"We're sick and tired of being sick and tired!" With Fannie Lou Hamer's words as their rallying cry, more than 1,500 African American women gathered at Spelman College in Atlanta for the first National Conference on Black Women's Health Issues in 1983: "They came with PhDs, MDs, welfare cards, in Mercedes and on crutches, from seven days to eighty years old—urban, rural, gay, straight—in desperate search for themselves." The conference gave birth to the National Black Women's Health Project (NBWHP), the first ever women of color reproductive justice organization and the foremother of the other organizations profiled in this book.

The histories of NBWHP and the other reproductive rights organizations formed by women of color in the 1980s and 90s are stories of activism, courage, and determination that challenge the common belief that communities who have suffered the most from restrictions on reproductive rights do not organize on their own behalf. This book retrieves part of that history by documenting the reproductive rights activism of eight women of color groups in the United States.

Accounts of the reproductive rights struggle in the US have typically focused on efforts to attain and defend the legal right to abortion, efforts led predominantly by white women. What little information is provided about women of color tends to center on the abuses they have suffered and represents only a partial history. Most of the reproductive health organizing done by women of color in the United States has been undocumented, unanalyzed, and unacknowledged. Turning the tide of this limited scholarship, Dorothy Roberts, Linda Gordon, Rickie Solinger, Jennifer Nelson, and others have brought to light both the struggles of women of color to resist reproductive
oppression and the roles they have played in the fight for reproductive justice. Theirs and similar works have highlighted the external challenges confronting communities of color and constraining their reproduction—population control, sterilization abuse, unsafe contraceptives, welfare reform, the criminalization of women who use drugs and alcohol during pregnancy, and coercive and intrusive family planning programs and policies.

However, Dorothy Roberts cautions us against seeing women of color as passive puppets. Therefore, this book focuses on what women of color have done for themselves, rather than what has been done to them. We put the activism of women of color in the foreground. By adopting this approach we neither discount the devastating consequences of reproductive abuses, nor deny the impact of structural forces such as white supremacy, capitalism, and patriarchy. But these issues are the backdrop for the organizing and do not take center stage.

This book utilizes a series of organizational case studies to document how women of color have led the fight to control their own bodies and reproductive destinies and have organized to define and implement a reproductive justice agenda to address the needs of their communities. We selected groups that reflect a wide range of organizing strategies, issues, and challenges from four ethnic communities: African American, Native American/Indigenous, Latina, and Asian and Pacific Islander. To illustrate the range of organizing occurring within communities of color, we included two organizations from each—a national group, more well-known and often with a longer history of organizing, and an organization newer to the work and/or one that is grassroots-oriented. All of the groups varied in size, focus of programmatic activity, and budgets.

Included in this book are the National Black Women’s Health Project (NBWHP), Washington, DC; African American Women Evolving (AAWE), Chicago, Illinois; the Native American Women’s Health Education Resource Center (NAWHERC), Yankton Sioux Reservation, South Dakota; the Mother’s Milk Project (MMP), Akwesasne, St. Regis Mohawk Reservation, New York; Asians and Pacific Islanders for Reproductive Health (APIRH), Oakland, California; the National Asian Women’s Health Organization (NAWHO), San Francisco, California; the National Latina Health Organization (NLHO), Oakland, California; and the Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR), Denver, Colorado.

In writing the chapters on the histories of activism, we drew on unpublished theses and dissertations and the limited published material about the activism of women of color. For the organizational his-
Chapter 1

tories, we relied on interviews, organizational publications, personal accounts—both published and unpublished—and our own experiences and familiarity with the groups. While we are aware that we bring our own lenses to the project, we have taken our direction from the people we interviewed and have tried to tell the histories from their vantage points. Sometimes there were divergent understandings and interpretations of events. When this occurred, we attempted to determine the most accurate and inclusive account. However, because we could not interview everyone who had been involved in creating these histories, we realize there may be information and perspectives that we have not included. It is our hope that future scholarship and writing will expand on this work. We do not focus on internal organizational or personal debates and struggles, which we know are present in all organizations, because we found they obscured rather than illuminated events.

The interviews were guided by a set of common questions. We were interested in the founders’ decisions to start autonomous organizations and the problems their organizations faced, as well as the gains they made. We asked participants to define what reproductive rights meant, and whether they viewed their organizations as part of the reproductive rights movement. We wanted to know who had been supportive of their organizing and helpful in moving their agendas forward, and what types of support were provided. We asked questions about the obstacles to and opportunities for collaboration both with women of color and mainstream groups.

We also set out to document their methods of organizing and their most significant accomplishments, limitations, and challenges. We explored organizational goals and programs. Because access to and adequacy of resources are essential for organizing, we examined fundraising strategies. We asked about the impact of the groups in their communities, on public policy, and on the mainstream pro-choice movement.

These contemporary struggles for reproductive justice arise from a long history of oppression and resistance, beginning before 20th-century battles to legalize contraception and abortion. Thus, each pair of case studies is preceded by an introductory chapter that grounds the organizational histories in the larger history of the community.

After much debate on terminology, we decided to use the umbrella term “women of color” to describe the four primary ethnic groups in the United States. Since the term was coined by women of color in 1977 at the National Women’s Conference in Houston, Texas, it has become a viable organizing principle in the United States for women who are most disadvantaged by white supremacy. The identifying language and terms that the various reproductive
rights movements have employed to describe their work has evolved, depending on historical and political contexts. After legalization, the movement to defend legal abortion termed itself "pro-choice." Women of color and white activists who advocated for abortion in a broader framework that emphasized opposition to population control rejected the pro-choice terminology as too narrow and instead used "reproductive rights," "reproductive freedom," and "reproductive health." However, the distinctions between these terms have been blurred in the current context. Most pro-choice groups now use the language of reproductive rights—though their agenda is still focused on abortion rights. Some women of color organizations are using "reproductive justice" to recognize that the control, regulation, and stigmatization of female fertility, bodies, and sexuality are connected to the regulation of communities that are themselves based on race, class, gender, sexuality, and nationality. This analysis emphasizes the relationship of reproductive rights to human rights and economic justice. In the case studies we take our terminology from the activists we interviewed. "Reproductive rights" and "reproductive justice" are used interchangeably.

Our research has yielded a tremendous amount of information, as well as experiences, insights, and perspectives that are critical to understanding the past and to crafting future organizing strategies. The remainder of this chapter presents the predominant themes of the aggregated histories and case studies. Despite significant differences among the groups, there are important similarities among them as well. All are engaged in (1) redefining reproductive rights to include the needs of their communities; (2) leading the fight against population control and asserting an inextricable link between the right to have children and the right not to; (3) organizing along lines of racial and ethnic identity in order to create the spaces to confront internalized and external oppression, forge agendas, and engage with other movements; (4) promoting new understandings of political inclusion and movement building that bridge historic divisions and create new alliances.

**Redefining Reproductive Rights**

Women of color in the US negotiate their reproductive lives in a system that combines various interlocking forms of oppression. As activist, scholar, and co-author Loretta Ross puts it: "Our ability to control what happens to our bodies is constantly challenged by poverty, racism, environmental degradation, sexism, homophobia, and injustice in the United States." The groups in this book created their own definitions of reproductive rights—definitions that are
grounded in the experiences of their different communities and that link oppressions. It is because of these intersections that women of color advance a definition of reproductive rights beyond abortion. Their critique of “choice” does not deny women of color agency; rather, it shows the constraints within which women of color navigate their reproductive lives and organizing.

Early in the abortion rights struggle, before these organizations were created, women of color resisted the coercion that masqueraded as “choice.” In a 1973 editorial that was supportive of the Roe v. Wade Supreme Court decision legalizing abortion, the National Council of Negro Women sounded this important cautionary note:

The key words are “if she chooses.” Bitter experience has taught the black woman that the administration of justice in this country is not colorblind. Black women on welfare have been forced to accept sterilization in exchange for a continuation of relief benefits and others have been sterilized without their knowledge or consent. A young pregnant woman recently arrested for civil rights activities in North Carolina was convicted and told that her punishment would be to have a forced abortion. We must be ever vigilant that what appears on the surface to be a step forward, does not in fact become yet another fetter or method of enslavement.11

Twenty-five years later, in her introduction to Policing the National Body, co-author Jael Silliman expands their critique:

The mainstream movement, largely dominated by white women, is framed around choice: the choice to determine whether or not to have children, the choice to terminate a pregnancy, and the ability to make informed choices about contraceptive and reproductive technologies. This conception of choice is rooted in the neoliberal tradition that locates individual rights at its core, and treats the individual's control over her body as central to liberty and freedom. This emphasis on individual choice, however, obscures the social context in which individuals make choices, and discounts the ways in which the state regulates populations, disciplines individual bodies, and exercises control over sexuality, gender, and reproduction.12

“Choice” implies a marketplace of options in which women's right to determine what happens to their bodies is legally protected, ignoring the fact that for women of color, economic and institutional constraints often restrict their “choices.” For example, a woman who
decides to have an abortion out of economic necessity does not experience her decision as a "choice." Native American activist Justine Smith writes, In the Native context, where women often find the only contraceptives available to them are dangerous, where they live in communities in which unemployment rates can run as high as 80 percent, and where their life expectancy can be as low as 47 years, reproductive "choice" defined so narrowly is a meaningless concept.\footnote{13}

All of the organizations in this book include abortion and contraception as part of a much wider set of concerns. Access to resources and services, economic rights, freedom from violence, and safe and healthy communities are all integral to their expanded vision. While each group draws on its unique history, their similar definitions of reproductive rights reflect significant commonalities of experience and overall socioeconomic status. These include disproportionate rates of poverty, lack of access to health care information and services, lack of insurance coverage, and limited access to contraceptive services. For example, 23 percent of African American women, 42 percent of Latinas, and 25 percent of Asian American women lack health insurance, compared with 13 percent of white women.\footnote{14} For women of color, reproductive and sexual health problems are not isolated from the socioeconomic inequalities in their lives.

A broader cultural understanding of reproductive rights encompasses the race, class, gender, and immigration experiences of each group, linking reproductive rights and access to health care. For example, all the groups argue that culturally competent providers are crucial to achieving access to reproductive health services.\footnote{15} In addition to health care providers knowing the language of the people they serve, cultural competency requires an understanding of and respect for the cultures, traditions, and practices of a community. Stereotypes and a lack of accurate knowledge about communities are barriers to interpreting women's needs. They are also obstacles which prevent women who need information and care from getting it.

The expanded definitions also incorporate the less obvious ways in which the fertility of women of color is undermined. For example, several of the groups include environmental issues in their definition of reproductive rights and in their advocacy. Asians and Pacific Islanders for Reproductive Health responded to the threats from environmental toxins in their neighborhood and constructed a very broad definition that explicitly encompasses the right to safe food and a clean environment.\footnote{16} The Native American Women's Health Education Resource Center definition, coming out of Native Americans' historical struggle for survival, includes sovereignty, the right to live and parent as Native Americans. By incorporating more issues into the concept of reproductive rights, these definitions provide a nuanced
and critical analysis of reproductive choices, birth control, and family planning.

**Fighting for the Right to Have—or not Have—Children**

Women of color have had no trouble distinguishing between population control—externally imposed fertility control policies—and voluntary birth control—women making their own decisions about fertility. For women of color, resisting population control while simultaneously claiming their right to bodily self-determination, including the right to contraception and abortion or the right to have children, is at the heart of their struggle for reproductive control.

Although there has never been an official policy to reduce the growth of the US population, controlling fertility has been a persistent feature of other domestic policies directed at men and women of color, sometimes attempting to increase their fertility, but most often aiming to limit it. For example, during the colonization of the United States, Native American women were intentionally given blankets infected with smallpox. Population control during slavery took the form of brutal and coercive efforts to increase African American women's reproduction, with slave owners using rape and forced marriages to achieve this end. However, since then, population control efforts have been intended to prevent women of color from having children. Eugenics laws, immigration restrictions, sterilization abuses, targeted family planning, and welfare reform have all been vehicles for population control.

Since the 19th century, all of these population control strategies have been employed using racist ideologies as justifications. For example, efforts to maintain white "racial purity" underlie private and publicly funded efforts to control the fertility of those deemed "unfit" and "defective," understood by policy-makers to mean poor or not white. The mid-20th century saw advocates for domestic and international population control promulgating alarmist time bomb theories with strong racist overtones and raising fears among whites of people of color overrunning the Western world. In 1970, President Nixon supported establishing federal family planning services by appealing to whites' fears about population explosions that would make governance of the world in general—and inner cities in particular—difficult. Nixon's policy advisors assembled statistics that pointed to a "bulge" in the number of black Americans between the ages of five and nine, claiming the cohort was 25 percent larger than ten years before. Population alarmists warned that this group of youngsters soon entering their teens was "an age group with problems that can create social turbulence."
Recognizing the relationship between numbers of people and political power, white politicians favored “helping” racial minorities limit their fertility. Determined to lower population growth in African American and Latino communities, many pro-segregation Southern politicians—both Republicans and Democrats—who had formerly opposed family planning, suddenly favored it as a way of regulating the reproduction of these groups. Opposition to welfare and the commitment to reduce welfare rolls by supplying free birth control services to poor women were joined in a race and class direct social policy. In one of the more overt expressions of this position, Leander Perez, a Louisiana judge, revealed in 1965 the link between coercive birth control and racism: “The best way to hate a nigger is to hate him before he is born.”

In the 1980s and 90s, fertility control remained a centerpiece of the nation’s welfare program and continued to undermine the rights of low-income women and women of color to have children. Federal welfare reform policies such as family caps, institutionalized in President Clinton’s 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), deny additional benefits to women who have more children while receiving public assistance. Women of color in the economic justice and reproductive rights movements have criticized family caps and other aspects of welfare reform, such as marriage promotion and funding for abstinence-only sexual education. These policies punish women for being poor by attacking their fertility while not offering any substantive relief from structural poverty.

Although rooted in racism, population control programs did at times, at least in part, meet the needs and desires of women of color for birth control, thus creating a complicated political dynamic. This was the case when Nixon’s federally funded family planning and contraceptive program was created in the 1970s. African American communities provided the majority of family planning clinic clients in the Deep South because, since slavery, controlling one’s own fertility had been associated with upward mobility. Despite the racist motivations of some proponents of the family planning–birth control movement, anthropologist Martha Ward, who researched federal population policies, notes: “Family planning became synonymous with the civil rights of poor women to medical care.”

Nevertheless, attempts to use family planning clinics to limit the population growth of communities of color were so blatant that they aroused a strong response from Nationalist movements that came to the conclusion that birth control and abortion were genocide. African American and Chicana women supporting birth control and abortion rights as part of their civil rights activism continually faced
opposition from Nationalists who felt that the best way to fight racism and xenophobia was to encourage black and Latino communities to expand their population base. Thus, while women of color frequently worked with mainstream and Nationalist civil rights organizations, they had to criticize these organizations when they supported positions hostile to reproductive freedom.\textsuperscript{24} In 1970, Frances Beal, coordinator of the Black Women's Liberation Committee of the Student Non-Violent Coordinating Committee (SNCC), made clear her support for both reproductive rights and civil rights:

We are not saying that black women should not practice birth control. Black women have the right and the responsibility to determine when it is [in] the interest of the struggle to have children or not to have them, and this right must not be relinquished to anyone. It is also her right and responsibility to determine when it is in her own best interests to have children, how many she will have and how far apart. The lack of the availability of safe birth control methods, the forced sterilization practices, and the inability to obtain legal abortions are all symptoms of a decadent society that jeopardizes the health of black women (and thereby the entire black race) in its attempts to control the very life processes of human beings.\textsuperscript{25}

Almost 20 years later, in 1989, activist and scholar Dorothy Roberts encountered the same issues when she spoke about threats to abortion rights at a neighborhood meeting, and a man in the audience took her to task: "He said that reproductive rights was a 'white woman's issue,' and advised me to stick to traditional civil rights concerns, such as affirmative action, voting rights, and criminal justice."\textsuperscript{26}

However, women of color have refused to divide civil rights from reproductive rights. Rather, they have transformed the fight for both by creating an ever-expanding comprehensive reproductive justice agenda. Their agenda includes fighting against two of the methods frequently employed by the racially motivated family planning apparatus that have undermined women of color's right to have children: coercive sterilization and invasive long-term birth control technologies.

In the 20\textsuperscript{th} century, Native American, Mexican American,\textsuperscript{27} African American, and Puerto Rican women and other women of color were denied the right to have children through systematic and widespread sterilization abuses\textsuperscript{28} practiced by the US government and by private doctors (who were more often than not subsidized by the US government). Women of color responded by taking up the fight against sterilization abuse. Native American, African American,
and Latina groups documented and publicized sterilization abuses in their communities in the 1960s and 70s, showing that women had been sterilized without their knowledge or consent. They demonstrated that women who spoke only Spanish were asked to sign consent forms in English, and sometimes pressured to do so during labor and childbirth. Native American women were given hysterectomies by Indian Health Service without their permission.

In the 1970s, a group of women, which included Dr. Helen Rodriguez-Trias, founded the Committee to End Sterilization Abuse (CESA) to stop this racist population control policy begun by the federal government in the 1940s—a policy that had resulted in the sterilization of over one-third of all women of childbearing age in Puerto Rico. CESA helped to create the Advisory Committee on Sterilization, a coalition of groups that developed regulations to protect women using public hospitals in New York City.

Native American and African American women were also active on this issue. Norma Jean Serena, of Creek-Shawnee ancestry, filed the first civil suit of its kind in 1973, addressing sterilization abuse as a civil rights violation. In 1974, another successful lawsuit advanced by the National Welfare Rights Organization and the Southern Poverty Law Center demanded restitution for the involuntary sterilization of the Relf sisters. These 12- and 14-year-old African American sisters were sterilized in Alabama without their parents' knowledge or consent. By 1978, the federal government was forced to establish guidelines regarding sterilization. These included required waiting periods and authorization forms in a language understood by the woman, to prevent women from being sterilized without their knowledge or informed consent.

Despite these efforts, new forms of coercion have arisen. In the 1990s, the Committee on Women, Population, and the Environment (CWPE) initiated a campaign to raise awareness about and to challenge CRACK (Children Requiring a Caring Kommunity), now called Project Prevention, a privately funded organization that pays women who are addicted to drugs $200 to be sterilized or to use long-acting contraceptives. Although private, CRACK is in fact implementing the same racist agenda manifest in the government policies previously discussed, namely, preventing "undesirable" women, overwhelmingly women of color, from having children. Such continuing reproductive abuses of women of color lead CWPE to argue that a meaningful reproductive health agenda must include explicit opposition to policies that are disproportionately directed at controlling the reproductive capacity of women of color. The rights to bodily and reproductive autonomy are fundamental human rights.
While the resistance of women of color to oppressive reproductive restrictions has been focused on the government and private population control organizations, they have also had to contend with those white pro-choice activists in the mainstream movements for contraception and abortion who have been unable to see how what may be reproductive freedom for them is reproductive tyranny for others. The mainstream movements have not linked policies and practices dressed in the benign language of family planning and welfare reform to restrictions on reproductive freedom. Thus, they were not the allies of women of color and sometimes were even at odds with women of color struggling for racial, economic, and reproductive justice.

Activist and philosopher Angela Davis wrote about this failure to confront racism:

Birth control—individual choice, safe contraceptive methods, as well as abortions when necessary—is a fundamental prerequisite for the emancipation of women. Since the right of birth control is obviously advantageous to women of all classes and races, it would appear that even vastly dissimilar women's groups would have attempted to unite around this issue. In reality, however, the birth control movement has seldom succeeded in uniting women of different social backgrounds, and rarely have the movement's leaders popularized the genuine concerns of working-class women. Moreover, arguments advanced by birth control advocates have sometimes been based on blatantly racist premises.35

The fact that these views generally went unchallenged—and were sometimes embraced or not even recognized as racist—by the mainstream movements meant that women of color who opposed population control could not rely on these movements to counter such policies.

Further, Davis notes that the priorities of women of color are different from those of white women because of their different experiences. Thus, the reproductive rights agendas are shaped by the dynamics of class and race. The failure of white women to address their internalized racism and classism, and to appreciate the power of race and class dynamics to influence activist agendas, has sometimes had disastrous political results—specifically when initiatives promoted by the mainstream movement have actually turned out to limit the reproductive rights of women of color and poor women.36

For example, in the 1970s, when the major pro-choice and feminist organizations did not join women of color in demanding sterilization guidelines it was because their experiences with sterilization were
radically different. While women of color were targets for coercive sterilization, white middle-class women had trouble persuading doctors to perform voluntary sterilizations, and often had to obtain permission from medical committees to do so. Pro-choice organizations perceived guidelines regulating sterilization as infringing on women’s choices, not enhancing them. While the National Organization for Women (NOW) did not take a position on the issue, the National Abortion and Reproductive Rights Action League (NARAL) and other groups that had traditionally supported abortion rights, such as Planned Parenthood, Zero Population Growth, and the Association for Voluntary Surgical Contraception, opposed the sterilization regulations on the grounds that they deprived women of “freedom of choice.” In general, mainstream white feminists believed the guidelines were unnecessary and paternalistic and interfered with the doctor-patient relationship.

More recently, we have seen a similar divergence in views regarding hormonal contraception. Population groups and mainstream pro-choice organizations enthusiastically greeted the development of Norplant and Depo-Provera as an expansion of reproductive choice for women. Depo-Provera injections were promoted in their joint campaigns as “highly effective, long-acting...and [offering] privacy to the user since the woman has no need to keep contraceptive supplies at home.” Their endorsement came despite the risk that Depo-Provera causes menstrual cycle irregularities, principally amenorrhea (the absence of periods), and increases the risk of endometrial and breast cancer.

In contrast, along with progressive women’s health groups around the world, women of color have been more skeptical of provider-controlled hormonal methods of contraception whose side effects and risks were unclear. For example, they have criticized Norplant (subdermal implants) and Depo-Provera (injectibles), the two methods most aggressively marketed to young African American, Latina, and Native American women. In 1991, NBWHP, NAWHERC, and NLHO issued warnings of the potential for Norplant abuses. Their concerns were validated merely two days after the contraceptive implant was approved by the United States Food and Drug Administration, when the Philadelphia Inquirer newspaper published an editorial advocating its use “as a tool in the fight against black poverty.” Although the newspaper later apologized for its racist editorial, judges and state legislatures continued to advocate for the use of Norplant among disadvantaged women.

There was a similar although much less publicized division in 1988, when mainstream pro-choice groups developed a campaign to introduce mifepristone into the US. Also known as RU 486, mifepristone
is taken orally and is a non-surgical option for ending a pregnancy up to 49 days after the beginning of the last menstrual period. These organizations were not concerned that mifepristone had not been sufficiently tested on women of color in the United States, nor was attention given to the fact that women of color were less likely to have access to the follow-up care that is necessary for safe usage. The major pro-choice groups were universally enthusiastic about the campaign. Any criticisms that there might be a problematic side to mifepristone tended to be discouraged or dismissed as playing into the hands of the anti-abortion movement. It seemed that once again, in the drive to expand choice, women of color and their particular concerns were being ignored.

Opposition to population control and support for voluntary birth control and abortion—as paired feminist values—are central to the political agendas of the activist organizations in this book. It was in their own reproductive rights organizations that they could most consistently define their agendas—embracing demands for safe abortion and contraception, broadening the meaning of reproductive rights, and rejecting racist efforts to impose fertility control. As we will see in Chapter 2, they were supported by white women who were also disaffected by the narrow vision of choice.

Identity-Based Organizing

This book documents women of color creating their own organizations and agendas that prioritize race, ethnicity, and class along with gender. This approach speaks to Dorothy Roberts’s statement that

there is something drastically wrong with a conception of reproductive freedom that allows this wholesale exclusion of the most disadvantaged from its reach. We need a way of rethinking the meaning of liberty so that it protects all citizens equally. I propose that focusing on the connection between reproductive rights and racial equality is the place to start.

Women of color understood that white women and men of color, even with the best of intentions, could not speak to the uniqueness of their issues or represent the authenticity of their experiences. Women of color needed to claim leadership for themselves. By establishing organizations that were racially and ethnically specific and separate from white organizations, women of color created the visions and gained the support necessary to raise the visibility of their reproductive health concerns in their communities and in the broader society. Placing race and class at the center of their reproductive freedom
agenda has allowed many of the groups studied to recruit supporters from other social justice movements, such as the civil rights, immigrant rights, economic justice, and environmental justice movements. This has also led to building support bases in communities of color for reproductive health issues. By grounding their organizing in community-identified needs, women of color do not have to isolate or separate themselves from the day-to-day concerns of their communities.

Women of color are subjected to racist and sexist stereotypes which send messages that they should not be in charge of their own reproductive and sexual destinies. When women of color internalize these stereotypes, it is damaging psychologically and a barrier to their activism. Groups based on racial and gender identities help participants overcome important barriers to activism by combating their internalized oppression. Toni Bond, founder and executive director of African American Women Evolving, writes about the toll of internalized oppression:

Many of us have so internalized [racial] oppression that it has transformed into a self-hatred and seeps into and impedes even our ability to work together collectively, resulting in organizational upheaval and our further disenfranchisement...So emotionally bruised are women of color from racist oppression and our internalization of that oppression that we have trouble letting our guards down to share personal stories about our experiences around health or any other issue.47

Eveline Shen, director of Asians and Pacific Islanders for Reproductive Health, echoes Bond's point when she talks about the need to confront stereotypes just to make activism possible. She says, "Asian women are supposed to be docile and obedient. This model is not compatible with fighting for women's rights."48 For women of color, challenging these myths and stereotypes is part of the process of reclaiming their humanity and redefining their own identities.

Women from all four racial/ethnic groups have faced and challenged racial stereotyping. For African American women, the images of Mammy and Sapphire emphasize maternalism and promiscuity.49 Asian women are also portrayed in contradictory ways, as concubines, prostitutes, or model minorities, deriving unfair advantage from affirmative action.50 Racist descriptions represent the Native American woman as a willing squaw, an alcoholic, or "a brown lump of drudge."51 Reservation Indians are said to "wallow in welfare, food stamps, free housing and medical care, affirmative action programs, and gargantuan federal cash payments."52 Latinas are stereotyped as oversexed "hot tamales" or as illegal immigrants wanting to have
babies in the United States so they can obtain citizenship and welfare benefits. Some social scientists describe Latinas as “ideally submissive, unworldly, and chaste” or “at the command of the husband who keeps her as he would a coveted thing, free from the contacts of the world, subject to his passions, ignorant of life.”

These myths and stereotypes are part of the larger system of oppression and play an important part in perpetuating it. Characterizing women of color as sexually promiscuous and too irresponsible to make their own reproductive decisions and be good mothers serves as the rationale for enacting and legitimizing discriminatory policies, programs, and laws. For example, the 1950s image of the lazy “welfare queen” was rejuvenated during the 1970s and 80s to fuel cutbacks in public assistance. President Reagan referred to a woman on welfare as a “pig at the trough.” Images of hyper-fertile Mexican women crossing the border to bear their children on United States soil so that their children could secure social benefits helped to pass restrictive legislation such as Proposition 187 in California, which denied undocumented immigrants educational and health benefits. Continuing the assaults against Latinos, Harvard professor Samuel Huntington’s new book, Who Are We? The Challenges to America’s National Identity, suggests that Hispanic immigrants are undermining the “greatness” of the United States by diluting our national identity as an “Anglo-Protestant” country, a diatribe offered by someone who has been a lifelong Democrat.

Reproductive rights organizing by women of color challenges both the stereotypes and the policies that undermine reproductive autonomy. Through activism, women of color assert the value and dignity of their lives, the lives of their children, and their roles as mothers.

Building an Inclusive Movement

The histories and case studies in this book demonstrate the depth and scope of organizing by women of color on a wide range of reproductive health issues—including abortion. Despite their efforts, activists in predominantly white organizations have asked: “Where are the women of color in the struggle for abortion rights?” The very question excludes women of color by erasing their historical involvement in the birth control and pro-choice movements. It assumes that because women of color are not in white organizations, they are not involved in the struggle. Further, it indicates how far we are from having a multiracial, multi-issue, cross-class movement for reproductive freedom. Finally, it raises larger questions about identity politics and creating an inclusive movement.
We believe that two false assumptions underlie this thinking: that identity politics were invented and are only practiced by non-white minority groups; and that race/ethnic-based organizing creates unnecessary divisions among groups. To the contrary, all social movements, whether organized for the rights of people of color or gay people or workers or whomever, use identity politics in the sense that they are working on behalf of their constituencies who share an identity. Heterosexual white people have not recognized themselves as an identity group because they assumed their identity to be the universal norm. Consequently, many white women organizing for reproductive rights they assume that their agenda includes all women.

We reject these assumptions. Instead, we think that the reproductive rights organizing by women of color provides an opportunity to explore the benefits and limits of identity politics as an organizing strategy for women of color, as well as to analyze its impact on the overall movement. The necessity for such organizing by women of color raises basic questions about inclusion: Who is being included in what? What are the terms of inclusion? What are the political goals of an inclusive movement? This book suggests that being included in the mainstream was not the primary goal of women of color who created reproductive rights organizations.

We think the responsibility for reforming and transforming the mainstream movement lies with the predominantly white leaders of that movement, who must recognize that inclusivity is the only path to successfully achieving reproductive rights and justice for all women. "Perhaps," as activist and abortion provider Brenda Joyner states, "the question is not really where are women of color in the abortion rights and reproductive rights movement. Rather, where is the primarily white middle-class movement in our struggles for freedom?" As mainstream organizations grapple with these issues, they should ask how they can be allies as women of color take the lead in shaping a broader movement which encompasses all of their issues.

The activists we interviewed have a positive definition of inclusion. To them, inclusion means creating an agenda and ultimately a movement that reflects the broad set of needs and concerns which all women face. Their organizations offer forward-looking strategies for creating multi-issue groups and for building an inclusive and representative movement for reproductive health and sexual rights for all women. We have seen that strategies focused solely on defending abortion are limited. The success of the Right in mobilizing a vocal and active constituency to threaten reproductive rights calls for a broad grassroots strategy capable of reaching across social movements and linking health and reproductive rights to other social justice issues. Introducing new frames like reproductive justice enables
more women to be included. This broader agenda has the potential to revitalize the reproductive rights movement.

Many women of color reproductive rights activists increasingly find the human rights framework, successfully used by anti-racist and anti-fascist movements worldwide, to be one of the best ways of articulating and advancing their rights. Linking civil, political, economic, sexual and social rights, it bridges the gap between having legal rights and lacking the economic resources to access those rights. Those women of color who embrace the existing global human rights framework do so in order to locate reproductive freedom within a broad movement for human rights. In 2000, the Institute for Women and Ethnic Studies in New Orleans put forth a Reproductive Health Bill of Rights:

All people are born free and equal with dignity and rights as set forth in the Universal Declaration of Human Rights. Historically, women of color across nations, cultures, and different religious and ethnic groups have been subject to racist exploitation, discrimination, and abuse. Manipulative, coercive and punitive health policies and practices deprive women of color of their fundamental human rights and dignity.58

Like other US based organizations serving women of color, the SisterSong Women of Color Reproductive Health Collective uses the global human rights framework in its activism, recognizing that the United States lacks a sufficient legal framework to guarantee women of color safe and reliable access to health care.59 In order to ensure appropriate treatment and access to health care and to address the issues of class, race and gender that affect women of color, a comprehensive human rights-based approach to organizing that accounts for difference is necessary.60

Although this is the global direction in which reproductive rights activism is moving, the mainstream movement in the US—except for its more progressive wing—has yet to adopt it. Its emphasis on individualism and civil and political rights neglects economic, social, sexual, and cultural rights that address group or collective needs. Activists are unfamiliar with the Universal Declaration of Human Rights and international treaties that protect women’s reproductive rights. Their failure to adopt the human rights framework inadvertently abets the Conservative movement that fiercely opposes the US government’s signing international treaties, such as the Convention on the Elimination of All Forms of Discrimination Against Women, which would make the United States accountable to international norms and standards.
The activists and organizations profiled in this book have given us a new vision for reproductive rights that incorporates the specific needs of their communities within a social justice and human rights framework. They are raising the visibility of reproductive health issues for their constituencies, advocating on their behalf, and developing the strong leadership and institutions capable of meeting those needs. In pursuit of reproductive justice, women of color are insisting on undivided rights.
NOTES

1  Fannie Lou Hamer originally said this during a speech at the 1964 Democratic National Convention in New Jersey, during which Lyndon B. Johnson was nominated as the Democratic candidate for president.


3  The National Black Women's Health Project was renamed Black Women's Health Imperative in 2003.

4  Angela Davis, Loretta Ross, Sally Torpy, Evelyn White, Linda Villarosa, Marlene Gerber Fried, Rosalind Petchesky, Jesse Rodriguez, and Martha Ward are among others who have written on this topic.


6  Roberts, Killing the Black Body, 7.

7  Asians and Pacific Islanders for Reproductive Health (APIRH) was renamed Asian Communities for Reproductive Justice (ACRJ) in May 2004. For consistency and clarity, this book refers to the organization as APIRH throughout, the name of the organization during the time of research and writing.

8  Women in other countries rarely identify themselves as "women of color" because of the various permutations of white supremacy around the globe. For example, many feminists in Great Britain who would be called women of color in the United States prefer to call themselves "black." They have embraced the term "black" to express their political solidarity with the struggle of people from Africa, Asia, the Caribbean, and the Middle East against racism and fascism. Conversely, the terms "black" and "white" in many Latin American countries denote class status as much as skin pigmentation. Chandra Mohanty and Adrien Katherine Wing describe pigment color as a sociopolitical designation for women of African, Caribbean, Asian, Latin American, and Indigenous descent. Despite the fact that they constitute a plurality of the world's people, women of color are most frequently on the bottom rung of society, whether in developed or developing countries. The concept goes far beyond mere color or racial designation and speaks instead to their consciously chosen political relationship to each other in opposition to sexist, racist, and imperialist structures.
This definition of reproductive justice was created by Asian Communities for Reproductive Justice (formerly APIRH) in May 2004.


Black Woman’s Voice 2, no. 2 (Jan/Feb, 1973).


Some of the groups, for example COLOR and NAWHO, argue that cultural “competency” is not sufficient and instead insist that health providers be culturally proficient, with extensive knowledge of a woman’s cultural and social experiences.

For example, the definition of reproductive health, as set forth by APIRH states, “If women are to have true reproductive freedom, then we must have the ability to protect and determine all aspects of our physical, emotional, and spiritual well-being. This means that we live in homes free from sexual and physical violence, live and work without fear of sexual harassment, have our environment at work and at home be safe and protected from corporate exploitation, are free from hatred due to sexual identity, value all forms of work and labor, earn equitable and livable wages, eat safe and affordable food, determine and gain access to comprehensive health care for ourselves and our families, have the support and commitment of the government and private institutions to have or not have a child and live in an environment that can support our choices. In addition, we should receive an education that honors and teaches the contributions of women, people of color, the working-class, the gay, lesbian, and transgender communities.”


Ibid.

Ibid., 3.


A series of legislative reforms set the stage for federal support for family planning. Under the Economic Opportunity Act of 1964, known as the War on Poverty and launched by President Johnson, federal funds were used to increase the number of people eligible for public assistance. The Office of Economic Opportunity (OEO) was created to provide grants for public and private agencies for social programs to address poverty. When Congress passed the Voting Rights Act of 1965, which made it possible for more African Americans and Latinos to participate in the political process, some elected officials felt it was urgently necessary to minimize the impact and effectiveness of minority voters. The 1965
Immigration Reform Act, which removed the national-origins quotas on immigration, also added to the pressure to limit minority political strength. The first direct OEO grant for family planning services went to Corpus Christi, Texas in 1964 to target low-income Mexican American families. Despite some congressional opposition, OEO support for family planning grew rapidly under the Johnson administration. Even more importantly, in terms of available funding, the Social Security Act governing Aid for Families with Dependent Children (AFDC) was modified to require that at least 6 percent of all funds available for maternal and infant care be spent on family planning. Moreover, states were authorized to purchase services from nongovernmental providers, such as Planned Parenthood, which created open-ended funding by the federal government for family planning.

23 Ward, Poor Women, Powerful Men, xiii.
24 For example, in the late 1980s when leading civil rights organizations wanted to expand support for affirmative action in the Civil Rights Restoration Act legislation, they compromised with Catholic anti-abortion groups who wanted Catholic colleges and universities exempted from the provisions of the legislation that would have made it illegal to discriminate against women faculty and students who supported abortion rights. For more on this see Loretta Ross's article "Blacks and Fertility" in the magazine of the Congressional Black Caucus, Point of View, Winter 1988, 12.
26 Roberts, Killing the Black Body, 5.
29 Davis, Women, Race, and Class, 14.
30 Nelson, Women of Color, 140–143.
33 Suzanne Staggenborg, The Pro-Choice Movement: Organization and Activism in the Abortion Conflict (New York: Oxford University Press, 1991), 111; Roberts, Killing the Black Body, 95; Susan E. Davis and the Committee for Abortion Rights and Against Sterilization Abuse


Davis, Women, Race, and Class, 204–206.

While in this book we focus on race and class, we acknowledge that sexual orientation, disability, and age also play critical roles in determining a woman's reproductive experience. It is important to note that historically the struggle for abortion rights had significant participation and leadership from lesbians who were not “out” in the organizations. Issues of sexual orientation did not become explicitly part of the pro-choice agenda until the late 1980s and still have not been fully incorporated into the pro-choice agenda. Neither the pro-choice nor the disability rights movement has consolidated around a position on “choice” and disability, and young people continue to struggle for recognition of their issues and for leadership in the mainstream movement.


NARAL has gone through three name incarnations. It was founded in 1969 as the National Association for the Repeal of Abortion Laws. With the legalization of abortion in 1973, it became the National Abortion and Reproductive Rights Action League. In 2003, it became NARAL Pro-Choice America. This book uses all three depending on which time period referenced.

Davis and CARASA, Women Under Attack, 29.


Ibid.


Ibid., 108.


This phrase was originally coined by Rosalind Petchesky in her groundbreaking book, Abortion and Woman’s Choice: The State, Sexuality and Reproductive Freedom (Boston: Northeastern University Press, 1990).

Roberts, Killing the Black Body, 294.


55 Elena R. Gutiérrez, "Policing 'Pregnant Pilgrims.'"


