

SISTERSONG WOMEN OF COLOR REPRODUCTIVE HEALTH COLLECTIVE

COLLECTIVE VOICES

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A Feminist Perspective on Katrina

By Loretta J. Ross, SisterSong National Coordinator
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Since the tragedy of the Katrina hurricane that devastated the Gulf Coast and flooded New Orleans, SisterSong has contacted its two member agencies in Mississippi and Louisiana affected by the storm. We reached the Institute for Women & Ethnic Studies whose offices are on Canal Street, ground zero of the flooded part of downtown New Orleans. Their staff is now re-located all over the Deep South, including Atlanta. We also contacted Mississippi Families for Kids, whose offices in Jackson were undamaged by the storm, but who now face a tremendous flood of desperate families with children from all over the Gulf Coast region.

They are accommodating many people in their offices and homes and they are seeking housing for hundreds more calling on them for assistance. To directly help these SisterSong member organizations, their addresses are listed at the end of this article along with the addresses of other women of color reproductive justice organizations in the Gulf Coast area needing assistance.

A tragedy of this magnitude forces all of us to examine the impact of this storm and the response to it on women and children. The Deep South has some of the highest poverty in America affecting all races of people, and the world witnessed that great dirty secret that is America's shame. Black and brown people drowning in filthy flood waters alerted the world that this country does not protect the human rights of its own citizens.

I was moved to write this article because I still have family members missing in New Orleans, one of them an 80-year old relative. I was privileged to attend a meeting September 10-14, 2005 on "Women's Global Strategies for the 21st Century" organized at Sarah Lawrence College by the Women of Color Resource Center, the Global Fund for Women, and the Center for Women's Global Leadership that brought together 100 women from around the world. The workshop on Militarization and Occupation helped me understand some of the issues we face here in the Deep South as we struggle to rebuild our lives after Katrina.

From a feminist perspective, there are certain predictions we can make concerning what will happen to some women and children based on our collective experiences in helping women and children survive trauma. Poverty in America is not only racialized but it is also gendered. The aftermath of Katrina must be examined through a gender lens that identi-

fies the myriad of violations experienced by women. A disaster like Katrina is a violation against the entire community, but when threats to women's lives are not recognized, and steps are not taken to ensure that they are, women become doubly victimized – by the disaster and by the response to it.

Vulnerability of Women and Children

The hurricane and the subsequent flooding exposed the special vulnerability of women, children, the elderly and the disabled by revealing the harsh intersection of race, class, gender, ability and life expectancy. Many people could not escape not only because of poverty, but because they were

whelmed by life itself.

We also know that women's issues will not be seen as "important" during the crisis, as we are advised that larger issues like maintaining law and order and securing the affected areas are of higher priority. But we need to examine the disaster in the Gulf Coast region from a feminist point of view. We can also learn lessons from the past that can help us understand the present situation, and we can ask for help from our sisters in other parts of the world who have survived military occupations and tsunamis. There is a risk of too much focus on the current crisis, shifting dollars from previous unmet needs, and forgetting older crises around the world and in our country. For example, Mississippi already had only one abortion provider before the storm. Women traveled to Louisiana or Alabama for services. What will an already under-served region do to help women receive reproductive health care?

Re-defining Military Occupation

We witnessed a very authoritarian militarization of New Orleans during the crisis as police and the military were given permission to forcibly evict survivors, arrest or shoot lawbreakers, and impose martial law on the city. No one in authority questioned whether it is ethical to give orders to shoot flood survivors, even if they are supposedly looting. More recent alternative media reports reveal that many of the alleged "looters" were actually heroes trying to find food to feed their families, securing food and relief supplies from stores

whose inventories would have been lost to the flood anyway. The concentration camp like conditions of the Superdome and Convention Center provided no privacy for women, no safety for children and for days after the tragedy, no basic needs like food, water and sanitation. Notably, while the police and military were protecting the property rights of business owners, they somehow neglected to protect the

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not physically able to punch through rooftops, perch on top of buildings, or climb trees to survive. Horror stories of people abandoned to drown in nursing homes and hospitals emphasize that any disaster preparedness planning must take into account those unable to evacuate themselves. Instead, the mainstream media and government sources chose to blame the victims as if these vulnerable people simply made bad choices, ignoring the context in which these "choices" are made. Right wing pundits are already saying that the tragedy was the fault of single mothers who weren't married so that their husbands could lift them out of poverty. Those in power do not speak about the intentional chaos in people's lives created by constantly scrambling for survival while living in poverty or with disabilities that leave many women feeling simply over-

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lives of women and children jammed into the Superdome and the Convention Center. Women, children, the sick and the elderly died waiting for help.

One of the ways in which the occupation was achieved was by controlling terminology through language coups. Did you notice that some news media reported that white people “find” food while black people “loot?” Control of communications became control of self-validation as the prejudices of the powerful constructed meanings that rendered any countervailing notion ineffective.

There are reports of massive arrests, police brutality and even deaths at the hands of the police and military during this crisis, yet these reports were not featured in the mainstream news, just over alternative sources such as the Internet. There are also stories of people being shot by authorities in the Louisiana Superdome. One brief report on CNN told the story about the Gretna Police Department blockading a bridge by firing over the heads of people attempting to leave the city to enter this predominantly white suburb west of New Orleans. The Gretna police even confiscated food and water from women and children on the bridge at gunpoint, claiming they did not want their town “turned into another Superdome,” an ominous racist reference to the fact that most of the people were African American. The normal brutality with which cops usually treat poor black people lends considerable credence to these unproven rumors, particularly if the police are operating in situations with little likelihood of formal investigations into their actions because they are “justified” by the crisis. “They came to help” language may thwart really seeing the negative effects of the occupation and may forever obscure any notion of accountability.

Unfortunately, actions like these also denigrate the undoubtedly heroic actions many people in law enforcement and the military demonstrated as they risked their lives in contaminated water to rescue survivors. But as feminists, we should not confuse individual compassion with structural injustice. Both can exist in the same place at the same time.

While the news media focused on the black/white conflicts during the crisis, little or no mention was made of the Native American, Asian American or Latino communities also devastated by the storm. Erasing these communities from the public’s consciousness became another form of structural violence.

What we need are expanded definitions and understanding of what is meant by military occupation. Occupation is about space, land, and resources. There is little consciousness in the minds of the American public that we live in occupied land or that we are occupiers. I don’t believe the term only applies to Palestine, Afghanistan or Iraq. Communities of color, particularly Indigenous Nations, have always experienced law enforcement and the military as occupiers, but the Katrina crisis exposes how we must expand the concept of military occupation way beyond the narrow and limited definitions of the United Nations.

There is a porous membrane between occupation and war as the Iraq invasion proves. It’s as if these occupying armies read their orders from the same script. The residents of the affluent parts of New Orleans hired their own private security firms to “protect” themselves against the flood survivors. Our definition of occupation must be widened to include not only agents of the state such as the police and the military, but also must include transnational corporations, some of whom also operate their own private armies. We need to redefine occupation as a violent means to maintain order and confiscate our land. We must connect militarism with occupation and reveal who controls the resources and who benefits from the process of occupation. These are all expressions of the same phenomenon.

Ironically, the occupation of New Orleans and the occupation of Iraq share one major obvious commonality.



Both are greased by oil – its production and its shipping. It is no coincidence that a port through much of America’s oil flows is quickly militarized while hundreds of people die in flooded houses. Offshore platforms in the Gulf are responsible for about 30 percent of U.S. crude-oil production and states along the Gulf Coast are home to half of the nation’s refining capacity. The same company in Iraq – Halliburton – will receive major contracts to help in the rebuilding of New Orleans. Was Iraq a practice run?

What was particularly telling about the Gulf Coast crisis was that the owners of casinos and Wal-Marts were apparently able to return to their businesses much more quickly to repair storm damages long before federal assistance arrived to reduce the needless loss of lives. Perhaps we will become the United States of Wal-Mart after this. They may be the first businesses to offer jobs to the massive numbers of people forced into unemployment because of the storm. Will we be in any position to challenge their labor practices and impact on communities if they are the only employers available? Wal-Mart already discriminates against the women it presently employs. With President Bush relaxing the minimum wage laws for companies hired to rebuild the Gulf Coast, will more women make even less money, below the paltry \$5.15/hour federal minimum wage? You bet they will because more than 400,000 jobs were lost in the disaster.

Violations of International Human Rights Standards

We also witnessed the incredible violations of the human rights of the Katrina survivors. Not only was their right to survive threatened by the painfully slow response of local, state and federal governments, but their right to stay united as families, their right to adequate and safe shelter, their right to social services, their right to accurate information, their right to health care and freedom from violence. All of these are human rights violations but the one that brings the Middle East most forcefully to mind is the violation of the *right to return* to one’s home. For those of us with short-term memories, keep in mind that the Supreme Court ruled this year that governments have expanded powers of eminent domain that may be used to prevent some survivors from ever returning to their communities as land is turned over to corporate developers. New limits on the protections of bankruptcy laws will also cause further harm to Katrina’s survivors.

The concept of peace and security is dreadfully misused during this crisis to impose a police state. The United Nations urged societies a decade ago to re-examine what is meant by security, beyond law enforcement, the military and the state. The 1994 Human Development Report by the United Nations introduced a new people-centered

concept for human security: “Human security means...safety from constant threats of hunger, disease, crime and repression. It also means protection from sudden and hurtful disruptions in the pattern of daily lives, whether in our homes, our jobs, in communities, or in our environment.” Activists in the U.S., especially after 9/11, requested a re-consideration of security that included the protection of human rights and civil liberties, the meeting of people’s basic human needs, and the use of peace processes and UN mechanisms that can avoid war and prevent genocides.

The reality is that women live in a borderland of insecurity all the time, yet the needs of women are invisible during discussions on security pre-occupied with criminals and terrorists. Poverty, hunger and deprivation of human rights are the real threats to security because security is determined by the extent to which people have their basic needs met and can live in freedom and safety, not by the number of armed occupiers in their communities. A militarized community does not feel safer, just more policed, so that what is allowed and what is accepted is constantly determined by those outside of the community.

Our people removed from New Orleans have been called “evacuees,” a term that has no legal basis in international law. They are, in fact, **internally displaced persons**, a status that affords them legal rights and protections. The U.S. government is very careful not to use this term to describe the people from New Orleans and the rest of the Gulf Coast because it would trigger obligations defined by human rights treaties to meet the needs of our people. The U.S. government is always careful not to use language that requires it to protect people’s human rights. For example, the government was resistant to using the word “genocide” to describe the theft of Indigenous lands and the enslavement of Africans at the 2001 World Conference Against Racism. John Bolton, the U.S. Ambassador to the United Nations appointed by President Bush, will be busily trying to undermine anti-poverty goals at the UN Millennium Summit which begins this week, instead of focusing on eradicating poverty, improving education, and empowering women. The U.S. government’s assault on the human rights framework is unending, and we must not let them get away with it.

Speaking of racism, it was racism that stopped the distribution of the \$2000 debit cards to the survivors. Right wing critics, claiming that the (mostly black) poor people were irresponsible and likely to cheat the system, halted FEMA’s distribution of this immediate cash relief. Instead, the government switched to a bank account deposit system, ignoring the fact that many poor people don’t have bank accounts or can’t access them if they do

because of the disaster. Many do not have the identity documents required to use standard banking procedures. Some survivors who received the cards before they were discontinued report that they received much less than \$2000; some received only \$200. Who will do a race, gender and class analysis of who received what relief?

Despite the magnitude of the catastrophe, it is amazing that the authorities found the time to harass undocumented immigrant women and men in the affected region. Reports of people targeted by immigration officials have surfaced, and many are afraid to seek help for fear that their suffering will be exploited as an opportunity to forcibly deport people. Those without social security numbers are denied assistance by some agencies.

Another under-reported story is what happened to the survivors in some of the cities to which they escaped. Because of anti-poor ordinances in cities like San Antonio and Atlanta, some survivors have been arrested for panhandling and jaywalking in cities they perceived as refuges. Some have been concentrated into hastily erected camps resembling detention centers, isolating them from the communities that purportedly welcomed them. There will be an increase in the criminalization of the poor leading to a surge in growth for the prison industrial complex.

Gender-Based Violence

Often poor women and children are the first ones forced into prostitution to survive. There will be an increase in the demand for prostitution created by the massive military and police presence in the affected states, similar to the rise in prostitution that surrounds our military bases around the world already. Women are not “opportunities to relieve stress” as many soldiers are encouraged to believe. Because of the limited real choices women face, we expect that there will be a rise in the prostitution and trafficking of women and children. We also expect that there will be a rise in the exploitation and sexual abuse of displaced children. Increases in the abuse of women and children will mean rises in other things like unwanted pregnancies, sexually transmitted diseases, and HIV/AIDS. We expect these things because they occur to women and children even without the desperation and vulnerability created by such a national disaster.

We have already received reports of the rapes and murders of women and children among the survivors herded together in the Superdome and New Orleans Convention Center under inhumane conditions. We do not know whether or not media racism exaggerated these reports, but we already know that some men do not know how to cope with a lack of control over their lives and they often express their frustration by abusing and violating women and children. Domestic violence and sexual assault will increase because women are more vulnerable and more men will become violent as the occupation and displacement continues. This culture of violence breeds more violence against women. This happens every day anyway and a tragedy like Katrina exacerbates these dangerous tendencies, especially in a situation lacking any social control and order.

Development for Whom? Using A Gender Lens to Rebuild

There is a difference in how women see what ought to happen and how men see what should be done. It will be important during this crisis to listen to the women of the Gulf Coast and incorporate their perspectives on what should be done to help people recover from this disaster.

We can learn a lot from our sisters around the globe who have endured terrible tsunamis and callousness from military occupiers and humanitarian agencies. Now is the time to contact our sisters from Asia who survived the December 2004 tsunami or women from the Middle East who have lived for years under military occupations. They can offer valuable lessons about empowering women during national crises. They are the experts we need, not the men with guns pointed at us as we sought food and shelter. This is a moment for global solidarity, even if the Bush Administration is too arrogant to accept help from people in countries they don't respect.

This is not only a teachable moment for America but an opportunity for learning as well. This may be the moment to have serious discussions about the lack of human rights protections in this country by asking the question, “Why were we so vulnerable?” Even many government officials had to admit that the unjust war against Iraq decimated our country's ability to respond to this crisis in a timely and effective manner. This is a chance to connect issues of poverty, war, occupation, racism, homophobia, militarism and sexism, and make the distinction between natural disasters and man-made ones.

Women's voices must be lifted to evaluate the role of humanitarian agencies that responded to the crisis. There will be many agencies and groups profiting from our suffering while ignoring our local women's organizations and our capacity for making decisions about what we need. In fact, some of these humanitarian agencies may actually facilitate the occupation of our communities by turning over lists of undocumented people to the authorities, not recognizing the family rights of same sex couples, or par-



ticipating in re-development strategies that ignore the needs and perspectives of women.

To counter this, women must seize our power and make our concerns known in the media, to government agencies, and to the humanitarian organizations. There are human rights standards that humanitarian agencies should follow and most require that women's perspectives are respected and incorporated. Women's organizations must work together, giving space to the creativity, energy and brains of young women. We cannot allow them to ignore the voices of local people or ignore the voices of women demanding inclusion.

Women must ask critical questions during this crisis. Who are the groups benefiting from the disaster and who are the groups hurting or excluded? Women must help get the attention of people not immediately touched by the catastrophe and reach people who feel too comfortable to be outraged, because everyone is eventually affected by a tragedy of this magnitude. We must work together to address our collective trauma, fear and anxiety so that we can reduce its multi-generational impact.

Under the classic style of economic development of poor areas of America, communities are destroyed, people are forcibly relocated, and transnational corporations are invited to re-develop the seized lands. They called this Urban Renewal in the 1950s and 1960s. The 1970s brought us Spatial Deconcentration. In the 1980s and 1990s, it was called Gentrification. Now it will be called Security.

It may take as long as five years to rebuild the Gulf Coast, particularly the city of New Orleans, and right now we need to demand that the services to which we are entitled – that are our human rights – are delivered with respect, efficiency, and dignity. Our sisters from other countries advise us that disasters can wipe out the past and create an opportunity to better include people to reshape the future. We can use this moment to force bureaucracies to become more flexible, like changing normal admissions procedures to get our kids back in schools or demanding that quality public housing be pro-

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vided instead of permanent refugee camps. We need schools, voter registration, immigrant services, drivers' licenses, housing, medical care, and public assistance put on the fast track, not bottle-necked services mired down in the typical bureaucratic snarls that characterize government assistance programs.

We need to demand economic re-development strategies that center our needs, not those of casino owners, in the picture. It will be mighty tempting to use this as an opportunity to not rebuild our communities in New Orleans or the rest of the Gulf Coast. New Orleans is particularly at risk of becoming a tourist mecca with a French Quarter, plantation mansions, and endless casinos where the only jobs available to people of color will be low-paying ones supporting the tourist and oil industries. We have to claim our human right to sustainable development and insist on the enforcement of economic and social rights in re-development strategies. We have the right to quality schools for our children, jobs that pay living wages, communities free of environmental toxins, and opportunities to develop our full human potential. We have the right to reclaim our land, rebuild our homes, and restore our communities.

Because many people lost their identities during the disaster, we can learn from our sisters in South Africa and Palestine who lost their identities when their countries were occupied. They took advantage of the chaos to create their own identities, determine their own facts, and promote community-based definitions of identity. They registered their own people as aid recipients and issued numbers and identity cards to help people have access to services. We have to define citizenship from our own point of view to challenge the powers that are taking over our communities and committing human rights abuses. People who are in occupied territories lose faith in the benefits of citizenship and in legal rights that are frequently denied. This is where international human rights laws become important. Claiming our identities as internally displaced persons forces our governments to not define us as charity cases, but as citizens with rights that must be respected and protected.

It is also predictable that the people who name the repression by our government will be attacked and we must defend the women who will come under assault, like the human rights defenders movement. We will be called racist for pointing out the racism in America. Our inability to effectively defend people will lead to their isolation. Women already get attacked even before we're in the public sphere, in our personal lives through gender-based violence, but we can expect an escalation of these attacks if we loudly demand accountability from authorities. They will threaten to take away our children, deny us benefits, and accuse us of being unpatriotic and selfish. We cannot let them scare us because our lives – and those of our families – depend on us being united in resistance.

Specifically, we must demand the full funding of services women will need to recover from this crisis. Of the billions of dollars that will be poured into the region, we must demand increased funding for domestic violence shelters, rape crisis centers, abused chil-

dren's services, reproductive health programs, and services for the elderly, immigrants, and people who are disabled. We must demand that those doing assessments of what is needed not use gender-blind methods that fail to see the differences between the conditions of women and men, and fail to meet our need to be free from all forms of violence but especially sexual violence. It is vital that women and men, girls and boys are researched separately to understand the needs of each group. For example, research indicates that men are most likely exposed to violence in public places whereas violence against women is much more common in domestic spaces.

We need to demand support for local women's organizations which are arguably the best way to get information to women and obtain information about women's needs. Yet often women's organizations are ignored either because they are not known to the decision makers or their work is not valued. We need the solidarity of feminists from around to world to help us claim our human rights. Ignoring women as a resource to help recover from this tragedy will affect the entire society for years to come.

Following are four reproductive justice organizations affected by this crisis. We encourage you to send donations directly to them to help them out in this crisis:

The Institute for Women & Ethnic Studies, a reproductive justice organization that works with young women in New Orleans on teen pregnancy, sexual health education, and training of physicians of color to deliver abortion and other reproductive health services, had its offices at 1600 Canal Street, in the heart of the flooded downtown of New Orleans. Because their staff is dispersed across several states in the Deep South, they are asking that people visit their website at www.iwes.org to make donations. One of their program assistants, La'Keidra Hardeman, has relocated temporarily to Atlanta and her email is hardeman@iwes.org. They will need new computer equipment, office furniture, and a host of



other items basic to rebuilding their agency.

Mississippi Families for Kids did not suffer direct damage because of the storm, but have responded to unprecedented demands for their services helping kids needing adoption and families in crisis. They are located at 620 N. State Street, #304, Jackson, MS 39202. Their phone number is 601-360-0591 www.mffk.org keltmore_mffk@belsouth.net

Women With a Vision is a HIV/AIDS reproductive justice organization in New Orleans. They are presently working out of Houston, TX because of the relocation. Their temporary contact and address is Deon Haywood, 11614 Eaglewood Drive, Houston, TX 77089. Phone 504-931-7944.

The Children's Defense Fund, Southern Regional Office is located at P. O. Box 11437 Jackson, MS 39283, Tel: (601) 321-1966, Fax: (601) 321-8736, www.cdf-sro.org. Their program, The Southern Rural Black Women's Initiative (SRBWI), promotes the first human rights agenda in the United States aimed at eradicating historical race, class, cultural, religious and gender barriers experienced by southern rural black women.

**HURRICANE KATRINA IMPACTS SISTERSONG
MEMBER ORGANIZATIONS
NEED OUR HELP!
PLEASE SEND ALL DONATIONS AND ITEMS TO THE ADDRESSES BELOW:**

MISSISSIPPI FAMILIES FOR KIDS
620 N. STATE STREET
JACKSON, MS 39202
601-360-0591

INSTITUTE FOR WOMEN & ETHNIC STUDIES
1600 CANAL STREET, SUITE 706
NEW ORLEANS, LA 70112
504-539-9350

The Color of Surrogacy: Why Do Blacks Avoid It?

By April Lundy

In May of 1988 at the age of 19 I had an abdominal hysterectomy due to an acute hemorrhage in my cervix. I had an ectopic pregnancy and did not know it. I had been attending a white women's clinic with a white doctor on the North side of Atlanta. Even now this would be a radical and traumatic series of events for a young black woman or any woman for that matter so I am sure you can imagine the reaction of my family and friends. Some of my family members later would propose a lawsuit for the way the white doctor had botched my reproductive system. They automatically assumed that the hysterectomy was obviously due to either his disdain for young fertile black women or his attempts to cover up some mistake he'd made. After the hysterectomy the doctor explained to me that he had left my ovaries in tact in order for me to have babies later through "surrogacy." I had no idea of the enormity of what he was saying at the time as well as the fact that

telling me that was like telling me I was going to fly to the moon.

Although this was in 1988, discussing surrogacy and for that matter infertility in the black community today would conjure similar responses. Black people avoid surrogacy when whites are steadfast at taking advantage of this new reproductive technology.

I have developed a documentary that explores the nature of and asks the question, "Why do Black people avoid surrogacy?" The documentary will be part video diary, following me along my quest for surrogacy, as well as it will contain a series of interviews that will express diverse perspectives on the subject.

Anyone interested in contributing to this documentary a voice/opinion of gestational surrogacy in the black community please contact me at adlundy@earthlink.net. Additionally, I am in search of any type of initiatives that speak to infertile Black people.

Abortion Issue Divides, Distracts Us from Common Threats and Threads

By Lynn M. Palrow

I started my career defending a woman's right to choose abortion and now run National Advocates for Pregnant Women, an organization that works on behalf of pregnant women and families. No, I haven't had a political or religious conversion. What I have had is the opportunity to see how the abortion issue distracts us from shared political and family values. While politics and media like to divide the world into neat bundles of opposites—pro choice vs. pro life—the reality of women's lives simply doesn't fit these patterns. For example, it is widely known that women who profoundly oppose abortions still sometimes have abortions. What is rarely discussed is the fact that most women who have abortions are already or will someday become mothers. In other words, the overwhelming majority of women who have abortions also have children they will raise and spend a lifetime worrying about. They have pregnancies they carry to term and, like other pregnant women, they hope their birthing experiences will be respectful, healthy, and supportive.

The abortion issue divides us and distracts us from common threats and threads. For example, we tend to think of laws restricting access to abortion and attacks on abortion providers as unique intrusions on women's reproductive lives. But women who want to have doulas present at their deliveries, or who prefer midwives to ob-gyns, also find that their choices are under attack—their providers are portrayed as dangerous, prohibited from being in the delivery room, or arrested for practicing without the right kind of license.

Today, even pregnant women who vehemently oppose abortion are finding that they are hurt by claims of fetal rights that are being advanced as part of the campaign to outlaw abortion. Amber Marlowe, a deeply religious woman who is profoundly opposed to abortion, found this out when she went to deliver her seventh wanted child. Marlowe did not believe she needed a C-section and did not want to subject herself or her unborn baby to unnecessary surgery. The hospital disagreed, and, relying on the anti-abortion argument that fetuses are legal persons with rights separate and hostile to those of the pregnant woman, got a court order giving it custody of the fetus before, during, and after delivery—and the right to force Marlowe to undergo the procedure. While still in labor, Marlowe fled to another hospital. There, she delivered a healthy baby—naturally. Angela Carder was not so lucky.

Based on the argument that a fetus is a separate legal person, she was forced to have a C-section: Both she and her baby died. Anti-abortion and fetal-rights arguments have also been used to justify the arrest of hundreds of pregnant women who used an illegal

drug, drank alcohol, or disagreed with their doctor's advice. These are not women who intended any harm to their fetuses; most personally oppose abortion, and most found that the health services they needed were simply not available to them. A Missouri woman who admitted smoking marijuana once while pregnant was arrested for child abuse. Women in Oklahoma, Tennessee, and South Carolina who suffered stillbirths have been arrested as murderers.

While abortion issues are used to divide the electorate, pregnant women and mothers are united by the fact that America is one of only three industrialized nations that does not require any paid parental leave. Similarly, millions of pregnant women, especially those who work part time or for small companies—and regardless of their views on abortion—lack legal protection from workplace discrimination based on pregnancy. Other threats to bearing and raising healthy children persist as well. Consider that while President George W. Bush was signing the Unborn Victims of

Violence Act into law and declaring his commitment to a "culture of life," he was deregulating coalburning power plants. Such plants release mercury into the environment, creating health hazards that are most dangerous to pregnant women, fetuses, and children. And while President Bush was reinterpreting the Children's Health Insurance Program to allow states to cover "unborn" children, 43 million Americans, including 8.5 million actual children, were without health care coverage. Regardless of their views on abortion, women are likely to spend significant time working as mothers and homemakers. This labor makes up a huge

part of U.S. gross domestic product, yet it is ignored or trivialized. A recent *New York Times* story, "Survey Confirms It: Women Outjuggle Men," reported that the average working woman spends about twice as much time as the average working man on household chores and child care. According to this headline and the political culture it represents, child care and homemaking are what clowns do, requiring some skill at balancing but no real work. Birthing rights activists and abortion rights activists, pro-choice and pro-life, Republicans and Democrats all need to work to change the conversation. We will continue to disagree about abortion, but together we must acknowledge that anti-abortion laws are being used to hurt women who want to carry their pregnancies to term and that all of us are harmed by an overriding U.S. policy that fails to value mothers and families. ~ "Voices: Abortion Issue Divides, Distracts Us from Common Threats and Threads" by Lynn Paltrow, published in *Perspectives*, Volume 13, No. 3, Winter 2005 by the American Bar Association, Reprinted with permission



Battered by the Movement

By Zoe Flowers

After a brief hiatus from the domestic violence movement, I accepted a colleague's invitation to attend a week long conference that her agency was sponsoring. The conference was thought provoking, but instead of coming up with revolutionary ways to make women safe, much of the conversation centered around the consistent silencing women of color still face in this movement.

Having our voices discounted is not a new phenomenon. Many of my foremothers dealt with the same issues as those of us in the post-modern feminist era. With this in mind, I find myself wondering, how can people of color do social change work without ending up in abusive relationships with their employers, funders and the movement itself?

There are many discussions of accountability and inclusiveness in this work. In fact, there is no shortage of theories, discussions and trainings by those I like to call "the watchers." The watchers love to speak about, not practice, inclusion. So my question is who's watching the watchers? Who's holding those Executive Directors and Board Members accountable? And, who will advocate for the emotional violence we experience at their hands? Who will speak to the spiritual violence that results from the undercutting of our expertise and the economic violence that we face when forced out of organizations for speaking up or challenging authority?

It is no wonder that we become disheartened while doing this work. It is especially difficult for me as a survivor to see so-called social change organizations exhibiting the same power and control tactics as batterers.

One hundred and fifty four years ago Sojourner Truth fought to get a seat at the table with white women in the movement. Today, the table is still disproportionately filled with directors that do not represent the populations they serve or the staff they employ. I would argue that not much has changed. While it is true that some of us have a seat, nine times out of ten we are setting the table, serving dinner and cleaning up afterward. One hundred and fifty four years have passed since Sojourner Truth's famous speech and here we are still asking, "Aint I a woman?" I think its time to stop asking. Don't you?

Zoë Flowers is a freelance writer and author of *Dirty Laundry-Women of Color Speak about Domestic Violence*.

The Full and True History of the “Gramma Clause” Dedicated to My Wonderful Grandsons

The Gramma Clause is a fairly recent creation. It all started when my daughter and I went to build the first women’s sweat lodge in 175 years in an area that sorely needed one.

I should probably give you the backdrop of the situation that led to the birth of the Gramma Clause. My children and I are urban Natives with close ties to our home reservation. At the time, I had been working in the fields of chemical dependency, mental health, domestic violence and sexual assault with Native adolescents and adults, residential and outpatient. We always went home to see family and participate in traditional ceremonies. We lived as urban traditionals. My daughter knew my position on women’s rights related to reproductive issues and that a woman’s body should be seen as sovereign.

Approximately a month and a half before this, my daughter came to me asking if she could borrow my denim dress for school. She was preparing for her senior year that summer. I remember standing at the kitchen sink, saying “sure.” She looked like she had put some serious weight on, but I didn’t say it. She became very weight-sensitive since junior high. My concern was that she would feel like she needed to go on a diet.

Fast forward to the completion of the sweat lodge. The traditional elder who had directed us in the building of the sweat and said prayers for the lodge was getting ready to leave. I remember looking for my daughter. I found her leaning back, sitting against a huge fir tree and praying. When we got in the van to leave, she was very quiet. About halfway home, she quietly said, “Mom, there’s something I need to talk with you about – but not until we get home.” Of course I was curious and bit concerned due to the quiet seriousness in her tone.

We got home and went to sit in the living room. After we smudged, she looked at me with tears in her eyes and said quietly, “Mom, I’m pregnant.” She went on to tell me that she and her boyfriend since junior high had tried to figure out some way to get the money for an abortion, but they hadn’t been able to. She said they were afraid to tell his parents or me. She told the reason her boyfriend hadn’t been over lately was because he was afraid that I would insist they get married.

After a period of silence, I looked at her and asked how far along she was. She said four months. (Inside I felt so badly for them. The amount of courage it took for her to tell me. The anxiety they must have had as they searched for money, fearful of their parents’ reactions.) I asked her if an abortion was really what she wanted. Also, I described to her the differences between a first term abortion and a second term abortion. I asked her if an abortion was what she really wanted. She said no, neither of them wanted her to get one.

In a pregnant silence (no pun intended), my mind and heart was fishing around inside of me on what to say next to her. Suddenly the “Gramma Clause” was given birth. I immediately felt enormous joy. I looked at her intently and said, “Aren’t you aware of the Gramma Clause?” She looked confused and said no.

As matter-of-factly as possible, I said, “The clause in a situation like this kicks in. Gramma takes on a large role in the continued health of her daughter and grandchild. It says that you do not get an abortion. You also do not have to be married to have a baby. You do need to continue with school. I will raise the baby with the understanding that you and your boyfriend are his or her parents and I am the Gramma. You may not get married because you’re both too young. Also, if your relationship continues to grow, marriage now could potentially end your relationship. None of us wants that.”

“Right now what we need to do is to go to the market and get you prenatal vitamins, an appointment with a doctor and two tiny pairs of booties to help you keep going.” I also wound up going to where her boyfriend was working, selling Christmas trees for his grandfather. I repeated the Gramma Clause to him. I told him this also made him family and that he was welcome to come over whenever he wanted, including after the birth and that this was also true for his Mom and Dad. (When he first saw me, he went white as a sheet. By the time I left he was laughing and had regained his color.)

Today, my daughter and son-in-law have been married for several years. My first grandson now is ten and has a wonderful brother who is five. I am blessed with two grandsons and a daughter and son-in-law that have a good, solid relationship.

~Jamie Y. Crighton, Blackfeet/Mohawk

Unnecessary C-Sections Performed on Black, Latina and White Women



According to a study conducted by Tulane University and published in 2005 by *Obstetrics & Gynecology*, first-time mothers, black women, women at least 35 years old and women admitted to hospitals on weekends are more likely to undergo unnecessary Caesarean sections.

For their case studies, Tulane scientists deemed unnecessary C-sections as records which list no medical reason for the procedure, i.e. breech delivery or vaginal complications. Researchers discovered that 14.4% of first-time black mothers were more likely to undergo the procedure than white women who have a 10.4% rate and Hispanic women with a 10.7% rate.

About 66.3% of white women who had previously given birth had unnecessary C-sections, compared 62% of African American mothers and 68% of Hispanic women. It is not unusual for doctors to recommend C-sections for nonmedical reasons, advising expecting mothers that this modernized procedure will avoid long hours of labor and complications of vaginal delivery.

Although the American College of Obstetricians and Gynecologists urges doctors to reduce the number of C-sections, doctors continue to perform the procedure. Mahmud Khan, a professor at Tulane University’s School of Public Health and Tropical Medicine, stated, “In the U.S., we spend more on health care than any other country in the world, and reducing unnecessary Caesareans will help reduce the costs as well.”

Language Barrier Threatens Mother’s Custody

In Lebanon, Tenn., an 11 year-old daughter accused her mother, Felipa Berrera, of physical abuse in April 2005. During her custody case, county juvenile court Judge Barry Tatum told the Mexican mother that she runs the risk of losing her daughter because she doesn’t speak English. Berrera speaks Mixtec, which is an indigenous language of more than 400,000 Mexicans. Rather than making corporal punishment the focal point of the custody case, Judge Tatum ordered Berrera to appear in court to be quizzed by him about her job and family life only in English. This is not Judge Tatum’s first unusual order. Several Tennessee immigrant and civil rights advocacy groups have criticized him. There are other cases in which he has threatened immigrant women in Lebanon with his must-learn-English orders. According to Nashville civil rights attorney Jerry Gonzalez, parents that are deaf mute and speak only in sign language aren’t at risk of losing their child. Clearly this case is not about possible physical abuse.

University Study Examines Black Women's Maternal Health

Since the early 1900s, medical doctors haven't been able to explain why black women are three times more likely than white women to die during pregnancy. Now, the University of Michigan researchers are embarking upon a three-year interdisciplinary study to answer this question, along with why black women have a predisposition to infant mortality and low birth-weight babies.

The study began in October 2004 with 25 researchers from the university receiving assistance from researchers, doctors and psychologists around the country. At least 100 women were studied to collect data and secondary data is coming from databases with access to a larger population. The study will include several disciplines offering a variety of perspectives, including an investigation on why a higher percentage of white women seek prenatal care more than black women. Some researchers hope this analysis will open doors to discuss how racial and social issues affect this maternal health disparity.

Doctors must start to examine their own biases and how their workplace reflects their beliefs. Every black expecting mother isn't poor and single. Posters and reading materials should represent every woman. Black middle-class women still have a higher infant mortality rate than white women in their income bracket. Some practitioners attribute the problem to stress and discrimination. People of color have a deep history in distrusting the government and health officials. There is a fear of being used as a guinea pig, such as in the infamous Tuskegee experiment on syphilis.

Researchers hope to shed light on other components to this problem that have yet to be discovered or fully examined. A real scrutiny on lack of education, employment and access to health care will bring the picture into focus.

4th Annual Black Midwives and Healers Conference Comes to Atlanta

The International Center for Traditional Childbearing (ICTC) will host its 4th Annual Black Midwives and Healers Conference October 14 –16, 2005 in Atlanta, Georgia. This event not only celebrates the historical contributions black midwives made in the United States, it's also a forum to educate midwives, healers and attendees on how to reduce the rate of infant mortality. SisterSong supports this tremendous event, and SisterSong member Dazon Dixon Diallo who will receive the "Outstanding Leadership Award."

The conference is the brainchild of Shafia Monroe, a veteran midwife and founder of ICTC, a SisterSong member organization. During the 1970s, Monroe received formal midwifery training at the Massachusetts Midwives Alliance and mentored under midwives from Ghana, Zaire and Alabama. As a self-appointed community outreach spokeswoman for midwifery she discovered that there were few black women studying the age-old tradition or few who even knew midwifery was still an option for childbirthing. Thus in 1976, she founded ICTC to foster more black midwives, and educate women on midwifery and its historical relevance to our society. In order to support her vision and create international awareness, Monroe also established the Black Midwives and Healers Conference.

In October, Monroe is expecting midwives from all over the world, including Haiti, Africa, Bermuda and Canada. The three-day session has a variety of workshops and panels to address all issues involving women's health before, during and after pregnancy

from a holistic perspective. Some of the workshops discuss traditional herbs used during delivery, eliminating environmental toxins from your home, postpartum depression, as well as breast cancer prevention, STD's, making natural baby products and rediscovering your sexual self.

While the late night swims and Afro-aerobics are fun activities for participants, Monroe is serious about the conference bringing awareness to the high infant mortality rate



among black women. "Black women have the highest infant mortality rate in this country, but midwifery can help lower it," says Monroe. A routine prenatal visit with a

CDC Finds Homicide Top Cause of Death for New and Expectant Mothers

In February 2005, the U.S. Centers for Disease Control and Prevention reported that domestic violence murders are a primary cause of traumatic death among new and expectant mothers – accounting for 31 percent of maternal injury deaths. It also stated that African American women and women younger than 20 years old are at higher risks. Although this is the first national research the CDC has conducted to correlate pregnancy and homicide, the findings are alarming and understated.

The study documents 617 murders, taking place from 1991 to 1999. Unfortunately, most states don't have an accurate system to track these particular deaths, and therefore, many are excluded from such reports. After obtaining data from over 30 states, the CDC also discovered that homicide ranked second among trauma deaths for new and expectant mothers. The number one ranking was auto accidents. Research suggested that if state and local health officials gather information from police reports, birth and death records and autopsy reports, then it would be easier to identify maternal deaths. The recommendation follows the methods of researchers and reporters from *The Washington Post*, which studied pregnancy and homicide in December 2004. This study exposes the link between violence against women and reproductive justice.

Here are some other statistics the CDC uncovered:

- African American women's maternal homicide risk is almost 7 times more than white women
- African American women between the ages 25 – 29 are 11 times more likely to be killed than white women
- The highest homicide risk is for women younger than 20 for all races
- Women who do not receive prenatal care have a higher risk of maternal homicide
- 57 percent of maternal homicide were caused by gunfire; stabbings ranked second

healthcare practitioner usually lasts about 15 minutes. The visit includes a blood pressure and heart rate check-up. According to Monroe, a visit with a midwife lasts about 45 minutes. Midwives educate the women on their eating habits and listen to them as they express their emotions. "We know stress causes all types of health problems. Stress makes women birth their babies too soon. They're coming out 29 weeks or 32 weeks. We work with the mother to

lower her stress to reduce the chance of infant mortality. Also, midwives strongly promote breastfeeding. Babies born too small have a better chance of living and developing an immune system when breastfed."

For Monroe, midwifery isn't just about birthing a baby; it's about birthing a community. Midwives were the spiritual backbone to the African American community and she welcomes men to complete the circle. She's also excited about young women expressing interest in learning the tradition. "We really don't hear about the contributions of black midwives in this country. I can't imagine how many of our Presidents were delivered by a black midwife and got their nursing from a black midwife. I wanted to have an institution for young people that reflected the history and so many college students have signed up. I can't express the excitement I have. Everyone is coming together and that's what I wanted."

The 4th Annual Black Midwives and Healers Conference will take place October 14 – 16th, 2005 at the Holiday Inn Select in Atlanta, Georgia. For information about it or ICTC, visit www.blackmidwives.org ~Yaminah Ahmad

When Funding Hurts

Loretta Ross, SisterSong National Coordinator

Seeking funding to support our work is a primary pre-occupation of many social justice activists, and it is no less a problem for SisterSong members. To be honest, we generally engage in foundation fundraising with the same enthusiasm with which we visit a dentist. We know we have to do it, but it does not frost our cookies. As staff, board members and volunteers at women of color reproductive justice organizations, we certainly understand that working without resources is not impossible. "We know that money does not solve every problem, but it certainly eliminates a lot of hassles," says SisterSong ally Sharon Gary Smith. The trick is how to get the money we need.

The following is a brief article on some of the lessons we have learned in our fundraising at SisterSong over the past eight years to help other women of color organizations avoid some of the challenges we encountered. In the past year, we have surveyed our membership and have come to a broader understanding of the shared problems we face as women of color reproductive justice organizations in the United States. We hope to help our members learn some of the perspectives of the foundation world, to understand the conditions under which foundation program staff work, and to successfully navigate the murky waters of hurtful funding strategies.

We enter reproductive justice work with a passion for helping others, not a passion for filling out grant request forms and dealing with the Internal Revenue Service. Why we do the work and how we can get the resources to do it intersect rather unfortunately at the nexus of fundraising, making it hard to remember why we are doing the work in the first place. Our political passion has to be translated into another context – one in which we must raise money in order to sustain our movement. This is a shift in our orientation and, according to Marlene Fried of Hampshire College, "a major change from earlier political movements" that were less dependent on foundations.

Seeking foundation funding can either help or hurt depending on how well-planned is the fundraising strategy and the strength of the leadership of the organization. We are not used to thinking that funding can hurt our reproductive justice organizations, but it has done so in the past. A prominent women of color health organization received more than \$1 million in annual support from foundations in the 1990s because it wished to pursue two distinct strategies: grassroots mobilization through chapter development and national public policy advocacy in Washington, DC. To some extent, it was their leadership and their choices that skewed the organization. They realized too late that funders often preferred to support the public policy strategy. Funds quickly dried up for the grassroots mobilization that provided the foundational base-building work that helped actualize the public policy work. In terms of funding availability, the public policy work became the tail wagging the dog. The organization descended from being the most influential and fastest-growing reproductive health organization in the country into just one of many voices in Washington clamoring for change. It became, in effect, an organization with a point of view but without the constituent power to get its point of view heard.

This article focuses on only one aspect of fundraising: obtaining grants from foundations. There are other types of fundraising necessary to provide balanced revenue streams for our organizations such as individual donor solicitation, earned income, and collaborations and partnerships, for example, which are beyond the scope of this brief article. More information on these types of fundraising will be provided at our 2005 Annual Membership Meeting October 15-16 in Oakland, CA.

Staying true to our missions is the hardest part of this work when seeking funding. In a competitive funding world, it is relatively easy to make funders the primary constituency and target of our work. But our organizations will not succeed if our primary focus is on what the funders want. To be effective, women of color reproductive justice organizations have to focus on our missions and the people we are serving. Fundraising should be about supporting our mission, not about building a bigger organization.

In an ideal world, we would all have fabulous boards of directors with dedicated and effective fundraising committees that help lift the burden of generating resources from the overworked and stressed-out staff.

In the real world, most boards of directors among women of color reproductive justice organizations are inexperienced at fundraising. They are also over-committed and over-extended with major roles and responsibilities in other organizations. These board members join our boards of directors for the same reasons others become stakeholders in the organization – volunteers with a commitment to justice, not their superior skills at fundraising. For grassroots organizations, most board members are not people of inherited wealth or millionaire entrepreneurs. They are not lining up to write us big checks that can finance our organizations. Nor do they live in a social network of major donors to whom they can write a personal note to obtain a large donation. Let's face it – the poor folks on our boards are just like us working on the staff, but they don't get paid.

When we try to add people with fundraising expertise on our boards, we often get exactly what we ask for: people with corporate backgrounds and/or financial resources donating their skills to the non-profit sector. They are better at raising funds but less representative of the communities we serve. This elevation of skills at the board of directors' level creates its own challenges in the long run, if it is not mission-driven. This new generation of board members works to increase the financial resources and financial management systems of the organization, but the cutting-edge politics of the organization may become muted and less risk-taking as the organization is re-tooled to appeal to more conservative donors and foundations. This phenomenon is called "mission drift."

Thus, fundraising is largely left to the staff of our organizations. More often, it is left on the shoulders of the Executive Director because our small budgets do not allow us the luxury of hiring dedicated development staff. The majority of women of color reproductive justice organizations are relatively new or emerging organizations. Even our older, more stable women of color organizations have some of the characteristics of emerging organizations (i.e., minimal IT capacity or under-developed boards) because we've rarely had the resources to progress into stable institutions. Very few have full-time development directors, and even fewer have the capacity to successfully tap into the expertise of the fundraising and consulting industry.

The field of fundraising consultants is filled with landmines, to say the least. There are excellent fundraising consultants who see their primary role as building fundraising capacity. We need help identifying the criteria by which to effectively evaluate and hire such consultants and the resources to invest in the strategic plans they produce. This level of leadership

and organizational development is a multi-year process that requires the active engagement of the staff, board of directors and volunteers. Even with the best outcome from hiring a fundraising consultant (if you can afford it and she/he delivers), our organizations in early stages of growth usually cannot afford to invest in the multi-year development of their own capacity with which to continue the work without consultants. Good consultants teach us how to fish, but even they cannot overcome the dry ponds of limited resources to invest into development.

The terrain of fundraising, donor relations, and writing grants is a Byzantine world for the uninitiated. In raising funds from foundations, a few important generalizations need to be kept in mind. These generalizations are just that – they do not apply to all foundations under all circumstances because foundations are not monolithic. There are differences between foundations and their work cultures. Large, national foundations differ significantly from public/private foundations, which in turn differ from smaller regional foundations. There are also differences in their strategies and approaches. Some may be dedicated to funding service delivery to alleviate immediate suffering, while others prefer to fund advocacy for systemic change. We cannot over-stress the importance of research. "Do your homework to tailor your approach to each foundation without straying from your mission," advises Shira Saperstein of the Moriah Fund. Resources to help you research foundations are available from the Foundation Center, from which you can also obtain quite a bit of free technical assistance if you are new to grant writing. A link to the Foundation Center website is on the SisterSong website at www.SisterSong.net.

The following 10-point analysis is not provided to dissuade you from seeking foundation support, but is intended to do the opposite: to help you better understand some of the factors external to your organization that help determine if your organization gets funded.

Too little money available. According to a 2003 report of the Funders Network on



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Population, Reproductive Health and Rights, less than 2% of all foundation funds in the U.S. are available for women's rights and reproductive justice work. Grants awarded to women of color are predictably a minute portion of the funds going to women's rights in general. The research department at the Foundation Center reports that it is difficult to determine how much of the funding for reproductive health and sexual rights in the U.S. goes to women of color organizations. The capabilities of existing databases are limited. The data is mostly limited to grants made by the top 1000 private foundations only, leaving out many foundations such as the Ms. Foundation because it is a grant-making public charity, and smaller foundations that don't rank in the top 1000. Historically, the only grants that have been tracked over time have been those of \$10,000 or more. The information on smaller grants has only recently begun to be tracked by the Foundation Center in 2005. Researching funding by recording grants awarded is not possible at this time because there is no classification such as "women of color organizations" within their research databases. At the time SisterSong asked, there were no more than 40+ grants on record from the largest foundations for reproductive health and rights. A few large foundations provide the vast majority of funding in this field. We were also not able to track grants awarded through intermediaries or re-granting organizations. The Funders Network also reported in their 2003 analysis that "most grants are aimed at the general public, rather than a demographic subgroup," making the task of tracking grants to women of color organizations even more difficult.

Personal relationships decide grants. Grants are often awarded in large part based on personal relationships, not simply on the strength of the proposals or worthiness of the work. Relationships with funders may not be immediately available to new people entering the field, as they are developed over time. SisterSong member Dazon Dixon Diallo, founder of Sisterlove, Inc. poses the central questions: a) Who do you know? b) Who knows you? and c) What do they know about you? Creating visibility and credibility takes time – time that many of our reproductive justice organizations do not have.

Increasingly, there is a great deal of porousness between activists and funders, and both draw from the same stream of people. There are also activist funders and it behooves us to do a little bit of homework to understand who these are and how to build on those alliances, recommends Jael Silliman of the Ford Foundation. They can be excellent sources of feedback, advice, and mentoring for many organizational issues beyond funding. We can engage them as allies and partners in our work, not just as funders. This helps them become our advocates within their own foundation and the larger funding world. The lasting impact is the true partnerships and collegiality that develops over time as you begin to know and appreciate each other's contributions to the movement.

Different expectations and timetables. We work with a sense of urgency because we know people are suffering and need our help. Funders work on a different timetable based on their structures and level of accountability. Both grantees and funders struggle to be accountable to vastly differing stakeholders. Foundations are accountable to their boards in the same way that grantees are accountable to our boards. Foundation staffers have accountabilities both to their boards and their grantees. "They have to follow guidelines and parameters that their boards set, and this is shaped by the history and culture of the foundation," according to Adwoa Agyeman of the Moriah Fund. In the reproductive justice world, we not only have to satisfy the people who receive the services we provide, we also have to please the people who fund our organizations, and those are usually two very different groups of people with very different sets of needs and expectations.

Funders rarely can quickly fix problems created by a six-month time lag between the awarding of a grant and the actual receipt of the check. If we express a sense of urgency

in getting that check, we are often advised that we have cash flow management issues (telling us what we already know!), not that the funding cycles do not correspond to the delivery of services cycles. This situation simply highlights the fact that every organization cannot afford to engage in foundation fundraising within these types of timetables. You should carefully evaluate your organization's cash flow situation before you write the grant request. You will need other funding to sustain your cash flow before applying for foundation funding, but it's a true conundrum because where are you to get that "other funding?"

Another source of differing expectations was revealed in a pre-meeting survey from the Reproductive Health Community Gathering organized by the Funders Network in March 2005: "When asked what keeps funders and grantees from working together, grantees cited funders' tendency to give project rather than core [general] support, donor-driven agendas, and a lack of clarity and honesty about priorities and indicators. When asked the same question, funders cited inherent power differences, restricted funding guidelines, and impediments to honest discussion."

Competition on an uneven playing field. The field of fundraising is more competitive than collaborative, generating friction among women of color. In our reproductive justice field, the forces of fragmentation are stronger than the forces of collaboration. "We define competition as what happens when there are more people chasing resources — things like funding, qualified staff, potential board members, volunteers, and media attention — than there are resources," says David La Piana, co-author, *Play to Win: The Nonprofit Guide to Competitive Strategy*.

There are many foundations that fund only one mainstream reproductive rights group, reports Shira Saperstein. Even mainstream groups can encounter a funder who tells them that they already fund one reproductive rights organization and therefore are not interested in learning about or funding others doing related work. This is not unique to women of color groups, although the impact is greater on us because our overall access to resources is so much more limited. For example, if a funder has one Latina organization in their portfolio, it is difficult for a second Latina organization — even one with different goals and strategies — to be funded. This situation often sets our strategies in competition with each other: grassroots mobilizing vs. public policy advocacy or capacity building vs. program expansion.

To further complicate matters, every foundation has its own definition of capacity building or policy advocacy. We often have to compare our work to other work being done to show the uniqueness of our role, which can lead to unhealthy comparisons between women of color organizations.

Long-term problems with short-term grants. The problems we work on are long-term and institutionalized, requiring stamina, while the funding we receive is short-term and very rarely multi-year. Funders often set different priorities each year and infrequently make long-term investments in any given strategy or organization, especially for emerging women of color organizations. According to Lucy Bernholz, author of *Creating Philanthropic Capital Markets*, "We [funders] spend far too much time in philanthropy talking about starting or initiating things, and far too little time making sure there are revenue streams to sustain the work of the thing that has been created."

We have to accept the fact that sometimes the funding available simply does not fit or match up well with our needs. In this instance, it may be wiser to not accept short-term funding if the majority of the project remains underfunded (although we know it is difficult to turn down money!). This may create unrealistic expectations in the minds of the funder and the grantee because underfunded projects can really hurt. For example, one SisterSong member organization received support to purchase a van to transport homeless women with AIDS. It took three more years to obtain the funding to support the staff position in

charge of client transportation to bring the program up to full capacity. They asked for the staff position in the original grant, but general support for increasing their staff capacity was harder to secure.

At the same time, pilot projects are high-risk investments for funders. According to Rebecca Adamson of the First Nations Development Institute, 83% of foundation funding goes to projects that don't succeed. This failure rate may be due to a large number of factors beyond the scope of this article, but the point is to understand that funders know that our projects may be high-risk investments even before they read our proposals.

On the other hand, the emergence of women of color and youth-focused reproductive health organizations over the past years was cited as one of the tremendous recent successes of the pro-choice movement, according to a participant survey in a report from the Reproductive Health Gathering of funders in March 2005. The report also recommended that funders set aside a portion of their funding for risk-taking as a way of "changing what the movement looks like." Funders should also support skills-building among organizations' leaders and staffs to obtain a better and longer-term return on their investment.

Multi-issue work with single-issue grants. The work we do is multi-issued and intersectional because people's lives are complex, while funders tend to fund in single-issue silos. Our work often does not fit neatly into their slots created by categorical thinking based on donor principles. This will be especially true for those of us who use the multi-issue reproductive justice/human rights framework in our work because most funders do not programmatically connect issues of poverty, immigration, and racism to reproductive rights work. They do so in their thinking when focused on the "Big Picture" but they operate in fragmented and competitive structures not of their own making. The mantra goes something like this: HIV/AIDS is in the health portfolio, while immigration and racism are in the civil rights portfolio, and reproductive rights is in the women's rights portfolio. What if your proposal represents a woman of color organization that provides reproductive health and HIV/AIDS services for an immigrant population that is negatively affected by the Patriot Act? While you could theoretically apply to each portfolio, such a strategy would probably lessen, not increase, your chances of obtaining support because of competition among portfolios. Program officers often lack the power to pull together resources across program areas to fund multi-layered work like reproductive justice.

Power imbalances and different accountabilities. A power imbalance compromises the partnership relationship that should exist between grantors and grantees — after all, both parties are supposedly working towards the same goals which cannot be solved by philanthropy alone. A good funding partnership allows each party to work with integrity and transparency. Grantees should be able to share the bad news as well as the good news, without jeopardizing their chances of future funding. Funders should be able to provide honest feedback to grantees about the decision making processes of their foundations, so that this feedback may be used to help the grantee improve their chances of obtaining support. Funders, though, have had really bad things happen when they are too honest with some grantees, and they tend to err on the side of caution in providing this feedback. For example, foundations may be called racist if they don't fund a given women of color organization, even though their portfolio may be relatively fair and balanced. Grantees fear disclosing their failures to the funders and engage in self-promotion rather than critical reflection about their work. But we cannot improve the outcomes of our mutual work if we cannot share both our successes, challenges and failures.

Whose ideas matter? Foundations used to count on our organizations to analyze the problems in our communities and provide potential solutions to these problems. They then funded our organizations to do the work we believed

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necessary and proved we could do. In recent years, this paradigm has shifted as more foundations believe they have the ideas necessary to create social change, and they fund the organizations willing to implement their ideas. These ideas are often obtained from “incubator” sessions in which a group of grantees is brought together in a meeting (or series of meetings) to discuss pertinent issues. The foundation staff documents and synthesizes these ideas and report back to the foundations. Foundation staffers (sometimes they are former grantees) use this information to determine their funding priorities and strategies. They also get ideas from the needs identified in grantee reports. This can lead to funder-driven strategies and foundation-imposed collaborations by those funders that value collaborations. Some collaborations of this nature work while others don’t, depending on their degree of unity.

SisterSong emerged in 1997 as a result of a foundation-driven effort. The original mix of organizations included some agencies chosen by the Ford Foundation that openly stated they did not believe in collectives, largely because of the intense competition among women of color organizations. Although they honestly joined to simply to obtain funding and were explicit about their motivations, at times their presence was counter-productive to the project of building the Collective. It took us four years and extensive re-tooling for us to evolve from a funder-driven collaboration into an autonomous Collective asserting the right to define and solve our own problems. To survive, we had to re-center ourselves on our values, develop our principles of unity, honor the niche each organization occupies to eliminate competition, survive funder indifference, and decide on a strategic collective agenda that benefits each member organization in order to build a national movement of women of color for reproductive justice. In the process, we grew from 16 organizations to more than 70, firmly focused on our mission and values, and only seeking funding that supports our mission, values, and strategies.

Some foundations recognize the problems inherent in this paradigm shift and have increased the diversity of their staff by attracting program officers with the same values and backgrounds of their grantees. These foundations appreciate the organic expertise in communities of color and do not deny the activists the right to solve their own problems and evaluate their own successes.

Funding becoming more conservative. Because of the attacks on foundations and non-profits led by opponents to women’s rights and facilitated by a hostile Bush Administration which has politicized the IRS, many foundations and non-profits are becoming more timid in engaging in work that may be construed as criticizing the government and its policies. New disclaimers are attached to grant agreements, especially after 9/11 and the 2001 World Conference Against Racism, which particularly affected the Ford Foundation. Some organizations, such as the NAACP and Advocates for Youth, have been singled out for politically-motivated audits by the IRS, HHS, or CDC because of their advocacy activities. A *Panel on the Nonprofit Sector* was developed by Independent Sector (IS), a coalition of corporations, foundations, and private voluntary organizations organized to strengthen America’s nonprofit organizations. IS formed the *Panel on the Nonprofit Sector* on October 12, 2004, at the encouragement of Finance Committee Chair Charles Grassley (R-IA) and Ranking Member Senator Max Baucus (D-MT) to establish guidelines for fiscal responsibility among non-profits. Critics charge that the IS panel has mainly responded to unfounded criticisms by Congress and conservative foundations through the Alliance for Charity Reform, who are actually moving the agenda to the right as a way of repressing progressive activism. Various Congressmen also attack groups that receive U.S. and international HIV/AIDS funding. Even CARE is now being attacked for “undermining American foreign policy” because it is not sufficiently deferential to right wing religious ideologues. According to James Wagoner, president of Advocates for Youth, quoted in the *Chronicle of Philanthropy*, “The message has been delivered loud and clear: If you receive government money, you had better not dispute government policy, or you’ll end up on an ‘enemies list.’” This politicization of government audits and Congressional attacks affect foundation funding because foundations are understandably reluctant to face government audits simply because they fund groups that criticize the government or disagree with a government policy. This truly complicates the task of securing funding for reproductive justice organizations. Many but not all of us are on the opposite side of the current Administration when it comes to judicial appointments, abstinence education, abortion rights, AIDS prevention, immigration policies, and a host of other issues important to saving women’s lives. If foundations are intimidated by our government that censors or pressures organizations to support views antithetical to our work, then the funding picture becomes even bleaker.

Competition with our advisors. Over the past three decades, an entire industry has developed in the reproductive justice world based on consultants and intermediary organizations that provide capacity building and organizational development services to our organizations. While we are in urgent need of these valuable services, they are often seeking funding from the same foundations we approach, and we end up competing with our own consultants or intermediaries for grants. For example, one agency offering us technical assistance had received more than \$1 million in funding for capacity building work from the same foundations SisterSong approached for capacity building funding. Since many of these firms are non-profits in their own right, they are com-

petitors for scarce funds, and we simply do not know if the fact that many of our consultants are our competitors affects the quality and extent of the services they provide. To be fair, most of these consultants and intermediaries provide excellent services and we heavily depend on their expertise to develop our capacity. But this dilemma creates a situational conflict of interest: are they trying to work themselves out of a job by building our capacity and lessening our dependence on them, or are they trying to prove to a foundation how vital they are to our sustainability by maintaining our dependence? Can they realistically serve both parties – their clients and their funders — at the same time? We don’t know the answers to these questions, but in a world of funding scarcity, U.S.-based women of color already face competition from international groups, mainstream organizations, and now our own advisors, complicating the landscape.

SisterSong has five recommendations for foundations so that funding doesn’t hurt and we develop good partnerships with our allies in the foundation world. First, we encourage foundations to work more collaboratively and strategically with each other just as we are doing with our reproductive justice organizations. Foundations are now exploring the concept of “basket funding” in order to pool their resources to address the many facets of a particular problem to provide support to entire sectors, such as health. This strategy is cautiously welcomed by some grantees, according to the report from the Reproductive Health Community Gathering of March 2005: “Because it’s not clear how the money is spent, it’s difficult to determine the implications for family planning and reproductive health.” This strategy does have the potential to attract increased resources and create real partnerships amongst diverse entities in the same field.

Second, we hope that foundations will consider providing funding in a way that attracts other foundation partners to our organizations by providing referrals. A strategy promoted by only one foundation has a lesser possibility of success than one promoted by several different foundations at the same time. If a grant is made by one foundation, recommending that grantee to another foundation with a similar portfolio helps the grantee organization, but it also helps foundations collaborate to increase the effectiveness of their strategies.

Third, instead of funding intermediaries directly to provide technical assistance, it may be more effective to provide the funds for technical assistance directly to grantees so that the grantees can hire from a group of qualified consultants possibly recommended by the foundation. In that way, the grantees have more power in the technical assistance/grantee relationship in which the intermediaries have to meet the grantee needs and be more accountable to them.

Fourth, we need more frank conversations between funders and grantees on how to be good allies for each other and to develop coherent, unified strategies. The March 2005 Funders Network meeting was the first of its kind to bring together funders and grantees, according to their report. Although there were discussions among grantees and funders in separate groups about whether to continue the process of bringing both groups together in future joint analysis and strategy sessions, resistance to the idea was expressed on both sides for a variety of reasons. Some funders believe that the Funders Network should limit itself to only bringing funders together and not stray from their mission. Some grantees believe that the funders have their own method for privileging some voices while discounting others, and are wary of meetings that remind them of incubators. SisterSong believes that even more serious and extended dialogue must take place between women of color and white women, between grantees and funders, and across strategies and issues if we are to successfully build a movement together that saves women’s lives. The power imbalances will never be effectively addressed without such cross-pollination of our movement. There were excellent recommendations in the Funders Network Report available at www.fundersnet.org. To implement these recommendations, “We have to be brave together” as one funder said to create a shared vision of how to end reproductive oppression and achieve reproductive justice.

Fifth, we urge foundations to study and understand the life cycles of our organizations more carefully and tailor their expectations to our actual rhythms or developmental stages (in their language). Organizations in the start-up or creative entrepreneurial stage have different needs than those in the efficiency and infrastructural stage. Sometimes our organizations exist in several stages of development at the same time. Although SisterSong is eight years old as of this writing, we just opened our national office in January 2005, while some of our member women of color organizations are 20 years old. Thus while we have considerable history and experiences collectively, in some respects we are putting in place the new systems and structures more commonly associated with brand new organizations. This is our own unique growth cycle, birthed from the hundreds of years of collective experiences we bring to the table.

SisterSong is so named because “we are women of color from many cultures and orientations who may sing different songs yet we all sing the women’s song in harmony, from the same score, on the same sheet of music,” said SisterSong member Juanita Williams when we first organized. Neither grantees nor foundations can go it alone. In the immortal words of Rev. Martin Luther King, Jr. when speaking about family planning in 1966: “We are natural allies of those who seek to inject any form of planning in our society that enriches life and guarantees the right to exist in freedom and dignity.” SisterSong is building a movement of women of color for reproductive justice in a world where funding does not hurt.

~Loretta Ross, National Coordinator

SURVIVING GRANT WRITING WITH A SMILE

By Dazon Dixon Diallo

Some aspects of fundraising can be fun. Some of us love proposal writing, but very few of us like the politicking of fundraising. There are 73,000 foundations in the United States, with more than \$24 billion in assets. Your organizational goal is to secure some of these funds for your important reproductive justice work. If you are new to the field of grant writing, free fundraising training is available on the link to the Foundation Center website on the SisterSong website at www.SisterSong.net under “Resources for Women of Color.” Beyond the basics of structuring a proposal available elsewhere, Sisterlove offers the following eight “BE’s” for effective and principled foundation fundraising:

- **Be Strategic**
- **Be Diligent**
- **Be Persistent**
- **Be Repetitive**
- **Be Patient**
- **Be Respectful**
- **Be Grateful**
- **Be Honest**

To launch the “8 BE’s,” we have to carefully develop our **strategic plans** for our organizations before seeking foundation support. We have to develop a diverse fundraising plan in order not to be totally dependent on foundations. Know what problems you are addressing, how you will address them, and how you will evaluate your results before writing the proposal. If you are unclear about the mission, values and strategic orientation of your organization, this will be painfully evident to experts who read hundreds of proposals each year. If you are unclear, then your organization will be subject to pursuing whatever funding dollar is dangled before you, regardless of your mission. Concurrently, you should have a strategy in place for surviving until the grant check comes 6-12 months later after you win a grant award.

We have to be **diligent** and carefully follow the guidelines of the foundation from which we are seeking support, by providing no less – and no more – information than they are requesting in their grant guidelines. Omitting requested information is as bad as flooding them with unsolicited information. If in doubt, stick to the rules they offer. Flexibility in adjusting the rules is only acceptable when you have extensive knowledge of and personal relationships with the foundation. It is equally important to research the foundation from which you are seeking support because each foundation is different, and you will want to tailor your proposal to the style, program and culture of the individual foundation, while not straying from your mission, values and strategic orientation.

We also have to be **persistent**. Quite often we will get turned down the first, second or third time we ask for support. Do not take rejections personally. If possible, interview the program officer about what you could have done to strengthen your application.

In order to help a foundation to know your organization and its central, primary message, be **repetitive**. Connect the name of your organization to who you are and what you do in as many different ways as possible in your proposals, your media messages, and your outreach strategies, so that your organization is branded into the

public’s consciousness. With time and repetition, the right wing has convinced many white Americans that they are the victims of reverse discrimination. It does not matter that this is not actually true in a country founded on white supremacy. They have made it politically true by clever messaging and framing. Reproductive justice advocates must use the same techniques of repetition (without the deception) in order to persuade both our allies and our opponents that this is a viable and winning concept for re-energizing and uniting women’s rights advocates.

Being **patient** is probably the hardest for those of us compelled to do this work. Foundation timetables are not our timetables and their priorities may not be our priorities. Foundations purposefully take their time in deciding their grant awards in order to make the best decisions possible. They are deliberate in building relationships with grantees. These processes take time and they seek



to exercise due diligence in executing their responsibilities.

Sometimes we present ideas to foundations ahead of their time. For example, a decade ago the concept of funding human rights work in the United States was novel to the foundation world because human rights meant only international funding, while “civil rights” was stretched to cover human rights abuses in the U.S. After more than 10 years of patient grantee briefings of many funders, on July 4th 2005, a group of foundations and individual donors launched the *U.S. Human Rights Fund*, a collaborative funding initiative dedicated to the full realization of human rights in the United States. Through the patient work of people like Dorothy Thomas and Larry Cox, a sizable number of foundations are raising more than \$10 million to support U.S.-focused human rights work, an idea scorned a mere decade ago.

For SisterSong, the concept of reproductive justice

faces the same uphill challenges. It is not a term familiar to most funders, and its critics fear that using an intersectional, human rights based approach to protecting reproductive health and sexual rights dilutes a more singular focus on abortion politics. We are not daunted, however, because moving ideas from the margins to the mainstream is what radical politics is all about. Unfortunately, the ones successful in moving its politics to the mainstream have been the opponents of women’s rights and we have to meet their power of deception with our Collective power of truth.

It is difficult for many activists in social justice work to **respect** and appreciate the diverse work we all do. We sometimes tend to think we have all the answers we need to engage in whatever aspect of reproductive justice work that attracts us. We have to respect the fact that different people will do the work in different ways and at different levels. In fact, this is a good thing because there is enough reproductive oppression to go around to keep us busy for the rest of our lives. Foundations are no different. From their perspective, they are contributing to the struggle just as we are, just in a different way and often with more power and resources. We sometimes react negatively to their power and resources because of the way power has been used against us in the past, and we need to guard against the tendency to have previous abuses of power re-stimulate us and keep us from recognizing our allies who have power and resources. We need to learn the difference between a gatekeeper keeping others out and an advocate kicking open the door to let us in. As a wise Cherokee woman once said, “Friends come and go. Enemies accumulate.” So be careful not to inadvertently accumulate enemies as you seek foundation support.

Being **grateful** for whatever funding we receive is important. If we are given only \$20, it is more money than we had before we asked. No grant is ever large enough to meet our vision for what the women we serve deserve. Every funding request competes against other worthy projects all asking from support from finite resources. If you only get the \$20, think about all the rejected applicants who received their letters of rejection long before you received that \$20 check. Besides, getting that \$20 paves the way for asking for \$40 the next time.

The last, but not the least important advice is to be **honest** with your funders. The foundation world in which we seek funds is painfully small and they do talk about their funded projects with each other. Even if honesty appears to be risky, it is better than letting them find out about bad news about your organization from someone other than you. If they are operating in a way that impedes or interferes with your work, let them know and they often appreciate the feedback. Foundations can also provide technical assistance and support to help us address our organizational problems. They can identify other resources useful to us and can establish partnerships with us to help us achieve our mutual goals.

Fundraising does not have to be painful unless we enter it with poor preparation. You may encounter rejections and indifference, but this should not discourage you. If you keep doing the invaluable work of serving your community, the money will find you. In SisterSong’s experience, you may arrive at a point at which the foundations seek you out, rather than the other way around.

Navy Refuses to Pay for Abortion of Severely Brain Damaged Fetus

In August 2002, a then 19 year-old Navy wife discovered she was pregnant with a virtually brain dead fetus. Doctors learned that the fetus had anencephaly, which is a neural tube defect that causes a fetus to develop without a forebrain, cerebellum or cranium. This condition is 100% fatal to the fetus.

The young wife did not want to carry the fetus to full term knowing the baby will not survive and experiencing the agony of watching it die. She decided to get an abortion. A federal court forced her military medical program to pay for the \$3,000 procedure. But after three years, in 2005 the federal government wants her and her husband to pay back the cost.

Federal lawyers have appealed the case of *Jane Doe vs. The United States* by using moral arguments against abortion. They also cite the Hyde Amendment regulations, which prohibits the use of public funds for abortions. The only exceptions are rape, incest or the endangerment of the mother's life.

Eleven years ago a similar case involved an Air Force wife named Maureen Britell. Britell, a Roman Catholic, who participated in anti-abortion rallies, is now an abortion rights advocate. She and her husband, then a captain with the Massachusetts Air National Guard, learned in 1994 that she was carrying a fetus with an anencephaly. They agonized over their decision. Britell told the *Seattle Post-Intelligencer* that this case is being watched at the highest levels. It is far from over.

FDA Commissioner Delays Decision on the Morning After Pill (Plan B)

August 2005, Bush appointee and FDA Commissioner Lester Crawford deferred Barr Laboratories' application for nonprescription sales of its emergency contraceptive Plan B. Although the FDA's advisory committee stated that the morning-after pill meets all the criteria for an over-the-counter drug, Crawford continues to block its approval.

Plan B, which is a higher dose of birth control pills, must be taken within 72 hours of intercourse, but is most effective when taken within 24 hours. In May 2004, Barr Laboratories' (the manufacturer of Plan B) original application was not approved, and in January 2005, the FDA delayed a ruling on the revised application. Although Crawford denies that politics plays a role in his decision, the FDA's medical experts from approximately 70 health organizations support Plan B becoming an over-the-counter drug. In addition, a study published by the American Medical Association states that easy access to the morning-after pill doesn't produce risky sexual behavior.

On January 21st, the Center for Reproductive Rights filed a lawsuit against Crawford and the FDA, stating the decision to decline Plan B as an over-the-counter drug discriminates against women. The plaintiffs [the New York Reproductive Rights Task Force; Redstockings Allies and Veterans, NYC; Gainesville Area (FL) National Organization for Women (NOW); Florida NOW Young Feminist Task Force; Gainesville (FL) Women's Liberations and the University of Florida Campus (NOW)]; represent the Morning-After Pill Conspiracy (MAP), a national coalition of feminist organizations.

The FDA also stated it would begin another regulatory process and hold a new 60-day public comment period. Without a definite timetable, the decision is indefinitely delayed. On August 30th, after Crawford's decision was announced, Susan Wood, FDA Assistant Commissioner for Women's Health, resigned from her position. In a press release sent to colleagues and women's health advocates, Wood stated, "The recent decision announced by the Commissioner about emergency contraception, which continues to limit women's access to a product that would reduce unintended pregnancies and reduce abortions is contrary to my core commitment to improving and advancing women's health." She also stated that she could no longer serve in her role "when scientific and clinical evidence, fully evaluated and recommended for approval by professional staff here, has been overruled." Woods, forfeiting her government retirement benefits to stand up for her principles, will be honored at the Stand Up For Choice celebration in Atlanta January 23, sponsored by the Feminist Women's Health Center.

MAP is leading a grassroots movement to provide Plan B without a prescription. So far, 2,000 women have pledged to break the law and provide the pill to friends in need. If you are interested in participating in MAP's pledge, visit www.mapconspiracy.org or send an email to MAPconspiracy04@hotmail.com

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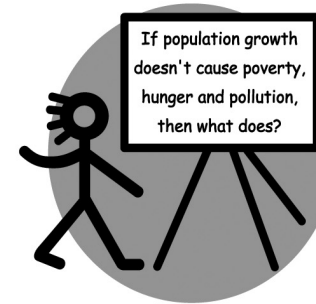
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Catholic Priests Establish Society to Fight Abortion

The Roman Catholic Church has created its first male-only religious society to focus on euthanasia and abortion. The Missionaries of the Gospel of Life is located in a vacant Catholic high school and dormitory on the grounds of the Diocese of Amarillo in Amarillo, Texas.

Its priests will be trained on utilizing the media to communicate anti-abortion messages, as well as lobby lawmakers to restrict abortion rights. In addition, they will be coached on how to lead anti-abortion demonstrations in front of family-planning and doctor offices. According to Father Fran A. Pavone, founder of the male-only association, training starts in the fall of 2005. The society is funded through private donations.

Some of the teachings include "healing" women who had abortions and providing counseling to women who are considering abortion. Women's rights advocates are concerned that The Missionaries will use aggressive tactics like clinic blockades to obstruct healthcare providers from doing their jobs. Planned Parenthood of Amarillo is worried that the society will attract extremists who are willing to use violence.

Pavone has said that the church is "battling a plague as spiritually fatal as any she has ever fought before – the plague of the culture of death." Earlier this year, he tried assembling a group of religious conservatives around Terri Schiavo, the brain-dead Florida woman whose feeding tube was removed March 18, 2005.

Amarillo Bishop John W. Yanta said the society's ultimate mission is to fight for the end of abortion and the "culture of death."

U.S. Tries to Prevent Abortion Pill Approval

The World Health Organization (WHO) would like to approve two abortion pills by putting it on its essential medicines list. By adding mifepristone and misoprostol, a combination to be used for early pregnancy termination, it will become official advice to all governments about the drugs their doctors should have available to patients.

As of April 2005, the U.S. Department of Health and Human Services has been petitioning the office of the WHO's Director General to stop the approval of the two pills. The experts would like to make the pill available to reduce unsafe abortions. Every year, 18.5 million women in developing countries have unsafe abortions. An estimated 68,000 women die from abortion surgeries using unhygienic tools. Women in developing countries are 100 times more likely to die from abortion than women in the U.K. where mifepristone is readily available.

The WHO committee, which includes two British and two U.S. experts, recommended the pills should be added to the essential medicines list for all governments. After the recommendation is given, the director general's office usually approves it within days. In July 2005, Ipas announced that WHO decided to include mifepristone and misoprostol on its list of medicines. However, the mifepriston/misoprostol combined regimen will have a warning box stating, "Where permitted under national law and where culturally acceptable." There will also be an asterisk indicating that the drugs "require close medical supervision." Ironically, mifepristone is widely used in the United States, where it is commonly known as "RU486" or the "abortion pill."

Pharmacists Take Stand Against Access to Birth Control

Some pharmacists are choosing to exercise their moral or religious beliefs at work by refusing to fill birth control and morning-after prescriptions. This new trend is sparking a new debate over reproductive rights.

Karen L. Brauer, president of Pharmacists for Life, says her group was created to return pharmacy to a healing-only profession. Pharmacists for Life believe filling prescriptions for birth control and the morning-after pill violates the Hippocratic oath, which vows to save human lives. Brauer was fired from a Kmart pharmacy in Delhi, Ohio for refusing to fill birth control prescriptions.

Milwaukee resident Kathleen Pulz went to a local Walgreens pharmacy to get a prescription filled for the morning-after pill after her husband's condom broke. Pulz, a mother of four, decided a long time ago that she didn't want more children. When she went to get the prescription filled she was refused. Currently, there are a

number of drugstores firing or disciplining their pharmacists who refuse to fill prescriptions. Large pharmacy chains like Walgreens, Wal-Mart and CVS are requiring conflicted pharmacists to report to their manager. The manager is then supposed to fill the prescription, but women's advocate groups are saying this is an unreasonable solution.

Women of color in rural areas who are refused service don't have the luxury to locate another pharmacy. They might not have enough time like Pulz to wait for their doctor who was eventually able to get her prescription filled. What are their options? Pharmacists and other medical practitioners who refuse to fill prescriptions are preventing women from accessing basic forms of healthcare. Pulz told the Washington Post, "... they should just step out of the way and not interfere with someone else's decision. It's just not right."

In December 2004, the Pharmacy Access Partnership conducted a national survey to find out whether women prefer pharmacy access to hormonal contraception. Its findings revealed that 17 to 22 million women in America ages 18-44 are likely to use pharmacy access for pills, patches, rings and emergency contraception (EC). "We also found out that women who would be served disproportionately from pharmacy access are women of color," says Belle Taylor-McGhee, Executive Director of Pharmacy Access Partnership. "It's important we do more education for all medication health providers. Any medical professional has an ethical obligation to provide medical care and should not deny care because of their personal religious or moral beliefs."

For a copy of the survey and more information about Pharmacy Access Partnership, visit:

www.PharmacyAccess.org.

Study Says Asian, Black Women Have Low IVF Success Rates

According to two studies discussed at the 2005 annual conference of the American Society for Reproductive Medicine, Asian and Black women who undergo in vitro fertilization have lower rates of success than white or Hispanic women.

Infertility specialists at the University of Kansas-Wichita analyzed IVF clinic records between 1999 and 2000 for more than 75,000 patients whose race and Hispanic origin were reported. Their findings are as follows:

- There is a 25.7% live birth rate among all women who underwent IVF
- Hispanic women have a 26.7% live birth rate
- White women have a 26.3% live birth rate
- Asian women have a 20.7% live birth rate
- Black women have a 18.7% live birth rate
- Black women have a 22% rate of miscarriages
- Hispanic women have a 16.4% rate of miscarriages
- Asian women have a 16.2% rate of miscarriages
- White women have a 13.9% rate of miscarriages

INCITE! Launches National Reproductive Justice Campaign

During INCITE's "The Color of Violence III" conference, which took place March 11-13, 2005 in New Orleans, it created three national campaigns, including one dedicated to reproductive justice.

They are organizing public registries to document damaging effects of dangerous contraceptions targeting women of color. These forms of birth control include Quinacrine, Norplant and Depo Provera.

Quinacrine, a chemical sterilization in the form of a pellet inserted vaginally, is manufactured by the North Carolina-based Center for Research on Population and Security. According to their BBC film, *The Human Laboratory*, the company believes immigrants pose a national security risk. The drug has been distributed in Bangladesh, Chile, China, Costa Rica, Croatia, Egypt, India, Indonesia, Pakistan, the Philippines, Venezuela, Vietnam and the United States. Over 70,000 women worldwide have been sterilized with Quinacrine. Since it can be administered during a pelvic examination, it is a serious threat for sterilization abuse. The Committee on Women, Population and the Environment led the exposure of Quinacrine abuse in the U.S.

Norplant is a hormonal contraceptive consisting of six match stick-sized silicone capsules inserted into the upper arm and last for five years and must be inserted and removed by a medical professional.

It is a dangerous form of contraception, which can disrupt a woman's menstrual cycle, cause prolong bleeding, amenorrhea, or inconsistent spotting. Norplant is also associated with heart attacks, strokes, tumors, blindness, paralysis, coma and depression. Although it must be inserted and removed by a medical professional, many women on Medicaid in the U.S. and women in developing countries can't find an appropriate medical professional to remove it or have been refused.

Depo Provera is a hormonal contraceptive, which consists of synthetic hormone progestin that is injected into a woman's bloodstream and lasts from three to six months. Its side effects include menstrual disorders, skin disorders, tiredness, headaches, nausea, depression, hair loss, loss of libido, weight gain and delayed return to fertility. Long-term usage of Depo Provera can cause breast cancer, osteoporosis, abdominal pain, infertility and birth defects.

Depo Provera and Norplant are disproportionately promoted among women of color, Indigenous women, women with disabilities and women on federal assistance. Consequently, the Black Women's Health Imperative, the Native American Women's Health Education Resource Center, the National Latina Health Organization and the National Women's Health Network do not support these methods of contraception.

For more information, visit www.incite-national.org

Pacific Institute for Women's Health Says Reproductive Rights is Human Rights

Earlier in 2005 the Pacific Institute for Women's Health announced that women's health is a human right, and that access to contraception, reproductive freedom and gender equality are imperative to women's empowerment and social justice.

The Institute's mission is to help women make informed choices about their sexuality and reproduction, as well as defend sexual and reproductive rights for women and girls around the world.

In addition, they created the "Reproductive Rights Advocacy Agenda" for 2005. The Institute and a group of fifty young men and women between the ages of 18 and 25 years old composed the agenda. Its purpose is to build a youth advocacy network committed to promoting access to emergency contraception while protecting the sexual and reproductive rights of young people across Latin America and the Caribbean.

For more information, visit www.piwh.org

Immigrant Latinas' Domestic Abuse Undocumented

Domestic abuse among immigrant women occurs at high rates and is rarely reported. Latino immigrants make up the vast majority of immigrants. Undocumented immigrant women are most vulnerable because their status as a citizen more than likely depends on their husbands. In order to control them, abusers refuse to apply for legal status for their wives. In 1994, Congress implemented the Violence Against Women Act (VAWA), which granted battered undocumented immigrants married to U.S. citizens or lawful permanent residents the right to apply for legal residency without their spouses' aide or knowledge. In September 2005, the VAWA will expire. The National Coalition Against Domestic Violence and the National Task Force has assisted Congress in drafting a reauthorization bill.

Under Title VIII – Immigrant Issues, provisions of the act include:

- Stopping the Department of Homeland Security from seizing domestic violence, sexual assault and trafficking victims at domestic violence shelters, rape crisis centers and protection order courts
- Protecting children of immigrant victims of domestic violence, sexual assault and trafficking

- Granting employment authorization to adult victims who have filed valid VAWA immigration cases
- Allowing organizations funded by the Legal Services Corporation to represent all victims of domestic abuse, trafficking or sexual assault, regardless of immigration status
- Removing barriers that make immigrant victims wait 5 years before they can access public benefits

Domestic violence advocates are pushing to reintroduce the Women Immigrants Safe Harbor Act, which was originally presented in 2001. The bill states that any legal immigrant woman, including those who filed for legal status under the VAWA, who have suffered domestic abuse, will be eligible for welfare benefits like food stamps and Medicaid.

This bill, along with the reauthorization of the VAWA, can empower immigrant women victims to leave their abusive husbands and have means to support themselves and their children.

The Youth Bulge Theory Attacks **Men of Color**

In the mid-1980s, the CIA created the “youth bulge theory,” which refers to the world’s population of 27-years-olds and younger, to identify national security threats. Now, the theory is used to create alarming images of young men prone to terrorist acts and veiled young women in repressive regimes predisposed to future population growth rates.

In Anne Hendrixson’s briefing entitled “Angry Young Men, Veiled Young Women: Constructing a New Population Threat,” she critiques the youth bulge theory in the context of the September 11, 2001 attacks and the subsequent growth of US militarism at home and abroad.

Hendrixson also uncovers how the theory is reflected in racial, gender and age discrimination. “Superpredators” is used to describe young men of color and “teenage welfare queens” is used to describe young women of color. Both negative images support punitive policy measures that aim to control them, including incarceration, contraceptive and sterilization abuse, and prison-like schools.

The “youth bulge” is perceived to be an out-of-control force in the Global South, generally with Africa, the Middle East and parts of Asia and Latin America. The theory implies that this conflict poses an immediate threat to neighboring countries, including the U.S.

Researchers are also claiming that the angry young men are biologically susceptible to violence, stating that “coalitional aggression” is used to attract sexual partners.

The theory states that the threat of explosive violence and fertility provides a racial and gender-based rationale for continued U.S. military intervention and U.S.-promoted population control initiatives. It also justifies government surveillance of Muslims and Arabs within U.S. borders.

In order to read the entire briefing, visit www.thecornerhouse.org.uk

Same Sex Relations in Africa Documented in Book

August 8, 2005 marked the release of Tommy Boys, Lesbian Men and Ancestral Wives: Female Same Sex Practices in Africa. Contributors from the book are from South Africa, Uganda, Tanzania, Kenya, Swaziland and Namibia.

The concept for the book was birthed by anthropologists Ruth Morgan and Saskia Wieringa at the 4th International Association for the Study of Sexuality, Culture and Society held in Johannesburg in 2002. It focuses on the past and present time of Eastern and Southern Africa, and is co-authored by women activists in six countries. The narratives discuss a variety of issues with a recurring theme of sex and secrecy. Lesbianism is a difficult subject to research because its lifestyle is often considered taboo in African culture. The authors discover how African women are introduced to same-sex relationships, the conflict between their culture and emotions, their community’s reactions, and the lifestyle of African lesbians.

A one-day workshop organized by Johannesburg-based organization the Gay and Lesbian Archives (GALA) followed the book launch. The event utilized real-life stories from the book to empower participants and increase the visibility of African lesbians and awareness of lesbian issues. Tommy Boys is shedding light on same-sex practices in Africa, and most important, allowing a marginalized group of women to speak out. For more information on the book, contact Kerrin Cocks at (011) 675-3405 or kerrin@tiscali.co.za

Reproductive Justice For All

A U.S. POLICY CONFERENCE November 10-13, 2005

convened by
Planned Parenthood Federation of America
and the
Smith College Women’s Studies Program
at
Smith College, Northampton, MA

This national conference will discuss and design agendas for reproductive policies in the U.S. that advance social justice. Placing race, culture, sexuality, age and class at the center of a policy conversation about women’s reproductive rights issues, the conference will consider laws and policies affecting:

The rights of pregnant women;

The control of sexuality;

The right to be a mother; and

Assisted reproductive and genetic technologies.

Join fellow social justice activists in in-depth, intensive policy workshops to examine, imagine and design what reproductive justice looks like in policy and in practice.

Register now at: www.reproductivejusticeforall.org

REPRODUCTIVE RIGHTS ARE HUMAN RIGHTS

Reproductive rights activists in the United States underutilize the global human rights framework. This is largely because many are unfamiliar with the Universal Declaration of Human Rights (UDHR) and international treaties that protect women's reproductive rights. Reproductive justice advocates should become familiar with the human rights obligations of the U.S. government.

Eight Categories of Human Rights:

Civil, Political, Economic, Social, Cultural, Environmental, Developmental and Sexual.

Reproductive Health as a Basic Human Right

Women have a basic human right to control their own fertility and have self-determination over their own bodies. Through a human rights lens, these rights go far beyond a limited focus on abortion to include the right to have and not to have children, basic health care, and treatments for reproductive tract infections, sexually transmitted diseases, and infertility. Women have the right to challenge disabling conditions like poverty, environmental pollution, government policies, and corporate practices that violate their human rights. This holistic approach also recognizes the need to oppose race- and class-based population control strategies, and other human rights violations. With this in mind, an honest assessment of international treaties and agreements affecting the lives of women is essential in creating an effective response to the current assault on reproductive rights and sexuality education.

The Universal Declaration of Human Rights (UDHR)

On December 10, 1948, the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights (UDHR), which was signed by the United States. The UDHR guarantees the human rights of all people and encompasses a broad spectrum of economic, social, cultural, political and civil rights. Articles 3, 4, 12, and 25 are important because they touch on major reproductive rights concerns of all women, particularly women of color. Despite the unfortunately sexist language used in 1948, women's reproductive rights are protected in the following articles:

The Right to Life, Liberty and Security of Person

Article 3: *Everyone has the right to life, liberty and security of person.*

Article 3 is perhaps the most comprehensive. Security of a woman's person cannot be guaranteed if a woman is not free, empowered, and enabled to make her own decisions about her reproductive health and sexual rights. This holistic approach considers not only the immediate aspects of reproductive health and rights, such as sterilization, abortion, contraception, sexually transmitted diseases, and reproductive tract infections, but also surrounding issues such as family and community violence, substance abuse, HIV and AIDS, health issues of women in prison, welfare reform, homophobia, access to quality education, and links with women internationally.

No One Shall be Held in Slavery or Servitude

Article 4: *No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.*

Article 4 speaks directly to decisions about abortion and contraception. Reproductive

rights activists have always defined forced pregnancies as a form of slavery and servitude in which parties other than the woman concerned decide the outcome of a pregnancy, forcing the woman to become a human vessel for a fetus. Involuntarily subordinating one human being to another human being's need is one of the essential definitions of slavery. While our society would never force a man to donate an organ to a child, we believe that it is acceptable to force a woman to give herself over to protection of a fetus. It is not only discriminatory, but it violates the fundamental human right to be free of involuntary slavery.

Self Determination

Article 12: *No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks.*

Article 12 reinforces the concept of self-determination. Government regulations and laws that prohibit a woman from accessing reproductive health care and sexuality education, whether in the form of anti-abortion legislation, welfare reform, or other restrictions arbitrarily violate a woman's right to privacy and interferes with her family.

The Right to an Adequate Standard of Living

Article 25: *(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.*

Article 25 explicitly states the enabling conditions and supports a woman needs to exercise her reproductive options in the most optimal conditions possible. A woman must have her basic human needs met, including access to health care and sexuality education, in order for her human rights to be protected. The article is inherently anti-essentialist: we all have the same human rights but we each need different things to protect them. It specifies that women and children are entitled to special care and assistance.

Treaty Ratification = Federal Law

However, the UDHR is not binding law; it is an agreement or recognition that nation states interpret however they see fit.

Because of this, member states in the United Nations spent years turning promises of the UDHR into treaties that are legally binding upon the signatory countries. The following treaties are of particular interest to the reproductive rights and sexuality education struggle in the United States, both of which the U.S. government has ratified. When a treaty is ratified, it's the same as Congress passing a federal law. They are the Genocide Treaty and the Race Treaty.

Genocide Treaty

Jewish lawyer Rafael Lemkin coined the term genocide in 1943 in response to the systematic murder of Jews, Roma and other victims the Nazi government during World War II. Recognizing that the world lacked international laws and standards that would prohibit a government's aggression against its own people, the United Nations developed the Convention on the Prevention and Punishment of the Crime of Genocide, which states in part:



photo by Yaminah Ahmad

Article 2: Genocide means any of the following acts committed with intent to destroy, in whole or in part, a national ethnical, racial or religious group, as such: (a) Killing members of the group; (b) Causing serious bodily or mental harm to members of the group; (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; (d) *Imposing measures intended to prevent births within the group*, and (e) forcibly transferring children of the group to another group.

An example of reproductive rights violation of the Genocide treaty is the current U.S. government's lack of funding for reproductive health services for poor women. Under pressure by both the religious right and white nationalists, the United States refuses to fund abortion services for poor women while ensuring that funding is amply available for permanent sterilization services for the same population of women. Because of structural racism and institutionalized poverty, women of color are often directly affected by these policies. Forced removal of Indigenous children is also an act of genocide.

Race Treaty

In the context of institutional bigotry, it is also important to note that the United States may also be in violation of what is more commonly referred to as the Race Treaty. The Race Treaty, or the Convention on the Elimination of All Forms of Racial Discrimination (CERD) states:

Article 4(c): *States shall not permit public authorities or public institutions, national or local to promote or incite racial discrimination.*

Article 5(b): *[Everyone shall enjoy] The right to security of person and protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual group or institution.*

What Treaties Have the U.S. Failed to Ratify?

Presently there is an important set of treaties the United States has failed to ratify which include the Convention on the Elimination of All Forms of Discrimination Against Women (better known as the Women's Human Rights Treaty or CEDAW), and the Convention on Violence Against Women. Since the United States has not ratified either of these treaties, an important goal of the U.S. reproductive justice movement should be to pressure Congress to ratify these treaties, bringing the United States into compliance with the rest of the industrialized world.

The Future of Human Rights

U.S. reproductive rights activists must expand their vision beyond individualized arguments for privacy and choices inferred from the Constitution and embrace the more comprehensive and universal human rights framework. Recognizing the moral and political value of human rights provides a pro-active strategy for advancing reproductive justice as well as a broader defensive response to the attacks on reproductive health and sexuality education by white nationalists, the religious right, and conservatives.

The international human rights framework gives those responding on the frontlines to the current white nationalists' culture war the power of making global connections and the power of building a united human rights movement that uses a shared framework which builds a society for undivided justice. Advocates for reproductive justice can broaden our base of allies and make connections with a variety of movements that work on economic justice, racial discrimination, environmental justice, immigrant rights, LGBT issues, youth, and a range of issues that also work to the protect the human rights of their constituents.

The United States must be held accountable when violating international law at home or abroad. This can be done more effectively when U.S. human rights activists become human rights educators to help people learn more about their rights. This is why SisterSong advocates using the Reproductive Justice framework, a human rights-based approach that marries reproductive rights to social justice.

Term "Eugenic Injustice" Introduced at Harvard Lecture

In March 2005, Dr. James D. Watson, a member of the team that discovered the double-helix structure of DNA, lectured at a genetics and genomics symposium in Harvard's Geological Museum Lecture Hall. Watson, whose son suffers from schizophrenia, supports preventative genetic testing as a means of individually-based eugenics.

During the lecture, Watson stated that we should "fight against genetic injustice" and advocate for specific individual genetic testing so potential parents will know the potential for genetic disorders in their offspring. Although he is opposed to policies similar to societal eugenics of the Nazi German era, Watson promotes a means to lower the number of families affected by genetic ailments. Watson is co-opting a term coined by women of color to diametrically oppose our stance on eugenical science. Since preventative eugenic testing will be an expensive procedure, it prevents access to poor families and creates a means for the technology to be used for population

control. "These eugenic and population control tactics are informed by ableism, gender bias, racism and classism that seeks to predetermine a social and medical norm of the 'perfect baby' and 'perfect reproduction' and further detracts from looking at societal institutions and environmental factors that are affecting our physical, emotional and spiritual well being," says Cara Page, National Director of Committee on Women Population and the Environment. "Mr. Watson's use of language needs an immediate counter-feminist voice to offer clarity and another vantage point to what we mean by 'fight against genetic injustice' or we could move one step further and ask for the fight against eugenics and population control." For more information on eugenics, visit <http://www.eugenicsarchive.org/eugenics/>

Or contact Sujatha Jesudason, Program Director for the Center for Genetics & Society at sjesudason@genetics-and-society.org www.genetics-and-society.org

Violence against Women and HIV, a Dangerous Intersection

What is the role of violence against women in the spread of HIV?

Dangerous Intersections: Current and Future Research Perspectives on HIV and Violence against Women took place at Johns Hopkins University in Baltimore, Maryland from June 14th-17th, 2004 to explore this matter. Presenters included representatives of the World Health Organization, the Medical Research Council (South Africa), FEMNET (Kenya) and National Center for Human Rights Education among many others. SisterLove, Inc. organized the conference which was funded by the World Health Organization and the Guggenheim Foundation.

The purpose of the three-day gathering was to explore research and interventions which examine the connection between violence against women (VAW) and HIV. Countries represented were: India, Peru, Tanzania, South Africa, Uganda, Nigeria, Kenya and United States. The presentations focused on intimate partner violence (IPV), domestic violence, rape and coercive sex. The topics included, "Intimate Partner Violence and HIV Risk Behaviors," "Violent Masculinities and HIV Risk," "Interventions that Combine HIV and VAW Prevention" and "Gender and HIV Prevention Programs: Lessons from the Field." Conference participants engaged in intense discussions to identify future research and intervention directions for the dangerous intersection of HIV and VAW. Other issues raised include the impact of violence in war, prostitution, trafficking, incest, gangs, incarceration and marriage on the infection of women with HIV.

Dangerous Intersections brought together researchers and activists to dialogue about pertinent issues facing women in various parts of the world. The highly quantified scientific research was complemented by candid grassroots activist presentations. Indeed, both researchers and activists confront grave challenges in the face of repressive U.S. funding policies which have negative implications at home and abroad. According to several conference presenters, the current U.S. administration is waging a war on women's sexual and reproductive health and rights. As a result, sev-

eral grassroots and research organizations are severely limited in their ability to effectively do research, advocate and/or provide services on the issues of violence against women and links to HIV/AIDS.

According to Dazon Dixon Diallo, conference organizer and presenter, the opportunities to affect change in the current oppressive environment are as follows:

- Mobilizing leadership at global, national and community levels to ensure normative change in acceptability of violence against women
- Expanding the evidence base highlighting the prevalence of VAW and its links to HIV/AIDS
- Building the knowledge base on the relationship between VAW & HIV
- Promoting national and community level action that improves education and legal standing of women
- Screening women and, appropriately, girls for IPV, and training health care workers to recognize the health consequences of violence
- Developing culturally appropriate and relevant programs
- Incorporating violence prevention into existing programs, instead of 'simply' funding domestic violence interventions

Looking forward from this significant meeting, important directions for new and continued research and intervention identified were: the importance of indigenous knowledge and participatory research, the role of researchers in community development, referral and support services for women who participate in VAW studies and the crucial value of connecting research and activism. Also, conference participants will continue to work together to develop research and intervention agendas in the field of HIV and VAW, strategizing on how to carry on this work in the current and future political and economic climate. It is vital that activists and researchers continue to sit at the table together to develop a unified voice that demands respect for the issues of oppressed women around the world.

~ By Jamarah Amani

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Documenting Our Herstory: Voices of Feminism Project at Smith College Collaborates with SisterSong



Joyce Follet pictured with SisterSong National Coordinator Loretta Ross

Oral histories are an important method for documenting and preserving the valuable contributions women of color have made to the reproductive justice movement. As activists we are often too busy serving our communities and sustaining our organizations to stop and think about the preservation of our historical records and stories about the lives of the women who have made a significant difference building our movement. SisterSong is therefore quite excited to be part of the Voices of Feminism Project of the Sophia Smith Collection (SSC) of Smith College in Northampton, MA through which oral histories and archival records of some of SisterSong's leaders are being preserved for posterity.

The SSC is the oldest women's history archive in the country. Its collections are especially strong in the areas of women's rights and women's liberation, birth control, U.S. women's international work, and peace. The primary sources document women's activities and ideas from the colonial era to the present, from anti-slavery and socialism to present-day struggles around welfare rights and sexual autonomy. Movements for social change, particularly those that emphasize feminist activity and thought, are the central focus of the collections. SSC launched the Voices of Feminism Project in 2002 with support from Gloria Steinem and the Ford Foundation to preserve oral histories of approximately 50 women who have made important contributions to the feminist movement. The oral histories are videotaped and transcribed so that the images and the words of the women are forever archived. A documentary on the history of women of color in the reproductive justice movement will also be completed by the Project's director, Joyce Follet.

Because the documented history of the reproductive rights movement does not sufficiently represent the contributions of women of color, the Voices of Feminism Project seeks to correct this imbalance by ensuring that the stories and the records of women of color leaders and their organizations are preserved at the SSC. The purpose of the Voices of Feminism Project is to add historical knowledge of women's movement, but especially to investigate historical and historiographical silences. Whose stories have been left out? What experiences are difficult to discuss and how should they be approached?

Oral histories provide information about people or social groups whose written history is either missing or distorted. They are an excel-

lent way to empower activists to speak for themselves, to be the active agents in telling their own stories to avoid the colonizing impulses of anthropological and historical research. They allow an examination of the exploration of meanings in people's lives because oral histories challenge and investigate existing power structures and reveal a wealth of information not available from written sources, such as family relationships. Oral histories help people narrate their own lives, recording the voices that don't fit into the traditional discourses on history that have frequently neglected the lives of women of color.

SisterSong members included as of August 2005 in the Voices of Feminism Project are Luz Alvarez Martinez, Nkenge Toure, and Loretta Ross. Other women of color included in the project to date are Geraldine Miller, Graciela Sanchez, Linda Chavez-Thompson, Betty Powell, Barbara Smith, Linda Burnham, Fran Beal, Bylye Avery, Charon Asetoyer, and Rosario Morales. The SSC is seeking to enlarge this list even more, seeking interviews with more women of color to add to the archives over the next several years of the project.

Joyce Follet approached Loretta Ross in the summer of 2002 to ask if she would consider donating her personal records to the SSC and participate in the Voices of Feminism Project. Loretta asked, "Who were the other women of color included in the Project?" With that question, she transitioned from being a subject in the collection into an oral historian, working as a consultant with the SSC to collect oral histories on other women of color in the reproductive justice movement.

The importance of the project was quickly demonstrated. In December 2004, Loretta interviewed 83-year old Geraldine Miller, a long-time African American NOW activist

who founded a union for domestic workers in New York City in the 1960s and succeeded in getting domestic workers included in federal minimum wage laws. Three months after the interview, Geraldine died of cancer. That oral history interview is now the only videotaped documentation of her life story and her important contributions to feminist history.

Feminists embrace oral history by recognizing that traditional sources have often neglected the lives of women, and that oral history offers a means of integrating women into historical scholarship. Women's voices are put in the center of history and oral histories allows the exploration of subjects often shrouded in secrecy such as experiences with abortion, sexual assault, and sexual relationships – things that normally would not come out in written accounts. While not violating confidentiality because the narrator remains in control of the interview, it allows the woman to share the history she is comfortable in revealing, and to analyze her life through the prism of the social events in which her activism is embedded. During the oral history, women sometimes interpret for the first time some of the connections in their lives by exploring what they think about their lives instead of just the facts.

SisterSong advises all of its members to think carefully about preserving the records of the work you do and the voices of the people doing that work. Oral histories can be done by nearly anyone with a little bit of training, a video camera, and a passion for documenting the struggles of women of color. Preserving your personal and organizational archival records is extremely important. You can contact a local university or a national collection to work with them to preserve your precious materials. If you would like more information on the Voices of Feminism Project, please contact Joyce Follet at Smith College at jfollet@smith.edu.

Beijing + 10: U.S. Proposed Amendment Defeated

Between February 28 and March 11, 2005 in New York City, approximately 7,000 women from 100 countries gathered to participate in the 49th UN Commission on the Status of Women (CSW). This event was not only a celebration of 30 years since the first UN World Conference on Women in Mexico in 1975; it was also a ten-day forum of knowledge-sharing and strategic planning.

The session, however, was interrupted by the United States government introducing an amendment to the Draft Declaration of the Beijing + 10 proceedings. During the 1995 Beijing conference, participants created a platform stating that abortion should be safe and that women who undergo illegal abortions should not face criminal charges. In addition, the platform declared that women have the freedom of choice concerning their sexuality without discrimination and violence.

Representatives of the Bush administration refused to sign the Declaration as it was written in 1995 and approved by the Clinton administration because the platform classified legal abortion as a human right. Instead, they recommended an amendment that would not introduce any new international human rights and omit the right to abortion.

Although the U.S. had the support of Egypt, Qatar and the Vatican City, it did not penetrate the solidarity existing among the other countries. They eventually withdrew the proposed amendment and the Declaration was adopted at the Commission on the Status of Women.

The conference continued with about 200 events discussing a range of topics, strategies and tactics to empower women and girls. Young women, both academics and activists, were present to participate in the advancement of women worldwide.

SisterSong will participate in the International Women and Health Meeting, which take place September 21-25, 2005 in New Delhi, India. As one of the selected number of



grassroots organizations and networks working in the global women's movement, SisterSong will help create a strategy to address growing militarization in countries, population policies and environmental issues plaguing women's health. For more information, visit www.10jwhmindia.org

In addition, Project South, a SisterSong member organization, is one of the lead organizers of the U.S. Social Forum (USSF), which takes place Summer 2006 in Atlanta, Georgia. The USSF is modeled after the World Social Forum (WSF) and will be the first national conference of its kind in the U.S. Organizers are expecting more than 20,000 attendees to gather to create a national movement for global social justice. Jerome Scott of Project South says, "The US Social Forum is an important space for the people most affected by neo-liberal policies in the U.S. to share and learn from each other's struggles. Another world is possible and we must begin to envision it now." For more information on USSF, visit www.projectsouth.org or call 404-622-0602.

Top 10 Reasons To Join SisterSong

1 Our tagline, “*Doing Collectively What We Cannot Do Individually*,” because women of color organizations and individuals cannot singly demand the changes that working in unity produces.

2 The opportunity to create a grassroots movement with Native American/Indigenous, Black/African American, Arab American/Middle Eastern, Asian/Pacific Islander, and Latina/Puerto Rican women that focuses on *reproductive justice* and the full human rights of all people of color.

3 SisterSong provides direct service and advocacy work through leadership development, organizational exchanges, trainings, technical assistance, and innovative pilot projects.

4 SisterSong is the only national reproductive justice women of color network in the United States.

5 Opportunities to network with, exchange ideas with, and support women of color doing *reproductive justice* work. We help each other survive organizationally, professionally, and individually.



6 SisterSong supports reproductive rights and women's choices and their rights to self-determination and bodily integrity.

7 SisterSong is committed to work collectively, also with allies from other progressive movements, to protect the human, sexual, and reproductive rights of all people of color.

8 The opportunity to learn, practice, and respect the traditional and cultural lifeways, the affirmative spiritual and healing practices of all people of color, and self-help to work on internalized oppression.

9 The opportunity to work with and support the organizing efforts of women of color, Indigenous women, women of sovereign nations, and women across borders (globally and in the US) in our struggles for healthier families, individuals, and communities.

10 SisterSong distributes the only national newspaper produced by and for women of color.

Wanna **Become A Member** Of The SisterSong Collective?

If you are ready to work on reproductive health and sexual rights for women of color, then sign up!

Here are the qualifications:

- You must be a woman of color or a women of color organization
- You can be an ally or an allied organization
- You must agree to the SisterSong Principles of Unity
- You must be a member in good financial standing

Members are able to make suggestions on the SisterSong Policy Agenda. In addition, they are also able to exercise their right as a woman of color organization to vote on policies and procedures. Each individual and organization

receives one vote.

Being a member of the SisterSong Collective is quite beneficial for women of color organizations and individuals. It creates the opportunity to collaborate and network with women of color working on reproductive health and social justice issues from around the world. Members have access to cutting-edge research and information about reproductive health issues and women of color.

According to Toni Bond, “I think SisterSong’s role is to bring women of color together to share, learn and network about reproductive health information. We hope that members develop a national long term strategy for women of color and the reproductive health and justice movement.”

To become a member, visit www.sistersong.net

