



# Political ENVIRONMENTS

A PUBLICATION OF THE COMMITTEE ON WOMEN, POPULATION, AND THE ENVIRONMENT

**ISSUE NUMBER 8**

WINTER/SPRING 2001

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## Barriers Between Black Women & the Reproductive Rights Movement

• BY TONI M. BOND

BLACK WOMEN HAVE BEEN IN CONSTANT BATTLE WITH THE GOVERNMENT, THEIR COMMUNITIES, AND EVEN the reproductive rights movement, to control their bodies. Yet, Black women continue to rise again and again to combat the social and economic forces that try to rape them of their reproductive autonomy. Several Black female scholars and activists, including Angela Davis, Paula Giddings, bell hooks, Loretta Ross, Dorothy Roberts and Dr. Gail Elizabeth Wyatt, have authored articles and books that depict Black women's painful history of having their reproduction measured and devalued by social and economic policies. In their works, these authors have also described Black women's activism in the reproductive rights movement from the movement's early beginnings to the present time. We have been both quiet and vocal dissenters. We have marched, testified, circulated and signed onto ads and petitions, mobilized to organize around the issues, etc. Black women have been victims, survivors and change agents in the reproductive rights movement.

When I was asked to write a piece on my perspective, as a Black woman, on the activism of Black women around abortion, I agreed right away. But as I put pen to paper, the direction, its very content, changed from a piece about Black women and abortion to a piece that looked at the barriers which prevented many Black women, and other women of color, from participating at an even greater level in the mainstream reproductive rights movement. This was propelled by my belief that the reproductive rights movement in its current state does not even begin to adequately address the unique concerns of not just Black women, but women of color, collectively. This separation of abortion as an issue to be worked on in isolation from the rest of the reproductive health agenda is a primary reason why many women of color choose not to affiliate themselves with the mainstream reproductive rights movement. As one of the few Black women working in reproductive rights, this separation of the issues impacts my own personal life as I constantly work to balance my belief in reproductive autonomy, family, community and what it means to be a Black woman in a movement where White women continue to be at the forefront.

For the past twelve years, my life work has become that of furthering the rights of women—from

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volunteering in women's civic organizations and working with the sexual assault community to the reproductive rights movement. I was raised in a family where strong Black women ruled and did not apologize for it. I distinctly remember three things that were drilled into my head and that of my female cousins: 1) a woman, a black woman, had to be many things to many people, mother, daughter, wife, church member, worker, etc.; 2) good or bad, accept responsibility for your actions; making no choice at all is a decision to accept whatever is handed to you; and 3) no one makes decisions about your body but you; control your body — control your future. These personal and political convictions led me to my current place of employment, the Chicago Abortion Fund (CAF), where I have worked tirelessly for the past six years.

When I assumed the position as Executive Director of CAF in 1994, the organization was nine years old. Since 1985, CAF has provided thousands of low-income women in Illinois and surrounding states with information, referrals and direct financial assistance to obtain safe, affordable abortions. The majority of CAF's clients are Black women. I was the first woman of color to be CAF's Executive Director. Two years prior to my arrival, CAF appointed a woman of color for the first time as its Board Chair. This was a major milestone for CAF—two women of color, two Black women at the helm of the organization. My appointment to leadership at CAF was not the only first. I was also the only Black woman heading a reproductive rights organization in Illinois. CAF is a

member of the National Network of Abortion Funds (NNAF), a network of similar abortion funds around the country helping low-income women and girls access safe, affordable abortions. Many of the funds within NNAF provide services to client populations that are predominantly women of color, as well. At the time, my appointment at CAF also made me the only Black Executive Director of a NNAF member fund.

This background is relevant because it highlights the inability of the reproductive rights movement to incorporate the unique concerns of Black women into the agenda and the need for an influx of Black women, and women of color, in general, in visible decision-making positions within the movement. The mainstream reproductive rights movement continues to grapple with the inclusion of women of color. I hear, ad nauseam, of the difficulties the reproductive rights movement has in reaching out to women of color, particularly Black women. “We don't know how to approach women of color. We sent them invites to the meeting, rally, forum, etc., but no one came.” White feminists say they want to be inclusive of diverse constituencies. Many of the national women's organizations have programs or initiatives focused on working with women of color and/or young women. Yet, these same groups, many of whom were on the front lines in the ERA movement, fought to legalize abortion, are working to establish gender pay equity and are breaking the glass ceiling, cannot figure out how to successfully engage and work with women of color in this movement. They simply cannot figure out how to communicate with women of color and low-income women in a way that will

make them want to be a part of this movement. There is a certain amount of irony behind the fact that this brilliant group of female activists actually sits in meetings and complains that they have tried everything to build relationships with women of color but still, to no avail; their invitations are ignored.

Part of the problem is that Black women have been and still are treated as “invited guests” in the reproductive rights movement. We are the invitees on the guest list to their meeting or event, despite the fact that issues of access to abortion services, forced and coercive sterilization, reproductive tract infections (RTI's) and infant and maternal mortality and morbidity impact women of color, especially Black women, most severely. When Black women do come to the meeting, it is always a constant challenge to keep other reproductive health concerns on the table with the issue of abortion. The majority of Black women support the right to choose but have difficulty with abortion always front and center. Immediate and extended family is highly valued in the Black community. Oftentimes, family is the only place one can turn. Low wages, unemployment, childcare, etc., make abortion for many women, particularly women of color, the decision they are forced to make, not necessarily the choice they always want to make. A colleague and good friend of mine recently said,

“A fetus is human when a woman wants to carry the pregnancy to term. If the woman has decided that this is a wanted pregnancy and that she has the social and economic means to be a parent, preparations are made to bring this life into the world. The fetus is dehumanized if the deci-

sion is made to terminate. If she decides to abort it, it's just tissue. But the decision to carry to term or abort is not that cut and dry for all women. The fetus is not just tissue for some women. We say it's a personal and difficult decision. Yet, there is very little support for the difficulty. There is no room for grieving or acknowledging that some women experience abortion as a personal loss—a loss of more than just tissue. There is very little room within the reproductive rights movement for the different ways women come to acceptance with the decision of abortion.”

Initiatives to broaden the agenda to encompass the full range of reproductive health still focus a great deal of the attention on abortion. This difficulty with dedicating specific attention to other issues points to an inherent lack of understanding and sensitivity to the reproductive health issues confronting Black women. Too few mainstream groups are up in arms about dangerous contraceptives like Norplant, Depo Provera, and now Quinacrine, and how the numerous side effects have adversely impacted the health of many women of color. Scientific focus remains on the development of long-acting, provider-controlled contraceptives (i.e., pregnancy reduction) rather than barrier methods that reduce the transmission of reproductive tract infections like HIV, gonorrhea and chlamydia, in spite of the fact that women of color, especially Black women, have high rates of contraction of RTI's.

In the first round of its Black Women's Health Survey, African American Women Evolving (AAWE) found that of the 271 women surveyed: 1) approximately 70% of the respondents did not use contraceptives regularly; 2) a significant percentage of the

women who did use contraceptives used Depo Provera; 3) over half of the respondents douche, with many douching more than 1-2 times per month; and 4) the majority of respondents support a woman's right to choose whether to carry a pregnancy to term. This information is cause for grave concern, particularly with respect to contraceptive use and douching. Black women continue to be at the greatest risk for HIV infection, reproductive tract infections and cervical cancer. There is a definitive association between sexually transmitted diseases and the incidence of cervical cancer. Additionally, continuous douching can destroy the natural secretions that serve to protect the vaginal area.

Not enough focus has been placed on the high rate of infant mortality. Women of color have considerably higher infant mortality rates (infant deaths per 1,000 births) than White women. The U.S. reports an overall infant mortality rate of 7.2%. The infant mortality rate per 1,000 births is 6% for White women and 14.3% for Black women.

In recent years, many well-intentioned efforts have been made to broaden the agenda, but these efforts never seem to pan out. The voices of women of color in the mainstream pro-choice movement are drowned out by other seemingly more important aspects of the fight for reproductive rights, leaving them with the arduous challenge of trying to be activists operating on the fringes of the movement. Women of color still find themselves the token invited to the table to fulfill weak attempts at diversity rather than as equal stakeholders helping to set the agenda, forced to engage in far too many power struggles. Many times, they are the

recipients of patronizing attitudes and behaviors. While the existence of women of color is not denied, we are still not a part of the collective group of women at the helm of the reproductive rights movement.

But the shortcomings are not just with nor should the admonitions be directed only toward the mainstream reproductive rights movement. Women of color grapple with their own unique set of issues in coming together to organize, in general and around reproductive health, specifically. The number of organizations founded specifically to address the unique health concerns of women of color are limited. Many have folded or struggle to maintain their existence due to limited funding, the need for skills-building in the areas of management effectiveness and organizational development, and challenges with capacity building, etc. Throw into that mix the onerous positions in which many women of color groups are placed: having to justify and rationalize the tremendous need for greater support, financial and otherwise, of their organizations. The hard truth and brutal reality are that white feminist organizations receive far more financial support than groups representing women of color.

Both white feminist and women of color groups provide services to the same populations—those women with the least access to health care—women of color. Yet, women of color organizations are expected to develop and implement amazing programs, do massive grassroots organizing, incorporate the perspectives of all women of color into one homogenous and unified voice, do legislative advocacy work, public education, and recruitment and leadership development—

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all on budgets of only a couple of hundred thousand dollars. In short, they are expected to effect enormous social change with inadequate budgets.

This is not to say that even if women of color organizations were well-funded and supported, all problems would cease. There are years of social and economic oppression that women of color, particularly Black women, must work to surpass and overcome. We are more similar than different. Societal and political forces have carried out the systematic oppression of all women of color, not just some. Yet, many of us have so internalized this oppression that it has transformed into a self-hatred and seeps into and impedes our ability to work together collectively, resulting in organizational upheaval and our further disenfranchisement. This internal oppression is “acted out” in every form imaginable—classism, ageism, homophobia, sexism, etc. We inflict additional pain and emotional scars upon each other. In essence, many of us believe the lies we have been told. So emotionally bruised are women of color from racist oppression and our internalization of that oppression that we have trouble letting our guards down to share personal stories about our experiences around health or any other issue.

Black women face tremendous opposition in their efforts to control their reproduction, especially from the Black church, conservative community-based organizations and the Black community in general. The hesitancy within the Black community to confront and discuss issues such as sexual and domestic violence, sexuality education and sexual orientation, has served to undermine Black women’s attempts to claim their reproductive autonomy. Much of this hesitancy is directly associated with a lack of understanding of reproductive health in its broadest context, beyond abortion.

The charge of the reproductive rights community must be to stop merely giving lip-service to the notion of organizing around a broader spectrum of reproductive health. That means remaining steadfast and committed to devoting time and energy to issues beyond abortion. It means being mindful when the direction starts to change, and listening and hearing women of color when it’s pointed out. It also means confronting the racist assumption of “ownership” of this movement. The reproductive health of women of color is in serious jeopardy. The reproductive health movement “belongs” to all women.

The charge of Black women must be to continue and expand the discussions among ourselves of our reproductive health. We must come to understand and work through the internalized oppression that prevents us from connecting with each other on a basic level and around this most critical issue. Securing the reproductive autonomy of women of color is the first step in securing reproductive autonomy for all women. Such changes would mean a radical shift in the way the reproductive health of Black women, as well as that of all women of color, is viewed and supported. ■

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