SISTERSONG WOMEN OF COLOR REPRODUCTIVE HEALTH COLLECTIVE

COLLECTIVE VOICES

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Vol. 2 Issue 6

Let's Talk About Sex!

Women of Color, Choices and Reproductive Justice

Laura Jiménez, Deputy Coordinator, SisterSong

I am inspired by the work we do at SisterSong because we are about addressing experiences that go beyond "Choice", and instead we advocate for "Choices" – choices about if, when, how, and under what circumstances to reproduce, and choices about how we raise the children we already have. This is especially true for women of color for whom the pro-life/pro-choice dichotomy often does not fit our specific experiences.

As part of the process for achieving Reproductive Justice, SisterSong works for the physical, mental, spiritual, political, economic and social conditions for women and all people to be able to make healthy decisions about their sexuality and reproduction. SisterSong believes that these choices must be informed by accurate, accessible and culturally relevant sexuality education; healthy dialogues between young people and their families, peers and communities; and the creation of a positive-sex culture.

SisterSong will address all of these issues in our upcoming conference, "Let's Talk About Sex!" to be held at the Wyndham O'Hare Hotel in Chicago, May 31 – June 3, 2007. This will be a pro-sex conference for the pro-choice movement, and we encourage mothers and daughters, educators and providers; activists and academics to join us in creating a space for truth, dialogue, mobilization, storytelling and healing around issues of sex and sexuality.

The "Let's Talk About Sex!" conference, like the Salt 'n' Pepa' song which inspired its title, will be fun, informative, playful and celebratory! We are particularly determined that this conference create a sex-positive atmosphere for the participants.

What Is a Sex-Positive Atmosphere?

SisterSong believes that consensual sex for procreation or sexual pleasure is a human right that should not only be protected, but also celebrated. The reproductive rights movements have been instrumental in defending women's rights to abortion and privacy in decision-making regarding their reproductive health, as well as in promoting messages and strategies for pregnancy prevention. However, in mobilizing around this work, the messages have not always reflected a positive attitude about developing healthy sexual practices and the diversity of expressions of sexuality. The messages reflect the realities of women's lives, but do not address how they experience these realities.

SisterSong uses the Reproductive Justice framework, which includes a broader sexual rights agenda to connect women's health issues to the rest of their lives. We go beyond advocating for access and equality and encourage talking about, learning about, and celebrating sex! The "Let's Talk About Sex!" Conference will promote this framework within the context of discussions around sex and sexuality.

We are hoping that women and girls, our families, and our communities will participate in these dialogues at the conference. In order to make this possible, SisterSong has established a Mother-Daughter scholarship fund provided by our sponsors that will offer a companion scholarship to any woman who registers for the conference and plans to bring her mother or daughter. Other scholarships are available in order to make participation in the conference accessible to all. (For more information about conference scholarships, please contact the SisterSong National Office by email at info@sistersong.net).

Over 600 amazing women of color and allies convened and lifted our voices on issues of reproductive health and sexual rights at the first SisterSong Conference held in November of 2003. Three and a half years later, we are excited at the prospect of doubling the number of participants to 1,200 people who will join us in creating spaces to locate these discussions of sex and sexuality within the context of the Reproductive Justice framework. This framework places issues of reproductive and sexual health and rights in the broader social justice and human rights movements. Reproductive Justice speaks truth to the realities of women of color by expressing our human right to a healthy and satisfying sexuality, the right to have a child, the right not to have a child, and the right to parent the children we already have.

What Makes this Conference Different?

This four-day conference will include workshops and plenaries that explore issues of sex, sexuality, and reproductive health, and their connection to other social justice issues. We will look at topics such as birth control, senior sexuality, STDs, microbicides,

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COLLECTIVE VOICES

"The real power, as you and I well know, is collective. I can't afford to be afraid of you, nor you of me. If it takes head-on collisions, let's do it. This polite timidity is killing us."

Cherrie Moraga

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LGBTQ issues, gynecological health and wellness, erotica, militarism, religion, genetic engineering and more, all through a reproductive justice lens. We will also ensure that each workshop and plenary includes useful tools and/or information that can be taken back to participants' organizations and communities.

Beyond the traditional conference set-up of workshops and plenaries, we want this conference to be interactive, fluid, and sensitive to human needs. In that spirit, there will be specific rooms designated for creative artistic expression, as well as a room for physical rest and emotional healing. Modeling the recent 2006 International AIDS Conference, there will be a space where both conference participants and community members can interact and share information about social justice issues through tabling, presentations, etc. As a part of this area, we will have an open microphone where participants will be free to express themselves through poetry, song, dance, or whatever moves them.

Centrality of Young Women

One of the most exciting elements of "Let's Talk About Sex!" is the involvement of young women in the planning and implementation of the conference. SisterSong brought 20 young people between the ages of 14 and 21 to our 2006 National Membership Meeting in Los Angeles to participate in the process of organizing for our 2007 National Conference. During this meeting, the young women developed a plan for outreach, programming, and fundraising for "Let's Talk About Sex!" They also self-organized into a Youth Working Committee that will ensure the representation and inclusion of young people throughout the 2007 National Conference by assigning youth representatives to each of the Conference planning committees.

For more information about the "Let's Talk About Sex!" Conference, please visit SisterSong's website at www.sistersong.net or call us at 404-344-9629.

Amnesty for Whom? Abortion as a Human Right Amnesty International's Big Decision

by Laura Jiménez

At its international meeting in Mexico in August 2007, Amnesty International (AI) will decide upon the position the organization will take in regard to supporting certain abortion rights, including whether or not to advocate for better health care for women who have complications from botched abortions and whether to support legalizing abortions in cases of sexual abuse or a pregnancy's risk to the mother's life. It also may pursue the removal of criminal penalties for those who seek or provide abortions.

AI has subsequently been challenged by the Congressional Pro-Life Caucus in a letter signed by 74 members of Congress which states, "…a decision to support or condone abortion would 'significantly undermine Amnesty's reputation and effectiveness.'"

A representative of the U.S. Conference of Catholic Bishops added to the position of the Pro-Life Caucus by urging AI to maintain its neutral position. Deirdre McQuade emphasized, "Amnesty has traditionally served as a courageous voice for the voiceless and ignored populations, it should not now undermine its own mission by, in essence, siding against millions of voiceless humans."

> **"While it is admirable that AI would move to protect women seeking abortions in the case of sexual abuse or to save their own lives, it does not address the underlying issue that all women must have the right to control their own bodies…"**

At the same time, the Society for the Protection of Unborn Children (SPUC) launched the Amnesty for Babies before Birth Campaign in the presence of the Holy See's

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permanent observer to the UN in Geneva, Switzerland. The SPUC will be asking nations to sign the declaration, which upholds the right to life of unborn children. (Independent Catholic News 2006)

SisterSong considers a woman's decision to continue or terminate a pregnancy as a human right that should be protected under international law. This right is fundamental to the struggle for the equality of women worldwide and is a core principle of the Reproductive Justice framework, which SisterSong promotes.

It is particularly disturbing that AI quickly responded to its critics that it "is not debating whether women have the right to terminate pregnancies under any circumstances," emphasizing that it is considering specific circumstances in which it would advocate for abortion rights. While it is admirable that AI would move to protect women seeking abortions in the case of sexual abuse or to save their own lives, it does not address the underlying issue that all women must have the right to control their own bodies, whether as girls, when pregnant or when they are elders.

Additionally, supporting abortion in these particular circumstances also sets up a dichotomy between those women who deserve and those who do not deserve this right. Reproductive Justice is about women's right to have children they choose to have, to choose not to have children, and to parent the children that they already have, under any circumstance. Wrapped up in these three core elements are struggles for access to quality health care, economic justice, and gender equality.

In SisterSong's perspective, it is the responsibility of organizations such as Amnesty International and other human rights advocates to uphold the rights of all people to their own bodily integrity, and we believe that SisterSong, AI and others should not hesitate in putting this forward as a core part of our visions. As the SPUC puts forward their campaign on Amnesty for Babies, advocates for women also need to stand up and demand that women's rights be respected and protected. Women's rights are human rights and AI should understand these include sexual rights like abortion.

What's Wrong With "Choice?"

By Marlene Fried, Hampshire College

From the perspective of SisterSong, one of the weaknesses of the "choice" movement is the failure to understand the intersections between race, class, gender, immigration status, sovereignty issues, and the criminal justice system in limiting reproductive rights and in creating situations of reproductive oppression. Reproductive Justice speaks to the shortcomings of the "choice" movement. There are primarily eight inadequacies with the choice framework countered by the Reproductive Justice framework:

- **Choice** does not speak to the complexities of women's lives. It excludes the lack of access women face and the depth of women's experiences. No woman seeking an abortion ever has just one human rights issue confronting her.
- **Choice** leaves out opposition to population control. Reproductive choice in the United States only speaks to the right not to have a child, but it doesn't address a woman's right to have as many children as she wants.
- **Choice** is a politically conservative concept. In order to fight conservative politics in the 1970s, the movement made "choice" a libertarian anti-government concept that would appeal to larger segments of the population, which de-emphasized women's rights, sex rights and sexual pleasure, and failed to support women as moral decision-makers.
- **Choice** is a consumerist or marketplace concept. Abortion is a reproductive right that is only available to those who can afford it. The marketplace privatizes the governmental obligation not only to protect choice but to ensure that choices are achievable for all.
- **Choice** is an individual concept that does not address the social problems that prohibit women from exercising their rights. Unplanned pregnancies and poverty aren't an individual woman's problems.
- **Choice** primarily resonates with those who feel they can make choices in other areas of their lives, those whose human rights are less likely to be violated.
- **Choice** is not a sufficiently powerful moral argument, especially when you have to challenge the "pro-life" framework of those opposed to women's rights.
- **Choice** is not a compelling vision. It's not the vision needed to mobilize the kind of movement capable of winning clear and consistent victories.

Women Warriors Help Stem the Tide in South Dakota

By Suzanne Sunshower

Photo of Charon Asetoyer

"More and more [Native] women will be running for office; and I will be out there, too, in politics, and working to stop bills that infringe upon women's rights."

It is known that the South Dakota abortion ban measure was defeated during the November election, by a final 56% - 44% vote. The abortion ban would have been the most restrictive state abortion law in the country because it made no exceptions for rape, incest, or the health of the mother. It was pushed through the South Dakota legislature during the spring 2006 session and quickly signed by the governor. Pro-choice groups in South Dakota argued that the public should vote on whether or not to keep the new law, hoping a public measure might put the issue to rest, but also knowing how much was at stake. Both sides of the issue collected signatures to put Measure 6 on the general ballot - a vote 'yes' being in favor of keeping the abortion ban law. On election night in November, the "choice" camp was relieved to watch voting against Measure 6 command and maintain an early 10-point lead in this evangelical, red state.

What is lesser known is that Native American women are in the forefront of the battle for "choice" in South Dakota. These Women Warriors have not only raised their voices for the cause, but are also running for state office as openly pro-choice candidates, too. One such warrior is Theresa Two Bulls (Flandreau Santee Sioux /Oglala Sioux), who, in November, won her bid for re-election to the South Dakota State Senate. Ms. Two Bulls, an Oglala Sioux tribal prosecutor and one-time vice-president of the Oglala Sioux tribe, was the first Native American woman elected legislator in South Dakota history. During her freshman stint in the state senate, she voted against the abortion ban bill.

"I was surprised the amendments [exceptions for rape, incest, and health of the mother] were defeated in debate," she told me. Especially dismayed by the fight over an Emergency Contraception amendment, she noted, "The morning after pill was particularly put down."

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Environmental Justice Campaigns Provide Fertile Ground For Joint Efforts with Reproductive Justice Advocates

By Chinué Turner Richardson

Environmental toxicants can adversely affect human reproduction and development in several ways. One way is through endocrine disruption—the process of synthetic or naturally occurring chemicals altering the body's normal hormonal activity. Studies of laboratory animals and wildlife suggest that chemical exposure can cause a host of reproductive health problems and birth defects, including feminization of males, abnormal sexual behavior and testicular cancer. Furthermore, human experience with one endocrine disruptor in particular demonstrates that fetal exposure can cause significant health effects that may appear years later. Between the 1950s and the early 1970s, a group of pregnant women were treated with diethylstilbestrol (DES), a synthetic estrogenic agent that allegedly reduces the chance of miscarriage, although its efficacy was never shown. In the 1970s, daughters of these women were found to have an increased risk of vaginal clear cell carcinoma and other reproductive abnormalities, whereas sons had an increased risk of genital anomalies and other adverse outcomes.

Environmental toxicants also can affect reproduction and development through other mechanisms. For example, a chemical can enter the blood through the skin or lungs and be directly toxic to cells. Substances such as lead and mercury can disrupt brain development in fetuses and young children. Furthermore, exposure to contaminants such as pesticides can cause spontaneous abortions and birth defects in offspring.

Even as the evidence mounts, however, few studies have been able to capture the full breadth of human health implications. To a large extent, the research fails to assess the cumulative risk of exposure to multiple chemicals and the effects of exposure at different stages in development. A chemical may have a completely different effect on an embryo or a fetus than it does on a mature adult, and the timing of exposure is an important determinant of its effect. The research is further clouded by the difficulty involved in assessing the impact of exposure across generations. As seen in the example of DES, the effects of exposure often go undetected until the offspring of the exposed adults reach maturity, at which point it may be impossible to trace the abnormalities back to a specific source.

> **"In disparate communities across the country, local activists have organized grassroots campaigns aimed at the removal from their living and working environments of toxic sources that have been found to cause adverse reproductive and developmental effects."**

Finding Common Ground

In disparate communities across the country, local activists have organized grassroots campaigns aimed at the removal from their living and working environments of toxic sources that have been found to cause adverse reproductive and developmental effects. Their record of success has been mixed: One campaign in California led to the permanent closing of a privately owned incineration facility, another effectively mobilized an immigrant population to advocate for state-level policy action, and a third continues its struggle to bring national attention to pervasive health problems in a dangerously contaminated city in the South.

Campaigns such as these would appear to provide a golden opportunity for advocates from the reproductive rights and environmental justice communities to coalesce around common goals. To date, however, that does not seem to have happened. Loretta Ross, National Coordinator for SisterSong Women of Color Reproductive Health Collective, a national organization made up of grassroots environmental, social justice and reproductive health organizations, suggests that the lack of involvement may stem

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International HIV/AIDS Conference Offers Critical Strategies that Affect Women of Color Worldwide

Reporting By Dázon Dixon Diallo, SisterLove Inc.
Words By Yaminah Ahmad

In August 2006, the International AIDS Society, along with its co-organizers, the Global Network of People Living with HIV/AIDS, the International Community of Women Living with HIV/AIDS, the International Council of AIDS Service Organizations, the Joint United Nations Programme on HIV/AIDS and the Canadian AIDS Society, hosted the XVI International AIDS Conference. The week-long conference took place in Toronto, Canada with over 20,000 participants, including health care providers, scientists, advocates, government representatives, as well as community and business leaders and people living with HIV/AIDS.

This past year's theme was "Time to Deliver," with an objective to revisit past commitments and emphasize the urgency of providing effective preventive and treatment strategies to communities worldwide. Community-building workshops, symposia, bridging sessions, and abstract discussions were conducted throughout the conference. SisterSong member-organization SisterLove Inc., one of the few HIV/AIDS organizations that work specifically with women of African descent, participated in the conference as part of a large delegation sponsored by the Los Angeles-based Black AIDS Institute. Dázon Dixon Diallo, founder of SisterLove Inc., felt that women's HIV/AIDS issues were finally garnering the proper attention at the conference. While attending "The International Community of Women Living with HIV/AIDS," which focused on global women of the south, Dixon Diallo heard countless remarks from other attendants about how African women's issues are now at the forefront of discussions – a feat she attributes to high-profiled figures and their interest in the pandemic. "Global leaders like UNAIDS Envoy Stephen Lewis, Bill &

> **"...in East Africa, men who are circumcised are about 70% less likely to become infected with HIV than men who are not circumcised."**

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Ms. Two Bulls is distressed because women's reproductive rights have been dragged through the political process. "In our tradition," she said, speaking of American Indian culture, "the woman is the backbone of the family. It's up to her to decide when and where to have and raise children. Men and women each had our roles and they were respected. Children are sacred, and so are women's bodies. People need to understand our culture and beliefs. We need legislation that respects Native culture - blends culture and legislation."

Ms. Two Bulls admitted that her freshman term as a Senate Woman Warrior had been lonely, but she was anxious to go back to work and continue making her views known. To hear her quiet, respectful voice, it's hard to imagine Ms. Two Bulls vigorously prosecuting criminals in court or arguing over an abortion bill in the Senate. But make no mistake, she was forceful in her assertion to me: "I think it's a woman's choice to say what happens to her body. *Roe v. Wade* is still law."

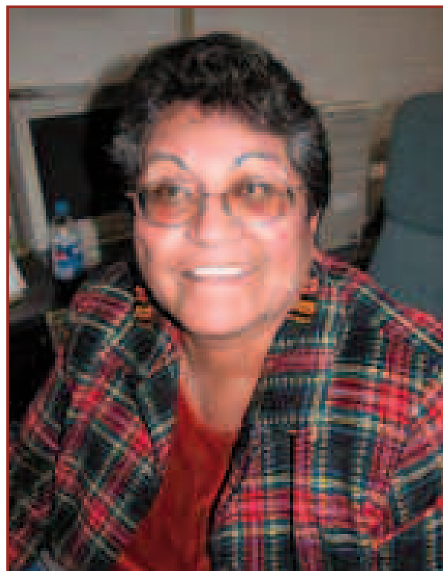

Photo of Theresa Two Bulls

Another Woman Warrior people should know about is Charon Asetoyer (Comanche), who ran for a seat in the South Dakota State Senate on a platform stressing women's and family health, but was defeated in the primary. Ms. Asetoyer is Executive Director of the Native American Women's Health Education Resource Center (NAWHERC), on the Yankton Sioux Reservation in Lake Andes, South Dakota. Ms. Asetoyer is a well-known figure in women's health, and a firebrand on behalf of Native American women's reproductive rights.

"The voters have spoken," she said, discussing election results. "They don't like government legislators making decisions for us." When asked if choice is now safe in South Dakota, she responded, "Right-wing fundamentalists will try again with this legislature. They're not concerned about rape and incest; they believe those things are God's will. The fact that this bill didn't have exceptions for the mother's health was what concerned a lot of women, even conservative women."

Ms. Asetoyer said, however, that she would run for office again. "…Pro-choice candidates do have an audience [in South Dakota], and a chance to educate the public to the issues. I was the first candidate to use radio ads to announce my platform, and that gave me the opportunity to set the pace for the election in general. I opened up the discussion for other candidates."

Ms. Asetoyer helped "haul people to the polls, and worked with Native American women from across the state," in an effort to defeat Measure 6. NAWHERC developed ads for papers that are popular on the reservation. The ads were directed at Native American women and featured the statement: "Women Are Sacred!"

She relayed a story about two high school girls in her town that ran around pulling up anti-abortion lawn signs before the election. She believed it showed that even young girls were "pissed off and getting active on their own."

When discussing the failures of the Indian Health Service (IHS), which is a federal healthcare service for Indian women on reservations across the U.S., Ms. Asetoyer suggested that non-natives help Native women by pressuring Congress to ensure that the IHS meet the reproductive needs of American Indian women. Echoing Ms. Two Bull's concern, she added, "We live by the constraints of the Hyde Amendment [federal law restricting reproductive services provided to low-income women served by the IHS]. It's crucial that we receive emergency contraceptives in the emergency room. ECs are crucial!"

When asked about what she would like others to know about the reproductive rights of Native American women, Ms. Asetoyer said, "It's important that people realize that we Native women have stood up to protect ourselves. This is an issue of our sovereignty, and we see it in that context; it's a direct attack on our sovereign rights, and certainly should not be left up to male counterparts or the political arena. More and more [Native] women will be running for office; and I will be out there, too, in politics, and working to stop bills that infringe upon women's rights. We need young women, and others, to not wait until it's too late. We need more 'get out the vote' work on reservations...we need to realize the power of the voice on the reservation." As of February 2007, the South Dakota Legislature reintroduced the anti-abotion bill, launching a new fight over House Bill 1293.

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The Native American Women's Health Education Resource Center
P.O. Box 572
Lake Andes, South Dakota 57356-0572

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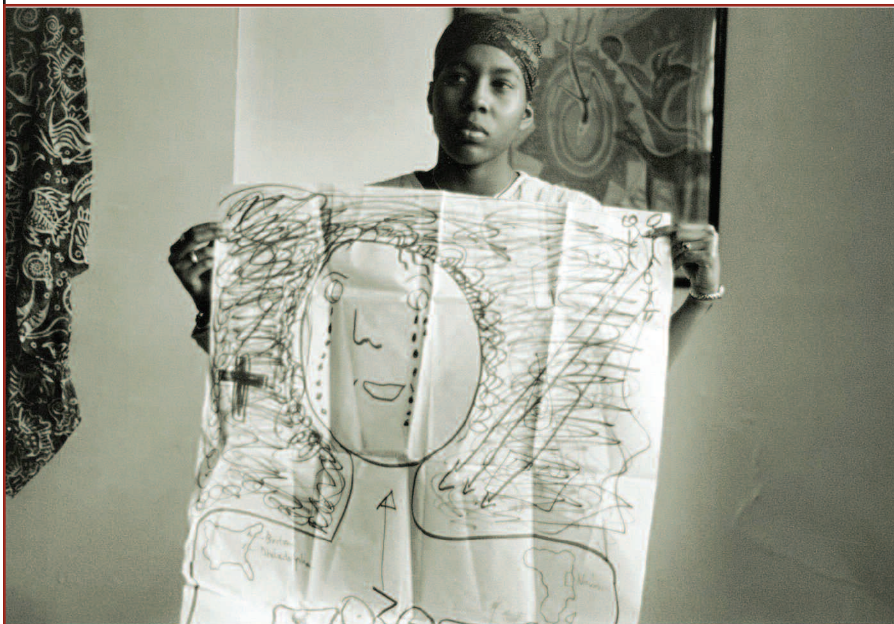

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largely from mainstream advocates holding to a conventional view of reproductive rights that she thinks is too narrow. "Many within the mainstream reproductive rights community support abortion and family planning as the primary means of achieving women's empowerment," says Ross. "Meanwhile, those within the environmental justice movement see no separation between human health and the environment, and are working first on remedying the ills in their community as a means of empowerment."

Ross is not alone in seeking closer ties between reproductive rights and environmental justice advocates. "I'm here working as a volunteer, often feeling beleaguered," says Bruce Wood of the Dickson campaign. "We would absolutely welcome reproductive rights groups into our community." And with a proven track record in fundraising, organizing and coalition-building, the reproductive rights community has much to offer. Prochoice groups have extensive experience in organizing large-scale, issue-oriented campaigns, and they could help local environmental justice activists develop research and public messaging tools to help broaden public awareness of the dangers of toxic contamination on reproductive health specifically. Armed with these tools, local environmental justice activists would be more empowered to rally communities and call for policies that would protect them from intrusive companies and harmful chemicals.

All of that aside, a powerful argument for greater collaboration between the mainstream reproductive rights and environmental justice movements is that the lack of such collaboration is frustrating the ability of each community to achieve what are at bottom shared objectives. For now, perhaps, the most important step for the pro-choice community to take is to better appreciate the fact that champions of the environmental justice movement are already rallying around an essential reproductive rights issue: women's ability to bear and raise healthy children in threatening environments. For her part, SisterSong's Ross points out that both the reproductive rights and environmental justice communities are working fundamentally on empowerment issues. However, both camps should improve their understanding of the other's priorities; "there are blinders on both sides," she says.

In short, by working more closely, environmental justice and reproductive rights advocates will be more effective in reaching common reproductive justice goals. People living in low-income communities and communities of color will be better able to have sustainable and healthy families; women within these communities will be more empowered; and a pro-choice movement that embraces a human rights framework inclusive of the full range of issues affecting low-income communities and communities of color will be broader and stronger for having done so.

This is an excerpt from the article, "Environmental Justice Campaigns Provide Fertile Ground For Joint Efforts with Reproductive Rights Advocates," and was originally published in the Winter 2006, Volume 9, Number 1 edition of the Guttmacher Policy Review. In order to read the entire article, please visit www.guttmacher.org/pubs

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Melinda Gates, former President Bill Clinton, and Ministers of Health from Africa, Asia and Europe all drew attention to the plight of women and the urgency in putting the 'new' face to the epidemic – the face of the Black woman," she says.

The conference addressed a new preventive strategy that has the greatest potential for women of color. According to Dixon Diallo, one of the major strategies is the development of microbicides – a topical complex compound that can prevent the vaginal transmission of HIV. This is expected to be an affordable method of prevention available to women in high-risk areas and can be used hours before engaging in sexual intercourse. Researchers predict its availability in the next five to seven years. "This will be a tremendous opportunity for women to have total control over their decisions to practice risk reduction behaviors because they can apply a gel, film or foam with no one else's permission or consent," says Dixon Diallo. SisterLove participates in the Global Campaign for Microbicides Steering Committee by providing local support to advocates who are raising awareness about the advent of microbicides. "We have been engaged in educating communities of women and men about microbicides as an effort to increase advocacy for the necessary resources from government and corporate donors to fund the research and development of these critically needed compounds," Dixon Diallo explains. "Similarly, we conduct ongoing HIV vaccine education and support for our local vaccine and microbicide research clinic in Atlanta. We also provide up-to-date information on the local clinical trials that are being conducted using some of these compounds, and on how women can be involved in the trials."

Another preventive strategy is updating contraception methods like diaphragms and cervical caps for women whose options do not include condom usage. "One area of research that was heavily debated at the conference was the finding that, in East Africa, men who are circumcised are about 70% less likely to become infected with HIV than men who are not circumcised. As one can imagine this is a welcome new area of prevention research, and is also controversial because of its intersection with cultural traditions, community customs and men's bodily integrity." The newest preventive research is the prophylactic use of anti-retrovirals to prevent HIV transmission. Scientists are reviewing two types of products – Pre-exposure Prophylaxis and Post exposure Prophylaxis (PrEP and PEP). Dixon Diallo says that current Anti-Retroviral classes that treat people who are HIV-positive are being investigated for their safety and effectiveness in those who are not HIV-positive, but have a greater risk of contracting the virus. She says, "From a scientific and medical standpoint, these issues are critical because there are serious concerns for ongoing resistance buildup among people with HIV. Also, it raises questions for people who may seroconvert and their biological eligibility for treatment may be compromised." She continues, "On the other hand, being able to take a 'pill' or 'shot' may greatly decrease the incidence of HIV in highest risk communities, especially for women of color who need options that do not require their partner's permission or consent." Dixon Diallo cited research and development of two new classes of drugs, which affect the life cycle of HIV once it enters the body, that are on the brink of FDA-approval. While many infected people take an excessive amount of medication several times a day, pharmaceutical companies are working to reduce the amount of medication needed. There are drugs available now that can be taken once or twice a day with less side effects and the same potency. However, it is extremely expensive and unavailable to poor countries and communities. The conference did offer updates on research and development of a successful vaccine, stating its conception is still in the near future.

After the conference Dixon Diallo believes now more than ever in the importance of strengthening the reproductive justice movement. Not only does she call for women in powerful decision-making positions to be directly involved in the fight against HIV/AIDS, she also wants them to recognize that poverty, violence and lack of political expression and leadership are the epidemic's allies. "Economic independence, political leadership, sexual and reproductive freedom, and full access to their human rights protections will go the furthest distance in helping curb the epidemic among women at greatest risk." SisterLove continues its mission of HIV/AIDS education, prevention, advocacy and support, capacity building and sustainability with more support from its global community, which links them to millions of women of African descent around the world.

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404-344-9629

"Everywhere We Go, People Want To Know…"

Many people ask me, "Who are Da Urban Butterflies? What do they do? What do they stand for? Why should we be an Urban Butterfly?" There are times when I just don't know what to say because there are so many answers. But for the most part I say that Da Urban Butterflies and Allies Leadership Development Program (DUB) is committed to build strong, conscious and active youth leaders who promote and practice social justice in our Washington Heights Community and in New York City. We know that in order to change the world we need to be that change in our community.

DUB (a project of the Dominican Women's Development Center) trains youth on social issues and cultural awareness. We organize events for youth by youth, such as the Young Latina Women and Allies Encounter, marches, rallies, etc. We are active in changing violence and teen pregnancy and we create alternative spaces and activities to end the selling and using of drugs. DUB also helps build positive self-esteem.

"This experience was very interesting and I learned a lot from the beautiful women of color there."

My first experience with DUB was participating in their six-week summer program, Summer Youth Leadership Development Institute. I met good friends and learned more about the community, my Dominican culture and myself. I traveled to Los Angeles, California with the group and participated in the SisterSong National Membership Meeting. This experience was very interesting and I learned a lot from the beautiful women of color there. The reason for our visiting California was to learn more about reproductive justice. I learned that reproductive justice has to do with everything in a person's life. For example, reproductive justice addresses the right to health care and owning your body.

I also learned that for over 10 years, low-income undocumented immigrant women have been denied basic healthcare. How is it that we, immigrants documented or undocumented, pay taxes and don't have access to healthcare? We contribute to the prosperity of this country, too.

I love the work we do because there are so many people who only think about themselves. I feel good because I am helping others and I am learning. DUB fights for the rights of the youth and our community. As young people, every experience we go through makes us who we become, and in DUB, we are becoming a team of leaders for today.

Arlyn Rondon, 14
Urban Butterfly
A. Philip Randolph High School

"Immigrant, ¡Sí Se Puede!"

On Saturday, October 21st, Da Urban Butterflies and Allies attended the Immigrant Rights March at Union Square in New York City. As Da Urban Butterflies we feel that immigrants have come to this country to work and better our living conditions. We support immigrant rights because they are human rights.

For the most part, immigrants help the economy of this country, and in turn, they are exploited and blamed for the ills of our society. But the U.S government never goes in depth into analyzing the problem. The problem is that the U.S government goes into our countries-Third World countries- and steals the riches of our lands, our civil/political rights and our national employers/companies. The U.S is sold to us as a place of opportunities, and since our opportunities have been stolen from us in our own countries, we come here. We come to work and often are mistreated and even killed by organizations like the Minutemen.

"In participating in marches one finds a lot of pride in being Latina, representing one's flag."

In participating in marches one finds a lot of pride in being Latina, representing one's flag. I still don't understand though why so many people want to carry the U.S flag after all this country has done to other countries in the world. But I guess it is a way of assuring the people of the U.S. that we, the immigrants, are not the enemies. Is there any other way to reassure the U.S. population of this? I wouldn't know. What I do know is that the October 21st march was not all that I thought it would be. There wasn't a lot of people and we rallied for too long. But it was still a time to proudly say, "I am an immigrant, ¡Sí Se puede!"

Luz Melo, 15
Urban Butterfly
Fashion Industries High School

REPRODUCTIVE JUSTICE 101

A New Vision for a Collective Movement

Thirty-four years after *Roe v. Wade*, the U.S. pro-choice movement finds women's rights to contraception and abortion threatened by the conservative shift of the nation. Meanwhile, women of color are disproportionately affected by cuts to Medicaid, dangerous contraceptives, welfare reform, immigration restrictions, and more. We are ready for change!

SisterSong is offering a new vision for a winning movement: Reproductive Justice! RJ calls for the complete physical, mental, spiritual, political, social, and economic well-being of women, girls, and individuals, based on the full achievement and protection of human rights. SisterSong is offering Reproductive Justice 101 trainings in which you will learn:

- The history of Reproductive Justice and how to integrate the framework into your work
- How Reproductive Justice can help bring together constituencies that are multi-racial, multi-generational, and multi-class
- How to build a more powerful and relevant grassroots movement for Reproductive Justice

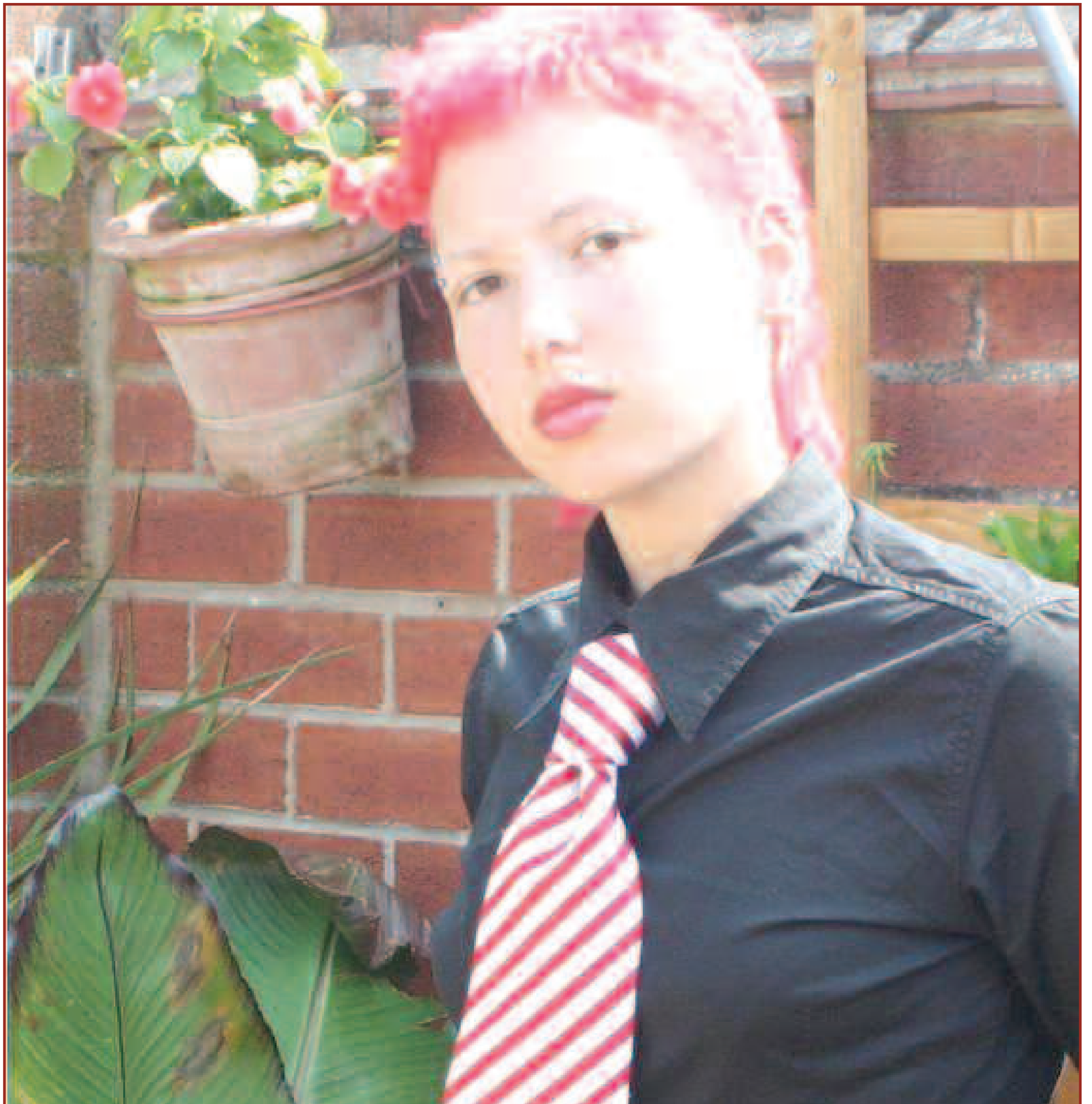
In order to learn more about Reproductive Justice 101, please contact Laura Jiménez at 404-344-9629 or email her at: trainings@sistersong.net

Transgender 101

By Transgender Law Center, San Francisco, CA
www.transgenderlawcenter.org

Everyone has a gender identity. Our gender identity is how we see ourselves. Some of us see ourselves as women, some as men, some as a combination of both, some as neither. Some of us have complex identities that may even be fluid and change over time. For instance, some of us see ourselves as female to male trans people who also identify as butch women and genderqueer and some days as drag queens.

Everyone also expresses their gender identity. We all make choices about how to wear our hair, whether to shave our legs, what clothes to wear, whether or not to wear make-up, what body parts to accentuate, etc. We all make hundreds of conscious decisions every day about how we are going to express our gender.



Transgender People:

Transgender people (very broadly conceived) are those of us whose gender identity and/or expression do not or aren't perceived to match stereotypical gender norms associated with our assigned gender at birth. In other words, people think that we should express our birth gender according to social norms.

A note on the word "transgender:" Some of us who fit the above definition do self-identify as transgender, and some of us don't. We are a community with an evolving language. What is key is that everyone has the right to SELF-IDENTIFY. When in doubt about how a person identifies or what pronouns a person prefers – ask nicely and politely. It is very important to respect each person's self-identification. For instance, it is not respectful to challenge someone's gender identity.

Diversity Within The Transgender Communities:

Transgender people span all communities, backgrounds, ethnicities, ages, and abilities.

Transgender people have all sexual orientations. Gender identity is about who one is. Sexual orientation is about who one is attracted to. Some transgender people are straight, some are gay, some are bi, and some are queer.

Like non-transgender people, transgender people have enormous and beautiful gender diversity. We are feminine women, masculine women, androgynous women, feminine men, androgynous men, masculine men, to name just a few. There are infinitely different ways to be male and infinitely different ways to be female. And there are infinite ways to be neither. One term to describe those who do not identify as completely male or female is genderqueer. (But, not all people who do not identify as female or male self-identify as genderqueer – and some people who do identify as female or male do self-identify as genderqueer. Again, it is important to respect each person's self-identification.)

A little note on spectrums and lines: There are women and there are men. These are two options among a million. There are transgender people who identify as trans, tranny, trannyboy, trannygirl, transsexual, transgender, shinjuku boy, boi, grrl, boy-girl, girl-boy-girl, papi, third gender, fourth gender, no gender, bi-spirit, butch, dyke-fag, fairy, elf girl, glitterboy, transman, transwoman – just to name a few. Some of us see ourselves as combining aspects of male and female. Some of us see ourselves as falling between male and female. Some of us fall completely outside of the binary gender system. Some of us have the same gender always and everywhere; some of us are fluid, and some of us change according to a situation or over time.

"We are a community with an evolving language. What is key is that everyone has the right to SELF-IDENTIFY."

Bodies:

In addition to the enormous variety of identifications, there are an equally impressive variety of bodies. Some Male to Female transgender people identify as 100 percent female and never take hormones or have any surgeries. Transgender women define for themselves what it means to be female and to have a female body. Some Female to Male transgender people take male hormones, have mastectomies, and yet, do not identify as men. Some do. Some mix and match to best express their very own fabulous gender. Some take hormones, but have no surgery or vice versa. Some take low-doses of hormones or go on and off. For some trans people, altering genitalia is important. For others, it is not. Some transsexual men identify as 100 percent male and choose to become pregnant and bear and raise children. There is an endless variety of transgender bodies.

Further, there are endless ways to arrive at being transgender. Some transgender people are assigned female at birth, know from day one they are male, describe their experience as being a man trapped in a woman's body, and live their life as a heterosexual man. This narrative is perpetuated, reinforced, and rewarded by the medical and psychological establishment. Many transgender people share only some part or no part of this narrative. Many transgender people live happy lives prior to transition. Not all transgender people feel uncomfortable in their bodies and want to alter it.

And, a quick note on sex vs. gender: In our society, sex is usually seen as the more objective, natural backdrop to a socially constructed gender. In the transgender communities, there are many different views about sex and gender, their definition and their interrelation. Some transgender people see themselves as having one sex and a different gender. Some transgender people do not see themselves in this way. I do not want to offer a definition here. But, I do want to remind us that BOTH sex and gender are socially constructed and that BOTH sex and gender are socially real.

And, the bottom line: There are many, many different ways to be in this world. There are many, many different ways to be transgender or gender non-conforming in this world. And, in the end, what counts is a person's self-identification.

The FDA's Plan B Decision: A Victory for Women of Color?

By Ederlina Co
NARAL Pro-Choice America

In August 2006, after stalling for more than three years, the U.S. Food and Drug Administration (FDA) approved the emergency contraceptive Plan B® for over-the-counter sales to women ages 18 and older. Plan B, also known as the "morning-after" pill or emergency contraception, consists of ordinary birth control pills that reduce a woman's chance of becoming pregnant up to 89 percent when taken within 72 hours of unprotected sex. For women of color, the FDA's decision marks an important victory, or so it seems. Will the Plan B victory ring hollow for members of our communities much the same way the promise of *Roe v. Wade* does?

"Retailers are hiking up [the] price to anywhere from $40 to as high as $80."

Statistically speaking, women of color as a group are more likely than white women to experience unintended pregnancies. In part, the disparity exists because of inconsistent use (or nonuse) of contraceptives or because of the effectiveness of the contraceptive method chosen. The FDA's decision gives women a seemingly accessible back-up method in the event that they want to avoid an unintended pregnancy. In theory, a woman can stop by her local pharmacy and purchase Plan B. In the alternative, she can visit her local public health care clinic and purchase or obtain the medication there.

In reality, completing a Plan B transaction may not be so easy, particularly for women of color. As advocates, we should not make the same mistake we made after *Roe v. Wade*, viewing victory in a vacuum. Rather, we must consider what real-life effect, if any, the FDA's decision will have on women's lives. Regrettably, little pause is required to realize that, similar to abortion care – cost, regulation, and adequate services and information – will influence whether many women of color are able to take full advantage of over-the-counter access to Plan B.

First, Plan B could prove to be cost-prohibitive for many women of color. Barr Laboratories, the manufacturer of Plan B, has priced the medication for wholesale distribution at $27.95. Retailers are hiking up that price to anywhere from $40 to as high as $80. As a result, Plan B may be too expensive for many women of color who are disproportionately from low-income communities.

As is often the case, Medicaid coverage is not a simple solution. Under Medicaid, states may choose whether to provide coverage for over-the-counter drugs, so coverage of Plan B is not guaranteed. Furthermore, even if Medicaid programs eventually cover Plan B, there is a severe lack of understanding and utter confusion in state Medicaid offices about Plan B and what women and pharmacists need to do to obtain coverage. Finally, many immigrant women are ineligible for Medicaid under welfare reform regulations, which bar immigrants from receiving Medicaid benefits until five years after they arrive in the United States. Medicaid coverage of Plan B or lack thereof is therefore irrelevant for them.

Second, the age-restriction and proof of identification requirement under the FDA's decision put young women and immigrant women at an immediate disadvantage. Unlike the vast majority of over-the-counter medications, Plan B remains a prescription-only product for women 17 and under, and all women must show proof of age with a government-issued identification. These restrictions may appear benign at first glance, but actually, they could prevent some women from securing the medication in a timely manner.

Young women, particularly young women of color, are at a high risk of unintended pregnancy. Unnecessarily forcing them to obtain a prescription for Plan B ignores the fact that Plan B is safe for women of all ages and that young people are more likely to experience contraceptive failure during sex. Requiring a government-issued identification potentially puts many immigrant women, particularly undocumented women, at a higher risk of unintended pregnancy too because women may lack identification or fear they will be reported. As demonstrated by recent immigration debates, there is a palpable contempt in pockets of our nation for immigrants that justify the concerns of the immigrant community.

Furthermore, state regulations will undoubtedly compound the FDA's age restriction and proof of identification requirement. As they foreshadowed last year, far-right advocates and policymakers will find new and creative ways to restrict Plan B, further limiting access to it.

Finally, inadequate stocking and servicing of Plan B, including lack of culturally competent pharmacists and information about the medication, could render the FDA's decision hollow for many women of color. Prior to the FDA's decision, a national survey found that 73 percent of African American women and 60 percent of Latinas would be more likely to use Plan B if it were available without a prescription. However, notwithstanding pledges from various pharmacies to stock Plan B, pharmacies thus far have been somewhat inconsistent in their practices in many areas. Moreover, even if a pharmacy does stock Plan B, pharmacists may refuse to provide it for personal reasons or because the pharmacist is misinformed about the medication's availability. A number of women have already reported that pharmacists have turned them away. Pharmacists also may not be trained to provide culturally competent services to women with limited English proficiency; if that is the case, over-the-counter access to Plan B will mean little for a considerable segment of women of color.

"…the age-restriction and proof of identification requirement under the FDA's decision put young women and immigrant women at an immediate disadvantage."

Thus, the reproductive justice movement faces strikingly similar challenges now as it did more than 30 years ago after *Roe v. Wade* to ensure that the FDA's Plan B decision is a victory for all women. There is, however, reason to remain optimistic about the possibility of the FDA's decision having a positive impact in our communities. A number of working groups made up of dedicated advocates have already initiated discussions about ways to address the challenges we face. Although much work remains to be done, I am confident that the groups' focus, commitment, and strategy will help ensure that the FDA's decision is a policy victory as well as a practical reality for all women.

LET'S TALK ABOUT SEX

SisterSong
Women Of Color Reproductive Health Collective

SisterSong
Women Of Color Reproductive Health Collective

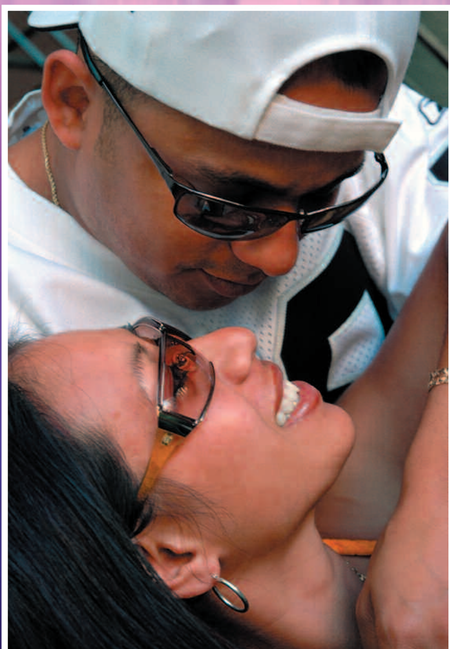
THE SISTERSONG WOMEN OF COLOR REPRODUCTIVE HEALTH COLLECTIVE PRESENTS

2ND NATIONAL CONFERENCE & 10TH ANNIVERSARY CELEBRATION

MAY 31 — JUNE 3, 2007

WYNDHAM ROSEMONT HOTEL / CHICAGO

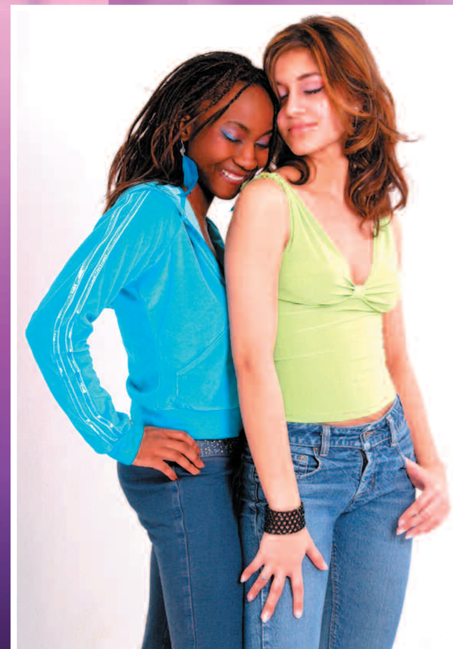
A PRO-SEX SPACE FOR THE PRO-CHOICE MOVEMENT



As a steadfast advocate for reproductive justice for women of color, SisterSong recognizes that our reproductive rights are manipulated, ignored and violated when healthy conversations about sex are non-existent. This conference will change all of that!

Please join SisterSong as we celebrate with...

- Workshops on erotica, sex work, media, feminism, militarism, birth control, midwifery, pleasure, senior sexuality, LGBTQ sex, and more!
- Music, slams, films, performances.
- Special sessions by and for young women.



FEMINIST MAJORITY FOUNDATION

Ms.

Mothers in Cameroon Practice Breast Ironing on Teen Daughters

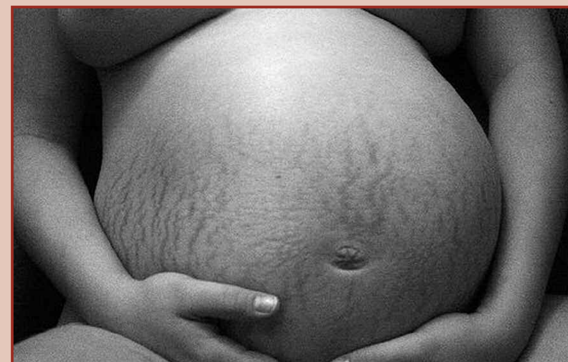
In June 2006, the BBC News reported that some mothers in Cameroon practice "breast ironing" on their adolescent daughters in order to prevent sexual advances from boys and men. Breast ironing is a procedure which includes heating bananas or coconut shells to pound and massage developing breasts. BBC News stated that 26% of pubescent girls are subjected to the ritual. The practice is a crime punishable by three years in prison. In order to deter mothers from performing the ritual, the Association of Aunties, an organization of teen girls in the country, launched a campaign of television commercials discussing the dangers of breast ironing. While the BBC News reported that no research is available to account for the medical effects, Anderson Doh, director of Gynaecological Hospital in Cameroon's capital Yaounde, stated, "[I]f you overiron the breast, if you use very hot objects, if you pound on the breast at this tender age when the structures are developing, of course you could also cause damage."

Overweight Woman Refused IVF Treatment

In September 2006, *The Guardian* printed the first-person story of Nichola Morris, an overweight woman who was refused in vitro fertilization treatment. A few years after her wedding, Morris' husband, who has two children from two previous marriages, underwent surgery to reverse his vasectomy to start a new family. Months passed with no success. Morris admits to being overweight most of her life and attributed her difficulties to conceive to her weight. After a series of tests, Morris discovered her husband had a low sperm count. Her doctor recommended a fertility clinic. A renowned clinic in London (Morris did not identify) informed her the drug used to produce multiple eggs isn't effective on overweight women. Morris attempted to lose weight while screening other clinics. She endured countless failed attempts to shed the pounds and also encountered discrimination with more high-end fertility clinics that cited the treatment as "dangerous" for mother and child because of her weight.

After three years, Morris was recommended to the Essex Fertility Centre. While the doctor admitted her weight wasn't ideal for the procedure, he said he'd only refuse treatment for extreme health conditions, which did not include obesity. She underwent treatment, which produced six fertilized eggs. Soon, Morris discovered she was pregnant with twins.

Morris ends her story stating that she was successful because she had financial advantages. She wrote to *The Guardian*, "I was lucky. I could afford private treatment… But if the debate had started sooner, I may well have succumbed to an argument that attempts to create financial precedents for discriminating against women who already suffer discrimination in a multitude of ways. No one should be told they are too fat to try to be a mother."



Only 3.6% of Grant Funds Awarded to Minorities

by Yaminah Ahmad

According to the startling report, "Investing in a Diverse Democracy: Foundation Giving to Minority-Led Nonprofits," released by Greenlining Institute in January 2007, only 3.6% of grant funds were awarded to minority-led organizations. In an effort to understand how foundations are empowering minorities to be active in public policy discussions that affect their daily lives (water, energy, transportation, housing, education), Greenlining conducted a study, which analyzed three groups: national private foundations, California private foundations and California community foundations. The report shows that out of the top twenty-four national private foundations who awarded grants by race, 1.7% were awarded to African Americans, 1.0% were awarded to Asian/Pacific Islanders, 1.6% were awarded to Latinos, 0.7% were awarded to Native Americans and 2.7% were awarded to multi-cultural nonprofits. The study also reported that one of the largest California-based private foundations-- Moore – ranked at the bottom, with a percentage of 0. John C. Gamboa, Executive Director of Greenlining Institute, stated that 5 out of 35 foundations obliged their request for grant information. Gamboa says that it is imperative for minorities to participate in more issues than immigration, affirmative action, welfare, etc. "This is only possible if our communities are provided the same opportunities and resources to learn, grow, and make mistakes that our predominately white counterpart organizations have received from foundations," says Gamboa.

In order to read the entire report, "Investing in a Diverse Democracy: Foundation Giving to Minority-Led Nonprofits," please visit www.greenlining.org

Trauma and Pregnancy: Katrina and 9/11

by Yaminah Ahmad

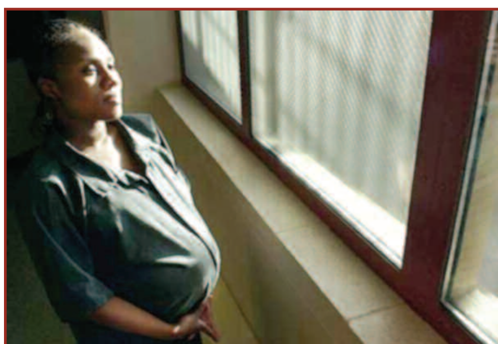
In August 2006, *USA Today* reported that New Orleans' birthrate increased by 39%, nine months after Hurricane Katrina. The data, which came from Louisiana Hospital Association and the Metropolitan Hospital Council of New Orleans, reported births from May 2005 to May 2006, but have no final data for birthrates in June and July. According to *USA Today* one of the major factors contributing to the increase in births was because some residents could not locate their physicians, and therefore, were unable to refill birth control prescriptions. But Gail Gibson, nursing administrator for women and children's services at the Medical Center of Louisiana at New Orleans told *USA Today* that some couples engaged in sex because they had nothing to do. Not only can prejudice blind some healthcare workers to an obvious consequence when contraception is not accessible, it can also physically affect babies before they are even born.

Another study was conducted to see if anti-Arab attitudes after 9/11 were responsible for the increase in premature and low birth-weight babies birthed by women of Arab ancestry in the United States, following the 9/11 attacks, reported the *Washington Post* in March 2006. Epidemiologist Diane S. Lauderdale of the University of Chicago accumulated birth records from 2000 to 2002 in California. Lauderdale chose California because hate crimes had reportedly tripled after the terrorist attacks because of anti-Arab and anti-Muslim attitudes. More than 15,000 women with Arab last names were identified for the study. Lauderdale discovered that

34% of them whose babies were born six months after 9/11 were more likely to have low birth-weight babies. The study also showed that 50% of the babies would more than likely be born prematurely. While there were no changes in the rate of babies born prematurely or low birth weights to other women, other studies show that black women with a high level of stress due to discrimination produced a substantial amount of certain hormones, which are harmful to developing fetuses, the *Post* reported.

Prisons Shackle Women Inmates in Labor

by Yaminah Ahmad



Shackling prisoners in labor continues to be a common practice, the *New York Times* reported back in March 2006. There are only two states that have laws forbidding the practice: California and Illinois. The California law was prompted after discovering this as a nationwide problem. "We found this was going on in some institutions in California and all over the United States," said Sally J. Lieber, a Democratic assemblywoman from Mountain View. The law in Illinois, which was enacted in 2000, states that the legs and waist of a pregnant female prisoner cannot be shackled. According to Amnesty International, 23 state corrections departments, along with the federal Bureau of Prisons, have regulations that allow restraints during labor. Arkansas is now using flexible nylon restraints for pregnant prisoners in labor after the case of Shawanna Nelson. Nelson, a prisoner at the McPherson Unit in Newport, Ark., was in labor 12 hours with her legs shackled together when she arrived at Newport Hospital on Sept. 20, 2003. Her guard, according to court papers, refused to remove them, even at the requests of doctors and nurses. They were finally removed at the very end of the delivery. Nelson, who weighed 100 pounds at the time, gave birth to a nine and a half pound baby. Her lawsuit states that the experience has left her with lasting back pain and damage to her sciatic nerve. Many states claim the restraints are necessary in order to deter escapes and are well within their rights because prison rules are also enforced when prisoners are still in custody outside the institution. "This is a perfect example of rule-following at the expense of common sense. It's almost as stupid as shackling someone in a coma," William F. Schulz, the former executive director of Amnesty International U.S.A told the *Times*.

Member Organization Update: NAPW
Nationwide Advocacy Leads to Victories for NAPW

The National Advocates for Pregnant Women are celebrating important victories that protect and empower pregnant women around the country.

In Idaho, the Senate passed a bill that would allow felony arrests of women who continued their pregnancies to term in spite of a drug problem. NAPW provided extensive support to the Idaho Women's Network, providing them with facts, figures, expert opinions and more, to challenge the misinformation at the heart of this bill. NAPW also worked with the Drug Policy Alliance to help the board president of the Women's Network place an op-ed in the state's leading newspaper. The Idaho Women's Network stopped the bill in its tracks. To read the op-ed go to:

http://www.idahoptv.org/idreports/showEditorial.cfm?StoryID=20524

In Texas, lawmakers redefined the term "individual" to mean "a human being who is alive, including an unborn child at every stage of gestation from fertilization until birth." As a result of this law, two pregnant women with drug problems were convicted as drug dealers to the unborn. Both women lived more than 100 miles from any treatment program designed to meet the needs of pregnant and parenting women. NAPW supported their defense lawyers and opposed this destructive interpretation of the law in a friend of the court brief filed on behalf of more than 20 leading state and national public health, child welfare, and drug treatment organizations and experts. In a 3-0 unanimous decision, the Seventh Court of Appeals of Texas reversed the convictions. Read: Tex. Court Overturns Convictions Under 'Fetal Rights' Law at:

http://newstandardnews.net/content/index.cfm/items/3024

Demonstrating our ability to educate at both the national and local level, NAPW worked with Dr. Howard Minkoff to reach experts in the field of medicine and bioethics. We are proud to report that THE HASTINGS CENTER REPORT, a prominent journal that promotes "thoughtful, balanced reflection on the ethical and social issues of medicine and medical science," published a commentary by Dr. Howard Minkoff, and NAPW's executive director, Lynn Paltrow. The commentary, entitled, "The Rights of 'Unborn Children' and the Value of Pregnant Women," discusses how "Mothers are beatified in words and vilified in deeds." To read the article, go to:

http://advocatesforpregnantwomen.org/whats_new/hastings_center_report_publishes_article_by_dr_howard_minkoff_and_napw_executive_director.php

This is an excerpt from a report submitted by NAPW. In order to read the entire report, please visit www.advocatesforpregnantwomen.org

Strategies Of Resistance

Women Re-Interpreting the Meaning of Democracy in the Arab World

By Leila Hessini
SisterSong Middle Eastern/Arab American/North African Committee

Indigenous demands for political change and democratic reform are permeating the Arab world. Pictures of women climbing through voting station windows to cast their ballots in last year's Egyptian elections were widely published as were photographs of long lines of Kuwaiti women casting the first votes of their lives. Women have lobbied for quota systems to ensure a certain percentage of women candidates in Egypt, Jordan and Morocco. In several countries, they occupy key ministerial positions and serve as judges. Another central component of democratic processes is the proliferation of independent, nongovernmental feminist and women's organizations. Women scholars and activists argue that democracy is not solely about elections but includes a more equitable distribution of resources and the overturning of de jure and de facto gender discrimination.

The efforts of Arab women's organizations have evolved in the context of new global and local challenges—including the rise of fundamentalist groups. Efforts to promote gender equality in the context of the increased politicization of Islam incorporate four interrelated strategies: i) breaking the monopoly on patriarchal religious interpretation; ii) challenging legal discrimination; iii) defying taboos on issues such as violence against women and iv) working to address social and economic disparities. This article is the first in a series of two. It focuses on patriarchal religious interpretation and legal discrimination. The second will discuss efforts to defy taboo issues, address social and economic disparities and counter US imperialism.

Whose Islam?

Different lenses can be used to read Islamic religious texts. Muslim women scholars and activists are reclaiming the right to reread and reinterpret religious texts in light of contemporary realities and universal values. This right has traditionally been the monopoly of self-appointed religious leaders and government spokespersons who often use a patriarchal and ahistoric interpretation of Islam to support their positions toward women. It is usually agreed that Islam accorded women rights that were nonexistent in pre-Islam Arabia, but after the Prophet's death, conservative ulemas (Muslim scholars) codified patriarchal interpretations of religious verses into Shariah law.

Women scholars are taking the lead in distinguishing the values of gender equality and women's rights in the Quran and the hadiths (the sayings of the Prophet Mohammed) from patriarchal interpretations of Islam. Through archival research, scholars like Fatima Mernissi are unearthing women role models in Muslim history, including the Prophet's third wife, Aish'a, who participated in politics and was one of the main authorities on hadiths. These endeavors situate Quranic revelations and the hadith in their historical context and show that women served as religious scholars and imams in medieval Islam and should have the right to do so today. A woman founded the first center of Islamic studies—al-Karouine University—in Fez, Morocco, in 859 and women such as Bint al-Shati have served as renowned professors of tafir—or Quranic interpretation in Islamic universities. Moroccan lawyers Zineb Miadi and Farida Bennani published a dictionary on gender equality and women's rights in Islam. Organizations like the Egyptian Women and Memory Forum are documenting women's voices through an oral histories project, creating new knowledge about key women figures in the past and the present and disseminating it through popular education and community outreach.

Challenging Legal Discrimination

While most countries in the Arab world have predominantly secu-

Continued On Page 16 >>

Mobilizing Support for Community Health Workers in Trinidad

By Lynn Roberts, SisterSong Documentation Committee

Being invited to spend my Spring Break in Trinidad was an offer I could not refuse. The offer was made even sweeter by having the opportunity to work as part of a dynamic training team under the leadership of Sergio Matos. Matos is the co-founder of the Community Health Worker Network (CHWN) of New York City (for more information, visit www.chwnetwork.org/index.html). I have on several occasions invited Matos into my classroom to share his knowledge and expertise about community health work with my MPH students and he, in turn, has invited me to present at several conferences convened by the CHWN.

Matos currently serves as International Coordinator of the Caribbean-US Twinning Initiative. The Twinning Initiative is funded by a grant from the Health Resources and Services Administration (HRSA) to improve community-based HIV/AIDS care and support services in the Caribbean (www.uscaribbeantwinning.org). According to the 2006 UNAIDS report issued by the United Nations, AIDS is the leading cause of death in the Caribbean. Commercial sex, poverty, high unemployment and gender inequalities are prominent factors in the high rates of heterosexual transmission. In 2003, Trinidad had the second highest adult HIV/AIDS prevalence rate (3.2%) in the Caribbean and ranked 33rd in the world. As in the United States and elsewhere, Trinidadian women ages 15-49 are increasingly affected by the pandemic, comprising 50 percent of the adults who are infected with HIV, and young women ages 15-19 are six times more likely to be HIV infected than young males of the same age.

The purpose of this training program was to continue to develop human capacity in various communities of the Caribbean to address the needs of people living with HIV/AIDS (PLWHA) by establishing and enhancing the skills of those community health workers already engaged in supporting PLWHA in their communities. The community health worker (CHW) training that I participated in was held on April 18 through April 22, 2006 in San Fernando, located in southern Trinidad. Our training team in Trinidad consisted of Matos, CHWN Vice President Romelia Rodriguez and myself.

Lynn Roberts (left) pictured with training team

The training was held over five consecutive days. Participants included 38 CHWs from government agencies, NGOs, and the AIDS ward of the local hospital. The content of the training included the History and Tradition of Community Health Workers; Popular Education Techniques; Adult Learning Methods; Empowerment; Strength-Based Approach to Working with Families; Non-violent Communication Skills, and Informal Counseling. Various interactive teaching methods such as brainstorming, socio-drama, small-group activities, open discussion, games, songs and stories were utilized.

Throughout the training sessions, I was continually humbled by the dedication and caring of the CHWs with whom we interacted despite their lack of access to fundamental resources (prevention services, primary health care, anti-retroviral medications

Continued On Page 16 >>

THE HYDE AMENDMENT: a violation of human rights

WHAT WOULD YOU DO? You are a single mother of two with an yearly income of $7,800 to provide for your family. You find out you are pregnant and decide you cannot support another child. With a monthly income of $650, how do you find $468 for an abortion?

Through the Hyde Amendment, the federal government denies poor women, women of color, women in the military and immigrants the ability to make their own decisions about pregnancy and childbearing.

For 30 years, the Hyde Amendment has violated the human rights of women who receive Medicaid by prohibiting federal funding for abortion in the majority of cases. Medicaid is a federal and state government program that entitles beneficiaries to a right to health care. However, the right to abortion is not guaranteed for Medicaid recipients. Since 1976, year after year, the Hyde Amendment has been attached to the annual federal spending bill. Passed by Congress in 1976, as part of the Department of Labor and Health, Education, and Welfare Appropriation Act, the original amendment banned "using funds appropriated by this Act to perform abortions except where the life of the mother would be endangered if the fetus were carried to term." The current version also allows funds to be used in cases of rape and incest. Similar language in other bills also prohibits federal funding for abortion for women in the military, Peace Corps and federal prisons and for women who receive health care from Indian Health Services. The majority of states have also banned state Medicaid coverage for abortion.

These funding restrictions violate women's reproductive rights and ignore universal human rights recognized by the United States and other countries around the world.

The denial of abortion services is a violation of women's:

- right to health
- right to life
- right to equality
- right to nondiscrimination
- right to privacy
- right to be free of cruel, inhumane or degrading treatment
- right to determine the number and spacing of one's children

ACCESS TO ABORTION IS A HUMAN RIGHT

All human beings hold universal human rights, regardless of their race, color, sex, language, religion, opinion, national or social origin, property, birth or other status.[1] Basic to human rights is the concept of equality or nondiscrimination. Governments have a duty to respect, protect and fulfill the human rights of their citizens.

Reproductive rights, which include abortion, are among the human rights recognized in international treaties and other agreements. Reproductive rights comprise the rights to reproductive self-determination, nondiscrimination and health. At the United Nations International Conference on Population and Development in 1994, 179 governments —including the United States — affirmed that control of one's fertility is a basic right.[2] This was reaffirmed at the 1995 Fourth World Conference on Women in Beijing. In 1999, the U.N. General Assembly agreed that "where abortion is not against the law, health systems should … ensure that such abortion is safe and accessible."[3]

"All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."

Programme of Action of the International Conference on Population and Development, Principle 8

THE HUMAN RIGHTS OF LOW-INCOME WOMEN

The Hyde Amendment and other funding restrictions limit the human rights of women receiving Medicaid and other government health coverage. These funding bans also discriminate on the basis of sex, race and economic status. The bans restrict access to a type of health care needed only by women and restrict it for women who are poor. Women of color make up 51 percent of nonelderly Medicaid recipients[4], and 60 percent of American Indians obtain care from the Indian Health Service.[5] Therefore, Hyde Amendment-like restrictions disproportionately affect American Indian women and other women of color.

Paying for an abortion can be a significant burden for low-income women. Half of nonelderly women on Medicaid have incomes below the poverty level, which in 2006 is about $9,800 for one person, according to the Department of Health and Human Services. One quarter of nonelderly women on Medicaid subsist on less than this, making about $7,800 a year for a family of three.[6] Twenty-five percent of American Indian women live in poverty.[7] However, the average cost of a first-trimester abortion in the United States is $468 and women pay up to $1,179 for later term abortions.[8]

Denied coverage and unable to raise the money themselves, between 18 to 35 percent of Medicaid-eligible women who would have had abortions if public funding had been available instead carry unplanned pregnancies to term.[9] Other women sacrifice basic needs such as rent and food to raise money for an abortion or may risk their health or lives because of unsafe, unhygienic procedures.

U.S. POLICY ALSO VIOLATES THE RIGHTS OF WOMEN WORLDWIDE

The 1973 Helms Amendment, which is the equivalent of the Hyde Amendment in the international arena, prohibits U.S. funding for abortion-related activities outside of the United States. In 2001, the Bush administration reintroduced the Global Gag Rule, which prohibits U.S. funding for foreign organizations that work to promote access to abortion with their own, non-U.S. government funding. These restrictive U.S. policies have resulted in increased risk to the health and lives of women in the developing world. Worldwide, where safe abortion is unavailable, nearly 70,000 women die from unsafe abortions each year and tens of thousands more suffer serious injury.[10]

Written by Jamie D. Brooks, Staff Attorney, National Health Law Program; Patty Skuster, Policy Associate, Ipas; and Sarah Horsley, Communications and Campaigns Director, National Network of Abortion Funds. September 2006

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The U.S. Supreme Court does not protect the human rights of U.S. women

In 1980, the Supreme Court upheld the Hyde Amendment. In Harris v. McRae, the Court held that "a woman's freedom of choice does not carry with it the constitutional entitlement to the financial resources to avail herself of the full range of protected choices." Four justices disagreed. Justice Thurgood Marshall wrote in his dissent: "The Court's opinion studiously avoids recognizing the undeniable fact that, for women eligible for Medicaid — poor women — denial of a Medicaid-funded abortion is equivalent to denial of legal abortion altogether. By definition, these women do not have the money to pay for an abortion themselves."

WHAT YOU CAN DO

Join the Hyde – 30 Years is Enough! Campaign, which calls for full public funding of abortion, culturally competent family planning services and support for low-income women to care for their children with dignity. For more information and to see a list of participating groups, please visit *www.hyde30years.nnaf.org*.

Help low-income women to pay for abortions. Make a contribution to your local abortion fund, or sign up to volunteer. Find a fund in your area at *www.nnaf.org*. If there is no fund in your area, consider starting one.

Advocate for increased public funding. Urge your U.S. Congress members and state legislators to provide full Medicaid coverage of abortion and family planning. Find your elected officials at *www.vote-smart.org*.

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1 Universal Declaration of Human Rights 1948, Article 2.

2 Programme of Action of the International Conference on Population and Development, Cairo, Egypt, 5-13 Sept. 1994.

3 Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, report of the Ad Hoc Committee of the Whole of the Twenty-First Special Session of the General Assembly, New York, 1 July 1999, para. 63(iii).

4 The Henry J. Kaiser Family Foundation. 2006. Medicaid's role for women. Menlo Park, CA, The Henry J. Kaiser Family Foundation.

5 United States Department of Health and Human Services. 2005. The 2005 national healthcare disparities report. Washington, D.C., U.S. Department of Health and Human Services.

6 The Henry J. Kaiser Family Foundation. 2006. See reference 4.

7 Institute for Women's Policy Research. 2004. The status of women in the United States, Washington, D.C., Institute for Women's Policy Research.

8 Towey, Shawn, Stephanie Poggi and Rachel Roth. 2005. Abortion Funding: A matter of justice. Amherst, MA, National Network of Abortion Funds.

9 Henshaw, Stanley and Lawrence Finer, 2003. The Accessibility of Abortion Services in the United States, 2001. Perspectives on Sexual and Reproductive Health, 35(1): 16-23.

10 World Health Organization. 2003. Safe Abortion: Technical and Policy Guidance for Health Systems. Geneva, WHO.

Muslim Women continued from page 13>>

lar laws, the personal status codes (or family codes) are derived from Islamic law. These codes are based on antiquated notions of the family and women's and men's roles therein. Due to advocacy initiatives of women's organizations, governments in Algeria, Egypt and Morocco have made important reforms to discriminatory legislation, and men and women are increasingly being recognized as equals in many aspects of family law.

Women scholars and activists are questioning key religious arguments that are being used to support discrimination, including unequal rights to divorce and inheritance. Men have traditionally benefited from a unilateral right to divorce even though there is no Quranic justification for this practice. Women's groups have fought this injustice by showing that what are considered traditional laws are, in fact, modern approaches to codifying legal status between men and women.

Likewise, women have studied the historic texts and point out that women were allowed to inherit half of that of men in the seventh century—a notion that would have seemed revolutionary at the time in Europe. The rationale for unequal inheritance was that men, unlike women, had legal financial obligations. Given the likelihood that today's women earn incomes, scholars have urged reinterpretation of the appropriate Quranic verse to ensure inheritance is equally shared between men and women.

The Moroccan case bears mentioning. After years of advocacy work by women's organizations, significant changes were made to the personal status code based on revised interpretations of Islam and support for gender equality. Several key elements contributed to these changes. Women scholars and activists created issue-specific coalitions to research the discriminatory aspects of the previous code and their impact on women's lives. This process engaged multiple stakeholders including policy makers, politicians, media representatives, human rights experts and women's leaders. Building pragmatic alliances was critical. In the words of Moroccan activist Rabea Naciri, in October 2005, "we were radical in our demands and pragmatic during moments of debate." Key to reform efforts was the political support of Moroccan King Mohammed VI, who also carries the religious title of Commander of the Faithful. Religious, social and legal justifications for reforms were developed; public discussions were encouraged and the media was used strategically through radio shows, talk shows and symbolic courts. Comic strips were used to raise community awareness and promote popular education.

These are a few examples of the ways women's groups are broadening the definition of democracy to include gender equality and pluralism of thought. The second article in this series will focus on efforts to defy taboo topics and address social and economic inequities.

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Trinidad Health Workers continued from page 13>>

and even training materials) that many of us in the United States take for granted.

On our last day of training, the participants from different organizations and regions in Trinidad were supported in their efforts to form practice groups. These groups shared contact information, elected a leader, a meeting time, location, and committed themselves to getting together at their designated times to ensure that their new learning is not lost. In their evaluations they repeatedly told us the profound impact that the training had on them: "Thank you for saving my life!" and "This training is needed for all health workers." The establishment of ongoing practice groups is essential to the sustainability and growth of this newly developed individual capacity of these workers on the frontlines of the HIV/AIDS epidemic.

I left Trinidad feeling re-energized to continue to advocate for the necessary infrastructures to support the work of community health workers throughout the global village that I call home. As an individual member of SisterSong, I was reminded of how vital it is to help others find a voice in order for them to raise their voices with others. As stated in a pledge that the CHWs recited at the end of each day of the training:

"We are community health workers, outreach workers, health promoters, community health aides, and volunteers. Although we live in different times and places, we have a lot in common. We want to be able to do what is best for our communities. We want to be respected and rewarded for our knowledge and skills. We want opportunities to get more training and advance in our field. As we begin to get to know one another and work together, we are gaining strength and power!"

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Aggressive, Deadly Breast Cancer Attacks Black Women

by Yaminah Ahmad

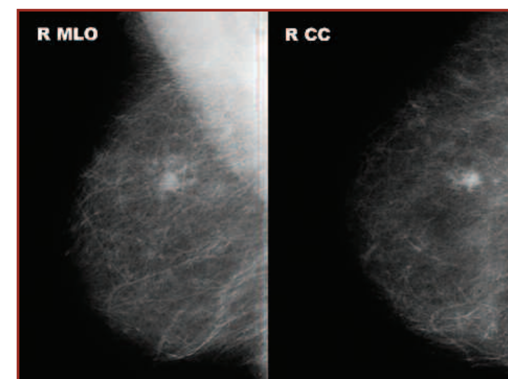
According to a study published in the *Journal of the American Medical Association* in June 2006, pre-menopausal black women are more than twice as likely as white women and post-menopausal black women to develop a more aggressive breast cancer, the *Long Island Newsday* reported. The *New York Times* reported that "basal-like" tumors – which women with genetic mutations called BRCA1 tend to develop – grow fast, spread quickly and are more likely to be fatal than other subtypes of breast cancer tumors. Women with basal-like tumors are less likely to survive chemotherapy. It also cannot be treated with estrogen-blocking drugs, such as tamoxifen or raloxifene, because it isn't fueled by estrogen. The study also stated that Herceptin, a breast cancer drug, is ineffective. Researchers examined stored tissue samples from 496 women included in a project called the Carolina Breast Cancer Study. The women who were diagnosed with breast cancer from 1993 to 1996, had an average age of 50 with 40% of them self-identified as black. The study reported that 39% of pre-menopausal black women with breast cancer had a basal-like breast cancer tumor, compared with 14% of postmenopausal black women. The *Times* reported that the study found that the mortality rate of black women who developed breast cancer, particularly under age 50, is 11 deaths per 100,000 women, compared with 6.3 per 100,000 white women. "We now know that breast cancer is not just one disease, but tumors are biologically distinct, with different prognoses," said Lisa Carey, medical director of the University of North Carolina-Lineberger Comprehensive Cancer Center. Although there is no treatment that specifically targets basal-like tumors, details about breast cancer allow physicians to use specific treatments to fight the disease. For more information, visit Breast Cancer Action at www.bcaction.org

Racial Disparities Persists in Health Care

by Yaminah Ahmad

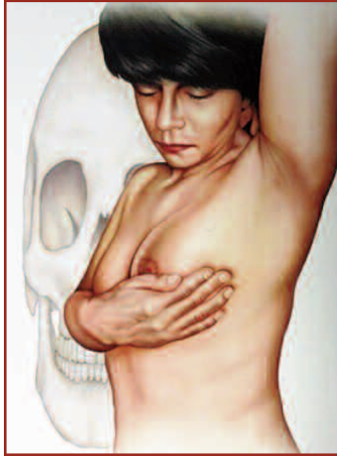
A study published online in *BMC Health Services Research* showed that the racial gap in preventive health screenings are possibly larger than reported in previous studies, according to the *Washington Post*. The research, which published in October 2006 and was funded by the Agency for Healthcare Research and Quality, focused on mammograms, Pap smears and colon cancer screenings. It also used various types of data, including insurance claims, medical charts and records, and self-reports. Kevin Fiscella, lead researcher and an associate professor of family medicine and community and preventive medicine at the University of Rochester School of Medicine, said the study was initiated after a series of other surveys indicated that African American women underwent mammogram testing as often as white women, but racial disparities in breast cancer persisted. "That made us wonder, 'Is this [other] data really accurate?'" he told the *Post*. "And if so, why are [black women] dying and being diagnosed at later stages?" He said there are many factors, including inaccurate self-report data. The study reported that 52.5% of whites who were eligible for a mammogram reported having one in the previous year, yet, claims data showed 45.1% actually received the test. In addition, approximately 45% of eligible non-white Hispanic and African American women reported having had mammograms. But claims data showed only 30.4% had the test done. The study also stated that community health centers and hospital clinics – healthcare services often used by minorities – more than likely underestimate the volume of screenings they provide, which also makes it difficult to track the delivery of preventive services.

Mammogram Intervention Increases Screenings Among Low-Income and Minorities



In September 2006, *Reuters Health* reported that Electra Paskett of Ohio State University and colleagues conducted a trial period of interventions to improve mammogram screenings. The group assigned three in-person visits to 841 low-income and minority women in North Carolina, along with women living in rural areas of the state. The visits occurred over a 12-month period by community members trained to provide health care information or mailings on breast cancer screenings. *Reuters* reported that 33% of the participants were Black, 42% were American Indian and 25% were white. The study showed that after 12 to 14 months, 42.5% of women who received in-person visits also underwent mammogram testing, compared to 27.3% who only received information in the mail. The in-person visits affected all racial groups. According to Paskett, health care advisors can navigate, "through the health care system, social networking, and social support, and serve as a link between community members and the medical care system through outreach, education (and) information dissemination."

American Cancer Society Reports on Latinas and Breast Cancer



According to the Long Island *Newsday*, the American Cancer Society released a report in September, which stated that Latinas have lower incidence of breast cancer. But Latinas diagnosed with the disease have a higher chance of dying than their white counterparts. The report states that 89.1 out of every 100,000 Latinas developed breast cancer from 2000 to 2003. This rate is lower than the breast cancer incidence of 140.6 cases per 100,000 for non-Latino white women. The data also showed that Latinos are more than likely not screened for breast cancer, and those diagnosed from 1992 to 2000, were approximately 20% less likely to live within five years of diagnosis than non-Latino whites. "The take-home message is that we have to promote screening as early as possible within that population," said Sylvia Diaz, vice president of ACS' Suffolk County, N.Y., regional office. She also warned that uninsured Latinas diagnosed with the disease have a 50% chance of dying within five years than women with insurance.

First Research Center to Study Health Disparities Among Women

In Nashville, Tenn., the Meharry Medical College opened the Center for Women's Health Research, which is the nation's first research center to only focus on health disparities among women. According to the *Tennessean*, the Center costs $4.2 million and is headed by four primary investigators and their teams. The Center, which opened in October 2006, is studying reproductive health and diseases like HIV/AIDS and heart disease that affect minority women at a higher rate. Its initial focus is on molecular, cellular and genetic differences among racial groups that might produce different effects on their health. Research also includes behavioral analysis and will eventually add mental health, as well as the effects access to health care; society and the environment have on illnesses. Valerie Montgomery Rice, Dean of Meharry Medical College School of Medicine and Executive Director of the Center, told the *Tennessean,* "The Center will address the question of why," stating this is an important factor in order to change the current conditions.

2007 CALENDAR

2007 National & International Meetings and Conferences

MARCH 2007

March 24 and 25th – National Young Women's Leadership Conference
Washington, DC
www.feministcampus.org

APRIL 2007

April 15-19th – XVIII Congress of the World Association for Sexual Health
Sydney, Australia
http://www.sexo-sydney-2007.com

MAY 2007

May 31-June 3rd – Let's Talk About Sex!
SisterSong's 10th Anniversary National Conference on Reproductive Justice
Chicago, Illinois
www.sistersong.net

JUNE 2007

June 27-July 1st – United States Social Forum
Atlanta, Georgia
www.ussf2007.org

June 28-July 1st – National Women's Studies Association 28th Annual Conference
St. Charles, Illinois
www.nwsa.org

JULY 2007

July 11th – 3rd International Women's Peace Conference
Dallas, TX
www.womenspeaceconference.org

July 17 -20th – International Feminist Summit
Townsville, Australia
www.feministagenda.org.au

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