

Volunteer Notes

Choose to vote!

by Parker

November 5th is quickly approaching, and with it comes an opportunity to vote on several important issues in California (not least of which is who our next Governor will be). However, your voice can only be heard if you are eligible AND registered to vote AND you actually get your butt down to the polling place AND your voting machine actually works... so you better start preparing now.

Whose voice is currently heard through voting? Well, you CANNOT vote if you are under 18 years old, if you are not a citizen of the United States, or if you are in prison or on probation or parole for a felony conviction. As you might guess, the people excluded from voting based on these guidelines are disproportionately people of color, who are over-represented among immigrants and people in prison. African American men are especially affected: according to a Human Rights Watch report, 9% of adult black males in California cannot vote due to felony-related disenfranchisement. In both Florida and Alabama, 31% of adult black men cannot vote.

If you are fortunate enough to be eligible to vote, your next step is to register. Currently in California, you must register to vote at least 15 days before an election in order to vote in it (before October 21st for this election). You must re-register each time you change your address, name or political party. You can find voter registration forms at your local DMV, library or post office, and you can even download a form at the California Secretary of State web page (www.ss.ca.gov).

Proposition 52, the Election Day Voter Registration initiative, would also allow all qualified people who present valid ID to register the day of the election and vote right on the spot. Proponents say it will encourage people to register and vote by making it a "one-stop shopping" experience – much in the same way

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Anne Telnaes

La Misión del proyecto Expresión hispanoamericana

Existe una enorme necesidad de información en la comunidad de habla hispana. Avidéz de aprender de como ejercitar sus derechos, como tener acceso a los recursos que se ofrecen. La pregunta es, de qué manera se puede disponer de ellos; si no se habla el idioma o simplemente se ignora de la existencia de estos... Parte de nuestra meta es tratar de llenar el espacio que existe entre las palabras **información, acceso... a los recursos**. Trabajaremos con ahínco para que estas tengan el mismo significado; que tengan el mismo valor, creemos firmemente en la frase **"Saber es Poder"**. Nos proporciona una gran satisfacción ser parte de la ya impresionante red de organizaciones al servicio comunitario. Como parte activa... aportando nuestro **"granito de arena"**.

Ya existe un importante número de

beneficiados del Latina Outreach Project. ¡Es grandioso! esa es parte de nuestra meta. Desde Bakersfield hasta el Condado de Los Angeles se han recibido llamadas con temas concernientes al cuidado prenatal, ETS, aborto, consejería, seguro médico, salud sexual, asesoría legal, patria potestad de menores, métodos anticonceptivos, adopción etc., etc.

Nos hemos percatado que cuando se ha proporcionado información de seguro medico como es Family PACT, el programa Consentimiento de Menores a través de Medi-Cal, etc., constantemente aparece una inquietud referente al estatus migratorio; se hace hincapié en el hecho de que este no es un impedimento para calificar en dichos programas. Invitamos a todos nuestros lectores a compartir el número de la **línea gratuita en español 1 888 442 2247**.

Hasta la próxima!

ACCESS/ WHRC

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LIFE ON THE LINE

by Efiya

Mimi talked to a woman who was afraid that she had chlamydia. Mimi read from the book *Our Bodies Ourselves* about the symptoms and treatment of chlamydia and told the woman that she should go to a doctor as soon as possible because the symptoms are often invisible. Mimi also explained how to sign up for Family PACT and gave referrals to providers.

Rhonda, a 14 year old, called the hotline because she was pregnant and didn't know what to do. This was Rhonda's second pregnancy; the first time was a result of incest after her grandfather sexually abused her. Rhonda was afraid to tell her family she was pregnant again, and when she did, they made her feel that she was causing too many problems. Efiya offered Rhonda support and they talked a lot about her family. Efiya also called San Francisco General Hospital and they were able to put Rhonda on the schedule for an abortion later on in the week. A couple of days after her abortion Rhonda called the hotline back needing information on birth control. Efiya gave information on different birth control

methods and explained how to sign up for Family PACT. She and Rhonda also talked about the importance of using condoms to prevent sexually transmitted diseases. Efiya sent Rhonda condoms in the mail and still talks to her occasionally.

A woman called the hotline very depressed because she was pregnant and needed an abortion. She was uninsured. Yin explained to her how to sign up for Medi-CAL but the women felt if she applied for Medi-CAL it would mess up her immigration status. Yin informed her that using Medi-CAL for pregnancy services would not affect her immigration, but the

caller felt that applying for Medi-CAL would be too big of a risk and decided to raise money for her abortion.

Janice called the hotline wanting a referral for non-surgical abortion (RU486). She was 8.5 weeks pregnant and had been to a clinic that told her that she need to wait until she was 9 weeks to use RU486. When she told Efiya which clinic had given her that information, Efiya informed her that she been to a Crisis Pregnancy Center and they had given her false information – RU486 can rarely be used after 7 weeks. Janice was devastated. Efiya referred her to a provider in her area and told her that she might need to have a surgical abortion.

Alma talked to Rosa on the Spanish hotline. She had a two-day abortion procedure scheduled at San Francisco General Hospital and didn't have a ride or a place to stay. Alma used the Women In Need (WIN) to buy a bus ticket and book her room at a hotel. Rosa was able to get her abortion.

Javier called the Spanish hotline because he and his girlfriend needed referrals for an abortion. They didn't speak any English so Celina gave referrals to providers who could speak Spanish.



Anne Telnaes

HELLO, GOODBYE

ACCESS would like to welcome several new volunteers and interns to our team! **Tanisha Searle** is doing outreach and recruiting new practical support volunteers in Sacramento. **Rebecca Heck, Naomi Silverman, Sandra Wechsler, and Melissa Neal** have just started working in our Oakland office. **Tegan Zimmerman, Malena Nordby, and Sean South** have joined the Practical Support Network, and long-time PS volunteers **Rebecca Woiwode, Celia Friedrich** and **Roberta Valdez** have gotten reactivated in new areas. Please be sure to let us know if you move or change your contact info!!

It's also time to say goodbye and thanks to all our fabulous 2002 spring and summer interns: **Yin Ko, Mimi Ogawa, Julia Marcus, Brittany Allen, and Jesse Sanderson-Thomas**. Fortunately, **Cynthia Johnson** and **Celina Trujillo** are staying with us indefinitely! We must also bid a bittersweet farewell to **Lindsay Nako**, intern and Executive Assistant extraordinaire, who is now a first year law student at UC

Berkeley. We are grateful to all of you for sharing your hard work, enthusiasm and strong spirits with ACCESS.

We are also happy to say that our interns had great experiences with us as well. In their own words:

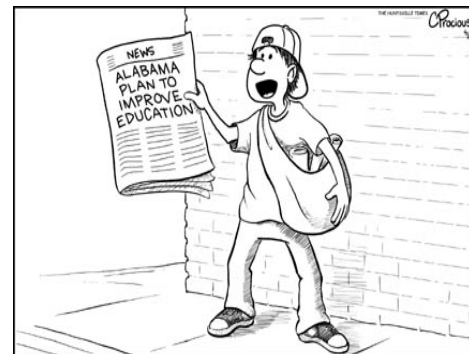
“At ACCESS I learned that I cannot evaluate the choices other women make through the lens of my own experience... ACCESS's role in helping people find the right choice for them, regardless of our own personal biases, was enlightening and educational for me.”

“The best thing about being at ACCESS was working with a diverse and interesting group of women in a way that allowed me to do work in the community and learn a lot... I learned how a small organization can make a big difference and how knowledge is power! – especially in maneuvering to exercise reproductive rights.”

“I feel like I have been so enlightened about women's health and reproduc-

tive rights. I must admit that previous to my time at ACCESS I was virtually ignorant about abortion access in California and the US. I feel that I have gained a lot more than I have given to ACCESS and I really appreciate all the support and encouragement I have received. You are all an incredible bunch of women. Thank you for this opportunity!”

If you would like to volunteer with ACCESS, email us at volunteering@whrc-access.org and we'll send you more info on current opportunities.



“Extra, Extra, read as much as you're able to about it!”

New Birth Control Options Expand Choice

by Deborah Herceg, new staff member

I was seventeen years old the first time I went to a family planning clinic. It was the mid 1970's and Planned Parenthood had a clinic in an old converted house. Inside, it still looked and felt like I was in a house as opposed to the familiar sterile smell and white walls of a doctor's office. The living room was, well, a living room: comfy old couches on worn carpets and big pillows where all of us gathered to be educated in depth on reproductive health including knowledge of our bodies, what's a pap smear, birth control methods and abortion.

So here I am in 2002, still fighting to keep abortion legal and accessible to everyone as well as access to reliable reproductive health information. But now I'm also working in a place that provides abortion and health information to women and helps to get them where they need to go. As the office manager, part of my job is keeping the finances in order so we can apply for funding and continue to grow and assist as many women as possible.

I also work at Good Vibrations—the clean, well-lighted store that sells sex toys, books and videos. Women can come into a safe place, ask questions and receive accurate sex information. Prior to this I was the Volunteer Coordinator for The Women's Needs Center (WNC)/Haight Ashbury Free Medical Clinic, a free family planning clinic in San Francisco. All of these places have a common theme: giving accurate health information in a nonjudgmental atmosphere so that women can make informed decisions. I guess my earlier experiences at Planned Parenthood had a strong impact on me that has led me down this path.

Another part of my job is the Newsletter Coordinator and editor. Please feel free to give me any comments or suggestions for future articles. Thanks!

When I took on the assignment of writing an article about new birth control methods, I immediately thought back to all of the different methods I've tried over the years. I started the birth control pill in 1975 thinking that I was now free to have sex whenever I wanted and not worry about getting pregnant. But I was soooooo nauseated! Those high dose pills still hadn't been perfected. The low dose pills finally arrived, and my stomach settled down enough so that I could actually enjoy my new found sexuality. Taking a break from the pill, I used the sponge, the lovely little suppositories that foam up inside to create a barrier from those determined little sperm. Unfortunately, the foam just kept expanding and billowing out all over. What a sexy sight *that* must have been for my partner! And how could I forget my month-long bleeding and cramping with the IUD...?

Of course I'm grateful to have access to birth control and a variety to choose from. But for a lot of women, it is a continuing challenge to find what works, what's affordable – not to mention a partner, whether long term or new, that will be responsive to her choice. So, here is a description of some of the latest methods available in the U.S., including one barrier method and four hormonal methods.

Lea Shield: The Lea Shield was approved by the FDA in March of 2002. It requires a prescription although in several other countries it has been available since 1993 and is sold over the counter. The Lea Shield is made of medical-grade silicone and securely covers the cervix. It also has a valve to allow cervical secretions and air through which makes it unique compared to the cervical cap. A potential drawback as with all barrier methods is that it needs to be used with a spermicide, nonoxynol-9 that can cause irritation in men and women.

Mirena: Mirena is a new 5-year IUD made of plastic that contains a low dose of progesterone. The flexible plastic means it's

easier to insert and remove than a copper-based IUD. Mirena is also being marketed to women with heavy periods; studies showed a great reduction in blood flow and for many women a complete cessation of their period after a few months. Although not having a period is generally considered safe, some women might be uncomfortable without the monthly onset of their menstrual cycle.



Life on the Edge, Spinifex Press 1992

Nuvaring: The Nuvaring is a flexible, plastic ring that is inserted into the vagina. It emits a hormone combination of estrogen and progesterone. One of the biggest advantages of the ring is that women only need to replace it once a month as opposed to taking a pill once a day. Some women have reported irritation and the Nuvaring is still not widely available.

OrthoEvra: OrthoEvra is a small beige patch that is put on the body and emits a low dose hormone combination of estrogen and progesterone through the skin and into the bloodstream. The patch is replaced every seven days with the fourth week being patch-free to allow for the menstrual cycle. An advantage is administering it only once a week. A side effect for some is skin irritation from the patch itself.

Lunelle: An injection of estrogen and progestin, Lunelle is different from Depo-Provera in that it contains estrogen and only lasts one month. Some women will be in-

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Choose to Vote

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that allowing women to sign up for Family PACT at family planning clinics or get presumptive eligibility Medi-Cal at prenatal or abortion clinics helps facilitate access to care. Opponents to Prop 52 fear impulsive voting from young people and cite examples such as the election of professional wrestler Jesse Ventura as governor of Minnesota (which already has election day registration). Whatever you think, if you want to have a say in this election, you have to get registered before October 21!

Of course, your final hurdle in voting is at the polling place itself. In March, Californians voted in favor of Proposition 41, which aims to upgrade voting machines from those dastardly punch cards to touch screen or optical scan machines. More than half of California voters still cast ballots on punch cards, and the inability to count them isn't limited to Florida – in November 2000, Los Angeles County rejected 72,000 punch card ballots, representing a vote larger than the entire electorate in 26 California counties. Statewide, more than 187,000 punch card ballots were cast but not counted in 2000. Fortunately, things are changing – Prop 41 allocated \$200 million in bonds to help counties purchase new equipment, and many polling places will have the new machines available this November. But let's not forget that technical difficulties and confusion with new touch screen voting machines are being implicated in Janet Reno's defeat in the recent Florida primary.

All of these obstacles can make it difficult or impossible to vote, especially for people in disadvantaged communities, and contribute to the over-representation of white, educated, wealthy males in our government. But another problem is apathy. According to the 2000 census, there are approximately 33,871,648 people in California. In November 2000, when George W became president, 63% of us (21,461,275 people) were eligible to vote. About 73% of eligible voters were registered to vote but only 52% actually voted.

SOURCES: California Secretary of State; State Net; California 2000 Census; ACLU; Human Rights Watch; The Sentencing Project.



New Birth Control Options

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convenienced by the monthly trips to the clinic, but others will want the choice of being able to quickly discontinue it in order to get pregnant or because of unwelcome side effects. The presence of estrogen is supposed to reduce some of the side effects associated with Depo-Provera and Norplant (which are progestin-only), but it also means that Lunelle may not be appropriate for some women.

All hormonal contraceptives need a prescription. Prices vary depending on the type of insurance coverage, or sliding scale from family planning clinics. The range is about \$25-45. Side effects can include nausea, headaches, weight gain, respiratory infections and breast tenderness. Women who smoke or have a heart condition are usually told not to take hormonal contraceptives because of an increased risk of blood clots and heart attacks. Contraceptives containing estrogen may cease lactation in mothers that are breast-feeding and

are not advised for women who have or are at high risk for breast cancer.

What are the advantages of these new methods? Carlina Hanson, Executive Director of The Women's Community Clinic, sees this as broadening the options for women. Many women choose hormonal methods because of their low failure rates, but remembering to take a pill everyday can be difficult. Having more methods available allows women to choose something that will work best for them.

A major concern for family planning clinics is the cost of supplying the contraceptives and training the staff. Shrinking budgets and a conservative Congress make it much more difficult to offer everything to clients. What good are these new methods if they aren't available to everyone? It's not just about options; it's also about accessibility to all women regardless of where they live, what they do and their financial situation.

La Realidad en el teléfono

Alma recibió una llamada de una mujer con voz desesperada de un condado del estado de California, solicitando información para su sobrina Paty* (no es su nombre verdadero) de 13 años de edad que vivía en un pueblo remoto en un estado de México. Paty* había sido violada y a consecuencia de este delito quedó embarazada y lo encubría de su abuelita que vivía con ella. La tía estaba resuelta a apoyarla en lo que ella decidiese aun así fuese “cruzar la frontera”, fueron sus propias palabras. Alma habló con ella de denunciar el delito a las autoridades porque era la única manera de obtener la autorización legal correspondiente para terminar el embarazo; La tía replicó argumentado “que eso era imposible porque en México el gobierno lo prohíbe y solamente la gente que tiene “influencias o conocidos” o tienen dinero pueden hacerlo”. Alma le explicó que este era permitido en casos de violación, incesto y cuando la vida de la mujer está en riesgo. Algo preocupante era que la posibilidad de obtener dicha autorización a tiempo y lograr por parte de las autoridades mantener la discreción necesaria para no dañar la imagen y prestigio de la niña no eran alentadoras. La tía inmediatamente descartó esa posibilidad porque el sujeto pertenecía a una de las familias más “solventes” del pueblo. Ella preguntó a Alma si aquí en los EU el aborto era legal. Se sorprendió bastante cuando la respuesta fue un sí. Ella aseguró que la traería aquí para que ella pudiera decidir. Se le advirtió enfáticamente de los peligros que implica cruzar la frontera para cualquier persona, pero en especial para un menor en las condiciones como las de Paty. Dos semanas después la tía habló con Alma para decirle que su sobrina ya estaba en el país y que necesitaban la información prometida para calificar en un seguro médico que cubriera el aborto, porque ella estaba completamente segura que no podía finalizar el embarazo; tenía serios problemas emocionales y de salud como malnutrición. Se le dio información del programa de Consentimiento de menores a través de Medi-Cal restringido (el estado migratorio no importa para la obtención de



Mural by Jane Boyd, Los Angeles

estos servicios). La trabajadora social de la oficina de Medi-Cal le exigía que la acompañara su madre para que pudiera calificar y le aseguraba que era la única manera que ella tendría acceso al programa. Información totalmente falible porque uno de los requerimientos para calificar para dicho programa es que los padres desconozcan el embarazo. El colmo fue cuando le comentó que ese programa era “solamente para americanos”... información totalmente absurda y errónea! La tía solicitó permiso en su trabajo (uno de esos que hacen comida rápida) para acompañar a la menor que acudía por segunda vez a la oficina de Medi-Cal. La trabajadora social resultó ser “conocida” porque ya anteriormente le había negado también el seguro médico a la tía. El equipo de ACCESS mantuvo conversaciones con supervisores de Medi-Cal abogando por los derechos de Paty, poniéndolos en conocimiento de la prepotencia e ineptitud de este empleado hacia la menor. Las conversaciones no fueron productivas, sino generosas en contradicciones en cuanto a la interpretación de reglas de Medi-Cal. Fueron momentos de frustración y tristeza cuando la tía llorando, habló con Alma para decirle que era terrible que por causa de esta persona su sobrina pudiera ser madre a la edad de 13 años de edad. Se debía actuar con rapidez y siguiendo la sugerencia de Alma, contactaron a un hospital ya previamente en conocimiento de

la situación y se les apoyó económicamente para el pago del procedimiento junto con alojamiento. Lamentablemente la tía no podía acompañarla, porque en su trabajo le advirtieron que si faltaba por segunda vez la despedirían. La única opción era la mamá de Paty, que aquí vivía ya por tres años y medio y tendrían que contarle lo sucedido... eso fue realmente doloroso para ambas. Afortunadamente la madre la apoyó y estuvo con ella durante todo el proceso. Semanas después la tía llamó a Alma muy desesperada porque Paty

parecía estar muy deprimida. La menor y Alma hablaron por horas acerca de cómo su vida ha cambiado en las últimas semanas; ella estaba muy agradecida por la ayuda recibida. Gran parte del problema que la tenía sumida en esa depresión, era el matrimonio de su madre con alguien que resultaba totalmente desconocido y no quería compartir la atención y cariño de su madre. Todavía mantenemos contacto por teléfono. Paty ya asiste a la escuela y se encuentra mejor. Tratando de adaptarse a un país que le resulta extraño.

Esta llamada fue del área de la bahía de un hombre a través de una amiga. Él estaba muy apenado cuando le contó a Alma lo que le sucedía. Resulta que ya desde hace varias semanas tenía molestias cuando orinaba y estaba muy preocupado; no tenía seguro médico y le resultaba muy difícil encontrar un urólogo. El tema en sí, le resultaba embarazoso y no quería hablar por teléfono a las clínicas para intentar o adivinar las palabras describiendo sus dolencias; porque su conocimiento del idioma inglés no era “muy bueno”, según él. Alma le comentó que tenía que buscar información y contacto a una clínica al servicio hispano donde además el precio de la consulta era por escala. Él agradeció la información, diciendo: “Se que esta línea es solamente de ayuda para mujeres y le agradezco mucho que me haya ayudado”.

House Passes Bill Restricting Access to Abortion

The US House of Representatives passed a bill on September 25 that will allow health care providers, including hospitals and health plans, to refuse to perform abortions, offer abortion training, cover abortions or provide medically accurate information about abortions and still receive federal funding. HR 4691, also known as the "Abortion Nondiscrimination Act," which was partly drafted by the US Conference of Catholic Bishops, has the potential to severely limit access to abortion, abortion referral, and information about abortion for women across the country. If this bill were to pass the Senate and become federal law, it would trump many state laws requiring state-certified or licensed health care providers and state Medicaid programs receiving taxpayer money to provide abortion services and referrals, according to the National Organization for Women (NOW).

Vague wording in the bill could also limit women's access to emergency contraception, which could be defined as an abortifacient by providers, according to NOW. It could also block poor women's access to abortion services, even in emergencies. Under current law, Medicaid recipients are entitled to abortion coverage in the case of rape, incest or health risks.

The legislation, which *Reuters* reports is not expected to reach the Senate this year, has the support of the Bush administration, which stated that "hospitals and health care professionals should not be forced to perform or participate in abortions," according to the Associated Press. It is opposed by pro-choice groups such as the Feminist Majority, NOW, the National Abortion Rights and Action League (NARAL), and Planned Parenthood because women should not be refused comprehensive health care.

Calling the bill a "backdoor gag rule," Kate Michelman of NARAL said, "Today the House of Representatives severely re-

stricted freedom of choice for American women. In passing the 'Abortion Non-Discrimination Act' the House enacted a sweeping federal gag rule allowing any health care entity — including hospitals, health-insurance corporations, or HMOs — to deny women access to reproductive health services and information. Today's action puts the federal government, rather than medical professionals, in charge of what information and services women receive.

"H.R. 4691 is one of the most aggressive attempts to restrict reproductive freedom and choice in recent history. Contrary to its proponents' claims, the bill is not a 'clarification' of existing law, it is a sweeping bill with dire ramifications for a woman's constitutional right to choose. This legislation is not restricted to just the provision of abortion services themselves. This bill gives insurance companies the right not to pay for abortions, and hospitals and clinics the right to refuse to counsel, or even refer women to another provider.

"Today's House vote clearly demonstrates the difference in leadership between the two chambers — the House's anti-choice leadership works to undermine and limit even women's access to information, not just services. The Senate's pro-choice leadership works to make both information and access available for women, which in turn, enables them to make intelligent and informed decisions about their health."

[From press releases by National Organization for Women and National Abortion Rights Action League]

Abortion Clinics Online www.gynpages.com/ACOL/

While surfing the net for graphics for this newsletter, I ran across the internet site Abortion Clinics Online. First I thought it was a joke, because it sounded like you could get a virtual abortion. What it is, is a great resource for everyone from teens looking for information about their first GYN exam, to women needing financial help to get an abortion (link to NNAF sites). Produced by comedian Ann Rose, the intro to the site reads, "Abortion Clinics OnLine is a directory service comprised of websites of over 400 providers of abortion services and other reproductive healthcare services. They may be private physician's offices, state licensed clinics, private clinics, or hospital abortion services. Abortion clinics listed are in 40 states, as well as Australia and other international countries. To our knowledge, no anti-abortion "pregnancy consultation" centers are included here....

To find information about clinics in specific categories (medical abortion with RU486 or Methotrexate and Misoprostol, late abortion past 20 weeks, general anesthesia, emergency contraception, tubal sterilization, etc.) click on Abortion Clinics by Category....

If you want comprehensive information on birth control choices, go to AnnRose's Ultimate Birth Control Links Page."

It includes articles such as "The Only Moral Abortion is My Abortion: When the Anti-Choice Choose" and "What Pro-Choice Really Means", by Joyce Arthur, Pro-Choice Action Network, and even a section for people doing research for term papers.

