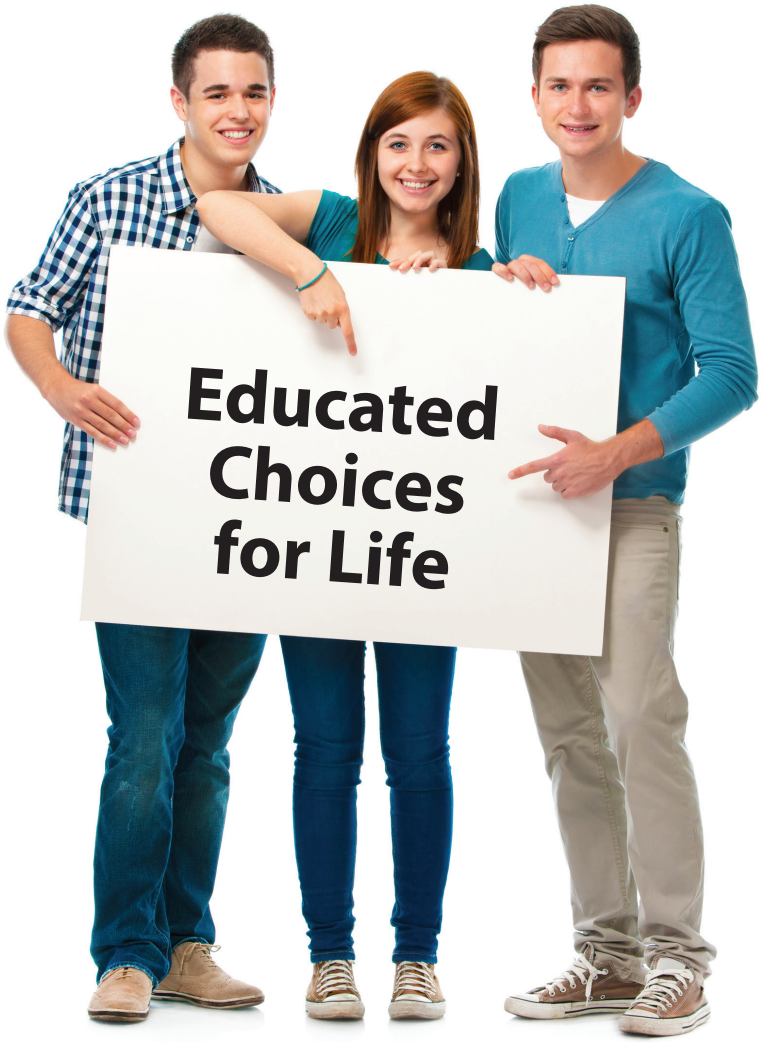
NEVADA COUNTY citizens for CHOICE

Voices for Choice

Spring 2021

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

SUPPORTING TEENS–MY STORY

By Marty Dekay-Bemis

In the late 1990's in Sonoma County, there was a rash of teen suicides. At the time, I was working at a Community Health Center in western Sonoma County as the Community Programs Director. These suicides prompted us to do something to support the teens in our community. In response, we opened a free, drop-in clinic for adolescents. 20+ years later this clinic is still going strong, providing reproductive and mental health services to hundreds of Sonoma County youth. I was the director of this clinic for 10 years, until 2010.

From the beginning, the clinic was unique. The first face a teen would see was another teen, greeting those who walked in the door, working the front desk and processing paperwork. A teen advisory committee was formed, and they provided invaluable advice for the adults who ran the program. Often the ideas that we adults had for how the program should be run would be vetoed by the advisory group. We strived to incorporate their ideas in everything we did at the clinic, even though sometimes their ideas went against our adult ones.

Adults were only allowed in the doors if their son or daughter felt they needed their parents' support, which rarely happened. We found that the teens in both the advisory group and those who sought services were much more comfortable in an environment that felt safe which meant not running into a friend's mother or aunt. Foremost in our minds was protecting the confidentiality and trust of the teens who walked through the door.

The clinic environment was also unique in that it was very "non-clinical". Couches lined the room, loud music was played, snacks were offered, and teens lounged all around, draping themselves over one another in the ways teens do. Adult staff were sequestered in the back office, emerging to provide the services that the teens sought--pregnancy tests, birth control, HIV and STD testing, as well as mental health counseling. The clinic thrived and so did the teens.

A peer education group was formed to educate their peers about reproductive health, informally both on and off the high school campuses, as well as in the Teen Clinic. We provided extensive training to the peer educators that included anatomy, reproduction, contraception, pregnancy, abortion, HIV/AIDS and other STD's, LGBTQ issues, and much more. The peer educators gradually gained confidence to talk with their peers and they soon become the ones on campus who everyone would come to with questions. They linked many students to the clinic for services that they might not otherwise have been able to access.

Sex education in the middle and high schools was taught by adults whose jobs were primarily to teach subjects other than reproductive health. It was hit and miss and the feedback from the teens was that it didn't cover the subject nearly as well as we did at the clinic AND it was taught by adults, adding to the discomfort of most teens with the subject matter.

It became evident that the peer educators were a valuable asset to the schools in presenting fact- based sex education and that students were much more comfortable hearing this information from their peers. Peer educator trainings continued to expand to include how to make an informative presentation that also made it fun to learn. The educators created games and made learning fun in a comfortable, safe environment.

Initially the schools were reluctant to allow students to make presentations about subjects that the adults were often uncomfortable with. Gradually, they realized the peer educators were well informed, mature, and provided a valuable service to the students, one that the adult educators were eventually happy to pass on to the student educators. Currently, the Teen Clinic peer educators provide sex education in a dozen western Sonoma County schools, from 4th to 12th grade.

My time at the Teen Clinic made me truly appreciative of teens and what they have to offer. They're honest, fun loving, and enthusiastic. I learned that they know what's best for themselves (most of the time) and if we trust them, they will do the right thing and thrive. The teens who became peer educators were (and still are) an invaluable asset to the clinic. Individually, they have gained confidence in their knowledge and skill in sharing that knowledge in a mature and thoughtful manner. They are, truly, our hope for the future!

NEVADA COUNTY citizens for CHOICE

Voices for Choice

Global Gag Rule Rescinded

By Judith McCarrick

We've heard and read that one of the current administration's first executive orders was to rescind the Global Gag Rule, but what does that really mean? And what, exactly, is this "Rule"?

Actually, its original name was the Mexico City Policy (MCP) signed in that city by President Ronald Reagan in 1984 at the UN Population Conference. The MCP prevented the U.S. Agency for International Development (USAID) from distributing family planning funds to foreign non-governmental organizations (NGOs) that performed or promoted abortion services in their country—even with their own money. The policy, originally enacted from 1984 to 1993, spoke to abortion only, not family planning in general. However, in 2001, the policy was re-implemented and expanded to cover all voluntary family planning activities, and critics began to refer to it as the Global Gag Rule. It is a dangerous anti-abortion policy that risks the health and lives of women and girls around the world.

After the Reagan administration the Global Gag Rule became a political ping-pong ball, depending upon which party held the Presidency. Every Democrat since Reagan has rescinded the Rule and every Republican has reinstated it. The Global Gag Rule has been rescinded seven times.

Under the previous administration, the Global Gag Rule took on a more nefarious role. The policy was not only reinstated but expanded, covering all global health organizations that receive U.S. government funding, rather than only family planning organizations, as was previously the case. This included offices such as USAID, the Department of State, Global Aids Coordinator, Center of Disease Control and Prevention, National Institutes of Health, and the Department of Defense, amounting to the cancelling of nearly 12 billion dollars in aid.

Beginning in 2017, the Global Gag Rule became more restrictive and dangerous than any previous version. It banned overseas groups from receiving U.S. health funding if they refer, provide, or even mention abortion or abortion-related services.

Those most affected live in the poorest and hardest-to-reach communities around the world — including in sub-Saharan Africa, South Asia, Latin America and the Caribbean.

The previous administration's global gag rule led to terrible consequences: increases in maternal deaths, unsafe abortions, and HIV and AIDS rates worldwide, as well as the breakdown of coalitions that create local partnerships to provide reproductive healthcare in poor and rural regions. It also closed women's health clinics. As a result, studies estimated that up to 26 million women and families would lose access to birth control services.

According to Nelly Munyasia, CEO of Reproductive Health Network Kenya (RHNK), which promotes health services, and information about abortion; this put the network in the sights of the previous administration. In 2017, the US president used an executive order to reinstate the policy which prohibits overseas organizations that receive US funding from using money from another source to do abortion-related work.

The policy—usually rescinded by the Democrats and reintroduced by Republicans—has affected global family planning since it was introduced in 1984. In 2017, the policy was expanded to cover almost all US bilateral aid for global health, affecting as much as $12bn (£8.9m) in funding. The policy had an immediate and devastating impact on Munyasia's organization. All of its funding came from the U.S. via Planned Parenthood Global (PPG), which had refused to sign the global gag order. RHNK lost as much as $1m a year. Munyasia was forced to stop outreach programs to marginalized communities and halt the training of more than 500 health workers. Thousands of women couldn't get contraceptives, HIV tests or cancer screening. Teenage pregnancies increased, and women resorted to unsafe abortions. Fetuses were found on riverbanks, Munyasia says.

The organization went from seeing 300,000 women and girls a year to just 150,000 over two years—thanks only to money secured through the SheDecides movement. "We lost 100% of our funding. It was devastating. We were in the process of renewing our contracts … when we were told by PPG that they were not able to give us funding."

The new administration will need to go much further than just rescind the gag rule, say rights groups. It needs to throw its weight behind the Global Health, Empowerment and Rights Act, introduced last year to repeal the policy permanently. The legislation, which has been referred to committees in the House and Senate, is cosponsored by vice-president elect Kamala Harris and there are high hopes it will pass into law.

Fortunately, the myopic, xenophobic policies of the previous administration regarding the international importance of family planning has come to an end. But, because of the tenuousness of America's political system, there is no guarantee of continuity for the future. Given the challenges of global pandemic, a divided country, domestic terrorism, joblessness and homelessness, the current administration has its hands full. But the rescinding of the Global Gag Rule is a first, positive step to restoring health care for women and girls in countries around the world.

Thanks to The Guardian, December 24, 2020 for information regarding Reproductive Health Network Kenya (RHNK).

Voices for Choice

By Elaine Sierra, Public Policy Director

CALIFORNIA LEGISLATION: A 2021 PREVIEW

2021: COVID-19 still looms over all of us this year, with outsized influence over California's public policy and budget. Understandably, our representatives in Sacramento are focused mainly on getting us through the pandemic. But as advocates with the long view about reproductive health and justice, we must and will work to build on our past successes by advancing our cause wherever we can.

Among the legislative priorities we will be working toward this year are those that would:

- Make abortion care and contraception more affordable and accessible.
- Address the disparate maternal mortality rates of Black, indigenous and other women of color.
- Improve access to early abortion care using telehealth.
- Provide more resources to address the ongoing epidemic of sexually transmitted diseases.
- Protect workers during the pandemic with emergency paid sick leave.

We support these and other proposals that aim to address lack of access to contraception, abortion, STD treatment, maternal and newborn care, and reproductive healthcare of all forms. They aim to foster true and universal freedom of choice: deciding when and whether to bear a child and with whom, and having access to the knowledge and healthcare services needed to maintain one's sexual and reproductive health, safety and identity. Access and choice, intertwined and essential aspects of reproductive justice, remain the focus of our advocacy.

COALITION PARTNER CCRF BIDS FAREWELL TO LONGTIME DIRECTOR

On February 19, 2021, the California Coalition for Reproductive Freedom held its last meeting led by outgoing executive director, Juana Rosa Cavero. Juana Rosa has ably led the Coalition, of which Citizens for Choice is one of the longest-term members, since 2016. She has enabled it to grow to its current strength of 41 organizational members. Under her watch, CCRF has also diversified to be more inclusive of the breadth of reproductive health, rights and justice causes and to ensure that the broad spectrum of California's diverse communities and individuals are represented.

Under Juana Rosa's leadership, CCRF members joined forces to oppose repeal of the Affordable Care Act, oppose the regulations that undercut the federal Title X program that funds family planning, and advocate in support of over 50 pieces of California legislation each year. Citizens for Choice leveraged our voices by joining in CCRF member advocacy on most of these fronts, grateful for the opportunity to play our part in what the Coalition has been able to accomplish. We remain committed to working in and with the Coalition, well into the future, to meet new challenges and take advantage of new opportunities as they arise.

Along with the other members of the Coalition, we applaud Juana Rosa Cavero. We say a sincere, "Thank you for all you have done" and wish her well in her future endeavors. To start, she will be moving to Colorado to lead a reproductive health collaborative. Farewell to a champion for reproductive health, rights and justice. Farewell to a good friend and trusted leader.

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!

Voices for Choice

THE FEMALE BODY AS SCAPEGOAT

By Lynn Wenzel

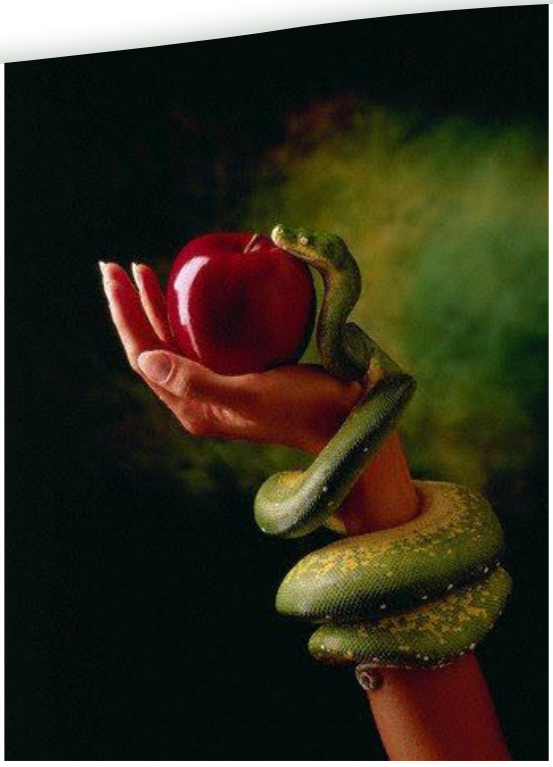
In ancient times, on the day of atonement, lots were cast to decide the fate of two goats. One was killed as a sacrifice; the other, the scapegoat, was presented to the Lord, alive. The scapegoat was made to take on all guilt and bad actions, banished to the wilderness, and made to suffer for the sins of others. Jungian psychologist Sylvia Brinton Perers concludes in Isabel Wilkerson's new book, *Caste,* "This is to free the scapegoaters of their own responsibilities, and to strengthen the scapegoaters' sense of power and righteousness."

"What I have seen in the pro-life [sic] movement," writes Andrea Lucado, "and elsewhere in evangelical culture is this ancient reliance upon the scapegoat mechanism, and the scapegoat is always the same—the female body." Woman alone is responsible for leading man into temptation. "The shame and guilt that drove purity culture is the same shame I see driving the pro-life [sic] movement today—and the woman is the scapegoat," says Lucado. "Evangelicals are still obsessed with female bodies, controlling them, blaming them" and sacrificing them.

It is easy to understand how scapegoating women became the essence of the evangelical movement. The leadership are heterosexual, married, white men of financial means; we need no imagination to understand how they break the rules of the organizations they lead, take no responsibility, and blame their sins on the women that surround them.

The attack on women from evangelicals comes from the threat men felt as women began taking their rightful place in the culture during the late 1960s and into the 1970s. Why is the #MeToo movement not adopted as righteous? Because men would then have to bear responsibility for their own behavior. According to the evangelical church, "divorce is a problem in this country because of the women's movement and wives believing they are equal to their husbands." The movement for reproductive choice has tapped into this male rage. "Clearly, abortion is about control, not morality," says Baptist minister Nathaniel Manderson.

Historically, the topic of abortion held little to no interest in early Christian teaching or in Biblical texts. There are no specific references to abortion in the Bible, either within the Old Testament (Torah) or Jesus' teachings or in the writings of Paul. Neither St. Augustine in the 5th century or St. Thomas Aquinas in the 13th, had anything to say on the subject. The church remained tolerant on abortion before the third trimester from the time of the early church until the late 19th century There is no teaching on abortion from Jesus and not one of His parables deals with ending pregnancy.



Says Founder and Director of Christian Democrats of America, Christina Forrester, "There are 3,000 verses in the Bible that are concerned with social justice, taking care of the poor, the stranger, attitudes of kindness and compassion. Why is it not our dominant concern? The only thing that *did* begin to change was liberation for women… and a change in cultural and social values in the late 1800s, and a political tool with increased use of propaganda…that took over thousands of churches [by] the 1980s." Forrester goes on to say, "The Christian church in America cannot continue to prioritize one issue that is not directly addressed in the history of Christian teachings and in scripture, yet make secondary or of non-importance the social justice topics addressed in the entire Word, from Genesis to Revelation."

Continued on next page...

CONTACT:
CitizensforChoice.org
info@citizensforchoice.org

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

Nevada County
Citizens for Choice

The poster child for this is the latest Supreme Court decision to reinstate an FDA rule requiring patients seeking medication abortion to make an unnecessary in-person visit to their health care provider simply to pick up the medication and sign a form. Mifepristone is the ONLY medication proscribed in this way—not Viagra, not Oxycontin, not even the deadly fentanyl. **Out of 20,000 drugs that the FDA regulates, mifepristone is the only one that the FDA forces patients to pick up in person.** "The FDA's policy imposes an unnecessary, unjustifiable, irrational and undue burden on women seeking an abortion during the current pandemic," said Justice Sonia Sotomayor. The decision is based solely on political pressure on lawmakers by the evangelical right. The ruling has a particularly negative impact on low-income workers and people of color, exposing them to a virus that is already disproportionately killing Black, Brown and Indigenous people. "There is no reason during a pandemic to require patients seeking medication abortion care to be seen in person when telemedicine is equally safe and effective," says Dr. Daniel Grossman, director of Advancing New Standards in Reproductive Health. It does, however, keep women powerless and dependent, a legacy of patriarchy and white supremacy culture. For evangelicals, there are those who rule and those who are ruled. If women could control their bodies, who could control them?

An increasing number of anti-choice fundamentalists also object to the sale and distribution of birth control, believing that "God alone opens and closes the womb." Clearly, anti-choice proponents are only "pro-life" when it comes to the fetus. Once babies are born, they lose interest. Evangelicals are willing to overlook anything else including lack of healthcare for the poor, misogyny, xenophobia, and the protection of immigrant children. We must continue moving beyond this profane sacrilege. "God reveals himself [sic] through the revelation of the dignity of women, not apart from it," said devout Catholic Paul Claudel. "This is the essence of complementarity—it does not abide scapegoating."

IN CASE YOU STILL CAN'T SEE IT...

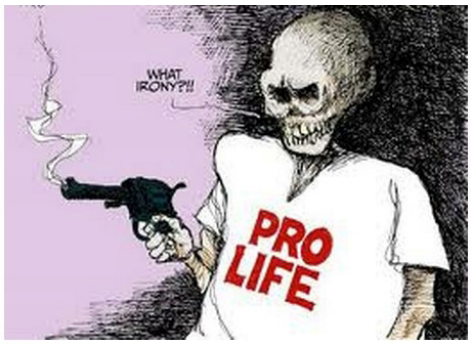
According to Alissa Quart in *Slate*, (February 4, 2021) plenty of anti-abortion extremists and the rioters at the Capitol on January 6 were one and the same. (See "The Female Body as Scapegoat.")

John Brockhoeft, who planned bombings at abortion clinics and women's health centers in Ohio and Florida in 1991 and consequently served seven years in prison for firebombing a clinic was caught live-streaming his appearance at the Capitol. He wasn't alone. There were plenty of anti-choice fanatics there that day: Derrick Evans, a former West Virginia legislator who wore a MAGA hat and harassed women at a local clinic was arrested; and Jason Storms, who worked for Operation Save America and called January 6 "Revolution 2.0."

There is a "strong tie between anti-abortion terrorism and Christian white nationalism," says Mary Alice Carter, senior advisor for Equity Forward. "Abortion is unacceptable to white nationalists," she says, "because of the white supremacist idea of having as many white Christian babies as possible, both to fight the declining birth rate and to hold off the rising immigrant population."

Past clinic invasions parallel tactics at the Capitol in January, notes Quart. The actors are aggressive with the intent of terrorizing and then shutting down all activity. Both QAnon and anti-choice rioters share another similarity in their worldview says Karissa Haugeberg of Tulane University, a reproductive rights historian. "Good women have children, bad women don't."

Both groups also lie constantly and unashamedly, or as Kellyanne Conway might say, present their own set of "alternative facts." Anti-choice activists assert that there is a correlation between



having an abortion and breast cancer. There is not. Or that abortion is so dangerous we need laws to "save" women. The truth is that abortion has a 99 percent safety record.

Anti-abortion extremists and white right-wing activists have shared common cause for decades says Quart, "united by a sense of grievance and the readiness to pursue escalating violence." Reproductive justice supporters know what happens if their threats aren't taken seriously. Just look at January 6. And be aware of the throughline that continues to thread its way through anti-choice fanaticism and white supremacy.

Kwajelyn Jackson

Community Education and Advocacy Director
Feminist Women's Health Center

There is no arguing the fact that abortion bans disproportionately harm Black people, who are three times as likely to die during childbirth as white people. Making it more difficult for Black people to access reproductive healthcare literally puts their lives at risk. With multiple states calling for the postponing of abortion procedures amid COVID-19—during which Black and Brown communities are being hit the hardest—Black women are being met with the prospect of navigating an already treacherous healthcare system to birth children during a pandemic if they are unable to gain access to abortion care. There are so many systems that are working against our ability to live full, self-determined autonomous lives when it comes to our safety and our reproduction. As we continue to navigate the pandemic, one in which clear, up-to-date science-based information regarding safety protocol remains unavailable to many in the country, people across the nation face a bleak future—but it's Black women who will be asked to carry the heaviest burden.

Voices for Choice

IMPROVING MATERNAL HEALTH CARE FOR BLACK AND INDIGENOUS PEOPLE

From the Center for Reproductive Rights

International treaty bodies and UN human rights experts have repeatedly expressed concern about the high maternal and infant mortality rates in Black communities in the U.S. The U.S. has the highest maternal mortality rate in the developed world and is one of only 13 countries where maternal mortality is rising. According to the Centers for Disease Control and Prevention (CDC), Black and Indigenous women are three times more likely to die from pregnancy-related complications than white women and twice as likely to suffer from serious pregnancy complications.

Racial disparities in pregnancy outcomes are linked to discrimination and social and economic inequalities including poverty, structural racism, lack of access to health care and implicit biases, especially in states that have opted out of Medicaid expansion. The COVID-19 pandemic is putting additional strain on the health care system, resulting in pregnant women at even greater risk for severe illness.

Now, the Center for Reproductive Rights (CRR) and partner organizations have joined to reintroduce the Black Maternal Health Momnibus Act of 2021—a package of 12 bills to advance maternal health care especially for Black and Indigenous people. The bill package is critical and long overdue, said Jennifer Jacoby, Federal Policy Counsel at the CRR. "It's unacceptable that mothers in the U.S. are dying at the highest rate of any developed country, and those mothers are largely Black and Indigenous. The Momnibus signals to Black and Indigenous birthing people that they will not be left behind any longer…not ever." The bill addresses research and funding in housing, transportation and nutrition as well as care for people such as veterans and incarcerated people, including continuity of care through pregnancy and up to one year postpartum.

The Momnibus of 2021 is being introduced in the House of Representatives by members of the Black Maternal Health Caucus, including Representatives Lauren Underwood (D-IL) and Alma Adams (D-NC), and Senator Cory Booker (D-NJ). It was first introduced in the Senate by Vice President Kamala Harris in 2020. It is an important first step toward addressing disparities in maternal health, assuring that all pregnant, birthing and postpartum women have access to the health care they need.

DONORS

Citizens for Choice thanks the following donors whose generosity was received.

Anonymous
Cheryl Branch
Cindy Branscum & Christopher Schneider
Bob Branstrom
Jeff and Sara Brownwood
Business & Professional Women of Nevada County
Momentum Company Match
Vicki DeKay*
Marty DeKay-Bemis*
Shirley DicKard
Kimberly D'Urso*
Steve and Nancy Eubanks
Katherine Greenwood
Lauren Greenwood
Tammy Gregerson*
Jan Hayward*
Barbara Henrioulle*
Dorothy Hitchcock
Diane Holland
Rob Katzenstein and Risa Roseman
Steven and Lisa Kirshbaum
Pamela Kobbe
Royle and Dorothy Leighton
Bo Littig
Fran Logue*
Jeanine and Willis McNeill
Linda More
Cheryl Morris
John and Sharon Norton
Roy Paulsen
Elaine Sierra and Frank Ribeiro
Mary Sivila
John and Judy Van der Veen
Kate Wanamaker*
Harry Wyeth

Thank you!

You help us provide services at *The Clinic!*, education programs and advocacy for us all.

eScrip

E-scrip Contributions–They Really Help!

Thank you! Contributions may be made to Citizens for Choice through e-scrip at Safeway, Save-Mart, and SPD Market.

amazon

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

NEVADA COUNTY citizens for CHOICE

Voices for Choice

Readers Corner

THE DOCTORS BLACKWELL:

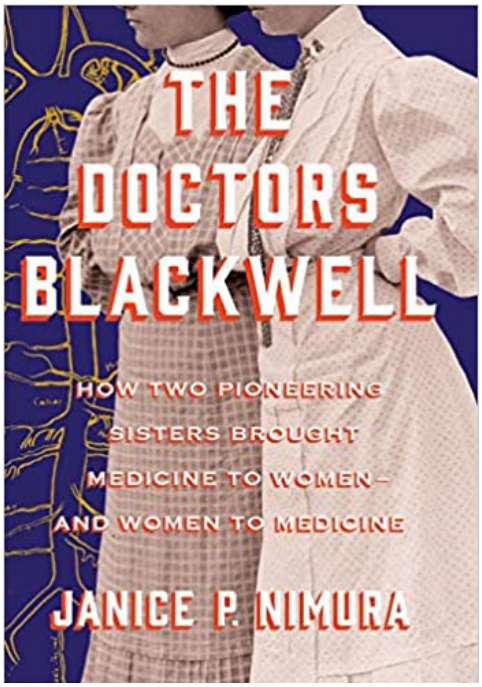
How Two Pioneering Sisters Brought Medicine to Women and Women to Medicine

by Janice P. Nimura

Elizabeth Blackwell believed from an early age that she was destined for much more than the respectable life of a mid-Victorian woman. That might lead a reader to think she was a pioneer in the women's equality movement. That would be wrong. She thought very highly of herself and was supremely intelligent and intense. Yet for all the good she did, she held women, most often her patients, in fairly low esteem, failing to step beyond the general thinking of the time despite her education and independence. Raised in an oddly hermetic family, close in every way but physically (indeed, Elizabeth was often repelled by touch) and determined never to marry, a pledge she kept, Elizabeth and her warmer, more likeable sister, Emily, went on to become the first women in America to receive an M.D. Indeed, coming from a family that historical documents portrayed as repelled by any kind of physical closeness, including sexuality, it is a wonder they went into medicine at all.

Elizabeth and Emily pursued their dreams during a time when basic hygiene was not practiced (doctors often went from patient to patient with bloodied aprons and unwashed hands), when cholera and typhus were endemic and antibiotics not yet discovered, and when women were not accepted at medical schools or allowed to practice medicine (though they had done so for millenia). The sisters forged ahead, obtaining experience and training where they could and, ultimately, founding the New York Infirmary for Indigent Women and Children, the first hospital staffed entirely by women. From Bristol, Paris, and Edinburgh to the rising cities of antebellum America, this richly-researched and narratively forceful new biography celebrates two complicated pioneers who exploded the limits of possibility for women in medicine. In 1910, when the Blackwell sisters died within months of each other, there were more than nine thousand women doctors in the United States, about six percent of all physicians. Today thirty-five percent of physicians—and slightly more than half of all medical students—are female.

Lynn Wenzel



Thank you to participating condom fairy locations throughout Nevada County!

Asylum Down | Behind Closed Doors Fantasy Boutique | BriarPatch Co-op
Classic Tattoo | Clock Tower Records | Common Goals | Community Beyond Violence | Cooper's
CoRR (Community Recovery Resources) | Crazy Horse Saloon and Grill
Foggy Mountain Music | FoxHound Espresso & Coffee Roaster
Gary's Place Saloon | Goodtimes Boardstore | Mine Shaft Saloon | Nevada Club
N.S.J.-Sierra Family Medical Clinic | Sierra Care Physicians (PV) | Sierra College Health Center
Spirit Farmer Acupuncture | The Open Book | Tribal Weaver

Canastas de Informacion :Deseamos expresar nuestro agradecimiento a los siguientes negocios por su apoyo y ser anfritiones de estas canastas de informacion.