AFRICAN AMERICAN WOMEN EVOLVING

African American Women Evolving (AAWE), established in Chicago in 1996, is one of the younger groups included in this volume. AAWE shares with the other groups a holistic vision of health. As current board chair La Donna Redmond says, AAWE is trying to "reconnect women's health and bodies with the rest of their lives." AAWE is also trying to bring more women of color to the reproductive health movement, even though it is acutely aware of the barriers to inclusion. Unlike the other organizations in this book, AAWE was founded by people with long histories of involvement in the mainstream pro-choice movement. AAWE was the only group to be initiated within a predominantly white pro-choice organization. Toni Bond, AAWE's current CEO, continues to play a visible role in predominantly white mainstream abortion rights organizing. She is a good example of someone who simultaneously uses a variety of approaches to organizing, as described by co-author Loretta Ross in Chapter 2. AAWE's experience illustrates the possibilities and limitations of pursuing a woman of color-focused agenda in predominantly white groups.

Although there were several strong pro-choice groups in Chicago at the time AAWE was created, none addressed the varied reproductive health needs of black women. Pro-choice groups had not reached out to black women to find out about their particular reproductive health needs and concerns. AAWE did—through community dialogues, surveys, and conferences. Winnette Willis, one of AAWE's founding members, notes, "When you have the increases in AIDS [that we see in our community], high infant mortality rates, and a host of other health problems—something is seriously wrong."
By combining grassroots organizing and outreach with policy work, AAWE tackled the underlying causes of this health crisis. The mission touched a deep chord in former staff member L.T. Evans while she was interviewing for her position: “I cried in my interview when I realized how much I needed AAWE—women of all ages need this organization.”

Getting Started

AAWE’s founders had been involved in the Chicago Abortion Fund (CAF) since 1994. Since 1985, CAF has provided thousands of low-income women in Illinois and surrounding states with the information, referrals, and direct financial assistance they needed to have safe, affordable abortions. While the leadership of CAF was primarily white, the organization had a long-standing commitment to diversity and building the leadership of women of color. Mary Morten, a well-known and respected African American activist, became CAF’s board chair in 1994. Under her leadership CAF recruited Toni Bond, another well-respected African American woman activist, to be executive director in 1994. The two women worked together to increase CAF’s visibility within the African American community. When Morten left two years later, Winnette Willis, another African American woman, replaced her as board chair.

At that time, women of color were also under-represented in the membership of pro-choice organizations. CAF’s women of color leadership was unique in the larger Illinois pro-choice community. While there were a few women of color within the Planned Parenthood network, Bond was the only black woman leading a mainstream reproductive rights organization in Illinois, the only black executive director in the National Network of Abortion Funds (NNAF), and the first black woman on the NNAF board.

For both Bond and Willis, abortion access was a very personal issue. Willis had had an illegal abortion with the Jane Collective; Bond had had a legal abortion just after the Hyde Amendment was passed, and obtaining the necessary funding had been a real struggle for her family. The experiences of CAF’s clients were close to their own, and they knew this was true for other women of color whom they wanted to engage in the movement. However, the racial dynamics within CAF were a barrier. Despite the fact that two African American women led CAF, Bond and Willis still saw it as an organization of white women that provided services to women of color. Most of the board members were white, and the majority of donors and supporters were white middle-to-upper-class women and men. Bond and Willis thought that some of the white women on the board were paternalistic in their
approach to CAF’s clients. Willis also thought that some of the white board members were not adept at communicating with or interpreting the behavior and needs of CAF’s black clientele. As a result, the board’s decisions regarding CAF’s mission and the provision and delivery of services did not speak to some of the clients’ reproductive health needs. The board had not addressed these issues. Hence there were unresolved tensions between white and black women in the organization.

Willis and Bond felt impelled to do something that would nurture and develop black leadership in the reproductive rights movement. They contacted African American women who had been active in pro-choice organizations to see if they could be brought back to the movement. They also drew on their personal connections to reach out to other women who were supportive of women’s and social justice issues but who had not been active on the abortion issue. In all, 80 women were invited to an informal roundtable discussion about the struggles that women of color have faced in mainstream reproductive rights organizations. Among the women who responded were those who became, along with Willis and Bond, the founders of AAWE—Sharon Powell, Toyclee Green, and Billie Woodard.

During the discussion, the women shared the problems they faced as black activists working in mainstream reproductive rights organizations. They spoke about battling just to be heard on the subject of what reproductive rights meant to women of color and the toll it had taken on them personally. Most felt their efforts to bring the perspectives of women of color to their organizations’ agendas were unsuccessful. They expressed frustration that abortion was always at the forefront of mainstream groups’ concerns, even when they said they wanted to broaden their agendas. Bond sums up the general feeling expressed in this way: “I spoke—but I was never heard. It is hard to feel like you belong, like this is your movement.” Even in organizations where black women had leadership positions, white members seemed unable to share power. Bond captures the common experience:

Black women are treated as invited guests in the reproductive rights movement—outsiders to someone else’s event—despite the fact that issues of access to abortion services, forced and coercive sterilization, reproductive tract infections (RTIs), and infant and maternal mortality and morbidity impact us. When we do come to the meeting, it is always a constant challenge to keep other reproductive health concerns on the table with the issue of abortion. It all just makes us want to leave and never come back.
These activists had also faced the challenge of resistance to reproductive rights organizing within their own community (see Chapter 1 for a fuller discussion). Bond remembers one incident when she was tabling for the Chicago Abortion Fund at a health fair held in a black church: "Some of the women there expressed sheer revulsion about my organization and issue. I live in my community. I understood how much I was risking by being involved." Bond talked about the fact that even speaking about abortion is still taboo in a community where ministers give sermons condemning women who have abortions. She also echoed the critique of "choice" shared by other women of color (see Chapter 2 for a detailed discussion).

At the same time, roundtable participants reported that when they became involved in the anti-sexual violence and health movements, as well as in the substance abuse prevention community, they found to their dismay that they confronted the same lack of a holistic vision of health that had alienated them from the mainstream pro-choice groups. They cared deeply about the health of African American women, wanted to work in this area, but had not found a political home. Thus, they valued the space Bond and Willis had created. They could talk openly and gain affirmation for working on reproductive rights in spite of what seemed like roadblocks on all sides.

For Bond and Willis, the only agenda of the meeting was to bring African American women to the table and give them a greater stake in CAF's work. They had not anticipated that women coming to the meetings needed to tell their own stories. However, talking about the clients of CAF brought up the subjects of rape and incest and one by one participants talked about their experiences with sexual and domestic violence as well as access to health care in general.

The sharing of stories was very draining but we decided to meet again. If all of this was happening to us, it must be happening to others too. We knew we had to do something. We didn't feel helpless. Somehow we were empowered in our pain and felt we could make a difference. We also knew we had to do it for ourselves and in our own organization where we set the agenda instead of struggling to fit it into a pro-choice organization with a different focus. This was our version of Self-Help."

At their next meeting, the group discussed how they might formulate a black women's health agenda. Several of them had been involved in attempts to organize a Chicago chapter of the National Black Women's Health Project (NBWHP). The first attempt failed in part because Chicago is a politically divided city, but also because
NBWHP had not been able to address the particular needs of African American women in Chicago. A subsequent attempt had also been unsuccessful because the women rejected the NBWHP’s Self-Help model as too therapy-based. The women decided that they did not want to ground their work in this way. “We were being told to work out of our pain. But we didn’t want that. We needed to work out of our strength.” 10 Without denying their own histories, they wanted to start from the point of survival.

The experience with NBWHP made these women wary of getting involved in a new initiative. They did not want be part of another failed attempt by African American women to organize for reproductive rights. Despite their apprehension, the group continued to meet, drawn together by their shared dedication to reproductive health and the possibility of developing a grassroots black women’s health agenda. They deliberated about how they could raise reproductive health concerns in their communities. They agreed that any discussion of reproductive health and sexuality had to include discussion of the problems of substance abuse and violence, HIV/AIDS, and access to general and reproductive health care. At one meeting, Willis said she was “in awe of everyone here and our sharing around our personal and professional health.” 11 Her sentiment resonated deeply. The women decided to use the acronym AAWE—African American Women Evolving—to refer to themselves. The name not only reflected the esteem in which they held one another but also established a central goal—to evolve into a force for social change.

AAWE’s first public activity was a conference on black women’s health in 1998, entitled “Black Women: Loving the Mind, Body and Spirit.” 12 The conference promotional materials declared: “This space is about us. The topics are relevant to us. This conference is for us.” 13 By centering the needs of African American women in a way that had not been done before in Chicago, the conference attracted over 200 black women of all ages from different socioeconomic groups. It was a unique opportunity for black women to “share our wisdom, strength, personal and professional experience.” 14

Participants attended workshops on a wide array of topics, such as AIDS and other sexually transmitted diseases (STDs), menstruation, sexual assault, new contraceptives, traditional African healing methods, and internalized oppression. The issue of abortion, though not explicitly on the conference agenda, was discussed in various workshops. Conference presenters and resource people promoted a positive view of health. They provided pertinent information on ways to achieve mentally, physically, and emotionally healthy and balanced lives. At the “Doc Walk,” health agencies and professionals provided services and information on diabetes and checked women’s blood
pressure. In collaboration with the Illinois Maternal and Child Health Coalition, AAWE conducted a survey in which conference attendees were interviewed about their preterm low-birth-weight babies and douching practices.

Because of tremendous community support AAWE was able to hold the conference with extremely limited resources. Conference participants appreciated receiving the latest health information and having the opportunity to come together and bond with each other as black women. Special efforts were made to reach a cross-section of the community: no admission fee was charged, free meals and childcare were provided, and women from shelters and drug treatment facilities were invited to attend.

Through the time of the conference, AAWE had been a somewhat ad hoc organization existing under the aegis of CAF. CAF offered staff time, meeting space, and limited financial support to the group. The success of the conference confirmed that AAWE should become an independent organization rather than continue as a project of CAF. Conference evaluations underlined the need for a group that could generate broad discussions of sexuality and reproductive health in the black community. Comments included “Wow! All of these black women together”; “I came hungry for information and got it”; “There has never been an event like this in our community.” In the months after the conference, AAWE was invited to organize workshops and presentations on women’s health across Chicago. Just as a groundbreaking conference 15 years earlier had launched the National Black Women’s Health Project, so “Black Women: Loving the Mind, Body and Spirit” launched African American Women Evolving.

While seeking to incorporate and function as a separate organization, AAWE continued to operate as a project of CAF until it could be successfully independent. As AAWE gained greater visibility, a few CAF board members felt that AAWE’s agenda was draining staff time and resources from the core mission of assisting women in getting abortions. The CAF board disagreed about whether or not AAWE’s work was the most effective use of CAF’s resources. This led to a prolonged battle regarding the board members’ relationships with CAF executive director Toni Bond and board chair Winnette Willis, who were both founders and major players in AAWE. The CAF board’s conflict over Bond’s relationship to AAWE placed Willis in a difficult position. She was forced to fend off conflict of interest charges levied at Bond regarding AAWE.

Upon review of Bond’s tenure as executive director, the board found that increased services to communities of color had resulted in gains for CAF on several fronts. Raising CAF’s visibility in those
communities had garnered financial support from women of color. Further, by creating a national reputation for CAF through her participation on the National Network of Abortion Funds board and in other national and international activities, Bond had increased the number of volunteers, and overall support from foundations had grown. Ultimately, the majority of the CAF board was supportive of Bond, and thought that AAWE's work was an important CAF activity. The board urged AAWE to stay on as part of CAF as long as it wanted to do so.

CAF’s support of AAWE came at some cost to the organization. The two board members who challenged Bond’s direction resigned. Both had been major donors, contributing a substantial part of the budget. The sudden drop in CAF’s funding led to significant financial difficulties and put pressure on the organization to increase its fundraising efforts. CAF surmounted this hurdle, and the financial crisis it experienced was relatively short-lived. The fact that CAF weathered this storm showed its commitment to diversity and recognition of the importance of leadership by African American women in the movement for reproductive freedom.

Building a Grassroots Organization

Since 1999, when AAWE formally separated from CAF, the groups have maintained a strong collaborative relationship. Despite the initial difficulties and some hard feelings in CAF, over the years the two organizations have enjoyed a collegial relationship, each supporting the work of the other.

Establishing the organization as an independent entity was not an easy process. Initially, AAWE operated out of board members’ homes, and Bond used her own personal resources to maintain the organization. For the first year of its existence, AAWE did not have its own nonprofit status to solicit foundation grants. In July 1999, AAWE officially joined the National Network of Abortion Funds, incorporating under NNAP’s group nonprofit tax exemption. Though it was difficult to initiate projects during this unsettled time, the group did organize a second conference in May 1999. Modeled on the first conference, this event brought together 150 women to discuss black women’s health concerns.

Eventually, the fiscal sponsorship of NNAP allowed AAWE to raise funds for its activities. It received grants from the Ms. Foundation and the Jessie Smith Noyes Foundation. In 2001, additional foundation support enabled Bond to leave her executive director position at CAF and devote herself full-time to AAWE as the organization’s president and CEO. Bond, who had until then continued to work
for both CAF and AAWE, gave the CAF board notice of her intent to resign at the end of 2001. Though board members were saddened by Bond's decision, they were supportive of her need to move on after devoting seven years to CAF. Nitrice Johnson, also an AAWE board member, succeeded Bond as CAF executive director.

While the conferences were good vehicles for introducing women to health issues and to each other, AAWE was not committed to holding them every year. The members realized that this high-intensity work was hard to sustain and took substantial organizational resources. Instead, AAWE has hosted smaller community events that have provided women with the opportunity to work together on a continuing basis.

AAWE's Vision and Activities

Like the other organizations in this book that emphasize grassroots work, AAWE was committed to developing its agenda based on the needs of women in its community. AAWE has used a variety of methods to solicit feedback from the community about which issues it should address. From 2000 to 2001, AAWE developed and administered a reproductive health survey to 300 African American women in Illinois between the ages of 18 and 60. The findings of this survey called attention to the serious health problems that African American women face and demonstrated the need for better health services in black communities. The results pointed out that black women must become better educated about their bodies and reproductive health, that African American cultural beliefs need to be respected, and that it is important to dispel myths and stereotypes about black women's sexuality. A summary of the data, "Differences in Dignity," was published and made available to the public. Organizing and participating in conferences and workshops provided other opportunities for community input into AAWE's programming and activities. In this way AAWE developed a holistic view of health:

AAWE believes women need information about methods of contraception and information about harmful side effects, preventing HIV/AIDS and other sexually transmitted diseases, understanding and learning how to chart the menstrual cycle, infertility, prenatal care, infant and maternal mortality, menopause, breast cancer, accessing safe abortion, exploring our sexuality, etc.

AAWE has made holistic community health education a priority. This has guided decisions about which projects to advance and what materials to produce.
As part of AAWE’s commitment to helping women build their organizational, advocacy, and other skills, AAWE opened the Center for Health and Wellness in 2001, thereby providing a place for African American women to access resources on reproductive and general health. The center’s library has publications on subjects ranging from women’s health and feminist theory to human rights and cultural competency. Through the center, AAWE has offered workshops and training sessions, distributed condoms, and provided referral information for health care. AAWE has plans to hold workshops for medical providers to sensitize them to the needs and problems of African American women, so that ultimately community women will receive better care. AAWE has also produced brochures and kits on safe sex, HIV/AIDS, and other sexually transmitted infections (STIs), and teach women how to conduct cervical self-exams. In 2001, AAWE began training members with these tools so they could conduct peer education sessions for young and adult women on the same topics: safe sex, HIV/AIDS and other STIs, cervical self-exams, and contraception. Through all of its projects, AAWE is committed to developing the next generation of activists by conducting outreach primarily to young, college-age women.

Working with individuals and other organizations in the black community, AAWE initiated a series of dialogues on abortion and reproductive rights. AAWE organized an intergenerational dialogue to encourage more honest communication between mothers and daughters about menstruation, douching, sexuality, and other reproductive health issues. As one facilitator noted, there were few models for this type of discussion, as most of the women’s mothers had not talked with them about these issues. AAWE’s video, Mothers and Daughters: Sharing the Knowledge, and a companion discussion guide grew from this effort.

To raise awareness within the African American community about emergency contraception (EC), AAWE conducted a survey of 299 pharmacies in Chicago and nearby suburbs. Its goal was to find out how accessible EC was to women of color. Included in the assessment was whether or not the pharmacy carried EC, the quality of the information provided, and the manner in which the caller was treated. After the pharmacy survey was completed, AAWE’s commitment to grassroots work was demonstrated when it called a meeting of community groups. It wanted to share its findings and develop a cohesive strategy for increasing access to EC. AAWE was adamant that the community should receive the information first in order to make decisions about how to frame the survey results before the press entered the debate. AAWE’s approach is a departure from the tactics used by larger pro-choice organizations, which tend to be
more concerned with using data to make a media splash rather than using it to empower a community. Ultimately, AAWE did publish the results of the pharmacy survey, with the feedback of the larger community shaping its response. AAWE highlighted the inadequacy of access to EC and made policy recommendations aimed at increasing its availability to women of color.

Providing direct assistance to women has also been an integral feature of AAWE’s agenda. Consequently, its Reproductive Care Support Program provides financial assistance to obtain ultrasounds, critical post-abortion follow-up examinations, and contraception for uninsured women and for those whose insurance does not cover contraception. The program also makes available money for childcare costs and other expenses that women incur in the process of obtaining an abortion. While the program’s primary focus is to provide financial assistance and support services to women in Chicago and Illinois, AAWE hopes to make it available to women in other states. AAWE does not want to replicate the work of groups that fund abortions for women who cannot afford to pay for them. Rather, it seeks to augment that work by providing reproductive care, culturally appropriate health information, and financial support so that women can have access to contraception and other reproductive health services that they are unable to afford.

AAWE recognizes the importance of policy and advocacy work, but does not separate policy efforts from grassroots activities. AAWE is committed to bringing the voices and concerns of community women to state, national, and international arenas and vice versa. Hence, it participates in local and national letter-writing and postcard campaigns, rallies, legislative briefings, voter education, and voter registration. It issues fact sheets and policy reports. In 2000, AAWE played a leadership role in NNAF’s national Campaign for Access and Reproductive Equity (CARE), advised the National Abortion and Reproductive Rights Action League (NARAL) on its draft of federal and state legislation addressing the health needs of women of color, and is part of the Hospital Access Collaborative, an initiative to increase abortion access at hospitals. AAWE’s Healthy Vagina Campaign (HVC) is another example of grassroots community-based education making an impact on policy and advocacy. HVC brings information to women and, based on survey findings described in “Differences in Dignity,” seeks stricter review and regulation of companies that manufacture products to “sanitize” women’s bodies.

Informing its grassroots constituency about national and international reproductive rights analyses and issues is key to this strategy of mobilizing community women to have their perspectives on reproductive health heard at the national level. AAWE’s workshops
on reproductive health and social justice include discussions and updates on topics such as welfare reform, the Beijing Platform of Action (developed by women's groups around the world who participated in the Fourth World Conference on Women held in Beijing in August 1995), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW—a treaty which most countries have signed but not the United States), and developments in new reproductive technologies.

While the development and implementation of AAWE's agenda has been directed by the community at large, its work has also benefited from its commitment to a board that reflects the range of women it serves. The board includes women from different socioeconomic backgrounds, as well as women with varying levels of experience in reproductive rights work and other social movements. It is made up of 14 members, who range in age from 20 to 50 years old. There has been some tension between older, seasoned activists and younger women newer to organizing; the younger activists have complained about not being heard and having their perspectives discounted, while the older women feel that their experience and past work are not always appreciated or respected. Despite these differences, the intergenerational board has made AAWE more representative and better able to respond to the community it serves.

The Contributions of AAWE

AAWE's history vividly illustrates some of the challenges African American women encounter from both the African American community and the mainstream reproductive rights movement. By simultaneously working at AAWE and serving in leadership positions in predominantly white organizations—Bond is the board chair of National Network of Abortion Funds and Nitrice Johnson is the executive director of CAF—AAWE members demonstrate their commitment to developing a movement that is inclusive of women from all races and classes. Although they have articulated a critique of the pro-choice movement, they remain committed to ongoing participation in it.

AAWE's leaders play an important role in bridging mainstream reproductive rights work with the perspectives and needs of women of color. While the interactions between AAWE and mainstream groups have not always been easy, their experience shows that white women in mainstream organizations can be good allies to organizations of women of color. Their experience with CAF also highlights the conflicts that must be resolved between women of color and mainstream reproductive rights activists and organizations in order to build a
more inclusive movement. For example, most of the women at CAF believed in AAWE’s mission and importance but at the same time, they had trouble letting AAWE become autonomous. A few did not really understand the need to establish an organization exclusively of and for African American women. Thus, CAF experienced AAWE’s independence as a loss, even though the majority of CAF members stood behind their commitment to developing African American leadership and were supportive of AAWE.

AAWE’s founders had the vision, commitment, and professional expertise to create an autonomous organization; however, their initial lack of financial resources and access to funding reflects the inequities of access between mainstream organizations that target the issue of abortion access and women of color organizations that must address a broader range of reproductive health issues. Resource inequities underline the important role that white women and mainstream organizations can play as allies to women of color and their organizations. CAF and then NNAF provided temporary institutional homes for AAWE and helped develop funding connections.

AAWE has found the association with NNAF to be very positive and mutually beneficial, both at the organizational and personal levels. Toni Bond described NNAF’s founding president and co-author Marlene Gerber Fried, a white reproductive rights activist, as her mentor and ally. Bond defined a mentor as a person who

at the base level understands what it means to support someone—and has a basic level of compassion and humanity. An ally is someone who is able to extend [herself/himself] and take risks. An ally or mentor is not the only one who is giving something in the mentoring relationship—a good mentor also learns something through this interaction. An ally understands that being an ally is a learning process that enables her/him to stretch, learn, and see things in a different way.23

A genuine effort to equalize the power relationships between organizations and individuals is key to building successful inter- and intra-racial and class partnerships. If the level of funding and organizational longevity continuously outweighs the other strengths and attributes that each group offers, organizations of women of color will, by default, always be junior partners in collaborative efforts. Even well-meaning dependence is a recipe for resentment. In the connections AAWE developed with CAF and NNAF, significant working relationships were strengthened by the differences in age, race, and experience that characterized each organization and by mutual acknowledgement that each brought something critical to
the partnership. Both CAF and NNAF have helped AAWE in gaining access to independent funding and making its voice an important one in policy circles. AAWE in turn has made them realize the importance of diversity and in so doing has enriched NNAF’s and CAF’s programs and outreach efforts.

While Willis and Bond continue to engage with white activists, there have been strategic differences of opinion among AAWE members about how much energy should be spent on such work. Some members think that keeping the white mainstream movement informed about the reproductive health needs and priorities of black women is vital. They point to pragmatic reasons to continue working in the white world even when they work primarily in communities of color. Willis explains, “[White society] is where the resources are—the entire grant-making structure—you have to deal with white institutions—it is dealing with the outside world. You need to be in both places.” On the other hand, board member La Donna Redmond counters this core AAWE vision by insisting that working in the black community is in itself a large enough task for AAWE. She feels that if AAWE focused its efforts on the black community, it could provide African American women with important services, and therefore should not spend time trying to get mainstream groups to become more inclusive.

Willis thinks that white groups can learn from black women on several fronts, such as how to reach more vulnerable women in their own communities. She knows that black women cannot organize poor white women. However, she believes that AAWE’s work could serve as a model for reaching working-class and low-income white women on issues of reproductive health, since poor white women face many of the same problems as African American women. These problems include a lack of access to health services, the insensitivity of health care providers to the needs of ethnically diverse women, and inadequate information and options. Willis also sees AAWE’s holistic approach as important for trying to reach a wide range of women across ideological divides. For example, even though AAWE is clearly a pro-choice organization, the group wants to reach out to women and men who do not support abortion rights.

Developing a plan to help black women in Chicago secure reproductive rights means addressing the economic, emotional, cultural, and spiritual issues that are at the core of all black women’s reproductive health problems—including the founders’ own. When the women who founded AAWE first came together, the emotional safety of the group helped them work on the challenges and concerns that are particular to African American women. Nitrice Johnson put it this way, “Ultimately those of us in AAWE see ourselves as doing this work
for us—not for other women." In the process of talking with each other, they healed old wounds and dealt with internalized oppression. AAWE and the NBWHP both illustrate that such work continues to be crucial to African American women because it enables them to connect with one another, to overcome barriers to activism, and to potentially build bridges across other social divides. Redmond sees working on internalized oppression as an ongoing task for activists, one that is essential for building healthy organizations.

The Legacies of the NBWHP and AAWE

There is a critical need to have several African American organizations working on reproductive rights to meet the distinct needs of varied constituencies within the African American community. AAWE has helped to address this need. The National Black Women’s Health Project influenced the course of organizing for African American reproductive rights by its broad definition of reproductive rights; through the connections it made between self-help, health, and activism; and by the outreach it conducted through workshops and conferences. The NBWHP has shown that African American women are an important constituency who can have an impact on the national health agenda. Due to the efforts of the NBWHP and other groups of women of color, policy-makers, researchers, and the public now pay more attention to issues of race-based health disparities.

AAWE drew inspiration from the NBWHP, and AAWE members pay tribute to the NBWHP for bringing black women’s reproductive health issues into focus. However, the NBWHP model did not address the organizational, logistical, and ideological needs of African American reproductive rights activists in Chicago. AAWE members wanted to involve women of different classes in their organization and outreach efforts. While the sharing of difficult histories was important in the creation of AAWE, its members were critical of the NBWHP’s Self-Help model. They were concerned that it does not guarantee a safe space for all women, and that the Self-Help groups could cross the line, becoming therapy sessions without trained clinicians on hand. Bond thinks that despite the original intention of its founders, Self-Help sometimes lacked the emotional boundaries necessary for providing support while safeguarding individuals in the process. In light of its critique of Self-Help, AAWE developed its own approach to sharing their difficult histories, while acknowledging that Self-Help, as practiced by the NBWHP, has created important opportunities for women to share their experiences.

In its grassroots program and outreach, AAWE continues where the NBWHP left off when it shifted its focus to public policy work.
AAWE's emphasis on outreach to black women across socioeconomic divides and its holistic reproductive health education is similar to NBWHP's during the first five years of its existence. As the NBWHP directed more to national issues and was less engaged in direct community organizing and outreach, it left a void in reproductive rights activism in the African American community. AAWE is attempting to fill that gap in the Chicago area.

Clearly, there is still an on-going need for African American women to come together in safe spaces to articulate their needs, get the information they require regarding their health and rights, and work on specific issues in their communities. At present, despite their aims, AAWE's programs primarily reach educated black women who are struggling to achieve economic and professional security. The organization has not yet been able to systematically reach women with fewer resources. Its goal is ultimately to speak to a cross-section of black women, including those who are most vulnerable. AAWE's grassroots approach to education, policy, and advocacy complements the more national orientation of the NBWHP. AAWE's leadership brings significant new voices to the reproductive rights movement, in Chicago, nationally, and internationally.
NOTES

1. La Donna Redmond, interview by Jael Silliman, March 2002.
5. Their contacts included women working with the Illinois chapter of the National Abortion Rights Action League, the Illinois Pro-Choice Alliance, and Chicago National Organization for Women.
6. Toni Bond, interview by Silliman.
10. Ibid.
11. Ibid.
12. Co-sponsoring the conference with AAWE was Tongues of Fire, a student group from Columbia College.
14. Ibid.
15. Many African American women who came were sponsored by state and local health agencies. Donated staff time from the Chicago Abortion Fund (CAF) and small grants from the Ms. Foundation and the Chicago Foundation for Women were also critical to the success of this first initiative.
17. AAWE was also able to secure project funding from the Chicago Foundation for Women and the Crossroads Fund.
18. This funding came from the Public Welfare Foundation and the Chicago Community Trust.
19. In its 2000–2001 survey of 300 African American women, AAWE found that over half the respondents (52 percent) douched, with 37 percent douching, on the average, once per month. 23 percent douched more than once per month. They were at greater risk for HIV/AIDS, other reproductive tract infections and cervical cancer. Douching, which was practiced by over half the women surveyed, further increases the chances of contracting STDs.
21. From the AAWE mission statement, which is available at the website, http://www.AAWEonline.org
22. Files were bequeathed to AAWE by the now defunct Women's Health Education Project and provided the nucleus for a library.
NATIVE AMERICAN WOMEN
RESIST GENOCIDE AND ORGANIZE FOR
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23 Bond, interview by Silliman.
24 Willis interview.