

SISTERSONG WOMEN OF COLOR REPRODUCTIVE HEALTH COLLECTIVE

# COLLECTIVE VOICES

VOLUME 4 ISSUE 10

FALL 2009



Reproductive  
justice

## STATE OF REPRODUCTIVE JUSTICE ISSUE

**Shackling as Human  
Rights Violations**

**Transforming API  
Communities**

**How To Talk About  
Reproductive Justice**

**Black Abortion:  
Breaking the Silence**

**Emergency  
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*-Cherrie Moraga*

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*Cover Artwork: Betsy Dobson*



By Loretta J. Ross, SisterSong

## Welcome from the National Coordinator

**T**his issue of *Collective Voices* is designed to provide a snapshot of some of the work underway by Reproductive Justice organizations six short years into its prominence as a unifying framework for women of color at the beginning of the 21st century.

While it is not a comprehensive accounting of all of the work being done by the impressive array of organizations using the RJ framework, it offers SisterSong and our members the opportunity to stop and assess what we have learned, how far we have come, and where we might next go in our efforts to build the movement for Reproductive Justice.

It is very important to take the time for self-reflection and collective appreciation. We also need to help our large base of activists, our supporters and our funders value our collective achievements. We have invited our member organizations to contribute to this issue to present multiple perspectives of the accomplishments and some key issues of the RJ movement.

The reproductive justice movement utilizes the concepts of intersectionality and human rights to understand reproductive oppression and to develop a working model for change and movement building. Movement building means sharing strategies, principles and goals, developing a long-term plan of action, working collectively with other people, organizations and/or communities to carry out this plan, and sharing these skills with the next generation of leaders. Movement building is designed to build community and constituents as we are trying to learn together and coordinate our advocacy for human rights.

With this mega goal in mind, we offer this brief presentation of some of the perspectives, issues and achievements of our movement. SisterSong, with our 80 member organizations and 500+ individual members, is excellently positioned as a membership organization engaged in many conversations and strategies about building the RJ movement. SisterSong's primary strategies center on promoting the RJ framework, and by convening RJ groups and individuals to build relationships, engage in joint work, provide opportunities to connect with other projects, share knowledges and information, and bring individuals out of isolation to connect them with the progressive movement.

We are joined by an inspiring constellation of organizations like Asian Communities for Reproductive Justice, the Pro-Choice Education Project, California Latinas for Reproductive Justice, Mi LOLA in Miami, the Reproductive Justice Coalition of Milwaukee, Black Women for Reproductive Justice, Wise Women's Gathering Place, the Catalyst Fund for Reproductive Justice and many other organizations too numerous to list here. Our apologies to those valuable organizations we did not name in the interests of brevity.

Our hope is that you appreciate the depth and breadth of RJ work underway you will read about in this issue of *Collective Voices*. As usual, we always appreciate your feedback, article contributions, and support. ☺

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TO ADVANCE  
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# SisterSong Looking Forward...

# *Strategically*

In early 2008, SisterSong began a process of strategic planning for the next three years. With the support of an Organizational Effectiveness grant from the Hewlett Foundation, SisterSong contracted with the Management Assistance Group (MAG) to conduct both staff and board sessions to outline goals and objectives, match those with program activities, and develop criteria for making decisions about potential programs. Following are some highlights of this process:

- Two-day staff retreat facilitated by Mónica Palacio of MAG to learn about individual staff leadership qualities and evaluate how these different styles operate within the organization, giving an insight on how to more effectively work with each other;
- Interviews with staff, Management Circle members and key external stakeholders to evaluate the strengths and weaknesses of the organization, create an internal report with recommendations for Strategic Planning;
- Management Circle and staff strategic planning meeting, facilitated by Inca Mohammed and Mónica Palacio of MAG, to review Strategic Planning report, address key questions, and create organizational and programmatic goals for the next three years;
- Creation of major, long-term organizational goals with accompanying short-

term goals. The long-term goals are:

- SisterSong will be the largest US multi-racial/ethnic/ cultural women's organization focused on reproductive justice within the human rights movement with 1 million members.
- SisterSong will support the increase of work and organizing by Indigenous women and women of color and Indigenous women around reproductive justice.
- Reproductive Justice will become a visible model of intersectional analysis and action in communities of color for protecting the human rights of women in the US.
- SisterSong will support and collaborate with member organizations doing policy work and participate in advocacy for reproductive justice at national policy tables.
- Development of programmatic theories of change for SisterSong's four program areas (Reproductive Justice Trainings, Communications, Advocacy, Constituency Building).

In our August 2009 Management Circle Meeting, the staff and Management Circle members approved a final draft of the Strategic Plan with a few corrections and suggestions. From this final report, an Executive Summary will be developed and the summary will be available for download on the web site. We look forward to sharing with you our plans for the future! ☺

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# Faces of SisterSong



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The SisterSong Staff: (l-r) Loretta, Betsy, Maame, Heidi, Serena, Kai, Corean, and Laura.

Collective work for SisterSong begins at the Mother House headquarters. Our staff supports our valued member base, manages SisterSong convenings, facilitates Reproductive Justice trainings, and provides advocacy, awareness, and education around RJ issues. Here's a look at the engine and expertise behind SisterSong:

#### LAURA JIMENEZ, DEPUTY COORDINATOR

Laura Jimenez has been working with SisterSong since 1998, and in 2002 became the first Coordinator of the Collective. In March 2006, Laura became SisterSong's new Deputy Coordinator. As part of her duties in that role, she facilitates the internal operations of the Collective, promoting its further growth and helping to increase the visibility of the Collective and the understanding of the concept of Reproductive Justice in communities of color in the United States. Laura has previously worked with the Dominican Women's Development Center in New York, as well as with the National Latina Health Organization in California.

#### KAI GURLEY, DEVELOPMENT COORDINATOR

Kai began working with SisterSong as a consultant in June of 2005, and became SisterSong's Development Coordinator in early 2006. Before coming to SisterSong, Kai worked as a Development Assistant at the National Center for Human Rights Education. At SisterSong, Kai is working to maintain existing relationships with SisterSong's long-term funders as well as diversifying SisterSong's revenue sources to ensure long-term sustainability. Kai also serves as the National Office liaison to SisterSong's European American allies mini-community.

#### COREAN ELAM, EXECUTIVE ASSISTANT/OFFICE MANAGER

Corean came to Atlanta to work with SisterSong in October of 2006, leaving her position as Secretary of the African American Studies Department at the University of Illinois Urbana-Champaign. She graduated from Champaign Community College with a degree in Secretarial Science in 1981, and completed a professional training course in Administrative Support at the University of Illinois in 2001. Corean is the former Administrative Assistant for Planned Parenthood of Champaign County.

#### SERENA GARCIA, COMMUNICATIONS COORDINATOR

Serena Garcia's 16-year communications background includes work as a journalist, editor, graphic designer, public relations coordinator, publications manager and workshop facilitator for nonprofit organizations, government and ethnic media. In her new role at SisterSong,

she coordinates integrated marketing and communications strategies, manages the Mapping Our Rights website, assists in training facilitation and serves as managing editor of Collective Voices. Serena graduated from Savannah State University with a B.A. in Mass Communications and is completing her master's coursework in Communications.

#### HEIDI WILLIAMSON, ADVOCACY AND MEMBERSHIP COORDINATOR

Heidi Williamson is the Advocacy and Membership Coordinator. Prior to her position with SisterSong, she was a political organizer in the labor movement organizing public sector workers with Services Employee International Union (SEIU). Since 1999 she has worked with several organizations that prioritize and empower women throughout Georgia. Heidi is a graduate of Georgia State University with a Bachelor of Arts in English and African American Studies.

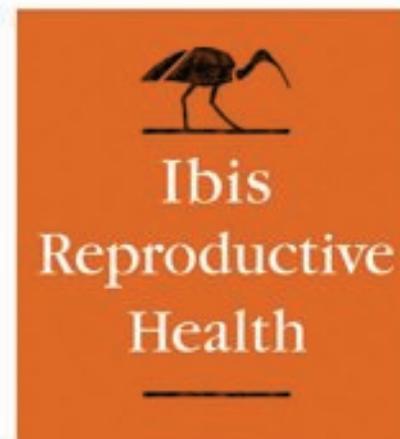
#### BETSY P. DOBSON, DIGITAL ARTS SERVICE CORPS VISTA, MULTI-MEDIA ASSISTANT, COMMUNICATIONS

A graduate of the American InterContinental University, Betsy received her Bachelor's Degree in Fine Arts with an emphasis in Digital Design. Through her college and volunteer activities with non-profit organizations, she has been inspired to contribute more to the community as a Pacific-Islander. She is working with the website expansion on MOR (Mapping Our Rights) and SisterSong's main site, creating and maintaining three social media websites, and assisting print production.

#### MAAME-MENSIMA HORNE, ADVOCACY AND MEMBERSHIP ASSISTANT/ COMMUNICATIONS INTERN

Maame-Mensima earned her Bachelor of Arts in Political Science from the University of Florida, Gainesville. She supports our Advocacy and Membership Coordinator with special event planning, connecting with local elected and public health officials, and managing volunteers. She also assists the Communication Department in the areas of print, broadcast, and integrated social media, while bringing her own social media experience to help organize the movement through the web.

## We are proud to be a part of SisterSong's 2009 National Membership Meeting!



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- conducting sexual and reproductive health research

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# The Movement for Reproductive Justice

## *Six Years - Old and Growing*

By Loretta J. Ross, SisterSong National Coordinator

**“The only way to get a little measure of power over your own life is to do it collectively, with the support of other people who share your needs.”**

— Irma, Filipina worker in  
Silicone Valley, CA

**R**eproductive Justice is, essentially, a framework about power. It allows us to analyze the intersectional forces arrayed to deny us our human rights, and it also enables us to determine how to work together across barriers to achieve the necessary power to protect and achieve our human rights. As the quote above says, we cannot change the systemic reproductive injustices we face as individuals only, but we must work together in unbreakable alliances that center our lives as the lens through which we theorize, strategize and organize.

The RJ movement is exponentially expanding local and national work by women of color and our allies. We now have the opportunity to examine how far we have come as an RJ movement over the past six years. This is a good time to talk about how to define movement-building, to know when it is effective, and to better understand the challenges. This is vitally important because there is significant resistance by some to the concept of “movement building” as a response to the entrenched injustices we face. Nevertheless, we understand that we will not change our objective conditions with single-issue politics or single-strategy approaches. We need the power of movement – the power of people organized to lead the changes they must have in their lives – in order to bring together diverse people with a multiplicity of ideas and strategies and help shape them into an effective force for human rights. This is our vision for Reproductive Justice.

#### WHAT WE HAVE LEARNED

*“In our world, divide and conquer must become define and empower.”*

-- Audre Lorde

SisterSong has been a leader in developing the Reproductive Justice framework since our beginnings. The term “Reproductive Justice,” coined in 1994, was first publicly offered to the national pro-choice/reproductive rights/reproductive health movements during SisterSong’s first National Conference in 2003, and we have been building our momentum ever since.

*In 1994, the work of women of color in the mainstream movement would take a historical turn that would impact the way in which reproductive rights activists would do their work forever more.... We decided to call ourselves “Women of African Descent for Reproductive Justice.” It never crossed our mind that we were setting the stage for both a reproductive justice analysis and thinking through the pieces of a comprehensive plan for reproductive health care for today’s health care reform debate.*

— Toni Bond Leonard, Black Women for Reproductive Justice

SisterSong’s primary strategic investment for building the movement for Reproductive Justice is our multiple convenings of RJ groups and individuals to build relationships, engage in joint work, provide opportunities to connect with other projects, share knowledges and information, and bring individual activists out of isolation.

*“Now that we had a name, some of the fragmented pieces began to fall together – who we were, what we were, how we had evolved. We began to get glimpses of what we might eventually become.”*

-- Gloria Andalzua, Borderlands

Like our foremothers, each generation of activists built new conceptual expansions of pioneering work on intersectionality by women of color in the ‘60s, ‘70s, and ‘80s, such as Fran Beale (*Double Jeopardy: To Be Black and Female*), Toni Cade Bambara (*The Black Woman*), Cherríe Moraga (*This Bridge Called My Back*), the Combahee River Collective (*Statement on Black Feminism*), and Kimberlè Crenshaw (*Mapping the Margins: Intersectionality, Identity Politics and Violence Against Women of Color*).

*“[I] must be involved with and necessarily concerned with racial liberation. But I must also personally be concerned with sexual liberation, because as I often say, the two meet in me, the two meet in any individual who is both woman and a member of an oppressed group or a minority group....racism and sexism have been closely interrelated historically, especially in the American South, but they have not been exactly parallel. Rather we should recognize them as interstructural elements of oppression within the overarching system of male domination.”*

— Rev. Pauli Murray, NOW Co-Founder, 1976

These decades were particularly important for the emergence of seminal race/gender/class and intersectional approaches, echoing Sojourner Truth a century ago. The theoretical and practical value added by the Reproductive Justice framework at the turn of this century was to situate our collective and historical intersectional analyses of reproductive politics within the broader human rights framework, and to work together to make these conversations accessible in millions of new opportunities. Perhaps as Audre Lorde says, “There are no new ideas. There are only new ways of making them felt.”

We have achieved this because of our three core values with which SisterSong was founded in 1997: Every woman has the right to have a child, not have a child, and parent the children she has. When we state our core values, people easily understand the Reproductive Justice framework because it speaks to their real lives – the challenges we face daily as Indigenous women and women of color that limit our opportunities, our freedoms and our human rights.

The structural and systemic problems women face palpably interfere with these three core values. Whether it’s a broken health care system, forced Caesarians or sterilization abuses, racism, violations of sovereignty, or cultural incompetency, many women we train and speak to share our understanding of the multiple reproductive injustices that challenge a woman’s right to control her body and create better conditions for her family and her community.

*“By placing women of color at the center of the analysis and*

*organizing, “there is no permanent center of organizing. Rather, by constantly shifting the center to communities that face intersecting forms of oppression, we have a more comprehensive view of the strategies to end all forms of violence.”* – *The Color of Violence – The Incite! Anthology*

We offer Reproductive Justice as a theory, strategy and practice for organizing against the multiple, interlocking reproductive violences we face by placing Indigenous women and women of color at the center of our lens. Reproductive justice is an intersectional analysis based on the human rights framework that includes economic rights, social rights, cultural rights, sexual rights, environmental, developmental, civil and political rights. The innate intersectionality of the human rights framework connects the dots in women’s lives and does not isolate reproductive health issues from other social determinants of the quality of our lives like jobs, housing, child care, education, violence, the environment, war, and crime. Shifting from a focus on individual rights based on privacy, the reproductive justice framework invokes collective rights and collective responsibility for organizing our power and taking action.

*“[We are] participating in the creation of yet another culture, a new story to explain the world and our participation in it, a new value system with images and symbols that connect us to each other and to the planet.”*

-- Gloria Andalzua, Borderlands

#### WHAT WE HAVE DONE

*“Justice is not a product that you arrive at. It’s not an ‘end.’ Justice is something we have to continually imagine, envision, construct, and practice.”*

— Sista II Sista

An important deepening of the RJ analysis was offered by Asian Communities for Reproductive Justice that published their groundbreaking paper, *A New Vision for Reproductive Justice* in 2005 that analyzed the difference between the reproductive health, reproductive rights, and reproductive justice frameworks, and named our collective experiences with reproductive violence as reproductive oppression. ACRJ has moved the RJ framework into visibility, producing impressive documentation on the achievements of the RJ movement through its Momentum Series.

In the process of actualizing the RJ framework, we have shifted from individual resistance to proactive organizing with a new vision for political engagement. This shift transcends siloed single-issue identity politics but instead connects multi-issue, multi-racial and polyvocal movements that cross borders, incorporate multiple and variable identities, and interrogate the structures below the surfaces of our sufferings.

*“By shifting the reproductive rights paradigm – from one focused on abortion to one that focuses on the shared values at the heart of a range of interrelated reproductive, social and family justice issues – we can speak to and engage millions of potential new advocates and activists.”*

— Lynn Paltrow, National Advocates for  
Pregnant Women

We have connected many activists through our shared core values and have changed the public discourse on reproductive health and rights issues in the U.S. by connecting to broader progressive movements. Collectively, we are in the process of translating our

ideas into public policies that address the structural and systemic issues that contribute to reproductive oppression. We seek to achieve institutional and public accountability for the adverse situations in our communities that compromise our ability to attain our human rights. In the process, we are bringing new voices into our RJ movement and building bridges to other progressive movements.

*"When I first stepped foot into the office of SisterSong's Reproductive Justice [Conference]..., I had no idea what to expect...I was able to relax, focus, and truly learn about reproductive justice. I had the chance to decide whether I stood for it, and, if I did, how I could become involved in the movement and encourage my peers to join."*

-- Chela Élan Counts, 16, Project South, Georgia

The Reproductive Justice movement has generated exciting intellectual energy and ignited paradigm shifts in many sectors, especially among young women. Not only are women of color creatively using the framework, but many mainstream organizations – including some foundations – have re-tooled their thinking and re-directed their resources by incorporating this new and exciting framework. These are not merely shifts in nomenclature or language, but shifts in understandings and engagement. We are rethinking how forms of domination in the reproductive politics of the U.S. are gendered, sexualized and racialized.

*"Reproductive justice organizing efforts identify issues that are usually silenced, marginalized, or ignored by lifting up the lived experiences of vulnerable communities."* – Asian Communities for Reproductive Justice

Another consequence of the framework is the welcome alignment occurring on the ground among women of color organizations that work on a variety of issues like HIV/AIDS, midwifery, abortion rights, health disparities, abstinence, teen pregnancy, breast cancer, environmental justice, etc. While we work on our focused issues in very specific ways based on what happens in our specific communities, our shared values and analyses align our work in unprecedented ways producing great synergies and possibilities. Organizations like California Latinas for Reproductive Justice and Asian Communities for Reproductive Justice are organizing among immigrants and communities of color to fight back. In the process, they are creating a new framework for reproductive justice that addresses the intersection of sexism, racism, class, and national oppression.

For example, local, state and national RJ organizations are conducting their own research, leadership development of young people, training, capacity building (internally and externally), evaluation, policy work, communications, public education, and movement building. The benefits, challenges, and opportunities of combining strategies and linking community leaders across movements are apparent to all, and alliances, coalitions, networks and new RJ formations are quickly springing up around the country.

*"We...believe that reproductive health and rights cannot be viewed in isolation, but rather must be addressed in the context of other issues that affect Latinas' health and well-being, including their rights to equality and self-determination."*

– Rocio Cordoba, California Latinas for Reproductive Justice

What is notable is the concomitant expansion of the justice framework itself – economic justice, prevention justice, health justice, climate justice, environmental justice, transjustice, restorative justice, etc. This represents not only an alignment of organizations and individuals working on reproductive justice, but signifies that an overall reconfiguration of progressive social movements is underway, creating shifts in power and engagement that presage a fundamental transformation of our work in multiple arenas. As Aimee Thorne-Thompson of the Pro-Choice Education Project says, "Justice is general but RJ is a winning framework in policy and organizing. Justice is the 'master frame.'"

It is noteworthy that to some degree all of these new movements

reference the global human rights framework in their analyses, perhaps finally achieving synchronicity in vision and practices. While this process is barely underway and as yet immeasurable, it offers an exciting prospect for movement building long hoped for by those committed to bringing human rights home to the United States. For example, in our efforts to bring the Reproductive Justice and HIV/AIDS movements together, the RJ framework has profoundly affected women of color in the HIV/AIDS movement:

*"The Prevention Justice framework acknowledges that HIV prevention cannot be separated from human rights, thereby changing both the way we look at HIV prevention and how we advocate for it. Prevention Justice places the people and communities that are most affected by the epidemic at the forefront of policy efforts."* – Dazon Dixon Diallo, SisterLove and SisterSong Co-Founder

#### WHAT ARE WE DOING?

*"Sometimes a breakdown can be the beginning of a kind of breakthrough, a way of living in advance through a trauma that prepares you for a future of radical transformation."*

– Cherrie Moraga

The RJ movement, though young, is accomplishing many impressive achievements. Although it is under-resourced and often underestimated, following is a brief sampling of some of the shared work in which we are collectively engaged. More detailed reports on the achievements of the RJ movement are offered by ACRJ, PEP, SisterSong and others and more will be forthcoming in the future.

#### • TRAININGS AND LEADERSHIP DEVELOPMENT

There is a welcome wide diversity in the trainings and leadership development activities offered by RJ organizations around the country, with very little duplication or overlap as different groups often seek to train different audiences. While the RJ trainings are the major portal through which people enter the RJ movement, we need to better coordinate our trainings and assess the specialized areas of expertise available by which groups in which locations, i.e., youth training or environmental justice. In particular, young people must be visible, powerful and accessible leaders of the RJ movement of the future and organizations like Choice USA, New Voices Pittsburgh, Sistas on the Rise, and Pro-Choice Education Project particularly specialize in leadership development for young people.

*"[SisterSong's Saturday Plenary in 2007], To Be Young, Gifted and Sexy: Affirming the Sexual Human Rights of Youth," and the standout presence of young women at the conference itself, demonstrated the commitment that a movement for reproductive justice must have to include young women in all aspects of organizing."* – Eesha Pandit, MergerWatch, RH Reality Check

#### • PUBLIC POLICY AND RJ

*As a relatively new movement, the future of reproductive justice depends on organizations moving their own specific policy, leadership development and organizing initiatives while at the same time building the infrastructure and capacity of the movement overall.*

– Asian Communities for Reproductive Justice

We estimate that about ½ of known RJ organizations are engaged in public policy or advocacy activities as part of their primary work, although nearly all RJ organizations do some form of it. Our current strength is at the state and local levels such as through Black Women for Reproductive Justice, California Latinas for Reproductive Justice, Asian Communities for Reproductive Justice, or the Women's Health & Justice Initiative of New Orleans, for example. Another example is the Urban Summits for Reproductive Health funded by the National Institute for Reproductive Health that have been held in New York City, Chicago, Atlanta, Denver, and Los Angeles.

We are working to establish the strategies by which we seek to achieve national impact in federal policy. The National Latina Institute for Reproductive Health, the National Asian Pacific

American Women's Forum, the Rebecca Project for Human Rights, and the Black Women's Health Imperative are among the women-of-color led RJ groups with a strong presence in Washington, DC working on federal policies. The issue for SisterSong is how we work to bring our strong national base of activists into national advocacy, if that, in fact, is what they wish to do. A strong beginning is hosting our National Membership Meeting in Washington, DC in 2009 with an Advocacy Day, assisting our members in meetings with their elected officials to share the concerns of women of color.

#### • COMMUNICATIONS AND RJ

*We tell our stories and reflect each other. I am not the enemy; I am the answer. If you silence my voice, then what happens to my behavior?* – Juanita Williams, AIDS Survivor and SisterSong Co-Founder

At this stage of our development, it is imperative that the RJ movement achieve more consistency in terms of framing and messaging. We are collectively working on communications strategies with the Opportunity Agenda so that we may achieve more reach and penetration with the RJ framework. We must also increase the telling of our stories that address systemic and structural problems we are working to address. We must share how our stories are different for our communities over time. The RJ movement has to have message discipline and use powerful values-based narratives.

#### • EVALUATION

Asian Communities for Reproductive Justice organized many RJ groups into a process by which we could collectively develop Movement Building Indicators with which to evaluate our own progress. This was based on a need to establish our own benchmarks for success, and identify our own obstacles and challenges. As previously stated, "movement building" is not necessarily valued by others as it is by groups that primarily engage in grassroots mobilizing and organizing. These indicators will be published in late 2009 along with multi-media tools to assist in their use.

#### • STRENGTHENING OUR COLLABORATIONS

*"We don't have time to major in the minor."* Patricia McCloud  
The RJ movement is emerging as the "go-to" movement for achieving victories because we successfully bring people together like never before. We want to help build strong RJ organizations that are capable of collaborating from positions of strength (funding, resources, and visibility) to work on shared issues. SisterSong will continue to expand knowledge sharing opportunities through our convenings that innovatively achieve complex knowledge creation and transfer.

As a movement bringing together so many diversities, ideas and strategies, we must further develop our processes for conflict resolution and open lines of communication. As a movement competing for scarce resources, support and respect, we have to keep our sights on the communities we represent – the vulnerable women in the center of our lens – and not let the competition for funding, visibility and prominence make us duplicate the destructive tendencies of mainstream feminists. In SisterSong, we strongly believe in the Self-Help process as a way to have difficult dialogues with each other, recognizing that "respect for difference is a part of the 'glue that binds us,'" in the words of Dazon Dixon Diallo. Conflicts are inevitable; division is a choice.

*"Oppression does not make for hearts as big as all outdoors. Oppression makes us big and small. Expressive and silenced. Deep and dead."* – Cherrie Moraga

We hope that when we do a ten-year assessment of the impact of the RJ framework in 2013 we will be able to report more impressive achievements. The proof of the value of the framework is obvious – why would so many groups (both women of color and mainstream) so quickly adopt and adapt the RJ framework if it was not proving valuable in transforming their activism?

We are all part of a process that began decades before any of us were born. As we stand on our sisters' shoulders, we are also carving paths for the future for the women of color who follow. Not bad for a six year old movement, I say! ☺



## Environmental Justice/Reproductive Justice *Intersections Curriculum*

By Luz Guerra, SisterSong EJ Consultant

**F**or the past year and a half, SisterSong has been engaged in conversations with environmental and climate justice activists about the intersections of our work. With support from the Cedar Tree Foundation, SisterSong convened three gatherings of reproductive justice and environmental and climate justice activists from around the country. In these meetings we shared our thoughts and concerns about our work, listened to each other's stories, and clarified mutual goals of our movements. We have been honored by the participation of this group of women of color of all ages and experiences. Together they have contributed to the conceptualization of a day-long training that will examine the intersections of reproductive, environmental and climate justice.

The questions presented by this curriculum are:

- What is environmental racism?
- What does environmental racism have in common with reproductive oppression?
- How have both environmental racism and reproductive oppression been shaped by the history of white supremacy in the United States?

- How is climate justice connected to gender justice?
- Why is understanding the origins of "population control" in this country essential to understanding both reproductive justice and climate justice?

We believe that knowledge is power. What we have learned from our sisters in the environmental justice and climate justice movements is that if we are working for reproductive justice we cannot afford not to ask these questions.

It is our goal that this curriculum will serve as an introduction to these three concepts—reproductive, environmental and climate justice—and that it will establish a common language that will allow us to look deeper into the intersections of our common struggles for justice. Within the next couple of months, SisterSong staff and a group of the activists involved in the design of this curriculum will go through a training of trainers so that we can begin to offer this training to our members and allies. We look forward to the start of many conversations about our different movements and how we might grow stronger through working together. Look to future issues of *Collective Voices* to learn about upcoming trainings. ☸

## SisterSong Presents at Third Annual Young Women of Color Conference

On October 10, 2009, SisterSong staffers served on several panels at the Third Annual Women of Color Conference at Spelman College in Atlanta sponsored by the Feminist Majority Foundation. We talked about Abortion Access in the South (Heidi-SS Advocacy & Membership), Feminism after College (Serena-SS Communications), and Reproductive Rights as Human Rights (Maame-Mensima-SS Advocacy & Membership/ Communications, Loretta-SS National Coordinator). Over 300 people attended (half were college students) from 16 states convened to discuss women's rights and equality issues, and to formulate a plan of action for young women. ☸



(Serena Garcia, Communications Coordinator, SisterSong and Dr. M. Bahati Kuumba, Associate Director, Women's Research and Resource Center, Spelman College.)

## BET Foundation Awards SisterLove

The BET Foundation and the Centers for Disease Control & Prevention (CDC) Community Based Organization Award was given to SisterLove, Inc. for their local activism.



Lisa Diane White, Director of Programs, SisterLove, Inc.; Dázon Dixon Diallo, MPH, Founder / Chief Executive Officer, SisterLove, Inc.; and Kevin Fenton, Director of National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at the Centers for Disease Control and Prevention.

SisterLove, Inc. is the first community-based non-profit organization in Georgia to focus specifically upon the needs of women, particularly African American women and those of African descent, who are at-risk for contracting HIV/AIDS and other sexually transmitted infections. It is one of the 16 founding organizations of SisterSong. ☸



## SisterSong Visits the White House *For Health Reform Talks*

**O**n September 18, 2009, SisterSong received an invitation from the White House Council on Women and Girls to join First Lady Michelle Obama and HHS Secretary Kathleen Sebelius for an event on women, families, and health insurance reform.

The following are excerpted remarks made during the event by The First Lady on what health insurance reform means for women and their families:

"For two years on the campaign trail, this was what I heard from women, that they were being crushed, crushed by the current structure of our health care. But these stories that we've heard today, and all of us - if we're not experiencing it, we know someone who is. These are the stories that remind us about what's at stake in this debate. This is why we are fighting so hard for health insurance reform.

But let's be clear: Women aren't just disproportionately affected by this issue because of the roles that we play in families...women are affected because of the jobs that we do in this economy. We all know that women are more likely to work part-time, or to work in small companies or businesses that don't provide any insurance at all.

So I think it's clear that health insurance reform...is very much a women's issue.

And if we want to achieve true equality for women, if that is our goal, if we want to ensure that women have



Loretta Ross, National Coordinator, SisterSong; Tina M. Tchen, Executive Director of the White House Council on Women and Girls, Director of the White House Office of Public Engagement; and Dazon Dazon-Diallo, Executive Director, SisterLove, Inc.

opportunities that they deserve, if that is our goal; if we want women to be able to care for their families and pursue things that they could never imagine, then we have to reform the system. The status quo is unacceptable. It is holding women and families back, and we know it." ☸

# Laying the Foundation for the Reproductive Justice Framework

By Toni M. Bond Leonard, Executive Director, Black Women for Reproductive Justice

In 1994, the work of women of color in the mainstream Pro-Choice movement would take a historical turn that would impact the way in which reproductive rights activists would do their work forever more. It was in the summer of 1994 at a conference sponsored by the Illinois Pro-Choice Alliance and the Ms. Foundation for Women. It was during the time of the Clinton administration's proposed plan for Universal Health Care.

There were several Black women at this conference. We had spent the entire day hearing about late term abortion, intergenerational movement building, and health care reform. The issue of health care reform and what, if anything around reproductive health, would be included in any plan was of grave concern to us. That evening we all decided to meet in one of the sister's hotel room to discuss the administration's health care plan and what type of responses were needed from Black women. The breadth of experience and vision in that room was nothing short of remarkable. I think it is important to know the identity and organizational affiliations the women who were in that room and who eventually, would become the founding mothers of the phrase "Reproductive Justice." Unbeknownst to us, we would make a tremendous impact on the movement just by coming together and coining the phrase Reproductive Justice. The women, with their organizational affiliations at the time, were:

**TONI M. BOND**

Executive Director of the Chicago Abortion Fund

**TERRI JAMES**

Attorney, American Civil Liberties Union of Illinois

**CYNTHIA NEWBILLE**

Executive Director, National Black Women's Health Project

**WINNETTE P. WILLIS**

Board member, Chicago Abortion Fund

**REVEREND ALMA CRAWFORD**

Women of Color Partnership of the Religious Coalition for Reproductive Choice

**BISOLA MARIGNAY**

Member, National Black Women's Health Project

**LORETTA ROSS**

Center for Democratic Renewal

**KIM YOUNGBLOOD**

National Black Women's Health Project

**EVELYN S. FIELD**

National Council of Negro Women

**CASSANDRA MCCONNELL**

Planned Parenthood of Greater Cleveland

**ELIZABETH TERRY**

National Abortion Rights Action League of Pennsylvania

"ABLE" MABLE THOMAS, Pro-Choice Resource Center, Inc.

Two additional women later joined our efforts. They were, Beverly Hunter of the Women of Color Partnership of the Religious Coalition for Reproductive Choice and Mary Morten of the Women's Self Employment Project and on the board of the Chicago Abortion Fund.

It was clear to each of us that the concerns of women of color, those women who were the most economically disadvantaged and facing some of the greatest health disparities, were in jeopardy of being left out of the health care plan. After much discussion, we decided that we would craft a public statement about what we thought should be included in any health care plan. We believed that the full range of reproductive health care services, including abortion services, needed to be a part of any national health care plan.

Not satisfied with just a statement that would come from the conference, we decided that it needed to be a much larger effort. This statement needed to have the force of Black women nationwide. This was our motivation to make the ad a national effort. Our idea was to have an impact on our federal legislators and send them a message that we understood what was at stake and held them completely responsible for making the right decision on the behalf of Black women and our families.

Thinking large scale and how we could have the most impact, we decided to place a full-page signature ad in the *Washington Post*. But we needed a couple of things first. We needed about \$40,000 to pay for the ad. Collectively, we believed that we could raise the necessary money from the foundation community and individual Black women around the country. We also needed a fiscal agent to keep an accounting of the monies we raised. The National Black Women's Health Project graciously agreed to be our fiscal agent, keeping an account of all revenue and expenses of the coalition, as well as providing us with monthly reports of our financial status.

Our next concern was how we would identify ourselves. After some debate, we decided to call ourselves "Women of African Descent for Reproductive Justice." We arrived at this name because we all believe that the issue was not just about abortion access but more about providing all women with access to the full range of quality reproductive health care services in the broadest sense by embedding abortion in a social justice context. It never crossed our mind that we were setting the stage for both an reproductive justice analysis and thinking through the pieces of a comprehensive plan for reproductive health care for today's health care reform debate.

For the next month and a half, we crafted the ad, raised money, and collected signatures from Black women around the country. We successfully placed the ad both the *Washington Post* and *Roll Call*, a newspaper that provides coverage on people, politics, and policy on Capitol Hill, on August 16, 1994. A press conference about the ad was held in Washington, DC on Capitol Hill on August 17, 1994. Congresswomen Eleanor Holmes Norton, Maxine Waters, Carrie Meek, Cynthia McKinney and Eva Clayton were scheduled to speak. "Able" Mabel Thomas and Cynthia Newbille were scheduled to speak on behalf of the coalition and the National Black Women's Health Project, respectively. The Chicago Abortion Fund coordinated press releases to local Illinois media. The ad featured signatures from 836 Black women from around the country, including author Alice Walker and supermodel Veronia Webb.

[The full text of the ad will be published in SisterSong's forthcoming anthology on the Reproductive Justice Movement.]

We also secured funding from leading national foundations spearheaded by major support from the Ms. Foundation for Women. Additional support was raised from the individual ad signers through contributions of \$15 to \$100.

We had no idea we were literally at the forefront of a new movement, a new analysis of reproductive justice. As I reflect on the text of the ad, I realize that we were also crafting part of the message for today's debate around health care reform. The phrase "reproductive justice" laid pretty much dormant until 2003 when SisterSong offered it as a plenary title at our first National Conference in Atlanta.

Moving a progressive agenda forward is important now more than ever as we are, in some respects, standing in the same space we were some 15 years ago—in the midst of a debate around health care reform. What has changed is that we have a formal framework and more women of color involved in the debate. History has been made. ☸

*Toni M. Bond Leonard is the Co-Founder and President/CEO of Black Women for Reproductive Justice formerly known as the African American Women Evolving. She is also the Board Chair of SisterSong and the National Network of Abortion Funds.*

# Sowing the Seeds of Reproductive Justice in Kentucky

By M. Gabriela Alcalde, M.P.H., KHJN State Director

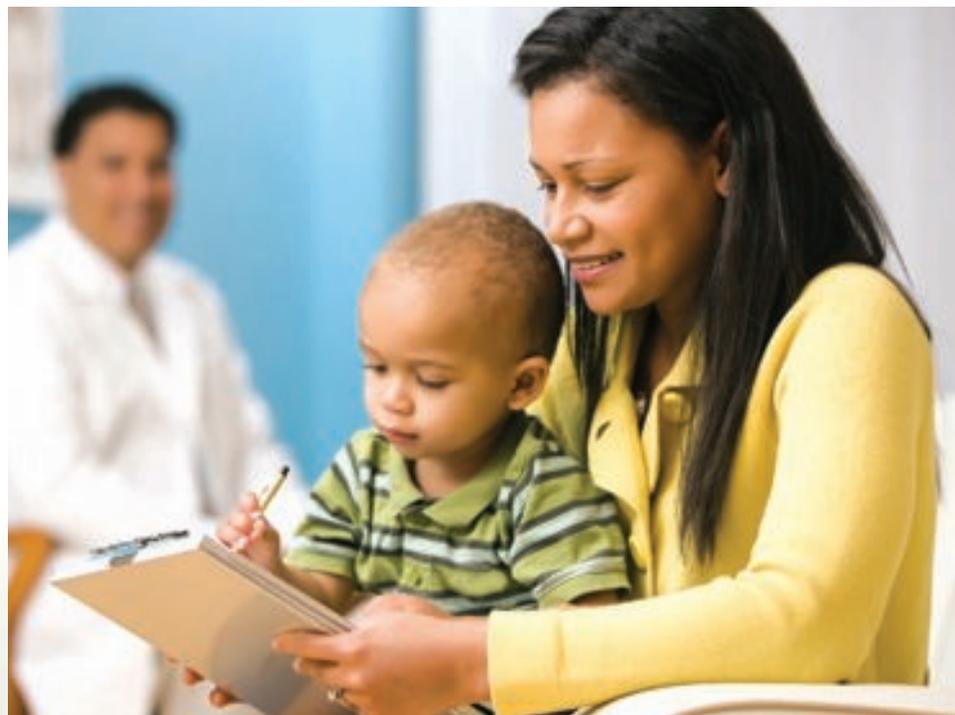
About a year ago, Kentucky added a new voice to the chorus for reproductive justice: Kentucky Health Justice Network (KHJN). KHJN's purpose is to create broad-based and inclusive participation in a health justice movement to increase and improve access, quality, and scope of accurate and culturally-relevant health information and services—particularly those pertaining to comprehensive reproductive health, for communities across Kentucky. KHJN works with a variety of organizations on education and training, outreach, organizing, and collaborating on events and projects that further the health and well-being of individuals and communities.

Kentucky is a state rich in culture and natural resources, with a history of resilience and a strong sense of community and family. KHJN believes that building on these assets is central to meeting the formidable challenges facing Kentucky's communities in a respectful and sustainable way. Kentucky's health challenges are many and rooted in systemic poverty, inequity, exploitation, and disenfranchisement. KHJN believes that creating a health justice movement can succeed in addressing these challenges.

The majority of the population in Kentucky is white and rural. About 8% of the female population is African American, and increasingly, also Latina (about 1-2% according to the Census, which severely undercounts immigrants). Providers and advocates know from experience that the number of Latino immigrants is sizeable and growing. Kentucky experienced a significant growth (239%) in its Latino population between the early 1990s and 2004, putting Kentucky in the eighth spot in terms of Latino population growth during the 1990s. The majority of adult Latinos in Kentucky are foreign-born (and Spanish-speaking), and the state is struggling to address the needs and integrate the strengths and contributions of this diverse community.

Like in the rest of the U.S., Latinos face multiple socio-economic challenges and associated increased health risks in Kentucky, including the highest uninsured rate of any other group. A disproportionate number of Latinos in the U.S. are low-income, and 20 percent of Latina women, and close to half of female-headed Latina households with children, live in poverty.

Foreign-born Latinas come from numerous countries, from rural and urban areas (with various levels of education), and various experiences in terms of racism, classism, and other forms of oppression and violence. However, when Latinas come to the U.S., they suffer from significant deterioration to their reproductive and sexual health, and are viewed by the dominant culture as a monolithic ethnic group; often suffering from discrimination and the growing anti-immigrant sentiment. The very experience of being an immigrant (for the numerous reasons that individuals and communities immigrate, voluntarily or not) unites us as we struggle to navigate this new culture and language. Some reproductive health challenges that Latinas face once in the U.S. include a high uninsured rate, low prenatal care rate, high and rising HIV/AIDS rates, high maternal mortality rate, high cervical cancer rate, and a



an issue of reproductive and sexual health (such as anatomy and functions, family planning, sexually transmitted infections, HIV/AIDS, intimate partner violence and sexual assault, sexual identity and orientation, immigration and reproductive rights, speaking to your children about sexuality, pregnancy and childbirth, and others). We start the session with a reminder of the Louisville Latina Women's Movement commitments: to honor each other's stories; to not judge myself or others; to mutual support and respect; to speak and act with transparency; to take responsibility for my own acts; to speak only for myself; to listen to what my compañeras say; to ask, not assume; to know my limits; commitment to non-violence; and solidarity with social justice. Usually, a brief presentation, including participatory activities comes first, and the bulk of the session is participant-led and centered on conversation and self-reflection.

high unintended pregnancy rate. Additionally, Latinas have a lower contraceptive use rate and have a higher contraceptive failure rate than other groups of women in the U.S..

When one puts these statistics in the context of real women's lives, it is clear that this situation is more than a matter of health care or health services. These statistics speak to inequitable access to resources and opportunities in all realms of society, including, but not limited to, health care. Inequity in the form of unjust societal structures and norms, and resulting policies and programs, often is the root cause of health problems. Addressing health in a holistic manner, acknowledging its root causes, is key to sustainable and transformative change. To this end, KHJN started the program, Sembradoras de Justicia Reproductiva (Those Who Sow Seeds of Reproductive Justice) in February of 2009. The program is a partnership between KHJN and La Casita Center (a nonprofit organization in Louisville Kentucky whose mission is to empower Hispanic/Latino families in the use of personal and cultural strengths that promote health and well-being) and offers monthly two-hour sessions with foreign-born Latina immigrants. The program addresses reproductive and sexual health from a reproductive justice framework and offers childcare, food, and, when necessary, transportation, to those participating.

The program is facilitated in Spanish by KHJN's State Director, Gabriela Alcalde, and KHJN organizer/La Casita Center Executive Director, Karina Barillas; both Latin American immigrants themselves (from Peru and Guatemala, respectively). The Sembradoras, a group of anywhere from 10-21 adult women, meet for two hours each time and focus on

These sessions are truly about co-learning, about sharing knowledge, valuing our own experiences, and finding our individual and collective voice in a safe space. KHJN and La Casita's role is that of facilitators, and we, too, are on a journey of self-discovery and learning. Our commitment to capacity-building and community-engagement could not be better illustrated than through our partnership with the many Latinas with whom we have the honor of learning. With each session, we expand our understanding of reproductive justice, of structural violence and oppression, and, in turn, of the path to self-determination and individual and collective transformation. What we learn transforms our lives and ourselves, and it affects not just the participants, but our families, our friends, and our entire communities. We unveil the facts so we can question them and together define why and how to challenge realities that undermine our health and wellbeing.

We integrate the approach and lessons learned with the Sembradoras to all of our work. KHJN plans on expanding the Sembradoras program to two other locations in Kentucky with sizeable Latina populations and in this way continue to support the many Latina leaders making a home in Kentucky and transforming society. ☺



# A Toolkit to Transform API Communities

By Diana Ip, Asian Communities for Reproductive Justice

**P**olls show that Asian Pacific Island (API) parents in California, like other California parents regardless of religion, race, or education level, overwhelmingly support comprehensive sexuality education. However, little to no outreach is made to API parents and caregivers to activate their power. So earlier this year, along with support from the American Civil Liberties Union of Northern California, we at ACRJ (Asian Communities for Reproductive Justice) created Transforming API Communities: Tools for Comprehensive Sexuality Education, a toolkit that assists organizers, service providers and other community groups in mobilizing API support for comprehensive sexuality education (CSE) in their local communities and schools.

Of the existing CSE toolkits, most focus on the nuts and bolts of developing and implementing local CSE campaigns. These resources require that parents and caregivers already be educated, galvanized, and ready to take action. Missing are resources aimed at getting parents and caregivers to a place where they feel prepared and impassioned to engage in campaigns. In other words, what's lacking are tools to transform individuals' beliefs about the benefits of CSE.

## STARTING WHERE OUR COMMUNITIES ARE AT

To get a deeper understanding of where API parents and caregivers are at, we started by having conversations. Many of the parents and caregivers we talked to were immigrants with little English proficiency, a group whose voice was not represented in any of the research we knew of. What we found was that most parents of this group were committed to improving their children's education – including sexuality education – but didn't know what kind of sex education their children were being taught or what needed to change. Most were unclear about what made comprehensive sexuality education comprehensive. Many of these parents had never talked to their children about sex, and though they would like to, felt uncomfortable doing so and had no idea how to begin. Some – because of language and cultural barriers – felt disconnected to their children's school and didn't know how to approach teachers and administrators about subjects such as sexuality education. What most parents were looking for was basic information and resources on sexuality education, tools on how to talk to their children about sex, and encouragement in feeling empowered to be advocates for their children in school and in their communities.

Our research revealed an information vacuum that had the potential to make our communities susceptible to supporting sex education policies that ultimately harm and jeopardize the health and well being of our youth and communities. Our research surfaced CSE's connection to broader issues of education justice, economic justice, immigrant rights, civic participation, and gender equity. The conversations also pointed us to opportunities for starting the work of making CSE relevant to API parents and caregivers: provide concrete tools that help parents and caregivers communicate

with their children, schools, and each other about topics of sexuality that also draw in social justice values such as gender equity, justice, community. Transforming API Communities: Tools for Comprehensive Sexuality Education includes, among other tools, a series of photographic novellas that depict API parents and caregivers in realistic scenarios regarding their children's growth as sexual beings. The tools help communicate a vision of community where parents and caregiver—once marginalized because of their immigrant background, class, race, etc.—are drivers and decision makers of their own and their community's destinies.

## WHY IS CSE IMPORTANT?

Access to Comprehensive Sexuality Education is important for ALL students as one key way for students to have the resources and information that they need to be an active participant in their health and well-being. For students that have access to healthcare and other sources of information, CSE is one of the many building blocks for their growth and development. For low-income students, students of color and immigrant students, CSE may be the ONE place where they have access to information about their bodies, gender and sexuality, because of the dismal state of health care access in low-income and marginalized communities.

## THE CALIFORNIA MODEL

California is considered a model state in terms of laws supporting comprehensive sexuality education. It passed state laws requiring that if schools or state-funded community-based programs teach sexuality education, it must be comprehensive. Comprehensive means that the curriculum has to help students learn how to make decisions about sexual activity; provide information on contraception and sexually transmitted infection prevention; and, be accessible to all students.

The reality is that even though CSE has been law since 2004, too many young people are not getting the benefits of this law. We still have a long way to go to ensure that state policy is implemented at the local level. The implementation and monitoring of the law in local school districts is poor. This means that many schools are teaching sexuality education that does not comply with the law and fails to provide students the information that they need.

As it stands, CSE is a district-by-district struggle, a struggle whose success will require a lot of patience and time. But it also affords great opportunity to touch and mobilize large numbers of communities in the margins; and build an enduring base of support for issues and policies that increase our power to make decisions about our bodies, gender and sexuality. Transforming API Communities: Tools for Comprehensive Sexuality Education is a step towards building power.

To download a copy of Transforming API Communities: Tools for Comprehensive Sexuality Education, visit ACRJ's website: [www.reproductivejustice.org](http://www.reproductivejustice.org).

# Shackling as Human Rights Violations for Pregnant Women

By Lynn M. Paltrow, Executive Director, National Advocates for Pregnant Women

On Friday, the United States Court of Appeals for the Eighth Circuit (the federal level appellate court that reviews decisions from federal district courts in North Dakota, South Dakota, Iowa, Nebraska, Missouri, Minnesota, and Arkansas) issued the long-awaited decision in *Nelson v. Norris*. In this case, Shawanna Nelson argued that being forced to go through the final stages of labor with both legs shackled to her hospital bed was cruel and unusual punishment, in violation of the 8th Amendment to the Constitution. She argued that she should be allowed to sue the director of the prison and the guard who repeatedly re-shackled her legs to the bed. Ms. Nelson, an African American woman, was incarcerated for non-violent offenses of credit card fraud and “hot checks.”

In this historic federal court decision, the Court held that the guard was not immune from the (protected from) suit because it has been clearly established by the decisions of the Supreme Court and the lower federal courts that shackling pregnant women in labor violates that 8th Amendment’s prohibition on cruel and unusual punishment. The court suggested that the corrections officers should have known that the medical risks of shackling were “obvious” and that, “the shackles interfered with Nelson’s medical care, could be

an obstacle in the event of a medical emergency, and caused unnecessary suffering at a time when Nelson would have likely been physically unable to flee because of the pain she was undergoing and the powerful contractions she was experiencing as her body worked to give birth.”

Ms. Nelson originally filed this case in 2004. As the case progressed through the courts, she seemed to be losing. In 2008, three judges on the 8th Circuit Court of Appeals concluded that she had no right to sue. Recognizing the harm this decision would do, her counsel reached out to national advocacy groups for help in an effort to petition the court for re-hearing. Even though NAPW does not specialize in prison issues, we are recognized for our commitment to pregnant women and our extraordinary ability to mobilize leading public health and advocacy groups. With allies at the Rebecca Project for Human Rights and the National Economic and Social Rights Initiative (NESRI), we were able to identify more than 35 organizations (see full list below) that wanted to be represented as *amicus* in this case. In a brief filed with the Kesten Law Firm in Arkansas, *amici* articulated both constitutional and international human rights arguments in support of the re-hearing and against the degrading and cruel practice of keeping pregnant women in labor in shackles. We did all this in less than a week.

This effort succeeded, garnering a decision by the court to re-hear the case *en banc* (with full court review). In any year, fewer than 100 cases in the entire federal system are granted rehearing with *en banc* review. This was a strong initial indication that our brief had made a difference. Not only that, but at oral argument, one of the judges specifically referred to our brief, asking, “Based on the amicus submission filed in support of the petition for rehearing, wasn’t Arkansas an outlier in the world’s community in terms of treatment of pregnant prisoners?”

That this decision is “historic,” and that five of the 11 circuit court judges dissented, makes clear both how far we have come and how far we still have to go to ensure the civil and human rights of all pregnant women (the dissent in this opinion saw no “clearly established” constitutional violations in shackling Ms. Nelson during labor).

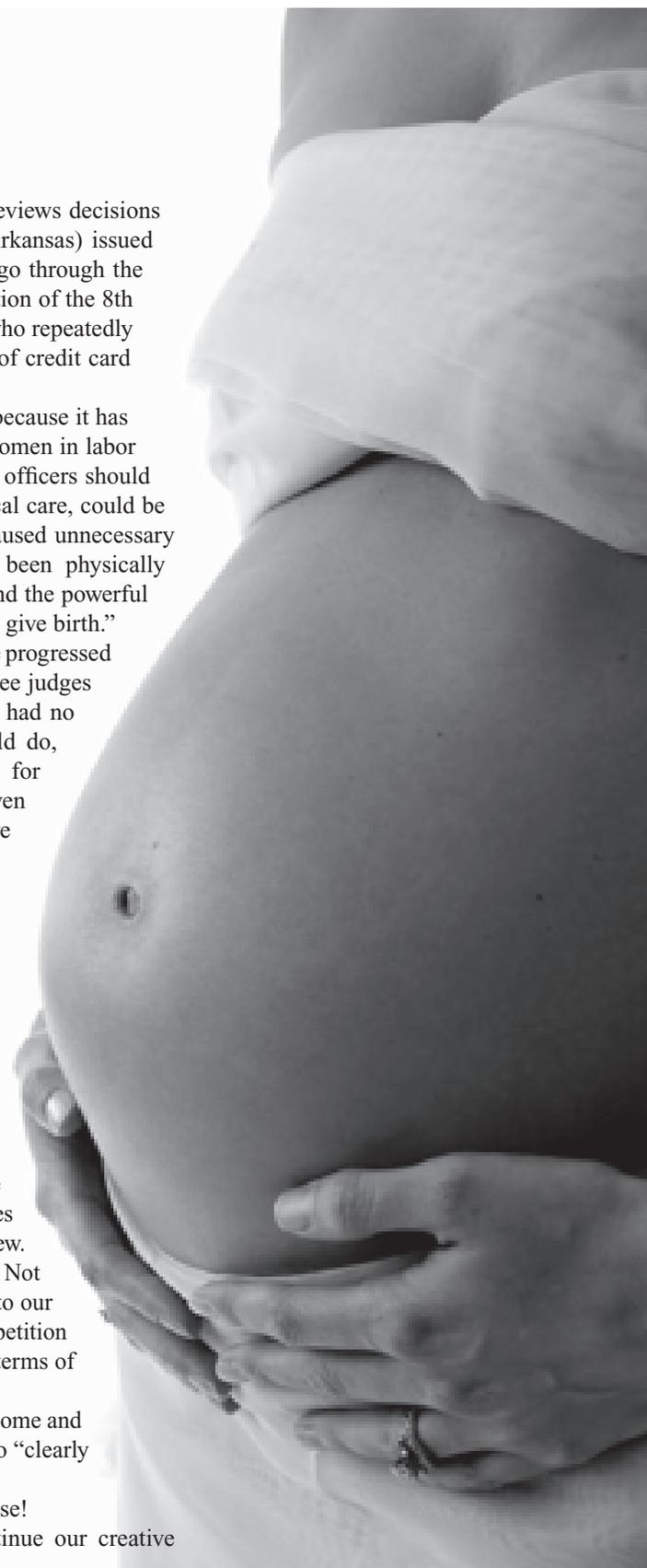
Congratulations to Ms. Nelson, her counsel, and all of the groups who sought reproductive justice and won in this case!

This victory makes clear that with persistence we can win. Please consider donating so that NAPW can continue our creative and successful advocacy efforts. ☸



Photo Credit: NAPW

TOP: W.O.R.T.H. organized the rally opposing shackling of pregnant women prisoners during summer 2009 with NAPW staff and signs.  
BOTTOM: At a rally, the NYCLU, the Correctional Association, and New York Governor David A. Paterson actually came down and spoke to the crowd to announce he would sign the bill



For more information, visit [www.advocatesforpregnantwomen.org](http://www.advocatesforpregnantwomen.org) or [info@advocatesforpregnantwomen.org](mailto:info@advocatesforpregnantwomen.org)

Amici on behalf of Shawanna Nelson:  
National Perinatal Association  
American College of Nurse Midwives  
American Medical Women’s Association  
Citizens for Midwifery  
Birthnet Inc.  
The Bronx Health Link Inc.  
California National Organization for Women  
Center for Reproductive Rights  
Chicago Legal Advocacy for Incarcerated Mothers  
The D.C. Prisoners’ Project of the Washington Lawyers’  
Committee for Civil Rights and Urban Affairs

Florida Institutional Legal Services Inc.  
Justice Now  
Law Students for Reproductive Justice  
Legal Momentum  
Legal Services for Prisoners with Children  
Lutheran Services of Illinois Connections Program  
Maternal and Child Health Access  
The Ms. Foundation for Women  
National Juvenile Justice Network  
National Women’s Health Network  
National Women’s Law Center  
National Women’s Prison Project

The New Mexico Women’s Justice Project  
The Northwest Women’s Law Center  
The National Organization for Women Foundation  
Penal Reform International  
Prison Legal News  
Prisoners’ Legal Services of New York  
The Rebecca Project for Human Rights  
SisterSong Women of Color Reproductive Health Collective  
Southwest Women’s Law Center  
Texas Jail Project  
The Uptown People’s Law Center  
WORTH(Women on the Rise Telling Her Story)



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...and not enough action?**

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on issues that matter to **you**:

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- \*Contraceptive Access
- \*Religious Refusals
- \*Opposing the Prosecution of  
Pregnant Women
- \*Safe, Legal Abortion

<http://action.nwlc.org/reprojustice>



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LAW CENTER**  
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Meeting of SisterSong**  
and to stand together with you  
in the struggle for reproductive  
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# How To Talk About *Reproductive* JUSTICE

By Loretta Ross, SisterSong National Coordinator

*Reproductive Justice* is not a term familiar to many people outside our movement. In communications testing on abortion frameworks done by the Communications Consortium in 2006, some respondents thought the word “reproduction” meant copiers, and “justice” invoked visions of the television show, *Law & Order*. It led some to the prematurely mistaken conclusion that RJ framing does not work for building movement and bringing new voices into our work.

**W**hile the testing did not produce the results we wanted, it did offer baseline data about where the RJ movement must start in order to effectively communicate our vision to a wider audience beyond women of color RJ activists. What became clear to SisterSong and others who have participated in similar communications testing projects, we need new tools and methodologies to convey the complex message of reproductive justice to different audiences. One size will not fit all. How we talk to our base will be different from how we communicate with allies, neutral parties, or opponents. We are collectively working with the Opportunity Agenda in research funded by

the Ford Foundation, to share learning about effective communications strategies for RJ.

We have our work cut out for us to effectively communicate our vision for Reproductive Justice for many reasons, not the least of which is that many people think we simply mean abortion when we talk about reproductive health and rights issues at all. We do not have the advantage of the mainstream media, and debates on abortion have dominated nearly all discussions about women’s health for the past 40 years.

SisterSong has offered hundreds of trainings and presentations on Reproductive Justice to a wide variety of audiences in many different settings. We have tracked that more than 70,000 people have directly heard from us in the past

## *SisterSong's Reproductive Justice Movement Building Timeline*

This brief and partial timeline is offered to provide a few significant dates in our quest to visualize the decades-long trajectory of the Reproductive Justice movement. It also helps us pay tribute to the thousands of sisters on whose shoulders we stand. It is not intended to be all-inclusive at this time, but instead to document some beginnings and achievements that may influence our future growth. We primarily used sources available from organizational websites and research. We hope a more detailed timeline, compiled collectively by RJ organizations and including more external events that affect our movement, will be produced in the future as we collect more data from activists. Our deepest apologies to organizations inadvertently omitted due to space and time constraints. If you would like to offer information to be included in future editions, please send an email to [info@sistersong.net](mailto:info@sistersong.net).

- |             |   |  |
|-------------|---|--|
| <b>1971</b> | First national Chicana feminist conference in Houston, TX with platform against sterilization abuse and for abortion rights                 |  |
| <b>1972</b> | Kokua Kalihi Valley Comprehensive Health Services founded in Hawaii   |  |
| <b>1973</b> | First lawsuit against sterilization abuse filed by Native American women  |  |
| <b>1974</b> | Lawsuit against sterilization abuse of Black women filed by National Welfare Rights Organization and Southern Poverty Law Center            |  |
| <b>1974</b> | Committee to End Sterilization Abuse founded  |  |
| <b>1976</b> | Committee for Abortion Rights and Against Sterilization Abuse founded to respond to Hyde Amendment prohibiting public funding for abortions |  |
| <b>1983</b> | First national conference on Black Women’s Health Issues in Atlanta   |  |
| <b>1984</b> | National Black Women’s Health Project founded in Atlanta, GA  |  |
| <b>1985</b> | Mother’s Milk Project for Mohawk women founded in Akwesasne Reservation in New York   |  |
| <b>1986</b> | National Latina Health Organization founded in Oakland, CA  |  |
| <b>1987</b> | First National Conference on Women of Color and Reproductive Rights sponsored by National   |  |
|             |   | <b>1988</b> Organization for Women at Howard University in Washington, DC  |
|             |   | <b>1988</b> Native American Women’s Health Education Resource Center founded in Yankton Sioux Reservation in South Dakota                        |
|             |   | <b>1988</b> First National Conference on Latina Health Issues in Oakland, CA   |
|             |   | <b>1989</b> SisterLove, Inc. founded as first women of color HIV/AIDS organization in Southeast  |
|             |   | <b>1989</b> Asian Pacific Islanders for Choice founded in California   |
|             |   | <b>1989</b> We Remember Campaign organized by African Americans for Reproductive Freedom   |
|             |   | <b>1989</b> In Defense of Roe National Conference organized by ACLU Reproductive Freedom Project and Religious Coalition for Reproductive Choice |
|             |   | <b>1989</b> Tewa Women United started as a gathering of Indigenous women and women of color from the Northern New Mexico Pueblos                 |
|             |   | <b>1989</b> Latina Roundtable on Health and Reproductive Rights founded in New York City   |
|             |   | <b>1992</b> Choice USA founded in Washington, DC   |
|             |   | <b>1993</b> National Asian Women’s Health Organization founded in Bay Area, California   |
|             |   | <b>1991</b> Asian Pacific Islanders became Asian Pacific   |

six years, and many millions more have read books, articles and editorials promoting the RJ framework by us and other RJ organizations and allies in the field. We have focused our media work on educating about the framework and encouraged many organizations to incorporate the framework into their activism with great and encouraging results.

In this co-learning process, we have gleaned a few lessons about how we talk about reproductive justice that we offer to share as part of our capacity-building services for our members. For many people, RJ is a totally new framework, and they concomitantly learn about human rights at the same time. For them, it is a life-transforming experience because of its power, depth and connectivity, especially to other social justice movements. For others, RJ is a new phrase for a familiar worldview of intersectionality with which they have long operated. For both populations, techniques for talking about RJ may be helpful to overcoming resistance to a new way of thinking about reproductive health and sexual rights issues, especially in the United States that is obsessed with only talking about abortion isolated from other human rights issues.

There are many different ways to talk about Reproductive Justice, and every organization with which SisterSong has worked has adapted the framework to suit their own culture, needs, and traditions. Our goal is not to police these developments but to really enjoy the incredible blossoming of new and fresh thinking about this transformative power we collectively share.

Following are some basic steps SisterSong uses to talk about Reproductive Justice. Often, we don't have the time to go through them all systematically except in a formal RJ training. In our "elevator" speeches, we simply start with our core values that usually suffice to provide a short explanation of what RJ means to us. For help with any of these sections, please contact SisterSong at info@sistersong.net and we can assist you with more detailed advice or schedule a training for your group.

### 1. Lead with Core Values

When offering RJ trainings, SisterSong leads with our core three values – the right of every human being to have a child, not have a child, and parent a child. By immediately winning broad agreement with our core values, it is

possible to initiate discussions about things that interfere with these values. These core values comprise the essence of Reproductive Justice and lay the groundwork for the more complicated explanations to follow. By affirming these core values, the listeners already comprehend the basics of an "elevator" speech on RJ that is universal, intersectional, and comprehensive.

### 2. Discuss Obstacles to these Values

This allows us to talk about and illustrate Reproductive Oppression (defined by Asian Communities for Reproductive Justice) or Reproductive Violence (defined by Women's Health & Justice Initiative). It is very helpful to allow the listeners not only to hear the situations of reproductive oppression the trainers share, but to articulate their own experiences. This is also an opportunity for participants to engage in their own storytelling in order to connect their lived experiences to the unfolding narrative. Intentionally, we share situations of oppression from wide-ranging perspectives, not only addressing familiar reproductive health issues such as sterilization abuse, but also the lack of jobs, housing opportunities, or safe communities in which to raise a family. ACRJ and Spark! Reproductive Justice NOW often use Case Studies throughout their trainings that allow participants to imagine or role play situations of both reproductive oppression and reproductive justice.

### 3. Use Self-Help Techniques

SisterSong believes that Self-Help is vital to the practice of Reproductive Justice. Self-help techniques offer a methodology for listeners to intersect their personal experiences with the societal and structural conditions that create reproductive violence in their lives. The techniques are valuable tools for breaking down walls of isolation among the participants and allow healthy expressions of emotional and intellectual responses to external and internal conditions. A typical Self-Help question during an RJ training is "Name a time when you experienced reproductive injustice or reproductive freedom." By offering each participant an equal amount of time to respond to this question, a sense of safety and personal disclosure is created that furthers the trust-building process. We recommend using a self-help technique of your choice rather early in

the discussion so that the conversation is personalized and less formal. In addition, we have found such exercises help the participants personalize their learning and explore the relevance to their own lives. SisterSong has a variety of self-help exercises we share.

### 4. Offer the Human Rights Framework

Since Reproductive Justice has its foundation in the human rights framework, it is necessary that people increase their familiarity with what is meant by the phrase "human rights." A useful technique is to ask them if they are familiar with the term and if they can name the eight categories of human rights. Don't be surprised if very few can name the categories. The point is not to embarrass them, but to point out that only 7% of the American public has even heard of the Universal Declaration of Human Rights and they will join that informed group. Many will offer relevant ideas that can be incorporated into your fuller explanation of the framework. It is important to not only name the categories and offer examples of their applicability, but also to contextualize the concept of human rights. This may be done by discussing the modern history of human rights (the Universal Declaration of Human Rights in 1948 and the world situation at the time of its writing), or by pointing out the affirmative and negative governmental obligations of the framework (i.e., affirmative – the human right to health care; negative – government cannot restrict free speech). For more detailed information on human rights education, contact SisterSong at info@sistersong.net.

### 5. Define Intersectionality

Intersectionality is one of those academic terms that are rather intimidating, until it is explained. Kimberlé Crenshaw defines Black women as living at the intersecting streets of "race" and "gender," a visual that is easily understood. SisterSong explains that every human being has multiple identities that – taken together – define the intersection that makes us each unique. Identities are markers of race, class, gender, sexual preference, age, education, religion, geography, ability, etc., entirely too many to actually name. A useful exercise is to have participants name the multiple identities they simultaneously claim.

*Continued on p.19*

1994	Islanders for Reproductive Health	2001	First Women of Color Health Data Book published by Office of Women's Health Research	2005	sponsor Funders' Briefing on Reproductive Justice
1994	Reproductive Justice term coined by African American women's caucus in support of health care reform	2001	Rebecca Project for Human Rights founded in Washington, DC	2005	Listen Up! Women of Color Video on March for Women's Lives produced
1994	California Black Women's Health Project founded in Los Angeles	2002	Sistas on the Rise founded in New York City	2005	Planned Parenthood Federation of America sponsors Reproductive Justice for All, a public policy conference at Smith College
1994	National Latina Institute for Reproductive Health founded as independent organization in New York City	2003	SisterSong's first National Conference debuts	2006	Understanding Reproductive Justice published by SisterSong and national RJ Training Program (RJTP) launched on Oneida Reservation, Green Bay, WI
1995	First national conference on Asian and Pacific Islander Women and Health held in San Francisco	2004	Reproductive Justice plenary for 600 activists	2007	Reproductive Justice Timeline published by Western States Center
1996	National Asian Pacific American Women's Forum founded	2004	March for Women's Lives April 25 in Washington, DC with 1.15 million participants	2007	MI-LOLA (Miami International Latinas Organizing for Leadership and Advocacy) launched
1996	Sista II Sista founded in New York City	2004	Collective Voices newspaper launched with debut issue on Reproductive Justice	2007	Off Our Backs publishes special issue on Reproductive Justice
1996	Pro-Choice Education Project founded in New York City	2004	New Voices Pittsburgh for Reproductive Justice founded	2007	Georgians for Choice becomes Spark! Reproductive Justice NOW! in Atlanta
1996	African American Women Evolving founded in Chicago	2004	National Women's Studies Association special issue on Reproductive Justice	2007	Northwest Reproductive Justice Collaborative launched in Seattle by Legal Voice
1997	SisterSong Women of Color Reproductive Health Collective formed by 16 Indigenous Women and Women of Color organizations	2004	Undivided Rights: Women of Color Organize for Reproductive Justice published	2008	Winning Reproductive Justice published by Asian Communities for Reproductive Justice
1998	Wise Women Gathering Place incorporated in Green Bay, WI	2004	Asian Pacific Islanders for Reproductive Health becomes Asian Communities for Reproductive Justice	2008	Reproductive Justice Coalition of Milwaukee organized
1998	COLOR (Colorado Organization for Latina Opportunity and Reproductive Rights) founded in Denver, CO	2004	California Latinas for Reproductive Justice formed	2007	Catalyst Fund for Reproductive Justice organized by Tides Foundation
2000	Incite! Women of Color Against Violence organized in Santa Cruz, CA	2005	SisterSong opens National Office in Atlanta	2009	African American Women Evolving becomes Black Women for Reproductive Justice in Chicago
		2005	Women's Health Justice Initiative founded in New Orleans after Hurricane Katrina		
		2005	Asian Communities for Reproductive Justice publishes A New Vision for Reproductive Justice		
		2005	SisterSong, Asian Communities for Reproductive Justice, and California Latinas for Reproductive Justice		



# “What’s The Catch?” Emergency Contraception Regulatory Update

By Amber Hartgens and Annie Hsu/NHeLP

**T**he Food and Drug Administration (FDA) has approved two new emergency contraception products. The FDA’s action is definitely a step forward for women’s reproductive health, but, unfortunately for many low-income women and women of color, as well as young women age 16 and younger, the promise of better access through over-the-counter labeling is still not a reality.

For low-income women and women of color, the ability to prevent unintended pregnancies with over-the-counter emergency contraception that can easily be accessed has the potential to significantly reduce disparities in rates of unintended pregnancies. African-American women are three times as likely as Caucasian women to experience an unintended pregnancy and Latina women are twice as likely. Low-income women are four times more likely to face an unintended pregnancy than those who are in a higher socio-economic bracket. The disparities in unintended pregnancy among low-income women and women of color reflect the particular difficulties that many women in these communities face in accessing high-quality contraceptive services and in using their chosen method of birth control consistently and effectively over long periods of time. There are numerous factors that negatively impact the proper and sustained use of contraceptives by low-income women and women of color. One contributing factor is that poor women, and a disproportionate number of women of color, are dependent on Medicaid; and Medicaid requires a visit to the doctor and a prescription to obtain what are otherwise over-the-counter products including certain contraceptive methods such as condoms (male and female) and spermicides.

## BACKGROUND OF EMERGENCY CONTRACEPTION

Often called the morning-after pill, emergency contraception (EC) consists of high-dose estrogen and progesterone hormone pills that can be taken to prevent pregnancy any time up to 72 hours after unprotected sex. EC is not an abortion pill; it will not terminate a pregnancy. In 2006, the FDA approved over-the-counter (OTC) access of Plan B® EC. Unfortunately, the approval did not truly reflect “over-the-counter” status, as the drug was required to be kept behind-the-counter. The FDA also limited EC availability to pharmacies and health center clinics, as opposed to convenience stores or gas stations, where other OTC medications can be purchased. In addition, it was only available over the counter to women 18 and over; young women under 18 still needed a prescription. All women are required to show proof of age.

## WHAT’S CHANGED?

On March 23, 2009, a federal court order expanded availability of Plan B® by directing the FDA to permit Plan B®’s manufacturer, Duramed, to make Plan B® available to women 17 and older without a prescription, lowering the OTC age requirement from 18. The FDA complied with this ruling a month later.

This summer the FDA approved the first generic version of 2-tablet EC, known as Next Choice® on June 24, 2009. A generic drug is a copy that is the same as a brand-name drug in dosage, safety, strength, how it is taken, quality, performance, and intended use. Most generic drugs cost 20 to 70 percent less than the brand-name equivalent. However, Next Choice® is only slightly cheaper than Plan B®, selling at

10 percent lower. Next Choice will have the same age restrictions as Plan B®.

The FDA also approved Plan B One-Step®, a single dose EC pill containing levonorgestrel 1.5 mg in a single tablet, on July 16, 2009. Plan B One-Step® will replace the original Plan B® two-pill formulation, which loses its patent protection in August 2009. Young women under age 17 will still need a prescription.

## BARRIERS TO ACCESS: FEDERAL AGE RESTRICTIONS

The FDA’s original approval of Plan B® OTC created a “dual-label” environment in which EC was available OTC for adults 18 and older but required a prescription for those 17 and younger. While there is no medical reason for denying younger teens OTC access and ample scientific evidence that EC is safe and effective for use by those under 17, adolescents 16 and younger still must get a prescription before obtaining EC. Luckily, some states (Alaska, California, Hawaii, Maine, Massachusetts, New Hampshire, New Mexico, Vermont, and Washington) have Pharmacy Access programs that allow some pharmacists to provide Plan B® directly to women younger than 17 without a prescription.

## MEDICAID BARRIERS: EC OVER-THE-COUNTER MEDICAID COVERAGE VARIES WIDELY BY STATE

Low-income women on Medicaid are for the most part, excluded from complete access to OTC EC. The biggest impediment to women on Medicaid gaining meaningful access to EC is the fact that Medicaid requires a prescription in order for OTC medications and supplies to be covered. Medicaid requires states to cover family planning services and supplies, however; states may exercise discretion regarding which services and supplies to cover, including OTC drugs. Thus, coverage of EC under Medicaid varies from state to state. Some states have restricted access to EC by imposing prior authorization requirements, while others do not include it in their formularies. Pharmacists must submit a prescription before the state Medicaid plan will reimburse for the cost of providing OTC EC to a beneficiary.

Women on Medicaid often must either pay out-of-pocket or get a prescription from their doctor in order to obtain coverage. For women who must delay taking EC because they have to obtain a prescription, the medication will be less effective or may even be useless, depending on how long it takes to see a doctor. For those that are forced to pay out-of-pocket, the average cost of \$40 per dose can be prohibitive and they may be faced to forgo EC and “wait and see” if a pregnancy results.

Nine states have announced that their Medicaid programs will include Plan B® as an OTC drug to women over 18 without a prescription from a doctor. These states are Hawaii, Illinois, Maryland, New Jersey, New Mexico, New York, Oklahoma, Oregon, and Washington.

Although progress has been made in terms of the choices women now have regarding different kinds of emergency contraception, the FDA’s recent decision and approvals have not made OTC EC accessible for all women. Reproductive Justice advocates must continue the work to expand EC coverage for all women. Advocates for low-income women should work within their states to further state-level solutions to Medicaid billing requirements so that beneficiaries can access OTC EC without cost and without having to waste precious time getting a prescription. ☞

Continued from p.17

### 6. Define Reproductive Justice

This is where a more expansive and formal definition of reproductive justice may be offered. According to ACRJ, Reproductive Justice is achieved,

*“When women and girls have the economic, social and political power and resources to make healthy decisions about our bodies, [labor], sexuality and reproduction for ourselves, our families and our communities in all areas of our lives.” [labor added by SisterSong].*

Another definition is offered by SisterSong says:

*Reproductive justice will be achieved when Indigenous women and women of color have the power to:*

1. *protect and advance our human rights;*
2. *determine the number and spacing of our children;*
3. *protect our bodily integrity and affirm our right to sex and sexuality;*
4. *protect our right to parent our children;*
5. *improve the quality of the environment in which we live,*
6. *obtain the necessary social supports to live healthy lives in healthy families, and in safe and sustainable communities.*

Either definition will suffice; the important point is that you’ve provided the short version and longer options that may be selected.

### 7. Define Reproductive Health, Reproductive Rights, and Reproductive Justice

This in-depth analysis of the difference between the three frameworks was pioneered by ACRJ, and usefully serves to help people understand the strengths and challenges of each framework. More information is available from [www.reproductivejustice.org](http://www.reproductivejustice.org), ACRJ’s website. The point here is that the frameworks work together for health service delivery, political advocacy, and community organizing, respectively. SisterSong also urges participants not to abandon language they previously used if it remains appropriate to accurately describe their work. For example, an organization that works primarily on maintaining the legality and accessibility of abortion may be appropriately called a “pro-choice” organization because that is a framework that succinctly and familiarly describes that specialized work.

While this brief article is obviously not everything one could possibly say about reproductive justice, we hope that it provides a few simple and accessible steps based on our experiences that help you articulate the framework, discuss its content and applicability, and share it with others. After the basic RJ 101 presentation is offered on *Understanding Reproductive Justice*, the next steps are *Applying the RJ Framework and Expanding the RJ Framework*. Trainings on these next steps are available from SisterSong at [trainings@sistersong.net](mailto:trainings@sistersong.net). Good luck! ☺



The National Health Law Program (NHeLP) is proud to partner with SisterSong to improve the health of indigenous women and women of color through reproductive justice and human rights.



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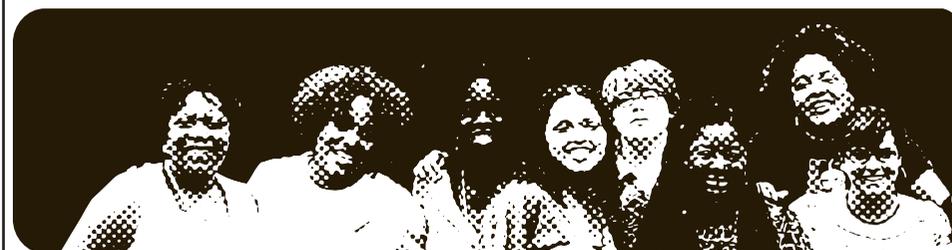
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1: At a rally, the NYCLU, the Correctional Association, and New York Governor David A. Paterson actually came down and spoke to the crowd to announce he would sign the bill 2: W.O.R.T.H. organized the rally opposing shackling of pregnant women prisoners during summer 2009 with NAPW staff and signs. Photo Credit: NAPW

# US Women Connect

## Mobilizes To Create a National Report Card

*By The Honorable Jackie K. Weatherspoon Former Member, New Hampshire House of Representatives, US Women Connect New England Director, VP for Development*

**U**S Women Connect is taking the lead and convening women from all 50 states in collaboration on the Beijing Plus 15 Assessment. We plan to look at emerging trends, the impact of war, and the financial crises on the lives of women and girls in America and create a “report card.”

Why join us? As women of color, we are first Americans and I believe we should participate in every sector of our society. It is our right in a democracy. Many of our “sheroes” have worked very hard for us to be able to speak out loudly. My “shero” founded the Daytona Normal and Industrial Institute for Negro Girls (now Bethune-Cookman College) in 1904, and served as president from 1904-1942 and from 1946-47. Mary McCloud-Bethune was a leader in the Black women’s club movement and served as president of the National Association of Colored Women. Cookman was a delegate and advisor to national conferences on education, child welfare, and home ownership, Director of Negro Affairs in the National Youth Administration from 1936 to 1944, a consultant to the U.S. Secretary of War for selection of the first female officer candidates, a consultant on interracial affairs and understanding at the charter conference of the U.N., the founder of the National Council of Negro Women, vice-president of the NAACP, and was awarded the Haitian Medal of Honor and Merit, that country’s highest award. In Liberia she received the honor of Commander of the Order of the Star of Africa.

I first became involved with United Nations having Ms. Cookman as my “shero,” while I was a member of Church Women United. CWU was founded as a racially, culturally, and theologically inclusive Christian women’s movement to celebrate unity in diversity and work for peace in the world. Their first action was to circulate a petition signed by 84,000 church women urging the United States at the signing of the United Nations Charter, to join and take its full responsibility in a world organization.” <http://en.wikipedia.org/wiki/> and <http://www.churchwomen.org/history.html>. So many denominations are a part of this group. Our Episcopal priest who is now living in Kentucky asked me to get involved

with the World Day of Prayer for Church Women United. That year CWU women were focusing on poverty. To maximize our time and resources as women I was asked to represent Church Women United at another conference because the anti-poverty meeting could not be spared those members who were knowledgeable and had worked on the poverty project. I ended up in Miami at a meeting called the World Women’s Conference for a Healthy Planet. Little did I know that it was the United Nations Preparatory Meeting for the 4th United Nations World Women on Conference and that American women had fought very hard to get one of these preparatory conferences on US soil, (<http://www.iisd.org/women/about3.htm>). This conference propelled me in to a world where I learned to take my local issues and put them side-by-side with the global issues- how women around the world were grappling with the same issues and in some instances were further ahead of the United States in solving them.

At the meeting there was a little known professor from Kenya who would many years later become a Noble Peace Prize winner, Ms. Wangari Maathai, founder of the Green Belt Movement, who was speaking about saving the trees of Kenya, Malawi and other African Nations. She was the first Ph.D., women from her country, she was Black, she understood how important her environment was to the daily survival of her country, and she wanted to plant trees. I asked myself, how different this is from women in America who live in urban centers and want trees on their blocks so their kids can breathe clean air just as mothers in suburban or rural communities can? Or whose kids suffer from asthma because of the large amount incineration plants in their neighborhoods? My town fought to keep it out because we discovered we didn’t have enough trash to burn and we would have to import trash from other communities, or that we had a superfund site in our town and there were many cancer clusters. We were no different. We discovered we have a contglobal problem with trash and clean air and women were part of the solution both at home and in Africa and the entire world. There were no safe or clean air zones!

*Continued on page 24*

# Mission (Im)Possible!

By La'Tasha D. Mayes and Bekezela Mguni, *New Voices Pittsburgh: Women of Color for Reproductive Justice*



**F**ive years ago, three young women of color answered the call to build a local Reproductive Justice Movement in Pittsburgh, Pennsylvania. The call compelled us to create an activist community for women of color, to act for Human Rights and to specialize in the wholly impossible.

The March for Women's Lives accelerated the proliferation of the Reproductive Justice Movement and ignited the energy, vision and power of women of color in Pittsburgh. Malika Redmond, a dynamic activist from Pittsburgh and living in Atlanta at the time, convinced these women from her hometown to participate in the *New Voices for Reproductive Justice* campaign. This effort led by SisterSong and the National Center for Human Rights Education galvanized women of color, young people, low-income, LGBTQ and people with disabilities to enter in to our Movement and into its visible leadership from Pittsburgh, Philadelphia, New York, Atlanta, and Washington, DC. New Voices Pittsburgh organized 40 women of color in 40 days to attend the March for Women's Lives in 2004. That was our very first victory as activists in the Reproductive Justice Movement.

Today, our mission is to connect women of color with the Reproductive Justice Movement, educate communities of color about human rights and develop new voices for leadership in Pittsburgh. Our statement of purpose is we exist to elevate Human Rights for Reproductive Justice educating ourselves, our families and communities, to change our social and economic condition by addressing the multiples issues we face as women of color and to assert new, progressive, political voices in the public sphere. Our Theory of Change is social change activism, civic engagement and leadership development.

We celebrate five years organizing women of color and primarily serving women of color ages 12-35 in the City of Pittsburgh with innovative and groundbreaking programs, events and community organizing. The *SistahSpeak! Youth Project* (SYP) is a sexual & reproductive health, community organizing and mentoring program for young women of color ages 12-18. SYP was the first NVP pilot project in 2004 and is scheduled to officially re-launch in January 2010. SYP will support the personal and political evolution of young women of color across identity and experiences including those who are survivors of sexual abuse, perpetrators of violence and crime, teen mothers, working-class/low-income and/or LGBTQ.

The *Voice Your Vote! Project* (VYV!) – formerly SYP – organized women of color ages 18-25 to vote in 2008 Presidential Election in partnership with the Pennsylvania Center for Women, Politics and Public Policy at Chatham University. VYV! reached 350 young/women/of color, formed ten strategic partnerships, hired four community organizers and added one staff member to NVP. *The Environmental Justice Program* is an awareness campaign for young women of color that connects environmental and reproductive health

with a vision for our participation in the local green economy. Additional programming will include S.H.E. Circle or spirit, health and education for lesbian, bisexual and same-gender-loving Black women and expansion for HIV/AIDS testing focused on young/women of color.

For the last two years, we have expanded *Women of Color HERStory Month* from February 15 – March 15 during Black and Women's History Months. WOCHM is a city-wide celebration of the power, legacy and achievements of women of color. WOCHM features our signature event *Kinks, Locks and Twists!* This one-day mini-conference explores and discusses race/culture and hair, self-help and Environmental Justice. Throughout the month various events highlighting the stories and experiences of women of color are also presented as well as opportunities for women of color to learn about Reproductive Justice and become involved in the movement.

New Voices Pittsburgh created the *LGBTQ Women of Color Reproductive Justice Series* for two years during the month of August debuting two seminal films and hosted the filmmakers for “black./womyn.: conversations with lesbians of African descent” by tiona m. and “A Litany for Survival: The Life and Work of Audre Lorde” by Ada Gay Griffin and Michelle Parkerson. We also convened Reproductive Justice Allies Roundtables for those who wish to support women of color organizing making the connection between Reproductive Justice and LGBTQ Liberation and educating participants about the intersection of identity and Human Rights being the essential component to dismantle Reproductive Oppression.

Earlier this year, New Voices Pittsburgh worked with Pennsylvanians for Responsible Sex Education (PARSE) and lobbied strategic stakeholders in communities of color to support recommendations for comprehensive sexuality education in Pittsburgh Public Schools. The recommendations were approved in February for K-12 with our partners and allies standing ready to support implementation.

New Voice Pittsburgh was the only people of color organization to outspokenly support the human relations ordinance and commission to provide baseline protections for LGBTQ people from discrimination in employment, housing and public accommodations in Allegheny County. With continued service in the Values All Families Coalition, New Voices Pittsburgh educated LGBTQ people of color about the ordinance and its implications, influenced public policymakers through previous relationship and organizing and the ordinance was passed in June. La'Tasha will serve on the newly formed Human Relations Commission of Allegheny County.

In September, New Voices Pittsburgh rallied together with local, national and international activists through Health GAP to hold the G-20 nations accountable for aid promised to fund affordable medication, treatment and prevention for people living with HIV/AIDS. Activists based in Philly, and New York joined Pittsburgh activists in solidarity of for an historic action in Downtown Pittsburgh with over 100 activists to remind the government to fully fund the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Consistently, New Voices Pittsburgh is called upon to participate in coalition, networks and leadership programs. We are proud to participate in SisterSong/Queer People of Color (QPOC), Third Wave Foundation Reproductive Justice Network, Human Rights Alliance of Pittsburgh, Value, Choice USA and Raising Women's Voices.

While the State of Reproductive Justice in Pittsburgh has been regressive at best, the advent of New Voices Pittsburgh has manifested effective Human Rights activism and grassroots community organizing, intrepid leadership and transforming bleak impossibility into inspiring reality. ☸

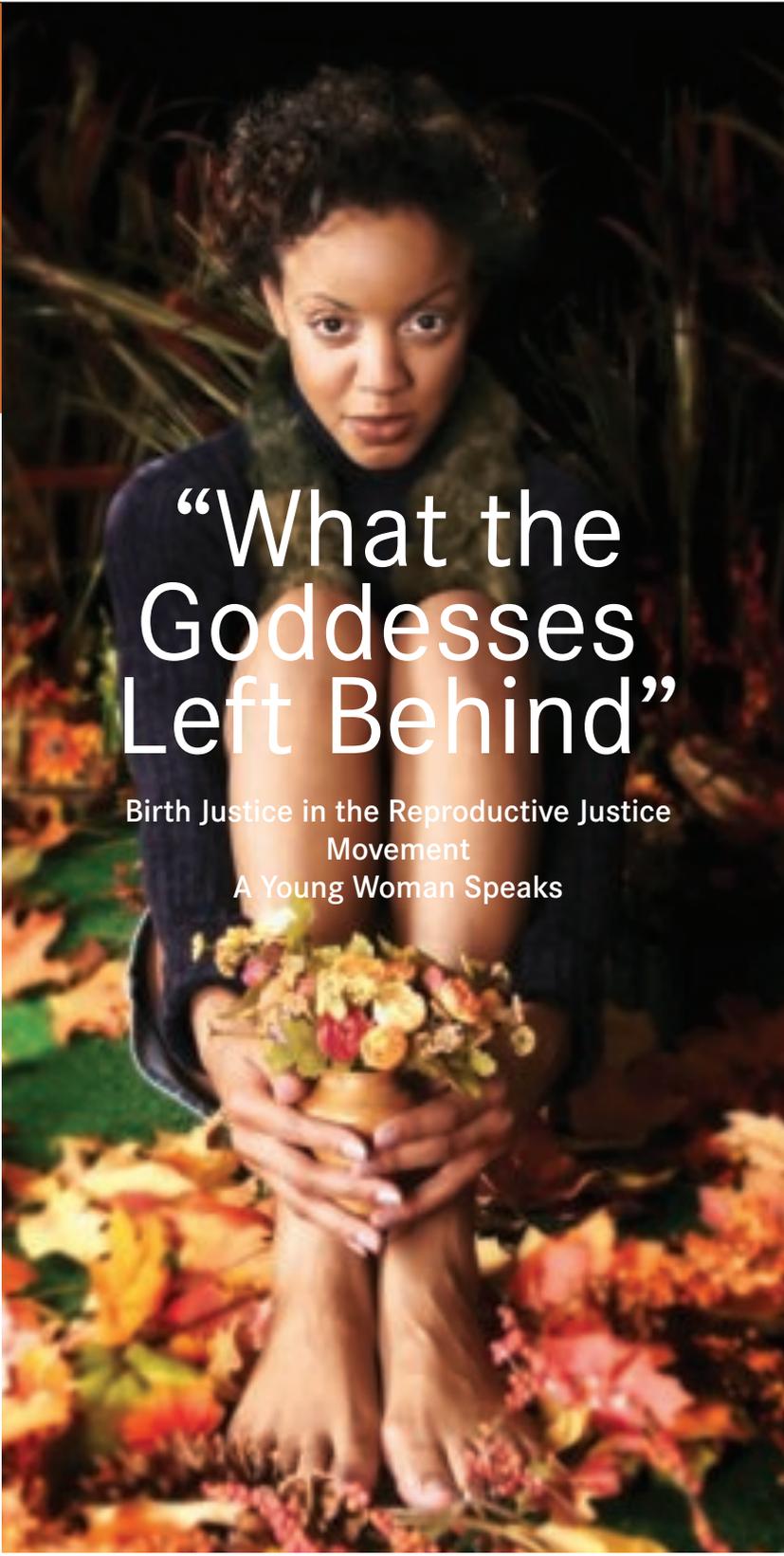
**T**hroughout the Women's Reproductive Justice Movement in the United States, one will consistently find themes, literature, and activism surrounding a women's right to choose, safe access to abortion clinics, and the demanding of spaces for women to acquire the necessary maternal healthcare in a medical institution which deems their bodies physically and intellectually inferior. All too often, one continues to observe the many instances in which women are trying to gain equally and adequate healthcare in a particular structure which was built to disconnect the practice of women's bodies and health to be aligned with the universe, and thus the spiritual.

My experiences in the women of color health movement has been one which is met with adoration and resentment. It is a type of relationship in which I have embraced the theory, yet resented the practicality. The practicality mainly refers to our struggles and desires to gain equality in a "modern" form of medicine which eradicates, demonizes, and alters the natural functions and auras of women's bodies.

During the reign of matrilineal societies, one can study many instances in which women were able to understand the ways in which the menstrual cycle, ovulation process, and birth cycle were aligned with the moon, stars, and all the fascinating energies which exist and are infinite in nature. Their understandings of these feminine divine energies and their connection to the physical world were ones which allowed them to see, and practice, childbirth and the menstrual cycle as periods in which they were more in tune with the vibrations and energies which were crucial in elevating to a higher sense of being; and therefore, gaining an ingenious sense of spiritual awakening. It was such practices which were the foundation, and later commodified into areas that one now knows as physics, chemistry, and biology.

Our foremothers were very much in tune with their abilities to birth another spirit (to give life), while also returning that very same spirit to the universe (what in modern terms is referred to as abortion). Their understanding of the connection of nature with the universe allowed for them to practice self-induced abortions which were heavily interpreted as creating life (and recycling life), as that particular being would be sent back to the universe, and returned in another time and form. It is one in which women were able to understand the power and spirituality of their menstrual cycle; as such it was also a time for women to understand this symbolic power of healing. Menstrual blood is the only blood which can be shed without inducing harm or puncture to another human being. It was such blood which resembled the multiple facets of healing within the female body. The mere fact that our foremothers had the ability to gain pleasure during childbirth, as opposed to the pain which is "validated" by religious text, and today's medical establishment; and to naturally choose when to get pregnant is another supernatural power which continues to remain a mystery to many women in today's "modern" world.

My experiences in the women of color reproductive health movement caused me to further investigate the ways in which we have subconsciously become colonized even within a progressive, revolutionary movement. I can recollect many instances in which I



# “What the Goddesses Left Behind”

Birth Justice in the Reproductive Justice Movement  
A Young Woman Speaks

have heard derogatory remarks made by my fellow feminist colleagues concerning their menstrual cycle and the natural practice of birthing new life into the atmosphere. My experiences have illuminated the reality of the internalized sexism and misogyny that many of us possess in reference to the natural biological functions which make us women. Have we become so victimized and contradictory in a patriarchal system that even in our movements of reproductive health and justice, we revert to gaining equality in an establishment which despises the mere existence and genius of our female bodies? Have we gotten to a point, that even as we claim our pride of being women, that we eradicate and distance ourselves from our natural biological functions because they have become institutionalized and reinterpreted in a manner which demonizes our existence only because they are powers which cannot be acquired by the opposite sex?

While gaining our “freedoms” in today's health care institutions, we notice that our fear or ignorance of these ancient practices of caring for our reproductive health has caused us to subconsciously deem the patriarchal, medical procedures in “caring” for female bodies as what is normative, and therefore what is SUPERIOR. Such practices have created a manner in which our reproductive justice and health movements have taken on a form of feminism which is still being directed by the patriarchy. Thus the question may be, is our work in the reproductive health movement really feminism? Has the movement been manipulated in such a manner that we are not gaining justice, but rather furthering the security of the medical establishment and its continued domination over our bodies?

The influences of the patriarchal medical establishment on women's perceptions of their own bodies have been acknowledged. We have become institutionalized. However, as opposed to rejecting the phenomenal and supernatural assets of the female body, are there ways in which we reclaim and interpret such abilities in a manner which gives us higher enlightenment in the universe, and therefore a higher sense of spirituality? What is even more atrocious is our consistent refusal in paying heed to the women who continue these particular traditions—the midwives, the healers, the priestesses, and the birth doulas. Many of us continue to disregard the words and wisdom of such women who are the voices of our foremothers, in favor of today's more “advanced” medical establishment. Such is another indicator of the contradiction that is within our own identities as women.

In understanding the meaning of reproductive justice and health, I have reverted to understanding this movement as reclaiming the natural and feminine practices and methods for our bodies. It is a manner of realigning ourselves with the universe, and understanding our connection with the divine. It is one which should lead us to reinterpreting our own divine manifestation as it is this which allow us to redefine and the true meaning of healing and life. ☸

By Lauren Clark  
Spelman College (Class of 2009)  
WUFF (Women United in Faith and Feminism)-Founder

# Black Abortion: Breaking the Silence

By Maame-Mensima Horne, SisterSong Advocacy & Membership Assistant/  
Communications Assistant

For years reproductive justice activists have been calling for African American women to break the silence around abortion within our communities. Instead, the new wave of anti-abortionists, the Black religious right, has been gaining strength using the Black Genocide argument started in the 1920s by Marcus Garvey and members of U.N.I.A., The Universal Negro Improvement Association, to further their agenda and push us in the background. Many of us hide there afraid of the stigma that comes with discussing sexuality and pregnancy, unless you are married of course.

But we need not be ashamed. Our foremothers have been fighting the anti-abortionists for 100 years and we also need to do the same or else we will be where they were, burying many due to back alley abortions. We have to organize and protect our right to an abortion as a part of our human rights, and further encourage dialogue about the health disparities and societal conditions that create the high abortion rates within our communities.

The anti-abortionists argue since Blacks make up only 13 percent of the population but get 37 percent of all abortions, there must be a conspiracy. I don't think they had an opportunity to look at poverty rates, unemployment rates, mortality rates, uninsured rates, or incarceration rates. If there is a conspiracy, it is much larger than women's access to abortions.

Black anti-abortionists are not concerned about women having autonomy over our bodies or mobilizing against reproductive oppressions. Instead they are continuing paternalistic beliefs that place woman's role as mother higher than anything else. We know that mother is one of many roles that we may choose, but it is not our defining role. Women should decide how, when and if we mother. Men cannot give birth.

They also take on the primitive belief that we need our male protectors to make the decisions for the whole community. I personally do not want someone who has never menstruated and will never know the pains, I mean joys of childbirth making decisions about my reproductive health, especially when the voices of women are continuously left out.

## MYTHS OF BLACK GENOCIDE

There are many myths that exist within the Black anti-abortionists' arguments but I will take some time to address a few. First I want to look at this idea that Black women need to be protected because we have been brainwashed into thinking abortion is not genocide. Loretta Ross's *African-American Women and Abortion* explains in depth how Black women were involved in reproductive activism from the late 1800s until current. The truth is Black women have a long history dating back to pre-slavery days of using birth control as a means of contraception. During slavery, Black women used their knowledge of herbal abortives as a means to resist the inhumane conditions. Black women organized to get birth control in Black communities, they organized against sterilization abuse and we will continue to organize against any reproductive oppression.

There is also a misconception that abortion is genocide. Access to abortion actually saved lives in the Black communities where illegal abortion was a leading cause of death before *Roe v Wade* causing women to die at alarming rates. In addition, equating abortion to genocide ignores the real destruction in our communities like imprisonment, poverty, unemployment and health disparities. Instead, it equates the reproduction of a community to its value.

Institutional racism is the foundation behind to many of the problems that affect all communities of color, but Blacks still suffer at disproportionate rates; 35.9 percent of Blacks under the age of 18 live in poverty; infant mortality rates for Blacks is 13.63 out of 1,000 live births compared to the national average of 6.86; 40 percent of the incarcerated populations is Black; and, according to *The Sentencing Project's Reducing Racial Disparity in the Criminal Justice System: A Manual for Practitioners and Policymakers*, "A Black male born in 2001 has a 32% chance of spending time in prison at some point in his life." We need to be concerned about the institutional racism that exists in this country, not taking away women's rights to self-determination. How does oppressing women liberate our community?

## WHAT CAN WOMEN OF COLOR AND OUR ALLIES DO?

We need to organize, of course. We need to reach out to younger women on campuses and in communities who may take for granted the rights they have or may not know what options are available to them. We need to vocalize the realities that we live in which make us not want to bring children into such conditions. We need utilize the Obama administration and their desire to have women of color at the table to have our stories heard. We need to stand up to the sexism within the Black anti-abortion movement and reclaim control over our bodies.

The anti-abortion movement is mobilizing its strength around the argument that abortion is genocidal to the Black community. Recognizing the success the movement is having in poisoning the soil in which we toil, we need the support of Planned Parenthood Federation of America more than anything else because they are the primary target of the anti's.

We need for our allies from Planned Parenthood Federation of America to speak about the herstory of their founder and how that affected our movement. Black women worked with Margaret Sanger to bring birth control into our communities, and we ally with the organization in our work for reproductive justice.

I believe we need to look at our history so we can move forward applying the lessons from the past to the work we do in the present and future. I firmly believe that organizing against reproductive oppression will create the common ground that we need to regain our strength and allow for a more inclusive movement.

Look at the history of sterilization abuse for example. There was a blatant split where white women were refused access due to the desire of those in power to increase the white population while attempting to limit low-income and communities of color by coercing non-White women to have sterilization procedures. All women experienced reproductive oppression but organized separately instead of collectively.

Let us not forget our past and use it to gather the strength we need to challenge the Black anti-abortionists and other oppressive forces. We cannot allow the Black Genocide theory to dictate how women make decisions about reproduction. We need to mobilize and educate our communities to really push the dialogue and end the shaming that only limit us. This is our time to have our voices heard, so let us organize now to protect our human rights. ☸



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Continued from page 20

By the time the 4th United Nations Conference on Women came along, I was a volunteer with the United Nations Association and I like so many other women wanted to go to Beijing, China. I went as a reporter for the United Nations Association and stayed with the Episcopal Church Women of the USA. We left our hotel at 4:30 am in the morning, (after receiving a tip that First Lady Hillary Clinton would be speaking at the conference in Hairou, China) rented a small bus, which had few windows and speeded through the pouring rain with the wind and the rain hitting us in the face. We arrived and soon experienced the crush of so many women behind us who had gotten the “tip” as well. There were women from every nation. There were also our sisters in wheelchairs and those with canes. We had to fight with a Chinese guard to let them in out of the rain. When we were finally admitted after about three hours, First Lady Clinton’s staff members came up to the balcony where we were seated and asked us about the crowd outside. We told them about the women in wheelchairs and the elderly women standing in the rain. In fact, by that time, the women in the auditorium were yelling, “Let Them In, Let Them In!”

Former Secretary of Health and Human Services, Donna Shalala came on the stage and told us, “Get over it ladies, we have always had it tough and it will continue, so be strong like you really are.”

Then First Lady Hillary Clinton came to the stage and said these words, “Women’s rights are human rights.” The room exploded! With that phrase, she transformed how women were judged. The First Lady and Donna were telling us, “you are a human being with breath, and blood flowing through you, and that have you the right to be on the planet, to demand your rights as a human being, and to change the world for ourselves and our families.”

I sat there and I pledged to myself that when I returned home, I would run for public office. I did and I won. The first piece of legislation I put in was the CEDAW Resolution—the Convention to Eliminate All Forms of Discrimination Against Women. We had to fight for it, we had to take the bill off the floor, make sure we had enough votes and it passed the second time around. There are now only seven more states positioned in the United States for this bill to be passed. It has been in the U.S. Senate Foreign Relations Committee for over 18 years. Here’s hoping the new Chair, U.S. Senator John Kerry, will get it out of committee and get a vote.

My second piece of legislation was the Martin Luther King Jr. Holiday Bill; it took my state of New Hampshire almost 18 years to pass it. I then was asked to be one of the major sponsors of the Banning the Death Penalty Bill. It passed both Houses but was vetoed by our governor who is now our first U.S. Women Senator and she now sits on the Foreign Relations Committee. We are hopeful and will keep working on it until it becomes law.

So here we are today. I am asking you to get involved, because it is now 15 years after the Beijing Women’s Conference and there will be no large convening celebration. However there will be a report card on how women around the world have progressed or regressed. We need to do this for ourselves and our kids. Who would have thought in the United States our incarceration rate of women would be so high? Who would have thought more kids are using heroin or have eating disorders? Who would have thought that our kids are dropping out of school to help pay the rent? Who would have thought we have homeless family camps, and who would have thought our mentally ill citizens would be living under bridges? Who would have thought that African American women would have the highest rate of HIV/AIDS in the most technological nation on the planet, still? Who would have thought we would be fighting for healthcare reform that would keep contraceptive rights and payments for them in a bill? Who would have thought we would still be fighting for our Native American sisters to have equal justice and they, who knew how to care for our part of Mother Earth are not considered part of the solution? Who would of thought that our newly immigrant families from Somalia, India, the Sudan, and other parts of the world such as Haiti were suffering all forms of discrimination in our neighbors as the latest group attempting to live the “American Dream?” Yes, who would have thought that education would be out of reach for so many? I just heard Dartmouth College costs \$52,000 per year. College is unaffordable for most Americans.

US Women Connect, ([www.uswc.org](http://www.uswc.org)) will be taking the lead on insuring that all 50 states submit a report card. We will then send that report card to President Obama. This will be rolled into a U.S. Governmental and Nongovernmental Report. The report will be added to the Commission on the Status of Women Global Report, which will be presented February 27-29, 2010 at the United Nations.

We need everyone’s voices to be heard. SisterSong will you join us? There may be a few women like myself from your ranks who will come, and they may be ready to change their communities and their world at the same time. Who would have thought from being born in Manhattan, I would represent folks in New Hampshire, the U.S. State Department, the United Nations; and I still care about my community as a Democratic Party Town Chair. Please join, US Women Connect.

Please, join us, complete your report, and submit it back to us. ☞

# Immigrant Rights & Reproductive Justice

By Jessica Gonzalez-Rojas and Aishia Glasford, National Latina Institute For Reproductive Health

It is hard to deny the invaluable economic, political and social contributions that immigrant communities have made in the lives of every U.S. citizen. However, many immigrants, especially, women and children who are of undocumented status, fall into the shadows of U.S. society as a result of the difficulties they have on the path to citizenship. According the Census data, there are approximately 17.5 million immigrant women in the United States today, 3 million of whom are undocumented, and 16 percent of whom live in poverty. These women encounter obstacles to employment and health access; they also face violence and discrimination. A fair and comprehensive approach to immigration reform addressing the needs of immigrant women including discriminatory and violent practices would provide a solid foundation for immigrant women and their families to achieve social justice and integration into U.S. society. Immigrant rights and reproductive justice are intrinsically linked because the reproductive health of immigrant women is profoundly affected by immigration policy.

Advocates of fair immigration reform are demanding the right to: live in our society without fearing deportation and discrimination; have access to our educational, health, and safety-net programs and systems; and work with basic protections and benefits, including health care coverage. Reproductive justice activists are similarly fighting for women’s equal opportunity to fully participate in society, the freedom to determine the course of their lives, and the right and ability to access basic reproductive health services free of discrimination, harassment and shame. Both our progressive social agendas have been called “radical” and out of the mainstream. We know, however, that our shared values of self-determination and the freedom to live our lives with dignity are anything but radical.

Immigration and abortion rights are two of the most volatile issues of our time. The anti-immigrant and anti-choice movements have been very successful over the last several years at eroding basic rights at the state and federal levels. It is important to recognize that many of the individuals who want to stop immigrants from accessing basic health services, including prenatal care, are the same ones who support restrictions on women’s access to abortion and family planning services.

In this very hostile political environment, advocates for reproductive rights and immigrant rights must support each other. We must work together to stop efforts to criminalize immigrants and criminalize abortion. We must speak out together to demand legalization for undocumented immigrants and to demand access to basic reproductive health care services. We must work together and support each other in our common quest for salud, dignidad y justicia.

With immigration reform looming, the time is now for reproductive health organizations dedicated to promoting the basic values of dignity, justice, and self-determination to raise their voices in support of fair and just immigration policies. We must advocate for the basic human right to health care, regardless of immigration status. We must continue to highlight how the right and ability to access health care information and services, including reproductive health care, is unjustly linked to racial, ethnic, socio-economic, sexuality and immigration status. The reproductive rights community must speak for immigration reform, including the rights and dignity of undocumented immigrants. This way, we can move one step closer to achieving reproductive justice and the American “dream.” ☞

For more information and resources, or to get involved in the National Coalition for Immigrant Women’s Rights, visit the National Latina Institute for Reproductive Health: [www.latinainstitute.org](http://www.latinainstitute.org).

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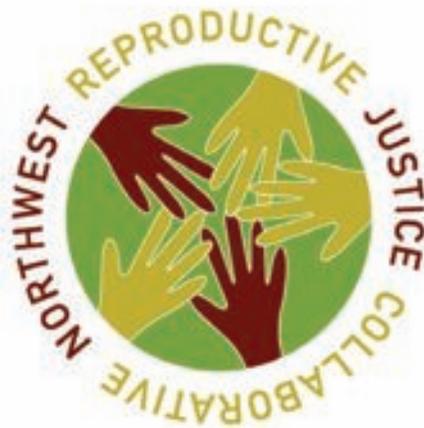
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# Over-the-Counter Contraceptives & Women of Color:

## *Advantages & Disadvantages*

*By Cherrisse Scott, Health Educator/Campaigns Coordinator, Black Women for Reproductive Justice*

**D**amn, I'm pregnant. This phrase haunts a lot of women when contraception has not been used or it failed and planning a family was not the intent. That same woman, equipped with knowing how to chart her menstrual cycle may have quite a different phrase to use. In her defense, she may very well not have the full grasp of knowing that her reproductive health is her responsibility. She does not know how to chart her menstrual cycle, or when she is ovulating. In most communities of color, sex education is a non-issue. For that matter, nationwide, sex education is a non-issue. In the meantime, decisions about over-the-counter oral contraceptives brews amongst family planning advocates, researchers and scientists all while anti-choice advocates figure out new ways to stifle reproductive justice efforts.

Decisions are being made for women without a clear understanding that some women, especially low-income women and women of color, don't have solid information about their reproductive health. With the current state of health reform, who is to say that if oral contraceptives are made available, that it will be a feasible investment to a woman on welfare, or a woman on disability, a woman on Section 8, a single mother, or even a college student?

We have to commit ourselves to education as advocates, researchers and scientists for reproductive health, and as women where it concerns our reproductive health. For the advocate, committing to more than the theory of what women need, and more specifically to the different needs of various types of women based on social and economic backgrounds, is far more important than access to yet another mode of contraception.

The practice of douching is an example of the lack of education that unfortunately has been passed down from one woman to another, especially Black women. Or even the fact that it is believed among young girls that douching after sex will wash semen from the vaginal canal. We are in a state of emergency, but for what?

I would say that access to over-the-counter contraceptives is not the issue as much as education around reproductive health is the solution. I do sex education weekly at a local family planning clinic where I have the awesome opportunity to educate women on everything from being able to chart their menstrual cycles and control their own fertility to education about STI prevention and transmission. Some of these women have never seen a female condom and most are unfamiliar with dental dams. These women come to the clinic for things like HIV/STI testing or pregnancy tests and ultrasounds. Most of the women appreciate the educational training and there is never a time when a woman does not pull me to the side to ask more confidential questions. The clinic is located on the South side of Chicago, a heavily populated area for



African American women and girls.

I can only do education as time permits in my weekly schedule, but imagine if there were a multi-million dollar campaign around basic reproductive health and empowering women and girls to have a clear understanding about how their bodies function? The same money and energy poured into educating women to have their young daughters vaccinated for HPV could be the same dollars and energy that need to go into educating women and

girls about their reproductive health. In other words the desire for knowledge is there. It is our responsibility as advocates, researchers and scientists to focus our attention and our money toward meeting this unmet need.

Theoretically, advantages of over-the-counter contraception could mean that women have better access to oral contraceptives, but allow me to interject that where there is no education around choosing the mode of contraception that is right for you based upon a clear understanding of your own body, this could mean that you could be doing more harm than good.

Let's take Plan B for example. Though access to Plan B has proven to save time in the doctor's office, and time off of jobs for working women, the overuse of Plan B is now on the rise due to women not knowing their own bodies or understanding their own fertility. It doesn't have to be that way! Plan B is a wonderful option when the condom breaks or other emergencies, but using the contraceptive method in place of a condom means there has not been enough educational marketing done around over usage of Plan B or the rates of STI transmission as a result of not using barrier methods of contraception. As for the woman, whether she is on governmental assistance or even a college student, the affordability of Plan B can pose a problem when the pill can range in price from \$43 to \$50. If a woman can't come up with that money within the 72-hour timeframe that Plan B is effective after unprotected sex, then that woman is faced with either carrying a baby to term that she cannot afford, or terminating a pregnancy that she also cannot afford. Unfortunately, the disadvantages of Plan B may outweigh the benefits for some women.

There is also the fact that over-the-counter contraception could skyrocket in price once fully offered and after manufacturers outbid one another, not taking into consideration the various types of women who will use the product. Who will decide which pills are placed on shelves or behind pharmacy counters? What if the pill offered is the pill that does NOT work for you?

Are we putting the cart before the horse? Access without education does something that is counterproductive to the reproductive justice movement. A woman is still not empowered to learn more about her body and become an active agent in what happens with her reproductive health. Women of color don't have this luxury when Black women lead the pack with the highest rates of HIV contraction or when low-income women are the last considered but the first to be martyrs whether it be the latest fad of pill, injection or reproductive immunization. You don't have to agree, but the facts are the facts. Is over-the-counter contraception without education an advantage or disadvantage to you? You decide. ☺

# Autonomy in Contraceptive Choice

*The Time has Come*

By Vanessa Cullins, MD, MPH, MBA  
Vice President for Medical Affairs  
Planned Parenthood Federation of America

For a variety of reasons, many women choose to start and stop contraception by using over-the-counter contraceptives without physician consultation. Over-the-counter products, however, tend to offer less effective pregnancy prevention than products that currently must be prescribed or provided (e.g., IUD or contraceptive implants) by health care providers. Considering the vast amount of data attesting to the safety of currently available low-dose oral contraceptives, it is more than time for access to an inexpensive, low-dose, over-the-counter, oral contraceptive. Self-management and access to contraceptives are necessary for women to achieve reproductive justice.

Without the ability to actually control our fertility in safe, affordable and effective ways that are within our own control, our human rights are compromised as we will not achieve bodily self-determination. Because of these fundamental needs, the campaign to make oral contraceptives available over the counter without a doctor's prescription is of vital importance to the RJ movement because it raises key issues of access, affordability, safety, and autonomy that are important values in our movement. Women are also faced with a growing list of personal priorities addressing their reproductive health.

For today's woman, contraceptive care may take a "back seat" to constantly juggling priorities. She may have stopped her birth control method at the end of her last relationship, entered a new one, and because of health-care-provider inaccessibility, cannot be seen by a health care provider for several days to weeks — during which time her new relationship proceeds to sexual intimacy. Or, she may not be able to take time off from work to visit her health care provider, especially if that provider's pattern of service provision requires her to take a day off from work. Or, given family and work priorities, she may find it increasingly burdensome to make visits to her pharmacy during a specified span of days each month in order to comply with insurer payment rules and avoid paying full cost for her preferred method of contraception. These are only a few of the many reasons why some women would appreciate ready access to oral contraception.

Contraceptive method discontinuation and switching is common and should be expected. Method preferences change as a woman's lifestyle changes, her priorities change, and her satisfaction with current methods changes. Yet switching is more difficult than it should be. Many health care providers still insist on an office visit before prescribing a method switch. It should be unnecessary for a healthy woman who knows what she wants and who has no questions to ask of her provider to have to make an office visit to make the switch. Healthy reproductive-age women with no chronic diseases are capable of managing their contraceptive choices if given the chance. Many already take charge of managing their contraceptive needs by stopping a physician-prescribed method they don't want anymore and either using no method or an over-the-counter option. These women would be better served if presented with a fuller range of over-the-counter options.

Because many women — depending on their stage in life

— have times when they want to consult a clinician about a contraceptive method, and because many have times when they don't, a system should be created through which women can access some hormonal contraceptives over-the-counter and some by prescription. In other words, an over-the-counter oral contraceptive is not a magic bullet. It is merely another option that may enhance the ability of many women to prevent unwanted pregnancies. An over-the-counter option, if affordable and widely available in community pharmacies and retail outlets, would give women convenience with markedly superior pregnancy prevention potential compared to currently available over-the-counter methods (spermicidal products such as contraceptive foam, films, sponge, and creams as well as latex and female condoms).

As affirmed by the 1994 International Conference on Population and Development, health and economic development are inextricably linked. Whether one is approaching health and wealth from a population or an individual perspective, a threshold of economic achievement is required for better health outcomes. For all individuals, except those privileged by inherited wealth, achievement of this economic threshold and resultant social status usually requires marketable education and skills. In the United States' increasingly fast-paced technological, social, and economic structures, most women achieving social and economic successes defer childbearing until their 20s or later, and limit family size. Both family formation objectives — deferring childbearing and limiting family size — can prove difficult because many contraceptive methods are expensive and are tied to medical care. If individuals and communities value women and woman-centered control over whether and when to bear a child, then an affordable, over-the-counter oral contraceptive makes sense and provides one avenue to assist women actively seeking an economic threshold above poverty.

In many ways, tying contraception to health care providers is anachronistic. It was a successful strategy of the first half of the 20th century when it was necessary to create distribution channels that could evade the turn-of-the-century Comstock laws that outlawed contraceptives. Confidentiality in the physician-patient relationship gave some degree of legal protection to the provision of contraceptives during that era. Since the 1965 U.S. Supreme Court decision in *Griswold v. Connecticut*, however, the constitutional protection of privacy has been extended to the purchase and use of contraceptives. Tying contraception to medical care is no longer necessary from a legal standpoint.

Many physicians and non-physicians erroneously believe that a physician is necessary to determine whether a woman is a medical candidate for hormonal contraception. Does she have a reason (indication) for using contraception, and is it safe for her to use it? (i.e., has she any contraindications?) Only one indication is salient in the context of a woman trying to prevent pregnancy — she is sexually active or anticipating sexual intercourse and wants to prevent pregnancy. This indication can be determined by the woman without physician consultation. The contraindications or medical reasons why

a woman should not take oral contraceptives, are based upon her history, and an assessment as to whether she has uncontrolled hypertension — a risk factor for rare serious adverse events such as heart attack or stroke.

Typically, health care providers obtain pertinent histories from women by asking yes/no questions verbally or with a self-administered history form. For example, "Have you ever been diagnosed as having breast cancer?" A "yes" answer to a question means the woman should not take oral contraceptives or that further evaluation is needed by a knowledgeable health professional before a decision can be made as to whether she can safely take oral contraception. Women who answer "no" to all questions can safely begin oral contraceptives. Literate women can ask and answer these questions themselves by using the package labeling. Women with diagnosed hypertension, for example, know whether they are taking their medication regularly. If they are not taking their medication regularly, they should not take oral contraceptives. If they are taking their medications regularly, they can start oral contraceptives but should be reminded to maintain their blood pressure check visits with their health care providers. These simple messages can and should be included in package labeling. Women with no prior history of hypertension need a blood pressure check prior to sustained oral contraceptive use. This requirement need not be a barrier to starting an over-the-counter hormonal method because a doctor visit is not necessary for blood pressure assessment. More timely and convenient ways to check blood pressure are available in some pharmacies or grocery-store blood-pressure kiosks.

In order for the FDA to approve change from prescription to over-the-counter status, the drug must exhibit the following criteria:

- 1) It must have a history of safety as a prescription method.
- 2) There must be no potential for overdose or addiction.
- 3) Inappropriate self-diagnosis is unlikely within the population that will access and use the drug.
- 4) Users of the drug can safely take the medication without an initial physician screen or exam.
- 5) Users can take the drug as they should without physician explanation.

In order to assure appropriate self-diagnosis and use, studies are performed to test users' package instruction interpretations and actual use. I am confident that such studies for over-the-counter oral contraceptives would show that women can competently read instructions to know how to use an oral contraceptive. Before such studies can be done, a pharmaceutical company will need to decide that it wants to take one of its oral contraceptive formulations over-the-counter. Corporate conservatism, paternalism, fear of political backlash from fundamentalists who oppose all forms of birth control, and the inability to recognize the potential demand for an over-the-counter oral contraceptive have stymied corporate movement in the direction of over-the-counter status. Recently, a couple of companies have been willing to

*Continued on page 30*

# Poem about MY RIGHTS

By June Jordan

Even tonight and I need to take a walk and clear  
my head about this poem about why I can't  
go out without changing my clothes my shoes  
my body posture my gender identity my age  
my status as a woman alone in the evening/  
alone on the streets/alone not being the point/  
the point being that I can't do what I want  
to do with my own body because I am the wrong  
sex the wrong age the wrong skin and  
suppose it was not here in the city but down on the beach/  
or far into the woods and I wanted to go  
there by myself thinking about God/or thinking  
about children or thinking about the world/all of it  
disclosed by the stars and the silence:  
I could not go and I could not think and I could not  
stay there alone as I need to be  
alone because I can't do what I want to do with my own  
body and who in the hell set things up like this  
and in France they say if the guy penetrates  
but does not ejaculate then he did not rape me  
and if after stabbing him if after screams if  
after begging the bastard and if even after smashing  
a hammer to his head if even after that if he  
and his buddies fuck me after that  
then I consented and there was  
no rape because finally you understand finally  
they fucked me over because I was wrong I was  
wrong again to be me being me where I was/wrong  
to be who I am  
which is exactly like South Africa  
penetrating into Namibia penetrating into  
Angola and does that mean I mean how do you know if  
Pretoria ejaculates what will the evidence look like the  
proof of the monster jackboot ejaculation on Blackland and if  
after Namibia and if after Angola and if after Zimbabwe  
and if after all of my kinsmen and women resist even to  
self-immolation of the villages and if after that  
we lose nevertheless what will the big boys say will they  
claim my consent:  
Do You Follow Me: We are the wrong people of  
the wrong skin on the wrong continent and what  
in the hell is everybody being reasonable about  
and according to the Times this week  
back in 1966 the C.I.A. decided that they had this problem  
and the problem was a man named Nkrumah so they  
killed him and before that it was Patrice Lumumba  
and before that it was my father on the campus  
of my Ivy League school and my father afraid  
to walk into the cafeteria because he said he  
was wrong the wrong age the wrong skin the wrong  
gender identity and he was paying my tuition and  
before that it was my father saying I was wrong saying that  
I should have been a boy because he wanted one/a

boy and that I should have been lighter skinned and  
that I should have had straighter hair and that  
I should not be so boy crazy but instead I should  
just be one/a boy and before that  
it was my mother pleading plastic surgery for  
my nose and braces for my teeth and telling me  
to let the books loose to let them loose in other words  
I am very familiar with the problems of the C.I.A.  
and the problems of South Africa and the problems  
of Exxon Corporation and the problems of white  
America in general and the problems of the teachers  
and the preachers and the F.B.I. and the social  
workers and my particular Mom and Dad/I am very  
familiar with the problems because the problems  
turn out to be me  
I am the history of rape  
I am the history of the rejection of who I am  
I am the history of the terrorized incarceration  
of myself  
I am the history of battery assault and limitless  
armies against whatever I want to do with my mind  
and my body and my soul and  
whether it's about walking out at night  
or whether it's about the love that I feel or  
whether it's about the sanctity of my vagina or  
the sanctity of my national boundaries  
or the sanctity of my leaders or the sanctity  
of each and every desire  
that I know from my personal and idiosyncratic  
and indisputably single and singular heart  
I have been raped  
because I have been wrong the wrong sex the wrong age  
the wrong skin the wrong nose the wrong hair the  
wrong need the wrong dream the wrong geographic  
the wrong sartorial I  
I have been the meaning of rape  
I have been the problem everyone seeks to  
eliminate by forced  
penetration with or without the evidence of slime and/  
but let this be unmistakable this poem  
is not consent I do not consent  
to my mother to my father to the teachers to  
the F.B.I. to South Africa to Bedford-Stuy  
to Park Avenue to American Airlines to the hardon  
idlers on the corners to the sneaky creeps in cars  
I am not wrong: Wrong is not my name  
My name is my own my own my own  
and I can't tell you who the hell set things up like this  
but I can tell you that from now on my resistance  
my simple and daily and nightly self-determination  
may very well cost you your life

Source: *The Collected Poems of June Jordan* (2005), [www.junejordan.com](http://www.junejordan.com)

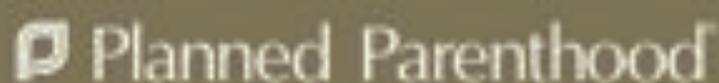


**PLANNED PARENTHOOD® PROUDLY SALUTES THE SISTERSONG 2009 NATIONAL MEMBERSHIP MEETING.**

Every year, nationwide, our health centers provide millions of women, men, and teens with a broad range of sexual and reproductive health services, education, and information, including medically accurate sex education, family planning and abortion services, cervical and breast cancer screening, and prenatal care.

Reproductive freedom is allied to social, economic, political, and human rights, and we join in solidarity with those who are committed to advancing reproductive justice.

Thank you, SisterSong, for being a leader in this movement.



# SisterSong Hosts

## First Southeastern Regional Urban Initiative

By Maame-Mensima Horne, SisterSong Advocacy & Membership Assistant/ Communications Assistant

**S**isterSong had the privilege of hosting the Southeastern Regional Urban Initiative Reproductive Health Summit in Atlanta, September 30 - October 2, 2009. We invited 150 elected officials, public health officials, and advocates throughout the South to share local models and city and county legislation that seeks to decrease health disparities within our region.

Although SisterSong is a national organization, we have made a commitment to be actively engaged around reproductive justice organizing in the southeastern region and this summit was a wonderful beginning.

Our goal was to discuss the health disparities that exist within our communities while giving examples of what local communities are doing to address the disparities. We used the reproductive justice framework to address multiple issues that affect southern cities allowing us to increase awareness of the reproductive justice framework and how it can be applied to decrease disparities locally.

Panels included: incarcerated women and reproductive justice, parenting justice, men and reproductive justice, environmental justice, abortion access in the south, and infant and maternal mortality. Notable speakers included: Fulton County Commissioner Larry Johnson; Palm Bay City Councilwoman, Michelle Paccione; Center for Disease Control Researcher, Dr. Camara Phyllis Jones; and CPC Associate Director for Minority Women's Health, Marian McDonald.

SisterSong enjoyed the opportunity to partner with the National Institute for Reproductive Health, Planned Parenthood of South Florida, and the ACLU of Mississippi, Reproductive Freedom Project. ☞

We appreciate our partners for their support of the Urban Initiative and our planning committee for their contributions in summit development. Our regional planning committee included organizations from 10 cities and 12 states:

### GEORGIA

Heidi Williamson, SisterSong  
Laura Jimenez, SisterSong  
Serena Garcia, SisterSong  
Paris Hatcher, SPARK Reproductive Justice NOW  
Dázon Dixon Diallo, MPH, SisterLove  
Nikema Williams, Planned Parenthood of GA  
Erika Marshall-Story, Esq., Fulton County Commissioner John Eaves  
Janet Adams, Fulton County Department of Health & Wellness  
Stephanie Davis, Office of the Mayor of Atlanta  
Janelle Yamerick, Feminist Women's Health Center

### FLORIDA

Emily Caponetti, Planned Parenthood South Florida

### KENTUCKY

Gabriela Alcade, MPH, Kentucky Health Justice Network

### MISSISSIPPI

Shawna Davie, ACLU of Mississippi: Reproductive Freedom Project

### NORTH CAROLINA

Sean Kosofsky, NARAL Pro-Choice North Carolina

### VIRGINIA

Tarina Keene, NARAL Pro-Choice Virginia

### WEST VIRGINIA

Margaret Chapman, WV Free

Continued from pg. 27

## Autonomy in Contraceptive Choice

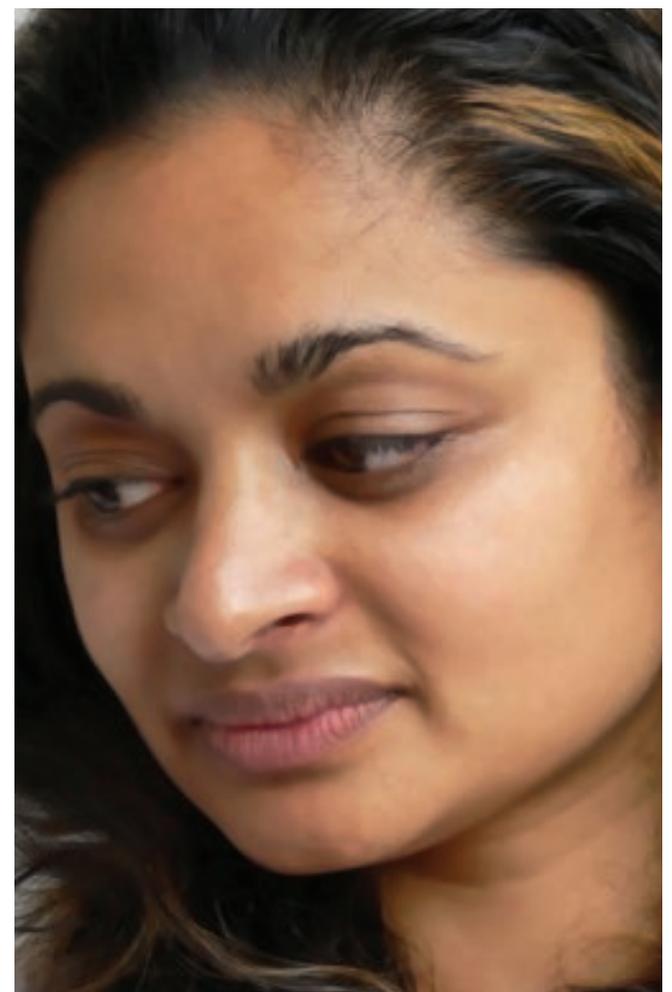
begin exploration about what it would mean to take an oral contraceptive product to over-the-counter status.

There are many different oral contraceptive formulations, some containing both synthetic forms of the ovarian hormones, estrogen and progesterone, and a couple which contain only synthetic progesterone (progestin-only pills or "mini-pills"). All these formulations are safe and very effective in preventing pregnancy when taken consistently. No more than one or two OTC formulations would be needed to expand women-initiated, women-controlled contraceptive options. Other formulations would remain available by prescription only, thus providing a mechanism for those women who want or need to seek consultation from a health care provider prior to initiation of oral contraception. In addition, the prescription formulations would be available to women whose insurers require a prescription before reimbursing or paying for oral contraceptives, such as women on Medicaid.

Because an over-the-counter oral contraceptive option should be readily accessible and affordable to all sexually-active women in this country, reproductive justice advocates should have a role in the design and implementation of label comprehension, actual-use studies, and marketing strategies needed to ensure a successful roll-out of any over-the-counter product. Reproductive Justice groups' perspectives and involvement will help prevent that which is intended to be a tool for justice from becoming another

example of injustice. Women should have easy and ready access to an option that can assist them in achieving their child-spacing and childbearing aspirations. They should not be deterred by incomprehensible instructions, products that are only available in middle- and upper-middle class retail outlets, products that are only targeted to low-income women, products that are too expensive for low-income women, or products that are not available — in any circumstance — to sexually active women who are young.

Because no one contraceptive method is suitable for all women, and because most women will try different methods over the course of their reproductive lives, it is critically important to remove whatever barriers to contraceptive access that we can. A broad-based coalition of scientists, health care providers — including pharmacists and their professional organizations — corporations, advocates, and community stakeholders could make the change to over-the-counter status happen. In this rapidly changing and increasingly technological world, personal and family time is very precious. So is money for unnecessary doctor visits. It should not be wasted on unnecessary contraceptive health care visits. Unfortunately, the practice of requiring such visits is firmly entrenched. It will not change until a broad-based coalition works to demand a change to over-the-counter status for one or two oral contraceptive formulations. ☞



# Elected and Public Health Officials Convene in Atlanta at Summit



1 - William Moore, Program Manager, Community Voices at Morehouse School of Medicine.; 2 - Patty Turquino, Kentuckians for the Commonwealth; Judy Valencia, El Pueblo of North Carolina; and Gina Uresti, A Second Chance enjoying the evening networking social.; 3 - Loretta Ross and Judy Valencia.; 4 - Fulton County Commissioner John Eaves and Patrice Harris, Director of Fulton County Health and Wellness.; 5 - Laura Jimenez (SisterSong) and SisterSong's Morehouse School of Public Health Intern.; 6 - The Urban Initiative Regional Planning Committee(L-R standing): Janelle Yamarick, Feminist Women's Center; Nsombi Lambright, ACLU Mississippi; Serena Garcia, SisterSong; Mary Beth Pierucci, Planned Parenthood of Georgia; Claire Feldman, Feminist Women's Center; Gabriela Alcalde, Kentucky Health Justice Network); Laura Jimenez SisterSong, Heidi Williamson, SisterSong; Nikema Williams, Planned Parenthood of Georgia; and Stephanie Laster, SisterLove (L-R sitting).; 7 - Palm Bay City Councilwoman Michele Paccione and Fulton County Commissioner John Eaves.; 8 - (L-R) Abortion Access in the South panel with Paris Hatcher of SPARK Reproductive Justice Now!; Nsombi Lambright, ACLU of Mississippi; Janelle Yamarick, The Feminist Women's Health Center, and Lindsey Oliver, Richmond Reproductive Freedom Project.; 9 - Zola Shannon-Mullen, Co-Founder of Affirm Consulting, moderated the opening plenary. 10 - DeKalb County Commissioner Larry Johnson.; 11 - Heidi Williamson (SisterSong) presents speakers.; 12 - (L-R) Environmental Justice panel with Michael Panella of Planned Parenthood South Florida and the Treasure Coast and Dr. Diane Rowley, University of North Carolina Gillings School of Global Public Health; and two participants.

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