

COLLECTIVE VOICES

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Globalizing Radical Agendas

Vol.1 Issue 1

How US Policies Affect Women's Reproductive Rights Around The World

Since the U.S. legalized abortion in the 1973 *Roe vs. Wade* court decision, and in particular, over the past decade, the U.S. rightwing has systematically and methodically worked to influence how the American public and policymakers understand reproductive health and rights. They masquerade behind seemingly innocuous language, such as “family,” “life,” “babies,” and “unborn victims.” The religious right and conservatives in the U.S. have joined forces to impose a radically conservative agenda on women domestically as well as around the world. This has resulted in countless policies and programs – often driven by politics instead of public health or human rights– that have curtailed women’s health, rights, well-being and self-determination.

While *Roe* was intended to provide all women with the right to select abortion, many women have never been able to benefit from the “core protections” it offered. Although, technically, they have the right to safe abortion, poor women—who are disproportionately women of color, rural women who live in one of the 87% of counties that don’t have an abortion provider, and young women—have been particularly affected by the conservative agenda. The health disparities across the U.S. are particularly shocking; the unintended pregnancy rate of Latinas and African-Americans are almost three times the rate for White women. Everyday, two to three American women die from pregnancy complications, which are mostly preventable. The maternal mortality rate is almost 2 times higher for Latinas and 4 times higher for African Americans than for White women.

While the conditions are bad in the U.S., globally they are much worse. Close to one quarter of all adult women living in developing countries and countries in transition suffer from some kind of illness or injury related to pregnancy and childbirth. Millions of women lack access to essential obstetric care leading to 515,000 maternal deaths. Each year close to 70,000 women die each year from unsafe abortion. Over 120 million couples actively want to use family planning, but do not have access to modern contraceptive methods. Of the 40 million people living with HIV/AIDS, approximately one quarter are between the ages of 15-24. Women and young girls are particularly vulnerable—62% of all young people living with HIV/AIDS in 2001 were young women.

It is within these national and global contexts that we must examine the Bush Administration’s

euphemistic ideology known as “pro-family,” which was most recently presented in a statement read by Ambassador Ellen Sauerbrey, the U.S. Representative to the U.N. Commission on the Status of Women, at the World Congress of Families held in Mexico. According to the Bush Administration, family is defined as an entity “created through marriage,” and marriage is “the voluntary union of a man and a woman [that] has been linked to procreation and the rearing of children since the dawn of time.” Sexuality is defined as the “the expression of love between husband and wife that has as its goal the procreation of

any industrialized country, and the South, commonly known as the Bible Belt for its conservative religious views, has the highest divorce rates in the country (except for Nevada). In many developing countries, women head one-fourth to one-third of households. Many feminists and human rights activists also indicate that the family is not always the idealized, perfect entity portrayed by the Bush Administration. In fact, it is often both a source of emotional and economic support and a site of struggle. More than three American women die everyday as a result of domestic violence, often at the hands of the men they love,



children under the light of marriage.”ⁱ The U.S. delegate never questioned the fact that these radically conservative views are not held by a majority of Americans. Instead, she discussed U.S. efforts to globalize this ideology and “rally worldwide interest in reviewing and reforming government policies in order to strengthen the family.”

In the U.S., there are currently more non-married families – including single, separated, divorced, widowed, cohabiting, gay and lesbian and extended families – than there are married families.ⁱⁱ Divorce rates are among the highest of

and four-fifths of all women’s new HIV infections in certain regions come from their husbands or primary partners.

The Global AIDS Bill, signed by George W. Bush on May 27, 2003, earmarks one third of U.S. HIV/AIDS global prevention funding – potentially one billion **CONTINUED PG 6>**

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Where Do We Go From Here?

In 1997, SisterSong was founded because individual women of color organizations working on reproductive health and sexual rights issues were fairly weak, marginalized, and lacked individual power. We came together as a national network to do collectively what we can't do individually. Subsequently, we have changed the funding climate for women of color organizations and federal and state public policies. Most importantly, we have changed how the mainstream pro-choice and reproductive rights movement marginalizes women of color issues.

When Ford Foundation first offered us funding to do external work on reproductive tract infections, we devised a better working relationship. We insisted on receiving capacity-building dollars for our first three years before we even began doing any external work. They agreed and we immediately started working on strengthening our organizations.

In the beginning, we had 16 organizations, half of which didn't have their 501-(C)(3) status, a paid staff, financial control, infrastructure, and personnel policies. Phase One of strengthening our organizations is institutionalizing capacity building for new members while older members move to Phase Two—external work. In addition, we sponsored the SisterSong Reproductive Health & Sexual Rights National Conference in November 2003. Our goal was to expose the hundreds of women of color organizations out there doing reproductive health and sexual rights work, but isn't easily recognized by the media or pro-choice movement. There were 600 women of color present and over 100 speakers—solidifying women of color as experts in genetic engineering, midwifery, legislative issues, etc. There are women who work at mainstream reproductive rights organizations, autonomous organizations and civil rights, immigration or anti-poverty organizations who are all a part of our movement. We exist in all of these layers.

There are so many unique elements of SisterSong, which distinguishes it from any other women of color organization. One very important facet is self-help. Popularized by the National Black Women's Health Project in the early 1980's, it addresses internalized oppression. Recently, it has evolved to becoming an instrumental process for SisterSong members so they can address how their personal internalized oppression affect their relationships with each other. It not only effects how we take care of ourselves, but also how we behave in organizations and social movements. SisterSong looks internalized oppression in the face and tackles

it personally, politically and professionally, in all of its manifestations.

Another SisterSong distinction is how we use the human rights framework to move from individual oppression and the 'blame the victim' analysis to investigating the social and structural issues that affect each individual's decision-making process. In other words, the human rights framework connects the dots. For example, Mary is a single working mother with no family nearby. Mary is unable to go to the doctor because she doesn't have any childcare. For fear of neglecting her children, she doesn't leave them home, so she ultimately neglects her own health. When human rights are denied, it creates a condition in which human beings are incapable of properly caring for themselves and their families. The human rights framework shows that most people are denied many human rights entitlements. It addresses the right to healthcare, adequate housing, childcare, education, and social services. SisterSong's mission is to connect reproductive rights to human rights.

SisterSong is also working to establish measurements of accountability for women of color who work within the mainstream movement. We're working to provide resources, which will advise our sisters about what to expect from their prospective employers. Over the years I find that a great deal of these mainstream organizations have revolving doors for women of color. A woman of color will work there for one or two years in a marginalized position, become frustrated by the racist environment and quit only for the organization to replace her with another young and inexperienced woman of color. Yet, these same organizations are receiving funds for "women of color" programs. This predicament allows them to evade any accountability and consume resources away from autonomous women of color organizations. SisterSong will intervene and help not only the women of color in these positions, but also the organizations, as well, to set up peer to peer relationships, suggest creating libraries with specific information in order to empower them. This is a system desperately needed.

Today, our collective has 36 organizations and 289 individual members. We are already receiving requests from members to open SisterSong chapters in various cities. We are victims of our own success. But, this is an exciting and historical time. I love every minute it.

Sincerely,

*Loretta Ross
SisterSong National Coordinator*

My Experience In Making History



On April 25, 2004, the March for Women's Lives drew over 1.15 million people. I never dreamed so many people would hear my voice—or even want to listen to what I had to say. I was blessed to speak on the morning program. Among the speakers were an African American sister who has been infected with HIV for over 15 years, Congresswoman Maxine Waters, Senator Hillary Rodham Clinton, actress Linda Carter, and me!

The whole weekend was an awesome experience. I arrived Thursday and spent time with some of the March organizers. I got a sneak peek at the behind-the-scenes frenzy as the finishing touches were put in place. Saturday, I headed over to the Armory and watched all the volunteers get ready for the next day. The dedication and excitement of everyone was a heart-warming sight. It was truly a learning experience.

Early Sunday morning, I remember getting ready. It was just like any other engagement—I prayed, asking God to speak through me and allow the right message to come out. The magnitude of the forthcoming event didn't quite hit me. When I arrived, I watched as hordes of people descended upon the mall. It was like magic. The press, security, the sea of women and supporters were overwhelming. History was in the making and I was going to be apart of it! Little ole me!

As I sat waiting for my turn to

speak, I kept going over my notes. What do you say to all those people in two minutes? There is so much to say about women and HIV. The nervousness started to set in, and then—it was my turn! I stood on that podium representing women who are infected with HIV. My message was the importance of research for microbicides, the elimination of stigma around the issue of HIV, and how every woman is at risk.

When it was over, I received a round of applause. There was such a high



walking off the stage...I could never put it into words. I was overcome with tears and emotions. People approached me, requesting autographs and pictures, and telling me how I did a great job. A few of them were also emotional, showing me their goose bumps. I kept thinking to myself, "Someone heard ME! MY message. MY voice." Like many women, I had something worth saying and we have the right to be heard. That morning, it was proven by the amount of women participating and attending the March.

It was such a beautiful morning. A morning I will never forget!

Juanita L. Williams, Project Azuka

An Anti-Abortionist Surviving In The **Pro-Choice** Movement

A few years ago, at a SisterSong meeting, I told my story of aborting my first child. For me, it was not the best choice. I still feel great pain from knowing what I did. I believe in my heart that it was a terrible thing for me to do. I live with that pain today, and I know that I will for the rest of my life.

After sharing my story, someone in the audience told me that I hurt the feelings of other women in the room. I was told that I had no right to judge.

Other people have criticized me this way before and I've reflected on their statements. But after this particular incident, being a little bit older and wiser allowed me to recognize what was happening to me. It is the same tactic men use when they hit you and tell you to just shut up and be glad you get to eat. It is the same tactic doctors used when performing unnecessary C-sections on women, telling them to be glad the baby's alive and get over it.

How was sharing MY personal grief about my choice and my actions JUDGING someone else? I still can't figure it out. Don't I have the right to tell MY story?

I finally came to the conclusion that the person who said those things to me was actually telling me that my feelings were not legitimate and my beliefs had no validity. This person was attempting to oppress me by trying to make me feel shameful for expressing my deepest most heartfelt belief. She didn't want to hear it.

That behavior is, in my opinion, oppression.

These same people who say they are fighting for choice for women are often very quick to dismiss the feelings and beliefs of women who do not have the same intense fervor to see the positive effects of abortion and may suffer the lasting negative effects of it.

I have spoken to many women who have had abortions and later regretted it. Many of them expressed to me that they feel guilt, sadness and even depression from their abortion. I feel that guilt, sadness and depression.

Why are these views so easily and so harshly rejected in the women's movement? How can a group of women activists, who profess that they have a desire to help other women, dismiss some of women's trauma BECAUSE of abortion? How can we, a movement who professes intent to help women achieve their own health choices only concentrate our efforts on one particular choice? Why is birth choice the stepchild of the CHOICE movement?

Do we simply ignore it? Do we tell those whiney women who feel so bad about what they did that they should just thank the women's movement that the service was there for them and just get over it? This sounds kind of familiar!

I think some of those who have fought so hard for health rights have become the same kind of zealots they fight against. We need to be wiser than that and refuse

to become so extreme that we become oppressors too. We need to listen to one another and not try to ignore some of the side effects of our choices, but instead, bring it to light so we can find the best possible solutions for everyone.

I would also like to see our society create support, provide information and devise methods and models for people to use that would help them prevent painful situations that require painful choices. I think prevention – abstinence and relationship development – is the better path to take when it comes to unwanted pregnancy. I think we need to really open our minds and notice what we can use from those materials and put them to use for ourselves.

I want the right to make ANY well-informed personal health choice a legal reality for all people. This extends beyond just abortion and the choice of attendants and methods of childbirth, use of medicines and use of alternative health methods of all kinds. I think it is paternalistic and degrading to be forced to submit to procedures that we don't believe in nor want. I think it is not necessary to protect us from our own decisions. We are adults and what we need is good information to make informed choices, not laws that serve to dominate us and make guinea pigs of us and withhold needed material and services.

That is where I stand.

~ Alice Skenandore Wise Women's Gathering Place

SisterSong: A Quilt Of Love And Support

My name is Juanita Williams and I'm one of the original collective members of SisterSong. You see, I'm a crafter and quilter and these women are like a quilt of sisters. SisterSong is such a cultural experience. When I first became involved with the organization, I felt so secure and warm – that's what a quilt does. It surrounds you with warmth, love, and security. It also educates you and gives you a little history about yourself.

SisterSong is a collective of women from various parts of the United States with different cultures and backgrounds. They are colorful, bold, and strong women. They are heroes that you just look at and say, "I want to be wrapped in that and be apart of those strong women binding together, giving support, and educating each other." Although we come from different backgrounds, we have very similar issues in dealing with reproductive health issues and rights, AND the difficult task of controlling our own lives in this male-dominated world.

The cultural experiences with SisterSong are phenomenal. SisterSong is made up of what we call mini

communities. Each mini community is representative of the major ethnic groups in the U.S., including African American/Black, Native-American/Indigenous, Asian/Pacific Islanders, Latinas, and Arab/Middle Eastern. When mini communities host a meeting the theme of the meeting is its cultural background. This includes sharing the challenges of reproductive health issues and rights, working and running a non-profit organization, decorating for the meeting, planning the meals, and of course, gift-giving. We also discuss how it's best to work in our own community, using the tools that are indigenous to that culture. What a wonderful way to get a cultural experience without traveling to that country!

SisterSong is herstory, women of color gathered together for the first time to solve our own issues. Quilts are herstory, blends of beautiful material bound together to tell our stories and give us support. SisterSong blends beautiful women together bound by commitment to make social change happen and give each other support.

~ Juanita L. Williams



SISTERSONG COLLECTIVE MEMBERSHIP

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

SisterSong Member Organizations

| | |
|---|-----------------|
| African American Women Evolving | Chicago, IL |
| Asian Communities for Reproductive Justice | Oakland, CA |
| Asian Women's Health Project of T.H.E. Clinic | Los Angeles, CA |
| California Black Women's Health Project | Los Angeles, CA |
| Dominican Women's Development Center | New York, NY |
| Indigenous Peoples AIDS Task Force | Minneapolis, MN |
| Kokua Kalihi Valley Comprehensive Family Services | Honolulu, HI |
| National Center for Human Rights Education | Atlanta, GA |
| National Latina Health Organization | Oakland, CA |
| Native American Women's Health Education Center | Lake Andes, SD |
| Pan Pacific and Southeast Asian Women's Association | Minneapolis, MN |
| Project AZUKA, Inc. | Savannah, GA |
| SisterLove, Inc. | Atlanta, GA |
| Sisters of Color United for Education | Denver, CO |
| Wise Women's Gathering Place | Oneida, WI |

SisterSong Affiliate Organizations

| | |
|---|-------------------|
| Avery Institute for Social Change | New York, NY |
| Birthing Project | Sacramento, CA |
| Black Women's Health Project | Albany, NY |
| California Family Health Council | Los Angeles, CA |
| Center for Genetics & Society | Oakland, CA |
| Hampshire College-Civil Liberties & Public Policy Program | Amherst, MA |
| Education Fund of Family Planning Advocates of NYS | Albany, NY |
| Human Rights Atlanta | Atlanta, GA |
| Ibis Reproductive Health | Cambridge, MA |
| InnerLight | Springfield, VA |
| National Advocates for Pregnant Women | New York, NY |
| National Health Law Program | Los Angeles, CA |
| National Latina Health Institute | New York, NY |
| Planned Parenthood of Golden Gate | San Francisco, CA |
| Planned Parenthood of Orange & San Bernadino Counties | Orange County, CA |
| West Harlem Environmental Action | New York, NY |
| California Coalition for Reproductive Freedom | San Francisco, CA |
| Advocates for Youth | Washington, DC |
| Alan Guttmacher Institute | New York, NY |
| Coalition to Abolish Slavery and Trafficking | Los Angeles, CA |
| Planned Parenthood Federation of America | New York, NY |

Herstory & Mission



The SisterSong Women of Color Reproductive Health Collective is a network of local, regional and national grassroots agencies representing four primary ethnic populations/indigenous nations in the United States:

• Native American/Indigenous •

Black/African American •
Latina/Puerto Rican
• Asian/Pacific Islander
• Arab American/Middle Eastern



The Collective was formed in 1997 and initially funded by the Ford Foundation to educate women of color and policy makers on reproductive and sexual health and rights, and to work towards the access of health services, information and resources that are culturally and linguistically appropriate.

Announcing:

Undivided Rights: Women of Color Organizing for Reproductive Justice

by Jael Silliman, Marlene Fried, Loretta Ross and Elena Gutierrez

This path-breaking book analyzes the past 30 years of organizing by women of color featuring case studies of eight women of color organizations, four of which are SisterSong members. Available from South End Press, Nov. 2004. www.southendpress.org

Also available:

SisterSong Promotional Video--\$20
Make checks payable to SisterSong, P.O. Box 311020, Atlanta, Georgia 31131

Thank You

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Ford Foundation, Moriah Fund, William & Flora Hewlett Foundation, General Service Foundation, Mary Wohlford Foundation, Ms. Foundation, Jessie Smith Noyes Foundation, Atlanta Women's Foundation

WHAT WOMEN OF COLOR HAVE IN COMMON

Framework: All the mini-collectives conceptualize women's health within a larger analytical framework. Most consider that race/ethnic, class and gender inequities have historically shaped access to healthcare and the quality of care women of color receive. They also situate women's reproductive health within the larger context of the overall health needs of women and communities, not artificially separating the reproductive health of women from the health of the whole woman, her children, family, and community.

Greater Participation: Mini-collectives advocate for the participation of women of color in the development and implementation of policies and legislation affecting women's health, in the design and implementation of research projects, and in the design and delivery of services. They argue for culturally competent and



language specific, community-based services and programs to reach community women in need.

Need for Research: Further research is needed on the health status of women of color, on reproductive tract infections and on barriers to accessing healthcare. Women of color need to be incorporated into all levels of research design and implementation.

Increase Organizational Capacities: Mini-collectives recognize the need to develop the organizational capacities of member organizations in research paradigms, program delivery, design, implementation and evaluation.

Leadership: Mini-collectives emphasize the need to develop a new generation of leaders among



women in all pertinent arenas related to women's health, including the areas of research, program design, implementation and evaluation, and in the health professions and the media.

Education: All groups stress the need for accessible community-based educational programs to protect the health of women and their communities and that empower women to make

the best decisions possible for themselves and their families. For most, the self-help model and spirituality are important components of women's health.

Alliances and Coalitions: Mini-collectives see as crucial the need to broaden organizational networks and to forge alliances at the local, regional, national, and international levels with other women of color, with groups working on related issues such as environmental justice and welfare reform, and with groups who have equality for women as a goal.

SISTERSONG PRINCIPLES OF UNITY

The SisterSong Women of Color Reproductive Health Collective Values and Affirms:

- Our commitment to nurturing our personal health and self-care, and building honest and trusting relationships.
- We are committed to supporting the organizing efforts of all women of color: indigenous women, women of sovereign nations, and women across borders, globally and in the U.S., in our struggles for healthier families, individuals and communities.
 - Protecting the human, reproductive and sexual rights of all peoples, creating space for those typically excluded.
 - Our commitment to working collectively and with allies from other progressive movements for human rights.
 - Our commitment to a process of re-education and consciousness-raising to value our diverse work and movements.
- Our commitment to support reproductive rights and women's choices, the right of self-determination and bodily integrity, the right to organize for social change, economic and environmental justice, and our rights to access education, food, housing and healthcare.
 - The practice and respect of traditional and cultural lifeways including spiritual and healing practices.
 - The recognition that women's life experiences lead to conscientización (the process of consciousness raising)
 - These principles of unity are a work in progress, and are subject to change by consensus.

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

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

Here are the qualifications:

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

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

receives one vote.

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

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

To become a member, visit www.sistersong.net



dollars – for abstinence-only education.ⁱⁱⁱ Meanwhile, researchers at the World Health Organization have found that unprotected sex is the leading cause of HIV/AIDS transmission in most developing countries.^{iv} At the UN level, the U.S. has established unholy alliances with Iraq, the Sudan and the Vatican to prevent a consensus on the importance of quality sexuality education at numerous key UN events, including the UN General Assembly's Special Session on Children. If the U.S. was successful, governments around the world could have discouraged young people under the age of 18 from receiving information about birth control, condoms, and reproductive health services.

While Americans overwhelmingly support the right to decide the number and spacing of one's children, many health insurance companies still don't cover contraception. Millions of women who are uninsured have few choices since the federal government family planning program for low-income individuals does not permit abortion. In addition, the 2004 budget allocation for family planning services is less than half of its amount over 20 years ago. Since 1995, close to 400 barriers to abortion access have been put into place at the state level, including government-mandated waiting periods before a woman can obtain an abortion, and biased counseling rules that force physicians to read to women anti-abortion information. Since 1982, the number of abortion providers in the United States has declined by more than a third, and 35% of women of reproductive age live in an area with no abortion provider.

The recent Unborn Victims of Violence Act creates a separate criminal offense for the injury or death of a "child, who is in utero," at all stages of pregnancy, including the first day of conception. Imagine—if a fetus is given legal rights as a person from the time the sperm meets the ovum, then it is not far-fetched to think that this could lead to the outlawing of contraceptive methods, especially those that prevent the fertilized egg from implanting in the uterus.

While the Bush administration says that it supports families, its policies are making it increasingly difficult for low-income women, and women of color, to have information, resources and power to decide to bear children. The welfare reforms of 1996 introduced the notion of "family caps" that deny financial assistance to women who give birth while receiving government assistance. These policies were meant to "make sure our welfare system changes behavior,"⁽¹⁾ and indeed, this policy did change behavior. In New Jersey, for example, there were 14,000 fewer births and nearly 1,500 more abortions among women on public assistance.⁽²⁾

The Bush Administration has withdrawn funds for programs that meet the needs of the world's most vulnerable women. Prior to 2002, the U.S. annually contributed the equivalent of 12% of UNFPA's operating budget. Now, the Bush Administration has withheld this contribution, falsely claiming

that UNFPA was using the funds to support coercive abortion and sterilization programs in China. This decision negated the findings of the administration's own fact-finding mission. The \$68 million withheld to date would have prevented over 1.5 million induced abortions, 9,400 maternal deaths and 154,000 infant and children deaths. Moreover, on the first day of his presidency, George W. Bush reinstated the Global Gag Rule, which mandates clinics in developing countries that receive USAID funds cannot discuss abortion even if a woman would die from it. These strategies are not pro-family at all.

Thirty-one years after *Roe vs. Wade*, the struggle for reproductive justice is not over. It continues for American women who lack resources and power to benefit from their constitutional right to privacy, and women around the world who are literally dying in attempts to make reproductive choices. The cornerstone of any pro-family policy should be the ability to make informed, voluntary, and safe reproductive decisions. Instead, the Bush Administration is limiting the ability of women in the U.S., as well as around the world, to plan their families and their futures. It is of little consequence to our policymakers that women and girls are over half of the world's population, but every minute of every day, a woman dies while pregnant or giving birth around the world, and African-American women are four times as likely to die from pregnancy-related causes as white women.

As the U.S. conservative ideology is exported around the world, it not only negatively impacts women's reproductive options, but also leads to unnecessary, preventable, and premature deaths among our mothers, our sisters, and our daughters. It is, therefore, imperative that women's health and rights activists no longer focus exclusively on either U.S. abortion politics or access to family planning in the international arena, as if they were two separate areas of concern. Approach them holistically as two intertwined areas that increasingly mirror one another.

~ Leila Hessini, IPAS

¹ Saletan, p 268

² *Ibid*

ⁱ *UN and Family Policy. Remarks to the World Congress of Families III. Mexico City, Mexico. March 29, 2004*

ⁱⁱ *Now Legal Defense Fund. "Why Now Legal Defense Opposed Federal Marriage Promotion in TANF Reauthorization." New York: New York.*

ⁱⁱⁱ *SIECUS Public Policy Office. Factsheet: Global AIDS Bill 2003: Abstinence-Only-Until-Marriage Programs Go International. http://www.siecus.org/policy/global_aids.pdf, accessed 16 April 2004.*

^{iv} *WHO, World AIDS Campaign, 2003 Factsheet. <http://www.emro.who.int/ASD/wac2003-FactSheet-Statistics.htm>, accessed 16 April 2004.*

SisterSong Mentors Worldwide Through MentorNet

In the beginning, when all founding members conceptualized SisterSong, everyone agreed that in addition to sharing work, creating reproductive health agendas for all, as well as individual communities, they also had to incorporate and integrate capacity building concepts and applications.

There are women of color organizations that don't have a 501-C3, computers and equipment or just have one staff member – but they all have a spirit and passion to do the work. It is difficult to sustain an organization without structure, infrastructure and working systems. So while SisterSong originally addressed capacity building with its original members, the collective is quickly growing and is expanding this issue to members across the country and around the world. In short, SisterSong is dedicated to making sure all members have what they need to do their work. Thus, MentorNet was born.

MentorNet is an exciting and innovative internet-based outreach program, which will be used to build capacity for new and veteran organizations and activists. One of its primary duties is to connect seasoned activists and leaders with emerging activists and leaders. Those who have been in the movement for a long time can use fresh voices, ideas, energy and new technology while those who are new in the movement can use the wisdom and experience, and learn about the working systems and programs already in place from women that have been out there in the forefront for a long time.

MentorNet is the most efficient, economic way to build a formal communication system for individual and organization mentorship through SisterSong's website. The program will have face-to-face training so members are learn how to use it, meet each other in person and continue the relationship through the internet. It will also conduct regular meetings and have guest mentor appearances. There might be a mentoring workshop on the internet with Bylye Avery or with another extraordinary leader, a specific training offered to the entire MentorNet membership or a workshop on how to use the Foundation Center's resources to increase funding. It will allow organizations the opportunity to build a support network through the SisterSong website.

All SisterSong members are eligible for MentorNet benefits, to become a mentor or to be mentored. MentorNet will debut this fall on SisterSong's website managed by SisterLove Inc. For more information, visit www.sistersong.net

By Yaminah Ahmad

Indigenous Women's Health Book, Within the Sacred Circle

Reproductive Rights, Environmental Health
Traditional Herbs and Remedies...



presented by

**The Native American Women's Health
Education Resource Center**

edited by

Charon Asetoyer, M.A., Katharine Cronk, Ph.D. and Samantha Hewakapuge

**The Native American Women's Health Education Resource Center
P.O. Box 572 Lake Andes, SD 57356-0572 / Phone: (605) 487-7072 Fax: (605) 487-7904**

Approximately 70 women attended the Common Cultures breakout session at the SisterSong Conference 2003. Women who identified as African and of African descent gathered to discuss answers to the following questions: "Do you feel it's valuable to meet with your ethnic group members? What are the most pressing issues in your community?"

Sisters responded to the first question with an overwhelming "yes." Meeting with an African community meant an opportunity to connect, validate each other's work, network and share experiences. One member expressed hope that the group would continue to meet regularly and suggested that we address some of the

African American Mini-Community Common Cultures Breakout Session

hard questions, such as "What does it mean to be a 'sister'?" Others agreed that the group must weigh the balance between airing our own baggage and discussing our expectations of what the group can

accomplish. A few, conflicted by multiple race and identity issues, noted that having to choose one group was not satisfactory, but a compromise.

In answering the most pressing issues question, sisters addressed a myriad of problems, including internalized racism and sexism, childhood sexual abuse, poverty, unemployment, HIV/AIDS, spiritual oppression and heterosexism among others. A spirited discussion yielded a laundry list of ideas and areas for future discussion. This energetic dialogue was a healthy beginning for a group of dedicated women concerned about their community.

~ Latonya Slack, California's Black Women's Health Project

As women who identify as Middle Eastern and North African, we created the Middle Eastern/North African Women's Caucus. It is vital for a space to exist for Middle Eastern/North African women to discuss and address issues specific to us and our communities. This space is especially necessary in light of historical and current U.S. persecution of individuals of Muslim, Middle Eastern and North African backgrounds, our communities, in the U.S., and our countries of origin.

As Middle Eastern/North African women, we face a variety of struggles, including but not limited to invisibility, silencing, cultural imperialism, social and political isolation, economic inequality, political imprisonment and detention, violence

Arab American Mini-Community

from intimate partners and the state, harassment on the street, state-supported stereotypes, militarism and war.

We seek full cultural and individual expression without coerced assimilation or the imposition of false choices between our identities. We seek sexual freedom, reproductive justice, ethnic/racial justice, economic justice, freedom from violence, civil rights and liberties, and freedom of migration, including immigrating into the U.S. and, if we choose, the right to return to our lands of origin.

We begin the process of visibly and substantially incorporating the issues and activism of Middle Eastern/North African women into the work of the SisterSong Collective.

Asian and Pacific Islander (API) Mini-Community Update

The SisterSong Asian and Pacific Islander (API) Mini-Community is currently working to finalize our community-specific Advocacy Agenda. We are reviewing previous agendas from the past five years, integrating issues and policies in order to stay relevant to the needs of API communities. We're working together to develop an agenda that will guide members, allies, and supporters in achieving Reproductive Justice for API and all women. Our final Advocacy Agenda will be available by November 2004. We are also working with the Bay Area chapter of the National Asian Pacific American Women's Forum to provide training and technical assistance on Reproductive Justice for API women and their communities.

In addition, we are happy to report that the API community had a strong presence at the national March for Women's Lives in April 2004. Participating groups included: a youth delegation from Asian Communities for Reproductive Justice (formerly Asians & Pacific Islanders for Reproductive Health); representatives from Kokua Kalihi Valley Comprehensive Family Services, the Pan Pacific and Southeast Asia Women's Association, and many more groups; multiple delegations from across the country from the National Asian Pacific American Women's Forum; and a delegation of over 150 people from South Asians for Women's Lives.

~ Aparnah Shah, Asian Communities for Reproductive Justice

Latina Mini-Community Update

The National Latina Reproductive Health Policy and Justice Advocates are working diligently to ensure adequate funding as well as culturally and linguistically appropriate access for reproductive healthcare for Latinas. In addition, we are advocating to promote Latinas' civil and human rights to make childbearing decisions freely and without coercion. Women have the right to have access to high quality health services that meet diverse women's needs. Moreover, we advocate equal and respectful participation of Latinas in the reproduc-

tive health and sexual rights movement. This was evident in our strong presence at the 2003 SisterSong Reproductive Health & Sexual Rights National Conference and the March For Women's Lives.

Currently, we are working to adopt a Reproductive Health and Sexual Rights Agenda centered in a broader health, social justice and human rights context. We will tackle issues like universal healthcare, reproductive health rights for Latinas with disabilities, religious restrictions in

healthcare, Medicaid and Medicare, and Latina lesbian, gay, bisexual and transgender reproductive health and rights, etc.

This is a historic moment in which policies are developed to decrease funding for public services, criminalizing poverty is on the rise, and our civil and human rights are slowly being eliminated. Yet, the National Latina Reproductive Health Policy and Justice Advocates remain hopeful and are certain that our work will have a positive effect on all women throughout our nation.

A Reproductive Rights Legislative Update

Overruling the advice of its own scientific advisors, the U.S. Food and Drug Administration on May 6 rejected over-the-counter sales of emergency contraception (EC), prompting NOW and other critics to accuse the agency of responding to political pressure from the Bush Administration. Three years ago, the Center for Reproductive Rights petitioned the FDA on behalf of 70 medical and public health organizations to make EC available over the counter on the grounds that it is safe for people to use without the intervention of a physician. In December, two FDA scientific panels voted 23-4 in support of making EC available without a prescription. Afterward, the agency was subjected to political pressure from conservatives who argue that increased access to EC would encourage teenagers to be sexually active. There is no evidence to support the assumption that over-the-counter availability of EC will make women more willing to engage in unprotected sex. But there is plenty of evidence that emergency contraception has high success rates and is safe for use without a prescription. The FDA's reason for denying over-the-counter status is unsupported. The scientific evidence shows that women of all ages can use Plan B safely and effectively without the supervision of a doctor. Moreover, the overwhelming majority of the FDA's expert panel concluded that restricting EC for teens would compromise their health and well-being by denying them a second chance to prevent an unintended pregnancy.

Source(s): NOW's The Truth about George website; The Center for Reproductive Rights website

Global Gag Rule (also known as the Mexico City Policy)

The Mexico City Policy prohibits any organization that receives U.S. Agency for International Development (USAID) family planning funds from using money or other funds to: Provide abortion services (in accordance with the law of the country); provide holistic counseling that

includes information about abortion; provide referrals to safe abortion services, and advocate for legal reform or mobilize communities to ensure that abortion services are safe, legal, and accessible. In August 2003, George Bush extended the Gag Rule beyond USAID to include U.S. Department of State population funds. This has forced the closure of clinics that provide abortions and other family planning services (mostly in Africa and Asia); cuts in health care staff and medical supplies; reduction in program and space of medical facilities; and withdrawal of free and subsidized health-care services. To find out more about the policy and for ways to get involved, please visit: www.crlp.org,

www.plannedparenthood.org/gag/

Source: The Fight for Reproductive Freedom: A Newsletter for Student and Community Activists; The Civil Liberties and Public Policy Program at Hampshire College, Spring 2004

Partial Birth Abortion Ban

The term, partial birth abortion, refers to a procedure known as intact dilation and extraction. This claim fuels the common misconception that the ban only proscribes late-term (third trimester) abortions.

Partial-birth abortion does not identify a particular medical procedure; it's a term invented by anti-choice activists. The ban threatens to outlaw safe abortion, returning women to the perils of back-alleys. The legislation's wording could be interpreted to ban safe and effective abortions as early as 12-15 weeks. The second trimester procedures are often medically necessary because a serious fetal anomaly or genetic defect is detected in the fetus, or carrying the pregnancy to term would jeopardize the woman's health and future fertility.

The National Abortion Federation, the Center for Reproductive Rights, and the American Civil Liberties Union praised the ruling by a federal court judge in San Francisco striking down the "Partial Birth Abortion Ban Act of 2003." The decision, made on June 1, 2004, in *Planned Parenthood Federation of America v. Ashcroft* was the first to permanently enjoin the sweeping ban, which

was challenged in three federal courts late last year.

"We are pleased that the court in San Francisco recognized that this ban is a broad attack on abortion beginning as early as 13 weeks in pregnancy," said Vicki Saporta, NAF President and CEO. "Today's ruling underscores the necessity of allowing women and their doctors to make medical decisions free from the interference of politicians."

The American Civil Liberties Union

and Wilmer Cutler Pickering LLP represent NAF and seven individual physicians in their challenge to the federal ban in U.S. District Court in the Southern District of New York. Closing arguments are scheduled to take place in *NAF v. Ashcroft* on June 22nd.

"The court in San Francisco recognized this federal ban for what it is: a

Committee on Women Population And The Environment Takes A Look At the Age Of Reproductive Technology

Reproductive technology like contraception has allowed women to control their lives since its inception. Today, there are new reproductive technologies offered to women who choose to conceive in non-traditional ways, which includes artificial insemination and in vitro fertilization. But history dictates that innovative reproductive technologies and its testing procedures prove detrimental to women of color.

In the U.S., approximately 2.4 million women use prenatal screening to examine the health of their baby. Initially, the procedure was created to identify severe abnormalities and disorders. Now, countries like India, China, and Taiwan use ultrasounds to determine the sex of the child. If it is a girl, many couples abort the fetus. In addition, clinics are also offering amniocentesis for sex selection, which leads to the abortion of female fetuses too.

Prenatal screenings, as well as new reproductive technologies like gamete donation and germline genetic intervention, are free-for-all technologies without government regulations. "My overall concern is this field of technology is not regulated or self-regulated," says Rajani Bhatia of CWPE. "Scientists are able to conduct research based on

their discretion. There are virtually no guidelines." Additionally, activists like Bhatia are concerned that trait selection will create a means for genetic discrimination.

If wealthy individuals choose to select certain traits to create a "normal" child, then those children born without those traits might possibly be considered abnormal. It is safe to say that, if given the choice, few parent would create a child that is deaf, blind or have any other disabilities. But is it ethical to consider disabled fetuses abnormal and those scientifically created with perfect vision and/or preferable weight normal? "IGM (Inheritable Genetic Modification) is a way for parents to screen what is undesirable. But consumers are led to believe that you can't produce a child with genetic deficiencies. Where do you draw the line?"

In order to "perfect" these procedures, masses of tests will be needed. Bhatia worries that women of color will become guinea pigs. "Scientists need a lot of eggs in order to do testing because it's all very experimental. And this country has a history of running unnecessary and experimental tests on women of color without telling them. Where else are they going to get the eggs?"

~Yaminah Ahmad

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threat to women's health. The court understood that the government has no business trying to come between doctors and their patients and telling doctors that they can't put their patients' health and safety first," said Dr. LeRoy Carhart, lead plaintiff in a Nebraska challenge to the federal law.

The Center for Reproductive Rights filed a challenge to the law on behalf of Dr. Carhart and three other physicians in the U.S. District Court for the District of Nebraska. Dr. Carhart is a physician who won a challenge to a state ban before

the U.S. Supreme Court in 2000, argued by the Center for Reproductive Rights.

"Today's decision acknowledges what doctors testified, day after day, in all three challenges to the federal abortion ban: this law would interfere with their ability to provide their patients with safe and medically appropriate care after the first trimester," said Louise Melling, Director of the ACLU Reproductive Freedom Project.

~Malika Redmond, National Center for Human Rights Education

Can't We All Just Get Along!

Ethnic Tensions Among Women of Color

Our society tells us that women of color, in particular, are catty, difficult and have attitudes. These are stereotypes we believe about each other and are present with every interaction. We see it when a woman walks into a room full of other women—we examine her clothes, her make-up and make quick assumptions about her. But this stigma isn't just restricted to idle gossip in the ladies restrooms or social functions. It's a sickness that is also poisoning the women's reproductive health and sexual rights movement.

Many of us have worked with organizations dedicated to the women's rights movement only to resign due to internal conflict with other female counterparts. Some have bounced around to different organizations, leaving them feeling frustrated and even refusing to work with other women of color in the future. This disease is known as internalized racism and cross-racial hostility. Internalized racism is the belief in all oppressive stereotypes, like dark skin is inferior, women are inferior and should be controlled, Black women are angry, Asian women are submissive, Native women are earthy, etc. And in an effort to disprove the erroneous beliefs we have about ourselves, we strive to mirror the "prototype" standards of the dominant society. Cross-racial hostility is racism

among people of color. We believe the oppressive stereotypes about one another. It prevents us from seeing our similarities in the history of oppression, cultures, and beliefs, and prevents us from appreciating our differences. Internalized racism and cross-racial hostility, as well as homophobia and heterosexism keep us from forming lasting coalitions and relationships.

Although this country claims to be a melting pot, it is a Eurocentric society, which forces people of color to abandon their culture. And since this white-dominant society considers some of our cultural practices savagery and uncivilized, some of us choose assimilation, forsaking our culture and adopting superior pretentious behaviors. In essence, we are taught that anything not exhibiting characteristics of the dominant culture is inferior and must be subdued. If we continue abandoning our cultures, racial harmony will never materialize.

In order to end internalized racism and cross-racial hostility, each of us must face our demons, those



stereotypes we have about each other and ourselves. SisterSong has developed an intense, yet effect counseling process for women of color called Self-Help. It identifies the origins of our racist attitudes and works to eliminate all stereotypes. While it may be a long process, its lasting effectiveness help create a new relationship between women of color, giving us the strength to challenge oppression and racism together and thus, birthing a new society.

~Yaminah Ahmad

Soraya Mire

More Than A Woman

When meeting Soraya Mire, you immediately notice her infectious smile and bright eyes. It is hard to even imagine that six countries on the continent of Africa have outlawed this petite woman. Mire, a Somali from a privileged family, is an activist who fights against female genital mutilation. She has lectured at the United Nations in Geneva, and at the United Nations World Human Rights Conference in Vienna, and received the United Nations Humanitarian Award for her candid documentary called *Fire Eyes*, which details the horrors of female genital mutilation. No one can argue: big things do come in small packages.

At age 13, Mire's mother told her they were going to buy a gift. Their trip ended with her at the office of a female genital mutilation practitioner. "It's a cultural

ritual that young girls are expected to go through in order to enter that cycle of womanhood," Mire explains. "It represents cleanliness, chastity, honor and keeping the good name of the family. My mother thought she was doing her duty as a mother. She thought it was the proper way to prepare me for the future."

This rite of passage dating back 4,000 years, is practiced in 27 countries and has enlisted over 100 million women. In some countries, the practice only involves removing the clitoris. Other countries remove the clitoris and the labia majora and minora. They are cut off and the remaining tissue is stitched together until the woman is married. The groom's family may inspect the bride to confirm her chastity. She is then opened by a doctor, a midwife or forceful penetration by the husband. The women suffer from infections, and compli-

cations with urination, menstruation and childbirth.

At the age of 18, Mire's family arranged for her to marry a first cousin in Geneva. She was terrified of their first night as man and wife and refused sex. Her husband became frustrated and raped her. After eight months of marriage, Mire left him. With the support of her family, she attended college at Domain University in the French Alps. During class, she passed out due to menstrual pain. She was rushed to a hospital where a doctor examined her. Realizing she had been circumcised, he gave Mire her first lesson on the female anatomy. She then, understood the horrible dynamics of her cultural tradition.

"It is a way of controlling your sexuality. It takes the

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integrity of the woman. You feel like you don't own the rights to your body," says the 34 year-old filmmaker. There are virtually no other alternatives for women born into this tradition. If a woman protests, her family and community oust her. Without the protection of her father and brothers, she risks being raped. If she gets pregnant, then the community will blame her, and according to Mire, will probably be killed.

In 1994, Mire released her 60-minute documentary *Fire Eyes*. It begins with a gruesome depiction of the ritual performed on a seven year-old girl. She interviews Somali women, as well as a man who says the practice is as reassuring as locking your door when leaving home. As she gives historical facts on the subject, she also poses questions to evoke thought and dialogue. Her efforts proved successful. At the time of the movie's release, 54 countries performed the mutilation. After Mire debuted the movie at the United Nations, 26 countries agreed to eradicate it.

Now, Mire works diligently to educate women, especially midwives who perform the practice, about the right to choose. For many women in this culture, the word, "choice," doesn't exist. "I didn't know I had a right to choose whether I wanted to have sex or not, or whether to carry this baby or not. American women grow up knowing the word 'choice.' I was 19 years old and in college when I discovered the word. No one ever told me I had a choice. I'd never heard of it. I didn't even know how to translate the word."

Because of Mire's work, some midwives are choosing not to perform the procedure anymore. "These women are our grandmothers, our mothers, our ancestors. We can't condemn them because we're educated now. We look up to them. We just have to educate them too. And they're standing up like activists and saying no more. But the war is not over."

~Yaminah Ahmad

Dixie Lee Riley

Pan Pacific and Southeast Asian Women's Association

When you think of Minnesota, you don't automatically envision a cultural melting pot. So Dixie Lee Riley doesn't expect anyone to look at her family's facial features and know their ethnicity. But, she wasn't also anticipating people immediately lumping them in the Hispanic category because she and her husband have tinted skin tone. "This guy kept jokingly saying to me that he knows we eat spicy food at home because he thought my husband was Mexican," Riley says. "People just make assumptions without asking questions. And because he made that one assumption, he probably thinks he knows our religion, how we raise our kids, all kinds of things." For this reason, Riley works tirelessly to educate people about her homeland and her culture.

Riley is hapa, a Hawaiian phrase meaning 'half.' She is third generation Hawaiian, her mother is Chinese and her father is Irish and French. Her culture lies within the Polynesian triangle, which consists of Hawaii (sits at the top), Aotearoa (indigenous name

for New Zealand, which sits in the southwest corner), and Rapanui (indigenous name for Easter Island, which sits in the southeast corner). At the center of this triangle are stories of the people, each island's history and the Pacific Ocean. In 1928, the Pan Pacific and Southeast Asian Women's Association was created by the women to foster peace among the people.

As an American living on the mainland, Riley is astonished by the parallels of Polynesian and Native histories. "The United States has a whole history of being discovered by Columbus when people were living here for 10,000 years. It's very Euro-centric to think that existence doesn't begin until Europeans recognize it," she says laughing. "There's a similar history for Pacific Islanders with Captain Cook."

In addition, Riley finds the women of her culture have similar issues as women of color. This bond urged her to join SisterSong. "I think we should work together because we all have different experiences where our health is concerned. Native women have a lot of information on Deprovera and illegal testing without proper notification. But we have similar health issues like diabetes, breast cancer, heart disease and AIDS."

For Riley, it's all about learning one another's culture so we can understand how to help each other. "We don't automatically know each other's culture just because we're women of color. It's important to have all voices at the table so we can begin creating solutions."

~Yaminah Ahmad

Our Collective Spiritual Journey

As women of color activists and women of color with an awakened consciousness, we understand that the male-centered myths of origin and theories about us are not working. From our distinct stories we offer a critique of the old paradigms, bring forth important new strategies for the movement, reclaim our women of color-centeredness, and approach our reproduction from this lens. SisterSong, as a national collective of women of color, supports reproductive justice for all women globally as a human rights issue, and supports the personal spiritual transformation of our sisters. This is the essence of the "Shakti"—the spirit charged, the awakening of our consciousness, which is the main principal form that moves us into action to become the change-makers of our communities and society.

This awakened consciousness propels us to create contemporary rituals, which include acknowledging our connection to one another by beginning any group process with a circle. Within the ritual of circle we honor our ancestors, pay respect to the natural directions of the cosmos, and honor the self by sharing our inner most feelings. This ritual allows each woman to establish a sacred space and enter into her spiritual journey of activism. This sacred space gives her the support she needs to dispel any negative contradictions of capitalist oppressions she has learned and internalized from the broader Eurocentric society. The process is a self-actualizing process and allows the women to go deep into her soul to find her path of personal empowerment.

This process is a healing journey we enter when we have self-awareness and can see the contradictions of capitalism. It is embodied within our spirit, and it interacts with our emotions, traumas, memories, learned habits, energies, and beliefs and can be shape shifting, or re-shaped. This personal process—the healing journey—is necessary in order to have a sustained movement; a collective body of women engaged to confront discriminatory policies launched at us by the current Bush administration and our collective stories (imbedded cell memories) of over 500 years of colonized Eurocentric values that have been

imposed upon us.

In this scared circle we begin to shape shift—that is to recognize and honor our collective Goddesses, Isis, Ixchel, Yemaya, Omecihuatl and Coyolxauqui, Mawu, Corn Mother, Estanatlehi, and Devi and Bhadra Kali, our sacred feminine and begin to re-shape our worldview and our relationship to male domination. We shape shift to remember equal partnerships between male and females were honored, our inner power to be visionaries and makers of culture was our duty, and sacred space and sacred ritual was a routine experience within our communities. As colonized women actualizing our liberation, we yearn to feel respected and free to practice our spiritual development that does not allow man to oppress humanity, nor a place where women accommodate man's oppression of women in any society.

Within SisterSong, we are forging unity and solidarity in the spirits' way. Our ethics are embedded within our cell memories and they come from our collective awareness of the Goddesses who were our first mothers and teachers, they who were the initial forces who struggled to give us our first breath of life, our first movement of spirit.

~ Chalchiuhtlicue Rosalinda Montéz Palacios

SisterSong Post-Conference Report

More than 600 activists gathered in Atlanta, Georgia November 13-16, 2003 to participate in the first SisterSong Reproductive Health and Sexual Rights National Conference. It was the largest gathering of women of color working on reproductive health issues in U.S. history.

The SisterSong Conference was an opportunity for both seasoned and emerging activists to reflect upon their work,

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expand their knowledge, celebrate their accomplishments and develop and refine their strategies. They acknowledged the power of individual activism, the power of diversity among women of color, and the power of collective organizing.

Each day of the conference opened up with music from the different ethnic communities of color. All plenary sessions were led by women of color discussing topics like hip hop music, midwifery, violence, abstinence, poverty and prisoners' rights. This wide range of topics in 12 plenary sessions and 60 workshops reflected the complexities of the lives of women of color and the connection to a broader message of reproductive justice, which is not exclusively limited to abortion rights.

The four-day event began with an honoring celebration of the foremothers of color who courageously pioneered a space for a new generation of women of color activists. The honorees included Byllye Avery, founder of the National Black Women's Health Project, Alexandrina "Reena" Marcelo, a founding member of GABRIELA, a women's solidarity network in the Philippines, and Luz Rodriquez, an Afro-Puerto Rican activist in New York City.

The conference also featured ethnic caucuses (called Talking Circles), which occurred between the plenary sessions to create an opportunity for women to work with their own ethnic group across the country. A new caucus for Arab American/Middle Eastern women was created during the conference, adding these important voices to the discourse on reproductive health and sexual rights in the United States.

Perhaps the most spectacular sight at SisterSong was the incredible diversity of people who attended the conference. The youngest speaker was 15 years old and the oldest participant was 76. There were mothers, grandmothers, daughters, sisters, men and white allies who came together to support women of color organizing for reproductive justice.

The SisterSong conference closed with a Call to Action for women of color in the United States to work to defend our reproductive health and sexual rights. In the coming years, we will continue our work to ensure that women of color achieve undivided justice and respect for their human rights here and around the world.

Since the conference, SisterSong played a leading role in the April 25,

2004 Pro-Choice March, the first time in four marches that women of color have demanded and achieved leadership positions in the decision-making process. SisterSong worked to ensure that thousands of women of color participate in the March, with 1.15 million people, became the largest March in U.S. history. SisterSong believes that mobilizing thousands of women of color for the March for Women's Lives had a significant impact on the direction of American society that is being deceived by a selected – not an elected – presidential administration. America is at a dangerous moment in history that is reminiscent of the 1930's in Germany when ordinary Germans did not understand the warning signs of their society. They were compelled into mindless hyper-patriotism, whipped up into a fiercely aggressive war labeled as "defensive," misled by a government manipulated media that strictly limited access to alternative points of view, encouraged to express anti-Semitism, and most of all, urged to become debt-ridden consumers to prop up the German economy. The parallels to America today are frightening.

SisterSong has committed to doing its best to help mobilize women of color in the United States so that we take every peaceful action possible to stop this downward spiral of endless war and pitiless suffering worldwide. The U.S. government is ceaseless in its attacks on women's human rights worldwide, most famously for its imposition of the Global Gag Rule restrictions that prevent women from having access to accurate sexual health information and that contribute to the 500,000 pregnancy-related, 3 million AIDS-related, and 75,000 unsafe abortion-related deaths worldwide each year.

By promoting the more inclusive human rights framework in reproductive justice organizing, SisterSong also helps the mainstream movement recognize the limits of the "choice" rhetoric, and truly build a movement to transform women's lives. This human rights-based framework is based on the early recognition among women of color organizers that we have the right to control our own bodies simply because we are human, and as social justice activists we have the obligation to ensure that those rights be protected.

For more information on SisterSong, visit our website at www.Sistersong.net

What is Self-Help? How Does It Relate to Reproductive Justice and Women of Color?

As a member of the SisterSong Women of Color Reproductive Health Collective, you have no doubt heard some of the sisters talking about the Self-Help Process and its use within the Collective.

What is Self-Help?

Self-help is a peer counseling process with a fundamental philosophy stating that everyone is born whole with full capability to live a powerful and valuable life and to heal oneself. The self-help process acknowledges that all human beings are hurt in a variety of ways throughout childhood and adult life. It entails women telling their own stories, in groups of two or more, about their lives, their childhoods, their family situations and their ongoing living conditions and allows for individuals to recognize and reclaim their value through healing old hurts. While women reveal their experiences, emotions such as grief, fear and happiness, can surface. There is at least one other woman respectfully and intently listening while offering support. As a result of recounting her stories, paying attention to her feelings and releasing old hurts, she gains new insights and awareness about what happened to her. She discovers patterns of thinking and behaving, which impede her personal growth. Additionally, she can rethink previously unworkable choices and create new methods on how to deal with her life situations that will be in her best interest.

Why Self-Help?

Throughout our many years as community activists, organizers, service providers and advocates, we have come to realize that we all have our own stories and experiences that motivate us to do this work. Whether these experiences have been positive or negative, we recog-

nize that the work we do is to heal our communities and assure that they are able to thrive in healthful conditions with a range of choices that are safe and appropriate for them. As facilitators of healing, we also become a part of these experiences and take on some of the emotional trauma that our communities suffer due to internalized oppression. As stated in the SisterSong video, the question then becomes, "Who will heal the healers?" And more specifically, how do we continue to do this work together without harming one another? How do we keep ourselves whole? By using the Self-Help process, we trust that we can unlearn the unhealthy patterns and behaviors and learn new patterns and behaviors for being whole and working with each other as sisters.

What does this have to do with Reproductive Justice?

We characterize our struggle for reproductive rights as falling within the framework of human rights. It is through our work within our respective communities and our use of the Self-Help process together that we better understand the injustices that have been done to our people. By using "the process" we tap into our innate strengths as individual women of color and as a group and we begin to *do collectively what we can't do on our own*. As a unified group that has respect for each of its individual members and for the collective, we begin to dismantle the destructive lessons of individualism that are taught in this racist, patriarchal society driven by capitalism. Self-Help asks us to trust our authentic selves and to trust each other so that as a collective we can live healthfully.

~ Laura Jimenez, Dominican Women's Development Center