

COLLECTIVE VOICES

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Building A Movement For Reproductive Justice

SisterSong Gathers Women Of Color To Strategize For 2005

An Interview with Loretta Ross, National Coordinator, SisterSong

Since the April 2004 March for Women's Lives where women of color had a visibly large presence and a significant impact on the March, SisterSong has been spending the last eight months contemplating the question; "How do we build a movement for women of color for reproductive justice in the United States?" Basically, reproductive justice is to ensure that the human rights of women of color are protected, which includes reproductive rights. In this issue, we'll explain in detail exactly what is reproductive justice. A shorthand definition of reproductive justice is reproductive rights married to social justice. That is our ideal of reproductive justice.

In order to build this movement, first of all, we need a unifying framework of ideas. We feel the reproductive justice analysis embodies our ideas because the analysis addresses all threats to reproductive health for women of color. It deals with white supremacy and racism and economic injustices, as well as the biological issues and that's different from looking at any other pro-choice framework. We need that unifying set of ideas to build the movement, but we also have to do an analysis of where are the members are who are the cadres of this movement.

In 1997, SisterSong was founded to organize autonomous women of color organizations into a network. With our 2003 SisterSong Reproductive Health & Sexual Rights National Conference, we discovered more people want to join SisterSong than just women of color in autonomous organizations. We have women of color in mainstream organizations that are a part of network. As a matter of fact, there may be more women of color working in mainstream organizations than autonomous organizations because mainstream organizations like Planned Parenthood and its 866 affiliates hire more women of color than we have employed ourselves in autonomous organizations. These women are vital parts of our constituency. There are also women of color in the health care field who aren't in any activist organization, but are providing reproductive health services. We have to reach out to organize them. They see the reality; we can help them

understand the politics of the reproductive health movement.

A survey released July 2004 from Washington State's Feminist Women's Health Center revealed a vast majority of women who use public health care services for their reproductive health care, particularly abortion services, don't know about the movement which represents them and protect their interests. The survey showed the majority of the women visiting the clinics for abortion services knew nothing about the abortion rights movement. As a matter of fact, they don't even use the term pro-choice to describe a social

Part of SisterSong's task is to focus on national events that affect women of color. Thankfully, the anti-abortion movement has suffered a few losses. Senator Arlen Specter, a pro-choice Republican from Pennsylvania, was confirmed as chair of the Senate Judiciary Committee. Even under the Bush Administration, the anti's are not getting everything all their way.

SisterSong has a very complicated task. Research studies that show women of color who use emergency contraception are no more promiscuous and likely to engage in risky

behavior than people who don't use emergency contraception. Women of color need this information. Emergency contraception is being stigmatized like abortion. We also have to challenge the courts' tendency to criminalize pregnancy. We are already dealing with the criminalization of substance abusing women who are pregnant like Regina McKnight who currently in prison for murder because she gave birth to a stillborn baby. Now in Michigan, a teenage boy is being charged with murder of his unborn child because he helped his girlfriend to have an abortion by using a baseball bat to beat her in the stomach. Whether it's the conspiracy of violence around abortion, restrictive laws requiring parental consent for abortion or financial obstacles, these teenagers didn't know there are safe and available services. Consequently, they resorted to dramatic and draconian ways of resolving their problems. However, no one should be charged with murder for helping someone have an abortion.

This is also a part of SisterSong's mission.

Additionally, there are judges still trying to tell people whether they can or cannot have children. Following the lead established in Wisconsin in which a man was ordered not to have children because he was delinquent in paying child



change movement. They think of pro-choice is something very personal and only pertaining to their lives. The only pro-choice organization they could name was Planned Parenthood, which means much of the work done by women of color is invisible. During the March, one of the phrases I used stated, 'Since *Roe vs. Wade* was passed in 1973, the decision to legalize abortion, we made it safer to women to have an abortion while the anti-abortion movement has made it less safer to talk about it.' We see that impact now in our clinics. The women of color who use abortion services do not feel empowered to talk about their experiences or know how to connect to an organization like SisterSong which works on their behalf.

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Population Control: An Obstacle To Reproductive Justice

The world is overpopulated...Population pressure is destroying the rainforest...Poor women keep themselves poor by having too many babies... If Third World countries don't get their populations under control, those people will migrate here and take our jobs...

These statements reflect the conventional wisdom on population in much of U.S. society. Ask almost anyone and they will tell you that overpopulation is one of the major causes, if not the major cause, of hunger, poverty, environmental degradation, migration and even political instability. Most people are not even aware that population growth rates have declined the world over much faster than anticipated. The belief in overpopulation is so pervasive because it is reinforced in schools, the media, and policy circles where scapegoating the poor conveniently obscures the role of the rich and powerful in depleting natural resources and deepening inequality.

The belief in overpopulation leads to discriminatory population control practices that target poor women and women of color at home and abroad. The most well-known form of population control is coercive family planning. While women's health activists support access for all women to high-quality, voluntary birth control and abortion services, population control programs try to drive down birth rates as fast and cheaply as possible through the aggressive promotion of sterilization or long-acting contraceptives like Norplant and Depo-Provera, often in the absence of adequate health care or informed consent.

The 1994 UN population conference in Cairo opposed coercive population control, and today many people assume it is a thing of the past. Unfortunately, this is not the case. Today, in India, for example, a number of states punish poor parents that have more than two children by deny-

ing them access to government assistance, employment and election to public office. There is a parallel with 'family caps' implemented here in the U.S. as a part of welfare reform.

Population control has a privatized side too. In Mexico, Human Rights Watch has documented how many U.S.-owned factories force women workers to submit to manda-



tory pregnancy testing as a condition for getting or keeping a job. Quinacrine, a chemical form of sterilization not approved by any drug regulatory authority, is promoted by private population control interests in clinics in Florida and many countries overseas. In the U.S. the organization CRACK pays poor women drug users to be sterilized.

Population control has many other faces as well. These include:

The greening of hate: To build support in environmental

circles, anti-immigrant groups claim that immigrants are destroying the U.S. environment by overpopulating the country. Recently, they tried – and fortunately failed – to take over the Sierra Club.

Blaming terrorism on 'too many' young men of color: U.S. defense and intelligence agencies often blame terrorism in the Middle East on the so-called 'youth bulge,' a high proportion of young males in the population. This serves as a way to justify military intervention and obscure the role of U.S. foreign policy in causing conflict.

The 'war on drugs' and the prison-industrial complex: Mass incarceration is one of the starkest and most destructive forms of population control. The U.S. has the highest number of prisoners per capita in the world, and the great majority of these are poor men and women of color.

The new eugenics: Population control is not only concerned with population quantity but also with so-called quality. Without regulation and ethical oversight, new genetic and reproductive technologies could reinforce discrimination against people with disabilities, legitimize present social and racial hierarchies through a pseudoscientific genetic determinism, and encourage sex selection in favor of male children. Whatever forms it takes, population control stands in the way of reproductive justice.

–Betsy Hartmann

Betsy Hartmann directs the Population and Development Program at Hampshire College and is a member of the Committee on Women, Population and the Environment (CWPE). For more information on population control, see www.cwpe.org and http://clpp.hampshire.edu/population_and_development_project.htm.

Center For Genetics And Society Identifies Two Eugenic Threats To Communities of Color



Next to Nazi Germany, the United States may have had the second largest eugenic movement historically. From forced sterilization and population control to dangerous contraceptives, eugenics has been cloaked in and marketed as the solution to many social and health concerns.

Sujatha Jesudason, Director of the Program on Gender, Justice and Human Genetics at the Center for Genetics and Society, states, "We have a long history of eugenics in this country, especially in the state of California, which enacted laws of forced sterilization and segregation in the early 1900." She also noted that California, along with North Carolina, South Carolina, Oregon and Virginia, issued public apologies for forced sterilizations practiced as late as the 1970s. According to Jesudason, new genetic and reproductive technologies are raising the specter of eugenics again. Two of these new technologies are pre-implantation genetic diagnosis (PGD) and sex selection. PGD is used to test embryos before implanting into the uterus for severe genetic diseases like Down's Syndrome, Huntington's Chorea and Tay-Sachs disease. The disability rights community has been extremely critical of PGD's usage. Who decides what is abnormal? They argue that the problem isn't the different abilities, but societies' inability to accommodate differences.

In terms of sex selection, while sex selective abortions have been going on for a while in countries like India and China, new technology is now making it possible to select gender and ability before pregnancy. These new pre-pregnancy technologies allow for a broader range of de-selection, and can open the door to "designer babies". "Given that gender is one of the most important determinants of life experience" says Jesudason, "and if we allow for the selection of gender, on what moral or ethical grounds will we be able to oppose selection on other characteristics such as eyes, skin color, height, or brain size? Selecting for sex and de-selecting for ability, puts us at the threshold of a form of "consumer eugenics" where future parents, who can afford to pay, will be able to choose the height, weight, eye color, intelligence or any other desirable trait of their babies."

Jesudason notes that the marketing strategies for sex selection is becoming more visible, citing how she's read advertisements in the New York Times magazine and in American Airlines in-flight magazine. "We are seeing ads asking "Do you want to choose the gender of your next baby?" Where do we as a society draw a line in this kind of a "choice"?"

–Yaminah Ahmad

SisterSong: Principles Of Unity

The SisterSong Women of Color Reproductive Health Collective values and affirms:

- 1) Our commitment to nurturing our personal health and self-care, and building honest and trusting relationships.
- 2) That we are committed to supporting the organizing efforts of all 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.
- 3) Protecting the human, reproductive and sexual rights of all peoples, creating space for those typically excluded.
- 4) Our commitment to working collectively and with allies from other progressive movements for human rights.
- 5) Our commitment to a process of re-education and consciousness raising to value our diverse work and movements.
- 6) Our commitment to support reproductive rights and women's choices, the right of self-determination and bodily integrity, the right to organize for social change, economic and environmental justice, and our rights to access education, food, housing and healthcare.
- 7) The practice and respect of traditional and cultural lifeways including spiritual and healing practices.
- 8) The recognition that women's lived experiences leads to conscientización (the process of consciousness raising)
- 9) That these principles of unity are a work in progress, and are subject to change by consensus.

Latina Community: Principles Of Unity

As such, we, the National Latina Reproductive Health Workers, Policy, Research and Justice Advocates, call upon our hermanas, ally supporters, partner organizations, and policy makers to stand united with us around the following Principles of Unity and Equal Partnership to ensure adequate funding and culturally and linguistically appropriate access for reproductive health care for Latinas. Moreover, we are advocating to promote Latinas' civil and human rights to make childbearing decisions freely and without coercion; to have access to high quality health services that meet diverse women's needs; and to ensure equal and respectful participation of Latinas in the

reproductive health and sexuality rights movement:

Recognize, promote and sustain existing leadership and active participation of women of color in the reproductive health and sexual rights movement.

Actively promote and integrate women of color leadership in national and statewide strategic decision-making on all levels – “nothing about us, without us.”

Provide equal resources and meaningful long-term support to direct service, public policy advocacy, grass roots organizing, research, and other national, statewide or community-based organizations led by and formed on behalf of Latinas. This action will enable their sustained capacity-building, equal partici-

pation, visibility, and influence in the reproductive health and sexuality rights movement, and allow communities to advocate on their own behalf in a meaningful way.

Support meaningful Latina involvement at all levels within women of color organizations and within “mainstream” women's reproductive rights organizations and traditional civil rights and health advocacy groups.

Adopt a reproductive health and sexual rights agenda centered in a broader health, social justice and human rights context.

—National Latina Reproductive Health Policy and Justice Advocates

SisterSong Member Organization Report

Greetings and Happy New Year from the Membership Committee!! The Membership Committee has been strategizing around ways to better connect the membership to SisterSong as an organization and to each other. Our first step is to make sure that we have your correct information. Over the next month, watch your regular mail and email for a SisterSong organizational update, information about SisterSong committees, and ways you can become more involved. That mailing will also include a contact information update. The Membership Committee is asking that you take just a few minutes to complete this update so that we have all of your correct information. We don't want you to miss out on the great things that are soon to come from SisterSong!!

Have ideas about membership development? The Membership Committee welcomes your ideas, comments, and suggestions about membership. How about putting your ideas into motion by becoming a member of the Membership Committee?

For more information, contact membership@SisterSong.net

—Toni M. Bond, Membership Committee Shepards

Calling All Sisters Of SisterSong

TIME TO LAUGH, REJOICE AND STRATEGIZE
ANNOUNCING THE SISTERSONG ANNUAL MEMBERSHIP MEETING
HOSTED BY THE NATIONAL LATINA HEALTH ORGANIZATION

JULY 8TH - 10TH, 2005
OAKLAND, CA

FOR MORE INFORMATION, CALL (404) 344-9629
ONE VOICE. ONE MOVEMENT.

SISTERSONG

COLLECTIVE MEMBERSHIP

SisterSong honors the organizations that contribute to our brilliant and challenging past and future. We acknowledge that our future steps are sure because of the path that has been forged by those who have chosen to blaze new trails. By joining the Collective, the organizations listed below hold fast to the ideal, the vision and the promise of collective organizing, collective action and collective power.

SISTERSONG MEMBER ORGANIZATIONS

January 2005

African American Women Evolving	Chicago, IL
Asian Communities for Reproductive Justice	Oakland, CA
Asian Women's Health Project of T.H.E. Clinic	Los Angeles, CA
California Black Women's Health Project	Los Angeles, CA
Dominican Women's Development Center	New York, NY
Grupo Pro Derechos Reproductivos*	San Juan, PR
Indigenous Peoples AIDS Task Force	Minneapolis, MN
Institute for Women and Ethnic Studies	New Orleans, LA
Kokua Kalihi Valley Comprehensive Family Services	Honolulu, HI
Mujeres Latinas En Accion	Chicago, IL
National Asian Pacific American Women's Forum	Washington, DC
National Center for Human Rights Education	Atlanta, GA
National Latina Health Organization	Oakland, CA
National Latina Institute for Reproductive Health	New York, NY
Native American Women's Health Education Center	Lake Andes, SD
New Voices Pittsburgh	Pittsburgh, PA
Organization for Black Struggle	St. Louis, MO
Project AZUKA Women's AIDS Project	Savannah, GA
Sakhi for South Asian Women	New York, NY
Sistas on the Rise	Bronx, NY
SisterLove, Inc.	Atlanta, GA
Sisters of Color United for Education	Denver, CO
The Praxis Project	Washington, DC
Wise Women's Gathering Place	Oneida, WI
Women of Color Building Project	Minneapolis, MN

* Inactive

SISTERSONG AFFILIATE ORGANIZATIONS & GRANTEEES

Access/Women's Health Rights Coalition	Oakland, CA
Advocates for Youth	Washington, DC
Alan Guttmacher Institute	New York, NY
Birthing Project	Sacramento, CA
Black Women's Health Council	St. Louis, MO
Black Women's Health Project, NE New York	Albany, NY
California Family Health Council	Los Angeles, CA
California Coalition for Reproductive Freedom	San Francisco, CA
Center for Genetics & Society	Oakland, CA
Center for Reproductive Rights	New York, NY
Choice, USA	Washington, DC
Civil Liberties & Public Policy Program, Hampshire College	Amherst, NY
Coalition to Abolish Slavery & Trafficking	Los Angeles, CA
Committee on Women, Population & the Environment	Atlanta, GA
Education Fund of Family Planning Advocates	Albany, NY
Feminist Women's Health Center	Atlanta, GA
Florida Association of Planned Parenthood Affiliates	Tallahassee, FL
Human Rights Atlanta	Atlanta, GA
InnerLight	Springfield, VA
IPAS	Chapel Hill, NC
Latino Reproductive Rights Project	New York, NY
Kentucky Reproductive Health Project	Louisville, KY
Khmer Girls in Action	Los Angeles, CA
Los Angeles Indigenous Peoples Alliance	Los Angeles, CA
Mississippi Families for Kids	Jackson, MS
Montana Peoples' Alliance	Missoula, MT
NARAL Pro-Choice America	Washington, DC
NARAL Pro-Choice Georgia Educational Foundation	Atlanta, GA
National Abortion Federation	Washington, DC
National Advocates for Pregnant Women	New York, NY
National Health Law Program	Los Angeles, CA
National Latina Health Institute	New York, NY
National Network of Abortion Funds	Amherst, MA
National Organization for Women Foundation	Washington, DC
National Women's Health Network	Washington, DC
New York State NARAL	New York, NY
Planned Parenthood Federation of America	New York, NY
Planned Parenthood of Golden Gate	San Francisco, CA
Planned Parenthood of Orange & San Bernadino Counties	Orange County, CA
Planned Parenthood of the Palm Beach & Treasure Coast	West Palm Beach, FL
Reproductive Health Technologies Project	Washington, DC
Virgin Islands Perinatal, Inc.	Christiansted, VI
West Harlem Environmental Action	New York, NY

Pandora Singleton

1961 - 2004

Age: 43

Personal: Two children; Ross, 23, and Mahogany, 19

Occupation: Founder and executive director, Project Azuka

Why we honor her: As founder and director of Project Azuka, Singleton primarily worked with African-American women living with HIV and AIDS.

In 2004, the organization provided support and education for more than 100 women and AIDS prevention education for more than 3,000 people. Project Azuka has serviced this community in a variety of ways, including providing food and clothes to clients with AIDS to advocating on their behalf with government agencies.

Singleton, a native of Haiti, founded Azuka - a Nigerian word meaning "support is paramount" - in 1993, when her job with the county health department showed her just how many black women were being diagnosed with HIV and AIDS.

"There were just too many women," she once said. After Singleton told women they were HIV-positive, "there were really no other gender-specific services to talk about."

What started as a support group has become a full-time, "for women, by women" organization with four staffers, run on private donations and public funds.

Recently, Project Azuka began targeting education programs at two new at-risk groups - women in prison, who are twice as likely as other women to have HIV or AIDS, and women younger than 18 and older than 50, ages where statistics show infection rates are rising.

Singleton also served as co-chairwoman of Georgia's Community Planning Council and was on the Board of Directors of the National Minority AIDS Council, and was a



co-founder of SisterSong.

Inspiration: "These women who we call our clients. They are no different than us. The things they did that put them at risk, many of us have done too."

If you want to get involved with Project Azuka, contact the group at (912) 233-6733.

Iris Chang

1968 - 2004

Age: 36

Personal: Husband, Brett Douglas; son, Christopher Douglas; parents, Shau-Jin and Ying-Ying Chang; brother, Michael Chang

Occupation: Author, journalist and activist

Why we honor her: As best-selling author of *The Rape of Nanking*, Iris Chang exposed the almost forgotten massacre of the Chinese by Japanese soldiers in Nanking, China during World War II. Documenting this horrible atrocity not only propelled Chang in the international spotlight, it also awarded her scholastic recognition as one of the brightest and youngest historians of our time.

Born in Princeton, New Jersey, and raised in Champaign-Urbana, Illinois, Chang received a degree in journalism from the University of Illinois and a Masters in Science Writing at Johns Hopkins University. As a journalist, she worked briefly as a reporter for the Chicago Tribune and the Associated Press. She also wrote for numerous publications like the New York Times and Newsweek.

After the release of *Nanking*, Chang received honorary degrees and began lecturing at colleges and universities. "This is a book I really had to write," she once said in an interview. "I wrote it out of a sense of rage. I didn't really care if I made a cent from it. It was important to me that the world knew what happened in Nanking back in 1937."

Chang's human rights activism was displayed in her third book, *The Chinese in America*, which illustrated the plight of Chinese immigrants in America by highlighting court cases in which Chinese Americans successfully fight against racist and exclusionary laws.

Chang had begun research on a fourth book focusing on the imprisonment of men who fought in the US tank battalions by the Japanese in the Bataan Peninsula during world War II. During a research trip, she suffered a breakdown and had to be hospitalized. Not too long after being released, Chang was found in her car with a self-inflicted gun shot wound to the head.

Chang was an activist in favor of holding governments and politicians responsible for their actions. She advocated a color-blind society, and gave generously of her time to the causes she believed in. She was also unstinting in helping other young writers with their writing careers.



Asian Communities for Reproductive Justice Answers The Question: What Is Reproductive Justice?

What does Reproductive Justice seek to address?

The concept of Reproductive Justice seeks to address Reproductive Oppression, which we define as the experiences in the lives of women and girls that deprive us of self-determination and control over our bodies, and limit our reproductive choices. We assert that Reproductive Oppression is manifested through the controlling and exploiting of women and girls through our bodies, sexuality and reproduction (both biological and social*) by families, communities and institutions. Therefore, the regulation of reproduction and exploitation of women's bodies is both a tool and a result of systems of oppression based on race, class, gender, nation and sexuality.

• Social reproduction encompasses the reproduction of relationships in society, including gender roles, race, class, etc.

How does Reproductive Oppression impact women and girls of color?

Since women's bodies are used as the justification and the target for unequal treatment by public and private institutions and within communities, Reproductive Oppression significantly impacts women and girls individually and as a group as well as our families and communities.

What is Reproductive Justice?

Our vision of Reproductive Justice is the complete physical, mental, spiritual, political, economic, and social well-being of women and girls. Reproductive Justice states women's reproductive rights are human rights.

We believe that Reproductive Justice will be achieved when women and girls have the economic, social and political power and resources to make healthy decisions about our bodies, sexuality and reproduction for ourselves, our families and our communities in all areas of our lives. For this to become reality, we need to make change on the individual,

family, community and public and private institutional levels to end all forms of oppression.

To build a Reproductive Justice movement, we must:

- Build the social, political, economic and cultural power of low-income women of color, and their communities so they can survive and thrive.
- Advance a concrete agenda that wins real individual, policy, institutional and cultural changes in the reproductive lives of poor women and girls of color.
- Build power and develop leadership among poor women and girls of color who are most excluded from political power.
- Broaden the reproductive rights movement to include voices and concerns of poor women and girls of color.
- Integrate Reproductive Justice into the social justice agenda and movement.

What are some of the core commitments we must hold ourselves to in order to achieve Reproductive Justice?

In the work we do, the relationships we build with each other, and the culture of the organizations we create, we have to:

- Recognize and support the leadership and power of the most excluded groups of women and girls;
- Support the full expression of identity and sexuality;
- Build alliances across differences of race, class, gender, nation, sexuality, generation, and all other differences;
- Recognize and address the multi-layered impact of power and oppression, whether internalized or externalized; and
- Develop the full potential and humanity of women leaders and activists to reproduce self-determination among women and girls.

-Eveline Shen

Native American Women's Health Education Resource Center

Exposes Indian Health Service's Treatment Of Sexual Assault Victims

The Indian Health Service has a long history of providing reproductive health services to Native American women in a manner that challenges women's rights to services and violates human rights. Human rights abuses include but are not limited to forced sterilizations, failure to remove Norplant on demand, withholding information, denial of abortion services and more.

It is important to understand that for most Native American women health care is unaffordable and the Indian Health Service is our primary health care provider. For Native American people health care is not a privilege, it is a right. A right in exchange for land seized and defined by treaties made by the United States Government.

Over the past year the Native American Women's Health Education Resource Center has put together a third report, a briefing paper on emergency room services received by Native American women when they enter an Indian Health Service facility for assistance after a rape or sexual assault. This survey is alarming and illustrates a huge gap in services for Native American women. The findings are:

30% of service units surveyed state that they do not have a protocol in place for emergency services in cases of life endangerment, sexual assault or incest. Seventy percent reported knowledge of the existence of a protocol.

Although 70% of respondents indicated they had a pro-

col, the percentage of service units with a protocol posted and available for staff members to reference was only 56%. The statistics reflect a discrepancy between policy and practice. It is the responsibility of Area and Service Unit Directors to ensure that the services are being provided.

Those facilities that do not provide emergency services contract the services out to other facilities, which often require victims to travel an average of 28 miles, while some have to travel up to 150 miles roundtrip. California had the shortest travel distance while Albuquerque required the longest distance to receive services.

Forty-four percent of facilities lacked trained personnel to perform emergency services in the event of life endangerment, sexual assault or incest. This indicates the need for more rural areas to provide necessary services. The fact that 44% of IHS service units refer to contracted facilities to provide these basic standards of care highlights the need for IHS to mandate the training of personnel in order to insure compliance with the law and IHS directives.

It would seem that the Indian Health Service would make sexual assault services a priority by ensuring that every Indian Health Service Unit (hospital or clinic) have trained staff to be able to attend to victims of sexual assault when they appear in the emergency rooms.

A huge gap in services exists within the Indian Health Service for Native American women who have been sex-

ually assaulted. When there is no trained staff to collect evidence it allows Indian Health Service to deny that a crime has occurred and the assurance that reporting has occurred. It also allows Indian Health Service to deny a standard of health care that would include providing Emergency Contraceptive (EC) and abortion services which women are entitled to when a sexual assault has occurred. Without these services Indian Health Service cannot ensure that Native American women are not being forced to have children against their will. This minimizes the status of Native American women by the Federal Government. These services must be included as a standard of health care within all IHS Service Units for Native American women in order to respect self-determination and to ensure that basic human rights are protected.

Tribal Governments, national organizations and community agencies have to put pressure on IHS, policy makers, and legislators to allocate funding for sexual assault training of Indian Health Service health professionals. IHS must make this a priority in all Service Units, in order to improve the level of health care for all Native American women.

-Charon Asetoyer

Anyone wanting a copy of the entire report on the Indian Health Service Emergency Room protocol on sexual assault can contact the Native American Women's Health Education Resource Center at (605) 487-7072.

Helpful **Tips** On How **White Allies** Can Support **Women of Color** Organizations

The 2003 SisterSong Reproductive Health & Sexual Rights Conference was a gathering place for over 600 women of color and hundreds of organizations working in the reproductive rights movement. Not only were women of color from mainstream, autonomous, civil rights and anti-poverty organizations present, there were also Caucasian women making connections to offer their assistance.

Marlene Fried, Professor at Hampshire College, attended the National Black Women's Health Project's Sisters and Allies Retreats in the 1980s where she first learned how to become an active and progressive white ally. It was an invaluable process of confronting and resolving her guilt while learning ways to form alliances with women of color organizations. "I was a white woman paralyzed with guilt because you realize you have the power. But I had to come to the table and get over it. It's very exhausting for women of color to deal with and it's very nonproductive."

As a white SisterSong member, Fried says a serious dialogue needs to take place between women of color and white women. When potential white allies are seeking to help women of color organizations, they should first:

- Understand what it means to support someone else's work
- Be willing to share money and seats at the table
- Do not see yourself as the voice for women of color
- Talk with the organization to clarify your role
- Be really committed to their work

While there are women of color working at mainstream organizations, Fried says it's not enough if they do not have a voice or decision-making power. "Women of color and white allies have to create a shared vision. There hasn't been a shared vision in the pro-choice movement. Big groups talk about it, but still have a narrow focus on abortion and maybe contraception."

With the outcome of the 2004 elections, all women in the reproductive rights movement are making a considerable effort to stand shoulder to shoulder in camaraderie. Fried believes this is a perfect time for white allies to educate themselves on women of color issues. "There definitely is a learning curve because we have radically different experiences. What's happening now with these right wing policies [and their impli-



cations] isn't new. It's just intensified. The difference is it's now spreading to communities who thought they were safer."

Fried says she thinks meaningful conversations are taking place, and with the power of SisterSong, true community building will begin. "There are some well-meaning allies out there who want to help. It's about action. You may have to work on yourself first in order to get to the action, but it's worth it."

—Yaminah Ahmad

SisterSong Launches BrotherBeat – Our Male Allies

An Interview With Marcus Scott: **Fré Institute for Civic Education**

Marcus Scott is the founder of the Fré Institute for Civic Education. The Fré Institute is a non-profit bipartisan public education organization dedicated to educating across generations to inspire democracy, engage equality and celebrate difference. After many years of community building, advancing legal human rights and facilitating youth leadership initiatives, Scott thought it was critical to maximize the lessons we can learn from those who lead social movements in the US and abroad. Indeed, the "window of opportunity" to maximize these lessons is narrowing, consequently, he decided to act now by forming Fré, which means SEED (i.e., Science Elevating Education & Democracy) in several of the Semitic languages spoken in Northern Ethiopia.

When were you first politically aware?

Growing up in Detroit as a child in a politically active family, I had a sister who was a part of the Black Nationalist Movement and a brother who was a communist. So there were constant political debates in my household and consciousness raising.

When did you first become aware of reproductive rights issues?

I have five sisters and that is when I first became aware of the place where race and gender intersect. How Black women are targeted and oppressed. And with the issue of reproductive rights we had a saying in my family: 'survival is not liberation.'

I was aware as a child of *Roe v Wade*. When I attended

the Beijing Conference in 1995 I participated with a Women of Color Delegation and that was where I formulated my political consciousness on the issue of reproductive rights.

In what ways can men of color be allies?

- Be constantly educating and reeducating themselves on the issues of reproductive rights. Be skeptics about what gets put out from the media about these issues.

- Dedicate yourself to talking and organizing with other men about the issues.

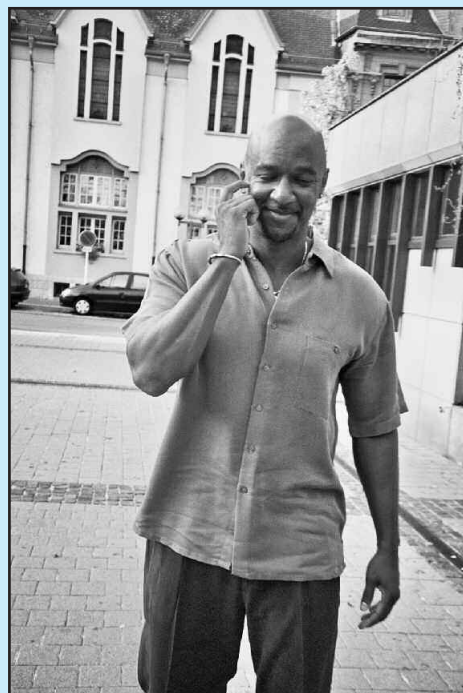
Getting involved on a local level with women's organizations as an ally

- Challenge men's stereotypes and patriarchy
- Learn more egalitarian ways of interacting

- Men of color should not be afraid of taking some leadership

- Write

- Organize men. For example, the implementation of CEDAW on the local level in San Francisco and replicat-



ing that model in other cities

- Make your resources available
- Break the barriers of sexism

What is your response to the backlash from Anti-Choice Groups to the NAACP's affirmative stance on reproductive rights?

During the 1963 March on Washington women played a pivotal role in the organizing of the March, [but] were not allowed to speak at the March, except for Daisy Bates. The National Council of Negro Women run by Dorothy Heights was called on all the time by the prominent black male figureheads to organize local level events when King traveled. The Civil Rights history is one the movement must negotiate [and] also deal with internalized sexism.

Women's leadership is imperative; it supports the reconciliation for the black male figureheads. Men of Color should attempt to get involved... Challenge the matrices and questions on a practical level.

—Malika Redmond, National Center for Human Rights Education

support, a New York judge is trying to order a woman not to have kids because she already has seven kids in foster care. Courts should not determine who can and cannot procreate. That is a human right, even when it is a less desirable decision. The state of South Dakota is also trying to ban all abortions by using statewide ban to overturn *Roe vs. Wade*. It's still ongoing. This is important because SisterSong member Charon Asetoyer is there in the leadership of that fight. She's struggling to get mainstream organizations to engage with women of color organizations. Mainstream organizations responded to the call by women of color by claiming if the state tried to ban abortion, it wouldn't be held constitutional, so there's no need to fight. The analysis SisterSong offered is that you fight all the attacks on women's human rights by empowering grassroots women and women of color to fight any 'chipping away' of our reproductive rights.

During the March organizing, we noticed sharp differences among the four major organizers: Planned Parenthood Federation of America, The Feminist Majority Foundation, NARAL and NOW. At the outset, The Feminist Majority and NOW understood and resonated with our reproductive justice analysis better than NARAL or Planned Parenthood. Since the March, I've had conversations with representatives with both, NARAL and Planned Parenthood. They are starting to understand the reproductive justice analysis. Our success, in terms of the March, is the impact our analysis has on the mainstream and getting that analysis of reproductive justice moved into conversations. We've learned that Planned Parenthood is planning a conference at Smith College in the fall that's going to look at reproductive justice from a legislative perspective. NARAL's new president Nancy Keenan is also very interested in its members learning the reproductive justice analysis. In addition, Lea Gilmore at the National Abortion Federation just released a new curriculum on cultural competency about providing reproductive health services for women of color. Only time will tell will their practices change. Will there be more women of color in power within the organizations? Will there be a redistribution of how they spend their resources and power?

SisterSong was originally founded to organize women of color. It was not founded to alter the mainstream's collective mentality on reproductive rights. It's attractive, seductive, and maybe even vitally necessary that we work with the mainstream. But as women of color with 30 years' experience in the movement, we have learned that working with the mainstream comes with its costs. It diverts you from working on your own agenda, created by your own community needs. There are very little rewards for it because the mainstream organizations are awarded with all the big grants, resources, public exposure and credit. SisterSong has to carefully define our relationship with the mainstream movement as we move forward.

The year 2005 is the year of infrastructure building for SisterSong. We're establishing our office in Atlanta. We're hiring full-time staff. We've decided to adopt a moderated federation structure to be a network of autonomous reproductive health organizations that work with a common purpose and share a common brand name. We're also using this year to improve our membership structure. For example, we have women in Boston who want to set up their own SisterSong chapter. Right now, we don't have an easy answer for women who want to start at the ground. Our conference proved that women of color not affiliated with any organization or women of color in mainstream organizations are doing more work than we recognize in traditional ways of identifying reproductive health work by women of color. They might be in a church or a hospital, but not in activist formations. Our membership structure, therefore, is crucial in building our national movement of women of color. We will also revamp our website (www.SisterSong.net) so joining SisterSong will be easy. We also are launching our MentorNet program for women of color who want to do reproductive justice work. It's for seasoned activists to mentor emerging ones and conduct online and in-person training. We're establishing a research database where people can get information on women of color and reproductive health.

SisterSong will still continue our public activities. Our annual membership meeting is in July again. As stated in this issue, our articles are coming out in the National Women's Studies Association Journal on women of color and reproductive health issues as well as the CD Rom of speakers at our 2003 SisterSong Reproductive Health & Sexual Rights National Conference in Atlanta. Additionally, there are some significant international events coming up: The World Social Forum in Brazil in January, the International Women in Health Meeting in India in September, and the Beijing Plus 10 Activities in New York. In 2006, we'll be working with the Center for Genetics and Society to co-sponsor a conference on racism and neo-eugenics and their impact on women of color.

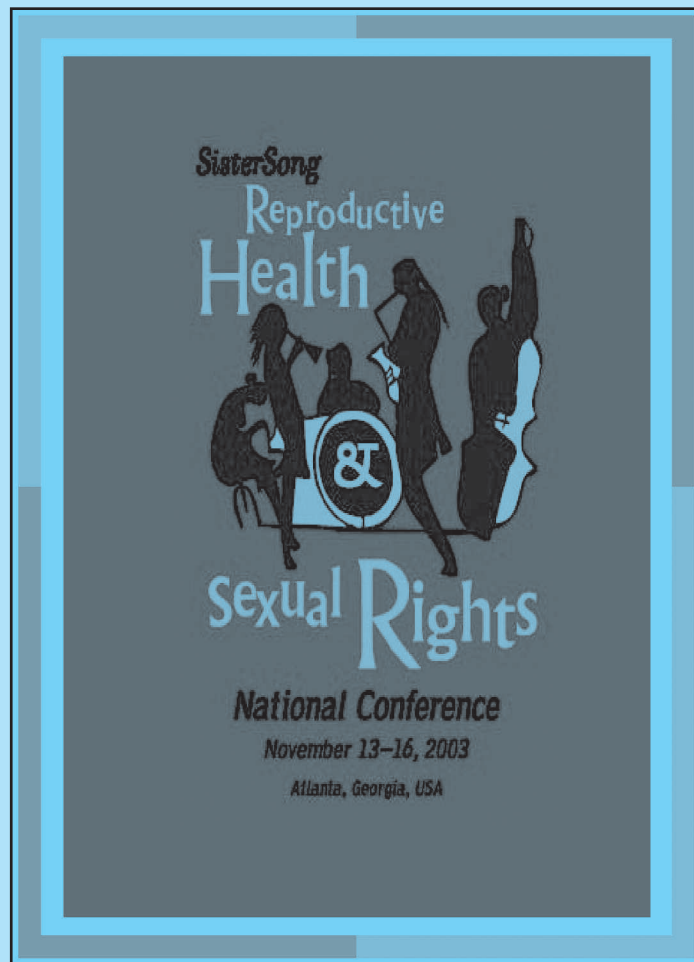
As its core mission, SisterSong is striving to make the work of women of color more visible and our perspectives understood, both in terms of national politics and in our local communities. We want to provide a voice to women both individually, who feel they are dealing with their reproductive issues alone, but also collectively to women of color who feel marginalized because the mainstream doesn't incorporate or pay attention to our needs. You don't have to go to that clinic by yourself because there's a sisterhood to support you. You don't have to deal with racism in the reproductive health movement by yourself because there's a sisterhood to support you. We want women of color to know they are not alone.

OVER 600 WOMEN OF COLOR CAME TO ATLANTA.

African American, Arab American/Middle
Eastern, Asian/Pacific Islander,
Latina/Puerto Rican, Native
American/Indigenous

100 OF THEM WERE EXPERTS IN REPRODUCTIVE HEALTH AND SEXUAL RIGHTS

Abortion, Abstinence Education, Incarcerated Women and Girls,
Genetic Engineering, Hormone Replacement Therapy,
Population Control, HIV/AIDS, Disability Discrimination,
Welfare Reform, Lesbian/Gay/Bisexual/Transgendered
Reproductive Rights, Midwifery, Forced Sterilization



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Dázon Dixon Diallo

Wins the Leadership for A Changing World Award

Dázon Dixon Diallo, President and CEO of SisterLove, Inc. and founding member of SisterSong, was recently awarded the 2004 Leadership for A Changing World Award. This prestigious honor, created by the Ford Foundation, is given each year to 18 organization leaders who aren't nationally recognized, but who are making radical changes in their communities. For the next two years, SisterLove will receive a sum of \$100,000 to continue their efforts in the fight against HIV and AIDS in women and children.

Diallo began her career as a social activist while attending Spelman College and working at the Feminist Women's Health Center. She noticed the lack of information on HIV and AIDS, and in 1987, initiated a collaboration of women's organizations to form the Women's Aids Prevention Project (WAPP). In 1989, her desires to continue to educate women, and in particular, women of color, on the life-threatening disease inspired her to form SisterLove.

While the early years focused on HIV/AIDS prevention and community outreach, Diallo says SisterLove is a part of the reproductive health and sexual rights movement. "SisterLove is an organization that focuses on reproductive health and sexual rights with an HIV lens. We straddle the fence between these two fields of work that don't necessarily recognize where they intersect and overlap. We sit at the junction," she says. "We don't just talk about AIDS. We talk about how our society impacts people with HIV and AIDS." SisterLove has several health education and advocacy programs and Diallo is most proud of the Healthy Love Program. Healthy Love is a party that not only concentrates on HIV/AIDS transmission and prevention; it also educates partygoers on safer sex methods and how to make it satisfying.

The organization's success is also attributed to Diallo's inclusive standpoint on HIV/AIDS advocacy. SisterLove collaborates with diversified groups, like gay white male organizations, which actively advocate and support HIV/AIDS prevention. She continues to encourage women to reeducate themselves on the meaning of feminism and find their role in the movement. "I refuse to believe any woman is not a part of the movement because they're benefiting from our work. Once you learn about it, find your place. A lot of organizations can't afford sales, marketing and are in need of funding," she explains. "Find the coalition working on the issue that interest you. When you hear us calling for action, call in and sign up. It's just like every vote counts."

This July marks 16 years of advocacy and activism by SisterLove in an area that is still controversial and new to our political figures. While African American women are most affected by the disease, some politicians are totally oblivious to it as demonstrated by the 2004 Vice Presidential Debates. "Not only could neither candidate speak on the issue of African American women and HIV/AIDS, but it also made us invisible again. They're able to speak on abortion. We still need a national advocacy voice that can speak to them about HIV and AIDS for black women like they speak about abortion rights."

With the support of Leadership For A Changing World, Diallo will continue to develop the infrastructure of the organization, and document and preserve the work. In two years SisterLove will have a new executive director, allotting her time to pen her first book about the organization and build her vision.

—Yaminah Ahmad



Midwifery Struggles To Maintain Its Validity In American Society

Our contemporary medical establishment currently markets trendy and innovative ways of child delivery. Healthcare brochures, television commercials and newspaper and magazine ads tell women that laboring in pain is a thing of the past. Now, mothers can choose their baby's birth date and experience painless deliveries. But for communities of color, midwifery is a timeless cultural tradition incepted by human existence. In African and Native communities, Granny-midwives practiced the sacred ritual of childbearing, which included offering prayers, acknowledging the ancestors, massages for the mother-to-be and, after the blessed event, postpartum care. They were also considered spiritualists and healers whose wisdom, expertise and power were revered by all community members.

Midwifery was the primary birthing method used in American society until the eighteenth century when men entered the field through the institution of traditional medicine. At the beginning of the twentieth century middle-class women preferred physicians, believing their medical expertise was much safer. Native Americans and African Americans continued to use their sacred rituals, along with the new Mexican and Asian immigrants. Obstetricians began to discredit midwifery, stating child birthing was a specialty and midwives lacked proper medical training. Consequently, the sacred ritual was used in the South only by people of color and poor whites who couldn't afford obstetricians until the 1960s. By

1970, only 0.5 percent of births were attributed to midwives.

According to Linda J. Holmes, co-author of *Listen To Me Good – The Life Story of an Alabama Midwife*, physicians still dispute midwifery as a valid practice of child birthing. "Although midwifery has been around forever, physicians don't trust women and the process of birthing. They trust their machines and training," she says. "Midwifery is a

concept of women supporting women. It's supporting the mother emotionally and physically, being there throughout the entire process. Doctors are called in when the baby is about to emerge. We don't fraction the work," says the former midwife who was inspired to enter the field after a horrible hospital birthing experience.

Since the medical industry doesn't support midwifery, many women aren't aware of this option. Francis Ganges has been a midwife for 19 years and is currently practicing in Uganda. She says lack of information is detrimental to midwifery's vitality in this country. "Ignorance gives way to fear, so mothers do everything the doctor says because they don't know any better. Women don't know if it's an option or if their insurance can cover it. People are shamefully ignorant of midwifery practice."

With the rise of insurance and medical lawsuits, physicians are now urging mothers to get epidurals and Caesarian sections to avoid complications, which ironically, can inflict complications and serious dangers respectively. However, as Holmes states, "Midwifery isn't going anywhere. It is a core practice that really doesn't change because the birthing experience and the mother's needs don't change. There are certain sensibilities a midwife brings that a physician doesn't."

—Y.A.

Reclaiming Midwives: Stills from "All My Babies"

by Linda Janet Holmes

This innovative project, supported by SisterSong, will be a traveling exhibit of black and white still photos from George Stoney's award winning 1953 documentary film, *All My Babies: A Midwife's Own Story*, so that the contributions of traditional African American midwives, often called "granny midwives," will become better known and understood by the American public. Traditional southern black midwives must be recognized before the few remaining older midwives die, and before it's too late for mothers who received their care to tell their stories. The outcome of the project will be to urge viewers to learn from past African American midwifery practices to increase community supports for birthing care today. Outreach will include targeting local community women and families, with an emphasis on reaching traditional black female leadership in churches, beauty parlors, civil rights organizations, health organizations,

SisterSong: Herstory

Our Roots. Throughout our herstory in the United States, women of color have been engaged in individual and collective struggles to save our lives. Our reproductive and sexual rights have always been an integral part of this movement. Now, newer generations of women are continuing this legacy. It's important for them to understand their "herstory" and upon whose shoulders they walk. Despite evidence of our resistance, women of color in the United States remain disproportionately affected by reproductive health concerns and related human rights violations. The SisterSong Collective emerged at a crucial time in this herstory, a time when the civil rights and feminist movements were both experiencing critical backlash. SisterSong is the fifth and longest-lived attempt to organize a national coalition of women of color health organizations. The previous efforts were in the late 1980s and early 1990s, but did not last due to lack of funding to build the capacity of the women of color organizations to support a national collaboration.

SisterSong is committed to a human rights framework. This framework is based on the early recognition among women of color organizers that we have the right to control our own bodies simply because we are human, and as social justice activists, we have the obligation to ensure that those rights are protected.

SisterSong continues in the footsteps of our foremothers by building a national movement of women of color that is self-determining and non-hierarchical. We use Self-Help to address internalized oppression so that we stay healthy within the organization. We are committed to resolving conflict.

Our Beginning. SisterSong emerged out of a series of symposiums that took place from 1997-1998 in New York City and Atlanta. The exploratory symposiums were convened by Reena Marcelo, then Program Officer for the Reproductive Health Program at the Ford Foundation and Luz Rodriguez, then Executive Director of the Latina Roundtable on Health and Reproductive Rights. The symposiums were funded by the Ford Foundation so that women of color reproductive health educators, activists and policymakers can express key issues and challenges confronting grassroots organizations doing reproductive health work. A series of discussions were created to explore the socio-economic, socio-political and cultural norms that impede adequate access to reproductive health services, information and resources that are culturally and linguistically appropriate for women of color. As a woman of color funder, Ms. Marcelo had a particular interest in drawing attention to reproductive tract infections (RTIs). She wanted to create a global perspective on the health needs of women of color. She realized RTIs are less stigmatized than sexually transmitted diseases (STDs) in communities of color and encompass a broader range of health care concerns.

The Ford Foundation sponsored a delegation to attend the 4th Annual International Congress on AIDS in the Asia and the Pacific Rim, which took place in Manila, Philippines in October 1997. Four delegates were chosen to represent U.S. women of color: Dazon Dixon of SisterLove Women's AIDS Project, Mary Chung of the National Asian Women's Health Organization, Luz Rodriguez of the Latina Roundtable on Health and Reproductive Rights, and Skytears Moore (Apache) of the Moon Lodge Native American Women's Outreach Project. They, along with the other international participants, discussed the modern day sex-slave trade of women throughout the world, sky-rocketing rates of HIV infection in Africa, and an epidemic of HPV in young girls throughout the world. The delegation returned to the emerging SisterSong Collective with a more global perspective of how human rights are intertwined with reproductive health and sexual rights of women of color. In addition, they learned how the grassroots sisterhood of activists in the United States is forever connected to the plight of women and girls of color throughout the world.

In March 1998, the final symposium, held in Savannah, Georgia, convened sixteen women's organizations (both direct service providers and advocates) representing four groups from each of the major ethnic groups in the United States (Indigenous/Native American, Asian and Pacific Islander, Latina/Puerto Rican, and African American). The Ford Foundation's agenda was to offer a three-year funding plan to develop a coalition of women of color organizations.

They would focus on capacity building of their grassroots organizations, strengthen their efforts in making an impact locally and nationally with respect to the issue of RTIs, and access to adequate health care, and create a voice for grassroots women of color to be heard in national and international policy arenas.

These original sixteen organizations formed the original SisterSong Women of Color Reproductive Health Collective. The Ford Foundation selected the participating organizations with input and advice from organizers who work on reproductive health issues. The activists suggested about 1/2 of the participants; the Foundation selected the balance. Each of the members possessed a long herstory of organizing in their respective racial/ethnic communities, as well as addressing reproductive health issues such as midwifery, HIV/AIDS, abortion and contraceptive services, self-help, clinical research, health rights and advocacy, sexually transmitted diseases, and reproductive tract infections. They were offered an opportunity to apply for three years of capacity building funding.

The Ford Foundation informed the group that the capacity building grants could not include the purchase of equipment like computers and fax machines. As activists, we challenged Ford to understand that changing our program priorities to suit funder expectations was not a feasible strategy for our



movement. Many of us were small organizations lacking stability and funding to ensure continued existence. Capacity building was necessary to build administrative infrastructures in our organizations (which included office equipment). In short, we said, "This was not acceptable." This moment reflected a significant paradigm shift in the relationship between a major foundation (which normally did not fund small grassroots organizations) and its prospective grantees. We were empowered to be honest and assertive with the foundation representatives, and in response, they did not use our honesty against us. The "paradigm shift" actually changed the internal policies of the Ford Foundation, allowing grantees to use capacity building grants to purchase office equipment. This interaction characterized the power of a Collective to make an impact in policy, and the self-determination of SisterSong to have our voices heard.

We formed a Collective so that we could strengthen each other's organizations, partnering more established organizations with emerging groups. A Collective structure would also enable us to have a greater impact in our communities and within the broader reproductive rights movement. Thus, SisterSong was born as a partnership between activist organizations and the Ford Foundation with a shared vision of building a national movement of women of color working on reproductive health issues.

Our Achievements. Through its capacity-building efforts, SisterSong members provided and benefited from training on Self-Help, human rights education, leadership development, board development, and fiscal management.

• All original 16 SisterSong organizations now have 501 (C)

(3) status.

- Took the RTI agenda and broadened it into a Sexual/Reproductive Health/Human Rights Framework.
- Established international connections (Cuba, Puerto Rico, South Africa, Jamaica, Canada).
- Introduced Self-Help principles and practice to our constituencies.
- Published Native American and Latina Advocacy Agendas.
- Integrated spirituality into our work.
- Provided and received mentoring across and within organizations.
- Produced a SisterSong Video.
- Produced the 2001 SisterSong Advocacy Agenda
- Sent a delegation to International Women and Health Meeting in Toronto, August 2002
- Sent a delegation to Amanitare African Women's Reproductive Health and Sexual Rights Conference, February 2003

Our Transitions. Since its inception, SisterSong has undergone restructuring and has expanded its membership to include additional organizations and individual members. In Phase I from 1997-2001, SisterSong formed four mini-communities each representing African American, Asian, Latina, and Native American organizations.

Within each mini-community, (comprised of one national, one state and two local organizations) an "anchor organization" was identified to coordinate communications, activities, reports and documentation. Together the four anchor organizations performed the administrative functions of the Collective.

Through a collaborative process of consultation, the initial sixteen members of SisterSong identified common and particular reproductive health concerns and formulated a prevention plan for each of their respective communities. SisterSong members also met with researchers from the Centers for Disease Control and Prevention, the Office of Minority Health and the National Institutes of Health to obtain more accurate and specific health data on ethnic minority communities and to identify the research and advocacy needs of women of color. This offered grassroots women a direct opportunity to impact public health research, and most importantly, to understand how to make publicly funded research more relevant to our community work. The findings from the several meetings convened by SisterSong during this phase were published in several health journals and books, and compiled in our own SisterSong Advocacy Agenda and a promotional video, both published in 2001. By the end of Phase I, three of the four anchor organizations that received the largest grants from Ford decided not to remain with the Collective, while most of the organizations that received the smaller grants continued.

In Phase II, a pivotal planning meeting was held in Savannah, GA in the Fall of 2001. Once again, we recognized the dangers of responding to funder-driven priorities at the expense of our own agendas. SisterSong became self-financing with funding provided by the member organizations. A national coordinator was hired and the anchor structure was abandoned and replaced by a management circle with representatives from each of the mini-communities. SisterSong rededicated itself to continuing to build capacity of women of color reproductive health organizations around the country while also becoming more engaged in public activities within the global women's health movement to bring attention to the needs of women of color in the U.S.

Thousands of copies of the SisterSong Advocacy Agenda and promotional video were distributed to women of color organizations across the country. In April 2003, SisterSong convened a meeting in Atlanta to bring together the organizations funded by the two women of color initiatives at Ford. The goal was to plan a national conference that would bring together hundreds of activists and practitioners to build an expanded and more inclusive network of women of color working on reproductive health and sexual rights issues. In November 2003, the historic SisterSong Reproductive Health & Sexual Rights Conference took place with 600 attendees. Today, SisterSong is a sponsored project of the National Center for Human Rights Education and our focus remains on expanding the national network, working together on

SisterSong's Voter Education Campaign

At least half the U.S. population recognizes that life as we know it in this country has changed in numerous ways, and the condition of our lives reflect it. For many, these changes have not been for the best, particularly for the poor, women of color and immigrants.

Following our first annual meeting, SisterSong decided to undertake a Voter Education Campaign as a way to promote voting. This campaign was conceived to empower the voices of women and to have their needs acknowledged. SisterSong choose to focus on the pivotal role women of color could play in the elections. Thus a Voter Education Working Group was formed with representation from various committees. This collaboration resulted in a voter education fact sheet titled, **10 Good Reasons Why Women Should Vote**.

SisterSong was mindful that 37 million of us across the country did not vote in the 2000 election, thinking our vote would not make a difference. We strongly felt such thinking needed to be challenged. The Voter Education Campaign presented us with an empowerment moment. We learned a great deal from this effort and enjoyed degrees of success with the campaign. The **10 Good Reasons** was sent to the majority of the membership for distribution. They were utilized in a variety of exciting ways, including:

- Members distributed to colleagues and co-workers
- Shared with family and friends as well as clients and patients at health facilities
- Emailed to listservs, which committed to send it out, including Union listservs
- Distributed at demonstrations, community programs and local meetings, particularly in New York and New Jersey
- Placed on several progressive websites
- Distributed during house-to-house voter registration in Los Angeles
- Discussed on several public affairs and news programs
- California members conducted presentations to educate 7th and 8th grade students about women and voting
- The Strategic Communication Committee developed a press kit, targeted and sent to media in various parts of the country

In addition to these avenues, a Yahoo group was set up. Individuals were encouraged to post ways they were using the **10 Good Reasons** as well as share information on other voter education efforts by and/or for women. Voter education and registration efforts from one end of this country to

the other proved instrumental to the tremendous increase in voter turn out at the polls. We at SisterSong are proud of our small contribution to that collective turn out. Women exercised their right to vote, to give voice to their issues and to be heard. This empowerment is not diminished by the outcome of the election; rather it is proof of what is possible with more work and organizing.

These next four years are critical in the struggle to preserve reproductive justice, rights and choice. SisterSong is not demoralized by the election's outcome. We are excited by what we have seen and are energized by the continued possibilities to empower women, their families and their communities through advocacy, education and direct action.

As an organization we are committed to the preservation of reproductive justice and choice, which are human rights. Hold on to your copies of **10 Good Reasons Why Women Should Vote**. They will be needed as voters move forward through the many state and local elections over the next four years. One might suspect that in the current political climate the **10 Good Reasons** might increase to 13 or even 15 "Good Reasons." I am sure that each of us reading this can think of at least one more reason to add to the list.

—Nkenge Toure, *Shepardess*,
Voter Education Working Group

10 Good Reasons Why Women Should Vote: It's About Your Health and Your Life

1. Do you have health insurance for you and your family?

Facts: People of color, especially Latinas/os, are most likely to be uninsured. About one-third (32.7%) of Latinas/os, 19.6 % of African Americans, and 18.8% of Asian Americans in the United States have no health insurance, compared to 11.1% of white Americans.

2. Does Medicaid provide your health insurance?

Facts: Medicaid is an important source of health coverage for low-income families, children, pregnant women, and people with disabilities and chronic illnesses. Medicaid covers 17% of all African American women and 12% of Latinas. Without Medicaid, millions more individuals and families would be uninsured.

3. Do you go to a community clinic or a county hospital for health care? Can you afford your prescription drugs?

Facts: Millions of people across the country depend on public and community clinics and public hospitals to get their health care. However, with rising health care costs and the cutbacks on Medicaid, it is getting harder for these health care providers to keep their doors open and to meet the communities' needs.

4. Does your health plan cover birth control or contraceptive devices?

Facts: For women who have health insurance, their birth control may not be covered. This means that women have to pay more out-of-pocket for their health care than men do. The Equal Employment Opportunity Commission has recognized the failure of private health insurance to cover contraception, when it covers other prescription drugs, as discrimination against women.

5. If you are raped, your birth control method fails, or you have unprotected sex, will you be able to get emergency contraception?

Facts: Emergency contraception (EC) prevents a pregnancy if it is taken within 72 hours of unprotected sex. While this can help millions of women avoid an unwanted pregnancy, many women and teens do not have access to EC.

The Food and Drug Administration recently refused to approve emergency contraception over-the-counter, so that you wouldn't have to ask a pharmacist when you need it.

6. If you get pregnant and want an abortion, will you be able to afford one or find a provider to perform an abortion?

Facts: Millions of women become pregnant unintentionally. For many, having an abortion, for personal or medical reasons, is the best option for them. Two years ago, the federal government passed an abortion ban law, which would put doctors in jail for performing common procedures used in abortions.

The law is not being enforced because of lawsuits.

7. Do you have family and friends in other countries that need family planning and other important health care services?

Facts: \$34 million dollars earmarked for the United Nations Population Fund to be used for family planning, making pregnancy and childbirth safer for women and to reduce the spread of HIV/AIDS in developing countries, continue to be in danger of not reaching the people who need it most.

8. Do your children receive accurate information on sex, sexuality and family life in their schools or community programs?

Facts: The federal government spends approximately \$170 million on abstinence-only education.

Federally-funded abstinence-only programs must teach that sex should be postponed until they get married. This message denies the reality of millions of loving families in the United States that include single and cohabitating parents, same-sex couples, and other families with adults who are not married.

9. Are you able to get family planning, HIV/AIDS prevention, and other reproductive health services at your local hospital?

Facts: More and more of your local hospitals are being owned and operated by reli-

gious groups that limit access to health care that they don't believe in. The services that are most affected are reproductive health care and end-of-life care. These services include family planning (including sterilization and emergency contraception), HIV prevention and counseling, abortion, comprehensive sexuality education, and reproductive technologies (including preserving of eggs for cancer patients who want to preserve their ability to become parents after radiation or chemotherapy). Women in HMOs are especially restricted.

10. If you are employed, do your earnings cover your living costs?

Facts: In 2003, 35.9 million people were in poverty, an increase of 1.3 million from 2002. The African American poverty rate for 2003 was 24.4%, compared to 22.5% for Latinas/os, 11.8% for Asian Americans, and 8.2% for white Americans. The three-year average poverty rate for American Indians/Alaska Natives between 2001 and 2003 was 23.2%. Latinas/os are the most employed group, often having more than one job, but are over-represented in lower-skilled jobs. This means they are over-represented among the nation's poor. There are not enough child-care programs for low-income families; without child-care many women cannot work. Almost half of all Latina/o families below the poverty level are headed by single women.

—The Voter Education Working Group

In 1968 the poet Muriel Rukeyser proposed that if women began telling the truths about their own lives, “the world would split open.” Given the truths recounted in *Undivided Rights: Women of Color Organize for Reproductive Justice*, it surely should. And if the mobilization the book traces can be sustained, it just might.

The core of *Undivided Rights* consists of eight histories of health and reproductive rights groups formed in the last twenty-five years in four ethnic communities: African American, Native American/Indigenous, Latina, and Asian Pacific Islander American (API). For each of the four, a broad overview of women’s experience within that community’s particular history of oppression and resistance is followed by case studies of a national organization and a grassroots group.

Co-authors Jael Silliman, Marlene Gerber Fried, Loretta Ross, and Elena R. Gutierrez are activists and scholars with long involvement in reproductive rights organizing and deep understanding of the role controlling women’s physical, sexual, and reproductive bodies plays in sustaining systems of race and class power. They weave many parties into this complex narrative – state and national governments, cultural traditions, predominantly white feminist groups, population control interests, the Right, international forums – but the story comes from the perspective of women of color as they resist the forces of capitalism, white supremacy, and sexism that would deny their needs, even their survival.

Undivided Rights gives us theory in the flesh. The health of all women becomes a measure of justice in the body politic. The theory is compelling and the politics potentially transformative because they emanate from women’s self-knowledge and the courage to speak it. The importance of saving women’s testimonies is an underlying theme. The eight groups studied here are among hundreds of women of color organizations formed since the 1970s, but precious few saved records that have found their way to archives. The resulting silences distort the history being written and deny activists models from the past.

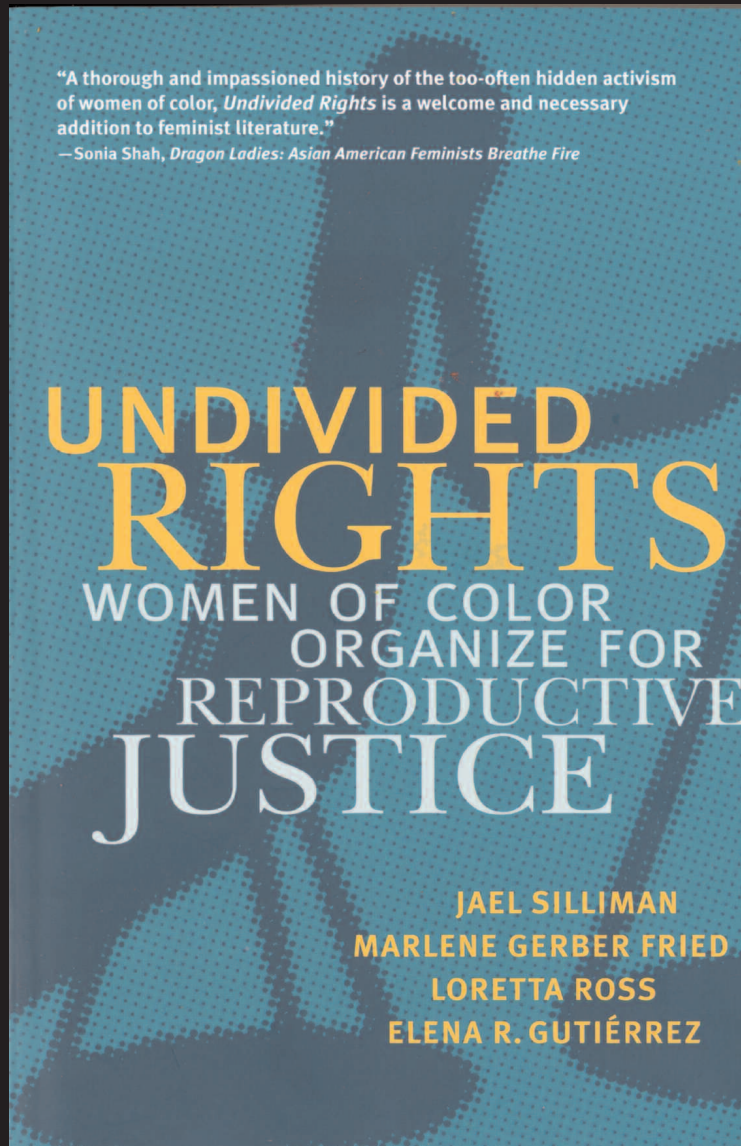
The Sophia Smith Collection (SSC) at Smith College is working to change this. The SSC already holds a wealth of documentation on struggles around health and reproduction, including the records of the National Women’s Health Network, the National Black Women’s Health Project, the National Network of Abortion Funds, the Midwives Alliance of North America, and Planned Parenthood Federation of America. The personal papers and oral histories of dozens of individual organizers are there. The SSC, which is open to the public, is currently seeking files, photos, meeting minutes, diaries, personal letters, videotapes, newsletters, conference programs,

organizational records, political buttons, flyers -- raw materials that document the experiences, ideas, and movements of women of color. Loretta Ross and Marlene Fried are placing their papers at the SSC. Hopefully *Undivided Rights* will inspire others to save evidence of ongoing struggles for sexual rights and reproductive justice.

Undivided Rights reports significant progress since the 1970s, and the authors mark the creation of SisterSong as a promising “new phase.” However, they stop well short of predicting the world will split open any time soon. Their book is a labor of love, tough love. They acknowledge the fragility of these organizations even as they applaud the boldness of their vision. For every external challenge – the power of the Right, funding organizations’ preference for single-issue projects, the race and class

biases of mainstream feminism – there is an internal one, whether class tensions or persistent silence around homophobia. In the end, *Undivided Rights* credits these pioneering groups with “seeding” a movement. This beautifully conceived, accessibly written, prudently argued study is an urgent call for everyone committed to women’s self-determination to see that the seeds take root.

Joyce Follet
Sophia Smith Collection, Smith College



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United Nations Meeting Approves Draft Disability Articles

During a convention addressing the rights of people with disabilities, The General Assembly Committee agreed upon draft articles advocating justice, independent living, privacy and individual rights. The Committee Chair, Ambassador Luis Gallegos Chiriboga of Ecuador, stated the two-week session is a historic process designed to integrate 600 million people into society. The draft text urges States parties to aid in the use of sign language, Braille and augmentative communication. In addition, States parties are being heavily advised to facilitate people with disabilities to live independently, including the right to choose residential accommodations. In support of reproductive rights, another draft article was proposed to allow people with disabilities to decide on family size. The articles signify a step forward towards humanity.

Feminist Women's Health Center Addresses Transmen Health Concerns

For the last five years, in an effort to promote reproductive health for transgendered men, the Feminist Women's Health Center (FWHC) participated in the Southern Comfort Conference. It proved successful. The FWHC received an overwhelming response and is working to spread their message of healthy living throughout the transgendered community.

FWHC, a non-profit gynecological healthcare facility located in Atlanta, Georgia, currently provides Female to Male (FTM) services for transmen. This treatment is for the transgendered community who consider themselves male, and women who question their gender and are in need of gynecological services. They also work with patients whom underwent surgery to have their breasts removed.

According to Claudia Kulhanek, Men's Health Clinic Coordinator for the FWHC, some clients have had their breasts removed, but still need a breast exam to check for cysts or lumps, as well as making sure the incision site is healthy. There are other clients who come for Pap exams for the first time ever. "Because they tend to be disassociated from that part of their body, they're undereducated about health issues and the importance of exams. Some are uncomfortable during exams because they're not used to penetration."

While the FWHC has offered FTM services for five years, some traditional healthcare providers refuse to address the needs of the transgendered community or blatantly exploit it. Kulhanek recalls a client, whom recently had chest surgery, was rushed to the emergency room due to complications. The emergency room doctors and nurses waited hours before administering treatment. Another client undergoing transitioning was overcharged for prescription medications.

So little is known about this community and Kulhanek states many conversations need to take place to, not only change attitudes and bias, but also force adequate healthcare services. The silence and lack of information are endangering lives. She remembers the story of Robert Eads, a transman who died of cervical cancer because he couldn't receive proper medical attention from compassionate practitioners. "These are not easy conversations to have and I can't imagine the political implications for the future."

~Yaminah Ahmad

Stolen Election = Stolen Futures Reproductive Justice and the 2004 Elections

The reelection of George Bush may be considered a travesty of democracy. Electronic voting doesn't provide any paper trail to prove that America reelected him. Therefore, SisterSong is convinced that the voting system was manipulated and our human rights were violated. Nonetheless, we have to deal with the assaults of women's reproductive rights that are going to be expected by the Bush administration. State lawmakers are already preparing to attack.

In South Dakota, Rep. Matt McCaulley (R) introduced House Bill 1191, which makes abortion a crime, unless it protects the life of the mother. McCaulley believes he has support from the South Dakota representatives, state senators and even Gov. Mike Rounds who has stated in the past that he would protect life under all circumstances.

In Texas, conservatives are supporting an amendment to ban all human cloning, including human cloning used in stem cell research. In addition, the Texas Board of Education, which purchases \$4 billion in textbooks, voted to teach abstinence only in schools and omit any discussion of contraception from the curriculum. A Missouri legislator wishes to follow suit.

Rep. Cynthia Davis (R) introduced her bill, HB34, which would alter sex education curriculum in all health classes in the state of Missouri. The bill requires teachers to refrain from speaking about contraception when discussing reproduction. Meanwhile, Georgia pro-life advocates are pushing for a bill which will require women to wait 24 hours before undergoing an abortion, as well as receive photographs of fetal development. In addition,

the bill will require minors to have a parental or guardian chaperone when seeking an abortion.

The Bush Administration is using governmental agencies like the IRS to investigate organizations opposing its abstinence only agenda, and is evoking fear in media outlets that are now imposing self-censorship. In November, radio station WUNC in North Carolina refused to air an announcement, which identified Ipas, a non-profit organization that advocates for reproductive rights, as its sponsor. The announcement described Ipas as a non-profit, which "protects women's reproductive health and rights..." General manager Joan Siefert Rose stated the usage of the word "rights" has political connotations and would defy FCC regulations. Ipas has since pulled its underwriting programming from the station, which was about \$1,700 a month.

In his inaugural address Bush barely spoke about health care nor did he describe a blue print highlighting any administration policies that supports his pledge for "ownership of homes and businesses, retirement savings and health insurance..." The last four years produced an anti-choice majority Congress, a reinstatement of the Global Gag Rule and the Partial Birth Abortion Ban. For the next four years we can only expect more assaults on reproductive rights.

It is imperative that we work with our allies in the reproductive rights movement to make sure that more women's lives are not lost both in the United States and overseas due to the attacks by the Bush administration.

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SisterSong Organizing & Mobilizing Update



In October 2004, the SisterSong Organizing and Mobilizing Working Group came together for a full day of sharing ideas, experiences, and successes to help us prioritize and strategize for the next year and a half. Our working group includes the following organizations and programs: Asian Communities for Reproductive Justice, Hunter College Urban Public Health Program, Kokua Kalihi Valley Comprehensive Family Services, National Center for Human Rights Education, Pan Pacific and Southeast Asian Women's Association, and Project Azuka.

SisterSong is a multi-racial, multi-strategy, and multi-issue collective of organizations and individuals across the country. Because our membership is so diverse, it was critical for us to take some time to develop a workplan that best meets the needs of our members and has the greatest impact as a national collective.

In keeping with SisterSong's vision, we will seek to develop principles for women of color organizing and mobilizing with a Reproductive Justice, Human Rights, and Self-Help analysis. After a thoughtful and enthusiastic dialogue during which we discussed SisterSong's unique strengths and capacity, we determined that the priority organizing and mobilizing strategies we seek to make use of are:

Creating spaces for women of color to dialogue, conference, and support each other

Providing political education to women of color, including development of trainings, materials, and curriculum

Engaging in solidarity work and campaigns with sister organizations both domestically and internationally

Linking direct service and advocacy work through leadership development, organizational exchanges, trainings, technical assistance, and innovative pilot projects

We look forward to an exciting year and a half of organizing and mobilizing women of color to unify, build, and strengthen our movement!

—Aparna Shah

10th International Women and Health Meeting

“Health Rights, Women’s Lives: Challenges and Strategies for Movement Building”

September 21-25, 2005, New Delhi, India

The International Women and Health Meeting (IWHM) has its roots in the global women’s movement and includes a wide range of organizations, networks, and grassroots women’s groups. The 10th IWHM will mark nearly two and a half decades of global feminist solidarity with issues impinging on the health and well being of women. The 2005 meeting is a significant one; it comes at a moment in history when a number of national and international forces adversely impact women’s health. The current context of global economic restructuring and liberalization of markets, increasing militarization of countries and regions, growing fundamen-

talisms of various hues, resurgence of population control policies, adoption and practice of developmental models and paradigms that are playing havoc with the environment all call for urgent action.

The 10th IWHM seeks to highlight politics, policies and issues that have adverse effects on women’s health and simultaneously bring out the linkages and interconnections of these seemingly disparate phenomena. As the title of the conference suggests, the attempt is to reiterate the holistic concept of health, and to strengthen the claim for health care and health as a justifiable right for all people. The lessons learned from contemporary forms of advocacy, campaigns, mobilization and resistance to callous, coercive or exploitative state policies will be highlighted, for sharing and networking across other groups and regions. The 10th IWHM hopes that such

global networking will eventually build into a movement that can make a difference in people’s lives and in particular, in women’s lives.

Focal Themes Include:

- Public Health, Health Sector Reforms and Gender - the adverse affects of adjustment programs as part of the lending conditionalities of the IMF and World Bank.
- Reproductive and Sexual Health Rights - the diverse struggles and shifts, both negative and positive, occurring in this area.
- Politics and Resurgence of Population Control Policies - the agenda of governments across the globe to ‘control’ segments of their population.
- Women’s Rights and Medical Technologies - the complexities and contradictions that medical technology, education and practices pose for

the health of women, in particular and people in general.

• Violence (of State, Militarism, Family and Development) and Women’s Health - the multiple ways in which segments of our population, women in particular, experience violence with deleterious consequences for their health, survival and well being.

Call for Participation: The 10th IWHM Programme Committee invites write-ups for paper presentations, cultural events, organization of workshops, etc, relating to the conference themes and objectives. The deadline for submission was January 31, 2005. A limited number of full and partial scholarships are available.

For more information and registration forms, visit the website

www.10iwhmindia.org
~Betsy Hartmann

SisterSong Featured in Forthcoming Women’s Studies Journal

A cluster of three articles submitted by presenters at the 2003 SisterSong Reproductive Health and Sexual Rights Conference will be published this Spring in the NWSA Journal, a publication of the National Women’s Studies Association. This cluster issue is co-edited by SisterSong members, Lynn Roberts, Loretta Ross and Bahati Kuumba and will include articles written by Jennifer Nelson, Ester Shapiro and Andy Smith. The cover of the journal will also feature the image of the quilt that was created at the conference under the artistic and spiritual guidance of Cara Page. The journal is dedicated to the memory of two sister warriors who passed on in 2004 and continue to inspire us, Pandora Singleton (the late Executive Director of Project Azuka and one of the original members of SisterSong) and Gloria Evangelina Anzaldúa (activist and co-author of *This Bridge Called My Back: Writings of Radical Women of Color*).

Not all of the articles submitted and reviewed for the NWSA issue could be published due to time constraints. Loretta Ross and Lynn Roberts are currently seeking to have the remaining articles published (either individually or as a special issue) in the journal *Meridians: feminism race and transnationalism*, which is based at Smith College. The new editor of *Meridians* is Paula Giddings, author of the seminal work “When and Where I Enter: The Impact of Black Women on Race and Sex in America.” We are excited about both of these opportunities to document the herstory of SisterSong because no one can tell OUR story, but US.

~Lynn Roberts, Hunter College of the City University of New York
SisterSong Documentation Committee

2005 Global Calendar of Events

Women’s Action and Research Initiative: Gender & Southeast Asia Conference
March 18th – 19th
Bangkok, Thailand

Women Conjuring Freedom: An International Women’s Day Teach-In & Celebration
March 26th
Atlanta, GA

Empowering Women of Color Conference 20th Anniversary: Confronting Power: A Century of Struggle and Movements
March 4th – 6th
University of California at Berkeley
Berkeley, CA

Incite! Women of Color Against Violence III: Stopping the War on Women of Color
March 11th – 13th
New Orleans, LA

Civil Liberties & Public Policy (CLPP) Abortion Rights Conference
April 1st - 3rd
Hampshire College
Amherst, MA

21 Leaders for the 21st Century 2005
May 17th
New York City

National Women’s Studies Association: Women and the Environment
June 2005
Florida

New Leadership networking Initiative and Public Policy Program
July 27th - 31st
Hampshire College
Amherst, MA

10th International Women and Health Meeting
September 21st – 25th
New Delhi, India

The 10th AWID International Forum on Women’s Rights and Development
October 27th – 30th
Bangkok, Thailand

Reproductive Justice Public Policy Conference
November 18th - 20th
Smith College
Northampton, MA

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