FOUNDING THE NATIONAL BLACK WOMEN’S HEALTH PROJECT

A New Concept of Health

The National Black Women’s Health Project (NBWHP), founded in 1984, is the oldest of the organizations whose work we feature. The project has played an important role in mobilizing African American women on the issues of health and reproductive rights and in bringing their perspectives, voices, and concerns to national and international attention. In the tradition of the black women’s club movement and the National Council of Negro Women (NCNW), the NBWHP has made African American organizations understand that women’s reproductive health issues must be addressed in the African American community. The NBWHP has also advocated within the pro-choice movement for a broadening of its agenda on reproductive rights and health to include the concerns of women of color.

The history of the NBWHP is a story of charismatic leadership coming at a time when there was a latent but unarticulated need among African American activists to explore their sexual and reproductive rights. The NBWHP evolved from a primarily grassroots organization to one that is policy driven and policy focused, creating a movement of women of color for reproductive rights defined broadly to express the needs of the various communities that women of color represent.

The NBWHP also reflects some of the challenges that most women of color groups face when they organize to advance their sexual and reproductive rights. These include funding, the strains of doing both grassroots and policy work, and the stress of being constantly called upon to serve as the voice or the representative of the various communities of color or of women in color in general. The NBWHP, from very early on in its development, was pulled in several
directions at one time, and the unrealistic demands placed on it were a very heavy burden to carry.

The Founders

Byllye Avery

Avery, the dynamic founder of the NBWHP, had no particular movement involvement—in either civil rights or feminism. Rather, a confluence of personal, social, and political forces shaped her life and readied her for envisioning and realizing a black women’s health movement that has had an impact in the national and international health arena and on white women and other women of color.

Avery grew up in central Florida, where she witnessed segregation and the vast array of inequities that it spawned within her community. Upon graduation from historically black Talladega College in Alabama, Avery moved to Gainesville, Florida, where she worked in a children’s mental health unit at a local hospital. Her experiences in health and politics, the effects of a rapidly escalating and unpopular war in Vietnam, the strident currents of cultural Nationalism, and the awakenings of a solid feminist movement shaped her political consciousness. Avery was drawn to the field of women’s reproductive health at a time when black women were dying at an alarming rate from illegal back-alley and self-induced abortions. In the early 1970s, when abortion was illegal in Florida, Avery worked with a referral network in Gainesville that helped women travel to New York for abortions. Before her experience with the referral network, the idea of an abortion was alien to her: “I didn’t know anything about abortions. In my life that word couldn’t even be mentioned without having somebody look at you crazy.” She notes that while the issue of abortion was not openly discussed in the black community, illegal abortion was a fairly widespread practice among black women.

In 1974, the year after Roe v. Wade legalized abortion, Avery joined with Margaret Parrish, Judith Levy, Betsy Randall-David, and Joan Edelson to open the Gainesville Women’s Health Center. While there were other black women on staff, she was the only black woman in the center’s inner circle of founding members. The next year, Avery attended the first National Conference on Women and Health organized by the Boston Women’s Health Book Collective. She was inspired by the work and ideals of the women’s health activists she met and joined the board of directors of the newly formed National Women’s Health Network (NWHN), a nonprofit health advocacy group that sought to give women a greater voice in the US health care system. Avery continued her work in Gainesville with women in her community while she participated on the NWHN board. These mutu-
ally reinforcing experiences were the basis for the landmark conference she organized in 1983 that led to the founding of the NBWHP in 1984.

Unlike women in the white feminist movement of the mid-1970s, NWHN members who had radical politics were extremely sensitive to issues of race and class. NWHN stressed strong personal relationships among its members, and from its inception paid attention to building bridges among different groups of women. Feminist health activist Judy Norsigian, co-author of Our Bodies, Ourselves, emphasized the commitment of the NWHN to having a substantial presence of women of color on its board. Avery was especially inspired by Dr. Helen Rodríguez-Triás and Dolores Huerta, who both served on the board with her. Avery's experiences with the women's health movement shaped the way in which she later was to imagine and develop the NBWHP, and years later the NWHN members would assist Avery with development and fundraising. This experiential base and the network's organizing and analytical perspective were important reference points from which she defined and directed her work on African American women's health.

Through her work at the Gainesville Feminist Women's Health Center, Avery made contact with Brenda Joyner, Debra David, and Dolores Nolan, all African American women abortion providers and activists in the Federation of Feminist Women's Health Centers (FFWHC). The FFWHC emphasized women's power and knowledge, and stressed the importance of community control of health care. Because members of the FFWHC were deeply committed to addressing issues of race, class, and gender, the federation was a hospitable space for women of color. The Gainesville Feminist Women's Health Center was in sync with the character, politics, and goals of the FFWHC and served as yet another force for instruction in Avery's life. The FFWHC's political stance and demonstrated capacity for activating their agenda not only politicized Avery but also radicalized her.

In 1977, the Hyde Amendment cut off Medicaid funding for abortions. Avery immediately became aware that this was a punitive measure against poor women. "Taking away Medicaid funding says to poor women, 'you can't have this—you don't deserve to have this.'" She states: "For poor women abortion is a matter of survival: if I have this one more child, it etches away my margin of survival." Around the same time, Avery noticed that a disproportionately high number of black women came to the center for abortions, but few black women participated in the OB/GYN care that the health center offered. She realized that black women had too many other worries to make their own health a priority. She worked with center staff to establish a new model of health care and services based on black and poor women's
needs, to provide an environment where women could feel comfortable and take control of their own health. Through sweat equity and fundraising, the staff and their supporters renovated a clinic, transforming it into a beautifully furnished facility that offered “exquisite services” when it opened in 1974. In addition to providing abortions, the center provided well-woman gynecological services, such as pregnancy tests, and information about other reproductive health needs. The staff worked hard to make sure that the center’s physicians were sensitive to the range of their clients’ needs. The clients expressed their appreciation for the care and attention that they received, and the center rapidly became well-respected in the community and was not harassed for providing abortions. The “exquisite” model of care the Gainesville Women’s Health Center provided stood in stark contrast to the institutional environment of most health care facilities of the 1970s.

Abortion remained an important reproductive rights issue for Avery and for the NWHN, but by the late 1970s women’s health advocates started to look critically at birthing practices. New ideas about birthing, including a re-examination of the role of the midwife, gained ground. In 1978, in response to the requests of Gainesville center clients for assistance during their pregnancies and deliveries, Avery, along with Judith Levy, Margaret Parrish, and Nancy Redfern, opened Birthplace, an alternative birthing center managed by certified nurse midwives. By drawing attention to the important roles black midwives played in health care delivery, Avery hoped to get younger generations of black women interested in midwifery. Avery found this work exhilarating, but soon learned that few African American women used the alternative birthing services because their medical insurance did not cover out-of-hospital births. She realized she needed to make expanding access to health care a priority.

Through her work as a feminist health activist, Avery developed her awareness of the importance of ethnicity and class to women’s health status. She says she began “to look at myself as a black woman. Before that time I had been looking at myself as a woman.”7 At the Gainesville center, Avery came to understand the need for a more holistic approach to health care for black women, one that went beyond the provision of services; one that would take into account the difficulties poor women face when they try to get health care and would also find ways to address the powerlessness that so many women experience.

Avery left Birthplace in 1980 to teach at a community college in Gainesville. There she noticed the high level of absenteeism among young women due to illness. She started to analyze the health status of black women at the college and found that they did not know very
much about their general or reproductive health. She brought “these sisters together to talk about their lives. It was there that I started to understand the lives of black women and to realize that we lived in a conspiracy of silence.”8 Avery wanted to encourage black women everywhere to take an interest in their own health care. She knew that in order to reach them, she had to move to a place with a larger black population. She relocated to Atlanta in 1981.

In Atlanta, deeply aware of and concerned about the disparities in health between black and white women, Avery focused her energies on developing a national black women’s health project within the National Women’s Health Network. She decided that the first step would be to hold a national conference on black women’s health issues. NWHN members encouraged Avery’s work and supported her long-range goals. Pamela Freeman, her colleague on the NWHN board, a social worker and political activist, worked with her for over two years to plan the first black women’s health conference.

The conference planning committee faced the challenge of developing a model of collective leadership in which everyone on the committee was equally responsible for all decisions. This model was chosen by the committee to deliberately counter the pervasive charismatic leadership model used in the civil rights movement, which invested power in a single dominant male figure. Using a model of collective leadership that was shaped by the consciousness-raising feminism of the 1960s and 70s, the women on the committee addressed their internalized racism, sexism, and homophobia. They were committed to organizing African American women in a way that would represent and respect the perspectives of women from all economic classes. One woman on the planning committee, Lillie Allen, would become a co-founder of the National Black Women’s Health Project with Byllye Avery. The remarkable synergy between Avery’s and Allen’s visions laid the foundation for the national network.

Lillie Allen

Lillie Allen was a health educator and Rockefeller Fellow in Population at Morehouse School of Medicine in Atlanta in 1983.9 Allen had also worked in teen pregnancy prevention programs in public housing communities in Atlanta in the early 1980s. As a Rockefeller Fellow in Population, she had been contracted to provide birth control education to young black women. In response, she developed a program based on art and dialogue in which young women used
dance and self-expression to explore how they wanted their lives to be different. According to Allen, she wanted to

build a group of young people looking at the issues of birth control, not just by looking at what [contraceptives] they can and don't use, but looking at birth control from a place of what they want in their lives. I wanted them to understand how to have a life. What are the things they must have in place to assure their vision? So if you don't want to have children, are you just talking about birth control? You have to first talk about your life and how you feel about your life and having a future, and what are the elements of that?10

Allen's approach to reproductive health education was based on her exploration of the effects of internalized racism, which she first recognized as an undergraduate student at the all-black Bethune-Cookman College for women in Florida. Allen, a child of migrant farmworkers, grew up in an all-black community with an internal color hierarchy, and at Bethune-Cookman she learned what it meant to be in an all-black educational institution and feel that she was not accepted because her skin was "too dark." She was critical of the school's leadership for doing little to challenge either the school's institutionalized color-based discrimination or the prejudice in the student body. "I questioned the leadership, which did not understand its disproportionate impact on the lives of very young women, but I had no analysis other than the hurt and the disappointment which were telling me you can't trust black women, you can't trust black folks."11 Allen felt that she became less able to express and affirm herself because she could not trust the place "that I thought was mine"—a college founded by Mary McLeod Bethune for black women. Later, while she was a graduate student earning her masters in public health at the predominantly white University of North Carolina at Chapel Hill, her interest in studying and exploring internalized racism and black women's leadership deepened through facing her own internalized oppression and led her to develop ways to work through it.

Allen became involved in Re-evaluation Counseling, RC is a process of dialogue and active listening in which the participants work though difficult emotional issues so that they can effectively use their intelligence to address their problems. This intense process focuses on one person at a time, providing rare group and individual attention with which to "discharge" emotions.12 It is popular partly because it makes some basic psychotherapy and self-disclosure techniques accessible to a large number of people in free support groups.
Allen saw that there were too few black people involved in the RC process. White RC participants had a problem with her insistence on talking about racism and its impact on her: “They wanted to talk about social change, but I couldn’t ignore that I was the only black person in the room. They didn’t want me to talk about that.” She also found RC to be one-dimensional: “It is important to have your feelings, but the key question is what are you going to do with them? What are the actions you are going to take if you are interested in building a community of people?” She developed a self-disclosure process that she called “Black and Female,” grounded in her own struggle with oppression: “I knew what [the process] could look like because I had gone through it myself, learning to act outside of my oppression, building a relationship with myself, and understanding how to maintain relationships with your own people first to understand what it means to be with people not coming from a place of oppression.” With “Black and Female,” Allen had successfully politicized RC and called it Self-Help.

Allen brought “Black and Female” to the black women’s health conference planning committee because the members came from vastly different walks of life—women from public housing and women with PhDs. She felt that to create a successful conference, committee members would have to do the internal work of overcoming the class barriers that prevented them from hearing each other. Initially, the committee intended to include white women who had allied themselves with the National Women’s Health Network. However, they finally decided that the black women on the committee needed to work through their own intra-racial tension without simultaneously having to deal with issues between black and white participants. The planners spent two years developing the conference while examining their relationships with each other. They were able to work together, “as lesbians, as straights, as married, or not married” in a way that none of them had ever experienced.

The leadership of Bylyye Avery and Lillie Allen, along with the support of the other committee members and the National Women’s Health Network, launched the founding conference of what ultimately became the National Black Women’s Health Project.

The Birth of NBWHP

In 1983, the groundbreaking first National Conference on Black Women’s Health Issues was held at Spelman College in Atlanta. Avery, Allen, and the planning committee had not foreseen how ripe the time would be for black women’s health activism. Each woman on the planning committee organized in her local community to encourage
women to attend. The committee also raised scholarship funds to bring black women from rural and urban communities all over the South to Atlanta. Directed toward low-income black women, Allen's "Black and Female: What Is the Reality?" was not made available to all conference participants initially. However, as word spread about the workshop, the planning committee was forced to relocate it to increasingly larger rooms to accommodate the participant demands. Loretta Ross described 500 women trying to crowd into a room as a "movement moment." "Black and Female" resonated deeply with conference participants. By the end of the conference, 1,500 of the 1,700 attendees had engaged in this process.

Throughout the conference, black women spoke candidly with one another about their health and the realities of being African American women. Participant Loretta Ross reflects that "what was particularly exciting about this opening conference was it brought poor black women and middle-class women, rural and urban women in dialogue that was enriching and exciting to both." 15 Allen's "Black and Female" evolved into what became known as the Self-Help process, one of NBWHP's legacies. By all accounts, the participants felt elated by the conference planners' vision, as it addressed black women's health issues from a holistic, deeply spiritual, and empowering perspective and sparked self-healing and social action. According to Allen, "What drew women to the project was the opportunity to work on themselves as part of the process of social change." 16

Spontaneously, conference participants demanded the creation of an independent organization dedicated to black women's health. Attendees felt convinced that by working together, in sisterhood, they could improve black women's health and well-being. The conference planners were buoyed by the feeling that thousands of women were waiting for them to provide leadership. Thus, the National Black Women's Health Project was born. Avery and Allen set out to grow the budding organization. The rough division of labor between the two leaders had Avery developing the funding and structure of the organization and Allen providing "Black and Female" workshops at retreats around the country to keep potential members engaged in supporting the growth of the NBWHP. They established the first chapter in Philadelphia the same year.

Through her hands-on experience in the women's health movement, Avery had come to understand the connections between racism, powerlessness, and poor health. To improve the health and well-being of black women, Avery realized, the NBWHP would have to address the issues of racism, poverty, low self-esteem, and extreme stress that lay at the root of black women's health problems—from the beginning, these insights drove the NBWHP agenda. Allen's model of Self-Help
shaped the work of the NBWHP in its formative stage. According to Avery: "Lillie Allen brought the understanding that we are dying inside. Unless we are able to go inside of ourselves and touch and breathe fire, breathe life into ourselves, then of course we can't be healthy." Consequently, for the first ten years of the NBWHP, Self-Help was central to its mission.

**The Early Role of Self-Help in NBWHP**

Allen envisioned her process of "Black and Female" as not only vital to building the NBWHP, but also integral to the decision-making process and structure. From the time of her involvement as a planning committee member, Allen determined that the NBWHP would have to tackle the question of leadership in a different way, because leaders should embody the vision:

> You have to always be that which you say you are about. As a leader, if you don't check yourself, you are supposed to build a place in which you can be checked. The purpose is to make sure that you are living out that vision and you are consistent with that vision. Because I am responsible for bringing a process to a group of people, I'm also responsible for my lessons in that. I don't have the luxury of not being responsible for how people carry out the teachings I've provided. And that is the value of Self-Help, so that black women in leadership have a supportive process in which they can be authentic visionaries with integrity.  

At subsequent conferences and workshops, African American women continued to be attracted to the Self-Help model, which addressed their physical, spiritual, emotional, and psychological health needs. According to Sharon Gary-Smith, the NBWHP's first Self-Help group developer, Self-Help has provided many women with "a safe, validating environment for us to learn how to come together to share our stories, to be appreciated for the struggles we have participated in, to review our circumstances, and to make decisions designed to change our lives and our health circumstances." Allen extended the model to multiracial work through a program called "Sisters and Allies." It worked with white and black activists to build trust to enable them to work together to build an inclusive movement. Allen's Self-Help work was also introduced to other women of color who adopted the process in their work.
Evolving an Organizational Structure

The NBWHP initially set up its headquarters in Atlanta in a beautiful Victorian mansion, dubbed the Mother House, which it purchased through a significant donation from an individual.20 In addition to Avery, there were two other staff members.21 The small staff was deeply committed to grassroots action but had little experience in creating the kind of organizational infrastructure that could harness the array of strategies, resources (human and material), and plans that emerged from the hugely successful founding conference. They consulted with nonprofit management experts and were substantively aided by volunteers who were anxious to move the fledgling organization forward. One of the first issues that arose was whether or not to include white members. After a great deal of debate, the women of NBWHP decided that progressive white women could be members. For white women, membership involved attending “Sisters and Allies” Self-Help workshops and providing financial support to keep the NBWHP going. The NBWHP was incorporated as a nonprofit organization in 1984. A year later, due to the development efforts of Avery and a planning committee, NBWHP had its first board of directors, with co-chairs Julia Scott and Eleanor Hinton-Hoytt serving alongside other prestigious black women leaders, including Angela Davis. Both Avery and Allen were on the initial board.

The NBWHP sought to develop chapters across the country to implement its vision. In its first five years, it put into place a rudimentary chapter structure and a modest membership base. Each chapter was conceived as a community for women who value health and wellness. Members were supposed to meet with each other and women in the community to develop programs that promote wellness and relationships that stimulate a lifetime of personal and professional growth. Chapter activities allowed black women to network with one another and created opportunities for activism.

By the end of 1989, the NBWHP had chapters in 22 states and was the fastest growing black women’s organization in the US. Despite this phenomenal growth, the chapter structure was fragile. There were no clear guidelines for chapter formation. Financial support for the chapters, logistical information, and training were never fully developed, making it difficult for chapters to sustain their activities. Avery had envisioned that the board, NBWHP staff, and members in chapters across the country would galvanize a national movement for black women’s health. However, from the outset, NBWHP’s work was primarily based in Atlanta and run by staff and volunteers.
Developing an Agenda and Implementing Programs

The NBWHP set out to assemble a constituency of poor and middle-class women and address their key health concerns. It wanted to take the "Empowerment and Wellness" message to the African American community and create an organization whose members were held together not only by their experiences of oppression, but also by an affirming organizational culture. It did this in a variety of ways. The organizational magazine, Vital Signs, was the first publication on health and reproductive rights from the perspective of African American women. Written by members, it offered a range of articles on health and healing, featured legislative updates and calls for action, and included news of the project and its members. NBWHP also developed a Self-Help training manual and other materials, such as a video, On Becoming a Woman, to help mothers and daughters talk about menstruation.

The central method for popularizing its message among black women across America was through a network of conferences and workshops. The conferences emphasized the development of connections and caring among members. For almost a decade, these conferences and "Black and Female" retreats attracted hundreds of black women. The conferences also attracted other women of color leaders who were looking to establish similar opportunities for women in their own communities. Two women who sought the NBWHP's guidance were Luz Alvarez Martínez, a Latina from San Francisco, and Charon Asetoyer, a Native American from South Dakota. Both used the NBWHP model in their own communities and became national voices on women's health. Consequently, NBWHP assumed the important role of mentoring other women of color organizations.

Spirituality and emotional support were key elements of NBWHP organizing. Although explicitly nondenominational, the NBWHP invested considerable energy in elaborating rituals and celebrations, such as pouring libations for the ancestors, a ritual enacted at conferences, retreats, and other gatherings. The song "Something Inside So Strong" was the project's anthem in its first decade. These cultural and spiritual practices validated the experiences of African American women, were uplifting, and brought women together across many divides. This environment offered many women their first opportunity to combine politics, health care, and spiritual wellness in the pursuit of better health for themselves and their families.

From its inception the project was keen to be part of the global movement for women's rights. Thus, it participated in the 1985 United Nations World Conference for Women in Nairobi, Kenya. Of the 20,000 women who participated in this first global conference on women in
Africa, 1,100 were African American. The vision and activism of the global women's movement influenced the politics of the NBWHP, which was attentive to, and educated other African American women about, global concerns and challenges. The NBWHP drew on that interest in transnational organizing among black women to get African American voices heard on a broad range of women's health issues at the national and international level. 

In 1988, the NBWHP established the Center for Black Women's Wellness in the Mechanicsville section of Atlanta. This first health center developed by the organization embodied NBWHP’s holistic vision of health care and dedicated itself to improving the quality of life for women in Mechanicsville’s low-income and public housing communities. It provided coordinated health services, social services, referrals, education, and advocacy skill training. From its inception, the center used Lillie Allen’s Self-Help model to organize small groups of women to discuss their concerns and work through their health issues. The center pioneered “Plain Talk,” an innovative program for teenagers on pregnancy and related concerns. It continues to be one of the most successful programs to grow out of the NBWHP.

These diverse organizing and outreach efforts, however, were very labor-intensive and devoured the organization’s financial and human resources.

**Taking On Abortion and the Pro-Choice Movement**

Abortion was a tricky issue for the NBWHP. While Avery and some women in the NBWHP were deeply dedicated to supporting abortion rights, others were more ambivalent or oppositional. Views ranged from perceiving abortion as a white woman’s issue to seeing it as anti-Christian, to considering it genocidal. Initially, the NBWHP did not take a stand on abortion rights directly because of the issue’s potential divisiveness. However, due to the concerted effort to roll back abortion rights, the NBWHP evolved a pro-choice position in concert with other key national black women’s organizations.

Their support was first manifest in the 1986 March for Women’s Lives organized by the National Organization for Women (NOW), The National Council of Negro Women, and the National Political Congress of Black Women, along with the NBWHP and more than 100 women of color organizations endorsed the march, demonstrating broad-based African American support for abortion rights. Subsequently, NBWHP participated in pro-choice marches and rallies in defense of Roe v. Wade, and in 1989, Avery was one of the women who signed *We Remember*, the first statement by black leaders who took a public pro-choice position.
Since the NBWHP was the most established organization among women of color working on health and reproductive rights, it was relied on to challenge racism in the predominantly white pro-choice movement and to open the door for women of color to speak out on reproductive health priorities. Women of color working in mainstream organizations, such as Sabrae Jenkins in the Religious Coalition for Abortion Rights (RCAR), looked to the NBWHP to help them make changes in their organizations and bring more attention to issues concerning women of color. There was also pressure from pro-choice organizations hoping that the NBWHP could galvanize a new constituency in support of reproductive rights and broaden the base of the pro-choice movement.

Over time, the NBWHP built an African American constituency that supported women’s right to abortion and became a leader in the struggle for reproductive rights and justice. In response to the pending Webster decision and in an effort to expand support for reproductive rights in 1989, the NBWHP organized meetings to bring the perspectives of women of color to the mainstream movement and focused its efforts on building coalitions of women of color and partnerships with mainstream groups. The next year, the NBWHP sponsored the first national conference for African American women on reproductive rights, called Sisters in Session About Our Reproductive Health. It brought together most of the leading black women’s and civil rights organizations to develop a reproductive rights agenda for African American women. Clearly, women of color had a crucial message to communicate and a role to play in demonstrating broad support for abortion rights. Thus, through the 1980s and into the 90s, the NBWHP was intensively engaged in negotiating its place and creating space for other women of color in the pro-choice movement.

The NBWHP provided new political leadership in support of reproductive rights and demonstrated that there is broad support in the African American community for improving reproductive health care and access to abortion. Establishing itself as a necessary participant in discussions of reproductive rights and health, and in many instances serving as the conscience of the pro-choice movement, the NBWHP worked with many mainstream groups on attending to issues that concern black women. By defining the meaning of reproductive rights in the African American community, it pushed mainstream groups to address issues that were not necessarily a priority for them.
New Directions in the 1990s

In retrospect, it is clear that in its first five years the NBWHP became overextended, which is not surprising given the many demands placed on it by its constituency, supporters, other women of color, donors, and the pro-choice movement. Expectations for the NBWHP, as the representative voice of black women on issues of reproductive rights and sometimes of all women of color, were extremely high and unrealistic. Thus, the NBWHP was always working on several levels at the same time without having the time or money required to develop the structures necessary to be optimally effective. Avery’s vision and visibility kept the organization going at high speed. When she won a MacArthur “genius” award in 1989, Avery reframed her role in the NBWHP from hands-on director to president, and board member Julia Scott was named interim director. The change in Avery’s engagement marked a turning point for the organization.

Between 1989 and 1994, the staff of the project expanded rapidly and the organization went through a period of financial and organizational turmoil. Tensions arose when NBWHP staff and board members, including Avery and Allen, disagreed on the continued role of Self-Help. Allen felt that Self-Help was vital to building the NBWHP, and that it was a mistake for staff or board members to opt out of Self-Help support groups. Women who were unfamiliar with Self-Help or who chose not to practice it saw the “Black and Female” workshops as a way to attract women to the NBWHP but not as integral to maintaining the NBWHP’s integrity or vision. Staff loyalties were torn between the two visionary leaders. The organizational tensions led to dissension over NBWHP’s strategic focus—building grassroots Self-Help chapters across the country or influencing public policy. Although the NBWHP originally embraced both goals, some members felt it would be easier to raise funds for policy activities than for the more nebulous work of organizing Self-Help groups, which did not lend itself to easy measurement or have clear policy outcomes. In the midst of this “vision crisis,” approximately one-half of the staff of ten members was laid off because of budgetary constraints.

In 1990, the entire staff and board were participating in conflict resolution. They determined that the Self-Help model was no longer central to NBWHP’s mission. By year’s end, Allen left NBWHP and founded Be Present, a training center to popularize the Self-Help process she had developed. The NBWHP, meanwhile, opened a Washington, DC, policy-based office with Julia Scott at its helm. The relationship between Allen, Avery, and the NBWHP continued to be strained.
One of the first projects of the Washington office was to set up the Public Policy and Education Program (PPEP). Headed by Scott, a board member with a long history of activism in the reproductive rights movement, PPEP was established to promote a broad range of public policies to improve black women’s health and to ensure that black women could set their own agenda on reproductive rights. PPEP was also charged with developing educational resources for members, such as legislative updates, background information, analyses, and calls for action on health issues concerning black women, so that they could assert their political muscle. PPEP called attention to the reproductive rights concerns of the black community and articulated an African American perspective both to the public and to the reproductive health community. The establishment of the public policy office further shifted the focus from grassroots mobilization across socioeconomic groups to making NBWHP a player in mainstream politics and a voice for women of color in the pro-choice movement.

In 1991, Cynthia Newbille-Marsh was hired as the NBWHP executive director. It was a pivotal time in the project’s evolution, as original board members and staff left due to financial pressures and personal tensions that made it difficult to carry out the level of activism that members and allies had come to expect. Based at the Mother House, she was charged with placing the project on a firm financial footing. She focused on developing fundraising and management plans. The institutional complexities, coupled with her lack of organizing experience and direct involvement in the women’s health movement, were serious handicaps. Despite her numerous administrative and management skills, the organization’s initial base of support eroded.

Innovation During Tough Times

Even in this precarious phase, the NBWHP continued to develop new initiatives. In 1992, the NBWHP launched its Walking for Wellness program, featuring Olympic champion Wilma Rudolph, to encourage African American women to improve their health through exercise. That same year it produced It’s OK to Peek, a video on gynecological self-exam. A 1992 campaign on unsafe contraceptives focused on educating African American women about Norplant and Depo-Provera. In 1993, the NBWHP co-organized a coalition of women of color to work on both the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference for Women in Beijing.

In the 1990s, the role of the NBWHP was enhanced by its involvement with President Clinton’s pro-choice administration. As a
key spokeswoman on African American health issues, Julia Scott was regularly called upon by the administration to give her input on health policies and regulation. She was among nine African Americans chosen to review the president’s Health Care Task Force proposals in 1993. The NBWHP worked intensively on health care reform and endorsed the single-payer health care system. It committed its members, chapters, and Self-Help groups in an attempt to ensure that—at a minimum—state and federal legislation and policy decisions on health care reform would be responsive to the unique health needs of African American women and their families.

The signature public policy effort of the NBWHP was the 1993 National Campaign to End Discrimination in Federal Funding for Abortion Services. It led a broad-based coalition to repeal the Hyde Amendment. The initiative, called Campaign for Abortion and Reproductive Equity (CARE), demonstrated to the US Congress that African American women could no longer be ignored in the shaping of public policy.

The NBWHP brought reproductive rights concerns such as the Hyde Amendment and abuses associated with Norplant and Depo-Provera to national attention. However, it only marginally succeeded in broadening the mainstream agenda to include other issues of reproductive health, such as infant mortality, substance abuse during pregnancy, infertility, and sexually transmitted diseases, issues that were integral to NBWHP’s definition of reproductive health.


The Challenges of Foundation Support

Though PPEP was able to garner foundation support for its work, limited resources made it hard to support both the Washington office and the Mother House in Atlanta. Reproductive health funders were for the most part more willing to support the public policy office in DC than the grassroots mobilization work associated with the Atlanta office. Continuing financial difficulties and management problems led Avery and Scott to make the hard decision to shut down the Atlanta office and lay off the staff in 1996. Publicly, the NBWHP attributed the closing of the Atlanta office to a change in priorities. The closing led to disaffection among some members who perceived the grassroots mobilization and Self-Help work as the NBWHP’s
distinguishing feature. The absence of a space for black women to work on themselves and their health concerns left black women health advocates in a vacuum.

With the closing of the Atlanta office, the NBWHP was consolidated to a staff of three in Washington, DC, under the direction of Julia Scott, who replaced Cynthia Newville-Marsh as executive director. Avery continued to serve as president and remained an important fundraiser and public face for the NBWHP. The board of directors was made much smaller, and the 1996 annual conference scheduled to be held in Jamaica was canceled. The NBWHP announced that instead of holding its annual meeting, it would find other ways to exchange information and strategies. *Vital Signs* was transformed into a smaller, glossier publication and made self-supporting through advertising. The magazine headlined key NBWHP events and was disseminated to members, legislators, and policy-makers. Once again, the NBWHP tried to put itself on firmer financial footing and to develop a communications strategy to reach members, donors, and policy-makers that did not involve the direct outreach that had been its hallmark. As the primary spokeswoman for the NBWHP on a day-to-day basis, Scott faced tremendous demands to represent black women on numerous initiatives brought by the pro-choice community and the federal government.

The NBWHP strived to develop the next generation of leaders by creating partnerships with historically black colleges and universities and looked for ways to use the internet more effectively as an outreach tool. Finally, the enormous staff and financial resources required to run membership and chapter activities continued to present a challenge. By the late 1990s, the NBWHP worked much more closely with several federal agencies, including the Federal Office of Population Affairs, the Office of Women’s Health, and the Surgeon General’s Office, and tried to develop an ongoing relationship with the Congressional Black Caucus.

**Into the 21st Century**

A new chapter began for the NBWHP at the turn of the century. Julia Scott resigned in 2001, and the board of directors selected Dr. Lorraine Cole to lead the organization, with Avery still serving as president. Once again, the change in leadership was accompanied by staff upheavals and severe budgetary crises. A significant number of staff was laid off as Cole worked to redirect the organization into its next phase. Cole’s efforts to revamp the NBWHP have been criticized for both compromising and commodifying what was essentially a radical vision and practice. The most recent articulation of the NBWHP’s
goals involves establishing four national centers for education, health policy, research, and knowledge and leadership. Self-Help has been reintroduced and is seen as a “key to ensuring that our programs are conducted within a context of cultural understanding of the comfort of other black women.”25 The Education Center will “design, develop, coordinate, and implement programs to promote health as a way of life for black women and their families.”26 The Health Policy Center will coordinate the development of a health policy platform on a range of issues affecting black women’s health and promote that agenda at the state and national level. The Research Center will conduct qualitative research on black women’s health issues and act as a conduit for black women to participate in clinical trials research. The Knowledge and Leadership Center will “engage experts in the social, legislative, academic and health arenas to inform the health policy statements and agenda of the organization.”27 In 2003, the NBWHP changed its name to the Black Women’s Health Imperative (BWHI), or “The Imperative.”

Over the last 20 years, the NBWHP evolved from a collectivist, grassroots, radical feminist organization to an “inside the Beltway” organization with policy, research, and education as its primary functions. The organization is more bureaucratic and hierarchical than it was at its outset, but it is more financially secure. The DC office has a decidedly different flavor from the Mother House, and the constituency of the NBWHP has shifted, with policy-makers, health researchers, and professionals as its primary constituents. Today the BWHI is being developed as a think tank and resource for health information and not as a catalyst to spark the activism of poor black women.

Unresolved Challenges

The NBWHP never overcame the ongoing problems of supporting its chapters and ensuring their effectiveness. Most of the chapters barely functioned, and strong chapters, like the one in Los Angeles, effectively became autonomous organizations. Yet the NBWHP never formally abandoned the chapter framework. It has never been clear whether or not the chapters could rely on the national office for technical and financial resources, a situation that has often led to disillusionment and a sense of abandonment on the part of the chapter members. Although the chapter structure never quite developed as originally envisioned, the NBWHP inspired many black women’s groups that practice Self-Help, such as the SisterLove Women’s AIDS Project in Atlanta.

The issue of whom the NBWHP represents was also never resolved. Historically, NBWHP sought to represent the concerns and
issues facing low-income women. The membership today, however, is primarily older, well-educated, and middle-class. The issues faced by this constituency are very different from those faced by poor women, and this discrepancy has made the development of a programmatic strategy difficult. The turn towards education, health, policy, research, and leadership training under the direction of Avery and Cole seems to consolidate the policy direction of the organization away from the needs of low-income women, although perspectives from the African American community that are more grassroots and diverse and less institutionalized than the BWHI are still urgently needed. Though Self-Help as a self-actualization strategy is not a central component of BWHI's mission, BWHI sees the Self-Help legacy as its significant contribution to the movement, but it remains unclear how Self-Help will be integrated into the new BWHI structure.

Much of the funding for NBWHHP came from foundations and individual supporters of reproductive rights. Thus, it was always a struggle for the NBWHHP to develop programs on a broader range of health issues. While it did obtain some government funds for its work on health disparities, most non-reproductive-related programs did not receive sufficient support. Projects that generated funds received the most emphasis, even when this did not match member priorities. Furthermore, the NBWHHP raised more funds for the public policy office in DC than for the grassroots education and mobilizing done in Atlanta. The offices were not supposed to compete for funds, but many of the foundations supporting choice were the mainstay of the NBWHHP's funding base and chose to fund only the policy office because they believed that advocacy work was key to advancing their own pro-choice agendas. This bias in foundation strategy, favoring policy and advocacy work over grassroots education, has shaped macro-level reproductive rights organizing and strengthened national organizations over movement-building strategies. The Atlanta office provided the grassroots support base for the DC office. Without Atlanta, DC became a policy office cut off from the support and fresh ideas of its constituency. This led to a shift from direct to virtual organizing and education, from outreach and empowering across class lines to reaching primarily middle-class black women.

**The Significance of the NBWHHP**

An extremely important contribution of the NBWHHP was its expansive definition of the meaning of reproductive freedom for African American women. While black feminists had defined this vision, the NBWHHP brought it to the attention of the mainstream movement and public policy-makers, and it became a model for other women of color.
groups who subsequently organized around reproductive rights. The NBWHP notion of reproductive freedom was far broader than the more defensive and reactive mainstream pro-choice definition devised to protect the legality of abortion. For NBWHP, reproductive freedom included rights to comprehensive, age-appropriate information about sexuality and reproduction; choice of whether or not to have a child as well as help for infertile women to achieve pregnancy; good, affordable health care to assure safe pregnancy and delivery; and accessible health care. This holistic definition of reproductive rights not only underlined the right of women to decide whether or not to have children, it also embodied the idea that women have the right to the physical, emotional, spiritual, and economic means to parent children. This definition called for commensurate social support to make childbearing safe, as well as for control over one’s own body.

The NBWHP blazed the path for other groups of women of color to carry out similar work in their own communities. It was inspirational to many other projects organized by women of color, such as the National Latina Health Organization and the National Asian Women’s Health Organization, which were modeled on the NBWHP.

Since 1984, the NBWHP has tracked the health status of black women. At that time, calling attention to the unique problems of black women was a novel idea. There was no Office of Minority Health and no Woman’s Health Initiative at the National Institutes of Health to address the inequities in the health status of black and white women. By drawing attention to these issues, the NBWHP provided the rationale and impetus for those federal agencies to take shape and helped frame their agendas for research, policy, and action. The work of the NBWHP provided greater understanding of the role of racism, ethnicity, and culture in the health care system. In addition, the NBWHP paved the way for including psychological well-being in discussions of health and placed this issue on the public agenda.28 The NBWHP laid the foundation for increased legislative advocacy and developed a sustained relationship with black women legislators committed to, knowledgeable about, and willing to speak out on black women’s health concerns.29

Whatever future direction the Black Women’s Health Imperative takes, the National Black Women’s Health Project has already left an impressive legacy. Other African American women’s organizations, like African American Women Evolving (AAWE), which we turn to next, have built on its work. The visionary pioneers of the NBWHP—Avery and Allen—provided a space for African American women to explore their collective history, analyze their past, and identify their struggles and triumphs as
they move to wellness. They made wellness a positive goal. This inspirational vision, coupled with Self-Help as a tool to achieve that end and save the lives of African American women, launched a “spiritual revolution in America.”
NOTES


2  This was the feminist collective that wrote Our Bodies, Ourselves. The collective was dedicated to giving women the information they needed to make their own health decisions. It believed that asserting control over health care was an essential part of the struggle for liberation.

3  Judy Norsigian, telephone interview by Jael Silliman, 2002.

4  Ibid.

5  Avery, "A Question of Survival," 76.

6  Ibid.

7  Ibid., 77.

8  Ibid., 78.


10  Ibid.

11  Ibid.


15  Loretta Ross, interview by Jael Silliman, 2002.

16  Allen interview.

17  Ibid.

18  Ibid.

19  Morgen, Into Our Own Hands, 53.

20  The Mother House was in the historic Auburn area of Atlanta. It was purchased through the work of chapters from Philadelphia to California and individual contributions from Diane Rowley, Byllye Avery, and Ama Saran. The down payment was provided by a local white donor.

21  NBWHP’s first staff members were Shay Youngblood, a young writer, and Lillie Steadman, a senior citizen who came to work at the NBWHP through United Way. Both women remain active in the program.


23  The groups included Catholics for a Free Choice, the Center for Reproductive Law and Policy (now the Center for Reproductive Rights), the Allan Guttmacher Institute (especially the Washington, DC, office), the Religious Coalition for Reproductive Rights, the Center for Women’s Policy Studies, the NOW Legal Defense and Education Fund, Planned Parenthood, and NARAL.
Ibid.
Ibid.
Avery, interview by Jael Silliman, 2002.
These legislators include Maxine Waters, Cynthia McKinney, Carrie Meeks, Donna M. Christiansen, Eleanor Holmes Norton, and Barbara Lee. The Congressional Black Caucus co-sponsored a panel on women’s health issues with Representative Sheila Jackson Lee for which the NBWHP can take considerable credit.
Morgen, Into Our Own Hands, 54.